



Aetna Medicare (HMO D-SNP)

2024 Formulary (List of covered drugs)

B2

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

Formulary ID Number: 24024 Version 8

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-866-409-1221** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

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. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2023. 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, 2024, and from time to time during the year. You will receive notice when necessary.

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What is the Aetna Medicare 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 on our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug 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, or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the mandatory Plan Name’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug. Or 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, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the mandatory Plan Name’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2023. 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 9. The drugs on this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. The Index provides an alphabetical list of all 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:

PA 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.

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 atorvastatin. This may be in addition to a standard one-month or three-month supply.

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.*

MO Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List.*

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.

ACS Available from CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services and may be available at other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.

HRM High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-409-1221 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

**This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

You can find out if your drug has requirements or limits by looking on the formulary that begins on page 9. 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 on 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 them 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.
- 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 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 or utilization restriction exception. **When you request a formulary 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>**.

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-866-409-1221 (TTY: 711)** 8 a.m. to 8 p.m., E.S.T., 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Drug tier copay levels

This 2024 formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2024 formulary covers most drugs identified by Medicare as Part D drugs.

Copay tier	Type of drug
Tier 1	Generic
Tier 1	Brand

Aetna® Medicare Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

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

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access*
MO	Mail-order Delivery*
B/D	Part B vs. D Prior Authorization
ACS	Available from CVS Specialty Pharmacy
HRM	High Risk Medication

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-409-1221 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

**This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1 = Copay tier level	QL = Quantity Limits PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D ACS = Available from CVS Specialty Pharmacy HRM = High Risk Medication
<i>Lowercase italics</i> = Generic medications		

Drug name	Requirements/Limits
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ANALGESICS**GOUT**

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

NSAIDS

<i>celecoxib capsule 400mg</i>	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	MO
<i>diclofenac sodium er</i>	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	QL (90 EA per 30 days) MO
<i>diflunisal</i>	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	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 5.

Drug name	Drug tier	Requirements/Limits
<i>etodolac tablet 500mg</i>		QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>		QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG		QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>		QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>		QL (90 EA per 30 days) MO
<i>ibu tablet 400mg, 600mg, 800mg</i>		MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>		MO
<i>ibuprofen oral suspension</i>		MO
<i>ketoprofen extended release capsule 200mg</i>		QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>		QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>		MO
<i>nabumetone</i>		MO
<i>naproxen sodium tablet 275mg, 550mg</i>		MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>		MO
<i>naproxen oral suspension</i>		MO
<i>naproxen tablet delayed release 375mg</i>		QL (120 EA per 30 days) MO
<i>naproxen tablet delayed release 500mg</i>		QL (90 EA per 30 days) MO
<i>oxaprozin</i>		QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>		QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>		QL (60 EA per 30 days) MO
<i>sulindac</i>		QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>		QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>		QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet</i>		QL (30 EA per 30 days) PA MO
HYSINGLA ER		QL (30 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>		QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION		PA
<i>methadone hcl oral solution</i>		QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>		QL (90 EA per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>		QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>		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 5.

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate er tablet extended release 30mg, 60mg</i>		QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 100mg, 200mg</i>		QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release 15mg</i>		QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE		B/D
<i>tramadol hcl extended release tablet</i>		QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>		QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>		QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>		QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>		
<i>butorphanol tartrate injection 2mg/ml</i>		MO
CODEINE SULFATE TABLET		QL (180 EA per 30 days) MO
<i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>		QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>		QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>		QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>		QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>		QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>		QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>		QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>		QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>		QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML		B/D
HYDROMORPHONE HCL INJECTION 1MG/ML		B/D MO
<i>hydromorphone hcl injection 10mg/ml</i>		B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 1MG/ML, 2MG/ML		B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 4MG/ML		B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>hydromorphone hydrochloride injection 50mg/5ml</i>		B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>		B/D MO
<i>morphine sulfate tablet 15mg, 30mg</i>		QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML PF VIAL IV OR IM, 2MG/ML, 4MG/ML IV OR IM VIAL AND PREFILLED SYRINGE, 5MG/ML, 8MG/ML PF VIAL IV OR IM		B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ ml iv only vial and carpject, 4mg/ml iv vial and prefilled syringe, 50mg/ml, 8mg/ml vial and pf carpject</i>		B/D
<i>morphine sulfate injection 1mg/ml</i>		B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>		QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 20mg/ml</i>		QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>		QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>		QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>		QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>		QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>		QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>		QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>		QL (180 EA per 30 days) MO
<i>tramadol hcl tablet 50mg</i>		QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>		QL (240 EA per 30 days) MO; HRM

ANESTHETICS

LOCAL ANESTHETICS

*lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf,
4% pf*

lidocaine hydrochloride pf inj 1%, 2%

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

albendazole MO

amikacin sulfate injection 1gm/4ml, 500mg/2ml MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>atovaquone oral suspension</i>		PA MO
<i>aztreonam</i>		MO
CAYSTON		PA LA; ACS
<i>chloramphenicol sodium succinate</i>		
<i>clindamycin hcl capsule 300mg</i>		MO
<i>clindamycin hcl capsule 150mg, 75mg</i>		MO
<i>clindamycin palmitate hcl</i>		MO
<i>clindamycin phosphate/dextrose</i>		
<i>clindamycin phosphate injection 300mg/2ml, 900mg/60ml, 900mg/6ml</i>		
<i>clindamycin phosphate injection 600mg/4ml</i>		MO
CLINDAMYCIN/SODIUM CHLORIDE		
<i>colistimethate sodium</i>		PA MO
<i>dapsone tablet 100mg, 25mg</i>		MO
DAPTOMYCIN INJECTION 350MG		
<i>daptomycin injection 500mg</i>		
EMVERM		QL (12 EA per 365 days) MO
<i>ertapenem</i>		MO
<i>gentamicin sulfate pediatric</i>		MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>		
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>		MO
<i>gentamicin sulfate injection 40mg/ml</i>		MO
<i>imipenem/cilastatin</i>		MO
<i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i>		
<i>ivermectin tablet 3mg</i>		QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>		QL (56 EA per 28 days) PA MO
<i>linezolid oral suspension reconstituted 100mg/5ml</i>		QL (1800 ML per 30 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%		PA
<i>linezolid injection 600mg/300ml</i>		PA
<i>meropenem</i>		MO
<i>methenamine hippurate</i>		MO
<i>methenamine mandelate tablet</i>		MO
<i>metronidazole capsule 375mg</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>metronidazole injection 500mg/100ml</i>		
<i>metronidazole tablet 250mg, 500mg</i>	MO	
<i>neomycin sulfate</i>	MO	
<i>nitazoxanide</i>	QL (6 EA per 30 days)	MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	MO	
<i>nitrofurantoin macrocrystals capsule 25mg</i>	MO	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	MO	
<i>paromomycin sulfate</i>		
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D	MO
<i>pentamidine isethionate injection</i>	MO	
<i>praziquantel</i>	MO	
SIVEXTRO INJECTION		
SIVEXTRO TABLET	MO	
<i>streptomycin sulfate</i>	MO	
<i>sulfadiazine</i>	MO	
<i>sulfamethoxazole/trimethoprim ds</i>	MO	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	MO	
<i>sulfamethoxazole/trimethoprim injection IV 400mg/5ml; 80mg/5ml</i>	MO	
<i>tinidazole</i>	MO	
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>		
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	MO	
<i>tobramycin sulfate injection 1.2gm</i>		
<i>tobramycin nebulization solution 300mg/5ml</i>	QL (280 ML per 56 days)	PA; ACS
<i>trimethoprim tablet 100mg</i>	MO	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML		
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML		
<i>vancomycin hcl injection 100gm, 10gm</i>		
<i>vancomycin hydrochloride capsule 125mg</i>	QL (120 EA per 30 days)	MO
<i>vancomycin hydrochloride capsule 250mg</i>	QL (240 EA per 30 days)	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJECTION 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML <i>vancomycin hydrochloride injection 1gm, 5gm, 750mg</i> <i>vancomycin hydrochloride injection 500mg</i>		MO
ANTIFUNGALS		
ABELCET SUSPENSION INJECTION 5MG/ML <i>amphotericin b</i> <i>amphotericin b liposome</i> <i>casprofungin acetate</i> <i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i> <i>fluconazole tablet, oral suspension</i> <i>fluconazole/sodium chloride injection 100mg/50ml</i> <i>flucytosine capsule 250mg</i> <i>flucytosine capsule 500mg</i> <i>griseofulvin microsize</i> <i>griseofulvin ultramicrosize</i> <i>itraconazole capsule 200mg</i> <i>ketoconazole tablet 200mg</i> <i>micafungin</i> <i>nystatin tablet 500000unit</i> <i>posaconazole dr tablet delayed release 100mg</i> <i>posaconazole oral suspension 40mg/ml</i> <i>terbinafine hcl tablet 250mg</i> <i>voriconazole injection</i> <i>voriconazole oral suspension reconstituted</i> <i>voriconazole tablet 200mg</i> <i>voriconazole tablet 50mg</i>		B/D B/D MO B/D MO MO PA MO PA MO MO MO PA MO PA MO MO QL (93 EA per 30 days) PA MO QL (630 ML per 30 days) MO QL (90 EA per 365 days) MO PA PA MO QL (120 EA per 30 days) MO QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i> <i>chloroquine phosphate</i> COARTEM <i>mefloquine hcl</i> <i>primaquine phosphate</i>		MO MO MO MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>quinine sulfate capsule 324mg</i>		PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>		MO
APTIVUS		MO
<i>atazanavir sulfate</i>		MO
<i>darunavir tablet 800mg</i>		QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>		QL (60 EA per 30 days) MO
EDURANT		MO
<i>efavirenz</i>		MO
<i>emtricitabine</i>		MO
EMTRIVA ORAL SOLUTION		MO
<i>etravirine</i>		MO
<i>fosamprenavir calcium</i>		MO
FUZEON		LA MO
INTELENCE TABLET 25MG		
ISENTRESS HD		MO
ISENTRESS PACKET, TABLET		MO
ISENTRESS TABLET CHEWABLE 25MG		MO
ISENTRESS TABLET CHEWABLE 100MG		MO
<i>lamivudine solution 10mg/ml</i>		MO
<i>lamivudine tablet 150mg, 300mg</i>		MO
LEXIVA ORAL SUSPENSION		MO
<i>maraviroc</i>		MO
<i>nevirapine er tablet extended release 24 hour 100mg</i>		
<i>nevirapine er tablet extended release 24 hour 400mg</i>		MO
<i>nevirapine immediate release tablet 200mg</i>		MO
<i>nevirapine oral suspension 50mg/5ml</i>		MO
NORVIR ORAL POWDER PACKET, ORAL SOLUTION		MO
PIFELTRO		MO
PREZISTA ORAL SUSPENSION		QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG		QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG		QL (240 EA per 30 days) MO
REYATAZ ORAL POWDER PACKET		MO
<i>ritonavir</i>		MO
RUKOBIA		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
SELZENTRY ORAL SOLUTION		MO
SELZENTRY TABLET 25MG		
SELZENTRY TABLET 75MG		
<i>stavudine capsule</i>		MO
SUNLENCA INJECTION		QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG		QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG		QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>		MO
TIVICAY PD		MO
TIVICAY TABLET 10MG		MO
TIVICAY TABLET 25MG, 50MG		MO
TROGARZO		LA MO
TYBOST		MO
VIRACEPT		MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG		MO
<i>zidovudine capsule, syrup</i>		MO
<i>zidovudine tablet</i>		MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>		MO
BIKTARVY		MO
CIMDUO		MO
COMPLERA		MO
DELSTRIGO		MO
DESCOVY		MO
DOVATO		MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>		MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>		MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>		QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>		QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>		QL (30 EA per 30 days) MO
EVOTAZ		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
GENVOYA		MO
JULUCA		MO
<i>lamivudine/zidovudine</i>		MO
<i>lopinavir/ritonavir</i>		MO
ODEFSEY		MO
PREZCOBIX		MO
STRIBILD		MO
SYMTUZA		MO
TRIUMEQ		MO
TRIUMEQ PD		MO
TRIZIVIR		MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>		MO
<i>ethambutol hydrochloride</i>		MO
<i>isoniazid tablet</i>		MO
<i>isoniazid injection</i>		
<i>isoniazid syrup</i>		MO
PRETOMANID		QL (30 EA per 30 days) PA
PRIFTIN		MO
<i>pyrazinamide</i>		MO
<i>rifabutin</i>		MO
<i>rifampin capsule</i>		MO
<i>rifampin injection</i>		
SIRTURO		PA LA; ACS
TRECTOR		MO
ANTIVIRALS		
<i>acyclovir</i>		MO
<i>acyclovir sodium injection</i>		B/D
<i>adefovir dipivoxil</i>		QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION		QL (630 ML per 30 days) MO
<i>entecavir</i>		QL (30 EA per 30 days) MO
EPCLUSA		PA; ACS
EPIVIR HBV ORAL SOLUTION		MO
<i>famciclovir tablet 500mg</i>		QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>		QL (60 EA per 30 days) MO
<i>ganciclovir</i>		B/D
HARVONI		PA; ACS
<i>lamivudine tablet 100mg</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
MAVYRET		PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>		QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>		QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral suspension reconstituted</i>		QL (1080 ML per 365 days) MO
PEGASYS		PA; ACS
PREVYMIS TABLET		QL (28 EA per 28 days) PA MO
RELENZA DISKHALER		QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>		ACS
<i>ribavirin tablet</i>		ACS
<i>rimantadine hydrochloride</i>		MO
<i>valacyclovir hcl tablet 1gm</i>		MO
<i>valacyclovir hydrochloride tablet 500mg</i>		MO
<i>valganciclovir hydrochloride oral solution</i>		MO
<i>valganciclovir tablet 450mg</i>		MO
VOSEVI		PA; ACS
CEPHALOSPORINS		
CEFACLOR ER		MO
<i>cefaclor capsule</i>		MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>		
<i>cefaclor suspension reconstituted 125mg/5ml, 375mg/5ml</i>		MO
<i>cefadroxil</i>		MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%		
CEFAZOLIN SODIUM INJECTION 100GM, 300GM		
<i>cefazolin sodium injection 1gm iv</i>		
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>		MO
CEFAZOLIN INJECTION 2GM/100ML; 4%		
CEFAZOLIN INJECTION 2GM, 3GM		
<i>cefazolin injection 2gm</i>		
<i>cefdinir</i>		MO
<i>cefepime injection 1gm, 2gm</i>		MO
<i>cefixime capsule</i>		MO
<i>cefixime oral suspension reconstituted</i>		MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>		
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>cefepodoxime proxetil</i>		MO
<i>cefprozil</i>		MO
CEFTAZIDIME/DEXTROSE		
<i>ceftazidime injection 6gm</i>		
<i>ceftazidime injection 1gm, 2gm</i>		MO
<i>ceftriaxone in iso-osmotic dextrose</i>		
CEFTRIAXONE SODIUM INJECTION 100GM		
<i>ceftriaxone iv injection 1gm</i>		
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>		MO
<i>cefuroxime axetil tablet</i>		MO
<i>cefuroxime sodium injection 1.5gm</i>		
<i>cefuroxime sodium injection 750mg</i>		MO
<i>cephalexin capsule 250mg, 500mg</i>		MO
<i>cephalexin capsule 750mg</i>		MO
<i>cephalexin oral suspension reconstituted, tablet</i>		MO
SUPRAX ORAL SUSPENSION 500MG/ML		
<i>tazicef</i>		
TEFLARO		
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET		MO
<i>azithromycin tablet</i>		MO
<i>azithromycin oral suspension reconstituted</i>		MO
<i>azithromycin injection</i>		MO
<i>clarithromycin er tablet</i>		MO
<i>clarithromycin immediate release tablet</i>		MO
<i>clarithromycin oral suspension reconstituted</i>		MO
DIFICID ORAL SUSPENSION RECONSTITUTED		
DIFICID TABLET		MO
<i>erythrocin stearate tablet 250mg</i>		MO
<i>erythromycin base</i>		MO
<i>erythromycin dr tablet</i>		MO
<i>erythromycin ethylsuccinate tablet</i>		MO
<i>erythromycin lactobionate injection</i>		
<i>erythromycin capsule delayed release particles 250mg</i>		MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	MO	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>		
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	MO	
<i>levofloxacin in d5w</i>		
<i>levofloxacin injection 25mg/ml</i>		
<i>levofloxacin oral solution 25mg/ml</i>	MO	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	MO	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>		
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>		
<i>moxifloxacin hydrochloride tablet 400mg</i>	MO	
PENICILLINS		
<i>amoxicillin/clavulanate potassium extended release tablet 1000mg; 62.5mg</i>	MO	
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	MO	
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	MO	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	MO	
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	MO	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	MO	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	MO	
<i>amoxicillin capsule, tablet chewable, tablet</i>	MO	
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	MO	
<i>amoxicillin oral suspension reconstituted 400mg/5ml</i>	MO	
<i>ampicillin capsule 500mg</i>	MO	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>ampicillin sodium injection 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>		
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	MO	
<i>ampicillin-sulbactam</i>		
BICILLIN L-A	MO	
<i>dicloxacillin sodium</i>	MO	
<i>nafcillin sodium injection 1gm</i>		
<i>nafcillin sodium injection 2gm</i>	MO	
<i>nafcillin sodium injection 10gm, 2gm</i>		
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>		
<i>penicillin g potassium</i>	MO	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE		
PENICILLIN G PROCAINE	MO	
<i>penicillin g sodium</i>		
<i>penicillin v potassium tablet</i>	MO	
<i>penicillin v potassium solution reconstituted</i>	MO	
<i>piperacillin sodium/tazobactam sodium</i>		
TETRACYCLINES		
<i>doxy 100 injection</i>	MO	
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	MO	
<i>doxycycline hyclate injection i.v. solution reconstituted 100mg</i>	MO	
<i>doxycycline monohydrate capsule 50mg</i>	MO	
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	MO	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	MO	
<i>doxycycline monohydrate tablet 150mg</i>	MO	
<i>doxycycline oral suspension reconstituted 25mg/5ml</i>	MO	
<i>minocycline hcl capsule 75mg</i>	MO	
<i>minocycline hcl tablet 50mg, 75mg</i>	ST MO	
<i>minocycline hcl capsule 100mg, 50mg</i>	MO	
<i>mondoxyne nl</i>		
NUZYRA	LA; ACS	
<i>tetracycline hydrochloride</i>	MO	
<i>tigecycline</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
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ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE TABLET	PA
<i>cyclophosphamide capsule</i>	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	ACS
GLEOSTINE CAPSULE 100MG	ACS
LEUKERAN	MO

ANTIMETABOLITES

INQOVI	QL (5 EA per 28 days) PA LA; ACS
LONSURF	PA LA; ACS
<i>mercaptopurine</i>	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	MO
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	MO
<i>methotrexate sodium injection 1gm</i>	
ONUREG	QL (14 EA per 28 days) PA LA; ACS
PURIXAN	LA; ACS
TABLOID	MO

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i>	PA; ACS
<i>anastrozole</i>	MO
<i>bicalutamide</i>	MO
ELIGARD	PA; ACS
EMCYT	MO
ERLEADA	PA LA; ACS
<i>exemestane</i>	MO
FIRMAGON INJECTION 80MG	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	PA; ACS
<i>letrozole</i>	MO
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	PA; ACS
LUPRON DEPOT (1-MONTH) 3.75MG	PA; ACS
LUPRON DEPOT (3-MONTH) 11.25MG	PA; ACS
LYSODREN	LA
<i>megestrol acetate tablet 20mg, 40mg</i>	MO
<i>nilutamide</i>	MO
NUBEQA	PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
ORGOVYX		PA LA
ORSERDU TABLET 345MG		QL (30 EA per 30 days) PA LA
ORSERDU TABLET 86MG		QL (90 EA per 30 days) PA LA
SOLTAMOX ORAL SOLUTION 10MG/5ML		MO
<i>tamoxifen citrate</i>		MO
<i>toremifene citrate</i>		PA MO
XTANDI		PA LA; ACS
ZYTIGA TABLET 500MG		PA LA; ACS
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>		QL (21 EA per 28 days) PA LA; ACS
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>		QL (28 EA per 28 days) PA LA; ACS
POMALYST		QL (21 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG		QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG		QL (56 EA per 28 days) PA LA; ACS
MISCELLANEOUS		
ASPARLAS		PA LA; ACS
BESREMI		QL (2 ML per 28 days) PA LA
<i>bexarotene capsule 75mg</i>		PA; ACS
<i>hydroxyurea capsule 500mg</i>		MO
KISQALI FEMARA 200 DOSE		PA; ACS
KISQALI FEMARA 400 DOSE		PA; ACS
KISQALI FEMARA 600 DOSE		PA; ACS
MATULANE		LA
ONCASPAR		PA LA
SYNRIBO		PA; ACS
<i>tretinoin capsule 10mg</i>		MO
WELIREG		QL (90 EA per 30 days) PA LA
MOLECULAR TARGET AGENTS		
ALECENSA		QL (240 EA per 30 days) PA LA; ACS
ALUNBRIG TABLET THERAPY PACK		PA LA
ALUNBRIG TABLET 30MG		QL (120 EA per 30 days) PA LA
ALUNBRIG TABLET 180MG, 90MG		QL (30 EA per 30 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
AYVAKIT		QL (30 EA per 30 days) PA LA
BALVERSA TABLET 5MG		QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG		QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG		QL (84 EA per 28 days) PA LA; ACS
BOSULIF TABLET 100MG		QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG		QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG		QL (180 EA per 30 days) PA LA; ACS
BRUKINSA		QL (120 EA per 30 days) PA LA
CABOMETYX		QL (30 EA per 30 days) PA LA; ACS
CALQUENCE		QL (60 EA per 30 days) PA LA
CAPRELSA TABLET 300MG		QL (30 EA per 30 days) PA LA
CAPRELSA TABLET 100MG		QL (60 EA per 30 days) PA LA
COMETRIQ KIT 140MG/DAY		QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY		QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 60MG/DAY		QL (84 EA per 28 days) PA LA; ACS
COPIKTRA		QL (56 EA per 28 days) PA LA; ACS
COTELLIC		QL (63 EA per 28 days) PA LA; ACS
DAURISMO TABLET 100MG		QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG		QL (60 EA per 30 days) PA LA; ACS
ERIVEDGE		PA LA; ACS
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>		QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>		QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>		QL (150 EA per 30 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>everolimus tablet soluble 5mg</i>		QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>		QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>		QL (30 EA per 30 days) PA; ACS
EXKIVITY		QL (120 EA per 30 days) PA LA
FOTIVDA		QL (21 EA per 28 days) PA LA
GAVRETO		QL (120 EA per 30 days) PA LA; ACS
<i>gefitinib</i>		QL (30 EA per 30 days) PA; ACS
GILOTRIF		QL (30 EA per 30 days) PA LA
IBRANCE		QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG		PA LA
ICLUSIG TABLET 15MG, 45MG		QL (30 EA per 30 days) PA LA
IDHIFA		QL (30 EA per 30 days) PA LA; ACS
<i>imatinib mesylate tablet 400mg</i>		QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>		QL (90 EA per 30 days) PA; ACS
IMBRUVICA ORAL SUSPENSION RECONSTITUTED		QL (216 ML per 27 days) PA LA
IMBRUVICA TABLET		QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 70MG		QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 140MG		QL (90 EA per 30 days) PA LA
INLYTA TABLET 5MG		QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG		QL (180 EA per 30 days) PA LA; ACS
INREBIC		QL (120 EA per 30 days) PA LA; ACS
JAKAFI		QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG		QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG		QL (60 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
KISQALI		PA; ACS
KOSELUGO		PA LA
KRAZATI		QL (180 EA per 30 days) PA LA
<i>lapatinib ditosylate</i>		QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE		PA LA; ACS
LENVIMA 12MG DAILY DOSE		PA LA; ACS
LENVIMA 14 MG DAILY DOSE		PA LA; ACS
LENVIMA 18 MG DAILY DOSE		PA LA; ACS
LENVIMA 20 MG DAILY DOSE		PA LA; ACS
LENVIMA 24 MG DAILY DOSE		PA LA; ACS
LENVIMA 4 MG DAILY DOSE		PA LA; ACS
LENVIMA 8 MG DAILY DOSE		PA LA; ACS
LORBRENA TABLET 100MG		QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG		QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG		QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG		QL (90 EA per 30 days) PA LA; ACS
LYNPARZA TABLET 100MG, 150MG		QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG		QL (112 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 20MG		QL (140 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 12MG		QL (84 EA per 28 days) PA LA
MEKINIST ORAL SOLUTION RECONSTITUTED		QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG		QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG		QL (90 EA per 30 days) PA LA; ACS
MEKTOVI		QL (180 EA per 30 days) PA LA; ACS
NERLYNX		QL (180 EA per 30 days) PA LA; ACS
NEXAVAR		QL (120 EA per 30 days) PA LA; ACS
NINLARO		PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
ODOMZO		PA LA; ACS
PEMAZYRE		QL (14 EA per 21 days) PA LA
PIQRAY 200MG DAILY DOSE		QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE		QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE		QL (56 EA per 28 days) PA; ACS
QINLOCK		QL (90 EA per 30 days) PA LA
RETEVMO CAPSULE 80MG		QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG		QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA <i>romidepsin injection 10mg</i>		QL (60 EA per 30 days) PA LA ACS
ROZLYTREK CAPSULE 100MG		QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG		QL (90 EA per 30 days) PA LA; ACS
RUBRACA		PA LA; ACS
RYDAPT		QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 40MG		QL (300 EA per 30 days) PA; ACS
SCSEMBLIX TABLET 20MG		QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>		QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG		QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG		QL (90 EA per 30 days) PA; ACS
STIVARGA		QL (84 EA per 28 days) PA LA; ACS
<i>sunitinib malate</i>		QL (30 EA per 30 days) PA; ACS
TABRECTA		QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE		QL (120 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
TAFINLAR TABLET SOLUBLE		QL (900 EA per 30 days) PA LA; ACS
TAGRISSE		QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG		QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG		QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG		QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG		QL (120 EA per 30 days) PA; ACS
TAZVERIK		QL (240 EA per 30 days) PA LA
TECVAYLI		PA LA
TEPMETKO		QL (60 EA per 30 days) PA LA
TIBSOVO		PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG		QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG		QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG		QL (63 EA per 28 days) PA LA; ACS
TRUXIMA		PA; ACS
TUKYSA TABLET 150MG		QL (120 EA per 30 days) PA LA
TUKYSA TABLET 50MG		QL (240 EA per 30 days) PA LA
TURALIO		QL (120 EA per 30 days) PA LA
VENCLEXTA STARTING PACK		QL (42 EA per 28 days) PA LA
VENCLEXTA TABLET 10MG		QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 50MG		QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 100MG		QL (180 EA per 30 days) PA LA
VERZENIO		PA LA; ACS
VITRAKVI SOLUTION		QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG		QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG		QL (60 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
VIZIMPRO		QL (30 EA per 30 days) PA LA; ACS
VONJO		QL (120 EA per 30 days) PA LA
VOTRIENT		QL (120 EA per 30 days) PA LA; ACS
XALKORI		QL (120 EA per 30 days) PA LA; ACS
XOSPATA		PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)		QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)		QL (32 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY, 60MG ONCE WEEKLY		QL (4 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 40MG TWICE WEEKLY, 80MG ONCE WEEKLY		QL (8 EA per 28 days) PA LA
ZEJULA CAPSULE 100MG		PA LA; ACS
ZEJULA TABLET		QL (30 EA per 30 days) PA LA; ACS
ZELBORAF		QL (240 EA per 30 days) PA LA; ACS
ZIRABEV		PA LA; ACS
ZOLINZA		PA; ACS
ZYDELIG		QL (60 EA per 30 days) PA LA; ACS
ZYKADIA TABLET 150MG		QL (84 EA per 28 days) PA LA; ACS
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>		MO
MESNEX TABLET 400MG		MO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	MO
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	MO
<i>captopril/hydrochlorothiazide</i>	MO
<i>enalapril maleate/hydrochlorothiazide</i>	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide</i>	MO	
<i>quinapril/hydrochlorothiazide</i>	MO	
<i>trandolapril/verapamil hcl er</i>	MO	
ACE INHIBITORS		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	MO	
<i>benazepril hydrochloride tablet 20mg</i>	MO	
<i>captopril</i>	MO	
<i>enalapril maleate tablet</i>	MO	
<i>fosinopril sodium</i>	MO	
<i>lisinopril</i>	MO	
<i>moexipril hcl</i>	MO	
<i>perindopril erbumine</i>	MO	
<i>quinapril hcl tablet 20mg, 40mg</i>	MO	
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	MO	
<i>ramipril</i>	MO	
<i>trandolapril</i>	MO	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	MO	
KERENDIA	QL (30 EA per 30 days)	MO
<i>spironolactone</i>	MO	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	MO	
<i>prazosin hydrochloride</i>	MO	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	MO	
<i>terazosin hydrochloride capsule 2mg</i>	MO	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	QL (30 EA per 30 days)	MO
<i>amlodipine/olmesartan medoxomil</i>	QL (30 EA per 30 days)	MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	QL (30 EA per 30 days)	MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	QL (30 EA per 30 days)	MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	QL (60 EA per 30 days)	MO
EDARBYCLOR	QL (30 EA per 30 days)	MO
ENTRESTO	MO	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	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 5.

Drug name	Drug tier	Requirements/Limits
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>		QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>		QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>		QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>		QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>		QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>		QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>		QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>		QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>		QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>		QL (60 EA per 30 days) MO
EDARBI		QL (30 EA per 30 days) MO
<i>irbesartan</i>		QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>		QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>		QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>		QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>		QL (60 EA per 30 days) MO
<i>telmisartan</i>		QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>		QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>		QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>		
<i>amiodarone hydrochloride tablet</i>		MO
<i>amiodarone hydrochloride injection</i>		
<i>disopyramide phosphate</i>		PA MO
<i>dofetilide</i>		ACS
<i>flecainide acetate</i>		MO
LIDOCAINE HCL IN D5W		
LIDOCAINE HCL INJECTION 100MG/5ML		
<i>lidocaine hcl injection 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>		
MULTAQ		MO
NORPACE CR		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>pacerone</i>		
<i>propafenone hcl</i>	MO	
<i>propafenone hydrochloride er capsule</i>	MO	
<i>quinidine sulfate</i>	MO	
<i>sorine tablet 160mg, 240mg, 80mg</i>		
<i>sorine tablet 120mg</i>	MO	
<i>sotalol hcl tablet</i>	MO	
<i>sotalol hydrochloride (af)</i>	MO	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i>	MO	
<i>fenofibrate non-micronized capsule 50mg, 150mg</i>	MO	
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	MO	
<i>fenofibrate tablet 120mg</i>	MO	
<i>fenofibric acid dr</i>	MO	
<i>gemfibrozil</i>	MO	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	QL (30 EA per 30 days)	MO
<i>fluvastatin capsule</i>	QL (60 EA per 30 days)	MO
<i>fluvastatin sodium er tablet</i>	QL (30 EA per 30 days)	MO
<i>lovastatin</i>	MO	
<i>pravastatin sodium</i>	QL (30 EA per 30 days)	MO
<i>rosuvastatin calcium</i>	QL (30 EA per 30 days)	MO
<i>simvastatin</i>	QL (30 EA per 30 days)	MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	MO	
<i>cholestyramine light</i>	MO	
<i>colesevelam hydrochloride oral packet, tablet</i>	MO	
<i>colestipol hcl</i>	MO	
<i>ezetimibe</i>	MO	
<i>ezetimibe/simvastatin</i>	QL (30 EA per 30 days)	MO
<i>niacin immediate release tablet 500mg</i>	MO	
<i>niacin er tablet extended release 1000mg, 750mg</i>	MO	
<i>niacin er tablet extended release 500mg</i>	QL (60 EA per 30 days)	MO
<i>niacor</i>	MO	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>omega-3-acid ethyl esters</i>		QL (120 EA per 30 days) PA MO
<i>prevalite powder</i>		
REPATHA		PA
REPATHA PUSHTRONEX SYSTEM		PA
REPATHA SURECLICK		PA
VASCEPA		MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>		MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>		MO
<i>metoprolol/hydrochlorothiazide</i>		MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>		MO
<i>atenolol</i>		MO
<i>betaxolol hcl tablet 10mg, 20mg</i>		MO
<i>bisoprolol fumarate</i>		MO
<i>carvedilol tablet</i>		MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>		QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tablet</i>		MO
<i>labetalol hydrochloride injection 5mg/ml</i>		MO
<i>metoprolol succinate er</i>		MO
<i>metoprolol tartrate tablet</i>		MO
<i>metoprolol tartrate injection</i>		
<i>nadolol</i>		MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>		QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>		QL (60 EA per 30 days) MO
<i>pindolol</i>		MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>		MO
<i>propranolol hcl oral solution</i>		MO
<i>propranolol hcl injection</i>		
<i>propranolol hydrochloride tablet</i>		MO
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>		MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>		MO
<i>cartia xt</i>		
<i>dilt-xr</i>		MO
<i>diltiazem hcl cd capsule 360mg</i>		MO
<i>diltiazem hcl er</i>		MO
<i>diltiazem hcl immediate release tablet</i>		MO
DILTIAZEM HCL INJECTION 100MG		
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>		
<i>diltiazem hydrochloride er</i>		MO
<i>diltiazem hydrochloride tablet</i>		MO
<i>diltiazem hydrochloride injection solution 25mg/5ml</i>		
<i>felodipine er</i>		MO
<i>isradipine</i>		MO
<i>matzim la</i>		
<i>nicardipine hcl capsule 20mg, 30mg</i>		MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>		MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>		MO
<i>nisoldipine er</i>		MO
<i>taztia xt</i>		
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>		
<i>tiadylt er capsule extended release 24 hour 420mg</i>		MO
<i>verapamil hcl immediate release tablet 40mg, 80mg</i>		MO
<i>verapamil hcl er tablet extended release</i>		MO
<i>verapamil hcl er capsule extended release 24 hour</i>		MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG		MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>		MO
<i>verapamil hcl sr tablet extended release 240mg</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>verapamil hydrochloride er tablet extended release</i>	MO	
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	MO	
<i>verapamil hcl immediate release tablet 120mg</i>	MO	
<i>verapamil hydrochloride injection</i>	MO	
DIURETICS		
<i>acetazolamide er capsule</i>	MO	
<i>acetazolamide tablet</i>	MO	
<i>amiloride hcl</i>	MO	
<i>amiloride/hydrochlorothiazide</i>	MO	
<i>bumetanide tablet</i>	MO	
<i>bumetanide injection</i>	MO	
<i>chlorthalidone</i>	MO	
<i>furosemide oral solution, tablet</i>	MO	
<i>furosemide injection</i>	MO	
<i>hydrochlorothiazide</i>	MO	
<i>indapamide</i>	MO	
<i>methazolamide</i>	MO	
<i>metolazone</i>	MO	
<i>spironolactone/hydrochlorothiazide</i>	MO	
<i>toremide</i>	MO	
<i>triamterene/hydrochlorothiazide</i>	MO	
MISCELLANEOUS		
<i>aliskiren</i>	MO	
<i>amlodipine besylate/atorvastatin calcium</i>	MO	
<i>clonidine hcl patch weekly 0.1mg/24hr</i>	QL (8 EA per 28 days)	MO
<i>clonidine hcl patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	QL (8 EA per 28 days)	MO
<i>clonidine hydrochloride immediate release tablet</i>	MO	
CORLANOR SOLUTION		
CORLANOR TABLET		
<i>digox tablet 250mcg, 125mcg</i>	QL (30 EA per 30 days)	
<i>digoxin oral solution</i>	MO	
<i>digoxin injection</i>	MO	
<i>digoxin tablet 125mcg, 250mcg</i>	QL (30 EA per 30 days)	MO
<i>digoxin tablet 62.5mcg</i>	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 5.

Drug name	Drug tier	Requirements/Limits
<i>droxidopa capsule 100mg</i>		QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>		QL (180 EA per 30 days) PA; ACS
<i>guanfacine hcl immediate release tablet 1mg, 2mg</i>		PA MO
<i>hydralazine hcl tablet 10mg</i>		MO
<i>hydralazine hcl injection</i>		MO
<i>hydralazine hydrochloride tablet 25mg, 50mg, 100mg</i>		MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>		MO
<i>metyrosine</i>		PA MO
<i>midodrine hcl tablet 2.5mg, 5mg</i>		MO
<i>midodrine hcl tablet 10mg</i>		MO
<i>minoxidil tablet 10mg, 2.5mg</i>		MO
<i>ranolazine er</i>		MO
VERQUVO		PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>		MO
<i>isosorbide dinitrate tablet 40mg</i>		MO
<i>isosorbide mononitrate</i>		MO
<i>isosorbide mononitrate er</i>		MO
NITRO-BID		MO
<i>nitroglycerin lingual spray</i>		MO
<i>nitroglycerin transdermal patch</i>		MO
NITROGLYCERIN INJECTION		
<i>nitroglycerin tablet sublingual</i>		MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS		QL (90 EA per 30 days) PA LA; ACS
<i>alyq</i>		PA; ACS
<i>ambrisentan</i>		QL (30 EA per 30 days) PA LA; ACS
<i>bosentan tablet 62.5mg</i>		QL (120 EA per 30 days) PA LA; ACS
<i>bosentan tablet 125mg</i>		QL (60 EA per 30 days) PA LA; ACS
<i>epoprostenol sodium</i>		B/D LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
OPSUMIT		QL (30 EA per 30 days) PA LA; ACS
<i>sildenafil injection</i>		QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>		QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>		PA; ACS
TRACLEER TABLET FOR ORAL SUSPENSION 32MG		QL (120 EA per 30 days) PA LA; ACS
VENTAVIS		PA LA; ACS

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam er tablet extended release 24 hour 0.5mg</i>		QL (600 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL		QL (300 ML per 30 days) MO; HRM
<i>alprazolam immediate release tablet 0.25mg, 0.5mg</i>		QL (120 EA per 30 days) MO; HRM
<i>alprazolam immediate release tablet 1mg, 2mg</i>		QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl tablet 15mg, 30mg</i>		MO
<i>bupirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>		MO
<i>chlordiazepoxide hcl capsule 5mg, 10mg</i>		QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>		QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate tablet</i>		MO; HRM
<i>fluvoxamine maleate er capsule</i>		QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>		QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>		QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>		QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>		QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>		QL (120 EA per 30 days) PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating</i>		QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>		QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>		QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>		QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule</i>		QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>		QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>		QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>		QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er capsule</i>		PA MO
<i>memantine hydrochloride solution</i>		QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>		QL (60 EA per 30 days) PA MO
NAMZARIC		MO
<i>rivastigmine tartrate capsule</i>		QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>		QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>		PA MO; HRM
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>		PA MO; HRM
<i>amoxapine</i>		MO; HRM
<i>bupropion hcl</i>		QL (120 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>		QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>		QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg, 75mg</i>		QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>		QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>		QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>		QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>		QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule</i>		PA MO; HRM
<i>desipramine hydrochloride tablet 10mg, 150mg, 25mg, 50mg, 75mg</i>		PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>desipramine hydrochloride tablet 100mg</i>		PA MO; HRM
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG		QL (30 EA per 30 days); HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>		QL (30 EA per 30 days) PA MO; HRM
<i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i>		PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>		PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG		QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG		QL (90 EA per 30 days) PA MO; HRM
<i>duloxetine hcl capsule 40mg</i>		QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i>		QL (60 EA per 30 days) MO; HRM
EMSAM		QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>		QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>		QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>		QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK		PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG		QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG		QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>		QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hcl capsule 20mg</i>		QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>		QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>		QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution</i>		HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>		MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>		PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>		PA MO; HRM
<i>MARPLAN</i>		QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>		QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>		QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>		QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>		MO
<i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>		MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>		MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>		QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>		QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>		QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>		QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 10mg, 20mg</i>		QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>		QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>		PA MO; HRM
<i>phenelzine sulfate</i>		MO
<i>protriptyline hcl</i>		PA MO; HRM
<i>sertraline hcl concentrate</i>		QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 25mg</i>		QL (30 EA per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>		QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>		QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>		MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>trazodone hydrochloride tablet 300mg</i>		MO
<i>trimipramine maleate capsule 50mg</i>		QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>		QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>		QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX		QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG		QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>		QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>		QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>		MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>		QL (30 EA per 30 days) MO; HRM
VIIBRYD STARTER PACK		MO
<i>vilazodone hydrochloride</i>		QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>		MO
<i>amantadine hcl capsule</i>		QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>		MO
<i>benztropine mesylate tablet</i>		PA MO; HRM
<i>bromocriptine mesylate capsule, tablet</i>		MO
<i>carbidopa tablet</i>		MO
<i>carbidopa/levodopa</i>		MO
<i>carbidopa/levodopa er</i>		MO
<i>carbidopa/levodopa odt</i>		MO
CARBIDOPA/LEVODOPA/ENTACAPONE		MO
<i>entacapone</i>		MO
INBRIJA		QL (300 EA per 30 days) PA LA
NEUPRO		MO
<i>pramipexole dihydrochloride immediate release tablet</i>		MO
<i>rasagiline mesylate</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>ropinirole er tablet extended release 24 hour 6mg</i>		QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>		QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>		QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>		QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>		QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tablet 0.25mg, 3mg</i>		MO
<i>ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>		MO
<i>selegiline hcl capsule, tablet</i>		MO
<i>trihexyphenidyl hcl oral solution</i>		PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>		PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY MAINTENA		QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>		QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>		QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>		QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO		HRM
ARISTADA INJECTION 441MG/1.6ML		QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML		QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML		QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML		QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>		QL (60 EA per 30 days) MO; HRM
CAPLYTA		QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>		MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>		HRM
<i>chlorpromazine hcl injection 25mg/ml</i>		MO; HRM
<i>chlorpromazine hydrochloride oral concentrate</i>		HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
CLOZAPINE ODT TABLET DISINTEGRATING 200MG		QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG		QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>		PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>		QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>		HRM
<i>clozapine tablet 200mg</i>		QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>		QL (270 EA per 30 days); HRM
FANAPT		QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK		PA MO; HRM
<i>fluphenazine decanoate injection</i>		MO; HRM
<i>fluphenazine hcl concentrate, tablet</i>		MO; HRM
<i>fluphenazine hcl injection</i>		MO; HRM
<i>fluphenazine hydrochloride oral elixir</i>		MO; HRM
<i>haloperidol decanoate multiple dose vial injection 100mg/ml, 50mg/ml</i>		HRM
<i>haloperidol decanoate single dose vial injection 100mg/ml, 50mg/ml</i>		MO; HRM
<i>haloperidol lactate injection</i>		MO; HRM
<i>haloperidol tablet</i>		MO; HRM
<i>haloperidol concentrate</i>		MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML		QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML		QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML		QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML		QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML		QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML		QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML		QL (1.5 ML per 28 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
INVEGA TRINZA INJECTION 273MG/0.88ML		QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML		QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML		QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML		QL (2.63 ML per 90 days); HRM
<i>loxapine</i>		MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>		QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>		QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>		HRM
<i>molindone hydrochloride tablet 25mg</i>		HRM
NUPLAZID		QL (30 EA per 30 days) PA LA; ACS HRM
<i>olanzapine odt</i>		QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>		QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>		QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>		QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>		QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>		QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>		MO; HRM
PERSERIS		QL (1 EA per 30 days); HRM
<i>pimozide</i>		MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>		QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>		QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>		QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>		QL (180 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate tablet 300mg, 400mg</i>		QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>		QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG		QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG		QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG		QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG		QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.5mg</i>		QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>		QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>		QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>		QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>		QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>		QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>		QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>		QL (90 EA per 30 days) MO; HRM
SECUADO		QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl tablet</i>		PA MO; HRM
<i>thiothixene</i>		MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>		MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>		MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>		MO; HRM
VERSACLOZ		QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK		MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG		QL (30 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
VRAYLAR CAPSULE 1.5MG		QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>		QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>		QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG		QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG		QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG		QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG		QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG		QL (60 EA per 30 days) MO
BRIVIACT TABLET		QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION		QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION		QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>		MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>		MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>		MO; HRM
<i>carbamazepine tablet chewable, tablet</i>		MO; HRM
<i>carbamazepine suspension</i>		MO; HRM
<i>clobazam suspension</i>		QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>		QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>		QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>		QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>		QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>		QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>		QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>		QL (90 EA per 30 days) PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
DIACOMIT CAPSULE 500MG		QL (180 EA per 30 days) PA LA
DIACOMIT CAPSULE 250MG		QL (360 EA per 30 days) PA LA
DIACOMIT PACKET 500MG		QL (180 EA per 30 days) PA LA
DIACOMIT PACKET 250MG		QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>		QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL		MO; HRM
<i>diazepam concentrate</i>		QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>		QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>		QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>		QL (240 ML per 30 days) PA MO; HRM
DILANTIN		MO
DILANTIN INFATABS		MO
DILANTIN-125		MO
<i>divalproex sodium sprinkle capsule</i>		MO
<i>divalproex sodium dr tablet delayed release</i>		MO
<i>divalproex sodium er tablet extended release 24 hour</i>		MO
EPIDIOLEX		QL (600 ML per 30 days) PA LA; ACS
<i>epitol</i>		HRM
EPRONTIA		QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>		MO
<i>ethosuximide solution</i>		MO
<i>felbamate</i>		MO
FINTEPLA		QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium injection 100mg pe/2ml</i>		
<i>fosphenytoin sodium injection 500mg pe/10ml</i>		MO
FYCOMPA SUSPENSION		QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG		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 5.

Drug name	Drug tier	Requirements/Limits
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG		QL (30 EA per 30 days) PA MO
<i>gabapentin capsule 100mg</i>		QL (180 EA per 30 days) MO
<i>gabapentin capsule 400mg</i>		QL (270 EA per 30 days) MO
<i>gabapentin capsule 300mg</i>		QL (360 EA per 30 days) MO
<i>gabapentin solution</i>		QL (2160 ML per 30 days) MO
<i>gabapentin tablet 600mg</i>		QL (180 EA per 30 days) MO
<i>gabapentin tablet 800mg</i>		QL (90 EA per 30 days) MO
<i>lacosamide injection</i>		
<i>lacosamide oral solution</i>		QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>		QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>		QL (60 EA per 30 days) MO
<i>lamotrigine er</i>		MO
<i>lamotrigine immediate release tablet, chewable tablet</i>		MO
<i>lamotrigine odt tablet 25mg, 50mg, 100mg, 200mg</i>		MO
<i>lamotrigine starter kit/blue</i>		MO
<i>lamotrigine starter kit/green</i>		MO
<i>lamotrigine starter kit/orange</i>		MO
<i>levetiracetam er</i>		MO
<i>levetiracetam/sodium chloride injection</i>		
<i>levetiracetam oral solution, tablet</i>		MO
<i>methsuximide</i>		MO
NAYZILAM		QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>		MO; HRM
<i>oxcarbazepine suspension</i>		MO; HRM
<i>phenobarbital sodium injection</i>		PA; HRM
<i>phenobarbital tablet</i>		QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>		QL (1500 ML per 30 days) PA MO; HRM
PHENYTEK		MO
<i>phenytoin oral suspension, tablet chewable</i>		MO
<i>phenytoin sodium injection</i>		
<i>phenytoin sodium extended release capsule</i>		MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>		QL (120 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>pregabalin capsule 225mg, 300mg</i>		QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>		QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>		QL (900 ML per 30 days) PA MO
<i>primidone</i>		MO
<i>roweepra</i>		
<i>rufinamide suspension</i>		QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>		QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>		QL (240 EA per 30 days) PA MO
SPRITAM		PA MO
<i>subvenite tablet</i>		
<i>subvenite starter kit/blue</i>		
<i>subvenite starter kit/green</i>		
<i>subvenite starter kit/orange</i>		
SYMPAZAN		QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>		MO
<i>topiramate er</i>		MO
<i>topiramate capsule sprinkle</i>		MO
<i>topiramate tablet 100mg</i>		QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>		QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>		QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>		
<i>valproic acid capsule, oral solution</i>		MO
VALTOCO 10 MG DOSE		QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE		QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE		QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE		QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>		QL (180 EA per 30 days) PA LA; ACS
<i>vigadrone</i>		QL (180 EA per 30 days) PA LA
XCOPRI TITRATION PACK 12.5MG; 25MG		QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG		QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG		QL (56 EA per 28 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
XCOPRI TABLET 100MG, 50MG		QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG		QL (60 EA per 30 days) MO
ZONISADE		QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>		MO
<i>zonisamide capsule 50mg</i>		MO; HRM
ZTALMY		QL (1100 ML per 30 days) PA LA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>		QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>		QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>		QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>		QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>		QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>		QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>		QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>		QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg, 10mg</i>		QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>		QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>		QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule</i>		QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i>		QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>		QL (1800 ML per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 2mg</i>		QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg</i>		QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>		QL (60 EA per 30 days) PA MO
<i>methylphenidate hydrochloride cd extended release capsule 10mg, 20mg, 30mg, 50mg, 60mg</i>		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 5.

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>		QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er capsule extended release 40mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 36mg</i>		QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>		QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>		QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride immediate release tablet</i>		QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>		QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>		QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>		QL (900 ML per 30 days) MO
VYVANSE		QL (30 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>		QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO		QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>		QL (30 EA per 30 days) MO; HRM
HETLIOZ LQ ORAL SUSPENSION		QL (158 ML per 30 days) PA LA
<i>tasimelteon</i>		QL (30 EA per 30 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>temazepam</i>		QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg</i>		QL (60 EA per 30 days) PA; HRM
<i>zaleplon capsule 5mg</i>		QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>		QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate immediate release tablet 10mg, 5mg</i>		QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIQ		QL (1 ML per 30 days) PA; ACS PA MO
<i>dihydroergotamine mesylate injection</i>		QL (8 ML per 30 days) PA MO
<i>dihydroergotamine mesylate nasal solution</i>		QL (12 EA per 30 days) MO
<i>eletriptan hydrobromide</i>		QL (40 EA per 28 days) PA MO
<i>ergotamine tartrate/caffeine</i>		QL (9 EA per 30 days) MO
<i>naratriptan hcl</i>		QL (16 EA per 30 days) PA MO
NURTEC		QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>		QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet</i>		QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>		QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection</i>		QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>		QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>		QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>		QL (9 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG		QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG		QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG		QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG		QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG		QL (60 EA per 30 days) PA LA; ACS
<i>lithium carbonate capsule, tablet</i>		MO
<i>lithium carbonate er tablet</i>		MO
NUEDEXTA		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 5.

Drug name	Drug tier	Requirements/Limits
<i>pregabalin er tablet extended release 24 hour 330mg</i>		QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>		QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide immediate release tablet 60mg</i>		MO
<i>pyridostigmine bromide er tablet</i>		MO
<i>riluzole</i>		MO
<i>tetrabenazine tablet 25mg</i>		QL (120 EA per 30 days) PA LA; ACS
<i>tetrabenazine tablet 12.5mg</i>		QL (90 EA per 30 days) PA LA; ACS
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO		QL (30 EA per 30 days) PA LA; ACS
AVONEX		QL (1 EA per 28 days) PA; ACS
AVONEX PEN		QL (1 EA per 28 days) PA; ACS
BETASERON		QL (14 EA per 28 days) PA; ACS
COPAXONE INJECTION 40MG/ML		QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML		QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>		PA; ACS
<i> fingolimod</i>		QL (30 EA per 30 days) PA; ACS
KESIMPTA		QL (6.4 ML per 365 days) PA LA; ACS
TECFIDERA STARTER PACK		QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG		QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG		QL (60 EA per 30 days) PA LA; ACS
VUMERITY		QL (120 EA per 30 days) PA LA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet</i>		MO
<i>chlorzoxazone tablet 500mg</i>		QL (180 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>		QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>		MO
<i>tizanidine hcl tablet 2mg, 4mg</i>		MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>		MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>		QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>		QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>		QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>		QL (60 EA per 30 days) PA MO
SODIUM OXYBATE		QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>		MO
<i>buprenorphine hcl sublingual tablet 2mg, 8mg</i>		QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>		QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>		QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>		QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>		QL (60 EA per 30 days) MO
<i>disulfiram tablet</i>		MO
<i>naloxone hcl injection 2mg/2ml</i>		
<i>naloxone hcl injection 4mg/10ml</i>		MO
<i>naloxone hydrochloride nasal spray</i>		MO
<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>		
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>		MO
<i>naltrexone hcl tablet</i>		MO
NICOTROL INHALER		MO
NICOTROL NASAL SPRAY		QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX		PA MO
VARENICLINE TARTRATE TABLET 1MG, 0.5MG		PA MO
VIVITROL		ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
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ENDOCRINE AND METABOLIC		
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ANDROGENS		
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<i>methyltestosterone capsule</i>		PA MO
<i>oxandrolone tablet 2.5mg</i>		QL (120 EA per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>		QL (60 EA per 30 days) PA MO
<i>testosterone cypionate injection</i>		MO
<i>testosterone enanthate injection</i>		PA MO
<i>testosterone pump gel 1%</i>		QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>		QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>		QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>		QL (180 ML per 30 days) MO

ANTIDIABETICS, INSULINS		
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ADMELOG		MO
ADMELOG SOLOSTAR		MO
BD ALCOHOL SWABS		MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"		MO
BASAGLAR KWIKPEN		MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"		MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"		MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"		MO
BD/NOVO PEN NEEDLE ULTRA-FINE		MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"		MO
CURITY GAUZE PADS 2"X2" 12 PLY		MO
FIASP		MO
FIASP FLEXTOUCH		MO
FIASP PENFILL		MO
HUMULIN R U-500 (CONCENTRATED)		B/D MO
HUMULIN R U-500 KWIKPEN		MO
LANTUS		MO
LANTUS SOLOSTAR		MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	MO	
NOVOLIN N (BRAND RELION NOT COVERED)	MO	
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	MO	
NOVOLIN R (BRAND RELION NOT COVERED)	MO	
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	MO	
NOVOLOG (BRAND RELION NOT COVERED)	MO	
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	MO	
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	MO	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	MO	
NOVOLOG PENFILL	MO	
SOLIQUA 100/33	MO	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	MO	
TOUJEO SOLOSTAR	MO	
TRESIBA	MO	
TRESIBA FLEXTOUCH	MO	
XULTOPHY 100/3.6	MO	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet</i>		QL (90 EA per 30 days) MO
BYDUREON BCISE		QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML		QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML		QL (2.4 ML per 30 days) PA MO
FARXIGA		QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>		QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>		QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>		QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>		QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>		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 5.

Drug name	Drug tier	Requirements/Limits
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>		QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>		QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>		QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>		QL (120 EA per 30 days) MO
<i>glipizide tablet 5mg</i>		QL (240 EA per 30 days) MO
GLYXAMBI		QL (30 EA per 30 days) MO
JANUMET		QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG		QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG		QL (60 EA per 30 days) MO
JANUVIA		QL (30 EA per 30 days) MO
JARDIANCE		QL (30 EA per 30 days) MO
JENTADUETO		QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG		QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG		QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>		QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>		QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Fortamet and Glumetza) 500mg</i>		QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>		QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>		QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>		QL (90 EA per 30 days) MO
<i>miglitol</i>		QL (90 EA per 30 days) MO
<i>nateglinide</i>		QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/1.5ML		QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML		QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tablet 45mg</i>		QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>		QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>		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 5.

Drug name	Drug tier	Requirements/Limits
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>		QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>		QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>		QL (240 EA per 30 days) MO
RYBELSUS		QL (30 EA per 30 days) PA MO
SYMLINPEN 120		QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60		QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG		QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG		QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG		QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG		QL (60 EA per 30 days) MO
TRADJENTA		QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG		QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG		QL (60 EA per 30 days) MO
TRULICITY		QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG		QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG		QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral solution</i>		MO
<i>alendronate sodium tablet 10mg</i>		QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>		QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>		MO
<i>ibandronate sodium tablet</i>		QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>		QL (3 ML per 90 days) MO
NATPARA		PA LA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>		
PROLIA		QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet 35mg</i>		QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>		QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>		QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>		QL (4 EA per 28 days) MO
TERIPARATIDE		PA; ACS
XGEVA		PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML		ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>		ACS
CHELATING AGENTS		
CHEMET		MO
<i>deferasirox packet</i>		PA; ACS
<i>deferasirox tablet soluble 125mg</i>		PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>		PA; ACS
<i>deferasirox tablet 90mg</i>		PA; ACS
<i>deferasirox tablet 180mg</i>		PA; ACS
<i>deferasirox tablet 360mg</i>		PA; ACS
<i>penicillamine tablet</i>		ACS
<i>sodium polystyrene sulfonate oral powder</i>		MO
<i>sps oral suspension 15gm/60ml</i>		MO
<i>trientine hydrochloride</i>		PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM		QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM		QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle</i>		
<i>altavera</i>		
<i>alyacen 1/35</i>		MO
<i>alyacen 7/7/7</i>		
<i>amethia</i>		
<i>amethyst</i>		
<i>apri</i>		
<i>aranelle</i>		MO
<i>ashlyna</i>		
<i>aubra eq</i>		
<i>aurovela 1.5/30</i>		
<i>aurovela 1/20</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>aurovela 24 fe</i>		
<i>aurovela fe 1.5/30</i>		
<i>aurovela fe 1/20</i>		
<i>aviane</i>		
<i>ayuna</i>		
<i>azurette</i>		
<i>balziva</i>		
<i>blisovi 24 fe</i>	MO	
<i>blisovi fe 1.5/30</i>	MO	
<i>blisovi fe 1/20</i>		
<i>briellyn</i>		
<i>camila</i>	MO	
CAMRESE		
CAMRESE LO		
<i>charlotte 24 fe</i>		
<i>chateal eq</i>		
<i>cryselle-28</i>	MO	
<i>cyred</i>		
<i>cyred eq</i>		
<i>dasetta 1/35</i>		
<i>dasetta 7/7/7</i>		
<i>daysee</i>		
<i>deblitane</i>		
<i>delyla</i>		
DEPO-SUBQ PROVERA 104	MO	
<i>desogestrel/ethinyl estradiol</i>	MO	
<i>dolishale</i>		
<i>drospirenone/ethinyl estradiol</i>	MO	
<i>drospirenone/ethinyl estradiol/levomefolate</i>	MO	
<i>calcium tablet 3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>		
<i>eluryng</i>		
<i>enpresse-28</i>		
<i>enskyce</i>	MO	
<i>errin</i>	MO	
<i>estarylla</i>	MO	
<i>ethynodiol diacetate/ethinyl estradiol</i>	MO	
<i>falmina</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>fayosim</i>		
<i>femynor</i>		
<i>finzala</i>		
<i>hailey 1.5/30</i>		MO
<i>hailey 24 fe</i>		
<i>hailey fe 1.5/30</i>		
<i>hailey fe 1/20</i>		
<i>haloette</i>		
<i>heather</i>		
<i>iclevia</i>		
<i>incassia</i>		
<i>introvale</i>		
<i>isibloom</i>		
<i>jaimiess</i>		
<i>jasmiel</i>		
<i>jencycla</i>		
JOLESSA		
<i>juleber</i>		
<i>junel 1.5/30</i>		
<i>junel 1/20</i>		
<i>junel fe 1.5/30</i>		MO
<i>junel fe 1/20</i>		MO
<i>junel fe 24</i>		
<i>kaitlib fe</i>		MO
<i>kalliga</i>		
<i>kariva</i>		
<i>kelnor 1/35</i>		MO
<i>kelnor 1/50</i>		MO
<i>kurvelo</i>		
<i>larin 1.5/30</i>		
<i>larin 1/20</i>		
<i>larin 24 fe</i>		
<i>larin fe 1.5/30</i>		
<i>larin fe 1/20</i>		
LEENA		
<i>lessina</i>		
<i>levonest</i>		
<i>levonorgestrel and ethinyl estradiol</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol</i>		MO
<i>levora 0.15/30-28</i>		
<i>lo-zumandimine</i>		MO
<i>loestrin 1.5/30-21</i>		
<i>loestrin 1/20-21</i>		
<i>loestrin fe 1.5/30</i>		
<i>loestrin fe 1/20</i>		
<i>lojaimiess</i>		MO
<i>loryna</i>		
<i>low-ogestrel</i>		
<i>lutra</i>		MO
<i>lyleq</i>		
<i>lyza</i>		
<i>marlissa</i>		MO
<i>medroxyprogesterone acetate injection 150mg/ ml</i>		MO
<i>mibelas 24 fe</i>		
MICROGESTIN 1.5/30		
MICROGESTIN 1/20		
<i>microgestin 24 fe</i>		
MICROGESTIN FE 1.5/30		
MICROGESTIN FE 1/20		
<i>mili</i>		
<i>mono-lynyah</i>		
<i>necon 0.5/35-28</i>		
<i>nikki</i>		
NORA-BE		
<i>norethindrone tablet 0.35mg</i>		MO
<i>norethindrone & ethinyl estradiol ferrous fumarate chewable tablet 25mcg; 75mg; 0.8mg</i>		MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</i>		MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>		MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate chewable tablet 35mcg; 75mg; 0.4mg</i>		MO
<i>norgestimate/ethinyl estradiol</i>		MO
<i>norlyda</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>norlyroc</i>		
<i>nortrel 0.5/35 (28)</i>		MO
<i>nortrel 1/35 28-day regimen</i>		
<i>nortrel 1/35 21-day regimen</i>		MO
<i>nortrel 7/7/7</i>		
<i>nylia 1/35</i>		
<i>nylia 7/7/7</i>		MO
<i>nymyo</i>		
OCELLA		
<i>orsythia</i>		
<i>philith</i>		
<i>pimtrea</i>		
<i>pirmella 1/35</i>		MO
<i>pirmella 7/7/7</i>		MO
<i>portia-28</i>		
<i>reclipsen</i>		
RIVELSA		
<i>setlakin</i>		
<i>sharobel</i>		
<i>simliya</i>		
<i>simpesse</i>		MO
<i>sprintec 28</i>		
<i>sronyx</i>		MO
<i>syeda</i>		
<i>tarina 24 fe</i>		
<i>tarina fe 1/20 eq</i>		
TILIA FE		
<i>tri femynor</i>		
<i>tri-estarylla</i>		MO
<i>tri-legest fe</i>		MO
<i>tri-linyah</i>		
<i>tri-lo-estarylla</i>		
<i>tri-lo-marzia</i>		
<i>tri-lo-mili</i>		
<i>tri-lo-sprintec</i>		MO
<i>tri-mili</i>		
<i>tri-nymyo</i>		
<i>tri-sprintec</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>tri-vylibra</i>		
<i>tri-vylibra lo</i>		
<i>trivora-28</i>	MO	
<i>tydemy</i>		
<i>velivet</i>	MO	
<i>vestura</i>		
<i>vienva</i>		
<i>viorele</i>	MO	
<i>volnea</i>		
<i>vyfemla</i>	MO	
<i>vylibra</i>		
<i>wera</i>		
<i>wymzya fe</i>		
<i>zovia 1/35</i>		
<i>zumandimine</i>		
ENDOMETRIOSIS		
<i>danazol capsule</i>	MO	
SYNAREL	MO	
ESTROGENS		
<i>amabelz</i>	MO	
<i>dotti</i>	QL (8 EA per 28 days)	
DUAVEE	MO	
<i>estradiol valerate injection</i>	MO	
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	MO	
<i>estradiol oral tablet</i>	MO	
<i>estradiol vaginal cream, vaginal tablet</i>	MO	
<i>estradiol patch weekly</i>	QL (4 EA per 28 days) MO	
<i>estradiol patch twice weekly</i>	QL (8 EA per 28 days) MO	
ESTRING	QL (1 EA per 90 days) MO	
<i>fyavolv</i>	MO	
<i>jinteli</i>		
<i>lyllana</i>	QL (8 EA per 28 days)	
<i>mimvey</i>		
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	MO	
PREMARIN	MO	
PREMPRO	MO	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>yuvaferm</i>		
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL		MO
<i>dexamethasone sodium phosphate injection vial 10mg/ml</i>		
<i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>		MO
<i>dexamethasone tablet, oral solution, oral elixir</i>		MO
<i>fludrocortisone acetate tablet</i>		MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>		MO
<i>methylprednisolone acetate injection</i>		B/D MO
<i>methylprednisolone dose pack</i>		MO
<i>methylprednisolone sodium succinate injection 1000mg</i>		B/D MO
<i>methylprednisolone sodium succinate injection 125mg, 40mg</i>		B/D MO
<i>methylprednisolone tablet</i>		B/D MO
<i>prednisolone oral solution 15mg/5ml</i>		B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>		B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>		B/D MO
PREDNISON INTENSOL		B/D MO
<i>prednisone tablet</i>		B/D MO
<i>prednisone tablet therapy pack</i>		MO
<i>prednisone solution</i>		B/D MO
SOLU-CORTEF		MO
<i>triamcinolone acetonide injection 40mg/ml</i>		MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension</i>		MO
GVOKE HYPOPEN 1-PACK		MO
GVOKE HYPOPEN 2-PACK		MO
GVOKE KIT		MO
GVOKE PFS		MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>		
<i>betaine anhydrous</i>		LA
<i>cabergoline</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>carglumic acid</i>		PA LA
CERDELGA		PA LA; ACS
<i>cinacalcet hydrochloride tablet 30mg</i>		QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>		QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>		QL (60 EA per 30 days); ACS
CYSTAGON		PA LA; ACS
<i>desmopressin acetate tablet</i>		MO
<i>desmopressin acetate nasal solution</i>		MO
<i>desmopressin acetate pf injection 4mcg/ml</i>		MO
<i>desmopressin acetate injection 4mcg/ml</i>		MO
<i>fomepizole</i>		
GENOTROPIN CARTRIDGE 12MG, 5MG		PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG		PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG		PA; ACS
INCRELEX		PA LA; ACS
<i>javygtor</i>		PA LA
KORLYM		PA LA
LEVOCARNITINE TABLET		MO
<i>levocarnitine solution</i>		MO
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG		PA; ACS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG		PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG		PA; ACS
<i>methergine</i>		
<i>methylergonovine maleate tablet</i>		MO
<i>nitisinone</i>		PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>		PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>		PA; ACS
<i>raloxifene hydrochloride</i>		MO
SANDOSTATIN LAR DEPOT KIT		PA; ACS
<i>sapropterin dihydrochloride</i>		PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML		PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>sodium phenylbutyrate tablet, oral powder</i>		PA; ACS
SOMATULINE DEPOT		PA LA; ACS
SOMAVERT INJECTION		PA LA; ACS
PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule, tablet 667mg</i>		QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>		MO
PROGESTINS		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>		MO
<i>megestrol acetate suspension 40mg/ml</i>		MO
<i>megestrol acetate suspension 625mg/5ml</i>		MO
<i>norethindrone acetate tablet 5mg</i>		MO
<i>progesterone capsule</i>		MO
<i>progesterone injection</i>		MO
THYROID AGENTS		
<i>euthyrox</i>		MO
<i>levo-t</i>		
<i>levothyroxine sodium tablet</i>		MO
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/ML, 200MCG/5ML, 500MCG/5ML		
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/5ML		
<i>levoxyl</i>		MO
<i>liothyronine sodium tablet</i>		MO
<i>liothyronine sodium injection</i>		
<i>methimazole tablet</i>		MO
<i>propylthiouracil tablet</i>		MO
SYNTHROID		MO
<i>unithroid</i>		
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>		MO
<i>calcitriol oral solution 1mcg/ml</i>		MO
<i>doxercalciferol injection</i>		
<i>paricalcitol</i>		MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>		B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>aprepitant capsule 125mg</i>		B/D MO
<i>compro</i>		MO; HRM
DIMENHYDRINATE INJECTION		
<i>dronabinol</i>		QL (60 EA per 30 days) PA MO
EMEND ORAL SUSPENSION		B/D
<i>granisetron hydrochloride tablet</i>		QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>		MO; HRM
<i>metoclopramide hcl tablet 5mg</i>		MO
<i>metoclopramide hcl oral solution</i>		MO
<i>metoclopramide hydrochloride tablet 10mg</i>		MO
<i>metoclopramide hydrochloride injection</i>		MO
<i>metoclopramide odt</i>		MO
<i>ondansetron hcl tablet 24mg</i>		B/D
<i>ondansetron hcl oral solution</i>		QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>		B/D MO
<i>ondansetron hydrochloride injection</i>		MO
<i>ondansetron odt</i>		B/D MO
<i>prochlorperazine edisylate injection</i>		MO; HRM
<i>prochlorperazine maleate tablet</i>		MO; HRM
<i>prochlorperazine rectal suppository</i>		MO; HRM
<i>promethazine hcl plain oral syrup 6.25mg/5ml</i>		PA MO; HRM
<i>promethazine hcl tablet 12.5mg</i>		PA MO; HRM
<i>promethazine hcl injection, suppository</i>		PA MO; HRM
<i>promethazine hydrochloride tablet 25mg, 50mg</i>		PA MO; HRM
<i>promethegan suppository 12.5mg, 50mg</i>		PA MO; HRM
<i>promethegan suppository 25mg</i>		PA; HRM
SANCUSO		QL (4 EA per 28 days) MO
<i>scopolamine patch</i>		QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule</i>		PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>		PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>		PA MO; HRM
<i>dicyclomine hydrochloride injection</i>		PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>		MO
<i>glycopyrrolate oral solution</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>		
<i>glycopyrrolate injection 0.2mg/ml (vial), 1mg/5ml, 4mg/20ml</i>		MO
<i>methscopolamine bromide tablet</i>		PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>		MO
<i>famotidine premixed injection 20mg/50ml</i>		
<i>famotidine tablet</i>		MO
<i>famotidine injection</i>		
<i>famotidine oral suspension reconstituted</i>		MO
<i>nizatidine</i>		MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>		MO
<i>budesonide er tablet extended release 24 hour 9mg</i>		MO
<i>budesonide capsule delayed release particles 3mg</i>		MO
<i>hydrocortisone enema 100mg/60ml</i>		MO
<i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>		MO
<i>mesalamine suppository</i>		MO
<i>mesalamine enema, kit</i>		MO
<i>sulfasalazine tablet, delayed release tablet</i>		MO
LAXATIVES		
<i>CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML</i>		
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>		MO
<i>constulose</i>		
<i>enulose</i>		MO
<i>gavilyte-c</i>		MO
<i>gavilyte-g</i>		MO
<i>generlac</i>		
<i>GOLYTELY</i>		MO
<i>KRISTALOSE</i>		PA MO
<i>lactulose oral solution (constipation)</i>		MO
<i>peg-3350/electrolytes</i>		MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
PLENVU		MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE		MO
SUPREP BOWEL PREP KIT		MO
SUTAB		MO
MISCELLANEOUS		
<i>alosetron hydrochloride</i>		QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>		MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>		MO; HRM
<i>diphenoxylate/atropine oral solution</i>		MO; HRM
GATTEX		PA LA; ACS
LINZESS		QL (30 EA per 30 days) MO
<i>loperamide hcl capsule</i>		MO
<i>misoprostol tablet</i>		MO
MOVANTIK TABLET 25MG		QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG		QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION		MO
<i>sucralfate tablet</i>		MO
<i>ursodiol capsule 300mg</i>		MO
<i>ursodiol tablet</i>		MO
XERMELO		QL (84 EA per 28 days) PA LA
XIFAXAN TABLET 550MG		PA MO
PANCREATIC ENZYMES		
CREON		MO
ZENPEP		MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>		QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>		QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>		
<i>lansoprazole capsule delayed release 15mg</i>		QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>		QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>		QL (30 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 20mg, 40mg</i>		QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>pantoprazole sodium tablet delayed release 20mg</i>		QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>		QL (60 EA per 30 days) MO
<i>rabeprazole sodium delayed release tablet 20mg</i>		QL (30 EA per 30 days) MO

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl er</i>		QL (30 EA per 30 days) MO
<i>dutasteride</i>		QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>		QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>		QL (30 EA per 30 days) MO
<i>silodosin capsule 8mg</i>		QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg</i>		QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>		QL (60 EA per 30 days) MO

MISCELLANEOUS

<i>acetic acid 0.25% irrigation solution</i>		MO
<i>bethanechol chloride tablet</i>		MO
ELMIRON		QL (90 EA per 30 days) MO
<i>potassium citrate er tablet extended release 540mg</i>		MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>		MO

URINARY ANTISPASMODICS

<i>fesoterodine fumarate er</i>		QL (30 EA per 30 days) MO; HRM
GEMTESA		QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR		QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER		QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>		QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>		QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>		QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride syrup</i>		QL (600 ML per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>solifenacin succinate</i>		QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet</i>		QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule</i>		QL (30 EA per 30 days) MO; HRM
<i>tropium chloride tablet</i>		QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er capsule</i>		QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>		MO
<i>metronidazole vaginal gel 0.75%</i>		MO
<i>miconazole 3 vaginal suppository</i>		MO
<i>terconazole cream</i>		MO
<i>terconazole suppository</i>		MO

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate</i>		QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK		QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG		QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG		QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>		MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>		MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>		MO
FRAGMIN INJECTION 10000UNIT/4ML		
FRAGMIN INJECTION 2500UNIT/0.2ML, 9500UNIT/3.8ML		MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML		MO
HEPARIN SODIUM/D5W INJECTION 20000UNIT/500ML, 25000UNIT/500ML		
HEPARIN SODIUM/DEXTROSE INJECTION 25000UNIT/250ML (100UNIT/ML)		
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML <i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i> <i>jantoven</i> <i>warfarin sodium</i>		MO MO MO
XARELTO STARTER PACK		QL (51 EA per 30 days) MO
XARELTO ORAL SUSPENSION RECONSTITUTED		QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG		QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG		QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML		PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML		PA; ACS
ZARXIO		PA; ACS
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>		MO
BERINERT		QL (24 EA per 30 days) PA LA; ACS
<i>cilostazol</i>		MO
DOPTELET		QL (60 EA per 30 days) PA LA; ACS
DROXIA		MO
ENDARI PACKET FOR ORAL SOLUTION		PA LA; ACS
HAEGARDA INJECTION 3000UNIT		QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT		QL (30 EA per 30 days) PA LA; ACS
<i>icatibant acetate</i>		QL (27 ML per 30 days) PA; ACS
<i>pentoxifylline er</i>		MO
PROMACTA PACKET 25MG		QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG		QL (360 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
PROMACTA TABLET 12.5MG, 25MG		QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG		QL (60 EA per 30 days) PA LA; ACS
<i>sajazir</i>		QL (27 ML per 30 days) PA LA
<i>tranexamic acid tablet</i>		MO
<i>tranexamic acid injection</i>		
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>		QL (60 EA per 30 days) MO
BRILINTA		MO
<i>clopidogrel tablet 75mg</i>		QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>		QL (2 EA per 365 days) MO
<i>dipyridamole tablet</i>		PA MO
<i>prasugrel</i>		MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT INJECTION 100MG/0.67ML		QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML		QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML		QL (8 ML per 28 days) PA; ACS
ENBREL		QL (8 ML per 28 days) PA; ACS
ENBREL MINI		QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK		QL (8 ML per 28 days) PA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK		PA; ACS
HUMIRA PEN-CD/UC/HS STARTER		PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK		PA; ACS
HUMIRA PEN-PS/UV STARTER		PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML		PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML		QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML		QL (2 EA per 28 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML		QL (6 EA per 28 days) PA; ACS
KEVZARA		QL (2.28 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK		QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET		QL (60 EA per 30 days) PA; ACS
RINVOQ		QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN		QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML		QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML		QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML		QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML		QL (60 ML per 365 days) PA; ACS
STELARA INJ 45MG/0.5ML VIAL		QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJ 45MG/0.5ML PREFILLED SYRINGE		QL (0.5 ML per 28 days) PA; ACS
STELARA SC INJECTION 90MG/ML PREFILLED SYRINGE		QL (1 ML per 28 days) PA; ACS
STELARA IV INJECTION 120MG/26ML		QL (208 ML per 365 days) PA LA; ACS
TALTZ		QL (3 ML per 28 days) PA LA; ACS
XELJANZ XR		QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION		QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET		QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>		MO
<i>leflunomide</i>		QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
XATMEP		MO
IMMUNOGLOBULINS		
GAMASTAN		B/D LA; ACS
GAMMAKED		PA; ACS
GAMUNEX-C		PA; ACS
OCTAGAM		PA; ACS
PRIVIGEN		PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE		PA LA; ACS
ARCALYST		PA LA; ACS
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG		B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG		B/D MO
AZATHIOPRINE INJECTION		B/D
<i>azathioprine tablet 50mg</i>		B/D MO
BENLYSTA		PA LA; ACS
<i>cyclosporine capsule, iv solution</i>		B/D MO
<i>cyclosporine modified capsule, modified oral solution</i>		B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>		B/D MO
<i>gengraf capsule</i>		B/D
<i>gengraf solution</i>		B/D MO
<i>mycophenolate mofetil capsule, tablet</i>		B/D MO
<i>mycophenolate mofetil injection</i>		B/D MO
<i>mycophenolate mofetil oral suspension reconstituted</i>		B/D MO
<i>mycophenolic acid delayed release tablet</i>		B/D MO
NULOJIX		B/D
PROGRAF GRANULES		B/D MO
REZUROCK		QL (30 EA per 30 days) PA LA
SANDIMMUNE ORAL SOLUTION		B/D MO
<i>sirolimus tablet</i>		B/D MO
<i>sirolimus solution</i>		B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>		B/D MO
VACCINES		
ACTHIB		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
ADACEL		
BCG VACCINE		
BEXSERO		
BOOSTRIX		
DAPTACEL		
DENGVAXIA		
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC		
ENGERIX-B		B/D
GARDASIL 9		
HAVRIX		
HEPLISAV-B		B/D
HIBERIX		
IMOVAX RABIES (H.D.C.V.)		B/D
INFANRIX		
IPOL INACTIVATED IPV		
IXIARO		
JYNNEOS		B/D
KINRIX		
M-M-R II		
MENACTRA		
MENQUADFI		
MENVEO		
PEDIARIX		
PEDVAX HIB		
PENTACEL		
PREHEVBRIO		B/D
PRIORIX		
PROQUAD		
QUADRACEL		
RABAVERT		B/D
RECOMBIVAX HB		B/D
ROTARIX		
ROTATEQ		
SHINGRIX		QL (2 EA per 999 days)
TDVAX		
TENIVAC		
TICOVAC		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
TRUMENBA		
TWINRIX		
TYPHIM VI		
VAQTA		
VARIVAX		
YF-VAX		

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/NACL 0.45%	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	
DEXTROSE 10%/NACL 0.2%	
DEXTROSE 2.5%/NACL 0.45%	
DEXTROSE 5%/LACTATED RINGERS	
DEXTROSE 5%/NACL 0.2%	
<i>dextrose 5%/nacl 0.3%</i>	
DEXTROSE 5%/NACL 0.33%	
DEXTROSE 5%/NACL 0.45%	
DEXTROSE 5%/NACL 0.9%	MO
DEXTROSE 5%/NACL 0.225%	
ISOLYTE-P/DEXTROSE 5%	
ISOLYTE-S	B/D
ISOLYTE-S PH 7.4	B/D
KCL 0.075%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.2%	
KCL 0.15%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.9%	
KCL 0.3%/D5W/NACL 0.45%	
KCL 0.3%/D5W/NACL 0.9%	
<i>lactated ringers</i>	
MAGNESIUM SULFATE INJECTION	
20GM/500ML, 40GM/1000ML, 4GM/50ML	
<i>magnesium sulfate injection 2gm/50ml,</i>	
<i>4gm/100ml, 50%</i>	
PLASMA-LYTE A	
PLASMA-LYTE-148	
POTASSIUM CHLORIDE/DEXTROSE	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%		
<i>potassium chloride/sodium chloride injection</i>		
<i>20meq/l; 0.45%, 20meq/l; 0.9%</i>		
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML		
<i>potassium chloride injection 2meq/ml</i>	MO	
RINGERS INJECTION		
SODIUM BICARBONATE INJECTION 7.5%		
<i>sodium bicarbonate injection 4.2%</i>		
<i>sodium bicarbonate injection 8.4%</i>	MO	
<i>sodium chloride 0.45%</i>		
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	MO	
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	MO	
TPN ELECTROLYTES	B/D	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>adc/fluoride drops</i>	MO	
<i>effer-k tablet effervescent 25meq</i>	MO	
<i>fluoride chewable tablet</i>	MO	
<i>klor-con 10</i>		
<i>klor-con 8</i>		
<i>klor-con m10</i>	MO	
<i>klor-con m15</i>	MO	
<i>klor-con m20</i>	MO	
<i>klor-con powder packet 20meq</i>		
<i>klor-con effervescent tablet</i>	MO	
M-NATAL PLUS	MO	
<i>multi-vitamin/fluoride drops</i>	MO	
<i>multi-vitamin/fluoride/iron drops</i>	MO	
<i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i>	MO	
NEONATAL PLUS	MO	
NIVA-PLUS	MO	
PNV PRENATAL PLUS MULTIVITAMIN	MO	
<i>potassium chloride er capsule extended release</i>	MO	
<i>potassium chloride er tablet extended release 15meq</i>		

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride er tablet extended release</i> <i>10meq, 20meq, 8meq</i>	MO	
<i>potassium chloride packet 20meq</i>	MO	
<i>potassium chloride oral solution 10%, 20%</i>	MO	
PRENATAL	MO	
PRENATAL PLUS	MO	
<i>sodium fluoride solution 0.5mg/ml</i>	MO	
<i>sodium fluoride tablet chewable 0.25mg,</i> <i>0.5mg, 1mg</i>	MO	
<i>tri-vite/fluoride drops</i>	MO	
TRICARE PRENATAL TABLET	MO	
WESTAB PLUS	MO	
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	B/D	
CLINIMIX 4.25%/DEXTROSE 5%	B/D	
CLINIMIX 5%/DEXTROSE 15%	B/D	
CLINIMIX 5%/DEXTROSE 20%	B/D	
CLINIMIX 6/5	B/D	
CLINIMIX 8/10	B/D	
CLINIMIX 8/14	B/D	
<i>clinisol sf 15%</i>	B/D MO	
CLINOLIPID	B/D	
<i>dextrose 10%</i>		
<i>dextrose 5%</i>	MO	
DEXTROSE 50%	B/D	
DEXTROSE 70%	B/D	
HEPATAMINE	B/D	
NUTRILIPID	B/D	
<i>plenamine</i>	B/D	
PREMASOL	B/D	
PROSOL	B/D	
TRAVASOL	B/D	
TROPHAMINE	B/D	

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

<i>neo-polycin hc ophthalmic ointment</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i> <i>ophthalmic ointment</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/dexamethasone ophthalmic suspension, ophthalmic ointment</i>	MO	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	MO	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	MO	
TOBRADEX OINTMENT	MO	
TOBRADEX ST SUSPENSION	MO	
<i>tobramycin/dexamethasone ophthalmic suspension</i>	MO	
ZYLET	MO	
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	MO	
<i>bacitracin/polymyxin b ophthalmic ointment</i>	MO	
BESIVANCE	MO	
CILOXAN OINTMENT	QL (42 GM per 30 days)	MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	QL (30 ML per 30 days)	MO
<i>erythromycin ointment 5mg/gm</i>	QL (42 GM per 30 days)	MO
<i>gatifloxacin ophthalmic solution</i>	QL (20 ML per 30 days)	MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	QL (30 ML per 30 days)	MO
<i>levofloxacin ophthalmic solution 1.5%</i>	QL (20 ML per 30 days)	
<i>levofloxacin ophthalmic solution 0.5%</i>	QL (30 ML per 30 days)	MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i>	QL (12 ML per 30 days)	MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i>	QL (12 ML per 30 days)	MO
NATACYN	MO	
<i>neo-polycin ophthalmic ointment</i>		
<i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>	MO	
<i>neomycin/polymyxin/gramicidin ophthalmic solution</i>	MO	
<i>ofloxacin ophthalmic solution 0.3%</i>	QL (60 ML per 30 days)	MO
<i>polycin ophthalmic ointment</i>		
<i>polymyxin b sulfate/trimethoprim sulfate solution</i>	MO	
<i>sulfacetamide sodium ointment 10%</i>	MO	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic solution 10%</i>		QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>		QL (30 ML per 30 days) MO
<i>trifluridine</i>		MO
ZIRGAN		MO
ANTI-INFLAMMATORIES		
ALREX		MO
<i>bromfenac ophthalmic solution</i>		MO
BROMSITE		MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>		MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>		QL (10 ML per 30 days) MO
<i>difluprednate</i>		MO
EYSUVIS		MO
FLAREX		MO
FLUOROMETHOLONE		MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>		MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>		MO
LOTEMAX OINTMENT		MO
LOTEMAX SM GEL 0.38%		MO
<i>loteprednol etabonate</i>		MO
<i>prednisolone acetate ophthalmic suspension 1%</i>		MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%		MO
PROLENSA		MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>		MO
<i>cromolyn sodium ophthalmic solution 4%</i>		MO
<i>epinastine hcl</i>		MO
<i>olopatadine hcl ophthalmic solution 0.1%</i>		MO
<i>olopatadine hydrochloride ophthalmic solution 0.2%</i>		MO
ZERVIAE		MO
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>		MO
BETOPTIC-S		MO
BRIMONIDINE TARTRATE SOLUTION 0.15%		MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>brimonidine tartrate solution 0.2%</i>	MO	
<i>brinzolamide</i>	MO	
<i>carteolol hcl</i>	MO	
COMBIGAN	MO	
<i>dorzolamide hcl/timolol maleate</i>	MO	
<i>dorzolamide hydrochloride</i>	MO	
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	MO	
<i>latanoprost ophthalmic solution</i>	MO	
<i>levobunolol hcl</i>	MO	
LUMIGAN	MO	
PHOSPHOLINE IODIDE		
<i>pilocarpine hcl ophthalmic solution</i>	MO	
RHOPRESSA	MO	
ROCKLATAN	MO	
SIMBRINZA	MO	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	MO	
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	MO	
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	MO	
<i>travoprost</i>	MO	
VYZULTA	MO	
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	MO	
CYSTARAN	PA LA	
ISOPTO ATROPINE	MO	
<i>proparacaine hcl</i>	MO	
RESTASIS	QL (60 EA per 30 days) MO	
RESTASIS MULTIDOSE	QL (5.5 ML per 30 days) MO	
TYRVAYA	QL (8.4 ML per 30 days) MO	
XIIDRA	QL (60 EA per 30 days) MO	
OTIC		
OTIC AGENTS		
<i>acetic acid otic solution 2%</i>	MO	
CIPRO HC	MO	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
CIPROFLOXACIN OTIC SOLUTION 0.2%	MO	
<i>ciprofloxacin/dexamethasone</i>	MO	
<i>flac otic oil</i>		
<i>fluocinolone acetonide otic oil 0.01%</i>	MO	
<i>hydrocortisone/acetic acid otic solution</i>	MO	
<i>neomycin/polymyxin/hc otic solution 1%</i>	MO	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	MO	
<i>ofloxacin otic solution 0.3%</i>	MO	

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate nebulized solution</i>	B/D MO
TRELEGY ELLIPTA	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	QL (45 ML per 30 days) MO

ANTI-HISTAMINES

<i>azelastine hcl nasal solution 0.15%</i>	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal solution 0.1%</i>	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution</i>	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	PA MO
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	PA MO; HRM
<i>desloratadine tablet 5mg</i>	QL (30 EA per 30 days) MO
<i>desloratadine oral dissolving tablet 2.5mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	MO; HRM
<i>hydroxyzine hcl tablet</i>	PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>hydroxyzine hydrochloride injection, syrup</i> 10mg/5ml		PA MO; HRM
<i>hydroxyzine pamoate capsule</i>		PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>		QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>		MO
<i>olopatadine hcl nasal solution 0.6%</i>		QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA)</i> aerosol solution 108mcg/act		QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA)</i> aerosol solution 108mcg/act		QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA)</i> aerosol solution 108mcg/act		QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>		B/D MO
<i>albuterol sulfate syrup, tablet</i>		MO
<i>levalbuterol hcl nebulization solution</i> 0.63mg/3ml, 1.25mg/3ml		B/D MO
<i>levalbuterol hcl nebulization solution</i> 0.31mg/3ml		B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>		B/D MO
LEVALBUTEROL TARTRATE HFA		QL (30 GM per 30 days) MO
SEREVENT DISKUS		QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection, tablet</i>		MO
VENTOLIN HFA		QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>		QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>		QL (30 EA per 30 days) MO
<i>zafirlukast</i>		QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>		B/D MO
<i>aminophylline</i>		
BRONCHITOL		QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST		QL (560 EA per 28 days) PA LA; ACS
<i>cromolyn sodium nebulization solution</i> 20mg/2ml		B/D MO
<i>epinephrine injection 0.15mg/0.3ml,</i> <i>0.15mg/0.15ml, 0.3mg/0.3ml</i>		QL (2 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
FASENRA		QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN		QL (1 ML per 28 days) PA LA; ACS
KALYDECO PACKET		QL (56 EA per 28 days) PA LA
KALYDECO TABLET		QL (60 EA per 30 days) PA LA
OFEV		QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET		QL (112 EA per 28 days) PA LA
ORKAMBI PACKET		QL (56 EA per 28 days) PA LA
<i>pirfenidone capsule</i>		QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>		QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>		QL (90 EA per 30 days) PA; ACS
PROLASTIN-C		PA LA
PULMOZYME		PA; ACS
<i>roflumilast</i>		MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>		MO
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>		MO
<i>theophylline oral solution</i>		MO
TRIKAFTA THERAPY PACK		QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK		QL (84 EA per 28 days) PA LA
XOLAIR		PA LA; ACS
NASAL STEROIDS		
<i>flunisolide nasal spray 0.025%</i>		QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>		QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>		QL (34 GM per 30 days) MO
XHANCE		QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ARNUITY ELLIPTA		QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>		B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST		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 5.

Drug name	Drug tier	Requirements/Limits
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST		QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT		QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT		QL (24 GM per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA		QL (12 GM per 30 days) MO
BREO ELLIPTA		QL (60 EA per 30 days) MO
DULERA		QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>		QL (60 EA per 30 days) MO
<i>wixela inhub</i>		QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>		PA
<i>amnesteem</i>		PA
<i>claravis</i>		PA
<i>clindacin foam</i>		QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>		QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>		QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>		QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>		QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>		QL (90 GM per 30 days) MO
<i>ery pad 2%</i>		MO
<i>erythromycin/benzoyl peroxide</i>		MO
<i>erythromycin gel 2%</i>		QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>		QL (60 ML per 30 days) MO
<i>isotretinoin</i>		PA
<i>sulfacetamide sodium lotion 10%</i>		MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%		QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP 0.04%, 0.1%		QL (50 GM per 30 days) PA MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>		QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>		QL (45 GM per 30 days) PA MO
<i>zenatane</i>		PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>		QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>		QL (30 GM per 30 days) MO
<i>mafenide acetate packet</i>		MO
<i>mupirocin ointment</i>		QL (30 GM per 30 days) MO
<i>mupirocin cream</i>		QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>		MO
SSD		
SULFAMYLON CREAM 85MG/GM		MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>		QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>		QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>		QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>		QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>		QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>		QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>		QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>		QL (85 GM per 30 days) MO
ERTACZO		QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>		QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>		QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>		QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>		QL (90 GM per 30 days) MO
<i>nyamyc powder</i>		QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>		QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>		QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>		QL (60 GM per 30 days) MO
<i>nystop powder</i>		QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>		PA MO
<i>calcipotriene cream, ointment</i>		QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>		QL (60 ML per 30 days) PA MO
<i>calcitrene</i>		QL (120 GM per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
CALCITRIOL OINTMENT 3MCG/GM		QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule</i>		MO
<i>tazarotene gel</i>		QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>		QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%		QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>		MO
<i>selenium sulfide lotion 2.5%</i>		MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>		
<i>ala-cort cream 2.5%</i>		QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>		MO
<i>betamethasone dipropionate augmented cream</i>		MO
<i>betamethasone dipropionate augmented gel, ointment</i>		MO
<i>betamethasone dipropionate augmented lotion</i>		QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>		MO
<i>betamethasone dipropionate cream, ointment</i>		MO
<i>betamethasone valerate cream, lotion, ointment</i>		MO
<i>betamethasone valerate foam</i>		QL (120 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>		QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient cream 0.05%</i>		QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>		QL (100 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>		QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>		QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>		QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>		QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>		QL (118 ML per 30 days)
<i>desonide lotion</i>		QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>		QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>		QL (100 GM per 30 days) MO
<i>desrx</i>		QL (60 GM per 30 days)
<i>diflorasone diacetate</i>		QL (60 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
ENSTILAR		QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>		QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>		QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>		QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>		QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>		QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>		QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>		QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>		QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>		QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>		QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>		MO
<i>fluticasone propionate lotion 0.05%</i>		QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>		MO
<i>halobetasol propionate cream</i>		QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>		QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>		QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate ointment</i>		QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>		QL (60 ML per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>		QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>		MO
<i>hydrocortisone cream 2.5%</i>		QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>		MO
<i>hydrocortisone ointment 1%, 2.5%</i>		QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>		MO
<i>mometasone furoate ointment 0.1%</i>		MO
<i>mometasone furoate solution 0.1%</i>		MO
<i>prednicarbate</i>		QL (60 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>		
TEXACORT		MO
<i>tovet</i>		QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol spray 0.147mg/gm</i>		MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>		MO
<i>triamcinolone acetonide cream 0.1%</i>		QL (454 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Drug tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	MO	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	MO	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>		QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>		QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>		QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>		MO
<i>azelaic acid gel</i>		QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>		QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium gel 1%</i>		QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%		QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG		QL (30 EA per 30 days) PA MO
FINACEA FOAM		QL (50 GM per 30 days) MO
FLUOROURACIL CREAM 0.5%		QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>		QL (40 GM per 30 days) PA MO
<i>fluorouracil topical solution 2%, 5%</i>		QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>		MO
IMIQUIMOD PUMP		QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>		QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>		QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>		MO
<i>metronidazole gel 0.75%</i>		MO
<i>metronidazole gel 1%</i>		MO
<i>metronidazole lotion 0.75%</i>		MO
NORITATE		QL (60 GM per 30 days) MO
ORACEA		QL (30 EA per 30 days) PA MO
PANRETIN		QL (60 GM per 30 days) PA
<i>podofilox</i>		MO
<i>procto-med hc</i>		
<i>proctozone-hc</i>		
RECTIV		QL (30 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>tacrolimus ointment 0.03%, 0.1%</i>		QL (60 GM per 30 days) MO
VALCHLOR		QL (60 GM per 30 days) PA LA
ZYCLARA PUMP CREAM 2.5%		QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>		MO
<i>permethrin cream 5%</i>		MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX		QL (30 GM per 30 days) PA MO
SANTYL		MO
<i>sodium chloride 0.9% irrigation soln</i>		MO
<i>sterile water for irrigation</i>		MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>		MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>		MO
<i>clinpro 5000</i>		MO
<i>clotrimazole troche 10mg</i>		MO
<i>dentagel</i>		MO
<i>fluoridex daily defense</i>		
<i>fluoridex sensitivity relief/sls free</i>		
<i>fluorimax 5000</i>		
<i>fluorimax 5000 sensitive</i>		
<i>just right 5000</i>		
<i>lidocaine hydrochloride viscous solution 2%</i>		MO
<i>nystatin suspension 100000unit/ml</i>		MO
<i>oralone dental paste</i>		
<i>periogard</i>		
<i>pilocarpine hydrochloride tablet</i>		MO
<i>sf gel 1.1%</i>		MO
<i>sodium fluoride 5000 ppm dental paste</i>		MO
<i>sodium fluoride 5000 ppm dry mouth gel</i>		MO
<i>sodium fluoride gel 1.1%</i>		MO
<i>triamcinolone acetonide dental paste</i>		MO

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<i>dr</i>		ALECENSA	24	<i>amlodipine besylate/</i>	36
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<i>accutane</i>	88	<i>alfuzosin hcl</i>	72	<i>amlodipine</i>	30
<i>acebutolol</i>	34	<i>aliskiren</i>	36	<i>besylate/benazepril</i>	
<i>hydrochloride</i>		<i>allopurinol</i>	9	<i>hydrochloride</i>	
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<i>bumetanide</i>	36	<i>captopril/</i>	30	<i>ceftazidime</i>	20
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<i>buprenorphine hcl</i>	55	<i>carbamazepine</i>	47	DEXTROSE	
<i>buprenorphine hcl/</i>	55	<i>carbamazepine er</i>	47	<i>ceftriaxone</i>	20
<i>naloxone hcl</i>		<i>carbidopa</i>	42	<i>ceftriaxone in iso-</i>	20
<i>buprenorphine</i>	55	<i>carbidopa/levodopa</i>	42	<i>osmotic dextrose</i>	
<i>hydrochloride/</i>		CARBIDOPA/	42	<i>ceftriaxone sodium</i>	20
<i>naloxone</i>		LEVODOPA/		CEFTRIAOXONE	20
<i>hydrochloride</i>		ENTACAPONE		SODIUM	

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<i>cefuroxime axetil</i>	20	<i>ciprofloxacin hcl</i>	20	<i>clobetasol propionate</i>	90
<i>cefuroxime sodium</i>	20	<i>ciprofloxacin hydrochloride</i>	21, 82	<i>clobetasol propionate emollient</i>	90
<i>celecoxib</i>	9	<i>ciprofloxacin i.v.-in d5w</i>	21	<i>clodan</i>	90
<i>cephalexin</i>	20	CIPRO HC	84	<i>clomipramine hydrochloride</i>	39
CERDELGA	67	<i>citalopram hydrobromide</i>	39	<i>clonazepam</i>	47
<i>cetirizine hydrochloride</i>	85	<i>claravis</i>	88	<i>clonazepam odt</i>	47
<i>cevimeline hydrochloride</i>	93	<i>clarithromycin</i>	20	<i>clonidine hcl</i>	36
<i>charlotte 24 fe</i>	61	<i>clarithromycin er</i>	20	<i>clonidine hydrochloride</i>	36
<i>chateal eq</i>	61	<i>clemastine fumarate</i>	85	<i>clopidogrel</i>	75
CHEMET	60	CLENPIQ	70	<i>clorazepate dipotassium</i>	47
<i>chloramphenicol sodium succinate</i>	13	<i>clindacin</i>	88	<i>clotrimazole</i>	89
<i>chlordiazepoxide hcl</i>	38	<i>clindamycin hcl</i>	13	<i>clotrimazole/ betamethasone dipropionate</i>	89
<i>chlordiazepoxide hydrochloride</i>	38	<i>clindamycin palmitate hcl</i>	13	<i>clotrimazole troche</i>	93
<i>chlorhexidine gluconate</i>	93	<i>clindamycin phosphate</i>	13, 73, 88	<i>clozapine</i>	44
<i>chloroquine phosphate</i>	15	<i>clindamycin phosphate/dextrose</i>	13	<i>clozapine odt</i>	44
<i>chlorpromazine hcl</i>	43	CLINDAMYCIN/ SODIUM CHLORIDE	13	CLOZAPINE ODT	44
<i>chlorpromazine hydrochloride</i>	43	CLINIMIX 4.25%/ DEXTROSE 5%	81	COARTEM	15
<i>chlorthalidone</i>	36	CLINIMIX 4.25%/ DEXTROSE 10%	81	CODEINE SULFATE	11
<i>chlorzoxazone</i>	54	CLINIMIX 5%/ DEXTROSE 15%	81	<i>colchicine</i>	9
<i>cholestyramine</i>	33	CLINIMIX 5%/ DEXTROSE 20%	81	<i>colesevelam hydrochloride</i>	33
<i>cholestyramine light</i>	33	CLINIMIX 6/5	81	<i>colestipol hcl</i>	33
<i>ciclopirox</i>	89	CLINIMIX 8/10	81	<i>colistimethate sodium</i>	13
<i>ciclopirox olamine</i>	89	CLINIMIX 8/14	81	COMBIGAN	84
<i>cilostazol</i>	74	<i>clinisol sf 15%</i>	81	COMBIVENT RESPIMAT	85
CILOXAN	82	CLINOLIPID	81	COMETRIQ	25
CIMDUO	17	<i>clinpro 5000</i>	93	COMPLERA	17
<i>cimetidine</i>	70	<i>clobazam</i>	47	<i>compro</i>	69
<i>cinacalcet hydrochloride</i>	67			<i>constulose</i>	70
CIPROFLOXACIN	85			COPAXONE	54
<i>ciprofloxacin/ dexamethasone</i>	85				

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COPIKTRA	25	<i>deblitane</i>	61	<i>dextroamphetamine</i>	51
CORLANOR	36	<i>deferasirox</i>	60	<i>sulfate er</i>	
COTELLIC	25	DELSTRIGO	17	DEXTROSE 2.5%/	79
CREON	71	<i>delyla</i>	61	NACL 0.45%	
<i>cromolyn sodium</i>	71, 83, 86	DENGVAXIA	78	<i>dextrose 5%</i>	79, 81
<i>cryselle-28</i>	61	<i>dentagel</i>	93	DEXTROSE 5% /	79
<i>cyclobenzaprine</i>	55	DEPO-SUBQ	61	ELECTROLYTE #48	
<i>hydrochloride</i>		PROVERA		VIAFLEX	
<i>cyclophosphamide</i>	23	DESCOVY	17	DEXTROSE 5%/	79
CYCLOPHOSPHA-	23	<i>desipramine</i>	39,	LACTATED RINGERS	
MIDE		<i>hydrochloride</i>	40	DEXTROSE 5%/	79
<i>cycloserine</i>	18	<i>desloratadine</i>	85	NACL 0.2%	
<i>cyclosporine</i>	77	<i>desmopressin</i>	67	<i>dextrose 5%/nacl</i>	79
<i>cyclosporine</i>	77	<i>acetate</i>		0.3%	
<i>modified</i>		<i>desogestrel/ethinyl</i>	61	DEXTROSE 5%/	79
<i>cyproheptadine hcl</i>	85	<i>estradiol</i>		NACL 0.9%	
<i>cyproheptadine</i>	85	<i>desonide</i>	90	DEXTROSE 5%/	79
<i>hydrochloride</i>		<i>desoximetasone</i>	90	NACL 0.33%	
<i>cyred</i>	61	<i>desrx</i>	90	DEXTROSE 5%/	79
<i>cyred eq</i>	61	<i>desvenlafaxine er</i>	40	NACL 0.45%	
CYSTAGON	67	DESVENLAFAXINE	40	DEXTROSE 5%/	79
CYSTARAN	84	ER		NACL 0.225%	
<i>dabigatran etexilate</i>	73	<i>dexamethasone</i>	66	<i>dextrose 10%</i>	79, 81
<i>dalfampridine er</i>	54	DEXAMETHASONE	66	DEXTROSE 10%/	79
<i>danazol</i>	65	INTENSOL		NACL 0.2%	
<i>dantrolene</i>	55	<i>dexamethasone</i>	66,	DEXTROSE 10%/	79
<i>dapsone</i>	13, 88	<i>sodium phosphate</i>	83	NACL 0.45%	
DAPTACEL	78	<i>dexlansoprazole</i>	71	DEXTROSE 50%	81
<i>daptomycin</i>	13	<i>dexmethylphenidate</i>	51	DEXTROSE 70%	81
DAPTOMYCIN	13	<i>hcl</i>		DIACOMIT	48
<i>darunavir</i>	16	<i>dexmethylphenidate</i>	51	<i>diazepam</i>	48
<i>dasetta 1/35</i>	61	<i>hydrochloride</i>		DIAZEPAM RECTAL	48
<i>dasetta 7/7/7</i>	61	<i>dexmethylphenidate</i>	51	GEL	
DAURISMO	25	<i>hydrochloride er</i>		<i>diazoxide</i>	66
<i>daysee</i>	61	<i>dextroamphetamine</i>	51	<i>diclofenac potassium</i>	9
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				<i>diclofenac sodium dr</i>	9

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<i>diclofenac sodium/</i>	9	<i>phosphate</i>		<i>ethinyl estradiol/</i>	
<i>misoprostol</i>		<i>disulfiram</i>	55	<i>levomefolate calcium</i>	
<i>dicloxacillin sodium</i>	22	<i>divalproex sodium</i>	48	DROXIA	74
<i>dicyclomine hcl</i>	69	<i>divalproex sodium dr</i>	48	<i>droxidopa</i>	37
<i>dicyclomine</i>	69	<i>divalproex sodium er</i>	48	DUAVEE	65
<i>hydrochloride</i>		<i>dofetilide</i>	32	DULERA	88
DIFICID	20	<i>dolishale</i>	61	<i>duloxetine hcl</i>	40
<i>diflorasone diacetate</i>	90	<i>donepezil hcl</i>	39	<i>duloxetine</i>	40
<i>diflunisal</i>	9	<i>donepezil</i>	39	<i>hydrochloride</i>	
<i>difluprednate</i>	83	<i>hydrochloride</i>		DUPIXENT	75
<i>digox</i>	36	DOPTELET	74	<i>dutasteride</i>	72
<i>digoxin</i>	36	<i>dorzolamide hcl/</i>	84	<i>dutasteride/</i>	72
<i>dihydroergotamine</i>	53	<i>timolol maleate</i>		<i>tamsulosin</i>	
<i>mesylate</i>		<i>dorzolamide</i>	84	<i>hydrochloride</i>	
DILANTIN	48	<i>hydrochloride</i>		<i>ec-naproxen</i>	9
DILANTIN-125	48	<i>dorzolamide</i>	84	<i>econazole nitrate</i>	89
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<i>diltiazem hcl</i>	35	<i>maleate</i>		EDARBYCLOR	31
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<i>diltiazem hcl cd</i>	35	DOVATO	17	<i>efavirenz</i>	16,
<i>diltiazem hcl er</i>	35	<i>doxazosin mesylate</i>	31		17
<i>diltiazem</i>	35	<i>doxepin hcl</i>	40	<i>efavirenz/</i>	17
<i>hydrochloride</i>		<i>doxepin</i>	40,	<i>emtricitabine/</i>	
<i>diltiazem</i>	35	<i>hydrochloride</i>	52	<i>tenofovir disoproxil</i>	
<i>hydrochloride er</i>		DOXEPIN	92	<i>fumarate</i>	
<i>dilt-xr</i>	35	HYDROCHLORIDE		<i>efavirenz/</i>	17
DIMENHYDRINATE	69	<i>doxercalciferol</i>	68	<i>lamivudine/tenofovir</i>	
<i>diphenhydramine hcl</i>	85	<i>doxy 100</i>	22	<i>disoproxil fumarate</i>	
<i>diphenoxylate/</i>	71	<i>doxycycline</i>	22	<i>effer-k</i>	80
<i>atropine</i>		DOXYCYCLINE	92	<i>eletriptan</i>	53
<i>diphenoxylate</i>	71	<i>doxycycline hyclate</i>	22	<i>hydrobromide</i>	
<i>hydrochloride/</i>		<i>doxycycline</i>	22	ELIGARD	23
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<i>emtricitabine/</i>	17	<i>hydrochloride</i>			26,
<i>tenofovir disoproxil</i>		<i>errin</i>	61		77
<i>emtricitabine/</i>	17	ERTACZO	89	EVOTAZ	17
<i>tenofovir disoproxil</i>		<i>ertapenem</i>	13	<i>exemestane</i>	23
<i>fumarate</i>		<i>ery</i>	88	EXKIVITY	26
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<i>enalapril maleate</i>	31		82,	<i>ezetimibe/</i>	33
<i>enalapril maleate/</i>	30		88	<i>simvastatin</i>	
<i>hydrochlorothiazide</i>		<i>erythromycin base</i>	20	<i>falmina</i>	61
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ENBREL MINI	75	<i>benzoyl peroxide</i>		<i>famotidine</i>	70
ENBREL SURECLICK	75	<i>erythromycin dr</i>	20	<i>famotidine premixed</i>	70
ENDARI	74	<i>tablet</i>		FANAPT	44
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<i>enskyce</i>	61	<i>escitalopram oxalate</i>	40	FASENRA PEN	87
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<i>entacapone</i>	42	<i>magnesium</i>		<i>febuxostat</i>	9
<i>entecavir</i>	18	<i>esomeprazole</i>	71	<i>felbamate</i>	48
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EPCLUSA	18	<i>estradiol</i>	65	<i>fenofibrate</i>	33
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<i>epinephrine</i>	86	<i>acetate</i>		<i>fenofibrate non-</i>	33
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<i>fingolimod</i>	54	<i>fluoxetine hcl</i>	40	<i>galantamine</i>	39
FINTEPLA	48	<i>fluoxetine</i>	40,	<i>hydrobromide er</i>	
<i>finzala</i>	62	<i>hydrochloride</i>	41	GAMASTAN	77
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<i>flecainide acetate</i>	32	<i>fluphenazine</i>	44	GARDASIL 9	78
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<i>acetate</i>		<i>fluvoxamine maleate</i>	38	<i>gengraf</i>	77
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<i>fluocinolone</i>	91	<i>calcium</i>		<i>gentamicin sulfate</i>	13,
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<i>incassia</i>	62	<i>mononitrate er</i>		KCL 0.15%/D5W/	79
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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

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Multi-Language Insert

Multi-language Interpreter Services

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-409-1221. Ta usługa jest bezpłatna.

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Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane fa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-866-409-1221. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā be. He pōmaikaʻi manuahi kēia.

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This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-866-409-1221** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

Contract/PBP: H0628-012, 013; H1608-062, 076, 077; H1692-005; H2293-002, 003, 004, 005, 021, 022; H3146-002, 003, 008, 009, 015, 016, 017, 018, 019; H3192-007, 008, 009; H3239-001, 002, 003, 005, 006, 007, 008, 010, 011, 012, 013, 015, 016, 018, 019; H3312-069, 070; H3597-011, 012; H3931-159; H3959-035, 036, 063; H4711-011, 012, 013; H4982-008, 009, 016; H5302-012, 013, 014, 020; H5325-001, 002, 003, 004, 005, 006, 007, 009, 010, 011; H5521-398, 462, 463, 464, 465, 468, 469, 472, 473; H5522-024; H5593-001; H5793-017, 020; H7149-006; H8597-001, 002, 003; H8649-010



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