



Aetna[®] Medicare

2024 Formulary (List of Covered Drugs)

4 Tier Classic Plus

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

Formulary ID Number: 24029 Version Number 13

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** and choose “Manage your prescription drugs.”

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2024. 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.

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 **1-800-594-9390 (TTY: 711)** 24 hours a day, 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.

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

Can the formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare formulary?”
- **Drugs removed from the market.** If the U.S. Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare formulary?”

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

Generally, if you are taking a drug on our 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 at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 05/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 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 103. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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 5 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

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

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

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

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

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

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

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

If you experience a change in your level of care (such as a move from a home to a long-term care setting), we may cover a one-time temporary supply from a network pharmacy for up to 31-days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

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

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

Aetna® Medicare formulary

The 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 103.

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

The information in the Requirements/Limits column tells you if Aetna Medicare has any special requirements for coverage of your 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 of *atorvastatin*.

PA **Prior authorization**

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

ST **Step therapy**

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

LA **Limited access**

These prescriptions may be available only at certain pharmacies. *

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. Drugs available through mail-order 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 or 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 more 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 **1-866-241-0357 (TTY: 711)**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com**

**Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

Drug tier copay levels

This 2024 formulary is a listing of brand-name and generic drugs. The Aetna® Medicare 2024 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2024 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs

You may have drug coverage in the coverage gap stage

There are four “drug payment stages” of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the coverage gap stage of the plan. Look in the 2024 Prescription Drug Schedule of Cost-Sharing that was included in your EOC packet. The Prescription Drug Schedule of Cost-Sharing will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4 = Copay tier level	QL = Quantity Limits
<i>Lowercase italics</i> = Generic medications		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

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

<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO

NSAIDS

<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	1	QL (90 EA per 30 days) MO
<i>diflunisal</i>	1	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	1	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	1	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	1	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet</i>	1	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ketoprofen er</i>	1	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	1	QL (120 EA per 30 days) MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	1	MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	4	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TABLET EXTENDED RELEASE 24 HOUR	3	QL (60 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	1	MO
<i>naproxen suspension, tablet</i>	1	MO
<i>naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	1	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	1	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	1	QL (60 EA per 30 days) MO
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet extended release</i>	1	QL (30 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION	4	PA
<i>methadone hcl oral solution</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	1	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>	1	QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 100mg, 200mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release 15mg</i>	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
<i>tramadol hcl er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er</i>	1	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	1	QL (180 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>acetaminophen/codeine solution</i>	1	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	1	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	1	
<i>butorphanol tartrate injection 2mg/ml</i>	1	MO
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
<i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	1	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral liquid</i>	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO
<i>hydromorphone hcl pf injection 10mg/ml</i>	1	B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PF, 2MG/ML PF	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJECTION 4MG/ML	3	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>hydromorphone hydrochloride pf injection 50mg/5ml</i>	1	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	1	B/D MO
<i>morphine sulfate tablet 15mg, 30mg</i>	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 50MG/ML	1	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	3	B/D
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	B/D
<i>morphine sulfate injection 1mg/ml</i>	1	B/D MO
<i>morphine sulfate oral solution 20mg/ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	1	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 37.5mg; 325mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
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ANESTHETICS		
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LOCAL ANESTHETICS		
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<i>lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf, 4% pf</i>	1	
<i>lidocaine hydrochloride injection 1%, 2%</i>	1	

ANTI-INFECTIVES		
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ANTI-INFECTIVES - MISCELLANEOUS		
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<i>albendazole</i>	4	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	MO
<i>atovaquone oral suspension</i>	1	PA MO
<i>aztreonam</i>	1	MO
CAYSTON	4	PA LA; ACS
<i>chloramphenical sodium succinate iv solution injection</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO
<i>clindamycin palmitate hydrochloride</i>	1	MO
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	4	PA MO
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	4	
<i>daptomycin injection 500mg</i>	4	
EMVERM	4	QL (12 EA per 365 days) MO
<i>ertapenem</i>	1	MO
<i>ertapenem sodium</i>	1	MO
<i>gentamicin sulfate pediatric</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
<i>imipenem/cilastatin</i>	1	MO
<i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i>	1	
<i>ivermectin tablet 3mg</i>	1	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	1	QL (56 EA per 28 days) PA MO
<i>linezolid oral suspension reconstituted 100mg/5ml</i>	4	QL (1800 ML per 30 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	3	PA
<i>linezolid injection 600mg/300ml</i>	1	PA
<i>meropenem</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate tablet</i>	1	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	4	QL (6 EA per 30 days) MO
<i>nitrofurantoin monohydrate macrocrystals capsule 100mg</i>	1	MO
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	MO
<i>paromomycin sulfate</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D MO
<i>pentamidine isethionate injection</i>	1	MO
<i>praziquantel</i>	1	MO
SIVEXTRO INJECTION	4	
SIVEXTRO TABLET	4	MO
<i>streptomycin sulfate</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>tinidazole</i>	1	MO
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	1	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin sulfate injection 1.2gm</i>	4	
<i>tobramycin nebulization solution 300mg/5ml</i>	4	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	1	MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride injection 500mg</i>	1	MO
ANTIFUNGALS		
ABELCET	3	B/D
<i>amphotericin b</i>	1	B/D MO
<i>amphotericin b liposome</i>	4	B/D MO
<i>caspofungin acetate</i>	1	
<i>fluconazole</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	1	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	1	
<i>flucytosine capsule 250mg</i>	1	PA MO
<i>flucytosine capsule 500mg</i>	4	PA MO
<i>griseofulvin microsize tablet 500mg, oral suspension 125mg/5ml</i>	1	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	MO
<i>itraconazole capsule 200mg</i>	1	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin</i>	4	
<i>mycamine</i>	4	MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole oral suspension</i>	4	QL (630 ML per 30 days) MO
<i>posaconazole dr tablet delayed release 100mg</i>	4	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	1	PA
<i>voriconazole suspension reconstituted</i>	4	PA MO
<i>voriconazole tablet 200mg</i>	1	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	1	MO
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
<i>mefloquine hcl</i>	1	MO
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	1	MO
APTIVUS	4	MO
<i>atazanavir sulfate</i>	1	MO
<i>darunavir tablet 800mg</i>	4	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
EDURANT	4	MO
<i>efavirenz</i>	1	MO
<i>emtricitabine</i>	1	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>etravirine</i>	4	MO
<i>fosamprenavir calcium</i>	4	MO
FUZEON	4	LA MO
INTELENCE TABLET 25MG	3	
ISENTRESS HD	4	MO
ISENTRESS PACKET, TABLET	4	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG	4	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>maraviroc</i>	4	MO
<i>nevirapine</i>	1	MO
<i>nevirapine er tablet extended release 24 hour 100mg</i>	1	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	MO
NORVIR ORAL POWDER PACKET, ORAL SOLUTION	3	MO
PIFELTRO	4	MO
PREZISTA SUSPENSION	4	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
REYATAZ ORAL POWDER PACKET	3	MO
<i>ritonavir</i>	1	MO
RUKOBIA	4	MO
SELZENTRY SOLUTION	4	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	4	
<i>stavudine</i>	1	MO
SUNLENCA INJECTION	4	QL (3 ML per 180 days) LA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	4	QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	4	QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY PD	4	MO
TIVICAY TABLET 10MG	2	MO
TIVICAY TABLET 25MG, 50MG	4	MO
TROGARZO	4	LA MO
TYBOST	3	MO
VIRACEPT	4	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	4	MO
<i>zidovudine</i>	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	1	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	1	QL (30 EA per 30 days) MO
EVOTAZ	4	MO
GENVOYA	4	MO
JULUCA	4	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lopinavir/ritonavir</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMTUZA	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	4	MO
TRIZIVIR	4	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	4	MO
<i>ethambutol hydrochloride</i>	1	MO
<i>isoniazid injection</i>	1	
<i>isoniazid syrup, tablet</i>	1	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin injection</i>	1	
<i>rifampin capsule</i>	1	MO
SIRURO	4	PA LA; ACS
TRECTOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	3	QL (630 ML per 30 days) MO
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPCLUSA	4	PA; ACS
EPIVIR HBV ORAL SOLUTION	3	MO
<i>famciclovir tablet 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	1	B/D
HARVONI	4	PA; ACS
<i>lamivudine tablet 100mg</i>	1	MO
MAVYRET	4	PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	2	QL (60 EA per 30 days)
PEGASYS	4	PA; ACS
PREVYMIS TABLET	4	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin</i>	1	ACS
<i>rimantadine hydrochloride</i>	1	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	1	MO
<i>valganciclovir hydrochloride oral solution</i>	4	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VOSEVI	4	PA; ACS
CEPHALOSPORINS		
CEFACLOR ER	3	MO
<i>cefaclor suspension reconstituted</i>	1	
<i>cefaclor capsule</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN INJECTION 2GM, 3GM	3	
<i>cefazolin injection 3gm</i>	1	
<i>cefazolin injection 2gm</i>	1	MO
<i>cefdinir capsule, oral suspension</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>cefepime injection iv</i>	1	MO
<i>cefixime capsule, oral suspension</i>	1	MO
<i>cefotetan</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime injection 6gm</i>	1	
<i>ceftazidime injection 1gm, 2gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
CEFTRIAZONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium injection 1gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	MO
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	MO
<i>cephalexin oral suspension reconstituted, tablet, capsule</i>	1	MO
<i>tazicef</i>	1	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	2	MO
<i>azithromycin injection, suspension reconstituted, tablet</i>	1	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	1	MO
<i>clarithromycin immediate release tablet, oral suspension</i>	1	MO
DIFICID SUSPENSION RECONSTITUTED	4	
DIFICID TABLET	4	MO
<i>erythrocin stearate</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate tablet</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>erythromycin lactobionate</i>	4	
<i>erythromycin capsule delayed release particles 250mg</i>	1	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	1	MO
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>ampicillin capsule</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam</i>	1	
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	1	MO
<i>nafcillin sodium injection 1gm</i>	1	
<i>nafcillin sodium injection 2gm</i>	1	MO
<i>nafcillin sodium injection 10gm, 2gm</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
PENICILLIN G PROCAINE	3	MO
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	
TETRACYCLINES		
<i>doxy 100 injection</i>	1	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg, injection 100mg</i>	1	MO
<i>doxycycline monohydrate</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	1	ST MO
<i>minocycline hydrochloride capsule 50mg, 100mg</i>	1	MO
<i>mondoxyne nl</i>	1	
NUZYRA	4	LA; ACS
<i>tetracycline hydrochloride</i>	1	MO
<i>tigecycline</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	2	PA
<i>cyclophosphamide capsule</i>	1	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	3	ACS
GLEOSTINE CAPSULE 100MG	4	ACS
LEUKERAN	3	MO
<i>melphalan tablet 2mg</i>	1	B/D MO
ANTIMETABOLITES		
INQOVI	4	QL (5 EA per 28 days) PA LA; ACS
LONSURF	4	PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>mercaptopurine</i>	1	MO
<i>methotrexate</i>	1	MO
<i>methotrexate sodium injection 1gm</i>	1	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	1	MO
ONUREG	4	QL (14 EA per 28 days) PA LA; ACS
PURIXAN	4	LA; ACS
TABLOID	3	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	PA; ACS
AKEEGA	4	QL (60 EA per 30 days) PA LA
<i>anastrozole</i>	1	MO
<i>bicalutamide</i>	1	MO
ELIGARD	3	PA; ACS
ERLEADA	4	PA LA; ACS
<i>exemestane</i>	1	MO
FIRMAGON INJECTION 80MG	3	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	4	PA; ACS
<i>letrozole</i>	1	MO
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	1	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	4	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	4	PA; ACS
LYSODREN	4	LA
<i>megestrol acetate tablet 20mg, 40mg</i>	1	MO
<i>nilutamide</i>	4	MO
NUBEQA	4	PA LA; ACS
ORGOVYX	4	PA LA
ORSERDU TABLET 345MG	4	QL (30 EA per 30 days) PA LA
ORSERDU TABLET 86MG	4	QL (90 EA per 30 days) PA LA
SOLTAMOX	4	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	4	PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
XTANDI	4	PA LA; ACS
ZYTIGA TABLET 500MG	4	PA LA; ACS
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	4	QL (21 EA per 28 days) PA LA; ACS
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	4	QL (28 EA per 28 days) PA LA; ACS
POMALYST	4	QL (21 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG	4	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	4	QL (56 EA per 28 days) PA LA; ACS
MISCELLANEOUS		
<i>arsenic trioxide</i>	4	
ASPARLAS	4	PA LA; ACS
BESREMI	4	QL (2 ML per 28 days) PA LA
<i>bexarotene capsule 75mg</i>	4	PA; ACS
<i>hydroxyurea</i>	1	MO
IWILFIN	4	QL (240 EA per 30 days) PA LA
KISQALI FEMARA 200 DOSE	4	PA; ACS
KISQALI FEMARA 400 DOSE	4	PA; ACS
KISQALI FEMARA 600 DOSE	4	PA; ACS
MATULANE	4	LA
ONCASPAR	4	PA LA
<i>tretinoin capsule 10mg</i>	4	MO
WELIREG	4	QL (90 EA per 30 days) PA LA
MOLECULAR TARGET AGENTS		
ALECENSA	4	QL (240 EA per 30 days) PA LA; ACS
ALUNBRIG TABLET THERAPY PACK	4	PA LA
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA LA
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA LA
AUGTYRO	4	QL (240 EA per 30 days) PA LA; ACS
AYVAKIT	4	QL (30 EA per 30 days) PA LA
BALVERSA TABLET 5MG	4	QL (28 EA per 28 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
BALVERSA TABLET 4MG	4	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	4	QL (84 EA per 28 days) PA LA; ACS
BOSULIF CAPSULE 100MG	4	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	4	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	4	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	4	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	4	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	4	QL (120 EA per 30 days) PA LA
CABOMETYX	4	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	4	QL (60 EA per 30 days) PA LA
CAPRELSA TABLET 300MG	4	QL (30 EA per 30 days) PA LA
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA LA
COMETRIQ KIT 140MG/DAY	4	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	4	QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 20MG	4	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	4	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	4	QL (63 EA per 28 days) PA LA; ACS
DAURISMO TABLET 100MG	4	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	4	QL (60 EA per 30 days) PA LA; ACS
ERIVEDGE	4	PA LA; ACS
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	4	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	4	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	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 7.

Drug name	Drug tier	Requirements/Limits
EXKIVITY	4	QL (120 EA per 30 days) PA LA
FOTIVDA	4	QL (21 EA per 28 days) PA LA
FRUZAQLA CAPSULE 5MG	4	QL (21 EA per 28 days) PA LA
FRUZAQLA CAPSULE 1MG	4	QL (84 EA per 28 days) PA LA
GAVRETO	4	QL (120 EA per 30 days) PA LA; ACS
<i>gefitinib</i>	4	QL (30 EA per 30 days) PA; ACS
GILOTRIF	4	QL (30 EA per 30 days) PA LA
IBRANCE	4	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	4	PA LA
ICLUSIG TABLET 15MG, 45MG	4	QL (30 EA per 30 days) PA LA
IDHIFA	4	QL (30 EA per 30 days) PA LA; ACS
<i>imatinib mesylate tablet 400mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	4	QL (216 ML per 27 days) PA LA
IMBRUVICA TABLET	4	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 70MG	4	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 140MG	4	QL (90 EA per 30 days) PA LA
INLYTA TABLET 5MG	4	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	4	QL (180 EA per 30 days) PA LA; ACS
INREBIC	4	QL (120 EA per 30 days) PA LA; ACS
JAKAFI	4	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	4	QL (60 EA per 30 days) PA LA; ACS
KISQALI TABLET THERAPY PACK 200MG, 400MG, 600MG	4	PA; ACS
KOSELUGO	4	PA LA
KRAZATI	4	QL (180 EA per 30 days) PA LA
<i>lapatinib ditosylate</i>	4	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	4	PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE	4	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 20 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 24 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 4 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	4	PA LA; ACS
LORBRENA TABLET 100MG	4	QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG	4	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	4	QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG	4	QL (90 EA per 30 days) PA LA; ACS
LYNPARZA	4	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG	4	QL (112 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 20MG	4	QL (140 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 12MG	4	QL (84 EA per 28 days) PA LA
MEKINIST SOLUTION RECONSTITUTED	4	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	4	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	4	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	4	QL (180 EA per 30 days) PA LA; ACS
NERLYNX	4	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	4	QL (120 EA per 30 days) PA LA; ACS
NINLARO	4	PA; ACS
ODOMZO	4	PA LA; ACS
OGSIVEO	4	QL (180 EA per 30 days) PA LA
OJJAARA	4	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 7.

Drug name	Drug tier	Requirements/Limits
<i>pazopanib hydrochloride</i>	4	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	4	QL (28 EA per 28 days) PA LA
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
QINLOCK	4	QL (90 EA per 30 days) PA LA
RETEVMO CAPSULE 80MG	4	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	4	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	4	QL (60 EA per 30 days) PA LA
<i>romidepsin</i>	4	ACS
ROZLYTREK PACKET	4	QL (336 EA per 28 days) PA LA; ACS
ROZLYTREK CAPSULE 100MG	4	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	4	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	4	PA LA; ACS
RYDAPT	4	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 40MG	4	QL (300 EA per 30 days) PA; ACS
SCSEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	4	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	4	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	4	QL (90 EA per 30 days) PA; ACS
STIVARGA	4	QL (84 EA per 28 days) PA LA; ACS
<i>sunitinib malate</i>	4	QL (30 EA per 30 days) PA; ACS
TABRECTA	4	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	4	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	4	QL (900 EA per 30 days) PA LA; ACS
TAGRISSE	4	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	4	QL (30 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 7.

Drug name	Drug tier	Requirements/Limits
TALZENNA CAPSULE 0.25MG	4	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	4	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	4	QL (120 EA per 30 days) PA; ACS
TAZVERIK	4	QL (240 EA per 30 days) PA LA
TECVAYLI	4	PA LA
TEPMETKO	4	QL (60 EA per 30 days) PA LA
TIBSOVO	4	PA LA
TRUQAP	4	QL (64 EA per 28 days) PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	4	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	4	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	4	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	4	PA; ACS
TUKYSA TABLET 150MG	4	QL (120 EA per 30 days) PA LA
TUKYSA TABLET 50MG	4	QL (240 EA per 30 days) PA LA
TURALIO	4	QL (120 EA per 30 days) PA LA
VANFLYTA	4	QL (56 EA per 28 days) PA LA
VENCLEXTA STARTING PACK	4	QL (42 EA per 28 days) PA LA
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 50MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 100MG	4	QL (180 EA per 30 days) PA LA
VERZENIO	4	PA LA; ACS
VITRAKVI SOLUTION	4	QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG	4	QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG	4	QL (60 EA per 30 days) PA LA; ACS
VIZIMPRO	4	QL (30 EA per 30 days) PA LA; ACS
VONJO	4	QL (120 EA per 30 days) PA LA
VOTRIENT	4	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE	4	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 7.

Drug name	Drug tier	Requirements/Limits
XALKORI CAPSULE SPRINKLE 50MG	4	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 150MG	4	QL (180 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 20MG	4	QL (240 EA per 30 days) PA LA; ACS
XOSPATA	4	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	4	QL (4 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	4	QL (8 EA per 28 days) PA LA
ZEJULA CAPSULE	4	PA LA; ACS
ZEJULA TABLET	4	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	4	QL (240 EA per 30 days) PA LA; ACS
ZIRABEV	4	PA LA; ACS
ZOLINZA	4	PA; ACS
ZYDELIG	4	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA	4	QL (84 EA per 28 days) PA LA; ACS
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	1	MO
MESNEX TABLET 400MG	4	MO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection 50mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tablet</i>	1	MO
<i>disopyramide phosphate</i>	1	PA MO
<i>dofetilide</i>	1	ACS
<i>flecainide acetate</i>	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>propafenone hcl tablet</i>	1	MO
<i>propafenone hydrochloride er capsule extended release 12 hour</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>sorine tablet 160mg, 240mg, 80mg</i>	1	
<i>sorine tablet 120mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	MO
<i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i>	1	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	1	MO
<i>gemfibrozil</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	1	MO
<i>niacin er tablet extended release 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	1	MO
<i>niacor</i>	1	MO
<i>omega-3-acid ethyl esters</i>	3	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	1	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride</i>	1	MO
<i>metoprolol succinate er</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>metoprolol tartrate injection</i>	1	
<i>metoprolol tartrate tablet</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	MO
<i>propranolol hcl er capsule extended release 24 hour 60mg, 80mg</i>	1	MO
<i>propranolol hcl tablet 10mg, 20mg, 80mg, 60mg</i>	1	MO
<i>propranolol hcl injection</i>	1	
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml, tablet 40mg</i>	1	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl immediate release tablet</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride injection</i>	1	
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	1	MO
<i>taztia xt</i>	1	
<i>tiadylt er capsule extended release</i> 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er capsule extended release</i> 24 hour 420mg	1	MO
<i>verapamil hcl er capsule extended</i> <i>release 24 hour</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hcl sr capsule extended</i> <i>release 24 hour 120mg, 180mg,</i> <i>240mg</i>	1	MO
<i>verapamil hcl sr tablet extended</i> <i>release</i>	1	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride tablet</i> <i>120mg</i>	1	MO
<i>verapamil hydrochloride er tablet</i> <i>extended release</i>	1	MO
DIURETICS		
<i>acetazolamide tablet</i>	1	MO
<i>acetazolamide er capsule extended</i> <i>release</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide injection, tablet</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metolazone</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>toremide</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>clonidine</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
<i>digox</i>	1	QL (30 EA per 30 days)
<i>digoxin injection, oral solution</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	1	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	4	QL (180 EA per 30 days) PA; ACS
<i>epinephrine injection 30mg/30ml</i>	1	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	1	PA MO
<i>hydralazine hcl tablet 10mg</i>	1	MO
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	MO
<i>metyrosine</i>	4	PA MO
<i>midodrine hcl</i>	1	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	1	MO
<i>ranolazine er</i>	1	MO
VERQUVO	2	PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide dinitrate tablet 40mg</i>	4	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
NITRO-BID OINTMENT 2%	2	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJECTION	3	
<i>nitroglycerin translingual solution, tablet sublingual</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	4	QL (90 EA per 30 days) PA LA; ACS
<i>alyq</i>	4	PA; ACS
<i>ambrisentan</i>	4	QL (30 EA per 30 days) PA LA; ACS
<i>bosentan tablet 62.5mg</i>	4	QL (120 EA per 30 days) PA LA; ACS
<i>bosentan tablet 125mg</i>	4	QL (60 EA per 30 days) PA LA; ACS
<i>epoprostenol sodium</i>	1	B/D LA; ACS
OPSUMIT	4	QL (30 EA per 30 days) PA LA; ACS
<i>sildenafil injection</i>	4	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	1	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	4	PA; ACS
TRACLEER	4	QL (120 EA per 30 days) PA LA; ACS
<i>treprostinil</i>	4	PA LA; ACS
VENTAVIS	4	PA LA; ACS
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tablet extended release 24 hour 1mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	1	QL (600 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>bupirone hcl tablet 15mg, 30mg</i>	1	MO
<i>bupirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>	1	MO
<i>chlordiazepoxide hcl capsule 5mg, 10mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule extended release 24 hour</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	1	MO; HRM
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>meprobamate</i>	1	PA MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 10mg, 23mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	1	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er capsule extended release 24 hour</i>	1	PA MO
<i>memantine hydrochloride solution</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	1	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO
<i>rivastigmine tartrate capsule</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	1	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>	1	PA MO; HRM
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	1	PA MO; HRM
<i>amoxapine</i>	1	MO; HRM
AUVELITY	3	QL (60 EA per 30 days) PA MO
<i>bupropion hcl tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	1	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO; HRM
<i>citalopram hydrobromide solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule</i>	1	PA MO; HRM
<i>desipramine hydrochloride tablet</i>	1	PA MO; HRM
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	2	QL (30 EA per 30 days); HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i>	1	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO; HRM
<i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
EMSAM	4	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	1	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride oral solution, tablet (generic Prozac) 10mg, 20mg</i>	1	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	1	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	1	PA MO; HRM
<i>imipramine pamoate</i>	1	PA MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tablet</i>	1	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>	1	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	1	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	1	PA MO; HRM
<i>phenelzine sulfate</i>	1	MO
<i>protriptyline hcl</i>	1	PA MO; HRM
<i>sertraline hcl concentrate</i>	1	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hydrochloride tablet</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	1	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>venlafaxine hcl er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
VIIBRYD STARTER PACK	3	MO
<i>vilazodone hydrochloride</i>	1	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	4	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	4	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	1	MO
<i>amantadine hcl capsule</i>	1	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	1	MO
<i>benztropine mesylate tablet</i>	1	PA MO; HRM
<i>bromocriptine mesylate capsule, tablet</i>	1	MO
<i>carbidopa tablet</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	3	MO
<i>entacapone</i>	1	MO
INBRIJA	4	QL (300 EA per 30 days) PA LA
NEUPRO	3	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tablet</i>	1	MO
<i>rasagiline mesylate</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>chlorpromazine hcl injection</i> 50mg/2ml	1	HRM
<i>chlorpromazine hcl injection</i> 25mg/ ml	1	MO; HRM
<i>chlorpromazine hydrochloride oral</i> concentrate	1	HRM
<i>chlorpromazine hydrochloride</i> tablet	1	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating</i> 12.5mg, 25mg	1	PA; HRM
<i>clozapine odt tablet disintegrating</i> 100mg	1	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet</i> 25mg, 50mg	1	HRM
<i>clozapine tablet</i> 200mg	1	QL (120 EA per 30 days); HRM
<i>clozapine tablet</i> 100mg	1	QL (270 EA per 30 days); HRM
FANAPT	4	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
<i>fluphenazine decanoate injection</i>	1	MO; HRM
<i>fluphenazine hcl</i>	1	MO; HRM
<i>fluphenazine hydrochloride oral</i> elixir	1	MO; HRM
<i>haloperidol tablet, oral concentrate</i>	1	MO; HRM
<i>haloperidol decanoate</i>	1	MO; HRM
<i>haloperidol lactate injection</i>	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	4	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	4	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 156MG/ML	4	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	4	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	4	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	4	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	4	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	1	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride</i>	1	HRM
NUPLAZID	4	QL (30 EA per 30 days) PA LA; ACS HRM
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	1	MO; HRM
PERSERIS	4	QL (1 EA per 30 days); HRM
<i>pimozide</i>	1	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	1	QL (30 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 7.

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	1	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	4	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SECUADO	4	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl tablet</i>	1	PA MO; HRM
<i>thiothixene</i>	1	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg, 10mg</i>	1	MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>trifluoperazine hydrochloride tablet</i> 1mg	1	MO; HRM
VERSACLOZ	4	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	3	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	4	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	4	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	4	QL (60 EA per 30 days) MO
BRIVIACT TABLET	4	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	4	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	1	MO; HRM
<i>carbamazepine er</i>	1	MO; HRM
<i>clobazam suspension</i>	1	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet</i> <i>disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet</i> <i>disintegrating 0.125mg, 0.25mg,</i> <i>0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	4	QL (180 EA per 30 days) PA LA
DIACOMIT CAPSULE 250MG	4	QL (360 EA per 30 days) PA LA
DIACOMIT PACKET 500MG	4	QL (180 EA per 30 days) PA LA
DIACOMIT PACKET 250MG	4	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	MO; HRM
<i>diazepam tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam concentrate, injection</i>	1	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium dr tablet delayed release</i>	1	MO
<i>divalproex sodium er tablet extended release 24 hour</i>	1	MO
<i>divalproex sodium sprinkle capsule</i>	1	MO
EPIDIOLEX	4	QL (600 ML per 30 days) PA LA; ACS
<i>epitol</i>	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule, oral solution</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	4	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	1	MO
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
<i>gabapentin capsule 100mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin capsule 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin capsule 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin solution</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin tablet 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin tablet 800mg</i>	1	QL (90 EA per 30 days) MO
<i>lacosamide injection</i>	1	
<i>lacosamide oral solution</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine immediate release tablet, chewable tablet</i>	1	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride injection</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	MO
<i>methsuximide</i>	1	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine</i>	1	MO; HRM
<i>phenobarbital sodium injection</i>	1	PA; HRM
<i>phenobarbital tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	1	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	1	
<i>phenytoin oral suspension, tablet chewable</i>	1	MO
<i>phenytoin sodium extended release capsule</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>phenytoin sodium injection</i>	1	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
<i>roweepra</i>	1	
<i>rufinamide suspension</i>	4	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	1	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	4	QL (240 EA per 30 days) PA MO
SPRITAM	3	MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN	4	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate er</i>	1	MO
<i>topiramate immediate release capsule sprinkle</i>	1	MO
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	1	
<i>valproic acid capsule, oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	4	QL (180 EA per 30 days) PA LA; ACS
<i>vigadrone packet</i>	1	QL (180 EA per 30 days) PA LA
<i>vigadrone tablet</i>	4	QL (180 EA per 30 days) PA LA
<i>vigpoder</i>	4	QL (180 EA per 30 days) PA LA
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	4	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	4	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	4	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) MO
ZONISADE	4	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	4	QL (1100 ML per 30 days) PA LA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg, 10mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>dextroamphetamine sulfate solution</i>	1	QL (1800 ML per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 2mg</i>	1	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg</i>	1	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd capsule extended release 20mg, 30mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 40mg</i>	1	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride tablet chewable</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO; HRM
HETLIOZ LQ ORAL SUSPENSION	4	QL (158 ML per 30 days) PA LA
<i>tasimelteon</i>	4	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate immediate release tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA; ACS
<i>almotriptan maleate tablet 6.25mg, 12.5mg</i>	1	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate injection</i>	4	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	4	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	1	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
QULIPTA	2	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days) MO
UBRELVY	2	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tablet</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT	4	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	4	QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG	4	QL (60 EA per 30 days) PA LA; ACS
LITHIUM	3	MO
<i>lithium carbonate capsule, tablet</i>	1	MO
<i>lithium carbonate er</i>	1	MO
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet 60mg, 30mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>pyridostigmine bromide er</i>	1	MO
<i>riluzole</i>	1	MO
<i>tetrabenazine tablet 25mg</i>	4	QL (120 EA per 30 days) PA LA; ACS
<i>tetrabenazine tablet 12.5mg</i>	4	QL (90 EA per 30 days) PA LA; ACS
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	4	QL (30 EA per 30 days) PA LA; ACS
AVONEX	4	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	4	QL (1 EA per 28 days) PA; ACS
BETASERON	4	QL (14 EA per 28 days) PA; ACS
COPAXONE INJECTION 40MG/ML	4	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	4	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	1	PA; ACS
<i> fingolimod hydrochloride</i>	4	QL (30 EA per 30 days) PA; ACS
KESIMPTA	4	QL (6.4 ML per 365 days) PA LA; ACS
TECFIDERA STARTER PACK	4	QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG	4	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	4	QL (60 EA per 30 days) PA LA; ACS
VUMERITY	4	QL (120 EA per 30 days) PA LA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet</i>	1	MO
<i>chlorthalidone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	1	MO
<i>tizanidine hcl capsule 4mg, tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride capsule 2mg, 6mg, tablet 4mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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>	4	PA MO
<i>oxandrolone tablet 2.5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>	1	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate injection</i>	1	MO
<i>testosterone enanthate injection</i>	1	PA MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	1	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	1	QL (180 ML per 30 days) MO

ANTIDIABETICS, INSULINS		
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ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
BD ALCOHOL SWABS	2	MO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	MO
BASAGLAR KWIKPEN	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	MO
BD/NOVO PEN NEEDLE ULTRAFINE	2	MO
BD VEO INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 15/64"	2	MO
CURITY GAUZE PADS 2"X2" 12 PLY	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	B/D MO
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG (BRAND RELION NOT COVERED)	2	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL	2	MO
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	1	MO
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	1	QL (3 ML per 90 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	
PROLIA	3	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
TERIPARATIDE INJ 620 MCG/2.48 ML (BRAND BY ALVOGEN)	4	PA; ACS
XGEVA	4	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
CHELATING AGENTS		
CHEMET	3	MO
<i>deferasirox packet</i>	4	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	1	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA; ACS
<i>deferasirox tablet 180mg, 90mg</i>	1	PA; ACS
<i>deferasirox tablet 360mg</i>	4	PA; ACS
<i>penicillamine tablet</i>	4	ACS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps oral suspension 15gm/60ml</i>	1	MO
<i>trientine hydrochloride capsule 500mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	4	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	MO
CAMRESE	2	
CAMRESE LO	2	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
DEPO-SUBQ PROVERA 104	3	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl</i>	1	MO
<i>estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>finzala</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>haloette</i>	1	
<i>heather</i>	1	MO
<i>iclevia</i>	1	
<i>incassia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i>	1	
JOLESSA	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
LEENA	2	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	MO
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>mibelas 24 fe</i>	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
NORA-BE	2	
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
<i>setlakin</i>	1	
<i>sharobel</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	MO
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol capsule</i>	1	MO
SYNAREL	4	MO
ESTROGENS		
<i>amabelz</i>	1	MO
<i>dotti patch twice weekly</i> <i>0.025mg/24hr, 0.1mg/24hr</i>	1	QL (8 EA per 28 days)
<i>dotti patch twice weekly</i> <i>0.0375mg/24hr, 0.05mg/24hr,</i> <i>0.075mg/24hr</i>	1	QL (8 EA per 28 days) MO
DUAVEE	3	MO
<i>estradiol valerate injection</i>	1	MO
<i>estradiol/norethindrone acetate</i> <i>tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	1	MO
<i>estradiol vaginal cream, oral tablet,</i> <i>vaginal tablet</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	1	MO
<i>jinteli</i>	1	
<i>lyllana</i>	1	QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>mimvey</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN	3	MO
PREMPRO	3	MO
<i>yuvafem</i>	1	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate injection vial 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone tablet, oral solution, oral elixir</i>	1	MO
<i>fludrocortisone acetate tablet</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
<i>methylprednisolone acetate injection</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
<i>methylprednisolone sodium succinate injection 125mg, 40mg</i>	1	B/D MO
<i>methylprednisolone tablet</i>	1	B/D MO
<i>prednisolone</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISON INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
SOLU-CORTEF	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>triamcinolone acetonide injection</i> 40mg/ml	1	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension</i>	4	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE KIT	2	MO
GVOKE PFS	2	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	1	
<i>betaine anhydrous</i>	4	LA
<i>cabergoline</i>	1	MO
<i>carglumic acid</i>	4	PA LA
CERDELGA	4	PA LA; ACS
<i>cinacalcet hydrochloride tablet</i> 30mg	1	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet</i> 90mg	4	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet</i> 60mg	4	QL (60 EA per 30 days); ACS
CYSTAGON	3	PA LA; ACS
<i>desmopressin acetate nasal</i> <i>solution, tablet</i>	1	MO
<i>desmopressin acetate pf injection</i> 4mcg/ml	1	MO
<i>desmopressin acetate injection</i> 4mcg/ml	4	MO
<i>fomepizole</i>	4	
GENOTROPIN	4	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; ACS
INCRELEX	4	PA LA; ACS
<i>javygtor</i>	4	PA LA
KORLYM	4	PA LA
LEVOCARNITINE TABLET	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>levocarnitine injection</i>	1	
<i>levocarnitine oral solution</i>	1	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	PA; ACS
<i>methergine</i>	1	
<i>methylergonovine maleate tablet</i>	4	MO
<i>mifepristone</i>	4	PA; ACS
<i>nitisinone</i>	4	PA; ACS
<i>octreotide acetate injection</i> 100mcg/ml, 200mcg/ml, 50mcg/ml	1	PA; ACS
<i>octreotide acetate injection</i> 1000mcg/ml, 500mcg/ml	4	PA; ACS
<i>raloxifene hydrochloride</i>	1	MO
SANDOSTATIN LAR DEPOT KIT	4	PA; ACS
<i>sapropterin dihydrochloride</i>	4	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	PA LA
<i>sodium phenylbutyrate tablet, oral powder</i>	4	PA; ACS
SOMATULINE DEPOT	4	PA LA; ACS
SOMAVERT	4	PA LA; ACS
PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule, tablet</i> 667mg	1	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	4	MO
PROGESTINS		
<i>medroxyprogesterone acetate</i> tablet 10mg, 2.5mg, 5mg	1	MO
<i>megestrol acetate suspension</i> 40mg/ml, 625mg/5ml	1	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone capsule, injection</i>	1	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/ ML, 200MCG/5ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/5ML	4	
<i>levothyroxine sodium injection powder 100mcg, 200mcg, 500mcg</i>	4	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium tablet</i>	1	MO
<i>liothyronine sodium injection</i>	4	
<i>methimazole tablet</i>	1	MO
<i>propylthiouracil tablet</i>	1	MO
SYNTHROID	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>calcitriol oral solution 1mcg/ml</i>	1	MO
<i>doxercalciferol injection</i>	1	
<i>paricalcitol</i>	1	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	1	B/D MO
<i>aprepitant capsule 125mg</i>	4	B/D MO
<i>compro</i>	1	MO; HRM
DIMENHYDRINATE INJECTION	3	
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSPENSION	4	B/D
<i>granisetron hydrochloride tablet</i>	1	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	1	MO; HRM
<i>meclizine hydrochloride</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hydrochloride</i>	1	MO
<i>metoclopramide odt</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>ondansetron hcl tablet 24mg</i>	1	B/D
<i>ondansetron hcl oral solution</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D MO
<i>ondansetron hydrochloride injection</i>	1	MO
<i>ondansetron odt</i>	1	B/D MO
<i>prochlorperazine edisylate injection</i>	1	MO; HRM
<i>prochlorperazine maleate tablet</i>	1	MO; HRM
<i>prochlorperazine rectal suppository</i>	1	MO; HRM
<i>promethazine hcl tablet 12.5mg, injection, suppository</i>	1	PA MO; HRM
<i>promethazine hydrochloride plain</i>	1	PA MO; HRM
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 12.5mg, 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 25mg</i>	1	PA; HRM
SANCUSO	4	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	1	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule</i>	1	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet, injection</i>	1	PA MO; HRM
<i>glycopyrrolate oral solution, tablet 1mg, 2mg</i>	1	MO
<i>glycopyrrolate injection 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
<i>methscopolamine bromide tablet</i>	1	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	1	MO
<i>famotidine premixed injection 20mg/50ml</i>	1	
<i>famotidine injection</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>famotidine oral suspension reconstituted, tablet</i>	1	MO
<i>nizatidine</i>	1	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	1	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	MO
<i>budesonide capsule delayed release particles 3mg</i>	1	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
<i>mesalamine kit, suppository, enema</i>	1	MO
<i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>	1	MO
<i>sulfasalazine tablet, delayed release tablet</i>	1	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose</i>	1	MO
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
<i>lactulose oral solution (constipation)</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	4	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	1	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	1	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	1	MO; HRM
GATTEX	4	PA LA; ACS
<i>lansoprazole/amoxicillin/clarithromycin</i>	1	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hcl capsule</i>	1	MO
<i>misoprostol tablet</i>	1	MO
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
<i>ursodiol capsule 300mg, tablet 250mg, 500mg</i>	1	MO
XERMELO	4	QL (84 EA per 28 days) PA LA
XIFAXAN TABLET 550MG	4	PA MO
PANCREATIC ENZYMES		
CREON	2	MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	1	
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium delayed release tablet 20mg</i>	1	QL (30 EA per 30 days) MO

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	1	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO

MISCELLANEOUS

<i>acetic acid 0.25% irrigation soln</i>	1	MO
<i>bethanechol chloride tablet</i>	1	MO
ELMIRON	3	QL (90 EA per 30 days) MO
<i>potassium citrate er</i>	1	MO

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	1	QL (30 EA per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	MO
<i>metronidazole vaginal gel 0.75%</i>	1	MO
<i>miconazole 3 vaginal suppository</i>	1	MO
<i>terconazole vaginal cream, suppository</i>	1	MO

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate capsule 110mg</i>	1	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	3	MO
FRAGMIN INJECTION 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	4	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/DEXTROSE 25000UNIT/250ML (100UNIT/ML)	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO
<i>jantoven</i>	1	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; ACS
PROCRIT INJECTION 20000UNIT/ ML, 40000UNIT/ML	4	PA; ACS
ZARXIO	4	PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	1	MO
BERINERT	4	QL (24 EA per 30 days) PA LA; ACS
<i>cilostazol</i>	1	MO
DOPTELET	4	QL (60 EA per 30 days) PA LA; ACS
DROXIA	2	MO
ENDARI	4	PA LA; ACS
HAEGARDA INJECTION 3000UNIT	4	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	4	QL (30 EA per 30 days) PA LA; ACS
<i>icatibant acetate</i>	4	QL (27 ML per 30 days) PA; ACS
<i>pentoxifylline er</i>	1	MO
PROMACTA PACKET 25MG	4	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	4	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	4	QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG	4	QL (60 EA per 30 days) PA LA; ACS
<i>sajazir</i>	4	QL (27 ML per 30 days) PA LA
<i>tranexamic acid/sodium chloride</i>	1	
<i>tranexamic acid injection</i>	1	
<i>tranexamic acid tablet</i>	1	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	1	QL (60 EA per 30 days) MO
BRILINTA	2	MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tablet</i>	1	PA MO
<i>prasugrel</i>	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	4	QL (28 EA per 365 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
DUPIXENT INJECTION 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA; ACS
ENBREL	4	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	4	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	4	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	PA; ACS
HUMIRA PEN-PS/UV STARTER	4	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	4	PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA; ACS
IDACIO (2 PEN)	4	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	4	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	4	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	4	PA; ACS
KEVZARA	4	QL (2.28 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	4	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	4	QL (60 EA per 30 days) PA; ACS
RINVOQ	4	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	4	QL (6 ML per 365 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
SKYRIZI INJECTION 600MG/10ML	4	QL (60 ML per 365 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	4	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	4	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA LA; ACS
TALTZ	4	QL (3 ML per 28 days) PA LA; ACS
XELJANZ XR	4	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	4	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	4	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
GAMASTAN	2	B/D LA; ACS
GAMMAKED	4	PA; ACS
GAMUNEX-C	4	PA; ACS
OCTAGAM	4	PA; ACS
PRIVIGEN	4	PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	4	PA LA; ACS
ARCALYST	4	PA LA; ACS
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D MO
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet 50mg</i>	1	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
BENLYSTA	4	PA LA; ACS
<i>cyclosporine capsule, injection</i>	1	B/D MO
<i>cyclosporine modified capsule, oral solution</i>	1	B/D MO
<i>everolimus tablet 0.25mg</i>	1	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	4	B/D MO
<i>gengraf capsule</i>	1	B/D
<i>gengraf solution</i>	1	B/D MO
<i>mycophenolate mofetil capsule, injection, tablet</i>	1	B/D MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	4	B/D
PROGRAF GRANULES	3	B/D MO
REZUROCK	4	QL (30 EA per 30 days) PA LA
SANDIMMUNE ORAL SOLUTION	3	B/D MO
<i>sirolimus tablet</i>	1	B/D MO
<i>sirolimus solution</i>	4	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	2	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
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NUTRITIONAL/SUPPLEMENTS		
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<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
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DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
<i>hyperlyte-cr</i>	1	B/D
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection</i> 2gm/50ml, 4gm/100ml, 50%	1	
<i>multiple electrolytes injection type 1</i>	1	
PLASMA-LYTE A	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
PLASMA-LYTE-148	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ ml</i>	1	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	1	
<i>sodium bicarbonate injection 8.4%</i>	1	MO
<i>sodium chloride injection 0.45%</i>	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	1	MO
TPN ELECTROLYTES	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>adc/fluoride drops</i>	1	MO
<i>effer-k tablet effervescent 25meq</i>	1	MO
<i>fluoride chewable tablet</i>	1	MO
<i>fluoritab drops</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con effervescent tablet</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con powder packet 20meq</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
M-NATAL PLUS	2	MO
<i>multi vitamin/fluoride</i>	1	MO
<i>multi-vitamin/fluoride drops</i>	1	MO
<i>multi-vitamin/fluoride/iron drops</i>	1	MO
<i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i>	1	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO
PNV PRENATAL PLUS	2	MO
MULTIVITAMIN		
<i>potassium chloride er capsule extended release</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	1	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
<i>sodium fluoride solution 0.5mg/ml</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
<i>tri-vite/fluoride</i>	1	MO
TRICARE PRENATAL TABLET	2	MO
WESTAB PLUS	2	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>dextrose 10%</i>	1	
<i>dextrose 5%</i>	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
HEPATAMINE	3	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	1	B/D
PREMASOL	4	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>neo-polycin hc ophthalmic ointment</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/ dexamethasone ophthalmic suspension, ophthalmic ointment</i>	1	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX ST	2	MO
<i>tobramycin/dexamethasone</i>	1	MO
ZYLET	2	MO

ANTI-INFECTIVES

<i>bacitracin ophthalmic ointment 500units/gm</i>	1	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE	2	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin ophthalmic solution</i>	1	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	1	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin ophthalmic ointment</i>	1	
<i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	QL (60 ML per 30 days) MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	1	MO
<i>sulfacetamide sodium ophthalmic solution 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ALREX	2	MO
<i>bromfenac ophthalmic solution</i>	1	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	1	MO
EYSUVIS	3	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	1	MO
<i>prednisolone acetate ophthalmic suspension 1%</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	MO
<i>cromolyn sodium ophthalmic solution 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	MO
<i>olopatadine hydrochloride ophthalmic solution 0.2%</i>	1	MO
ZERVIAE	3	MO
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	1	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate/timolol maleate</i>	1	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>latanoprost ophthalmic solution</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic solution</i>	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
<i>travoprost</i>	1	MO
VYZULTA	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
CYSTARAN	4	PA LA
ISOPTO ATROPINE	2	MO
MIEBO	2	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
TYRVAYA	3	QL (8.4 ML per 30 days) MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic solution 0.25%</i>	1	MO
CIPRO HC	3	MO
CIPROFLOXACIN	2	MO
<i>ciprofloxacin/dexamethasone</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide otic oil 0.01%</i>	1	MO
<i>hydrocortisone/acetic acid otic solution</i>	1	MO
<i>neomycin/polymyxin/hc otic solution 1%</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/ hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic solution 0.3%</i>	1	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate nebulized solution</i>	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.1%</i>	1	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution</i>	1	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	4	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	1	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	1	PA MO
<i>cyproheptadine hcl syrup</i>	1	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	1	PA MO; HRM
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	1	MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>hydroxyzine hcl tablet</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride injection, syrup 10mg/5ml</i>	1	PA MO; HRM
<i>hydroxyzine pamoate capsule</i>	1	PA MO; HRM
<i>levocetirizine dihydrochloride solution</i>	1	MO
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 0.125mg/3ml</i>	1	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection, tablet</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet, packet</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	B/D MO
<i>aminophylline</i>	1	
BRONCHITOL	4	QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST	4	QL (560 EA per 28 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
FASENRA	4	QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN	4	QL (1 ML per 28 days) PA LA; ACS
KALYDECO PACKET	4	QL (56 EA per 28 days) PA LA
KALYDECO TABLET	4	QL (60 EA per 30 days) PA LA
OFEV	4	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	4	QL (112 EA per 28 days) PA LA
ORKAMBI PACKET	4	QL (56 EA per 28 days) PA LA
<i>pirfenidone capsule</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	4	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	4	PA LA
PULMOZYME	4	PA; ACS
<i>roflumilast</i>	1	MO
<i>theophylline oral solution</i>	1	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 24 hour</i>	1	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 200mg</i>	1	
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 100mg, 300mg, 450mg</i>	1	MO
TRIKAFTA THERAPY PACK	4	QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK	4	QL (84 EA per 28 days) PA LA
XOLAIR	4	PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
NASAL STEROIDS		
<i>flunisolide nasal spray 0.025%</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>breyna</i>	1	QL (10.3 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>acutane</i>	1	PA
<i>amnestem</i>	1	PA
<i>claravis</i>	1	PA
<i>clindacin foam</i>	1	QL (100 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>clindamycin phosphate/benzoyl peroxide gel 1.2;2.5%, 1.2%;5%</i>	1	MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	1	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	1	MO
<i>dapsone gel 5%, 7.5%</i>	1	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	1	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	1	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	1	PA
<i>neuac</i>	1	
<i>sulfacetamide sodium lotion 10%</i>	1	MO
TRETINOIN MICROSPHERE	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mafenide acetate packet</i>	1	MO
<i>mupirocin ointment, cream</i>	1	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox olamine suspension</i>	1	QL (60 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	1	QL (85 GM per 30 days) MO
ERTACZO	4	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	1	QL (100 GM per 30 days)
<i>klayesta</i>	1	QL (60 GM per 30 days)
<i>naftifine hcl cream 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>nyamyc powder</i>	1	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop powder</i>	1	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	PA MO
<i>calcipotriene cream, ointment</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	1	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule</i>	4	MO
<i>tazarotene gel</i>	1	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	1	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	MO
<i>selenium sulfide lotion 2.5%</i>	1	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	1	
<i>ala-cort cream 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	1	MO
<i>betamethasone dipropionate cream, ointment, lotion</i>	1	MO
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>betamethasone dipropionate augmented lotion</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate cream, lotion, ointment</i>	1	MO
<i>betamethasone valerate foam</i>	1	QL (120 GM per 30 days) MO
<i>calcipotriene/betamethasone dipropionate ointment</i>	1	QL (400 GM per 28 days) PA MO
<i>clobetasol propionate emollient cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	1	QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>	1	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
<i>desonide lotion</i>	1	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	1	QL (100 GM per 30 days) MO
<i>desrx</i>	1	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	1	QL (60 GM per 30 days) MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	1	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	1	QL (60 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>fluticasone propionate cream</i> 0.05%	1	MO
<i>fluticasone propionate lotion</i> 0.05%	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment</i> 0.005%	1	MO
<i>halobetasol propionate cream,</i> <i>ointment</i>	1	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate cream,</i> <i>ointment</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate cream,</i> <i>ointment</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	1	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
<i>mometasone furoate solution 0.1%</i>	1	MO
<i>prednicarbate ointment</i>	1	QL (60 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>	1	
TEXACORT	3	MO
<i>tovet</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol</i> <i>solution 0.147mg/gm</i>	1	MO
<i>triamcinolone acetonide cream</i> 0.025%, 0.5%	1	MO
<i>triamcinolone acetonide cream</i> 0.1%	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion</i> 0.025%, 0.1%	1	MO
<i>triamcinolone acetonide ointment</i> 0.025%, 0.1%, 0.5%	1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hydrochloride external</i> <i>solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>lidocaine ointment</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	1	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	1	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	1	MO
<i>azelaic acid gel</i>	1	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	4	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
FINACEA FOAM, GEL	3	QL (50 GM per 30 days) MO
FLUOROURACIL CREAM 0.5%	4	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) PA MO
<i>fluorouracil topical solution 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	1	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	1	MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	1	MO
NORITATE	4	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	4	QL (60 GM per 30 days) PA
<i>podofilox</i>	1	MO
<i>procto-med hc</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	3	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
VALCHLOR	4	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP CREAM 2.5%	4	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	1	MO
<i>permethrin cream 5%</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	QL (30 GM per 30 days) PA MO
SANTYL	3	MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO
<i>sterile water for irrigation</i>	1	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	1	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>clotrimazole troche 10mg</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoridex daily defense</i>	1	
<i>fluoridex sensitivity relief/sls free</i>	1	
<i>fluorimax 5000</i>	1	
<i>fluorimax 5000 sensitive</i>	1	
<i>just right 5000</i>	1	
<i>kourzeq</i>	1	
<i>lidocaine hydrochloride viscous solution 2%</i>	1	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet</i>	1	MO
<i>sf gel 1.1%</i>	1	MO
<i>sodium fluoride 5000 ppm dental paste</i>	1	MO
<i>sodium fluoride 5000 ppm dry mouth gel</i>	1	MO
<i>sodium fluoride 5000 ppm sensitive</i>	1	MO
<i>sodium fluoride gel 1.1%</i>	1	MO
<i>triamcinolone acetonide dental paste</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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<i>disoproxil</i>		<i>erlotinib hydrochloride</i>	27	<i>everolimus</i>	27,
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<i>enalapril maleate</i>	32,	<i>ery</i>	97	EYSUVIS	90
	33	<i>erythrocin stearate</i>	22	<i>ezetimibe</i>	36
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<i>hydrochlorothiazide</i>			90,	<i>falmina</i>	66
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ENBREL MINI	82	<i>erythromycin base</i>	22	<i>famotidine</i>	75,
ENBREL SURECLICK	82	<i>erythromycin/benzoyl</i>	97		76
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<i>entacapone</i>	45	<i>magnesium</i>		<i>febuxostat</i>	9
<i>entecavir</i>	20	<i>esomeprazole sodium</i>	77	<i>felbamate</i>	51
ENTRESTO	34	<i>estarylla</i>	66	<i>felodipine er</i>	37
<i>enulose</i>	76	<i>estradiol</i>	70	<i>femynor</i>	66
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<i>epinastine hcl</i>	91	ESTRING	70	FENOFIBRIC ACID	35
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<i>fentanyl</i>	11	<i>fluocinonide</i>	99		33
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<i>er</i>		<i>fluoride</i>	87	<i>fosphenytoin sodium</i>	51
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<i>finzala</i>	66	<i>fluoxetine</i>	43	<i>galantamine</i>	41
FIRMAGON	25	<i>hydrochloride</i>		<i>hydrobromide</i>	
<i>flac otic oil</i>	92	<i>fluphenazine</i>	47	<i>galantamine</i>	41
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<i>chloride</i>		<i>fluticasone propionate/</i>	96	GAUZE PADS	60
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<i>fludrocortisone</i>	71	<i>fluticasone propionate/</i>	96	<i>gavilyte-g</i>	76
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<i>tri-linyah</i>	69	UBRELVY	57	BESYLATE ER	
<i>tri-lo-estarylla</i>	69	<i>unithroid</i>	74	<i>venlafaxine hcl er</i>	45
<i>tri-lo-marzia</i>	69	<i>ursodiol</i>	77	<i>venlafaxine</i>	45
<i>tri-lo-mili</i>	69	<i>valacyclovir</i>	21	<i>hydrochloride</i>	
<i>tri-lo-sprintec</i>	69	<i>hydrochloride</i>		<i>venlafaxine</i>	45
<i>trimethobenzamide</i>	75	VALCHLOR	101	<i>hydrochloride er</i>	
<i>hydrochloride</i>		<i>valganciclovir</i>	21	VENTAVIS	40
<i>trimethoprim</i>	16	<i>valganciclovir</i>	21	VENTOLIN HFA	94
<i>tri-mili</i>	69	<i>hydrochloride</i>		<i>verapamil hcl</i>	38
<i>trimipramine maleate</i>	44	<i>valproate sodium</i>	53	<i>verapamil hcl er</i>	38
TRINTELLIX	44	<i>valproic acid</i>	53	<i>verapamil hcl sr</i>	38
<i>tri-nymyo</i>	69	<i>valsartan</i>	34	VERAPAMIL HCL SR	38
<i>tri-sprintec</i>	69	<i>valsartan/</i>	34	<i>verapamil</i>	38
TRIUMEQ	20	<i>hydrochlorothiazide</i>		<i>hydrochloride</i>	
TRIUMEQ PD	20	VALTOCO	53	<i>verapamil</i>	38
<i>tri-vite/fluoride</i>	88	VANCOMYCIN	16	<i>hydrochloride er</i>	
<i>trivora-28</i>	70	<i>vancomycin hcl</i>	16	VERQUVO	39
<i>tri-vylibra</i>	70	VANCOMYCIN HCL	16	VERSACLOZ	50
<i>tri-vylibra lo</i>	70	<i>vancomycin</i>	16	VERZENIO	31
TRIZIVIR	20	<i>hydrochloride</i>		<i>vestura</i>	70
TROGARZO	19	VANCOMYCIN	16	<i>vienva</i>	70
TROPHAMINE	89	HYDROCHLORIDE		<i>vigabatrin</i>	53
<i>trospium chloride</i>	79	VANFLYTA	31	<i>vigadrone</i>	53
<i>trospium chloride er</i>	79	VAQTA	85	<i>vigpoder</i>	53
TRULICITY	64	VARENICLINE	59	VIIBRYD	45
TRUMENBA	85	STARTING MONTH		VIIBRYD STARTER	45
TRUQAP	31	BOX		PACK	
TRUSELTIQ	31	VARENICLINE	59	<i>vilazodone</i>	45
TRUXIMA	31	TARTRATE		<i>hydrochloride</i>	
TUKYSA	31	VARIVAX	85	<i>viorele</i>	70
TURALIO	31	VASCEPA	36	VIRACEPT	19
<i>turqoz</i>	70	<i>velivet</i>	70	VIREAD	19
TWINRIX	85	VELTASSA	65	VITRAKVI	31
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				VIZIMPRO	31

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<i>volnea</i>	70	<i>yuvaferm</i>	71
VONJO	31	<i>zafirlukast</i>	94
<i>voriconazole</i>	17	<i>zaleplon</i>	56
VOSEVI	21	ZARXIO	80
VOTRIENT	31	ZEJULA	32
VRAYLAR	50	ZELBORAF	32
VUMERITY	58	<i>zenatane</i>	97
<i>vyfemla</i>	70	ZENPEP	77
<i>vylibra</i>	70	<i>zenzedi</i>	56
VYVANSE	56	ZERVIAE	91
VYZULTA	92	<i>zidovudine</i>	19
<i>warfarin sodium</i>	80	<i>ziprasidone hcl</i>	50
WELIREG	26	<i>ziprasidone mesylate</i>	50
<i>wera</i>	70	ZIRABEV	32
WESTAB PLUS	88	ZIRGAN	90
<i>wixela inhub</i>	96	<i>zoledronic acid</i>	64
<i>wymzya fe</i>	70	ZOLEDRONIC ACID	64
XALKORI	31, 32	ZOLINZA	32
XARELTO	80	<i>zolmitriptan</i>	57
XARELTO STARTER	80	<i>zolmitriptan odt</i>	57
PACK		<i>zolpidem tartrate</i>	56
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XELJANZ	83	<i>zovia 1/35</i>	70
XELJANZ XR	83	ZTALMY	54
XERMELO	77	<i>zumandimine</i>	70
XGEVA	64	ZURZUVAE	45
XHANCE	96	ZYDELIG	32
XIGDUO XR	64	ZYKADIA	32
XIIDRA	92	ZYLET	89
XOLAIR	95	ZYPREXA RELPREVV	50
XOSPATA	32		
XPOVIO	32		
XTANDI	26		
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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

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

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

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at **1-866-241-0357**, 24 hours a day, 7 days a week. TTY users call 711.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-241-0357. Someone who speaks English/ Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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 1-866-241-0357. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia 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 1-866-241-0357. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā be. He pōmaikaʻi manuahi kēia.

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

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

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** choose “Manage your prescription drugs.”



AetnaRetireePlans.com

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