

# 2018 Comprehensive Formulary

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## Aetna Medicare (List of Covered Drugs) B2

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

This formulary was updated on 10/01/2017. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-282-5366** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.aetnamedicare.com/formulary>**.

**Formulary ID Number: 18062 Version 8**

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Co-payments/co-insurance may change on January 1 of each year.

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

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

## Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred mail-order delivery program, which is called Aetna Rx Home Delivery®. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call **1-800-282-5366 (TTY: 711)**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-282-5366 (TTY: 711)**.

注意：如果您講中文，您可獲取免費的語言輔助服務。撥打**1-800-282-5366（聽障專線：711）**。

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2017. 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, 2019, and from time to time during the year.

## **What is the Aetna Medicare Comprehensive Formulary?**

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

## **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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 60 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 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/01/2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

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

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

### **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 120. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with at least 91 and up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

## **For more information**

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

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

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

# Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 120.

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

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

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

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

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

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

**LA:** Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week.

**MO:** Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "mail-order" drugs in our Drug List or MO. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-282-5366 (TTY: 711)**, 24 hours a day, 7 days a week.

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

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



# Drug tier copay levels

This 2018 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2018 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

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

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

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

## Key\*

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

## Drug name Drug tier Requirements/Limits

### ANALGESICS

#### *Analgesics*

<i>ascomp/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>bupap tabs 300mg; 50mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine caps</i>	4	QL (180 EA per 30 days) PA MO
<i>capacet</i>	4	QL (180 EA per 30 days) PA
<i>esgic caps</i>	4	QL (180 EA per 30 days) PA MO
FIORICET/CODEINE	4	QL (180 EA per 30 days) PA MO
FIORICET CAPS	4	QL (180 EA per 30 days) PA MO
FIORINAL	4	QL (180 EA per 30 days) PA MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO

#### *Nonsteroidal Anti-inflammatory Drugs*

ANAPROX DS	4	MO
ARTHROTEC 50	4	MO
ARTHROTEC 75 TBEC	4	MO
CAMBIA	4	ST MO
CELEBREX CAPS 400MG	4	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	4	QL (60 EA per 30 days) ST MO
<i>celecoxib caps 100mg</i>	2	QL (60 EA per 30 days) MO GC
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
DAYPRO	4	MO
<i>diclofenac potassium</i>	2	MO GC
<i>diclofenac sodium dr</i>	2	MO GC
<i>diclofenac sodium er</i>	2	MO GC
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diclofenac sodium transdermal soln 1.5%</i>	4	QL (450 ML per 30 days) MO
<i>diflunisal tabs 500mg</i>	4	MO
DUEXIS	4	MO
EC-NAPROSYN	4	MO
<i>etodolac er</i>	4	MO
<i>etodolac caps 200mg</i>	2	MO GC
<i>etodolac caps 300mg</i>	3	MO
<i>etodolac immediate release tabs</i>	3	MO
FELDENE	4	MO
<i>fenoprofen calcium caps 400mg</i>	4	MO
<i>fenoprofen calcium tabs</i>	4	MO
FLECTOR	4	QL (60 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	2	MO GC
<i>ibuprofen susp</i>	2	MO GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO GC
INDOCIN SUSP	4	PA MO
<i>indomethacin er</i>	4	PA MO
<i>indomethacin immediate release caps</i>	4	PA MO
<i>ketoprofen er cp24 200mg</i>	4	MO
<i>ketoprofen caps 50mg, 75mg</i>	4	MO
<i>ketorolac tromethamine inj 30mg/ml</i>	4	QL (20 ML per 30 days) PA
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>meclofenamate sodium caps</i>	4	MO
<i>meloxicam tabs</i>	1	MO GC
MOBIC TABS	4	MO
<i>nabumetone tabs</i>	2	MO GC

\*You can find information on what the symbols and abbreviations on this table mean by 11 going to page 8.

Drug name	Drug tier	Requirements/Limits
NAPRELAN	4	ST MO
NAPROSYN TABS 500MG	4	MO
<i>naproxen dr</i>	2	MO GC
<i>naproxen sodium er tb24 375mg</i>	4	MO
<i>naproxen sodium er tb24 500mg</i>	4	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO GC
<i>naproxen tabs</i>	1	MO GC
<i>naproxen susp</i>	2	MO GC
<i>oxaprozin</i>	4	MO
PENNSAID SOLN 2%	4	QL (224 GM per 28 days) ST MO
<i>piroxicam caps 20mg</i>	2	MO GC
<i>piroxicam caps 10mg</i>	3	MO
<i>sulindac tabs</i>	2	MO GC
TIVORBEX	4	PA MO
VIMOVO	4	MO
VIVLODEX	4	ST MO
VOLTAREN GEL	4	QL (1000 GM per 30 days) ST MO
ZIPSOR	4	ST MO
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr</i>	4	QL (4 EA per 28 days) ST MO
BUTRANS	4	QL (4 EA per 28 days) ST MO
CONZIP	4	QL (30 EA per 30 days) MO
DOLOPHINE TABS	4	QL (180 EA per 30 days) MO
EXALGO	4	QL (30 EA per 30 days) ST MO
<i>fentanyl transdermal patches</i>	4	QL (15 EA per 30 days) MO
<i>hydromorphone hcl er t24a 32mg</i>	4	QL (30 EA per 30 days) MO
<i>hydromorphone hcl er t24a 12mg, 16mg, 8mg</i>	4	QL (30 EA per 30 days) MO
KADIAN CP24 100MG, 10MG, 200MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	4	QL (60 EA per 30 days) ST MO
<i>methadone hcl oral soln</i>	3	QL (3000 ML per 30 days) MO
<i>methadone hcl conc</i>	3	QL (360 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methadone hcl inj</i>	5	
<i>methadone hcl tabs 5mg</i>	3	QL (180 EA per 30 days) MO
<i>methadone hcl tabs 10mg</i>	4	QL (180 EA per 30 days) MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc (generic MS Contin) 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc (generic MS Contin) 15mg</i>	3	QL (90 EA per 30 days) MO
MS CONTIN TBCR 100MG, 200MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
MS CONTIN TBCR 15MG	4	QL (90 EA per 30 days) PA MO
NUCYNTA ER	4	QL (60 EA per 30 days) ST MO
OPANA ER (CRUSH RESISTANT)	4	QL (60 EA per 30 days) MO
<i>oxycodone hcl er t12a 80mg</i>	4	QL (120 EA per 30 days) PA MO
<i>oxycodone hcl er t12a 15mg, 30mg, 60mg</i>	4	QL (60 EA per 30 days) PA
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg</i>	4	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tb12 40mg</i>	4	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	4	QL (60 EA per 30 days) MO
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) MO
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) MO
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO GC
<i>acetaminophen/codeine soln</i>	2	QL (4500 ML per 30 days) MO GC
<i>butorphanol tartrate nasal soln</i>	4	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	4	

\*You can find information on what the symbols and abbreviations on this table mean by 13 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>butorphanol tartrate inj 2mg/ml</i>	4	MO
<i>codeine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
DEMEROL INJ 100MG/2ML, 25MG/0.5ML, 25MG/ML, 75MG/1.5ML, 75MG/ML	4	PA
DEMEROL INJ 100MG/ML, 50MG/ ML	4	PA MO
DEMEROL TABS 100MG	4	QL (120 EA per 30 days) PA MO
DILAUDID ORAL IQD	4	QL (2400 ML per 30 days) MO
DILAUDID TABS 2MG, 4MG, 8MG	4	QL (180 EA per 30 days) MO
DURAMORPH	3	B/D
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>endocet tabs 325mg; 5mg</i>	4	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA MO
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 5mg; 200mg, 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	4	QL (150 EA per 30 days) MO
<i>hydromorphone hcl immediate release tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	4	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 10mg/ml, 50mg/5ml</i>	4	B/D
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml</i>	4	B/D MO
<i>ibudone tabs 5mg; 200mg</i>	3	QL (150 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>lorcet</i>	4	QL (180 EA per 30 days)
<i>lorcet hd</i>	4	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	QL (180 EA per 30 days)
<i>meperidine hcl tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>meperidine hcl oral soln</i>	4	QL (3600 ML per 30 days) PA MO
<i>meperidine hcl inj 10mg/ml, 25mg/ml</i>	4	PA
<i>meperidine hcl inj 100mg/ml, 50mg/ml</i>	4	PA MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml iv, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate inj 15mg/ml</i>	3	B/D MO
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	3	QL (180 EA per 30 days) MO
<i>morphine sulfate tabs 15mg</i>	3	QL (60 EA per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	MO
NORCO	4	QL (180 EA per 30 days) MO
NUCYNTA	4	QL (180 EA per 30 days) ST MO
OPANA TABS	4	QL (180 EA per 30 days) MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl soln</i>	3	QL (5400 ML per 30 days) MO
<i>oxycodone hcl conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen soln</i>	4	QL (1800 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by 15 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	3	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	4	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl</i>	4	QL (360 EA per 30 days) PA MO
PERCOCET TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	4	QL (180 EA per 30 days) MO
<i>reprexain tabs 10mg; 200mg</i>	4	QL (150 EA per 30 days) MO
ROXICODONE TABS 30MG	4	QL (120 EA per 30 days) MO
ROXICODONE TABS 15MG, 5MG	4	QL (180 EA per 30 days) MO
<i>tramadol hcl immediate release tabs 50mg</i>	2	QL (240 EA per 30 days) MO GC
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
TYLENOL/CODEINE #3	4	QL (180 EA per 30 days) MO
ULTRACET	4	QL (240 EA per 30 days) MO
ULTRAM	4	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	4	QL (180 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	4	QL (180 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	4	QL (180 EA per 30 days)
XODOL TABS 300MG; 10MG	4	QL (180 EA per 30 days) MO
<i>xylon</i>	4	QL (150 EA per 30 days)
<i>zamicet</i>	4	QL (5550 ML per 30 days) MO

## ANESTHETICS

### Local Anesthetics

<i>lidocaine hcl inj 2%</i>	3	
<i>lidocaine hcl inj 0.5%</i>	4	
<i>lidocaine hcl external soln 4%</i>	4	MO
<i>lidocaine viscous</i>	4	MO
<i>lidocaine/prilocaine crea</i>	4	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	3	QL (90 EA per 30 days) PA MO
<i>lidocaine oint</i>	4	QL (36 GM per 30 days) PA MO
LIDODERM	4	QL (90 EA per 30 days) PA MO
XYLOCAINE INJ 2%	4	MO



Drug name Drug tier Requirements/Limits

**ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS**

**Alcohol Deterrents/Anti-craving**

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

**Opioid Dependence Treatments**

<i>buprenorphine hcl/naloxone hcl</i>	3	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	3	QL (90 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (120 EA per 30 days) PA MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO

**Opioid Reversal Agents**

<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	3	MO
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**Smoking Cessation Agents**

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

**ANTIBACTERIALS**

**Aminoglycosides**

<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml, 1.2mg/ml, 1.4mg/ml, 1.6mg/ml, 1mg/ml, 2mg/ml</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml</i>	4	MO
<i>gentamicin sulfate inj 10mg/ml</i>	4	
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 17 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>neomycin sulfate</i>	2	MO GC
<i>paromomycin sulfate</i>	4	MO
<i>streptomycin sulfate inj 1gm</i>	4	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<b>Antibacterials, Other</b>		
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
BACTROBAN NASAL	4	MO
<i>chloramphenicol sodium succinate</i>	4	
CLEOCIN CAPS, 2% VAGINAL CREAM AND 100MG SUPPOSITORY	4	MO
CLEOCIN PHOSPHATE INJ 300MG/2ML, 600MG/4ML IV, 900MG/6ML IV	4	
CLEOCIN PHOSPHATE INJ 600MG/4ML, 900MG/6ML	4	MO
<i>clindamycin hcl caps</i>	2	MO GC
<i>clindamycin inj 900mg/60ml</i>	4	
<i>clindamycin palmitate hcl 75mg/5ml</i>	4	MO
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate vaginal crea 2%</i>	4	MO
<i>clindamycin phosphate inj 150mg/ ml, 300mg/2ml, 900mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
CLINDESSE	4	MO
<i>colistimethate sodium</i>	4	PA MO
CUBICIN	5	
CUBICIN RF	5	
<i>daptomycin</i>	5	
FLAGYL	4	MO
FURADANTIN	4	MO
HIPREX	4	MO

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

Drug name	Drug tier	Requirements/Limits
ISOPROPYL ALCOHOL WIPES	3	
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	QL (224 EA per 365 days) MO
<i>linezolid inj</i>	5	PA
<i>linezolid susr</i>	5	QL (1800 ML per 28 days) PA MO
<i>linezolid tabs</i>	5	QL (56 EA per 28 days) PA MO
MACROBID	4	MO
MACRODANTIN	4	MO
<i>methenamine hippurate</i>	4	MO
METROGEL-VAGINAL	4	MO
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole vaginal</i>	4	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
MONUROL	4	MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
NUVESSA	4	MO
PREVPAC	4	QL (224 EA per 365 days) MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
SYNERCID INJ 350MG; 150MG	5	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	MO
<i>trimethoprim tabs</i>	1	MO GC
TYGACIL	5	
VANCOGIN HCL CAPS 125MG	4	QL (120 EA per 30 days) MO
VANCOGIN HCL CAPS 250MG	5	MO
VANCOMYCIN HCL IN DEXTROSE	4	
<i>vancomycin hcl caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hcl caps 250mg</i>	5	MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	2	GC
<i>vancomycin hcl inj 500mg</i>	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 19 going to page 8.

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN INJ 0.9%; 500MG/100ML	3	
VANCOMYCIN INJ 0.9%; 750MG/150ML	4	
VANDAZOLE	4	MO
XIFAXAN TABS 200MG	4	QL (9 EA per 3 days) PA MO
XIFAXAN TABS 550MG	5	PA MO
ZYVOX SUSR	5	QL (1800 ML per 28 days) PA MO
ZYVOX TABS	5	QL (56 EA per 28 days) PA MO
ZYVOX INJ 600MG/300ML	5	PA
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor er tb12 500mg</i>	4	MO
<i>cefaclor caps</i>	3	MO
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	MO
<i>cefadroxil</i>	2	MO GC
CEFAZOLIN SODIUM/DEXTROSE INJ 1GM; 4%, 2GM; 3%	4	
<i>cefazolin sodium inj 100gm, 1gm, 1gm; 5%, 20gm, 300gm</i>	4	
<i>cefazolin sodium inj 10gm, 500mg</i>	4	MO
CEFAZOLIN INJ 2GM/100ML; 4%	4	
<i>cefdinir caps</i>	2	MO GC
<i>cefdinir susr</i>	3	MO
CEFEPIME/DEXTROSE	4	
CEFEPIME INJ 1GM/50ML, 2GM/100ML	4	
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	4	
<i>cefotaxime sodium inj 1gm</i>	4	MO
<i>cefotetan</i>	4	
CEFOTETAN/DEXTROSE	4	
CEFOXITIN SODIUM IN DEXTROSE INJ 1GM, 2GM	4	
<i>cefoxitin sodium inj 10gm, 2gm</i>	4	
<i>cefoxitin sodium inj 1gm</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime inj 6gm</i>	4	
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
CEFTIN SUSR	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 100gm, 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 250mg, 2gm, 500mg</i>	4	MO
CEFTRIAZONE/DEXTROSE	4	
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO GC
FORTAZ INJ 1GM IV, 2GM IV, 500MG, 6GM	4	
FORTAZ INJ 1GM, 2GM	4	MO
MAXIPIME INJ 1GM, 2GM	4	
SUPRAX CAPS	3	MO
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX SUSR 500MG/5ML	3	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	4	MO
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	
TEFLARO	5	
<b><i>Beta-lactam, Other</i></b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>imipenem/cilastatin</i>	4	MO
INVANZ INJ 1GM	4	
INVANZ INJ 1GM	4	MO
<i>meropenem vial</i>	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 21 going to page 8.

Drug name	Drug tier	Requirements/Limits
MEROPENEM/SODIUM CHLORIDE	4	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium</i>	2	MO GC
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>amoxicillin chew 125mg, 250mg</i>	1	MO GC
<i>amoxicillin caps, susr, tabs</i>	1	MO GC
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	4	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin caps</i>	1	MO GC
<i>ampicillin susr 125mg/5ml</i>	2	GC
<i>ampicillin susr 250mg/5ml</i>	2	MO GC
AUGMENTIN ES-600	4	MO
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML, 250MG/5ML; 62.5MG/5ML	4	MO
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	MO
<i>dicloxacillin sodium</i>	2	MO GC
<i>nafcillin sodium inj 10gm, 1gm, 2gm iv</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	4	MO
<i>penicillin g procaine</i>	4	MO
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO GC
<i>piperacillin sodium/tazobactam sodium inj 2gm-0.25gm, 3gm-0.375gm, 36gm-4.5gm</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>piperacillin sodium/tazobactam inj</i>	4	
12gm; 1.5gm, 4gm; 0.5gm		
<b>Macrolides</b>		
AZITHROMYCIN PACK	3	MO
<i>azithromycin susr, tabs</i>	2	MO GC
<i>azithromycin inj 500mg</i>	4	MO
BIAXIN TABS	4	MO
<i>clarithromycin er</i>	4	MO
<i>clarithromycin susr, tabs</i>	3	MO
DIFICID	5	MO
E.E.S. 400 TABS	4	MO
E.E.S. GRANULES	4	MO
ERY-TAB	4	MO
ERYPED 200	4	MO
ERYPED 400	4	MO
ERYTHROCIN LACTOBIONATE INJ	4	
500MG		
ERYTHROCIN STEARATE TABS	4	MO
250MG		
<i>erythromycin base</i>	3	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin ethylsuccinate susr</i>	4	MO
<i>erythromycin stearate tabs 250mg</i>	3	MO
<i>erythromycin caps dr 250mg</i>	3	MO
PCE	4	MO
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
ZITHROMAX INJ, SUSR, TABS	4	MO
ZMAX	4	MO
<b>Quinolones</b>		
AVELOX	4	MO
AVELOX ABC PACK	4	MO
CIPRO I.V.-IN D5W INJ	4	
400MG/200ML; 5%		
CIPRO SUSR	4	MO
<i>ciprofloxacin er tb24 1000mg</i>	1	MO GC
<i>ciprofloxacin er tb24 500mg</i>	3	MO

\*You can find information on what the symbols and abbreviations on this table mean by 23 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	MO GC
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml ( 5%)</i>	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml (5%)</i>	4	MO
CIPROFLOXACIN OTIC SOLN	3	MO
<i>ciprofloxacin susr</i>	3	MO
<i>ciprofloxacin inj</i>	4	MO
CIPRO TABS 250MG, 500MG	4	MO
LEVAQUIN TABS	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	3	MO
<i>moxifloxacin hcl tabs</i>	4	MO
<i>ofloxacin tabs 400mg</i>	2	MO GC
<i>ofloxacin tabs 300mg</i>	4	MO
<b>Sulfonamides</b>		
BACTRIM DS	4	MO
BACTRIM TABS	4	MO
<i>sulfadiazine tabs</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim inj, susp</i>	4	MO
SULFATRIM PEDIATRIC	4	
<b>Tetracyclines</b>		
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate caps</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline hyclate tabs 100mg, 20mg</i>	3	MO
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	MO GC



Drug name	Drug tier	Requirements/Limits
<i>doxycycline monohydrate caps 150mg, 75mg</i>	4	MO
<i>doxycycline monohydrate tabs</i>	2	MO GC
<i>doxycycline susr 25mg/5ml</i>	3	MO
MINOCIN CAPS	4	ST MO
<i>minocycline hcl er</i>	4	ST MO
<i>minocycline hcl caps</i>	2	MO GC
<i>minocycline hcl tabs</i>	4	ST MO
<i>morgidox 1x100mg caps</i>	4	
<i>morgidox 1x50mg caps</i>	4	
<i>morgidox 2x100mg caps</i>	4	
SOLODYN TB24 105MG, 115MG, 55MG, 65MG, 80MG	4	ST MO
<i>tetracycline hydrochloride</i>	4	MO
VIBRAMYCIN SUSR 25MG/5ML	4	ST MO
VIBRAMYCIN CAPS 100MG	4	ST MO

## ANTICONSULSANTS

### **Anticonvulsants, Other**

APTiom TABS 200MG	4	QL (180 EA per 30 days) MO
APTiom TABS 600MG, 800MG	5	QL (60 EA per 30 days) MO
APTiom TABS 400MG	5	QL (90 EA per 30 days) MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN, TABS	5	PA MO
FYCOMPA SUSP	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (180 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 6MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 4MG	4	QL (90 EA per 30 days) PA MO
KEPPRA XR	4	ST MO
KEPPRA SOLN, TABS	4	ST MO
<i>levetiracetam er</i>	4	MO
<i>levetiracetam oral soln, tabs</i>	2	MO GC
<i>levetiracetam inj 10mg/ml, 15mg/ml, 5mg/ml</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	4	MO
POTIGA TABS 50MG	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 25 going to page 8.

Drug name	Drug tier	Requirements/Limits
POTIGA TABS 200MG	5	QL (180 EA per 30 days) MO
POTIGA TABS 300MG, 400MG	5	QL (90 EA per 30 days) MO
<i>roweepira</i>	2	GC
SPRITAM	4	MO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPS 300MG	4	MO
<i>ethosuximide</i>	4	MO
LYRICA SOLN	3	QL (946 ML per 30 days) MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) MO
LYRICA CAPS 225MG, 300MG	3	QL (60 EA per 30 days) MO
LYRICA CAPS 200MG	3	QL (90 EA per 30 days) MO
ZARONTIN	4	MO
ZONEGRAN CAPS 100MG, 25MG	4	ST MO
<i>zonisamide</i>	2	MO GC
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 1mg</i>	3	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO GC
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) MO GC
DEPAKENE CAPS	4	MO
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLES	4	MO
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC GEL 2.5MG	4	MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>divalproex sodium sprinkle caps</i>	3	MO
<i>gabapentin caps 100mg, 300mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>gabapentin tabs 800mg</i>	3	QL (120 EA per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
GABITRIL TABS 12MG, 16MG, 2MG, 4MG	4	MO
KLONOPIN TABS 1MG	4	QL (120 EA per 30 days) MO
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days) MO
KLONOPIN TABS 0.5MG	4	QL (90 EA per 30 days) MO
MYSOLINE TABS	4	MO
NEURONTIN SOLN	4	QL (2160 ML per 30 days) MO
NEURONTIN CAPS 100MG, 300MG	4	QL (180 EA per 30 days) MO
NEURONTIN CAPS 400MG	4	QL (270 EA per 30 days) MO
NEURONTIN TABS 800MG	4	QL (120 EA per 30 days) MO
NEURONTIN TABS 600MG	4	QL (180 EA per 30 days) MO
ONFI SUSP	5	PA MO
ONFI TABS 10MG	4	PA MO
ONFI TABS 20MG	5	PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	QL (120 EA per 30 days) PA MO
<i>primidone tabs</i>	2	MO GC
SABRIL	5	QL (180 EA per 30 days) PA LA
<i>tiagabine hydrochloride</i>	4	MO
<i>valproate sodium inj</i>	3	
<i>valproic acid caps, soln</i>	2	MO GC
<b>Glutamate Reducing Agents</b>		
<i>felbamate</i>	4	MO
FELBATOL	5	MO
LAMICTAL CHEWABLE DISPERSIBLE	4	ST MO
LAMICTAL ODT TABS	4	ST MO
LAMICTAL STARTER BLUE (35)	4	ST MO
LAMICTAL STARTER GREEN (98)	4	ST MO
LAMICTAL STARTER ORANGE (49)	4	ST MO
LAMICTAL XR KIT	4	ST MO

\*You can find information on what the symbols and abbreviations on this table mean by 27 going to page 8.

Drug name	Drug tier	Requirements/Limits
LAMICTAL XR TB24 100MG, 200MG, 250MG, 25MG, 50MG	4	ST MO
LAMICTAL XR TB24 300MG	5	ST MO
LAMICTAL TABS	4	ST MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine titration</i>	4	MO
<i>lamotrigine chew, tabs</i>	2	MO GC
QUDEXY XR	4	ST MO
TOPAMAX	4	ST MO
TOPAMAX SPRINKLE	4	ST MO
<i>topiramate er</i>	4	MO
<i>topiramate sprinkle caps, tabs</i>	2	MO GC
TROKENDI XR	4	MO
<b>Sodium Channel Agents</b>		
BANZEL	5	PA MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine chew, susp, tabs</i>	2	MO GC
CARBATROL	4	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
DILANTIN CAPS	3	MO
<i>epitol</i>	4	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
OXTELLAR XR	4	ST MO
PEGANONE TABS 250MG	4	MO
PHENYTEK	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<i>phenytoin chew, susp</i>	3	MO
TEGRETOL-XR	4	ST MO
TEGRETOL SUSP, TABS	4	ST MO
TRILEPTAL	4	ST MO

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

Drug name	Drug tier	Requirements/Limits
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO

## ANTIDEMENTIA AGENTS

### **Antidementia Agents, Other**

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

### **Cholinesterase Inhibitors**

ARICEPT TABS 23MG, 5MG	4	QL (30 EA per 30 days) ST MO
ARICEPT TABS 10MG	4	QL (60 EA per 30 days) ST MO
<i>donepezil hcl odt</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO GC
EXELON PT24	4	QL (30 EA per 30 days) ST MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
RAZADYNE ER	4	QL (30 EA per 30 days) ST MO
RAZADYNE TABS	4	QL (60 EA per 30 days) ST MO
<i>rivastigmine tartrate caps</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO

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

<i>memantine hcl</i>	3	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride soln</i>	3	QL (360 ML per 30 days) PA MO
NAMENDA TITRATION PAK	4	QL (98 EA per 365 days) PA MO
NAMENDA XR	4	PA MO
NAMENDA XR TITRATION PACK	4	PA MO
NAMENDA SOLN	4	QL (360 ML per 30 days) PA MO
NAMENDA TABS	4	QL (60 EA per 30 days) PA MO

## ANTIDEPRESSANTS

### **Antidepressants, Other**

<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
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\*You can find information on what the symbols and abbreviations on this table mean by 29 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
FORFIVO XL	4	QL (30 EA per 30 days) ST MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	2	MO GC
<i>mirtazapine tabs 15mg, 30mg, 45mg</i>	2	QL (30 EA per 30 days) MO GC
REMERON	4	QL (30 EA per 30 days) MO
REMERON SOLTAB	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) ST MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) ST MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) ST MO
WELLBUTRIN SR	4	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	4	QL (30 EA per 30 days) ST MO
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL (30 EA per 30 days) PA MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>phenelzine sulfate</i>	3	MO
<i>tranylcypromine sulfate</i>	4	MO
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
CELEXA TABS 10MG	4	QL (120 EA per 30 days) ST MO
CELEXA TABS 40MG	4	QL (30 EA per 30 days) ST MO
CELEXA TABS 20MG	4	QL (60 EA per 30 days) ST MO
<i>citalopram hydrobromide soln</i>	3	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO GC
CYMBALTA CPEP 20MG, 60MG	4	QL (60 EA per 30 days) ST MO
CYMBALTA CPEP 30MG	4	QL (90 EA per 30 days) ST MO
DESVENLAFAXINE ER TB24 (GENERIC KHEDEZLA) 100MG, 50MG	4	QL (30 EA per 30 days) MO
<i>desvenlafaxine er tb24 (generic Pristiq) 25mg</i>	4	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>duloxetine hcl cpep 20mg, 40mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	3	QL (90 EA per 30 days) MO
EFFEXOR XR CP24 37.5MG, 75MG	4	QL (30 EA per 30 days) ST MO
EFFEXOR XR CP24 150MG	4	QL (60 EA per 30 days) ST MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	ST MO
FETZIMA CP24 20MG	4	QL (180 EA per 30 days) ST MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 40MG	4	QL (90 EA per 30 days) ST MO
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	2	QL (120 EA per 30 days) MO GC
<i>fluoxetine hcl caps 10mg</i>	2	QL (30 EA per 30 days) MO GC
<i>fluoxetine hcl caps 40mg</i>	2	QL (60 EA per 30 days) MO GC
<i>fluoxetine hcl soln</i>	2	MO GC
FLUOXETINE HCL TABS 60MG	3	MO
<i>fluoxetine hcl tabs (generic Prozac) 10mg, 20mg</i>	2	MO GC
<i>fluvoxamine maleate er caps</i>	4	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	2	MO GC
LEXAPRO SOLN	4	QL (600 ML per 30 days) ST MO
LEXAPRO TABS 20MG	4	QL (30 EA per 30 days) ST MO
LEXAPRO TABS 10MG, 5MG	4	QL (45 EA per 30 days) ST MO
<i>maprotiline hcl</i>	4	MO
<i>nefazodone hcl</i>	4	MO
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO GC
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO GC
PAXIL CR TB24 37.5MG	4	QL (60 EA per 30 days) ST MO
PAXIL CR TB24 12.5MG, 25MG	4	QL (90 EA per 30 days) ST MO

\*You can find information on what the symbols and abbreviations on this table mean by 31 going to page 8.

Drug name	Drug tier	Requirements/Limits
PAXIL SUSP	4	QL (900 ML per 30 days) MO
PAXIL TABS 10MG, 20MG	4	QL (30 EA per 30 days) ST MO
PAXIL TABS 30MG, 40MG	4	QL (60 EA per 30 days) ST MO
PRISTIQ TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
PRISTIQ TB24 25MG	3	QL (30 EA per 30 days) ST MO
PROZAC WEEKLY	4	QL (4 EA per 28 days) ST MO
PROZAC CAPS 20MG	4	QL (120 EA per 30 days) ST MO
PROZAC CAPS 10MG	4	QL (30 EA per 30 days) ST MO
PROZAC CAPS 40MG	4	QL (60 EA per 30 days) ST MO
<i>sertraline hcl conc</i>	3	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO GC
<i>sertraline hcl tabs 100mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
SYMBYAX	4	QL (30 EA per 30 days) ST MO
<i>trazodone hcl tabs</i>	2	MO GC
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl tabs</i>	3	MO
VIIBRYD STARTER PACK	4	MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
ZOLOFT CONC	4	QL (300 ML per 30 days) ST MO
ZOLOFT TABS 25MG	4	QL (30 EA per 30 days) ST MO
ZOLOFT TABS 100MG, 50MG	4	QL (60 EA per 30 days) ST MO
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs</i>	3	PA MO
<i>amoxapine</i>	3	MO
ANAFRANIL	4	PA MO
<i>chlordiazepoxide/amitriptyline</i>	4	PA MO
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hcl tabs</i>	4	MO
<i>doxepin hcl caps, conc</i>	3	PA MO
ELAVIL TABS 25MG	4	PA MO
<i>imipramine hcl tabs</i>	2	PA MO GC
<i>imipramine pamoate caps</i>	4	PA MO



Drug name	Drug tier	Requirements/Limits
NORPRAMIN TABS 10MG, 25MG	4	MO
<i>nortriptyline hcl caps, soln</i>	2	MO GC
PAMELOR CAPS	4	MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>protriptyline hcl</i>	4	MO
TOFRANIL TABS	4	PA MO
<i>trimipramine maleate caps</i>	4	PA MO

## ANTIEMETICS

### **Antiemetics, Other**

<i>meclizine hcl tabs</i>	2	MO GC
<i>phenadoz supp 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA MO
<i>phenergan supp 12.5mg, 25mg, 50mg</i>	4	PA
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	4	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	4	PA MO
TIGAN INJ	4	PA MO
TIGAN CAPS 300MG	4	PA MO
TRANSDERM-SCOP	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hcl caps 300mg</i>	4	PA MO

### **Emetogenic Therapy Adjuncts**

<i>aprepitant</i>	4	B/D MO
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	4	B/D MO
EMEND SUSR	4	B/D
EMEND CAPS	4	B/D MO
EMEND INJ	4	MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
MARINOL CAPS 2.5MG	4	QL (60 EA per 30 days) PA MO
MARINOL CAPS 10MG, 5MG	5	QL (60 EA per 30 days) PA MO
<i>ondansetron hcl tabs</i>	2	B/D MO GC
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 33 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ondansetron odt</i>	2	B/D MO GC
SANCUSO	5	QL (4 EA per 28 days) MO
ZOFRAN ODT	4	B/D MO
ZOFRAN SOLN	4	QL (900 ML per 30 days) B/D MO
ZOFRAN TABS 4MG, 8MG	4	B/D MO

## ANTIFUNGALS

### *Antifungals*

ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b inj</i>	4	B/D MO
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>ciclodan</i>	3	
<i>ciclopirox nail lacquer</i>	3	MO
<i>ciclopirox olamine crea</i>	3	MO
<i>ciclopirox gel, sham, susp</i>	3	MO
<i>clotrimazole/betamethasone dipropionate</i>	4	MO
<i>clotrimazole crea, lozg, soln</i>	3	MO
DIFLUCAN	4	MO
<i>econazole nitrate crea</i>	4	MO
ERTACZO	4	MO
EXTINA	4	MO
<i>fluconazole in dextrose inj</i>	4	
<i>fluconazole in nacl inj</i>	4	
<i>fluconazole tabs</i>	2	MO GC
<i>fluconazole susr</i>	3	MO
<i>flucytosine caps</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	MO
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole sham, tabs</i>	2	MO GC
<i>ketoconazole crea</i>	3	MO
<i>ketoconazole foam</i>	4	MO
LAMISIL TABS	4	ST MO
LOPROX SHAMPOO	4	MO

Drug name	Drug tier	Requirements/Limits
LOPROX CREA	4	MO
LOTRISONE	4	MO
<i>miconazole 3 supp</i>	4	MO
MYCAMINE	5	MO
<i>naftifine hcl 1% cream</i>	4	MO
<i>naftifine hcl 2% cream</i>	4	MO
NAFTIN GEL	4	MO
NAFTIN CREA 2%	4	MO
NIZORAL SHAM	4	MO
NOXAFIL SUSP, DR TAB	5	MO
<i>nyamyc</i>	3	
<i>nyata powd</i>	3	
<i>nystatin/triamcinolone</i>	4	MO
<i>nystatin crea</i>	2	MO GC
<i>nystatin powd</i>	3	MO
<i>nystatin oint, susp, tabs</i>	4	MO
<i>nystop</i>	3	MO
ONMEL	5	PA MO
ORAVIG	4	MO
<i>oxiconazole nitrate</i>	4	MO
OXISTAT	4	MO
SPORANOX PULSEPAK	4	PA MO
SPORANOX CAPS	4	PA MO
SPORANOX SOLN	5	PA MO
TERAZOL 7	4	MO
<i>terbinafine hcl tabs</i>	2	MO GC
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
<i>voriconazole inj</i>	4	
<i>voriconazole susr, tabs</i>	4	MO
<i>zazole supp</i>	4	

### ANTIGOUT AGENTS

#### *Antigout Agents*

<i>allopurinol tabs</i>	1	MO GC
<i>colchicine caps</i>	3	MO
<i>colchicine tabs 0.6mg</i>	3	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by 35 going to page 8.

Drug name	Drug tier	Requirements/Limits
MITIGARE	4	MO
<i>probenecid/colchicine</i>	3	MO
<i>probenecid tabs</i>	3	MO
ULORIC	3	ST MO
ZYLOPRIM	4	MO

## ANTIMIGRAINE AGENTS

### ***Ergot Alkaloids***

CAFERGOT TABS	4	MO
<i>dihydroergotamine mesylate inj</i>	4	MO
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 28 days) MO
<i>ergotamine tartrate/caffeine</i>	4	MO
MIGRANAL	4	QL (8 ML per 28 days) MO

### ***Serotonin (5-HT) 1b/1d Receptor Agonists***

<i>almotriptan malate</i>	4	QL (8 EA per 30 days) MO
AMERGE	4	QL (9 EA per 30 days) ST MO
AXERT	4	QL (8 EA per 30 days) ST MO
FROVA	5	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM	4	QL (4 ML per 30 days) ST MO
IMITREX NASAL SOLN	4	QL (12 EA per 30 days) ST MO
IMITREX INJ	4	QL (4 ML per 30 days) ST MO
IMITREX TABS	4	QL (9 EA per 30 days) ST MO
MAXALT	4	QL (12 EA per 30 days) ST MO
MAXALT-MLT	4	QL (12 EA per 30 days) ST MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
ONZETRA XSAIL	4	QL (16 EA per 30 days) ST MO
RELPAX	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO GC
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO

Drug name	Drug tier	Requirements/Limits
<i>sumatriptan soln</i>	2	QL (12 EA per 30 days) MO GC
SUMAVEL DOSEPRO	5	QL (4 ML per 30 days) ST MO
TREXIMET TABS 500MG; 85MG	4	QL (9 EA per 30 days) ST MO
ZEMBRACE SYMTOUCH	4	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
ZOMIG SOLN	4	QL (12 EA per 30 days) ST MO
ZOMIG TABS	4	QL (6 EA per 30 days) ST MO

### ANTIMYASTHENIC AGENTS

#### *Parasympathomimetics*

GUANIDINE HCL	4	
MESTINON TIMESPAN	4	MO
MESTINON SYRP, TABS	4	MO
<i>pyridostigmine bromide er</i>	3	MO
<i>pyridostigmine bromide tabs</i>	3	MO

### ANTIMYCOBACTERIALS

#### *Antimycobacterials, Other*

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

#### *Antituberculars*

CAPASTAT SULFATE	4	
<i>cycloserine</i>	5	MO
<i>ethambutol hcl tabs</i>	4	MO
<i>isoniazid tabs</i>	1	MO GC
<i>isoniazid syrup</i>	2	MO GC
<i>isoniazid inj</i>	4	
MYAMBUTOL	4	MO
PASER	3	MO
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	MO
RIFADIN INJ	5	
RIFADIN CAPS 150MG	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	MO
RIFATER	4	MO
SIRTURO	5	PA LA
TRECTOR	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 37 going to page 8.

Drug name

Drug tier Requirements/Limits

**ANTINEOPLASTICS**

***Alkylating Agents***

ALKERAN TABS	4	B/D MO
ALKERAN INJ	5	B/D
BENDEKA	5	
<i>busulfan</i>	5	B/D
BUSULFEX	5	B/D
<i>cyclophosphamide inj</i>	4	
<i>cyclophosphamide caps</i>	4	B/D MO
EVOMELA	5	B/D
GLEOSTINE	4	
HEXALEN	5	MO
KISQALI 200MG FEMARA CO-PACK	5	QL (91 EA per 28 days) PA
KISQALI 400MG FEMARA CO-PACK	5	QL (91 EA per 28 days) PA
KISQALI 600MG FEMARA CO-PACK	5	QL (91 EA per 28 days) PA
LEUKERAN	4	MO
MATULANE	5	LA
<i>melphalan hydrochloride</i>	5	B/D
MUSTARGEN	5	B/D
TEMODAR INJ	5	B/D
<i>thiotepa inj 15mg</i>	5	
TREANDA INJ 100MG, 25MG	5	B/D
VALCHLOR	5	PA LA
YONDELIS	5	PA

***Antiandrogens***

<i>bicalutamide</i>	3	MO
CASODEX	4	MO
<i>flutamide</i>	4	MO
<i>nilutamide</i>	5	MO
XTANDI	5	PA LA
ZYTIGA TABS 250MG	5	PA LA

***Antiangiogenic Agents***

POMALYST	5	PA LA
REVLIMID	5	PA LA
THALOMID	5	PA

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

Drug name	Drug tier	Requirements/Limits
<b>Antiestrogens/Modifiers</b>		
EMCYT	4	MO
FARESTON	5	MO
SOLTAMOX	4	MO
<i>tamoxifen citrate tabs</i>	2	MO GC
<b>Antimetabolites</b>		
<i>clofarabine</i>	5	
DEPOCYT	4	
DROXIA	3	MO
<i>fluorouracil inj 1gm/20ml, 5gm/100ml</i>	3	B/D
HYDREA	4	MO
<i>hydroxyurea caps</i>	2	MO GC
<i>mercaptopurine tabs</i>	4	MO
PURIXAN	5	
TABLOID	4	MO
<b>Antineoplastics, Other</b>		
ABRAXANE	5	B/D
<i>adrucil</i>	3	B/D
ALIMTA	5	B/D
ARRANON	5	
AVASTIN	5	PA LA
BICNU	5	B/D
BLEO 15K	5	B/D
<i>bleomycin sulfata</i>	4	B/D
<i>carboplatin</i>	3	
<i>cisplatin</i>	3	
<i>cladribine</i>	4	B/D
CLOLAR	5	
COSMEGEN	5	
<i>cytarabine aqueous</i>	4	B/D
<i>dacarbazine</i>	4	
<i>daunorubicin hcl inj 5mg/ml</i>	4	
<i>decitabine</i>	4	
<i>dexrazoxane</i>	4	
<i>docetaxel inj 20mg/ml</i>	4	B/D

\*You can find information on what the symbols and abbreviations on this table mean by 39 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>docetaxel liposomal inj</i> 160mg/16ml, 20mg/2ml, 80mg/8ml	5	
<i>docetaxel inj</i> 160mg/8ml, 80mg/4ml	5	B/D
<i>doxorubicin hcl liposome</i>	4	
<i>doxorubicin hcl inj</i> 10mg, 2mg/ml, 50mg	4	B/D
<i>epirubicin hcl inj</i> 200mg/100ml, 50mg/25ml	4	
ERBITUX	5	PA
ERWINAZE	5	PA
FASLODEX	5	B/D
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj</i> 2.5gm/50ml	3	B/D
FOLOTYN	5	
FUSILEV	5	B/D
<i>gemcitabine inj</i> 2gm/52.6ml	4	
<i>gemcitabine inj</i> 1gm/26.3ml, 200mg/5.26ml	5	
HALAVEN	5	PA
HERCEPTIN	5	PA
<i>idarubicin hcl</i>	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj</i> 1gm/20ml, 1gm, 3gm/60ml	4	
INTRON A W/DILUENT INJ 10MU	5	B/D
INTRON A INJ 10MU/ML, 18MU	5	B/D
<i>irinotecan</i>	4	
ISTODAX (OVERFILL)	5	B/D
IXEMPRA KIT	5	PA
KADCYLA	5	B/D
KISQALI	5	PA
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i> 100mg, 200mg, 350mg, 500mg, 50mg	4	
<i>levoleucovorin calcium inj</i> 175mg/17.5ml (10mg/ml)	5	B/D
LEVOLEUCOVORIN INJ 175MG	4	B/D

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



Drug name	Drug tier	Requirements/Limits
<i>levoleucovorin inj 50mg</i>	4	B/D
<i>levoleucovorin inj 250mg/25ml</i>	5	B/D
LONSURF	5	PA
MARQIBO	5	PA
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	3	
NINLARO	5	PA
NIPENT	5	B/D
ONCASPAR	5	
ONIVYDE	5	PA
<i>oxaliplatin</i>	4	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	4	
PERJETA	5	PA LA
PORTRAZZA	5	PA
PROLEUKIN	5	B/D
RUBRACA TABS 200MG, 300MG	5	QL (120 EA per 30 days) PA
RYDAPT	5	PA
SYNRIBO	5	PA
TAXOTERE INJ 80MG/4ML	5	B/D
THERACYS INJ 81MG/VIAL	4	
TICE BCG	4	
TRISENOX	5	B/D
UVADEX	4	
VALSTAR	5	
VECTIBIX	5	PA
VELCADE	5	PA
<i>vinblastine sulfate inj 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
YERVOY	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA LA
ZANOSAR	4	

\*You can find information on what the symbols and abbreviations on this table mean by 41 going to page 8.

Drug name	Drug tier	Requirements/Limits
ZEJULA	5	QL (90 EA per 30 days) PA
ZOLINZA	5	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	2	MO GC
ARIMIDEX	4	MO
AROMASIN	4	MO
<i>exemestane</i>	4	MO
FEMARA	4	MO
<i>letrozole</i>	2	MO GC
<b>Enzyme Inhibitors</b>		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	3	
KYPROLIS	5	PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	3	
<i>topotecan hcl</i>	5	
<b>Molecular Target Inhibitors</b>		
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA LA
ALUNBRIG	5	PA
BELEODAQ	5	PA
BOSULIF	5	PA
CABOMETYX	5	PA LA
CAPRELSA	5	PA LA
COMETRIQ	5	PA LA
COTELLIC	5	PA LA
CYRAMZA	5	PA
ERIVEDGE	5	PA LA
FARYDAK	5	PA LA
GILOTRIF	5	PA LA
GLEEVEC TABS 400MG	5	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	5	QL (90 EA per 30 days) PA
IBRANCE	5	PA LA
ICLUSIG	5	PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA

Drug name	Drug tier	Requirements/Limits
IMBRUVICA	5	PA LA
INLYTA	5	PA LA
IRESSA	5	PA LA MO
JAKAFI	5	PA LA
JEVANA	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LYNPARZA	5	PA LA
MEKINIST	5	PA LA
NEXAVAR	5	PA LA
ODOMZO	5	PA LA
SPRYCEL	5	PA
STIVARGA	5	PA LA
SUTENT	5	PA
TAFINLAR	5	PA LA
TAGRISO	5	PA LA
TARCEVA	5	PA LA
TASIGNA	5	PA
TORISEL	5	
TYKERB	5	PA LA
VENCLEXTA STARTING PACK	5	PA LA
VENCLEXTA TABS 10MG, 50MG	4	PA LA
VENCLEXTA TABS 100MG	5	PA LA
VOTRIENT	5	PA LA
XALKORI	5	PA LA
ZELBORAF	5	PA LA
ZYDELIG	5	PA LA
ZYKADIA	5	PA LA
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
ARZERRA INJ 1000MG/50ML	5	PA
ARZERRA INJ 100MG/5ML	5	PA LA
BAVENCIO	5	PA
BLINCYTO	5	PA LA

\*You can find information on what the symbols and abbreviations on this table mean by 43 going to page 8.

Drug name	Drug tier	Requirements/Limits
DARZALEX	5	PA
EMPLICITI	5	PA
GAZYVA	5	PA LA
IMFINZI	5	PA
KEYTRUDA	5	PA
LARTRUVO INJ 500MG/50ML	5	PA
OPDIVO	5	PA LA
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA LA
TECENTRIQ	5	PA LA
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA
PANRETIN	5	MO
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	MO
<b>Treatment Adjuncts</b>		
ELITEK	5	B/D
<i>mesna</i>	4	
MESNEX TABS	5	MO

## ANTIPARASITICS

### **Anthelmintics**

ALBENZA	5	MO
BILTRICIDE	3	MO
EMVERM	4	MO
<i>ivermectin tabs</i>	3	MO
STROMECTOL TABS 3MG	4	MO

### **Antiprotozoals**

ALINIA	4	MO
<i>atovaquone</i>	4	PA MO
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate tabs</i>	2	MO GC
COARTEM	4	MO
<i>hydroxychloroquine sulfate tabs</i>	3	MO
<i>mefloquine hcl</i>	3	MO
MEPRON SUSP	5	PA MO
NEBUPENT	4	B/D MO
PENTAM 300	4	MO

Drug name	Drug tier	Requirements/Limits
PLAQUENIL	4	MO
<i>primaquine phosphate tabs</i>	3	MO
QUALAQUIN	4	PA MO
<i>quinine sulfate caps 324mg</i>	4	PA MO
<b><i>Pediculicides/Scabicides</i></b>		
ELIMITE	4	MO
EURAX	4	MO
<i>lindane sham</i>	3	MO
<i>malathion</i>	4	MO
OVIDE	4	MO
<i>permethrin crea</i>	4	MO
<b>ANTIPARKINSON AGENTS</b>		
<b><i>Anticholinergics</i></b>		
<i>benztropine mesylate inj, tabs</i>	2	PA MO GC
COGENTIN INJ	4	PA
<i>trihexyphenidyl hcl</i>	2	PA MO GC
<b><i>Antiparkinson Agents, Other</i></b>		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl caps, syrp</i>	4	MO
COMTAN	4	MO
<i>entacapone</i>	4	MO
<b><i>Dopamine Agonists</i></b>		
APOKYN INJ	5	PA LA
<i>bromocriptine mesylate caps, tabs</i>	4	MO
MIRAPEX	4	ST MO
MIRAPEX ER	4	QL (30 EA per 30 days) ST MO
NEUPRO	4	MO
<i>pramipexole dihydrochloride er</i>	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO GC
REQUIP XL TB24 6MG	4	QL (120 EA per 30 days) MO
REQUIP XL TB24 4MG	4	QL (150 EA per 30 days) MO
REQUIP XL TB24 2MG	4	QL (30 EA per 30 days) MO
REQUIP XL TB24 12MG	4	QL (60 EA per 30 days) MO
REQUIP XL TB24 8MG	4	QL (90 EA per 30 days) MO
REQUIP TABS	4	MO
<i>ropinirole er tb24 6mg</i>	4	QL (120 EA per 30 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by 45 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ropinirole er tb24 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs</i>	2	MO GC

### **Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors**

<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>carbidopa/levodopa tabs</i>	2	MO GC
<i>carbidopa/levodopa/entacapone</i>	4	MO
<i>carbidopa tabs</i>	5	MO
DUOPA	5	B/D
LODOSYN	5	MO
RYTARY	4	MO
SINEMET	4	MO
SINEMET CR	4	MO
STALEVO 100	5	ST MO
STALEVO 150	5	ST MO
STALEVO 200	5	ST MO
STALEVO 50	4	ST MO

### **Monoamine Oxidase B (MAO-B) Inhibitors**

AZILECT	3	MO
ELDEPRYL CAPS	4	MO
<i>rasagiline mesylate tabs</i>	4	MO
<i>selegiline hcl caps, tabs</i>	2	MO GC
ZELAPAR	4	QL (60 EA per 30 days) MO

## **ANTIPSYCHOTICS**

### **1st Generation/Typical**

<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
<i>compro</i>	2	MO GC
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl conc, elix, tabs</i>	2	MO GC
<i>fluphenazine hcl inj</i>	4	MO
HALDOL DECANOATE 100 INJ	4	MO

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

Drug name	Drug tier	Requirements/Limits
HALDOL DECANOATE 50 INJ	4	MO
HALDOL INJ	4	MO
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
<i>haloperidol conc, tabs</i>	3	MO
<i>loxapine succinate caps</i>	3	MO
<i>molindone hydrochloride tabs 25mg</i>	3	QL (270 EA per 30 days) MO
<i>molindone hydrochloride tabs 10mg</i>	3	QL (60 EA per 30 days) MO
<i>molindone hydrochloride tabs 5mg</i>	3	QL (90 EA per 30 days) MO
<i>perphenazine tabs</i>	4	MO
<i>pimozide</i>	4	MO
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO GC
<i>prochlorperazine supp 25mg</i>	2	MO GC
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	PA MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	MO
<i>trifluoperazine hcl tabs</i>	4	MO
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 28 days)
FANAPT TITRATION PACK	4	ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST MO
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST MO
GEODON INJ	4	QL (6 EA per 3 days) MO
GEODON CAPS	4	QL (60 EA per 30 days) ST MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by 47 going to page 8.

Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
INVEGA TB24 1.5MG, 3MG, 9MG	4	QL (30 EA per 30 days) ST MO
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST MO
LATUDA TABS 20MG	4	QL (240 EA per 30 days) MO
LATUDA TABS 120MG, 40MG	4	QL (30 EA per 30 days) MO
LATUDA TABS 60MG, 80MG	4	QL (60 EA per 30 days) MO
NUPLAZID	5	QL (60 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	5	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	5	QL (60 EA per 30 days) MO
<i>quetiapine fumarate er tb24 50mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL (30 EA per 30 days) MO
<i>quetiapine fumarate er tb24 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI TABS 0.5MG	5	QL (180 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG	5	QL (360 EA per 30 days) MO
REXULTI TABS 2MG	5	QL (60 EA per 30 days) MO
REXULTI TABS 1MG	5	QL (90 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
RISPERDAL M-TAB TBDP 4MG	4	QL (120 EA per 30 days) MO
RISPERDAL M-TAB TBDP 1MG, 2MG	4	QL (60 EA per 30 days) MO
RISPERDAL M-TAB TBDP 0.5MG, 3MG	4	QL (90 EA per 30 days) MO
RISPERDAL SOLN	4	MO
RISPERDAL TABS 4MG	4	QL (120 EA per 30 days) MO
RISPERDAL TABS 1MG, 2MG	4	QL (60 EA per 30 days) MO
RISPERDAL TABS 0.25MG, 0.5MG, 3MG	4	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO GC
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO GC
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO GC
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO GC
SAPHRIS SUBL 5MG	4	QL (120 EA per 30 days) MO
SAPHRIS SUBL 2.5MG	4	QL (240 EA per 30 days) MO
SAPHRIS SUBL 10MG	4	QL (60 EA per 30 days) MO
VRAYLAR CPPK	4	PA MO
VRAYLAR CAPS 1.5MG	5	QL (120 EA per 30 days) PA MO
VRAYLAR CAPS 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 3MG	5	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by 49 going to page 8.

Drug name	Drug tier	Requirements/Limits
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
ZYPREXA ZYDIS	4	QL (30 EA per 30 days) ST MO
ZYPREXA INJ	4	MO
ZYPREXA TABS 10MG, 15MG, 20MG, 5MG, 7.5MG	4	QL (30 EA per 30 days) ST MO
ZYPREXA TABS 2.5MG	4	QL (60 EA per 30 days) ST MO
<b>Treatment-Resistant</b>		
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
CLOZARIL	4	ST
FAZACLO	4	ST
VERSACLOZ	5	QL (600 ML per 30 days) PA

## ANTISPASTICITY AGENTS

### Antispasticity Agents

<i>baclofen tabs</i>	2	MO GC
<i>dantrolene sodium caps</i>	4	MO
GABLOFEN INJ 10000MCG/20ML, 40000MCG/20ML, 50MCG/ML	4	B/D
LIORESAL INTRATHECAL	4	B/D
<i>tizanidine hcl tabs</i>	2	MO GC
<i>tizanidine hcl caps</i>	4	MO
ZANAFLEX CAPS	4	MO
ZANAFLEX TABS 4MG	4	MO

## ANTIVIRALS

### Anti-cytomegalovirus (CMV) Agents

<i>ganciclovir inj 500mg</i>	3	B/D
VALCYTE	5	MO
<i>valganciclovir hydrochloride soln</i>	5	MO
<i>valganciclovir tabs</i>	5	MO

### Anti-hepatitis B (HBV) Agents

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

Drug name	Drug tier	Requirements/Limits
<b>Anti-hepatitis C (HCV) Agents, Direct Acting Agents</b>		
EPCLUSA	5	QL (28 EA per 28 days) PA
HARVONI	5	QL (30 EA per 30 days) PA
<b>Anti-hepatitis C (HCV) Agents, Direct Acting</b>		
SOVALDI	5	QL (28 EA per 28 days) PA
<b>Anti-hepatitis C (HCV) Agents, Other</b>		
COPEGUS	5	
INTRON A INJ 50MU, 6000000UNIT/ML	5	B/D
<i>moderiba tabs 200mg</i>	3	
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
REBETOL SOLN	5	
RIBASPHERE RIBAPAK	4	
<i>ribasphere caps</i>	3	
RIBASPHERE TABS 400MG, 600MG	4	
<i>ribasphere tabs 200mg</i>	3	
<i>ribavirin caps 200mg</i>	3	
<i>ribavirin tabs 200mg</i>	3	
SYLATRON	5	PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
ATRIPLA	5	MO
GENVOYA	5	MO
ISENTRESS PACK	5	
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	5	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	5	MO
EDURANT	5	MO
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
<i>nevirapine er</i>	3	MO
<i>nevirapine susp</i>	3	

\*You can find information on what the symbols and abbreviations on this table mean by 51 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>nevirapine tabs</i>	3	MO
ODEFSEY	5	MO
RESCRIPTOR	4	MO
STRIBILD	5	MO
SUSTIVA TABS	5	MO
SUSTIVA CAPS 50MG	3	MO
SUSTIVA CAPS 200MG	5	MO
VIRAMUNE	4	MO
VIRAMUNE XR	4	MO
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir</i>	3	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	MO
<i>abacavir/lamivudine</i>	5	MO
DESCOVY	5	MO
<i>didanosine</i>	4	MO
EMTRIVA	3	MO
EPIVIR	4	MO
EPZICOM	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
RETROVIR IV INFUSION	3	
RETROVIR CAPS, SYRP	4	MO
<i>stavudine caps</i>	3	MO
TRIUMEQ	5	MO
TRUVADA TABS 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	5	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG	5	QL (60 EA per 30 days) MO
VIDEX EC	4	MO
VIDEX PEDIATRIC	4	MO
VIREAD	5	MO
ZERIT SOLR	4	MO
ZIAGEN SOLN	3	MO
<i>zidovudine</i>	3	MO
<b><i>Anti-HIV Agents, Other</i></b>		
FUZEON	5	

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

Drug name	Drug tier	Requirements/Limits
ISENTRESS HD	5	
SELZENTRY TABS 25MG	4	QL (240 EA per 30 days)
SELZENTRY TABS 150MG, 300MG	5	MO
SELZENTRY TABS 75MG	5	QL (60 EA per 30 days)
TYBOST	3	MO
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
CRIXIVAN CAPS 200MG, 400MG	4	MO
EVOTAZ	5	MO
INVIRASE	5	MO
KALETRA SOLN	5	MO
KALETRA TABS 100MG; 25MG	3	MO
KALETRA TABS 200MG; 50MG	5	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
<i>lopinavir/ritonavir</i>	4	MO
NORVIR CAPS	3	
NORVIR SOLN, TABS	3	MO
PREZCOBIX	5	MO
PREZISTA SUSP	5	MO
PREZISTA TABS 150MG, 75MG	3	MO
PREZISTA TABS 600MG, 800MG	5	MO
REYATAZ	5	MO
VIRACEPT	5	MO
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate</i>	4	MO
RELENZA DISKHALER	3	MO
<i>rimantadine hcl</i>	4	MO
TAMIFLU CAPS	3	MO
TAMIFLU SUSR 6MG/ML	3	MO
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps, tabs</i>	2	MO GC
<i>acyclovir susp</i>	3	MO
<i>acyclovir oint</i>	4	MO
DENAVIR	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 53 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
FAMVIR TABS 500MG	4	QL (21 EA per 30 days) MO
FAMVIR TABS 125MG, 250MG	4	QL (60 EA per 30 days) MO
<i>valacyclovir hcl</i>	3	MO
VALTrex	4	MO
ZOVIRAX CAPS, CREA, OINT, SUSP	4	MO

## ANXIOLYTICS

### **Anxiolytics, Other**

<i>buspirone hcl tabs</i>	2	MO GC
<i>meprobamate</i>	4	PA MO

### **Benzodiazepines**

<i>alprazolam er tb24 0.5mg, 1mg</i>	4	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	4	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	4	QL (90 EA per 30 days) MO
<i>alprazolam intensol oral soln conc</i>	4	QL (300 ML per 30 days) MO
<i>alprazolam odt tbdp 0.5mg, 1mg</i>	4	MO
<i>alprazolam odt tbdp 0.25mg</i>	4	QL (120 EA per 30 days) MO
<i>alprazolam odt tbdp 2mg</i>	4	QL (150 EA per 30 days) MO
<i>alprazolam immediate release tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>alprazolam immediate release tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>chlordiazepoxide hcl</i>	4	QL (120 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) MO
<i>diazepam intensol oral soln conc 5mg/ml</i>	3	MO
<i>diazepam inj 5mg/ml</i>	4	QL (240 ML per 30 days) MO
<i>diazepam oral soln 1mg/ml</i>	4	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>flurazepam hcl</i>	4	QL (30 EA per 30 days) MO
HALCION TABS 0.25MG	4	QL (60 EA per 30 days) MO
<i>lorazepam intensol oral soln conc</i>	2	QL (150 ML per 30 days) MO GC
<i>lorazepam inj 4mg/ml</i>	2	QL (120 ML per 30 days) GC

Drug name	Drug tier	Requirements/Limits
<i>lorazepam inj 2mg/ml</i>	2	QL (120 ML per 30 days) MO GC
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>lorazepam tabs 1mg</i>	2	QL (180 EA per 30 days) MO GC
<i>oxazepam</i>	4	QL (120 EA per 30 days) MO
RESTORIL	4	QL (30 EA per 30 days) MO
<i>temazepam</i>	4	QL (30 EA per 30 days) MO
TRANXENE T TABS 7.5MG	4	MO
<i>triazolam</i>	4	QL (60 EA per 30 days) MO
VALIUM TABS	4	QL (120 EA per 30 days) MO
XANAX XR TB24 0.5MG, 1MG	4	QL (30 EA per 30 days) ST MO
XANAX XR TB24 3MG	4	QL (60 EA per 30 days) ST MO
XANAX XR TB24 2MG	4	QL (90 EA per 30 days) ST MO
XANAX TABS 0.25MG, 0.5MG	4	QL (120 EA per 30 days) ST MO
XANAX TABS 1MG, 2MG	4	QL (150 EA per 30 days) ST MO

## BIPOLAR AGENTS

### *Mood Stabilizers*

EQUETRO	4	MO
<i>lithium carbonate er tabs</i>	4	MO
<i>lithium carbonate caps, tabs</i>	1	MO GC
<i>lithium oral soln</i>	3	MO
LITHOBID	4	MO

## BLOOD GLUCOSE REGULATORS

### *Antidiabetic Agents*

<i>acarbose</i>	1	QL (90 EA per 30 days) MO GC
ACTOPLUS MET IMMEDIATE RELEASE TABS	4	QL (90 EA per 30 days) MO
ACTOS	4	QL (30 EA per 30 days) MO
AMARYL	4	MO
AVANDIA TABS 2MG, 4MG	4	QL (60 EA per 30 days) MO
BYDUREON	3	QL (4 EA per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by 55 going to page 8.

Drug name	Drug tier	Requirements/Limits
CYCLOSET	4	QL (180 EA per 30 days) PA MO
DUETACT	4	QL (30 EA per 30 days) MO
FARXIGA TABS 10MG	3	QL (30 EA per 30 days) MO
FARXIGA TABS 5MG	3	QL (60 EA per 30 days) MO
FORTAMET TB24 1000MG	4	PA MO
<i>glimepiride</i>	1	MO GC
<i>glipizide er</i>	1	MO GC
<i>glipizide xl</i>	1	MO GC
<i>glipizide/metformin hcl</i>	1	MO GC
<i>glipizide tabs</i>	1	MO GC
GLUCOPHAGE	4	MO
GLUCOPHAGE XR	4	MO
GLUCOTROL	4	MO
GLUCOTROL XL	4	MO
GLUCOVANCE TABS 2.5MG; 500MG, 5MG; 500MG	4	PA MO
<i>glyburide micronized</i>	2	PA MO GC
<i>glyburide/metformin hcl</i>	2	PA MO GC
<i>glyburide tabs</i>	2	PA MO GC
GLYNASE	4	PA MO
INVOKAMET XR TB24 50MG; 500MG	3	QL (120 EA per 30 days) MO
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) MO
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) MO
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	3	QL (90 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO



Drug name	Drug tier	Requirements/Limits
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
KORLYM	5	PA LA
<i>metformin hcl er tb24 (generic Glucophage XR) 500mg, 750mg</i>	1	MO GC
<i>metformin hcl er tb24 (generic Fortamet) 500mg</i>	4	PA MO
<i>metformin hcl er tb24 (generic Glumetza) 500mg</i>	4	QL (150 EA per 30 days) PA MO
<i>metformin hcl tabs</i>	1	MO GC
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	MO GC
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO GC
PRANDIN TABS 0.5MG, 1MG	4	QL (120 EA per 30 days) MO
PRANDIN TABS 2MG	4	QL (240 EA per 30 days) MO
PRECOSE	4	QL (90 EA per 30 days) MO
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days) MO GC
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO GC
RIOMET	4	MO
STARLIX	4	MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
<i>tolazamide tabs 250mg, 500mg</i>	1	MO GC
<i>tolbutamide</i>	1	MO GC
TRADJENTA	3	QL (30 EA per 30 days) MO
TRULICITY	4	QL (4 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO

\*You can find information on what the symbols and abbreviations on this table mean by 57 going to page 8.

Drug name	Drug tier	Requirements/Limits
XIGDUO XR TB24 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
<b><i>Glycemic Agents</i></b>		
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT	3	MO
PROGLYCEM	4	MO
<b><i>Insulins</i></b>		
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA FLEXTOUCH	3	MO

### BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS

#### ***Hemostasis Agents***

LYSTEDA	4	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	4	
<i>tranexamic acid tabs</i>	4	QL (30 EA per 30 days) MO

### BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

#### ***Anticoagulants***

COUMADIN TABS	4	MO
ELIQUIS	3	MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
FRAGMIN INJ	4	MO

Drug name	Drug tier	Requirements/Limits
HEPARIN SODIUM/D5W INJ 100UNIT/ML	4	
<i>heparin sodium/d5w inj 40unit/ml, 50unit/ml</i>	4	
HEPARIN SODIUM/NACL 0.45%	4	
<i>heparin sodium inj 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	4	MO
<i>jantoven</i>	1	MO GC
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	4	MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML	5	MO
PRADAXA	4	MO
<i>warfarin sodium tabs</i>	1	MO GC
ZONTIVITY	4	
<b>Blood Formation Modifiers</b>		
<i>anagrelide hydrochloride</i>	3	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	4	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	4	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	4	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	4	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA

\*You can find information on what the symbols and abbreviations on this table mean by 59 going to page 8.

Drug name	Drug tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA
<i>azacitidine</i>	5	PA
GRANIX	5	PA
MOZOBIL	5	PA
NEULASTA INJ	5	PA
NEUPOGEN	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABS 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA TABS 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 75MG	5	QL (60 EA per 30 days) PA LA
PROMACTA TABS 50MG	5	QL (90 EA per 30 days) PA LA
<b><i>Platelet Modifying Agents</i></b>		
AGGRENEX	4	QL (60 EA per 30 days) ST MO
<i>aspirin/dipyridamole</i>	3	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>cilostazol</i>	1	MO GC
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) GC
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO GC
<i>dipyridamole tabs</i>	4	PA MO
DURLAZA	4	QL (30 EA per 30 days) MO
EFFIENT	4	MO
PLAVIX TABS 300MG	4	QL (2 EA per 365 days) ST
PLAVIX TABS 75MG	4	QL (30 EA per 30 days) ST MO

## CARDIOVASCULAR AGENTS

### ***Alpha-adrenergic Agonists***

CATAPRES TABS	4	MO
CATAPRES-TTS-1 PATCHES	4	QL (8 EA per 28 days) MO
CATAPRES-TTS-2 PATCHES	4	QL (8 EA per 28 days) MO
CATAPRES-TTS-3 PATCHES	4	QL (8 EA per 28 days) MO
<i>clonidine hcl immediate release tabs</i>	2	MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>clonidine hcl weekly patch</i>	3	QL (8 EA per 28 days) MO
<i>guanfacine hcl</i>	4	PA MO
<i>methyldopa tabs 250mg, 500mg</i>	4	PA MO
<i>midodrine hcl</i>	3	MO
NORTHERA	5	PA LA
TENEX	4	PA MO
<b>Alpha-adrenergic Blocking Agents</b>		
CARDURA	4	MO
<i>doxazosin mesylate tabs 4mg</i>	2	MO GC
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	MO GC
MINIPRESS	4	MO
<i>prazosin hcl caps</i>	3	MO
<i>terazosin hcl caps</i>	1	MO GC
<b>Angiotensin II Receptor Antagonists</b>		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO GC
<i>amlodipine/olmesartan medoxomil</i>	4	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz</i>	1	QL (30 EA per 30 days) MO GC
ATACAND	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) ST MO
AVALIDE	4	QL (30 EA per 30 days) ST MO
AVAPRO	4	QL (30 EA per 30 days) ST MO
AZOR	4	QL (30 EA per 30 days) ST MO
BENICAR	4	QL (30 EA per 30 days) MO
BENICAR HCT	4	QL (30 EA per 30 days) MO
<i>candesartan cilexetil</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/ hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/ hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	QL (60 EA per 30 days) MO GC
COZAAR TABS 100MG	4	QL (30 EA per 30 days) ST MO
COZAAR TABS 25MG, 50MG	4	QL (60 EA per 30 days) ST MO
DIOVAN HCT	4	QL (30 EA per 30 days) ST MO

\*You can find information on what the symbols and abbreviations on this table mean by 61 going to page 8.

Drug name	Drug tier	Requirements/Limits
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) ST MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO GC
EXFORGE	4	QL (30 EA per 30 days) ST MO
EXFORGE HCT	4	QL (30 EA per 30 days) ST MO
HYZAAR	4	QL (30 EA per 30 days) ST MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO GC
<i>irbesartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
MICARDIS	4	QL (30 EA per 30 days) ST MO
MICARDIS HCT	4	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
TRIBENZOR	4	QL (30 EA per 30 days) ST MO
TWYNSTA	4	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO GC
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO GC
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
ACCUPRIL	4	MO
ACCURETIC	4	MO
ALTACE CAPS	4	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO GC
<i>benazepril hcl tabs</i>	1	MO GC
<i>captopril/hydrochlorothiazide</i>	1	MO GC
<i>captopril tabs</i>	2	MO GC
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO GC

Drug name	Drug tier	Requirements/Limits
<i>enalapril maleate tabs</i>	1	MO GC
EPANED SOLN RECONSTITUTED	4	MO
<i>fosinopril sodium</i>	1	MO GC
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	MO GC
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC
<i>lisinopril tabs</i>	1	MO GC
LOTENSIN TABS 20MG, 40MG	4	MO
MAVIK TABS 1MG, 2MG	4	MO
<i>moexipril hcl</i>	1	MO GC
<i>moexipril/hydrochlorothiazide</i>	1	MO GC
<i>perindopril erbumine</i>	2	MO GC
PRINIVIL TABS 10MG, 20MG, 5MG	4	MO
<i>quinapril</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	2	MO GC
<i>ramipril</i>	1	MO GC
TARKA	4	MO
<i>trandolapril</i>	1	MO GC
<i>trandolapril/verapamil hcl er</i>	1	MO GC
VASOTEC	4	MO
ZESTORETIC	4	MO
ZESTRIL	4	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl tabs</i>	2	MO GC
<i>amiodarone hcl inj 50mg/ml</i>	4	
<i>disopyramide phosphate caps</i>	4	PA MO
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	MO
<i>lidocaine hcl in d5w inj 4mg/ml</i>	4	
<i>lidocaine hcl inj 20mg/ml</i>	4	
<i>lidocaine hcl inj 10mg/ml</i>	4	MO
<i>mexiletine hcl</i>	4	MO
MULTAQ	4	MO
NORPACE	4	PA MO
NORPACE CR	4	PA MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	2	GC

\*You can find information on what the symbols and abbreviations on this table mean by 63 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>propafenone hcl er caps</i>	4	MO
<i>propafenone hcl tabs</i>	3	MO
<i>quinidine gluconate cr tabs</i>	4	MO
<i>quinidine gluconate er tabs</i>	4	MO
<i>quinidine sulfate tabs</i>	2	MO GC
RYTHMOL SR	4	MO
<i>sorine</i>	1	GC
<i>sotalol af</i>	2	MO GC
<i>sotalol hcl</i>	1	MO GC
TIKOSYN	4	ST
<b><i>Beta-adrenergic Blocking Agents</i></b>		
<i>acebutolol hcl caps</i>	2	MO GC
<i>atenolol/chlorthalidone</i>	2	MO GC
<i>atenolol tabs</i>	1	MO GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO GC
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	MO GC
BYSTOLIC	4	MO
<i>carvedilol</i>	1	MO GC
COREG	4	MO
COREG CR	4	QL (30 EA per 30 days) MO
CORGARD TABS 20MG, 40MG, 80MG	4	MO
INDERAL LA	4	MO
INNOPRAN XL	4	MO
<i>labetalol hcl tabs</i>	3	MO
<i>labetalol hcl inj</i>	4	MO
LOPRESSOR TABS	4	MO
<i>metoprolol succinate er</i>	2	MO GC
<i>metoprolol tartrate tabs</i>	1	MO GC
<i>metoprolol tartrate inj</i>	4	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO GC
<i>nadolol/bendroflumethiazide</i>	3	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	4	MO
<i>pindolol tabs</i>	3	MO
<i>propranolol hcl er caps</i>	4	MO



Drug name	Drug tier	Requirements/Limits
<i>propranolol hcl oral soln, tabs</i>	2	MO GC
<i>propranolol hcl inj</i>	4	
<i>propranolol/hydrochlorothiazide</i>	2	MO GC
SECTRAL	4	MO
TENORMIN TABS	4	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO GC
TOPROL XL	4	ST MO
ZIAC	4	MO
<b>Calcium Channel Blocking Agents</b>		
ADALAT CC	4	MO
<i>afeditab cr</i>	4	
<i>amlodipine besylate/atorvastatin calcium</i>	2	MO GC
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate tabs</i>	1	MO GC
CADUET TABS 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG, 5MG; 10MG, 5MG; 20MG, 5MG; 40MG, 5MG; 80MG	4	ST MO
CALAN SR	4	MO
CALAN TABS 120MG, 80MG	4	MO
CARDIZEM CD CP24 120MG, 240MG, 360MG	4	MO
CARDIZEM LA	4	MO
CARDIZEM TABS 120MG, 30MG, 60MG	4	MO
<i>cartia xt</i>	2	GC
<i>dilt-xr cp24 180mg, 240mg</i>	2	GC
<i>dilt-xr cp24 120mg</i>	2	MO GC
<i>diltiazem cd cp24 180mg</i>	2	GC
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO GC
<i>diltiazem cd cp24 360mg</i>	2	MO GC
<i>diltiazem hcl er</i>	2	MO GC
<i>diltiazem hcl immediate release tabs</i>	2	MO GC

\*You can find information on what the symbols and abbreviations on this table mean by 65 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	4	
<i>felodipine er</i>	4	MO
<i>isradipine</i>	2	MO GC
LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 5MG; 20MG	4	QL (30 EA per 30 days) MO
<i>matzim la</i>	4	MO
<i>nicardipine hcl caps</i>	4	MO
<i>nifedical xl tb24 60mg</i>	4	
<i>nifedipine er</i>	4	MO
<i>nifedipine caps</i>	4	PA MO
<i>nimodipine caps</i>	4	MO
<i>nisoldipine er</i>	4	MO
NORVASC	4	MO
PROCARDIA XL	4	MO
PROCARDIA CAPS 10MG	4	PA MO
SULAR TB24 17MG, 34MG, 8.5MG	4	MO
<i>taztia xt</i>	2	GC
TIAZAC	4	MO
<i>verapamil hcl er tabs, caps</i>	2	MO GC
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO GC
<i>verapamil hcl sr cp24 360mg</i>	3	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO GC
<i>verapamil hcl tabs</i>	1	MO GC
<i>verapamil hcl inj</i>	4	MO
VERELAN	4	MO
VERELAN PM	4	MO
<b>Cardiovascular Agents, Other</b>		
CORLANOR	4	ST MO
DEMSEER	5	MO
<i>digitek</i>	3	
<i>digox</i>	3	
DIGOXIN ORAL SOLN	3	MO
<i>digoxin inj 0.25mg/ml</i>	4	MO
<i>digoxin tabs 125mcg, 250mcg</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
ENTRESTO	3	MO
LANOXIN PEDIATRIC	4	
LANOXIN INJ	4	MO
LANOXIN TABS 125MCG, 187.5MCG, 250MCG, 62.5MCG	4	MO
<i>pentoxifylline cr</i>	2	MO GC
<i>pentoxifylline er</i>	2	MO GC
RANEXA	3	MO
TEKTURNA	4	QL (30 EA per 30 days) MO
TEKTURNA HCT	4	QL (30 EA per 30 days) MO
<b><i>Diuretics, Carbonic Anhydrase Inhibitors</i></b>		
<i>acetazolamide er caps</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
DIAMOX SEQUELS ER CAPS	4	MO
<i>methazolamide</i>	4	MO
<b><i>Diuretics, Loop</i></b>		
<i>bumetanide inj, tabs</i>	3	MO
DEMADEX TABS 10MG, 20MG	4	MO
<i>furosemide oral soln, tabs</i>	1	MO GC
<i>furosemide inj</i>	3	MO
LASIX TABS	4	MO
<i>torseamide tabs</i>	2	MO GC
<b><i>Diuretics, Potassium-sparing</i></b>		
ALDACTONE	4	MO
<i>amiloride tabs</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
DYAZIDE	4	MO
DYRENIUM	4	MO
<i>eplerenone</i>	4	MO
INSPRA	4	MO
MAXZIDE	4	MO
MAXZIDE-25	4	MO
<i>spironolactone/ hydrochlorothiazide</i>	3	MO
<i>spironolactone tabs</i>	1	MO GC
<i>triamterene/hydrochlorothiazide</i>	1	MO GC

\*You can find information on what the symbols and abbreviations on this table mean by 67 going to page 8.

Drug name	Drug tier	Requirements/Limits
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide tabs</i>	3	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	2	MO GC
DIURIL SUSP	4	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO GC
<i>indapamide tabs</i>	2	MO GC
<i>methyclothiazide tabs</i>	3	MO
<i>metolazone</i>	3	MO
MICROZIDE	4	MO
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
ANTARA CAPS 30MG, 90MG	4	MO
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibrate tabs 120mg, 40mg</i>	4	MO
<i>fenofibrin acid dr caps</i>	4	MO
FENOFIBRIC ACID TABS 105MG	3	MO
<i>fenofibrin acid tabs 35mg</i>	3	MO
FENOGLIDE	4	MO
<i>gemfibrozil tabs</i>	2	MO GC
LIPOFEN	4	MO
LOFIBRA CAPS 134MG, 67MG	4	MO
LOPID TABS	4	MO
TRICOR TABS 145MG, 48MG	4	MO
TRIGLIDE TABS 160MG	4	MO
TRILIPIX	4	MO
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24 40MG	4	QL (30 EA per 30 days) ST MO
ALTOPREV TB24 20MG	4	QL (60 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
CRESTOR	4	QL (30 EA per 30 days) ST MO
<i>fluvastatin caps</i>	2	QL (60 EA per 30 days) MO GC
<i>fluvastatin er tabs</i>	2	QL (30 EA per 30 days) MO GC
LESCOL XL	4	QL (30 EA per 30 days) ST MO
LIPITOR	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
LIVALO	4	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO GC
PRAVACHOL TABS 20MG, 40MG, 80MG	4	QL (30 EA per 30 days) MO
<i>pravastatin sodium tabs 10mg</i>	1	MO GC
<i>pravastatin sodium tabs 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO GC
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>simvastatin tabs</i>	1	QL (30 EA per 30 days) MO GC
ZOCOR	4	QL (30 EA per 30 days) MO
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	4	MO
<i>cholestyramine pack, powd</i>	4	MO
COLESTID FLAVORED GRAN 5GM	4	MO
COLESTID GRAN, TABS	4	MO
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	4	QL (30 EA per 30 days) ST
JUXTAPID	5	PA LA
KYNAMRO	5	PA
LOVAZA	4	QL (120 EA per 30 days) MO
<i>niacin er tabs 500mg, 750mg, 1000mg</i>	4	MO
NIACOR	4	MO
NIASPAN TBCR 1000MG, 500MG, 750MG	4	ST MO
<i>omega-3-acid ethyl esters caps 1gm</i>	4	QL (120 EA per 30 days) MO
PRALUENT	5	PA
<i>prevalite</i>	4	MO
QUESTRAN PACK, POWD	4	MO
VASCEPA	4	MO
VYTORIN	4	QL (30 EA per 30 days) ST MO
WELCHOL	3	MO
ZETIA	3	MO
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
BIDIL	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 69 going to page 8.

Drug name	Drug tier	Requirements/Limits
ISORDIL TITRADOSE TABS 40MG, 5MG	4	MO
<i>isosorbide dinitrate er tabs 40mg</i>	2	MO GC
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	2	MO GC
<i>minitran</i>	3	
NITRO-BID	3	MO
NITRO-DUR	4	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin inj 5mg/ml</i>	4	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	4	MO
NITROLINGUAL PUMPSPRAY	4	MO
NITROMIST	4	MO
NITROSTAT SUBL	3	MO
<b><i>Vasodilators, Direct-acting Arterial</i></b>		
<i>hydralazine hcl tabs</i>	2	MO GC
<i>hydralazine hcl inj</i>	4	MO
<i>minoxidil tabs</i>	2	MO GC

## CENTRAL NERVOUS SYSTEM AGENTS

### ***Attention Deficit Hyperactivity Disorder Agents, Amphetamines***

ADDERALL XR	4	QL (30 EA per 30 days) PA MO
ADDERALL TABS 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	4	QL (60 EA per 30 days) PA MO
ADDERALL TABS 20MG	4	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine 24hr er caps</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) PA MO
DEXEDRINE SPANSULE CP24	4	QL (120 EA per 30 days) PA MO
<i>dexedrine tabs</i>	4	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er caps</i>	4	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>dextroamphetamine sulfate immediate release tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
PROCENTRA	4	QL (1800 ML per 30 days) PA MO
VYVANSE CHEW	4	QL (30 EA per 30 days) PA
VYVANSE CAPS	4	QL (30 EA per 30 days) PA MO
ZENZEDI TABS 15MG	4	QL (120 EA per 30 days) PA MO
ZENZEDI TABS 2.5MG	4	QL (180 EA per 30 days) PA MO
ZENZEDI TABS 7.5MG	4	QL (240 EA per 30 days) PA MO
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days) PA MO
ZENZEDI TABS 20MG	4	QL (90 EA per 30 days) PA MO
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days) PA
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
APTENSIO XR	4	QL (30 EA per 30 days) PA MO
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>clonidine hcl er</i>	4	MO
CONCERTA	4	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl tabs</i>	4	QL (60 EA per 30 days) PA MO
FOCALIN	4	QL (60 EA per 30 days) PA MO
FOCALIN XR	4	QL (30 EA per 30 days) PA MO
<i>guanfacine er</i>	3	QL (30 EA per 30 days) PA MO
INTUNIV	4	QL (30 EA per 30 days) ST MO
KAPVAY	4	MO
METADATE CD CAPS	4	QL (30 EA per 30 days) PA MO
<i>metadate er tabs 20mg</i>	4	QL (90 EA per 30 days) PA
METHYLIN SOLN 5MG/5ML	4	QL (1800 ML per 30 days) PA MO
METHYLIN SOLN 10MG/5ML	4	QL (900 ML per 30 days) PA MO
<i>methylphenidate hcl cd cpcr 10mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) PA MO

\*You can find information on what the symbols and abbreviations on this table mean by 71 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hcl er (la) caps</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr 20mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr 30mg</i>	4	QL (60 EA per 30 days) PA MO
<i>methylphenidate hcl er cpcr 20mg, 30mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tab 24hr</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tab (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tbcr 10mg, 20mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl immediate release tabs</i>	3	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl chew</i>	4	QL (180 EA per 30 days) PA MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) PA MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	QL (900 ML per 30 days) PA MO
QUILLICHEW ER 40MG	4	QL (30 EA per 30 days) PA MO
QUILLICHEW ER 30MG	4	QL (60 EA per 30 days) PA MO
QUILLICHEW ER 20MG	4	QL (90 EA per 30 days) PA MO
QUILLIVANT XR	4	PA MO
RITALIN	4	QL (90 EA per 30 days) PA MO
RITALIN LA CP24 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) PA MO
RITALIN LA CP24 30MG	4	QL (60 EA per 30 days) PA MO
STRATTERA CAPS 10MG, 18MG, 25MG	4	QL (120 EA per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 40MG	4	QL (60 EA per 30 days) MO
<b>Central Nervous System, Other</b>		
GRALISE	4	MO
GRALISE STARTER	4	QL (156 EA per 365 days) MO
NUDEXTA	4	PA MO
RILUTEK	5	MO
<i>riluzole</i>	4	MO



Drug name	Drug tier	Requirements/Limits
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
XENAZINE TABS 25MG	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	5	QL (90 EA per 30 days) PA LA
<b><i>Fibromyalgia Agents</i></b>		
SAVELLA	4	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	4	QL (110 EA per 365 days) PA MO
<b><i>Multiple Sclerosis Agents</i></b>		
AMPYRA	5	PA LA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
GILENYA	5	QL (28 EA per 28 days) PA
TYSABRI	5	PA LA

## DERMATOLOGICAL AGENTS

### ***Dental and Oral Agents***

<i>cevimeline hcl</i>	4	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO GC
<i>clinpro 5000</i>	4	MO
<i>dentagel</i>	4	MO
EVOXAC	4	MO
<i>oralone</i>	4	
<i>paroex</i>	1	GC
<i>periogard</i>	1	GC
<i>phos-flur gel</i>	4	
<i>pilocarpine hcl tabs 5mg</i>	4	MO
<i>pilocarpine hcl tabs 7.5mg</i>	4	MO
SALAGEN	4	MO
<i>sf gel 1.1%</i>	4	MO
<i>triamcinolone acetonide pste 0.1%</i>	4	MO
<i>triamcinolone in orabase</i>	4	MO

## DERMATOLOGICAL AGENTS

### ***Dermatological Agents***

<i>acitretin</i>	3	PA MO
ACZONE	4	MO
ALDARA	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 73 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ammonium lactate crea, lotn</i>	3	MO
ATRALIN	4	PA MO
AVITA CREA	4	PA
AVITA GEL	4	PA MO
BACTROBAN CREA	4	MO
<i>calcipotriene</i>	4	MO
<i>calcipotriene/betamethasone dipropionate oint</i>	4	QL (400 GM per 28 days) MO
<i>calcitrene</i>	4	MO
<i>calcitriol oint 3mcg/gm</i>	4	MO
CARAC	5	MO
<i>claravis</i>	4	
CLEOCIN-T	4	MO
CLINDACIN ETZ	3	MO
<i>clindacin etz pledgets kit</i>	3	MO
CLINDACIN PAC KIT 1%	3	MO
<i>clindacin-p pad 1%</i>	3	MO
CLINDAGEL	4	MO
<i>clindamycin phosphate foam 1%</i>	4	MO
<i>clindamycin phosphate gel 1%</i>	3	MO
<i>clindamycin phosphate lotn 1%</i>	4	MO
<i>clindamycin phosphate external soln 1%</i>	3	MO
<i>clindamycin phosphate swab 1%</i>	3	MO
<i>clindamycin/benzoyl peroxide</i>	4	MO
CONDYLOX GEL	4	MO
CORTISPORIN TOPICAL CREA, OINT	4	MO
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) MO
<i>diclofenac sodium gel 3%</i>	4	MO
DOVONEX CREA	4	MO
<i>doxepin hydrochloride 5% crea</i>	4	MO
DUAC	4	MO
EFUDEX CREA	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
<i>ery pad 2%</i>	4	MO
ERYGEL	4	MO
<i>erythromycin/benzoyl peroxide</i>	4	MO

Drug name	Drug tier	Requirements/Limits
<i>erythromycin gel 2%</i>	2	MO GC
<i>erythromycin pads 2%</i>	4	MO
<i>erythromycin soln 2%</i>	2	MO GC
EVOCLIN	4	MO
FINACEA	4	MO
<i>fluocinolone acetonide body</i>	4	MO
<i>fluocinolone acetonide scalp</i>	4	MO
<i>fluorouracil crea 0.5%, 5%</i>	4	MO
<i>fluorouracil external soln 2%, 5%</i>	4	MO
<i>gentamicin sulfate crea 0.1%</i>	3	MO
<i>gentamicin sulfate external oint 0.1%</i>	3	MO
<i>imiquimod crea</i>	3	MO
KLARON	4	MO
<i>methoxsalen caps</i>	5	MO
METROCREAM	4	MO
METROGEL 1% TOPICAL GEL	4	MO
METROLOTION	4	MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole topical gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin oint</i>	2	MO GC
<i>mupirocin crea</i>	4	MO
<i>myorisan</i>	4	
<i>neuac gel 1.2; 5%</i>	4	MO
NORITATE	4	MO
ORACEA	4	QL (30 EA per 30 days) ST MO
PICATO GEL 0.05%	5	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	5	QL (3 EA per 30 days) MO
<i>podofilox soln</i>	4	MO
PROTOPIC	4	QL (60 GM per 30 days) ST MO
PRUDOXIN	4	MO
RECTIV	4	MO
REGRANEX	5	PA MO
RETIN-A MICRO GEL	4	PA MO
RETIN-A MICRO GEL PUMP	4	PA MO

\*You can find information on what the symbols and abbreviations on this table mean by 75 going to page 8.

Drug name	Drug tier	Requirements/Limits
RETIN-A CREA, GEL	4	PA MO
<i>rosadan 0.75% crea, gel</i>	4	
SANTYL	4	MO
<i>selenium sulfide lotn</i>	2	MO GC
SILVADENE	4	MO
<i>silver sulfadiazine</i>	3	MO
<i>sodium sulfacetamide lotn 10%</i>	3	MO
SOLARAZE	5	MO
SORILUX	4	ST MO
SSD 1% CREA	3	
<i>sulfacetamide sodium lotn 10%</i>	3	MO
SULFAMYLON CREA	4	MO
SULFAMYLON PACK 5% SOLN	5	MO
TACLONEX OINT 0.064%; 0.005%	4	QL (400 GM per 28 days) ST MO
<i>tacrolimus oint 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
<i>tazarotene crea</i>	4	MO
TAZORAC	4	PA MO
TOLAK	4	MO
<i>tretinoin microsphere gel</i>	4	PA MO
<i>tretinoin microsphere pump gel</i>	4	PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA MO
VECTICAL	4	MO
<i>zenatane</i>	4	
ZONALON	4	MO
ZYCLARA CREA	4	QL (56 EA per 28 days) MO
ZYCLARA PUMP CREA 2.5%	4	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREA 3.75%	4	QL (30 GM per 28 days) MO

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### *Electrolyte/Mineral Replacement*

AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTES	4	B/D
AMINOSYN II 8.5%/ ELECTROLYTES	4	B/D
AMINOSYN II INJ 7%, 8.5%, 10%	4	B/D
AMINOSYN M INJ	4	B/D

Drug name	Drug tier	Requirements/Limits
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
AMINOSYN INJ 8.5%, 10%	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
<i>clinisol sf 15%</i>	4	B/D
DEXTROSE 10%/NAACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	4	
<i>dextrose 10%</i>	3	
DEXTROSE 10%/NAACL 0.2%	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	
DEXTROSE 20%	3	B/D
DEXTROSE 25%	3	B/D
DEXTROSE 30%	3	B/D
DEXTROSE 40%	3	B/D
<i>dextrose 5%</i>	3	MO
<i>dextrose 5%/lactated ringers</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NAACL 0.225%	4	
DEXTROSE 5%/NAACL 0.3%	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	MO
<i>dextrose 50%</i>	3	B/D
<i>dextrose 70%</i>	3	B/D
EFFERVESCENT POT CHLORIDE	3	MO
<i>fluor-a-day soln</i>	4	

\*You can find information on what the symbols and abbreviations on this table mean by 77 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>fluoride chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	MO GC
<i>fluoritab chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	GC
FREAMINE HBC 6.9%	4	B/D
HEPATAMINE	4	B/D
INTRALIPID	4	B/D
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S INJ	4	
K-TAB	4	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
KCL 0.15%/D5W/NACL 0.225% INJ 5%; 20MEQ/L; 0.225%	4	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO GC
KLOR-CON M15	4	MO
<i>klor-con m20</i>	2	MO GC
KLOR-CON POW 20MEQ	3	MO
<i>klor-con sprinkle</i>	2	MO GC
<i>klor-con/ef tabs</i>	3	MO
<i>lactated ringers viaflex inj</i>	4	
<i>ludent</i>	1	MO GC
<i>magnesium sulfate inj 50%</i>	4	MO
NEPHRAMINE	4	B/D
NORMOSOL-R IN D5W	4	
NORMOSOL-R INJ PH 7.4	4	
NUTRILIPID	4	B/D
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	

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

Drug name	Drug tier	Requirements/Limits
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride 0.15% d5w/ nacl 0.45%</i>	4	
<i>potassium chloride 0.22% d5w/ nacl 0.45%</i>	4	
<i>potassium chloride 0.224%d5w/ nacl 0.45% viaflex</i>	4	
<i>potassium chloride cr tbc 20meq</i>	2	MO GC
<i>potassium chloride cr tbc 10meq</i>	3	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	2	MO GC
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	2	MO GC
<i>potassium chloride sr tbc 8meq</i>	2	MO GC
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	4	
<i>potassium chloride/dextrose/ sodium chloride</i>	4	
POTASSIUM CHLORIDE/ DEXTROSE INJ 5%; 40MEQ/L	4	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
POTASSIUM CHLORIDE INJ 10MEQ/50ML	4	
<i>potassium chloride inj 20meq/100ml, 40meq/100ml</i>	4	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	4	MO
POTASSIUM CHLORIDE ORAL SOLN 20%	4	MO
<i>potassium chloride oral soln 10%</i>	4	MO
<i>potassium citrate er tabs</i>	4	MO
PREMASOL INJ 10%	4	B/D

\*You can find information on what the symbols and abbreviations on this table mean by 79 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>premasol inj 6%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>ringers injection</i>	3	
<i>sodium chloride 0.45% inj</i>	3	
<i>sodium chloride inj 0.9%</i>	3	MO
<i>sodium chloride inj 2.5meq/ml, 3%, 4meq/ml, 5%</i>	4	MO
<i>sodium fluoride chew 0.5 mg (1.1mg)</i>	1	MO GC
<i>sodium fluoride soln 0.5mg/ml (1.1mg/ml)</i>	4	MO
<i>sterile water irrigation</i>	3	MO
TPN ELECTROLYTES INJ	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CARNITOR	4	MO
CARNITOR SF	4	MO
CHEMET	4	MO
DEPEN TITRATABS	5	MO
EXJADE	5	PA LA
<i>fomepizole</i>	5	
KAYEXALATE	4	MO
<i>kionex powd</i>	3	
<i>kionex susp</i>	3	MO
<i>levocarnitine</i>	4	MO
<i>sodium bicarbonate inj</i>	4	MO
<i>sodium bicarbonate partial fill 4.2%</i>	4	MO
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO
<i>sodium polystyrene sulfonate rectal susp</i>	4	
<i>sps oral susp 15gm/60ml</i>	3	

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



Drug name	Drug tier	Requirements/Limits
SYPRINE	5	MO
<b>Phosphate Binders</b>		
AURYXIA	5	MO
<i>calcium acetate caps 667mg</i>	4	MO
<i>calcium acetate tabs 667mg</i>	4	MO
ELIPHOS	4	MO
PHOSLYRA	4	MO
RENAGEL TABS	4	ST MO
REVELA	3	MO
<b>Vitamins</b>		
BAL-CARE DHA	3	MO
CALCIUM PNV	3	MO
CITRANATAL 90 DHA	3	MO
CITRANATAL B-CALM	3	MO
CITRANATAL RX TABS	3	MO
COMPLETENATE	3	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
ENBRACE HR	3	MO
EXTRA-VIRT PLUS DHA	3	MO
FOCALGIN 90 DHA	3	MO
FOLET ONE	3	MO
FOLIVANE-OB	3	MO
HEMENATAL OB	3	MO
HEMENATAL OB + DHA	3	MO
<i>multi-vitamin/fluoride chew 0.5mg</i>	2	GC
<i>multi vitamin/fluoride chew 1mg</i>	2	MO GC
<i>multi-vit/fluoride drops 0.25 mg/ml</i>	2	MO GC
<i>multi-vit/iron/fluoride drops 0.25 mg/ml</i>	2	MO GC
<i>multi-vitamin/fluoride/iron drops 0.25 mg/ml</i>	2	MO GC
<i>multi-vitamin/fluoride drops 0.5 mg/ml</i>	2	MO GC
<i>multivitamin with fluoride chew 0.25mg</i>	2	MO GC
<i>mvc-fluoride</i>	2	MO GC

\*You can find information on what the symbols and abbreviations on this table mean by 81 going to page 8.

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

Drug name	Drug tier	Requirements/Limits
PRENAISSANCE	3	MO
PRENAISSANCE PLUS	3	MO
PRENATA	3	MO
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	3	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	3	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	3	MO
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	3	MO
PRENATE	3	MO
PRENATE AM	3	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	3	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	3	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	3	

\*You can find information on what the symbols and abbreviations on this table mean by 83 going to page 8.

Drug name	Drug tier	Requirements/Limits
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	3	MO
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	3	MO
PRENATE PIXIE	3	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	3	MO
PREQUE 10	3	
PRETAB	3	
PROVIDA DHA	3	MO
PUREFE OB PLUS	3	
RELNATE DHA	3	MO
SE-NATAL 19	3	MO
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	3	MO
TARON-PREX	3	MO
THRIVITE RX	3	MO
TL-SELECT	3	MO
TRI-VIT/FLUORIDE/IRON	4	MO
<i>tri-vit/fluoride soln 0.5mg/ml</i>	4	MO
<i>tri-vitamin/fluoride soln 0.25mg/ml</i>	4	MO
TRIADVANCE	3	
TRICARE PRENATAL DHA ONE	3	MO
TRICARE PRENATAL TABS	3	MO
TRICARE PRENATAL CHEW	3	
TRINATAL GT	3	MO
TRINATAL RX 1	3	MO
TRISTART DHA	3	MO

Drug name	Drug tier	Requirements/Limits
TRIVEEN-PRX RNF	3	MO
ULTIMATECARE ONE NF	3	MO
VEMAVITE-PRX 2	3	MO
VENA-BAL DHA	3	MO
VIRT-ADVANCE	3	MO
VIRT-C DHA	3	MO
VIRT-PN	3	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	3	MO
VIRT-PN PLUS	3	MO
VIRT-SELECT	3	MO
VITAFOL FE+	3	MO
VITAFOL GUMMIES	3	MO
VITAFOL-ONE	3	MO
VITAMEDMD ONE RX/ QUATREFOLIC	3	MO
<i>vitamins a/d/c/fluoride</i>	4	
VOL-NATE	3	MO
VOL-PLUS	3	MO
VP-CH-PNV	3	MO
VP-HEME ONE	3	MO
VP-PNV-DHA	3	MO
ZATEAN-CH	3	
ZATEAN-PN DHA	3	MO
ZATEAN-PN PLUS	3	MO

## GASTROINTESTINAL AGENTS

### *Antispasmodics, Gastrointestinal*

ATROPINE SULFATE INJ 0.25MG/5ML	4	
BENTYL CAPS, INJ	4	MO
CUVPOSA	4	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl caps, tabs</i>	1	MO GC
<i>dicyclomine hcl oral soln</i>	3	MO
<i>dicyclomine hcl inj</i>	4	
<i>glycopyrrolate tabs</i>	3	MO
<i>glycopyrrolate inj 0.4mg/2ml</i>	4	

\*You can find information on what the symbols and abbreviations on this table mean by 85 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	MO
ROBINUL FORTE	4	MO
ROBINUL TABS	4	MO
<b>Gastrointestinal Agents, Other</b>		
ACTIGALL	4	MO
<i>cromolyn sodium conc oral soln 100mg/5ml</i>	4	MO
<i>diphenatol</i>	3	
<i>diphenoxylate/atropine</i>	3	MO
GASTROCROM CONC	4	MO
GATTEX	5	PA LA
<i>gavilyte-h</i>	3	
LOMOTIL TABS	4	MO
<i>loperamide hcl caps</i>	3	MO
<i>metoclopramide hcl tabs</i>	2	MO GC
<i>metoclopramide hcl inj, oral soln</i>	4	MO
<i>metoclopramide odt</i>	4	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
REGLAN TABS	4	MO
RELISTOR INJ	5	PA MO
URSO 250	4	MO
URSO FORTE	4	MO
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO
<b>Histamine2 (H2) receptor Antagonists</b>		
<i>cimetidine hcl oral soln</i>	4	MO
<i>cimetidine tabs</i>	4	MO
<i>famotidine premixed inj 20mg/50ml</i>	4	
<i>famotidine inj 200mg/20ml, 40mg/4ml</i>	4	
<i>famotidine inj 20mg/2ml</i>	4	MO
<i>famotidine susr 40mg/5ml</i>	3	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO GC
<i>nizatidine</i>	4	MO

Drug name	Drug tier	Requirements/Limits
PEPCID SUSR	4	MO
<i>ranitidine hcl caps, syrp</i>	2	MO GC
<i>ranitidine hcl inj 150mg/6ml</i>	4	
<i>ranitidine hcl inj 50mg/2ml</i>	4	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO GC
ZANTAC TABS 150MG, 300MG	4	MO
ZANTAC INJ 25MG/ML	4	
ZANTAC INJ 50MG/2ML	4	MO
<b><i>Irritable Bowel Syndrome Agents</i></b>		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) MO
AMITIZA	3	QL (60 EA per 30 days) MO
LINZESS CAPS 290MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPS 145MCG	3	QL (60 EA per 30 days) MO
LOTRONEX	5	QL (60 EA per 30 days) ST MO
<b><i>Laxatives</i></b>		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-c</i>	2	MO GC
<i>gavilyte-g</i>	2	MO GC
<i>gavilyte-n/flavor pack</i>	2	GC
<i>generlac</i>	2	MO GC
GOLYTELY	3	MO
KRISTALOSE	4	MO
<i>lactulose soln</i>	2	MO GC
MOVIPREP	4	MO
NULYTELY/FLAVOR PACKS	3	MO
OSMOPREP	4	MO
<i>peg-3350/electrolytes</i>	2	MO GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO GC
<i>polyethylene glycol 3350 pack, powd</i>	2	MO GC
PREPOPIK	4	MO
SUPREP BOWEL PREP KIT	4	MO
<i>trilyte</i>	2	GC
<b><i>Protectants</i></b>		
CARAFATE	4	MO
CYTOTEC	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 87 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>misoprostol</i>	3	MO
SUCRALFATE SUSP	3	MO
<i>sucralfate tabs</i>	2	MO GC
<b>Proton Pump Inhibitors</b>		
ACIPHEX TABS	4	ST MO
DEXILANT	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>lansoprazole caps dr</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO GC
PREVACID SOLUTAB	4	QL (30 EA per 30 days) ST MO
PREVACID CAPS DR	4	QL (30 EA per 30 days) ST MO
PRILOSEC POWDER PACK 10MG	4	QL (120 EA per 30 days) ST MO
PRILOSEC POWDER PACK 2.5MG	4	QL (90 EA per 30 days) ST MO
PROTONIX PACK	4	QL (30 EA per 30 days) ST MO
PROTONIX INJ	4	ST
PROTONIX TBEC 20MG	4	QL (30 EA per 30 days) ST MO
PROTONIX TBEC 40MG	4	QL (60 EA per 30 days) ST MO
<i>rabeprazole sodium tabs</i>	4	ST MO
ZEGERID	5	QL (30 EA per 30 days) ST MO

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

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

ADAGEN	5	PA LA
ALDURAZYME	5	PA LA
ARALAST NP INJ 1000MG	5	PA
ARALAST NP INJ 500MG	5	PA LA
BUPHENYL TABS	5	PA LA
CARBAGLU	5	PA LA
CERDELGA	5	PA
CEREZYME	5	PA LA



Drug name	Drug tier	Requirements/Limits
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
CYSTADANE	5	LA
CYSTAGON	4	PA LA
FABRAZYME	5	PA LA
KUVAN	5	PA LA
LUMIZYME	5	PA LA
NAGLAZYME	5	PA LA
ORFADIN CAPS 20MG	5	PA
ORFADIN CAPS 10MG, 2MG, 5MG	5	PA LA
PROLASTIN-C	5	PA LA MO
RAVICTI	5	PA
<i>sodium phenylbutyrate powd</i>	5	PA
ZAVESCA	5	PA LA
ZEMAIRA	5	PA LA
ZENPEP	4	MO

## GENITOURINARY AGENTS

### *Antispasmodics, Urinary*

<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
DETROL LA CAPS	4	QL (30 EA per 30 days) MO
DETROL TABS	4	QL (60 EA per 30 days) MO
DITROPAN XL TB24 5MG	4	QL (30 EA per 30 days) MO
DITROPAN XL TB24 10MG, 15MG	4	QL (60 EA per 30 days) MO
ENABLEX	4	QL (30 EA per 30 days) MO
<i>flavoxate hcl</i>	4	MO
GELNIQUE GEL 10%	4	QL (30 GM per 30 days) MO
MYRBETRIQ TB24 50MG	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24 25MG	4	QL (60 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO GC

\*You can find information on what the symbols and abbreviations on this table mean by 89 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO GC
OXYTROL	4	QL (8 EA per 28 days) MO
<i>tolterodine tartrate er caps</i>	4	QL (30 EA per 30 days) MO
<i>tolterodine tartrate tabs</i>	4	QL (60 EA per 30 days) MO
TOVIAZ	3	QL (30 EA per 30 days) MO
<i>trospium chloride er caps</i>	2	QL (30 EA per 30 days) MO GC
<i>trospium chloride tabs</i>	2	QL (60 EA per 30 days) MO GC
VESICARE	4	QL (30 EA per 30 days) MO
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	4	QL (30 EA per 30 days) MO
AVODART	4	QL (30 EA per 30 days) MO
CARDURA XL	4	QL (60 EA per 30 days) MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO GC
FLOMAX	4	QL (60 EA per 30 days) MO
JALYN	4	QL (30 EA per 30 days) MO
PROSCAR	4	QL (30 EA per 30 days) MO
RAPAFLO	4	QL (30 EA per 30 days) MO
<i>tamsulosin hcl</i>	2	QL (60 EA per 30 days) MO GC
UROXATRAL	4	QL (30 EA per 30 days) MO
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% irrigation soln</i>	3	MO
<i>bethanechol chloride tabs</i>	3	MO
ELMIRON	4	MO
<i>sodium chloride 0.9% irrigation soln</i>	3	MO
URECHOLINE TABS	4	MO

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

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

ALA SCALP	4	MO
<i>ala-cort cream</i>	1	GC
<i>alclometasone dipropionate</i>	4	MO
ANUSOL-HC CREA	4	MO
APEXICON E	4	MO

Drug name	Drug tier	Requirements/Limits
<i>augmented betamethasone dipropionate crea</i>	3	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>budesonide cpep 3mg</i>	5	MO
CAPEX	4	MO
<i>clobetasol propionate emollient crea</i>	4	MO
<i>clobetasol propionate emollient foam</i>	4	MO
<i>clobetasol propionate crea</i>	3	MO
<i>clobetasol propionate foam, gel, spray, lotn, oint, sham, soln</i>	4	MO
CLOBEX	4	MO
<i>clodan shampoo</i>	4	
CLODERM	4	MO
CLODERM PUMP	4	MO
<i>colocort</i>	4	
CORDRAN TAPE	4	MO
<i>cormax scalp application</i>	4	
CORTEF TABS	4	MO
<i>cortisone acetate tabs 25mg</i>	3	MO
CUTIVATE LOTN	4	MO
<i>deltasone tabs 20mg</i>	1	GC
DEPO-MEDROL	4	MO
DESONATE	4	MO
<i>desonide crea, lotn, oint</i>	4	MO
DESOWEN CREA, LOTN	4	MO
<i>desoximetasone crea, gel, oint</i>	4	MO
<i>dexamethasone intensol oral soln conc</i>	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	

\*You can find information on what the symbols and abbreviations on this table mean by 91 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone elix, soln</i>	2	MO GC
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	MO GC
DEXPAK 13 DAY TBPk	4	MO
<i>diflorasone diacetate</i>	4	MO
ELOCON CREA, OINT	4	MO
ENTOCORT EC	5	MO
<i>fludrocortisone acetate tabs</i>	2	MO GC
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	MO
<i>fluocinolone acetonide oint 0.025%</i>	4	MO
<i>fluocinolone acetonide topical soln 0.01%</i>	4	MO
<i>fluocinonide emulsified base crea</i>	4	MO
<i>fluocinonide crea 0.05%</i>	4	MO
<i>fluocinonide gel, oint, soln</i>	4	MO
<i>flurandrenolide crea</i>	4	MO
<i>fluticasone propionate crea 0.05%</i>	3	MO
<i>fluticasone propionate lotn 0.05%</i>	4	MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate crea, oint</i>	4	MO
HALOG OINT	4	MO
HALOG CREA 0.1%	4	MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	4	MO
<i>hydrocortisone butyrate crea, oint, soln</i>	4	MO
<i>hydrocortisone in absorbase oint</i>	1	MO GC
<i>hydrocortisone valerate crea, oint</i>	4	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO GC
<i>hydrocortisone enem</i>	2	MO GC
<i>hydrocortisone tabs</i>	3	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO GC

Drug name	Drug tier	Requirements/Limits
KENALOG-10	4	MO
KENALOG-40	4	MO
KENALOG AERS	4	MO
LOCOID CREAM	4	MO
<i>lokara</i>	4	
MEDROL DOSEPAK	4	MO
MEDROL TABS 16MG, 2MG, 32MG, 4MG, 8MG	4	MO
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	2	MO GC
<i>methylprednisolone dose pack tbpk</i>	2	MO GC
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	4	MO
<i>methylprednisolone tabs</i>	2	MO GC
MILLIPRED TABS, SOLN SOLN	4	
MILLIPRED TABS, SOLN TABS	4	MO
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate lotn 0.1%</i>	3	MO
OLUX	4	MO
ORAPRED ODT	4	MO
<i>prednicarbate oint, emollient crea</i>	4	MO
<i>prednisolone sodium phosphate odt</i>	4	MO
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml</i>	2	MO GC
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral soln 5mg/5ml</i>	3	MO
<i>prednisolone oral soln</i>	3	MO
<i>prednisolone oral syrp 15mg/5ml</i>	3	MO
<i>prednisone intensol oral soln conc</i>	3	B/D MO
<i>prednisone soln, tbpk</i>	1	MO GC
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO GC
<i>procto-med hc</i>	4	

\*You can find information on what the symbols and abbreviations on this table mean by 93 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>procto-pak</i>	4	MO
<i>proctosol hc topical crea</i>	4	MO
<i>proctozone-hc</i>	4	MO
PSORCON CREA	4	MO
RAYOS	5	MO
SOLU-CORTEF INJ 250MG	4	MO
SOLU-MEDROL INJ 2GM	4	
SOLU-MEDROL INJ 125MG, 500MG	4	MO
SYNALAR CREAM KIT	4	MO
SYNALAR CREA	4	MO
TACLONEX SUSP 0.064%; 0.005%	4	ST MO
TEMOVATE OINT	4	MO
TOPICORT	4	MO
<i>triamcinolone acetonide topical spray 0.147mg/gm</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	MO GC
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO GC
TRIANEX	4	MO
<i>triderm crea</i>	4	
UCERIS FOAM	4	MO
UCERIS TABS 24HR	5	MO
ULTRAVATE CREA, OINT	4	MO
ULTRAVATE LOTN	5	QL (120 ML per 30 days) MO
VANOS	4	MO
VERIPRED 20	4	

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

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

DDAVP NASAL SOLN, TABS	4	MO
DDAVP INJ 4MCG/ML	4	MO
<i>desmopressin acetate nasal soln, tabs</i>	3	MO
<i>desmopressin acetate inj</i>	4	MO
GENOTROPIN	5	PA

Drug name	Drug tier	Requirements/Limits
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
NORDITROPIN FLEXPRO	5	PA
STIMATE SOLN	4	

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

#### **Anabolic Steroids**

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

#### **Androgens**

ANDRODERM PATCH 2MG/24HR, 4MG/24HR	4	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP GEL 1.62%	4	PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	4	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	4	QL (300 GM per 30 days) PA MO
AXIRON	3	QL (440 ML per 30 days) PA MO
<i>danazol caps</i>	4	MO
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML	4	PA MO
FORTESTA	4	QL (120 GM per 30 days) PA MO
NATESTO	4	QL (24 GM per 30 days) PA MO
STRIANT	4	QL (60 EA per 30 days) PA MO
TESTIM	4	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	MO
<i>testosterone enanthate inj</i>	4	MO
<i>testosterone gel 12.5mg/act pump</i>	4	QL (300 GM per 30 days) PA MO

\*You can find information on what the symbols and abbreviations on this table mean by 95 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>testosterone gel pump 10mg/act</i>	4	QL (120 GM per 30 days) PA MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	QL (300 GM per 30 days) PA MO
VOGELXO	4	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	4	QL (300 GM per 30 days) PA MO
<b>Estrogens</b>		
ACTIVELLA	4	PA MO
ALORA	4	QL (8 EA per 28 days) PA MO
<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	3	
<i>amethia</i>	2	GC
AMETHIA LO	3	
ANGELIQ	4	PA MO
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>ashlyna</i>	2	GC
<i>aubra</i>	2	GC
<i>aviane</i>	2	GC
<i>azurette</i>	3	
<i>balziva</i>	2	GC
<i>bekyree</i>	2	GC
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30</i>	2	GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	2	GC
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	GC
<i>chateal</i>	3	
CLIMARA	4	QL (4 EA per 28 days) PA MO
COMBIPATCH	4	QL (8 EA per 28 days) PA MO
<i>cryselle-28</i>	2	MO GC
<i>cyclafem 1/35</i>	2	MO GC
<i>cyclafem 7/7/7</i>	3	MO
<i>cyred</i>	3	



Drug name	Drug tier	Requirements/Limits
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	MO
DELESTROGEN	4	MO
<i>delyla</i>	2	GC
DEPO-ESTRADIOL INJ 5MG/ML	4	MO
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	MO GC
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	3	MO
DIVIGEL	4	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO GC
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	MO GC
ELESTRIN	4	MO
<i>elinest</i>	3	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	3	MO
<i>estarylla</i>	3	
ESTRACE CREA	4	MO
ESTRACE TABS	4	PA MO
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	4	MO
<i>estradiol tabs</i>	3	PA MO
<i>estradiol weekly patch</i>	3	QL (4 EA per 28 days) PA MO
<i>estradiol twice weekly patch</i>	3	QL (8 EA per 28 days) PA MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>estropipate tabs</i>	4	PA MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO GC
EVAMIST	4	QL (16.2 ML per 30 days) MO
<i>falmina</i>	2	GC
<i>fayosim</i>	2	MO GC
FEMHRT LOW DOSE	4	PA MO
<i>femynor</i>	3	
GIANVI	3	
<i>gildagia</i>	2	GC

\*You can find information on what the symbols and abbreviations on this table mean by 97 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>introvale</i>	2	GC
JOLESSA	3	
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	MO GC
<i>junel fe 1/20</i>	2	MO GC
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	MO
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	MO GC
<i>kimidess</i>	2	GC
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia</i>	2	GC
LAYOLIS FE	3	
LEENA	3	MO
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	MO GC
<i>levonorgestrel and ethinyl estradiol tabs</i>	3	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg; 20mcg; 0.1mg</i>	2	MO GC
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	3	MO
<i>levora 0.15/30-28</i>	2	GC
<i>lomedica 24 fe</i>	3	
<i>loryna</i>	2	MO GC
<i>low-ogestrel</i>	2	GC
<i>lutera</i>	2	GC
<i>marlissa</i>	2	MO GC

Drug name	Drug tier	Requirements/Limits
MENOSTAR	4	QL (4 EA per 28 days) PA MO
<i>mibelas 24 fe</i>	2	MO GC
MICROGESTIN 1.5/30	3	MO
MICROGESTIN 1/20	3	
MICROGESTIN 24 FE	3	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
MINIVELLE	4	QL (8 EA per 28 days) PA MO
<i>mono-linyah</i>	3	
MONONESSA	3	
<i>myzilra</i>	3	MO
<i>necon 0.5/35-28</i>	2	GC
<i>necon 1/35</i>	3	
NECON 10/11-28	3	
NECON 7/7/7	3	
<i>nikki</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	MO GC
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO GC
<i>norgestimate/ethinyl estradiol tabs</i>	3	MO
<i>nortrel 0.5/35 (28)</i>	2	MO GC
<i>nortrel 1/35</i>	2	GC
<i>nortrel 7/7/7</i>	3	
NUVARING	4	MO
OCELLA	3	
<i>orsythia</i>	2	GC
ORTHO TRI-CYCLEN LO	4	MO
<i>philith</i>	3	
<i>pimtrea</i>	2	GC
<i>pirmella 1/35</i>	2	GC
<i>pirmella 7/7/7</i>	3	MO
<i>portia-28</i>	2	GC
PREMARIN CREA	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 99 going to page 8.

Drug name	Drug tier	Requirements/Limits
PREMPHASE	4	PA MO
PREMPRO	4	PA MO
<i>previfem</i>	3	MO
<i>quasense</i>	2	GC
<i>rajani</i>	3	
<i>reclipsen</i>	2	GC
RIVELSA	3	
SEASONIQUE	4	MO
<i>setlakin</i>	2	GC
<i>sprintec 28</i>	3	
<i>sronyx</i>	2	MO GC
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	GC
TILIA FE	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	MO
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-sprintec</i>	3	MO
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	MO
TRINESSA	3	
TRINESSA LO	3	
<i>trivora-28</i>	2	GC
VAGIFEM TABS 10MCG	4	MO
<i>velivet</i>	2	MO GC
<i>vestura</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	3	MO
VIVELLE-DOT	4	QL (8 EA per 28 days) PA MO
<i>vyfemla</i>	2	MO GC
<i>wera</i>	3	
<i>wymzya fe</i>	2	MO GC
XULANE	4	MO
YASMIN 28	4	MO
<i>yuvafem</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>zarah</i>	2	GC
<i>zenchent</i>	2	GC
<i>zenchent fe</i>	2	GC
<i>zovia 1/35e</i>	2	GC
<i>zovia 1/50e</i>	2	MO GC
<b>Progestins</b>		
AYGESTIN	4	MO
<i>camila</i>	3	MO
CRINONE	4	PA MO
<i>deblitane</i>	3	
DEPO-PROVERA INJ 150MG/ML VIAL	4	MO
DEPO-PROVERA INJ 400MG/ML	4	B/D
DEPO-SUBQ PROVERA 104	4	MO
<i>errin</i>	3	
<i>heather</i>	3	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA
<i>jencycla</i>	3	
JOLIVETTE	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tabs</i>	2	MO GC
<i>medroxyprogesterone acetate inj</i>	4	MO
MEGACE ES ORAL SUSP 625MG/5ML	4	PA MO
MEGACE ORAL SUSP 40MG/ML	4	PA MO
<i>megestrol acetate tabs</i>	3	PA MO
<i>megestrol acetate susp 40mg/ml</i>	3	PA MO
<i>megestrol acetate susp 625mg/5ml</i>	4	PA MO
<i>nora-be</i>	3	
<i>norethindrone acetate tabs 5mg</i>	2	MO GC
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norlyroc</i>	3	
<i>progesterone caps, inj</i>	4	MO
PROMETRIUM	4	MO
PROVERA	4	MO
<i>sharobel</i>	3	

\*You can find information on what the symbols and abbreviations on this table mean by 101 going to page 8.

Drug name	Drug tier	Requirements/Limits
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**Selective Estrogen Receptor Modifying Agents**

<i>raloxifene hydrochloride</i>	3	MO
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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)**

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

CYTOMEL	4	MO
LEVOTHYROXINE SODIUM INJ	4	MO
<i>levothyroxine sodium tabs</i>	1	MO GC
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	MO
<i>liothyronine sodium tabs</i>	2	MO GC
<i>liothyronine sodium inj</i>	5	
SYNTHROID TABS	4	MO
TIROSINT	4	MO
TRIOSTAT	5	
UNITHROID	3	

**HORMONAL AGENTS, SUPPRESSANT (ADRENAL)**

**Hormonal Agents, Suppressant (Adrenal)**

LYSODREN	3	MO
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**HORMONAL AGENTS, SUPPRESSANT (PITUITARY)**

**Hormonal Agents, Suppressant (Pituitary)**

<i>cabergoline</i>	4	MO
ELIGARD	4	PA
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
<i>leuprolide acetate inj</i>	3	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
<i>octreotide acetate</i>	4	PA
SANDOSTATIN LAR DEPOT	5	PA

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

Drug name	Drug tier	Requirements/Limits
SIGNIFOR 0.3MG/ML, 0.6MG/ML, 0.9MG/ML.	5	PA LA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR	5	PA
TRELSTAR MIXJECT	5	PA
ZOLADEX	4	

### HORMONAL AGENTS, SUPPRESSANT (THYROID)

#### **Antithyroid Agents**

<i>methimazole tabs 10mg, 5mg</i>	2	MO GC
<i>propylthiouracil tabs</i>	3	MO
TAPAZOLE	4	MO

### IMMUNOLOGICAL AGENTS

#### **Angioedema Agents**

CINRYZE	5	PA LA
FIRAZYR	5	PA

#### **Immune Suppressants**

ASTAGRAF XL	4	B/D MO
AZASAN	4	B/D MO
<i>azathioprine tabs</i>	3	B/D MO
<i>azathioprine inj</i>	4	B/D
<i>cyclosporine modified caps, soln</i>	4	B/D MO
<i>cyclosporine inj</i>	3	B/D
<i>cyclosporine caps</i>	4	B/D MO
ENVARUSUS XR	4	B/D MO
<i>engraf caps</i>	4	B/D
<i>engraf soln</i>	4	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
IMURAN TABS	4	B/D MO

\*You can find information on what the symbols and abbreviations on this table mean by 103 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methotrexate sodium inj</i> 100mg/4ml, 1gm/40ml, 1gm, 200mg/8ml, 25mg/ml	1	GC
<i>methotrexate sodium inj</i> 250mg/10ml, 50mg/2ml	1	MO GC
<i>methotrexate tabs</i>	1	MO GC
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	B/D
<i>mycophenolate mofetil susr</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
MYFORTIC	4	B/D MO
NEORAL	3	B/D MO
NULOJIX	5	B/D
OTREXUP	4	
PROGRAF INJ	4	B/D
PROGRAF CAPS 0.5MG, 1MG	4	B/D MO
PROGRAF CAPS 5MG	5	B/D MO
RAPAMUNE TABS	4	B/D MO
RAPAMUNE SOLN	5	B/D MO
RASUVO	4	
REMICADE	5	PA
SANDIMMUNE ORAL SOLN	3	B/D MO
SANDIMMUNE INJ	4	B/D
SANDIMMUNE CAPS 100MG, 25MG	4	B/D MO
SIMULECT	5	B/D
<i>sirolimus tabs</i>	4	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
TREXALL	4	B/D MO
XELJANZ	5	QL (60 EA per 30 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
ZORTRESS TABS 0.25MG	3	B/D MO
ZORTRESS TABS 0.5MG, 0.75MG	5	B/D MO
<b>Immunizing Agents, Passive</b>		
ATGAM	5	B/D
BIVIGAM	5	PA
CARIMUNE NANOFILTERED INJ 12GM, 6GM	5	PA



Drug name	Drug tier	Requirements/Limits
FLEBOGAMMA DIF INJ 5% 0.5GM/10ML, 5% 2.5GM/50ML, 5% 5GM/100ML, 5% 10GM/200ML, 10% 5GM/50ML, 10% 10GM/100ML, 10% 20GM/200ML	5	PA
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID INJ 1GM/10ML, 2.5GM/25ML	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED INJ 1GM/10ML, 2.5GM/25ML	5	PA
GAMMAPLEX INJ 5% 5GM/100ML, 5% 10GM/200ML, 10% 20GM/200ML, 10% 5GM/50ML, 10% 10GM/100ML	5	PA
GAMUNEX-C INJ 1GM/10ML, 2.5GM/25ML	5	PA
OCTAGAM INJ 10GM/100ML, 20GM/200ML, 2GM/20ML, 5GM/50ML	5	PA
OCTAGAM INJ 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 5GM/100ML	5	PA MO
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 5GM/50ML	5	PA
THYMOGLOBULIN	5	B/D
<b>Immunomodulators</b>		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
BENLYSTA	5	PA
<i>leflunomide tabs</i>	2	MO GC
RIDAURA	5	MO
SYLVANT	5	PA
SYNAGIS	5	
XOLAIR	5	PA LA
<b>Vaccines</b>		
ACTHIB INJ	3	
ADACEL	3	

\*You can find information on what the symbols and abbreviations on this table mean by 105 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>bcg vaccine</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	4	
ENGERIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	4	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
TENIVAC	3	B/D
<i>tetanus/diphtheria toxoids- adsorbed</i>	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	

Drug name	Drug tier	Requirements/Limits
YF-VAX	3	
ZOSTAVAX	3	QL (1 EA per 999 days)

### INFLAMMATORY BOWEL DISEASE AGENTS

#### ***Aminosalicylates***

APRISO	3	MO
ASACOL HD	4	MO
<i>balsalazide disodium caps</i>	4	MO
CANASA SUPP 1000MG	4	MO
COLAZAL	4	MO
DELZICOL	4	MO
DIPENTUM	5	MO
GIAZO	5	MO
LIALDA	4	MO
<i>mesalamine dr tbec 800mg</i>	4	MO
<i>mesalamine enem, kit</i>	4	MO
PENTASA	4	MO

#### ***Sulfonamides***

AZULFIDINE EN-TABS	4	MO
AZULFIDINE TABS	4	MO
<i>sulfasalazine tabs, dr tabs</i>	3	MO

### METABOLIC BONE DISEASE AGENTS

#### ***Metabolic Bone Disease Agents***

ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST MO
ACTONEL TABS 35MG	4	QL (12 EA per 84 days) ST MO
ACTONEL TABS 30MG, 5MG	4	QL (30 EA per 30 days) ST MO
<i>alendronate sodium soln</i>	1	MO GC
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO GC
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO GC
AELVIA	4	QL (4 EA per 28 days) ST MO
BINOSTO	4	QL (4 EA per 28 days) ST MO
BONIVA INJ	4	QL (3 ML per 90 days) MO
BONIVA TABS 150MG	4	QL (1 EA per 30 days) MO
<i>calcitonin-salmon nasal soln</i>	3	MO
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO GC
<i>calcitriol inj 1mcg/ml</i>	4	

\*You can find information on what the symbols and abbreviations on this table mean by 107 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>calcitriol oral soln 1mcg/ml</i>	4	MO
<i>doxercalciferol caps, inj</i>	4	MO
<i>etidronate disodium</i>	4	MO
FORTEO INJ 600MCG/2.4ML	5	QL (2.4 ML per 28 days) PA
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST MO
FOSAMAX TABS 70MG	4	QL (4 EA per 28 days) ST MO
HECTOROL CAPS	4	MO
HECTOROL INJ 2MCG/ML	4	
HECTOROL INJ 4MCG/2ML	4	MO
<i>ibandronate sodium tabs</i>	4	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	4	QL (3 ML per 90 days) MO
MIACALCIN NASAL SOLN	4	MO
MIACALCIN INJ	5	B/D MO
NATPARA	5	PA
<i>pamidronate disodium</i>	4	
<i>paricalcitol caps</i>	4	MO
<i>paricalcitol inj 2mcg/ml</i>	4	
<i>paricalcitol inj 5mcg/ml</i>	4	MO
PROLIA	4	QL (1 ML per 180 days)
RECLAST	4	
<i>risedronate sodium dr tabs 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	4	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
ROCALTROL	4	MO
SENSIPAR TABS 30MG	3	QL (120 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
XGEVA	5	PA
ZEMPLAR INJ 5MCG/ML, 2MCG/ML	4	MO
ZEMPLAR CAPS 1MCG, 2MCG	4	MO
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	

### MISCELLANEOUS THERAPEUTIC AGENTS

#### *Miscellaneous Therapeutic Agents*

ALCOHOL PREP PADS	3	MO
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Drug name	Drug tier	Requirements/Limits
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/ 31G X 5/16"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/ 30G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16"	3	MO
BD PEN NEEDLE/ULTRAFINE/ 29G X 12.7M	3	MO
BOTOX INJ 200UNIT	4	QL (2 EA per 70 days) PA
BOTOX INJ 100UNIT	4	QL (4 EA per 70 days) PA
CURITY GAUZE PADS 2"X2"	3	MO
INSUPEN 33GX4MM	3	MO
<i>methergine tabs</i>	5	MO
ORFADIN SUSP 4MG/ML	5	PA LA
SARAFEM TABS 20MG	4	QL (120 EA per 30 days) MO
SARAFEM TABS 10MG	4	QL (30 EA per 30 days) MO

## OPHTHALMIC AGENTS

### ***Ophthalmic Prostaglandin and Prostanamide Analogs***

COMBIGAN	3	MO
<i>latanoprost soln</i>	2	MO GC
LUMIGAN	3	MO
TRAVATAN Z	3	MO
XALATAN	4	MO
ZIOPTAN	4	ST MO

### ***Ophthalmic Agents, Other***

ATROPINE SULFATE	4	MO
OPHTHALMIC SOLN 1%		
AZASITE	4	MO
<i>bacitracin/neomycin/polymyxin ophthalmic oint</i>	3	MO
<i>bacitracin/polymyxin b ophthalmic oint</i>	2	MO GC

\*You can find information on what the symbols and abbreviations on this table mean by 109 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>bacitracin ophthalmic oint</i> <i>500unit/gm</i>	3	MO
BESIVANCE	3	MO
BLEPH-10 SOLN	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P. OINT	4	MO
CILOXAN OINT	3	MO
CILOXAN SOLN	4	MO
<i>ciprofloxacin hcl soln 0.3%</i>	3	MO
CYSTARAN	5	PA LA
<i>erythromycin oint 5mg/gm</i>	2	MO GC
<i>gatifloxacin soln</i>	4	MO
<i>gentak oint</i>	2	MO GC
<i>gentamicin sulfate ophthalmic oint</i> <i>0.3%</i>	2	MO GC
<i>gentamicin sulfate ophthalmic soln</i> <i>0.3%</i>	2	MO GC
<i>levofloxacin ophthalmic soln 0.5%</i>	3	MO
MAXITROL	4	MO
MOXEZA	3	MO
NATACYN	4	MO
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i> <i>ophthalmic oint</i>	3	MO
<i>neomycin/polymyxin/bacitracin/</i> <i>hydrocortisone ophthalmic oint</i>	4	MO
<i>neomycin/polymyxin/</i> <i>dexamethasone</i>	2	MO GC
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>neomycin/polymyxin/</i> <i>hydrocortisone ophthalmic susp</i> <i>1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
OCUFLOX	4	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	MO
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim</i> <i>sulfate</i>	1	MO GC
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	QL (64 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
RESTASIS MULTIDOSE	3	QL (64 ML per 30 days) MO
<i>sodium sulfacetamide soln 10%</i>	3	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate ophthalmic soln</i>	2	MO GC
<i>sulfacetamide sodium oint 10%</i>	4	MO
<i>sulfacetamide sodium soln 10%</i>	3	MO
TOBRADEX ST SUSP	3	MO
TOBRADEX OINT	3	MO
TOBRADEX SUSP	4	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO GC
<i>tobramycin/dexamethasone susp</i>	4	MO
TOBEX	4	MO
<i>trifluridine</i>	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO GC
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
VIGAMOX	3	MO
VIROPTIC	4	MO
ZIRGAN	4	MO
ZYLET	3	MO
ZYMAXID	4	MO
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIAL	4	MO
ALOMIDE	4	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
BEPREVE	3	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	4	MO
ELESTAT	4	MO
<i>epinastine hcl</i>	3	MO
LASTACFT	4	MO
<i>olopatadine hcl ophthalmic soln (generic pataday) 0.2%</i>	4	MO
<i>olopatadine hcl ophthalmic soln (generic Patanol) 0.1%</i>	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 111 going to page 8.

Drug name	Drug tier	Requirements/Limits
PATADAY	3	MO
PATANOL	4	MO
PAZEO	3	MO
<b>Ophthalmic Anti-inflammatories</b>		
ACULAR	4	ST MO
ACULAR LS	4	ST MO
ACUVAIL	4	MO
ALREX	3	MO
<i>bromfenac</i>	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO GC
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	MO GC
DUREZOL	3	MO
FLAREX	4	MO
<i>fluorometholone</i>	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO GC
FML	4	MO
FML FORTE	4	MO
FML LIQUIFILM	4	MO
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO GC
LOTEMAX	3	MO
MAXIDEX SUSP	3	MO
NEVANAC	4	MO
OCUFEN	4	ST MO
OMNIPRED	4	MO
PRED FORTE	4	MO
PRED MILD	4	MO
<i>prednisolone acetate ophthalmic soln 1%</i>	2	MO GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	3	MO
PROLENSA	3	MO
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P SOLN 0.1%	3	MO



Drug name	Drug tier	Requirements/Limits
ALPHAGAN P SOLN 0.15%	4	MO
<i>apraclonidine</i>	3	MO
AZOPT	3	MO
BETAGAN SOLN 0.5%	4	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETIMOL	4	MO
BETOPTIC-S	3	MO
<i>brimonidine tartrate</i>	3	MO
<i>carteolol hcl</i>	2	MO GC
COSOPT	4	MO
COSOPT PF	4	
<i>dorzolamide hcl</i>	1	MO GC
<i>dorzolamide hcl/timolol maleate</i>	1	MO GC
ISOPTO CARPINE SOLN 1%, 2%, 4%	4	MO
ISTALOL	3	MO
<i>levobunolol hcl soln 0.5%</i>	2	MO GC
<i>metipranolol</i>	2	MO GC
MIRVASO	4	MO
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	4	MO
SIMBRINZA	3	MO
<i>timolol maleate ophthalmic gel forming soln</i>	4	MO
<i>timolol maleate ophthalmic soln 0.25%, 0.5%</i>	1	MO GC
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
TRUSOPT	4	MO

## OTIC AGENTS

### Otic Agents

<i>acetazol hc</i>	4	
<i>acetic acid otic soln</i>	3	MO
<i>acetic acid/aluminum acetate soln 2%</i>	2	MO GC
CIPRO HC OTIC SUSP	4	MO

\*You can find information on what the symbols and abbreviations on this table mean by 113 going to page 8.

Drug name	Drug tier	Requirements/Limits
CIPRODEX	3	MO
<i>fluocinolone acetonide otic oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

### RESPIRATORY TRACT/PULMONARY AGENTS

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

ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AEROSPAN	4	QL (17.8 GM per 30 days) MO
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
BECONASE AQ SUSP	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
<i>budesonide nasal spray</i>	4	QL (17.2 GM per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	3	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO GC
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
NASONEX	4	QL (34 GM per 30 days) ST MO
OMNARIS	4	QL (12.5 GM per 30 days) MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
PULMICORT INHALATION SUSP	4	B/D MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO

Drug name	Drug tier	Requirements/Limits
<i>triamcinolone acetonide aero</i> 55mcg/act	4	MO
VERAMYST	4	QL (10 GM per 30 days) MO
<b>Antihistamines</b>		
<i>arbinoxa tabs</i>	4	PA
ASTEPRO SOLN 0.15%	4	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.1%,</i> 0.15%	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln, tabs</i>	4	PA MO
<i>cetirizine hcl syrup 1mg/ml</i>	4	QL (300 ML per 30 days) MO
CLARINEX TABS	4	QL (30 EA per 30 days) MO
CLARINEX SYRP	4	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
<i>cyproheptadine hcl syrup, tabs</i>	4	PA MO
<i>desloratadine odt tabs</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine tabs</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	4	PA MO
<i>hydroxyzine hcl inj, syrup, tabs</i>	4	PA MO
<i>hydroxyzine pamoate caps</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>levocetirizine dihydrochloride soln</i>	3	QL (300 ML per 30 days) MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
PATANASE	4	QL (30.5 GM per 30 days) MO
PHENERGAN INJ 25MG/ML, 50MG/ML	4	PA MO
<i>promethazine hcl inj 25mg/ml,</i> 50mg/ml	4	PA MO
<i>promethazine hcl syrup 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg,</i> 25mg, 50mg	2	PA MO GC
<i>promethazine vc plain syrup</i>	4	PA MO
<i>promethazine/phenylephrine syrup</i>	4	PA MO
VISTARIL CAPS 25MG, 50MG	4	PA MO
XYZAL TABS	4	QL (30 EA per 30 days) MO
XYZAL SOLN	4	QL (300 ML per 30 days) MO
<b>Antileukotrienes</b>		
ACCOLATE	4	QL (60 EA per 30 days) MO
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO GC

\*You can find information on what the symbols and abbreviations on this table mean by 115 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>montelukast sodium granules</i>	3	QL (30 EA per 30 days) MO
SINGULAIR	4	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	2	B/D MO GC
<i>ipratropium bromide inhalation soln</i>	2	B/D MO GC
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO GC
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO GC
<b>Bronchodilators, Sympathomimetic</b>		
ADRENALIN INJ 30MG/30ML	4	QL (2 ML per 30 days)
ADRENALIN INJ 1MG/ML	4	QL (2 ML per 30 days) MO
<i>albuterol sulfate er tabs</i>	4	MO
<i>albuterol sulfate nebu</i>	2	B/D MO GC
<i>albuterol sulfate syrp</i>	2	MO GC
<i>albuterol sulfate tabs</i>	3	MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BROVANA	4	QL (120 ML per 30 days) B/D MO
<i>epinephrine junior inj 0.15mg/0.3ml</i>	4	QL (2 EA per 30 days)
<i>epinephrine inj 0.15mg/0.15ml, 0.3mg/0.3ml</i>	4	QL (2 EA per 30 days) MO
EIPEN 2-PAK	3	MO
EIPEN-JR 2-PAK	3	MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	4	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	4	B/D MO
<i>metaproterenol sulfate syrp</i>	2	MO GC
<i>metaproterenol sulfate tabs</i>	4	MO
PERFOROMIST	4	QL (120 ML per 30 days) B/D MO

Drug name	Drug tier	Requirements/Limits
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj, tabs</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOPENEX HFA 45MCG/ACT	3	QL (30 GM per 30 days) MO
XOPENEX NEBU 0.31MG/3ML, 0.63MG/3ML, 1.25MG/3ML	4	B/D MO
<b><i>Cystic Fibrosis Agents</i></b>		
BETHKIS	5	QL (224 ML per 56 days) B/D LA
CAYSTON	5	PA LA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
TOBI	5	QL (280 ML per 56 days) B/D LA
TOBI PODHALER	5	QL (224 EA per 42 days) PA
<i>tobramycin nebu 300mg/5ml</i>	3	QL (280 ML per 56 days) B/D
<b><i>Mast Cell Stabilizers</i></b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>		
<i>aminophylline inj</i>	4	MO
DALIRESP	4	MO
ELIXOPHYLLIN	4	MO
THEO-24	4	MO
<i>theophylline cr tab 12hr 100mg, 200mg</i>	3	MO
<i>theophylline er tab 12hr, tab 24hr</i>	3	MO
<i>theophylline oral soln 80mg/15ml</i>	3	MO
<b><i>Pulmonary Antihypertensives</i></b>		
ADCIRCA	5	PA
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	4	PA LA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
OPSUMIT	5	PA LA
REMODULIN	5	PA LA
REVATIO INJ	5	QL (1125 ML per 30 days) PA
REVATIO SUSR 10MG/ML	5	QL (224 ML per 30 days) PA
REVATIO TABS	5	QL (90 EA per 30 days) PA

\*You can find information on what the symbols and abbreviations on this table mean by 117 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>sildenafil tabs 20mg</i>	3	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
TRACLEER TABS 62.5MG	5	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	5	QL (60 EA per 30 days) PA LA
UPTRAVI TITRATION PAK	5	PA LA
UPTRAVI TABS 800MCG	5	QL (120 EA per 30 days) PA LA
UPTRAVI TABS 600MCG	5	QL (150 EA per 30 days) PA LA
UPTRAVI TABS 400MCG	5	QL (240 EA per 30 days) PA LA
UPTRAVI TABS 200MCG	5	QL (480 EA per 30 days) PA LA
UPTRAVI TABS 1200MCG, 1400MCG, 1600MCG	5	QL (60 EA per 30 days) PA LA
UPTRAVI TABS 1000MCG	5	QL (90 EA per 30 days) PA LA
VENTAVIS	5	PA
<b><i>Pulmonary Fibrosis Agents</i></b>		
ESBRIET	5	PA
OFEV	5	PA
<b><i>Respiratory Tract Agents, Other</i></b>		
<i>acetylcysteine inhalation soln</i>	3	B/D MO
<i>acetylcysteine inj</i>	4	
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
<i>ribavirin nebu soln 6gm</i>	5	
VIRAZOLE	5	

## **SKELETAL MUSCLE RELAXANTS**

### ***Skeletal Muscle Relaxants***

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

## **SLEEP DISORDER AGENTS**

### ***GABA Receptor Modulators***

EDLUAR SUBL 10MG	4	QL (30 EA per 30 days) PA MO
EDLUAR SUBL 5MG	4	QL (60 EA per 30 days) PA MO
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
INTERMEZZO	4	QL (30 EA per 30 days) PA MO
LUNESTA	4	QL (30 EA per 30 days) PA MO
SONATA CAPS 5MG	4	QL (30 EA per 30 days) PA MO
SONATA CAPS 10MG	4	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO

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

\*You can find information on what the symbols and abbreviations on this table mean by 119 going to page 8.

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<i>caffeine</i>		CAPASTAT SULFATE	37	PATCHES	
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CLINIMIX 5%/ DEXTROSE 25%	77	COLESTID	69	CREON	89
<i>clinisol sf 15%</i>	77	COLESTID FLAVORED	69	CRESTOR	68
<i>clinpro 5000</i>	73	<i>colestipol hcl</i>	69	CRINONE	101
<i>clobetasol propionate</i>	91	<i>colistimethate sodium</i>	18	CRIVAN	53
<i>clobetasol propionate emollient</i>	91	<i>colocort</i>	91	<i>cromolyn sodium</i>	111
<i>clobetasol propionate emollient crea</i>	91	COMBIGAN	109	<i>cromolyn sodium</i>	117
CLOBEX	91	COMBIPATCH	96	<i>cryselle-28</i>	96
<i>clodan shampoo</i>	91	COMBIVENT	116	CUBICIN	18
CLODERM	91	RESPIMAT		CUBICIN RF	18
CLODERM PUMP	91	COMETRIQ	42	CURITY GAUZE PADS 2"X2"	109
<i>clofarabine</i>	39	COMPLERA	51	CUTIVATE	91
CLOLAR	39	COMPLETENATE	81	CUVPOSA	85
<i>clomipramine hcl</i>	32	<i>compro</i>	46	<i>cyclafem 1/35</i>	96
<i>clonazepam</i>	26	COMTAN	45	<i>cyclafem 7/7/7</i>	96
<i>clonazepam odt</i>	26	CONCEPT DHA	81	<i>cyclobenzaprine hcl</i>	118
<i>clonidine hcl</i>	61	CONCEPT OB	81	<i>cyclophosphamide</i>	38
<i>clonidine hcl er</i>	71	CONCERTA	71	<i>cycloserine</i>	37
<i>clopidogrel</i>	60	CONDYLOX	74	CYCLOSET	56
<i>clorazepate dipotassium</i>	54	<i>constulose</i>	87	<i>cyclosporine</i>	103
<i>clotrimazole</i>	34	CONZIP	12	<i>cyclosporine modified caps, soln</i>	103
<i>clotrimazole/ betamethasone dipropionate</i>	34	COPAXONE	73	CYMBALTA	30
<i>clozapine</i>	50	COPEGUS	51	<i>cyproheptadine hcl</i>	115
<i>clozapine odt</i>	50	CORDRAN	91	CYRAMZA	42
CLOZARIL	50	COREG	64	<i>cyred</i>	96
COARTEM	44	COREG CR	64	CYSTADANE	89
<i>codeine sulfate</i>	14	CORGARD	64	CYSTAGON	89
		CORLANOR	66	CYSTARAN	110
		<i>cormax scalp application</i>	91	<i>cytarabine aqueous</i>	39
		CORTEF	91	CYTOMEL	102
		<i>cortisone acetate</i>	91	CYTOTEC	87
		CORTISPORIN	74	<i>dacarbazine</i>	39
		TOPICAL CREA, OINT		DALIRESP	117
		COSMEGEN	39		
		COSOFT	113		

Drug name	Page	Drug name	Page	Drug name	Page
<i>danazol</i>	95	DEPO-	95	<i>dextrose 10%</i>	77
<i>dantrolene sodium</i>	50	TESTOSTERONE		DEXTROSE 10%/	77
<i>dapsone</i>	37	DESCOVY	52	NACL 0.2%	
DAPTACEL	106	<i>desipramine hcl</i>	32	<i>dextrose 2.5%/nacl</i>	77
<i>daptomycin</i>	18	<i>desloratadine odt</i>	115	0.45%	
<i>darifenacin</i>	89	<i>tabs</i>		DEXTROSE 20%	77
<i>hydrobromide er</i>		<i>desloratadine tabs</i>	115	DEXTROSE 25%	77
DARZALEX	44	<i>desmopressin acetate</i>	94	DEXTROSE 30%	77
<i>dasetta 1/35</i>	97	<i>desogestrel/ethinyl</i>	97	DEXTROSE 40%	77
<i>dasetta 7/7/7</i>	97	<i>estradiol</i>		<i>dextrose 5%</i>	77
<i>daunorubicin hcl</i>	39	DESONATE	91	<i>dextrose 5%/lactated</i>	77
DAYPRO	11	<i>desonide</i>	91	<i>ringers</i>	
<i>daysee</i>	97	DESOWEN	91	<i>dextrose 5%/nacl</i>	77
DDAVP	94	<i>desoximetasone</i>	91	0.2%	
<i>deblitane</i>	101	DESVENLAFAXINE ER	30	DEXTROSE 5%/NACL	77
<i>decitabine</i>	39	DETROL LA CAPS	89	0.225%	
DELESTROGEN	97	DETROL TABS	89	DEXTROSE 5%/NACL	77
<i>deltasone</i>	91	<i>dexamethasone</i>	92	0.3%	
<i>delyla</i>	97	<i>dexamethasone</i>	91	<i>dextrose 5%/nacl</i>	77
DELZICOL	107	<i>intensol oral soln conc</i>		0.33%	
DEMADEX	67	<i>dexamethasone</i>	91	<i>dextrose 5%/nacl</i>	77
DEMEROL	14	<i>sodium phosphate</i>		0.45%	
DEMSEK	66	<i>dexamethasone</i>	112	<i>dextrose 5%/nacl</i>	77
DENAVIR	53	<i>sodium phosphate</i>		0.9%	
<i>dentagel</i>	73	DEXEDRINE	70	<i>dextrose 50%</i>	77
DEPAKENE	26	DEXILANT	88	<i>dextrose 70%</i>	77
DEPAKOTE	26	<i>dexmethylphenidate</i>	71	DIAMOX	67
DEPAKOTE ER	26	<i>hcl er</i>		DIASTAT ACUDIAL	26
DEPAKOTE	26	<i>dexmethylphenidate</i>	71	DIASTAT PEDIATRIC	26
SPRINKLES		<i>hcl tabs</i>		<i>diazepam</i>	26
DEPEN TITRATABS	80	DEXPAK 13 DAY	92	<i>diazepam</i>	54
DEPOCYT	39	<i>dexrazoxane</i>	39	<i>diazepam intensol</i>	54
DEPO-ESTRADIOL	97	<i>dextroamphetamine</i>	71	<i>oral soln conc 5mg/ml</i>	
DEPO-MEDROL	91	<i>sulfate</i>		<i>diclofenac potassium</i>	11
DEPO-PROVERA	101	<i>dextroamphetamine</i>	70	<i>diclofenac sodium</i>	11
DEPO-PROVERA INJ	101	<i>sulfate er caps</i>		<i>diclofenac sodium</i>	74
150MG/ML VIAL		DEXTROSE 10%/	77	<i>diclofenac sodium</i>	112
DEPO-SUBQ	101	NACL 0.45%		<i>diclofenac sodium dr</i>	11
PROVERA	104	DEXTROSE 5% /	77	<i>diclofenac sodium er</i>	11
		ELECTROLYTE #48		<i>diclofenac sodium/</i>	11
		VIAFLEX		<i>misoprostol</i>	

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<i>dicloxacillin sodium</i>	22	DIVIGEL	97	DURLAZA	60
<i>dicyclomine hcl</i>	85	<i>docetaxel</i>	40	<i>dutasteride</i>	90
<i>didanosine</i>	52	<i>dofetilide</i>	63	<i>dutasteride/</i>	90
DIFICID	23	DOLOPHINE	12	<i>tamsulosin</i>	
<i>diflorasone diacetate</i>	92	<i>donepezil hcl</i>	29	<i>hydrochloride</i>	
DIFLUCAN	34	<i>dorzolamide hcl</i>	113	DYAZIDE	67
<i>diflunisal</i>	11	<i>dorzolamide hcl/</i>	113	DYRENIUM	67
<i>digitek</i>	66	<i>timolol maleate</i>		E.E.S. 400	23
<i>digox</i>	66	DOVONEX	74	E.E.S. GRANULES	23
DIGOXIN	66	<i>doxazosin mesylate</i>	61	EC-NAPROSYN	11
<i>dihydroergotamine</i>	36	<i>doxazosin mesylate</i>	61	<i>econazole nitrate</i>	34
<i>mesylate</i>		<i>tabs 4mg</i>		EDARBI	62
DILANTIN	28	<i>doxepin hcl</i>	32	EDLUAR	118
DILANTIN INFATABS	28	<i>doxepin hydrochloride</i>	74	EDURANT	51
DILANTIN-125	28	<i>5% crea</i>		EFFERVESCENT POT	77
DILAUDID	14	<i>doxercalciferol caps,</i>	108	CHLORIDE	
<i>diltiazem cd</i>	65	<i>inj</i>		EFFEXOR XR	31
<i>diltiazem hcl</i>	65	<i>doxorubicin hcl</i>	40	EFFIENT	60
<i>diltiazem hcl er</i>	65	<i>doxorubicin hcl</i>	40	EFUDEX	74
<i>dilt-xr</i>	65	<i>liposome</i>		ELAVIL	32
DIOVAN	62	<i>doxy 100</i>	24	ELDEPRYL	46
DIOVAN HCT	61	<i>doxycycline</i>	25	ELESTAT	111
DIPENTUM	107	<i>doxycycline hyclate</i>	24	ELESTRIN	97
<i>diphenatol</i>	86	<i>doxycycline hyclate dr</i>	24	ELIDEL	74
<i>diphenhydramine hcl</i>	115	<i>doxycycline</i>	24	ELIGARD	102
<i>diphenoxylate/</i>	86	<i>monohydrate</i>		ELIMITE	45
<i>atropine</i>		<i>dronabinol</i>	33	<i>elinest</i>	97
<i>diphtheria/tetanus</i>	106	<i>drospirenone/ethinyl</i>	97	ELIPHOS	81
<i>toxoids adsorbed</i>		<i>estradiol</i>		ELIQUIS	58
<i>pediatric</i>		<i>drospirenone/ethinyl</i>	97	ELITEK	44
<i>dipyridamole</i>	60	<i>estradiol/levomefolate</i>		ELIXOPHYLLIN	117
<i>disopyramide</i>	63	<i>calcium</i>		ELMIRON	90
<i>phosphate</i>		DROXIA	39	ELOCON	92
<i>disulfiram</i>	17	DUAC	74	EMCYT	39
DITROPAN XL	89	DUETACT	56	EMEND	33
DIURIL	68	DUEXIS	11	EMEND TRIPACK	33
<i>divalproex sodium</i>	26	<i>duloxetine hcl</i>	31	<i>emoquette</i>	97
<i>divalproex sodium dr</i>	26	DUOPA	46	EMPLICITI	44
<i>divalproex sodium er</i>	26	DURAMORPH	14	EMSAM	30
		DUREZOL	112		

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EMTRIVA	52	ERTACZO	34	<i>etodolac er</i>	11
EMVERM	44	ERWINAZE	40	<i>etoposide</i>	42
ENABLEX	89	<i>ery pad 2%</i>	74	EURAX	45
<i>enalapril maleate</i>	63	ERYGEL	74	EVAMIST	97
<i>enalapril maleate/ hydrochlorothiazide</i>	62	ERYPED 200	23	EVOCLIN	75
ENBRACE HR	81	ERYPED 400	23	EVOMELA	38
<i>endocet</i>	14	ERY-TAB	23	EVOTAZ	53
ENGERIX-B	106	ERYTHROCIN	23	EVOXAC	73
<i>enoxaparin sodium</i>	58	LACTOBIONATE		EXALGO	12
<i>enpresse-28</i>	97	ERYTHROCIN	23	EXELON	29
<i>enskyce</i>	97	STEARATE		<i>exemestane</i>	42
<i>entacapone</i>	45	<i>erythromycin</i>	23	EXFORGE	62
<i>entecavir</i>	50	<i>erythromycin</i>	75	EXFORGE HCT	62
ENTOCORT EC	92	<i>erythromycin</i>	110	EXJADE	80
ENTRESTO	67	<i>erythromycin base</i>	23	EXTINA	34
<i>enulose</i>	87	<i>erythromycin</i>	23	EXTRA-VIRT PLUS	81
ENVARUSUS XR	103	<i>erythromycin ethylsuccinate</i>		DHA	
EPCLUSA	51	<i>erythromycin stearate</i>	23	<i>ezetimibe</i>	69
<i>epinastine hcl</i>	111	<i>erythromycin/benzoyl peroxide</i>	74	<i>ezetimibe/simvastatin</i>	69
<i>epinephrine</i>	116	ESBRIET	118	FABRAZYME	89
EPIPEN 2-PAK	116	<i>escitalopram oxalate</i>	31	<i>falmina</i>	97
EPIPEN-JR 2-PAK	116	<i>esgic caps</i>	10	<i>famciclovir</i>	54
<i>epirubicin hcl</i>	40	<i>esomeprazole</i>	88	<i>famotidine</i>	86
<i>epitol</i>	28	<i>magnesium caps</i>		<i>famotidine premixed inj 20mg/50ml</i>	86
EPIVIR	52	<i>esomeprazole sodium</i>	88	FAMVIR	54
EPIVIR HBV	50	<i>inj</i>		FANAPT	47
<i>eplerenone</i>	67	<i>estarylla</i>	97	FANAPT TITRATION	47
<i>epoprostenol sodium</i>	117	ESTRACE	97	PACK	
<i>eprosartan mesylate</i>	62	<i>estradiol</i>	97	FARESTON	39
EPZICOM	52	<i>estradiol valerate</i>	97	FARXIGA	56
EQUETRO	55	ESTRING	97	FARYDAK	42
ERBITUX	40	<i>estropipate</i>	97	FASLODEX	40
<i>ergoloid mesylates</i>	29	<i>eszopiclone</i>	118	<i>fayosim</i>	97
<i>ergotamine tartrate/ caffeine</i>	36	<i>ethambutol hcl</i>	37	FAZACLO	50
ERIVEDGE	42	<i>ethosuximide</i>	26	<i>felbamate</i>	27
<i>errin</i>	101	<i>ethynodiol diacetate/ ethinyl estradiol</i>	97	FELBATOL	27
		<i>etidronate disodium</i>	108	FELDENE	11
		<i>etodolac</i>	11	<i>felodipine er</i>	66



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FEMARA	42	<i>fludarabine phosphate</i>	40	<i>fluvoxamine maleate tabs</i>	31
FEMHRT LOW DOSE	97	<i>fludrocortisone acetate</i>	92	FML	112
<i>femynor</i>	97	<i>flunisolide</i>	114	FML FORTE	112
<i>fenofibrate</i>	68	<i>fluocinolone acetonide</i>	114	FML LIQUIFILM	112
<i>fenofibrate micronized</i>	68	<i>fluocinolone acetonide</i>	92	FOCALGIN 90 DHA	81
FENOFIBRIC ACID	68	<i>fluocinolone acetonide body</i>	75	FOCALIN	71
<i>fenofibric acid dr caps</i>	68	<i>fluocinolone acetonide scalp</i>	75	FOCALIN XR	71
FENOGLIDE	68	<i>fluocinonide</i>	92	FOLET ONE	81
<i>fenopropfen calcium</i>	11	<i>fluocinonide emulsified base crea</i>	92	FOLIVANE-OB	81
<i>fentanyl citrate oral transmucosal</i>	14	<i>fluor-a-day</i>	77	FOLOTYN	40
<i>fentanyl transdermal patches</i>	12	<i>fluoride</i>	78	<i>fomepizole</i>	80
FENTORA	14	<i>fluridab</i>	78	<i>fondaparinux sodium</i>	58
FETZIMA	31	<i>fluorometholone</i>	112	FORFIVO XL	30
FETZIMA TITRATION PACK	31	<i>fluorouracil</i>	39	FORTAMET	56
FINACEA	75	<i>fluorouracil</i>	40	FORTAZ	21
<i>finasteride</i>	90	<i>fluorouracil</i>	75	FORTEO	108
FIORICET	10	<i>fluoxetine dr caps 90mg</i>	31	FORTESTA	95
FIORICET/CODEINE	10	<i>fluoxetine hcl</i>	31	FOSAMAX	108
FIORINAL	10	<i>fluphenazine decanoate</i>	46	FOSAMAX PLUS D	108
FIRAZYR	103	<i>fluphenazine hcl</i>	46	<i>fosinopril sodium</i>	63
FIRMAGON	102	<i>flurandrenolide</i>	92	<i>fosinopril sodium/hydrochlorothiazide</i>	63
FLAGYL	18	<i>flurazepam hcl</i>	54	<i>fosphenytoin sodium</i>	28
FLAREX	112	<i>flurbiprofen</i>	11	FRAGMIN	58
<i>flavoxate hcl</i>	89	<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	112	FREAMINE HBC 6.9%	78
FLEBOGAMMA DIF	105	<i>flutamide</i>	38	FROVA	36
<i>flecainide acetate</i>	63	<i>fluticasone propionate</i>	92	<i>frovatriptan succinate</i>	36
FLECTOR	11	<i>fluticasone propionate</i>	114	FURADANTIN	18
FLOMAX	90	<i>fluvastatin</i>	68	<i>furosemide</i>	67
FLOVENT DISKUS	114	<i>fluvoxamine maleate er caps</i>	31	FUSILEV	40
FLOVENT HFA	114			FUZEON	52
<i>fluconazole</i>	34			FYCOMPA	25
<i>fluconazole in dextrose</i>	34			<i>gabapentin</i>	26
<i>fluconazole in nacl inj</i>	34			GABITRIL	27
<i>flucytosine</i>	34			GABLOFEN	50
				<i>galantamine hydrobromide</i>	29

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<i>galantamine hydrobromide er</i>	29	GIANVI	97	HALCION	54
GAMASTAN S/D	105	GIAZO	107	HALDOL	47
GAMMAGARD LIQUID	105	<i>gildagia</i>	97	HALDOL	46
GAMMAGARD S/D INJ 5GM, 10GM	105	GILENYA	73	DECANOATE 100 INJ	
GAMMAKED	105	GILOTRIF	42	HALDOL	47
GAMMAPLEX	105	GLEEVEC	42	DECANOATE 50 INJ	
GAMUNEX-C	105	GLEOSTINE	38	<i>halobetasol propionate crea, oint</i>	92
<i>ganciclovir</i>	50	<i>glimepiride</i>	56	HALOG	92
GARDASIL	106	<i>glipizide</i>	56	<i>haloperidol</i>	47
GARDASIL 9	106	<i>glipizide er</i>	56	<i>haloperidol decanoate</i>	47
GASTROCROM	86	<i>glipizide xl</i>	56	<i>haloperidol lactate inj</i>	47
<i>gatifloxacin soln</i>	110	<i>glipizide/metformin hcl</i>	56	HARVONI	51
GATTEX	86	GLUCAGEN HYPOKIT	58	HAVRIX	106
<i>gavilyte-c</i>	87	GLUCAGON	58	<i>heather</i>	101
<i>gavilyte-g</i>	87	EMERGENCY KIT		HECTOROL	108
<i>gavilyte-h</i>	86	GLUCOPHAGE	56	HEMENATAL OB	81
<i>gavilyte-n/flavor pack</i>	87	GLUCOPHAGE XR	56	HEMENATAL OB + DHA	81
GAZYVA	44	GLUCOTROL	56	<i>heparin sodium</i>	59
GELNIQUE	89	GLUCOTROL XL	56	HEPARIN SODIUM/ D5W	59
<i>gemcitabine</i>	40	GLUCOVANCE	56	HEPARIN SODIUM/ NAACL 0.45%	59
<i>gemfibrozil</i>	68	<i>glyburide</i>	56	HEPATAMINE	78
<i>generlac</i>	87	<i>glyburide micronized</i>	56	HERCEPTIN	40
<i>gengraf</i>	103	<i>glyburide/metformin hcl</i>	56	HETLIOZ	119
GENOTROPIN	94	<i>glycopyrrolate</i>	85	HEXALEN	38
GENOTROPIN MINIQUICK	95	GLYNASE	56	HIBERIX	106
<i>gentak</i>	110	GOLYTELY	87	HIPREX	18
<i>gentamicin sulfate</i>	17	GRALISE	72	HUMIRA	103
<i>gentamicin sulfate</i>	75	GRALISE STARTER	72	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	103
<i>gentamicin sulfate</i>	110	<i>granisetron hcl</i>	33	HUMIRA PEN	103
<i>gentamicin sulfate pediatric</i>	17	GRANIX	60	HUMIRA PEN- CROHNS DISEASESTARTER	103
<i>gentamicin sulfate/0.9% sodium chloride</i>	17	<i>griseofulvin microsize</i>	34	HUMIRA PEN- PSORIASIS STARTER	103
GENVOYA	51	<i>griseofulvin ultramicrosize</i>	34		
GEODON	47	<i>guanfacine er</i>	71		
		<i>guanfacine hcl</i>	61		
		GUANIDINE HCL	37		
		HALAVEN	40		

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HUMULIN R U-500 (CONCENTRATED)	58	ICLUSIG	42	<i>introvale</i>	98
HUMULIN R U-500 KWIKPEN	58	<i>idarubicin hcl</i>	40	INTUNIV	71
<i>hydralazine hcl</i>	70	IFOSFAMIDE	40	INVANZ	21
HYDREA	39	ILEVRO	112	INVEGA	48
<i>hydrochlorothiazide</i>	68	<i>imatinib mesylate</i>	42	INVEGA SUSTENNA	47
<i>hydrocodone bitartrate/acetaminophen</i>	14	IMBRUVICA	43	INVEGA TRINZA	48
<i>hydrocodone/acetaminophen</i>	14	IMFINZI	44	INVIRASE	53
<i>hydrocodone/ibuprofen</i>	14	<i>imipenem/cilastatin</i>	21	INVOKAMET	56
<i>hydrocortisone</i>	92	<i>imipramine hcl</i>	32	INVOKAMET XR	56
<i>hydrocortisone butyrate</i>	92	<i>imipramine pamoate caps</i>	32	INVOKANA	56
<i>hydrocortisone butyrate (lipophilic) crea</i>	92	<i>imiquimod</i>	75	IONOSOL-B/ DEXTROSE 5%	78
<i>hydrocortisone in absorbase oint</i>	92	IMITREX	36	IONOSOL-MB/ DEXTROSE 5%	78
<i>hydrocortisone valerate crea, oint</i>	92	IMITREX STATDOSE REFILL	36	IPOL INACTIVATED IPV	106
<i>hydrocortisone/acetic acid</i>	114	IMITREX STATDOSE SYSTEM	36	<i>ipratropium bromide</i>	116
<i>hydromorphone hcl</i>	14	IMOVAX RABIES (H.D.C.V.)	106	<i>ipratropium bromide/ albuterol sulfate neb</i>	116
<i>hydromorphone hcl er</i>	12	IMURAN	103	<i>irbesartan</i>	62
<i>hydromorphone hcl er t24a 32mg</i>	12	INCRELEX	95	<i>irbesartan/ hydrochlorothiazide</i>	62
<i>hydroxychloroquine sulfate</i>	44	INCRUSE ELLIPTA	116	IRESSA	43
<i>hydroxyprogesterone caproate</i>	101	<i>indapamide</i>	68	<i>irinotecan</i>	40
<i>hydroxyurea</i>	39	INDERAL LA	64	ISENTRESS	51
<i>hydroxyzine hcl</i>	115	INDOCIN	11	ISENTRESS HD	53
<i>hydroxyzine pamoate</i>	115	<i>indomethacin</i>	11	ISOLYTE-P/ DEXTROSE 5%	78
HYZAAR	62	<i>indomethacin er</i>	11	ISOLYTE-S INJ	78
<i>ibandronate sodium</i>	108	INFANRIX	106	<i>isoniazid</i>	37
IBRANCE	42	INLYTA	43	ISOPROPYL ALCOHOL WIPES	19
<i>ibudone</i>	14	INNOPRAN XL	64	ISOPTO CARPINE	113
<i>ibuprofen</i>	11	INSUPEN 33GX4MM	109	ISORDIL TITRADOSE	70
		INTELENCE	51	<i>isosorbide dinitrate</i>	70
		INTERMEZZO	118	<i>isosorbide dinitrate er tabs 40mg</i>	70
		INTRALIPID	78	<i>isosorbide mononitrate</i>	70
		INTRON A	40		
		INTRON A	51		
		INTRON A W/ DILUENT	40		

Drug name	Page	Drug name	Page	Drug name	Page
<i>isosorbide mononitrate er</i>	70	<i>kcl 0.075%/d5w/nacl 0.45%</i>	78	<i>klor-con 8</i>	78
<i>isotonic gentamicin</i>	17	<i>kcl 0.15%/d5w/nacl 0.2%</i>	78	<i>klor-con m10</i>	78
<i>isradipine</i>	66	KCL 0.15%/D5W/ NACL 0.225%	78	KLOR-CON M15	78
ISTALOL	113	<i>kcl 0.15%/d5w/nacl 0.45%</i>	78	<i>klor-con m20</i>	78
ISTODAX (OVERFILL)	40	<i>kcl 0.15%/d5w/nacl 0.9%</i>	78	KLOR-CON POW 20MEQ	78
<i>itraconazole</i>	34	<i>kcl 0.3%/d5w/nacl 0.45%</i>	78	<i>klor-con sprinkle</i>	78
<i>ivermectin</i>	44			<i>klor-con/ef tabs</i>	78
IXEMPRA KIT	40			KORLYM	57
IXIARO	106	<i>kcl 0.3%/d5w/nacl 0.9%</i>	78	KRISTALOSE	87
JAKAFI	43	KCL 0.3%/D5W/NACL	78	K-TAB	78
JALYN	90			<i>kurvelo</i>	98
<i>jantoven</i>	59	<i>kelnor 1/35</i>	98	KUVAN	89
JANUMET	56	KENALOG	93	KYNAMRO	69
JANUMET XR	56	KENALOG-10	93	KYPROLIS	42
JANUVIA	56	KENALOG-40	93	<i>labetalol hcl</i>	64
<i>jencycla</i>	101	KEPPRA	25	<i>lactated ringers</i>	78
JENTADUETO	56	KEPPRA XR	25	<i>viaflex inj</i>	
JENTADUETO XR	57	<i>ketoconazole</i>	34	<i>lactulose</i>	87
J EVTANA	43	<i>ketoprofen</i>	11	LAMICTAL	28
JOLESSA	98	<i>ketoprofen er</i>	11	LAMICTAL	27
JOLIVETTE	101	<i>ketorolac</i>	11	CHEWABLE DISPERSIBLE	
<i>juleber</i>	98	<i>tromethamine</i>		LAMICTAL ODT	27
<i>junel 1.5/30</i>	98	<i>ketorolac tromethamine</i>	112	LAMICTAL STARTER BLUE (35)	27
<i>junel 1/20</i>	98	KEYTRUDA	44	LAMICTAL STARTER GREEN (98)	27
<i>junel fe 1.5/30</i>	98	<i>kimidess</i>	98	LAMICTAL STARTER ORANGE (49)	27
<i>junel fe 1/20</i>	98	KINRIX	106	LAMICTAL XR	27
<i>junel fe 24</i>	98	<i>kionex</i>	80	LAMISIL	34
JUXTAPID	69	KISQALI	40	<i>lamivudine</i>	50
KADCYLA	40	KISQALI 200MG	38	<i>lamivudine</i>	52
KADIAN	12	FEMARA CO-PACK		<i>lamivudine/ zidovudine</i>	52
<i>kaitlib fe</i>	98	KISQALI 400MG	38	<i>lamotrigine</i>	28
KALETRA	53	FEMARA CO-PACK		<i>lamotrigine er</i>	28
KALYDECO	117	KISQALI 600MG	38	<i>lamotrigine odt</i>	28
KAPVAY	71	FEMARA CO-PACK		<i>lamotrigine titration</i>	28
<i>kariva</i>	98	KLARON	75		
KAYEXALATE	80	KLONOPIN	27		
		<i>klor-con 10</i>	78		

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LANOXIN	67	<i>leuprolide acetate</i>	102	<i>lidocaine/prilocaine</i>	16
LANOXIN PEDIATRIC	67	<i>levabuterol</i>	116	LIDODERM	16
<i>lansoprazole</i>	88	<i>levabuterol hcl</i>	116	<i>lindane</i>	45
<i>lansoprazole/</i>	19	LEVALBUTEROL	116	<i>linezolid</i>	19
<i>amoxicillin/</i>		TARTRATE HFA		LINZESS	87
<i>clarithromycin</i>		LEVAQUIN	24	LIORESAL	50
LANTUS	58	LEVEMIR	58	INTRATHECAL	
LANTUS SOLOSTAR	58	LEVEMIR	58	<i>liothyronine sodium</i>	102
<i>larin 1.5/30</i>	98	FLEXTOUCH		LIPITOR	68
<i>larin 1/20</i>	98	<i>levetiracetam</i>	25	LIPOFEN	68
<i>larin 24 fe</i>	98	<i>levetiracetam er</i>	25	<i>lisinopril</i>	63
<i>larin fe 1.5/30</i>	98	<i>levobunolol hcl</i>	113	<i>lisinopril/</i>	63
<i>larin fe 1/20</i>	98	<i>levocarnitine</i>	80	<i>hydrochlorothiazide</i>	
<i>larissia</i>	98	<i>levocetirizine</i>	115	<i>lithium carbonate</i>	55
LARTRUVO	44	<i>dihydrochloride</i>		<i>lithium carbonate er</i>	55
LASIX	67	<i>levofloxacin</i>	24	<i>tabs</i>	
LASTACRAFT	111	<i>levofloxacin</i>	110	<i>lithium oral soln</i>	55
<i>latanoprost</i>	109	<i>levofloxacin in d5w</i>	24	LITHOBID	55
LATUDA	48	LEVOLEUCOVORIN	40	LIVALO	69
LAYOLIS FE	98	<i>levoleucovorin</i>	40	LOCOID CREAM	93
LEENA	98	<i>calcium inj</i>		LODOSYN	46
<i>leflunomide</i>	105	175mg/17.5ml (10mg/ ml)		LOFIBRA	68
LENVIMA 10 MG	43	<i>levonest</i>	98	<i>lokara</i>	93
DAILY DOSE		<i>levonorgestrel and</i>	98	<i>lomedica 24 fe</i>	98
LENVIMA 14 MG	43	<i>ethinyl estradiol</i>		LOMOTIL	86
DAILY DOSE		<i>levonorgestrel/ethinyl</i>	98	LONSURF	41
LENVIMA 18 MG	43	<i>estradiol</i>		<i>loperamide hcl</i>	86
DAILY DOSE		<i>levora 0.15/30-28</i>	98	LOPID	68
LENVIMA 20 MG	43	LEVOTHYROXINE	102	<i>lopinavir/ritonavir</i>	53
DAILY DOSE		SODIUM		LOPRESSOR	64
LENVIMA 24 MG	43	LEVOXYL	102	LOPROX	35
DAILY DOSE		LEXAPRO	31	LOPROX SHAMPOO	34
LENVIMA 8 MG	43	LEXIVA	53	<i>lorazepam</i>	54
DAILY DOSE		LIALDA	107	<i>lorazepam intensol</i>	54
LESCOL XL	68	<i>lidocaine</i>	16	<i>oral soln conc</i>	
<i>lessina</i>	98	<i>lidocaine hcl</i>	16	<i>lorcet</i>	15
LETAIRIS	117	<i>lidocaine hcl</i>	63	<i>lorcet hd</i>	15
<i>letrozole</i>	42	<i>lidocaine hcl in d5w</i>	63	<i>lorcet plus</i>	15
<i>leucovorin calcium</i>	40	<i>lidocaine viscous</i>	16	<i>loryna</i>	98
LEUKERAN	38				

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<i>losartan potassium</i>	62	<i>maprotiline hcl</i>	31	MENOMUNE-A/C/ Y/W-135	106
<i>losartan potassium/ hydrochlorothiazide</i>	62	MARINOL	33	MENOSTAR	99
LOTEMAX	112	<i>marlissa</i>	98	MENVEO	106
LOTENSIN	63	MARPLAN	30	<i>mepерidine hcl</i>	15
LOTREL	66	MARQIBO	41	<i>meprobamate</i>	54
LOTRISONE	35	MATULANE	38	MEPRON	44
LOTRONEX	87	<i>matzim la</i>	66	<i>mercaptopurine</i>	39
<i>lovastatin</i>	69	MAVIK	63	<i>meropenem vial</i>	21
LOVAZA	69	MAXALT	36	MEROPENEM/ SODIUM CHLORIDE	22
LOVENOX	59	MAXALT-MLT	36	<i>mesalamine</i>	107
<i>low-ogestrel</i>	98	MAXIDEX	112	<i>mesalamine dr</i>	107
<i>loxapine succinate</i>	47	MAXIPIME	21	<i>mesna</i>	44
<i>ludent</i>	78	MAXITROL	110	MESNEX	44
LUMIGAN	109	MAXZIDE	67	MESTINON	37
LUMIZYME	89	MAXZIDE-25	67	MESTINON	37
LUNESTA	118	<i>meclizine hcl</i>	33	TIMESPAN	
LUPRON DEPOT (1-MONTH)	102	<i>meclofenamate sodium</i>	11	METADATE CD CAPS	71
LUPRON DEPOT (3-MONTH)	102	MEDROL	93	<i>metadate er</i>	71
LUPRON DEPOT (4-MONTH)	102	MEDROL DOSEPAK	93	<i>metaproterenol sulfate</i>	116
LUPRON DEPOT (6-MONTH)	102	<i>medroxyprogesterone acetate</i>	101	<i>metformin hcl</i>	57
LUPRON DEPOT-PED (1-MONTH)	102	<i>mefloquine hcl</i>	44	<i>metformin hcl er</i>	57
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	102	MEGACE ES ORAL SUSP 625MG/5ML	101	<i>methadone hcl</i>	12
<i>luter</i>	98	MEGACE ORAL SUSP 40MG/ML	101	<i>methazolamide</i>	67
LYNPARZA	43	<i>megestrol acetate</i>	101	<i>methenamine hippurate</i>	19
LYRICA	26	MEKINIST	43	<i>methergine</i>	109
LYSODREN	102	<i>meloxicam</i>	11	<i>methimazole</i>	103
LYSTEDA	58	<i>melphalan hydrochloride</i>	38	<i>methotrexate</i>	104
<i>lyza</i>	101	<i>memantine hcl</i>	29	<i>methotrexate sodium</i>	104
MACROBID	19	<i>memantine hcl titration pak</i>	29	<i>methoxsalen</i>	75
MACRODANTIN	19	<i>memantine hydrochloride</i>	29	<i>methscopolamine bromide</i>	86
<i>magnesium sulfate</i>	78	MENACTRA	106	<i>methyclothiazide</i>	68
<i>malathion</i>	45	MENHIBRIX	106	<i>methyldopa</i>	61
				METHYLIN	71
				<i>methylphenidate hcl</i>	72

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<i>methylphenidate hcl cd</i>	71	MICROGESTIN 1/20	99	<i>mono-lynyah</i>	99
<i>methylphenidate hcl er</i>	72	MICROGESTIN 24 FE	99	MONONESSA	99
<i>methylphenidate hcl er (la) caps</i>	72	MICROGESTIN FE 1.5/30	99	<i>montelukast sodium</i>	116
<i>methylphenidate hydrochloride</i>	72	MICROGESTIN FE 1/20	99	MONUROL	19
<i>methylprednisolone</i>	93	MICROZIDE	68	<i>morgidox 1x100mg</i>	25
<i>methylprednisolone acetate</i>	93	<i>midodrine hcl</i>	61	<i>morgidox 1x50mg caps</i>	25
<i>methylprednisolone dose pack</i>	93	<i>miglitol</i>	57	<i>morgidox 2x100mg</i>	25
<i>methylprednisolone sodiumsuccinate</i>	93	MIGRANAL	36	<i>morphine sulfate</i>	15
<i>metipranolol</i>	113	MILLIPRED TABS, SOLN	93	<i>morphine sulfate er</i>	13
<i>metoclopramide hcl</i>	86	MINIPRESS	61	MOVANTIK	86
<i>metoclopramide odt</i>	86	<i>minitran</i>	70	MOVIPREP	87
<i>metolazone</i>	68	MINIVELLE	99	MOXEZA	110
<i>metoprolol succinate er</i>	64	MINOCIN	25	<i>moxifloxacin hcl</i>	24
<i>metoprolol tartrate</i>	64	<i>minocycline hcl</i>	25	MOZOBIL	60
<i>metoprolol/hydrochlorothiazide</i>	64	<i>minocycline hcl er</i>	25	MS CONTIN	13
METROCREAM	75	<i>minoxidil</i>	70	MULTAQ	63
METROGEL 1% TOPICAL GEL	75	MIRAPEX	45	<i>multi vitamin/fluoride</i>	81
METROGEL-VAGINAL	19	MIRAPEX ER	45	<i>multi-vit/fluoride</i>	81
METROLOTION	75	<i>mirtazapine</i>	30	<i>multi-vit/iron/fluoride</i>	81
<i>metronidazole</i>	75	<i>mirtazapine odt</i>	30	<i>multivitamin with fluoride</i>	81
<i>metronidazole</i>	75	MIRVASO	113	<i>multi-vitamin/fluoride</i>	81
<i>metronidazole in nacl 0.79%</i>	19	<i>misoprostol</i>	88	<i>multi-vitamin/fluoride/iron</i>	81
<i>metronidazole vaginal</i>	19	MITIGARE	36	<i>mult-vitamin/fluoride</i>	81
<i>mexiletine hcl</i>	63	<i>mitomycin</i>	41	<i>mupirocin</i>	75
MIACALCIN	108	<i>mitoxantrone hcl</i>	41	MUSTARGEN	38
<i>mibelas 24 fe</i>	99	M-M-R II	106	<i>mvc-fluoride</i>	81
MICARDIS	62	MOBIC	11	MYAMBUTOL	37
MICARDIS HCT	62	<i>modafinil</i>	119	MYCAMINE	35
<i>miconazole 3</i>	35	<i>moderiba</i>	51	<i>mycophenolate mofetil</i>	104
MICROGESTIN 1.5/30	99	<i>moexipril hcl</i>	63	<i>mycophenolic acid dr</i>	104
		<i>moexipril/hydrochlorothiazide</i>	63	MYFORTIC	104
		<i>molindone hydrochloride</i>	47	<i>myorisan</i>	75
		<i>mometasone furoate</i>	93	MYRBETRIQ	89
		<i>mometasone furoate</i>	114	MYSOLINE	27
				<i>myzilra</i>	99

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<i>nabumetone</i>	11	<i>neomycin sulfate</i>	18	<i>nifedipine</i>	66
<i>nadolol</i>	64	<i>neomycin/bacitracin/ polymyxin ophthalmic oint</i>	110	<i>nifedipine er</i>	66
<i>nadolol/ bendroflumethiazide</i>	64	<i>neomycin/polymyxin/ bacitracin/ hydrocortisone ophthalmic oint</i>	110	<i>nikki</i>	99
<i>nafcillin sodium</i>	22	<i>neomycin/polymyxin/ dexamethasone</i>	110	<i>nilutamide</i>	38
<i>naftifine hcl 1% cream</i>	35	<i>neomycin/polymyxin/ gramicidin</i>	110	<i>nimodipine</i>	66
<i>naftifine hcl 2% cream</i>	35	<i>neomycin/polymyxin/ hydrocortisone</i>	114	NINLARO	41
NAFTIN	35	<i>neomycin/polymyxin/ hydrocortisone</i>	114	NIPENT	41
NAGLAZYME	89	<i>neo-polycin</i>	110	<i>nisoldipine er</i>	66
<i>nalbuphine hcl</i>	15	NEORAL	104	NITRO-BID	70
<i>naloxone hcl</i>	17	NEPHRAMINE	78	NITRO-DUR	70
<i>naltrexone hcl</i>	17	NESTABS	82	<i>nitrofurantoin</i>	19
NAMENDA	29	<i>neuac gel 1.2; 5%</i>	75	<i>nitrofurantoin macrocrystals</i>	19
NAMENDA	29	NEULASTA INJ	60	<i>nitrofurantoin monohydrate</i>	19
TITRATION PAK		NEUPOGEN	60	<i>nitroglycerin</i>	70
NAMENDA XR	29	NEUPRO	45	<i>nitroglycerin lingual spray</i>	70
NAMENDA XR	29	NEURONTIN	27	<i>nitroglycerin</i>	70
TITRATION PACK		NEVANAC	112	<i>transdermal</i>	
NAMZARIC	29	<i>nevirapine</i>	51	NITROLINGUAL	70
NAPRELAN	12	<i>nevirapine er</i>	51	PUMPSPRAY	
NAPROSYN	12	NEXA PLUS	82	NITROMIST	70
<i>naproxen</i>	12	NEXAVAR	43	NITROSTAT	70
<i>naproxen dr</i>	12	<i>niacin er tabs 500mg, 750mg, 1000mg</i>	69	NIVA-PLUS	82
<i>naproxen sodium</i>	12	NIACOR	69	<i>nizatidine</i>	86
<i>naratriptan hcl</i>	36	NIASPAN	69	NIZORAL	35
NASONEX	114	<i>nicardipine hcl</i>	66	<i>nora-be</i>	101
NATACHEW	82	NICOTROL INHALER	17	NORCO	15
NATACYN	110	NICOTROL NS	17	NORDITROPIN	95
<i>nateglinide</i>	57	<i>nifedical xl</i>	66	FLEXPRO	
NATELLE ONE	82			<i>norethindrone</i>	101
NATESTO	95			<i>norethindrone acetate</i>	101
NATPARA	108			<i>norethindrone acetate/ethinyl estradiol</i>	99
NEBUPENT	44			<i>norethindrone</i>	99
<i>necon 0.5/35-28</i>	99			<i>acetate/ethinyl estradiol/ferrous fumarate</i>	
<i>necon 1/35</i>	99				
NECON 10/11-28	99				
NECON 7/7/7	99				
<i>nefazodone hcl</i>	31				



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<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	99	NUVESSA	19	<i>olopatadine hcl ophthalmic soln (generic Pataday) 0.2%</i>	111
<i>norgestimate/ethinyl estradiol</i>	99	NUVIGIL	119	OLUX	93
NORITATE	75	<i>nyamyc</i>	35	<i>omega-3-acid ethyl esters caps 1gm</i>	69
<i>norlyroc</i>	101	<i>nyata</i>	35	<i>omeprazole</i>	88
NORMOSOL-R IN D5W	78	<i>nystatin</i>	35	<i>omeprazole/sodium bicarbonate</i>	88
NORMOSOL-R INJ PH 7.4	78	<i>nystatin/ triamcinolone</i>	35	OMNARIS	114
NORPACE	63	<i>nystop</i>	35	OMNIPRED	112
NORPACE CR	63	OB COMPLETE GOLD	82	ONCASPAR	41
NORPRAMIN	33	OB COMPLETE ONE	82	<i>ondansetron hcl</i>	33
NORTHERA	61	OB COMPLETE PETITE	82	<i>ondansetron odt</i>	34
<i>nortrel 0.5/35 (28)</i>	99	OB COMPLETE/DHA	82	ONFI	27
<i>nortrel 1/35</i>	99	O-CAL PRENATAL	82	ONIVYDE	41
<i>nortrel 7/7/7</i>	99	OCELLA	99	ONMEL	35
<i>nortriptyline hcl</i>	33	OCTAGAM	105	ONZETRA XSAIL	36
NORVASC	66	<i>octreotide acetate</i>	102	OPANA	15
NORVIR	53	OCUFEN	112	OPANA ER (CRUSH RESISTANT)	13
NOVOLIN 70/30	58	OCUFLOX	110	OPDIVO	44
NOVOLIN N	58	ODEFSEY	52	OPSUMIT	117
NOVOLIN R	58	ODOMZO	43	ORACEA	75
NOVOLOG	58	OFEV	118	<i>oralone</i>	73
NOVOLOG FLEXPEN	58	<i>ofloxacin</i>	24	ORAPRED ODT	93
NOVOLOG MIX 70/30	58	<i>ofloxacin</i>	110	ORAVIG	35
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	58	<i>ofloxacin</i>	114	ORFADIN	89
NOVOLOG PENFILL	58	<i>olanzapine</i>	48	ORFADIN	109
NOXAFIL	35	<i>olanzapine odt</i>	48	ORKAMBI	117
NUCYNTA	15	<i>olanzapine/fluoxetine</i>	31	<i>orsythia</i>	99
NUCYNTA ER	13	<i>olmesartan medoxomil</i>	62	ORTHO TRI-CYCLEN LO	99
NUEDEXTA	72	<i>olmesartan medoxomil/ hydrochlorothiazide</i>	62	<i>oseltamivir phosphate</i>	53
NULOJIX	104	<i>olopatadine hcl</i>	111	OSMOPREP	87
NULYTELY/FLAVOR PACKS	87	<i>olopatadine hcl</i>	115	OTREXUP	104
NUPLAZID	48			OVIDE	45
NUTRILIPID	78			<i>oxacillin sodium</i>	22
NUVARING	99			<i>oxaliplatin</i>	41

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<i>oxandrolone</i>	95	PAZEO	112	<i>phenytoin sodium</i>	28
<i>oxaprozin</i>	12	PCE	23	<i>phenytoin sodium extended</i>	28
<i>oxazepam</i>	55	PEDIARIX	106	<i>philith</i>	99
<i>oxcarbazepine</i>	28	PEDVAX HIB	106	<i>phos-flur gel</i>	73
<i>oxiconazole nitrate</i>	35	<i>peg-3350/electrolytes</i>	87	PHOSLYRA	81
OXISTAT	35	<i>peg-3350/nacl/na bicarbonate/kcl</i>	87	PHOSPHOLINE IODIDE	113
OXTELLAR XR	28	PEGANONE	28	PHYSIOLYTE	78
<i>oxybutynin chloride</i>	89	PEGASYS	51	PHYSIOSOL IRRIGATION	78
<i>oxybutynin chloride er</i>	89	PEGASYS PROCLICK	51	PICATO	75
<i>oxycodone hcl</i>	15	<i>penicillin g potassium</i>	22	<i>pilocarpine hcl</i>	73
<i>oxycodone hcl er</i>	13	<i>penicillin g procaine</i>	22	<i>pilocarpine hcl</i>	113
<i>oxycodone/acetaminophen</i>	15	<i>penicillin g sodium</i>	22	<i>pilocarpine hcl tabs 5mg</i>	73
<i>oxycodone/aspirin</i>	16	<i>penicillin v potassium</i>	22	<i>pimozide</i>	47
<i>oxycodone/ibuprofen</i>	16	PENNSAID	12	<i>pimtrea</i>	99
<i>oxymorphone hydrochloride</i>	16	PENTAM 300	44	<i>pindolol</i>	64
<i>oxymorphone hydrochloride er</i>	13	PENTASA	107	<i>pioglitazone hcl</i>	57
OXYTROL	90	<i>pentazocine/naloxone hcl</i>	16	<i>pioglitazone hcl/metformin hcl</i>	57
<i>pacerone</i>	63	<i>pentoxifylline cr</i>	67	<i>pioglitazone hcl-glimepiride</i>	57
<i>paclitaxel</i>	41	<i>pentoxifylline er</i>	67	<i>piperacillin sodium/tazobactam sodium inj 2gm-0.25gm, 3gm-0.375gm, 36gm-4.5gm</i>	22
<i>paliperidone er</i>	48	PEPCID	87	<i>piperacillin/tazobactam</i>	23
PAMELOR	33	PERCOCET	16	<i>pirmella 1/35</i>	99
<i>pamidronate disodium</i>	108	PERFOROMIST	116	<i>pirmella 7/7/7</i>	99
PANRETIN	44	<i>perindopril erbumine</i>	63	<i>piroxicam</i>	12
<i>pantoprazole sodium</i>	88	<i>perio gard</i>	73	PLAQUENIL	45
<i>paricalcitol</i>	108	PERJETA	41	PLASMA-LYTE A	79
<i>paroex</i>	73	<i>permethrin</i>	45	PLASMA-LYTE-148	79
<i>paromomycin sulfate</i>	18	<i>perphenazine</i>	47	PLAVIX	60
<i>paroxetine hcl</i>	31	<i>perphenazine/amitriptyline</i>	33	<i>plenamine</i>	79
<i>paroxetine hcl er</i>	31	<i>phenadoz</i>	33		
PASER	37	<i>phenelzine sulfate</i>	30		
PATADAY	112	<i>phenergan</i>	33		
PATANASE	115	PHENERGAN	115		
PATANOL	112	<i>phenobarbital</i>	27		
PAXIL	32	<i>phenobarbital sodium</i>	119		
PAXIL CR	31	PHENYTEK	28		
		<i>phenytoin</i>	28		

Drug name	Page	Drug name	Page	Drug name	Page
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	82	<i>potassium chloride/dextrose/sodium chloride</i>	79	PREMASOL	80
PNV PRENATAL PLUS MULTIVITAMIN	82	<i>potassium chloride/sodium chloride</i>	79	PREMPHASE	100
PNV PRENATAL PLUS MULTIVITAMIN + DHA	82	<i>potassium citrate er tabs</i>	79	PREMPRO	100
PNV TABS 29-1	82	POTIGA	25	PRENAISSANCE	83
PNV-DHA	82	PRADAXA	59	PRENAISSANCE PLUS	83
PNV-SELECT	82	PRALUENT	69	PRENATA	83
PNV-VP-U	82	<i>pramipexole dihydrochloride er</i>	45	PRENATAL 19	83
<i>podofilox</i>	75	<i>pramipexole dihydrochloride immediate release tabs</i>	45	PRENATAL PLUS	83
<i>polycin</i>	110	PRANDIN	57	PRENATAL PLUS IRON	83
<i>polyethylene glycol 3350</i>	87	PRAVACHOL	69	PRENATE	83
<i>polymyxin b sulfate/trimethoprim sulfate</i>	110	<i>pravastatin sodium</i>	69	PRENATE AM	83
<i>poly-vitamin/fluoride</i>	82	<i>prazosin hcl</i>	61	PRENATE DHA	83
POMALYST	38	PRECOSE	57	PRENATE ELITE	83
<i>portia-28</i>	99	PRED FORTE	112	PRENATE ESSENTIAL	83
PORTRAZZA	41	PRED MILD	112	PRENATE MINI	84
POTASSIUM CHLORIDE	79	<i>prednicarbate oint, emollient crea</i>	93	PRENATE PIXIE	84
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	79	<i>prednisolone</i>	93	PREPLUS	84
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	79	<i>prednisolone acetate ophthalmic soln 1%</i>	112	PREPOPIK	87
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	79	<i>prednisolone sodium phosphate</i>	93	PREQUE 10	84
<i>potassium chloride cr</i>	79	<i>prednisolone sodium phosphate</i>	112	PRETAB	84
<i>potassium chloride er</i>	79	<i>prednisolone sodium phosphate odt</i>	93	PREVACID	88
<i>potassium chloride sr</i>	79	<i>prednisolone sodium phosphate odt</i>	93	PREVACID SOLUTAB	88
POTASSIUM CHLORIDE/DEXTROSE	79	<i>prednisone</i>	93	<i>prevalite</i>	69
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	79	<i>prednisone intensol oral soln conc</i>	93	<i>previfem</i>	100
		PREFERA OB	82	PREVPAC	19
		PREFERAOB +DHA	82	PREZCOBIX	53
		PREFERAOB ONE	82	PREZISTA	53
		PREMARIN	99	PRIFTIN	37
				PRILOSEC	88
				<i>primaquine phosphate</i>	45
				<i>primidone</i>	27
				PRINIVIL	63
				PRISTIQ	32
				PRIVIGEN	105
				<i>probenecid</i>	36
				<i>probenecid/colchicine</i>	36

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PROCALAMINE	80	<i>propylthiouracil</i>	103	<i>quinidine gluconate cr tabs</i>	64
PROCARDIA	66	PROQUAD	106	<i>quinidine gluconate er tabs</i>	64
PROCARDIA XL	66	PROSCAR	90	<i>quinidine sulfate</i>	64
PROCENTRA	71	PROSOL	80	<i>quinine sulfate</i>	45
<i>prochlorperazine</i>	47	PROTONIX	88	RABAVERT	106
<i>prochlorperazine edisylate</i>	47	PROTOPIC	75	<i>rabeprazole sodium tabs</i>	88
<i>prochlorperazine maleate</i>	47	<i>protriptyline hcl</i>	33	<i>rajani</i>	100
PROCRIT	60	PROVERA	101	<i>raloxifene hydrochloride</i>	102
<i>procto-med hc</i>	93	PROVIDA DHA	84	<i>ramipril</i>	63
<i>procto-pak</i>	94	PROVIGIL	119	RANEXA	67
<i>proctosol hc topical crea</i>	94	PROZAC	32	<i>ranitidine hcl</i>	87
<i>proctozone-hc</i>	94	PROZAC WEEKLY	32	RAPAFLO	90
<i>progesterone</i>	101	PRUDOXIN	75	RAPAMUNE	104
PROGLYCEM	58	PSORCON	94	<i>rasagiline mesylate</i>	46
PROGRAF	104	PULMICORT FLEXHALER	114	RASUVO	104
PROLASTIN-C	89	PULMICORT INHALATION SUSP	114	RAVICTI	89
PROLENSA	112	PULMOZYME	117	RAYOS	94
PROLEUKIN	41	PUREFE OB PLUS	84	RAZADYNE	29
PROLIA	108	PURIXAN	39	RAZADYNE ER	29
PROMACTA	60	<i>pyrazinamide</i>	37	REBETOL	51
<i>promethazine hcl</i>	33	<i>pyridostigmine bromide</i>	37	RECLAST	108
<i>promethazine hcl</i>	115	<i>pyridostigmine bromide er</i>	37	<i>reclipsen</i>	100
<i>promethazine vc plain syrup</i>	115	QUADRACEL	106	RECOMBIVAX HB	106
<i>promethazine/phenylephrine syrup</i>	115	QUALAQUIN	45	RECTIV	75
<i>promethegan</i>	33	<i>quasense</i>	100	REGLAN	86
PROMETRIUM	101	QUDEXY XR	28	REGRANEX	75
<i>propafenone hcl er caps</i>	64	QUESTRAN	69	RELENZA DISKHALER	53
<i>propafenone hcl tabs</i>	64	<i>quetiapine fumarate</i>	48	RELISTOR	86
<i>proparacaine hcl</i>	110	<i>quetiapine fumarate er</i>	48	RELNATE DHA	84
<i>propranolol hcl</i>	65	QUILLICHEW ER	72	RELPAK	36
<i>propranolol hcl er caps</i>	64	QUILLIVANT XR	72	REMERON	30
<i>propranolol/hydrochlorothiazide</i>	65	<i>quinapril</i>	63	REMERON SOLTAB	30
		<i>quinapril/hydrochlorothiazide</i>	63	REMICADE	104
				REMODULIN	117
				RENAGEL	81

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RENVELA	81	<i>risedronate sodium</i>	108	SALAGEN	73
<i>repaglinide</i>	57	<i>risedronate sodium dr</i>	108	SANCUSO	34
<i>repaglinide/</i>	57	<i>tabs 35mg</i>		SANDIMMUNE	104
<i>metformin</i>		RISPERDAL	49	SANDOSTATIN LAR	102
<i>hydrochloride</i>		RISPERDAL CONSTA	49	DEPOT	
<i>reprexain</i>	16	RISPERDAL M-TAB	49	SANTYL	76
REQUIP	45	<i>risperidone</i>	49	SAPHRIS	49
REQUIP XL	45	<i>risperidone odt</i>	49	SARAFEM	109
RESCRIPTOR	52	RITALIN	72	SAVELLA	73
RESTASIS	110	RITALIN LA	72	SAVELLA TITRATION	73
RESTASIS	111	RITUXAN	44	PACK	
MULTIDOSE		<i>rivastigmine tartrate</i>	29	SEASONIQUE	100
RESTORIL	55	<i>caps</i>		SECTRAL	65
RETIN-A	76	<i>rivastigmine</i>	29	SELECT-OB	84
RETIN-A MICRO GEL	75	<i>transdermal system</i>		<i>selegiline hcl</i>	46
RETIN-A MICRO GEL	75	RIVELSA	100	<i>selenium sulfide</i>	76
PUMP		<i>rizatriptan benzoate</i>	36	SELZENTRY	53
RETROVIR	52	<i>odt</i>		SE-NATAL 19	84
RETROVIR IV	52	<i>rizatriptan benzoate</i>	36	SENSIPAR	108
INFUSION		<i>tabs</i>		SEREVENT DISKUS	117
REVATIO	117	ROBINUL	86	<i>sertraline hcl</i>	32
REVLIMID	38	ROBINUL FORTE	86	<i>setlakin</i>	100
REXULTI	49	ROCALTROL	108	<i>sf gel 1.1%</i>	73
REYATAZ	53	<i>ropinirole er</i>	45	<i>sharobel</i>	101
<i>ribasphere</i>	51	<i>ropinirole hcl</i>	46	SIGNIFOR 0.3MG/	103
RIBASPHERE	51	<i>immediate release</i>		ML, 0.6MG/ML,	
RIBAPAK		<i>tabs</i>		0.9MG/ML.	
<i>ribavirin</i>	118	<i>rosadan 0.75% crea,</i>	76	<i>sildenafil</i>	118
<i>ribavirin</i>	51	<i>gel</i>		SILENOR	119
RIDAURA	105	<i>rosuvastatin calcium</i>	69	SILVADENE	76
<i>rifabutin</i>	37	ROTARIX	106	<i>silver sulfadiazine</i>	76
RIFADIN	37	ROTATEQ	106	SIMBRINZA	113
<i>rifampin</i>	37	<i>rowepra</i>	26	SIMULECT	104
RIFATER	37	ROXICODONE	16	<i>simvastatin</i>	69
RILUTEK	72	ROZEREM	119	SINEMET	46
<i>riluzole</i>	72	RUBRACA	41	SINEMET CR	46
<i>rimantadine hcl</i>	53	RYDAPT	41	SINGULAIR	116
<i>ringers injection</i>	80	RYTARY	46	<i>sirolimus</i>	104
RIOMET	57	RYTHMOL SR	64	SIRTURO	37
		SABRIL	27		

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SIVEXTRO	19	<i>sps oral susp</i>	80	<i>sumatriptan succinate</i>	36
<i>sodium bicarbonate</i>	80	<i>15gm/60ml</i>		<i>refill</i>	
<i>inj</i>		<i>sronyx</i>	100	SUMAVEL DOSEPRO	37
<i>sodium bicarbonate</i>	80	SSD 1% CREA	76	SUPRAX	21
<i>partial fill 4.2%</i>		STALEVO 100	46	SUPREP BOWEL	87
<i>sodium chloride</i>	80	STALEVO 150	46	PREP KIT	
<i>sodium chloride</i>	80	STALEVO 200	46	SUSTIVA	52
<i>0.45%</i>		STALEVO 50	46	SUTENT	43
<i>sodium chloride 0.9%</i>	90	STARLIX	57	<i>syeda</i>	100
<i>irrigation soln</i>		<i>stavudine</i>	52	SYLATRON	51
<i>sodium fluoride</i>	80	<i>sterile water irrigation</i>	80	SYLVANT	105
<i>sodium</i>	89	STIMATE	95	SYMBICORT	114
<i>phenylbutyrate</i>		STIVARGA	43	SYMBYAX	32
<i>sodium polystyrene</i>	80	STRATTERA	72	SYMLINPEN 120	57
<i>sulfonate</i>		<i>streptomycin sulfate</i>	18	SYMLINPEN 60	57
<i>sodium sulfacetamide</i>	76	STRIANT	95	SYNAGIS	105
<i>sodium sulfacetamide</i>	111	STRIBILD	52	SYNALAR	94
SOLARAZE	76	STROMECTOL	44	SYNALAR CREAM KIT	94
SOLODYN	25	SUBOXONE	17	SYNAREL	103
SOLTAMOX	39	SUCRALFATE	88	SYNERCID	19
SOLU-CORTEF	94	SULAR	66	SYNRIBO	41
SOLU-MEDROL	94	<i>sulfacetamide sodium</i>	76	SYNTHROID	102
SOMATULINE DEPOT	103	<i>sulfacetamide sodium</i>	111	SYPRINE	81
SOMAVERT	103	<i>sulfacetamide</i>	111	TABLOID	39
SONATA	118	<i>sodium/prednisolone</i>		TACLONEX	76
SORILUX	76	<i>sodium phosphate</i>		TACLONEX	94
<i>sorine</i>	64	<i>ophthalmic soln</i>		<i>tacrolimus</i>	76
<i>sotalol af</i>	64	<i>sulfadiazine</i>	24	<i>tacrolimus</i>	104
<i>sotalol hcl</i>	64	<i>sulfamethoxazole/</i>	24	TAFINLAR	43
SOVALDI	51	<i>trimethoprim</i>		TAGRISSO	43
<i>spironolactone</i>	67	<i>sulfamethoxazole/</i>	24	TAMIFLU	53
<i>spironolactone/</i>	67	<i>trimethoprim ds</i>		<i>tamoxifen citrate</i>	39
<i>hydrochlorothiazide</i>		SULFAMYLON	76	<i>tamsulosin hcl</i>	90
SPORANOX	35	<i>sulfasalazine</i>	107	TAPAZOLE	103
SPORANOX	35	SULFATRIM	24	TARCEVA	43
PULSEPAK		PEDIATRIC		TARGETIN	44
<i>sprintec 28</i>	100	<i>sulindac</i>	12	<i>tarina fe 1/20</i>	100
SPRITAM	26	<i>sumatriptan</i>	37	TARKA	63
SPRYCEL	43	<i>sumatriptan succinate</i>	36		

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TARON-PREX	84	<i>tetrabenazine</i>	73	TOBRADEX ST SUSP	111
TASIGNA	43	<i>tetracycline hydrochloride</i>	25	<i>tobramycin nebu 300mg/5ml</i>	117
TAXOTERE	41	THALOMID	38	<i>tobramycin sulfate</i>	18
<i>tazarotene</i>	76	THEO-24	117	<i>tobramycin sulfate</i>	111
<i>tazicef</i>	21	<i>theophylline</i>	117	<i>tobramycin/ dexamethasone susp</i>	111
TAZORAC	76	<i>theophylline cr</i>	117	TOBREX	111
<i>taztia xt</i>	66	<i>theophylline er</i>	117	TOFRANIL	33
TECENTRIQ	44	THERACYS	41	TOLAK	76
TEFLARO	21	<i>thioridazine hcl</i>	47	<i>tolazamide</i>	57
TEGRETOL	28	<i>thiotepa</i>	38	<i>tolbutamide</i>	57
TEGRETOL-XR	28	<i>thiothixene</i>	47	<i>tolterodine tartrate er caps</i>	90
TEKTURNA	67	THRIVITE RX	84	<i>tolterodine tartrate tabs</i>	90
TEKTURNA HCT	67	THYMOGLOBULIN	105	TOPAMAX	28
<i>telmisartan</i>	62	<i>tiagabine hydrochloride</i>	27	TOPAMAX SPRINKLE	28
<i>telmisartan/ amlodipine</i>	62	TIAZAC	66	TOPICORT	94
<i>telmisartan/ hydrochlorothiazide</i>	62	TICE BCG	41	<i>topiramate</i>	28
<i>temazepam</i>	55	TIGAN	33	<i>topiramate er</i>	28
TEMODAR	38	<i>tigecycline</i>	19	<i>toposar</i>	42
TEMOVATE	94	TIKOSYN	64	<i>topotecan hcl</i>	42
TENEX	61	TILIA FE	100	TOPROL XL	65
TENIVAC	106	<i>timolol maleate</i>	113	TORISEL	43
TENORMIN	65	<i>timolol maleate</i>	65	<i>torse mide</i>	67
TERAZOL 7	35	<i>timolol maleate ophthalmic gel forming soln</i>	113	TOUJEO SOLOSTAR	58
<i>terazosin hcl</i>	61	TIMOPTIC	113	TOVIAZ	90
<i>terbinafine hcl</i>	35	TIMOPTIC OCUDOSE	113	TPN ELECTROLYTES INJ	80
<i>terbutaline sulfate</i>	117	TIMOPTIC-XE	113	TRACLEER	118
<i>terconazole</i>	35	<i>tinidazole</i>	19	TRADJENTA	57
TESTIM	95	TIROSINT	102	<i>tramadol hcl</i>	16
<i>testosterone</i>	96	TIVICAY	51	<i>tramadol hcl er</i>	13
<i>testosterone cypionate</i>	95	TIVORBEX	12	<i>tramadol hydrochloride/ acetaminophen</i>	16
<i>testosterone enanthate</i>	95	<i>tizanidine hcl</i>	50	<i>trandolapril</i>	63
<i>testosterone gel 12.5mg/act pump</i>	95	TL-SELECT	84	<i>trandolapril/ verapamil hcl er</i>	63
<i>tetanus/diphtheria toxoids-adsorbed</i>	106	TOBI	117		
		TOBI PODHALER	117		
		TOBRADEX	111		

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<i>tranexamic acid</i>	58	TRICOR	68	<i>trivora-28</i>	100
TRANSDERM-SCOP	33	<i>triderm crea</i>	94	TROKENDI XR	28
TRANXENE T	55	<i>tri-estarylla</i>	100	TROPHAMINE INJ	80
<i>tranylcypromine sulfate</i>	30	<i>trifluoperazine hcl</i>	47	10%	
TRAVASOL	80	<i>trifluridine</i>	111	<i>trospium chloride er caps</i>	90
TRAVATAN Z	109	TRIGLIDE	68	<i>trospium chloride tabs</i>	90
<i>trazodone hcl</i>	32	<i>trihexyphenidyl hcl</i>	45	TRULICITY	57
TREANDA	38	<i>tri-legest fe</i>	100	TRUMENBA	106
TRECTOR	37	TRILEPTAL	28	TRUSOPT	113
TRELSTAR	103	<i>tri-linyah</i>	100	TRUVADA	52
TRELSTAR MIXJECT	103	TRILIPIX	68	TWINRIX	106
TRESIBA FLEXTOUCH	58	<i>tri-lo-estarylla</i>	100	TWYNSTA	62
<i>tretinoin</i>	44	<i>tri-lo-marzia</i>	100	TYBOST	53
<i>tretinoin</i>	76	<i>tri-lo-sprintec</i>	100	TYGACIL	19
<i>tretinoin microsphere gel</i>	76	<i>trilyte</i>	87	TYKERB	43
<i>tretinoin microsphere pump gel</i>	76	<i>trimethobenzamide hcl</i>	33	TYLENOL/CODEINE #3	16
TREXALL	104	<i>trimethoprim</i>	19	TYPHIM VI	106
TREXIMET	37	<i>trimethoprim sulfate/ polymyxin b sulfate</i>	111	TYSABRI	73
TRIADVANCE	84	<i>trimipramine maleate</i>	33	UCERIS	94
<i>triamcinolone acetone</i>	94	TRINATAL GT	84	ULORIC	36
<i>triamcinolone acetone</i>	73	TRINATAL RX 1	84	ULTIMATECARE ONE NF	85
<i>triamcinolone acetone</i>	115	TRINESSA	100	ULTRACET	16
<i>triamcinolone in orabase</i>	73	TRINESSA LO	100	ULTRAM	16
<i>triamterene/ hydrochlorothiazide</i>	67	TRINTELLIX	30	ULTRAVATE	94
TRIANEX	94	TRIOSTAT	102	UNITHROID	102
<i>triazolam</i>	55	<i>triple antibiotic</i>	111	UPTRAVI	118
TRIBENZOR	62	<i>tri-previfem</i>	100	URECHOLINE	90
TRICARE PRENATAL	84	TRISENOX	41	UROCIT-K 10	80
TRICARE PRENATAL DHA ONE	84	<i>tri-sprintec</i>	100	UROCIT-K 15	80
TRICARE PRENATAL TABS	84	TRISTART DHA	84	UROCIT-K 5	80
		TRIUMEQ	52	UROXATRAL	90
		TRIVEEN-PRX RNF	85	URSO 250	86
		<i>tri-vit/fluoride</i>	84	URSO FORTE	86
		TRI-VIT/FLUORIDE/IRON	84	<i>ursodiol</i>	86
		<i>tri-vitamin/fluoride soln 0.25mg/ml</i>	84	UVADEX	41



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VAGIFEM	100	VERAMYST	115	VIRT-PN	85
<i>valacyclovir hcl</i>	54	<i>verapamil hcl</i>	66	VIRT-PN DHA	85
VALCHLOR	38	<i>verapamil hcl er tabs,</i>	66	VIRT-PN PLUS	85
VALCYTE	50	<i>caps</i>		VIRT-SELECT	85
<i>valganciclovir</i>	50	<i>verapamil hcl sr</i>	66	VISTARIL	115
<i>hydrochloride soln</i>		VERELAN	66	VITAFOL FE+	85
<i>valganciclovir tabs</i>	50	VERELAN PM	66	VITAFOL GUMMIES	85
VALIUM	55	VERIPRED 20	94	VITAFOL-ONE	85
<i>valproate sodium</i>	27	VERSACLOZ	50	VITAMEDMD ONE	85
<i>valproic acid</i>	27	VESICARE	90	RX/QUATREFOLIC	
<i>valsartan</i>	62	<i>vestura</i>	100	<i>vitamins a/d/c/</i>	85
<i>valsartan/</i>	62	VIBRAMYCIN	25	<i>fluoride</i>	
<i>hydrochlorothiazide</i>		<i>vicodin</i>	16	VIVELLE-DOT	100
VALSTAR	41	<i>vicodin es</i>	16	VIVLODEX	12
VALTREX	54	<i>vicodin hp</i>	16	VOGELXO	96
VANCOGIN HCL	19	VICTOZA	57	VOGELXO PUMP	96
VANCOMYCIN	20	VIDEX EC	52	VOL-NATE	85
<i>vancomycin hcl</i>	19	VIDEX PEDIATRIC	52	VOL-PLUS	85
VANCOMYCIN HCL	19	<i>vienva</i>	100	VOLTAREN	12
IN DEXTROSE		VIGAMOX	111	<i>voriconazole</i>	35
VANDAZOLE	20	VIIIBRYD	32	VOTRIENT	43
VANOS	94	VIIIBRYD STARTER	32	VP-CH-PNV	85
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Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Aetna Medicare Customer Service Department at the phone number on your member identification card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number on your member identification card (TTY: 711). If you need help filing a grievance, the Aetna Medicare Customer Service Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at [MedicareCRCoordinator@aetna.com](mailto:MedicareCRCoordinator@aetna.com), or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

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#### **TTY: 711**

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number on your member identification card. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en su tarjeta de identificación de miembro. (Spanish)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

បើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមាន ផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើង ឬហៅទៅកាន់ លេខទូរស័ព្ទដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (Khmer)

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

Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biäk kak anyuth duyic. Na ye jam thuōḡdēt tēnē thonḡ ē Dīnḡlith, ke kuwōny luilooi ē thok ē path aa tō thin. Nem yöt tēn internet tēdē ke yī cōl akuēn cōtmec biäk kak anyuth duyic. (Dinka)

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

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

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

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

ຖ້າທ່ານເວົ້າພາສາງ່າຍອາດຈະຍາກທີ່ຈະຮູ້, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ສົ່ງຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີທີ່ຢູ່ເທິງບັດເອດີສະມາຊິກຂອງທ່ານ. (Lao)

Doo bilagáana bizaad bee yáníłti'góó dóó náána ła' saad bee yáníłti'go, ata' hane' t'áa jíík'e bee níká i'doolwoł kodéé'. Béesh nitsékeesí bee ná'idíkid bá haz'ánigi, website, ąą'adíłíłgo díníł'jįį éí doodago béesh bee hane' bee nihich'į' hodíłnih ei bee nééhozin, identification card, biniyé neiyítanígíí bikáá'. (Navajo)

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

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

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

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

يا لاهل اللغوات، نيتى بلغة قبيلتكم، جلد ئؤمتمك، جيلاقتكم، تىبوتىكم، با (Syriac)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้บนบัตรประจำตัวสมาชิกของคุณ (Thai)

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

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

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

This formulary was updated on 10/01/2017. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-282-5366** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.aetnamedicare.com/formulary>**.

**Contract/PBP: H0523-002; H1109-005; H3152-022, 048, 080, 082, 084, 085, 086; H3312-002, 018, 048, 062, 063; H3597-001, 005, 007, 009; H3931-064, 065, 070, 081, 087, 092, 093, 094, 095, 096, 097, 098, 099, 100, 101, 102, 104, 105, 106, 107, 108, 109, 110, 112, 115, 116, 118, 119, 120, 122, 123, 124, 125, 126, 129, 130; H4523-001, 015; H5521-012, 013, 016, 020, 022, 027, 033, 037, 040, 053, 055, 056, 057, 058, 059, 060, 076, 077, 081, 082, 083, 084, 085, 086, 087, 088, 089, 090, 091, 092, 094, 099, 100, 101, 102, 103, 104, 105, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 130, 131, 134, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 150, 151, 152, 153, 154, 156, 157, 158, 159, 160, 167, 168, 169, 170, 171, 177, 178, 183, 184, 185, 186, 187, 190, 194, 195, 196, 197, 199; H5793-001, 008, 010, 011; R6694-003**

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