



First Health Part D

2017 Comprehensive Formulary

(List of covered drugs) A3

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

This formulary was updated on 10/01/2016.

For more recent information or other questions, please contact First Health Part D Member Services at **1-844-233-1938** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.coventry-medicare.com/formulary>**.

Formulary ID Number: 17023 Version 7

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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. Formulary, pharmacy network, and/or 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 pharmacy, which is called Aetna Rx Home Delivery. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-844-233-1938 (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.

This information is available for free in other languages. Please call our customer service number at **1-844-233-1938 (TTY: 711)**, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al **1-844-233-1938 (TTY: 711)**. Horario de atención: las 24 horas del día, 7 días de la semana.

本資訊也有其他語言的免費版本可供選擇。請致電**1-844-233-1938 (聽障專線：711)** 於會員服務部聯絡，辦公時間為每週7天、每天24小時。

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 First Health Part D. When it refers to “plan” or “our plan,” it means First Health Part D.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2016. 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, 2018, and from time to time during the year.

What is the First Health Part D 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 a First Health Part D 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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 10/01/2016. 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 74. 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 Web site. 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 First Health Part D 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 First Health Part D 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 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 our plan 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>**.

First Health Part D 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 74.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEVEMIR) and generic drugs are listed in lowercase 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:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization
GC	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 First Health Member Services at **1-844-233-1938 (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 First Health Part D Member Services at **1-844-233-1938 (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 2017 comprehensive formulary is a listing of brand-name and generic drugs. First Health Part D 2017 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 First Health Part D plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

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

Our plan combines generic and brand drugs on multiple 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
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Analgesics

<i>acetaminophen/codeine 300mg; 30mg</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>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	2	QL (180 EA per 30 days) MO GC
<i>ascomp/codeine</i>	2	QL (180 EA per 30 days) PA MO GC
<i>butalbital compound/codeine</i>	2	QL (180 EA per 30 days) PA GC
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	3	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</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</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	2	QL (180 EA per 30 days) PA MO GC
<i>capacet</i>	3	QL (180 EA per 30 days) PA
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>codeine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
<i>diclofenac potassium</i>	3	MO
<i>diclofenac sodium dr</i>	2	MO GC
<i>diclofenac sodium er</i>	2	MO GC
<i>diflunisal tabs</i>	4	MO
<i>duramorph</i>	2	B/D GC
<i>endocet</i>	3	QL (180 EA per 30 days)
<i>endodan</i>	3	QL (180 EA per 30 days)
<i>esgic caps</i>	3	QL (180 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
<i>etodolac</i>	3	MO
<i>etodolac er</i>	4	MO
<i>fentanyl transdermal patch</i>	4	QL (15 EA per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	2	MO GC
<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</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl immediate release tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	3	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 50mg/5ml</i>	4	B/D
<i>hydromorphone hcl inj 10mg/ml</i>	4	B/D MO
<i>ibudone tabs 5mg; 200mg</i>	3	QL (150 EA per 30 days)
<i>ibuprofen susp</i>	2	MO GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO GC
<i>ketoprofen er</i>	2	MO GC
<i>ketoprofen caps</i>	3	MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>lorcet</i>	3	QL (180 EA per 30 days)
<i>lorcet hd</i>	3	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>margesic</i>	3	QL (180 EA per 30 days) PA MO
<i>meclofenamate sodium caps</i>	2	MO GC
<i>meloxicam tabs</i>	1	MO GC
<i>meloxicam susp</i>	2	MO GC
<i>methadone hcl inj</i>	2	GC
<i>methadone hcl tabs</i>	3	QL (180 EA per 30 days) 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
<i>methadone hcl tbso</i>	3	QL (90 EA per 30 days)
<i>methadose tbso</i>	3	QL (90 EA per 30 days)
<i>morphine sulfate er cp24 30mg, 60mg</i>	4	MO
<i>morphine sulfate er cp24 120mg, 45mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 50mg, 80mg</i>	4	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate er tbc</i> 100mg, 200mg, 30mg, 60mg	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc</i> 15mg	4	QL (90 EA per 30 days) MO
<i>morphine sulfate inj</i> 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml	3	B/D
<i>morphine sulfate i.v. inj</i> 10mg/ml, 15mg/ml, 1mg/ml	3	B/D MO
<i>morphine sulfate oral soln</i> 20mg/5ml	3	QL (1020 ML per 30 days) MO
<i>morphine sulfate oral soln</i> 100mg/5ml	3	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln</i> 10mg/5ml	3	QL (1800 ML per 30 days) MO
<i>morphine sulfate tabs</i> 30mg	2	QL (180 EA per 30 days) MO GC
<i>morphine sulfate tabs</i> 15mg	2	QL (60 EA per 30 days) MO GC
<i>nabumetone</i>	2	MO GC
<i>nalbuphine hcl inj</i>	3	MO
<i>naproxen dr</i>	2	MO GC
<i>naproxen sodium tabs</i> 275mg, 550mg	2	MO GC
<i>naproxen tabs</i>	1	MO GC
<i>naproxen susp</i>	2	MO GC
<i>oxaprozin</i>	4	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 immediate release tabs</i> 30mg	3	QL (120 EA per 30 days) MO
<i>oxycodone hcl immediate release tabs</i> 10mg, 15mg, 20mg, 5mg	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs</i> 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	3	QL (120 EA per 30 days) MO
<i>piroxicam caps</i>	3	MO
<i>reprexain tabs</i> 10mg; 200mg	3	QL (150 EA per 30 days) MO
ROXICET SOLN	3	QL (1800 ML per 30 days) MO
<i>roxicet tabs</i>	3	QL (180 EA per 30 days)
<i>sulindac tabs</i>	2	MO GC
<i>tolmetin sodium tabs</i>	2	MO GC
<i>tolmetin sodium caps</i>	4	MO
<i>tramadol immediate release tabs</i>	2	QL (240 EA per 30 days) MO GC
<i>tramadol hydrochloride/acetaminophen</i>	3	QL (240 EA per 30 days) MO
<i>vicodin es tabs</i> 300mg; 7.5mg	3	QL (180 EA per 30 days)
<i>vicodin hp tabs</i> 300mg; 10mg	3	QL (180 EA per 30 days)
<i>vicodin tabs</i> 300mg; 5mg	3	QL (180 EA per 30 days)

*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
VOLTAREN GEL	3	QL (1000 GM per 30 days) MO
<i>xylon</i>	4	QL (150 EA per 30 days)
<i>zamicet</i>	3	QL (5550 ML per 30 days) MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	3	QL (180 EA per 30 days) PA MO
Anesthetics		
<i>glydo</i>	3	MO
<i>lidocaine hcl jelly</i>	3	MO
<i>lidocaine hcl gel 2%</i>	3	MO
<i>lidocaine hcl inj 0.5%, 1.5%</i>	3	
<i>lidocaine hcl inj 1%, 2%, 4%</i>	3	MO
<i>lidocaine hcl external soln 4%</i>	3	MO
<i>lidocaine hcl mouth/throat soln 4%</i>	3	
<i>lidocaine viscous</i>	3	MO
<i>lidocaine/prilocaine crea</i>	4	MO
<i>lidocaine oint</i>	3	MO
<i>lidocaine ptch</i>	3	QL (90 EA per 30 days) PA MO
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl/naloxone hcl</i>	4	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	2	QL (90 EA per 30 days) PA MO GC
<i>buproban</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	4	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	4	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	4	QL (336 EA per 365 days) MO
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl inj</i>	2	MO GC
<i>naltrexone hcl tabs</i>	3	MO
NARCAN	4	MO
NICOTROL NS	4	QL (40 ML per 30 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) PA MO
Antibacterials		
<i>amikacin sulfate inj</i>	4	MO
<i>amoxicillin</i>	1	MO GC
<i>amoxicillin/clavulanate potassium</i>	2	MO GC
<i>amoxicillin/clavulanate potassium er</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ampicillin sodium inj 10gm i.v., 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	2	GC
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO GC
<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
<i>azithromycin pack, susr, tabs</i>	2	MO GC
<i>azithromycin inj</i>	4	MO
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
BICILLIN L-A	4	MO
<i>cefaclor er</i>	2	MO GC
<i>cefaclor susr</i>	2	MO GC
<i>cefaclor caps</i>	3	MO
<i>cefadroxil caps, susr</i>	1	MO GC
<i>cefadroxil tabs</i>	2	MO GC
<i>cefazolin 2gm/100ml; 4%</i>	2	GC
<i>cefazolin sodium/dextrose</i>	4	
<i>cefazolin sodium inj 100gm, 1gm i.v., 1gm; 5%, 20gm, 300gm</i>	2	GC
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	MO GC
<i>cefdinir caps</i>	2	MO GC
<i>cefdinir susr</i>	3	MO
<i>cefepime inj 1gm/50ml, 1gm/50ml; 5%, 2gm/100ml, 2gm/50ml; 5%</i>	4	
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime</i>	2	MO GC
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	2	GC
<i>cefotaxime sodium inj 1gm</i>	2	MO GC
<i>cefotetan</i>	2	GC
<i>cefotetan/dextrose</i>	2	GC
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	4	
<i>cefoxitin sodium inj 1gm</i>	4	MO
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime/dextrose</i>	2	GC
<i>ceftazidime inj 6gm</i>	2	GC

*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>ceftazidime inj 1gm, 2gm</i>	2	MO GC
<i>ceftriaxone in iso-osmotic dextrose</i>	2	GC
<i>ceftriaxone sodium inj 100gm, 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>ceftriaxone/dextrose</i>	2	GC
<i>cefuroxime axetil</i>	3	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 75gm</i>	2	GC
<i>cefuroxime sodium inj 750mg</i>	2	MO GC
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	2	GC
<i>cephalexin</i>	2	MO GC
<i>chloramphenicol sodium succinate</i>	2	GC
<i>ciprofloxacin er</i>	2	MO GC
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	2	MO GC
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	GC
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	MO GC
<i>ciprofloxacin inj, otic soln</i>	2	MO GC
<i>ciprofloxacin susr</i>	3	MO
<i>clarithromycin susr, immediate release tabs</i>	3	MO
<i>clindamycin hcl caps</i>	2	MO GC
<i>clindamycin palmitate hcl</i>	3	MO
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	2	GC
<i>clindamycin phosphate in d5w</i>	2	GC
<i>clindamycin phosphate crea 2%</i>	4	MO
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 900mg/60ml</i>	2	GC
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	2	MO GC
<i>colistimethate sodium</i>	4	PA MO
CUBICIN	5	
DALVANCE	5	
<i>dicloxacillin sodium</i>	2	MO GC
DIFICID	5	MO
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate caps, tabs</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline monohydrate caps, tabs</i>	2	MO GC
<i>doxycycline caps 150mg, 75mg</i>	4	MO
<i>doxycycline susr</i>	3	MO
ERY-TAB	3	MO

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

Drug name	Drug tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE	4	
<i>erythromycin base</i>	2	MO GC
<i>erythromycin ethylsuccinate tabs</i>	2	MO GC
<i>erythromycin stearate tabs</i>	2	MO GC
<i>erythromycin cpep 250mg</i>	2	MO GC
<i>gentamicin sulfate pediatric</i>	2	MO GC
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	GC
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	2	MO GC
<i>gentamicin sulfate inj 10mg/ml</i>	2	GC
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO GC
<i>imipenem/cilastatin</i>	2	MO GC
INVANZ IV 1GM	4	
INVANZ INJ 1GM	4	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	MO GC
KETEK TABS 300MG	4	
KETEK TABS 400MG	4	MO
<i>levofloxacin in d5w</i>	2	GC
<i>levofloxacin inj 25mg/ml</i>	2	GC
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO GC
<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
<i>linezolid inj 600mg/300ml</i>	5	PA
<i>meropenem/sodium chloride 1gm/50ml; 0.9%, 500mg/50ml; 0.9%</i>	4	
<i>meropenem inj 500mg</i>	4	MO
<i>meropenem inj 1gm</i>	5	MO
<i>methenamine hippurate</i>	4	MO
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>minocycline hcl caps</i>	2	MO GC
<i>morgidox 1x100mg caps</i>	3	
<i>morgidox 2x100mg caps</i>	3	
NAFCILLIN 1GM/50ML, 2GM/100ML	4	

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

Drug name	Drug tier	Requirements/Limits
<i>neomycin sulfate tabs</i>	2	MO GC
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
<i>ofloxacin tabs 400mg</i>	2	MO GC
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>paramomycin sulfate</i>	4	MO
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	4	MO
<i>penicillin g procaine</i>	2	MO GC
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO GC
<i>piperacillin sodium/ tazobactam sodium</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	4	
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate inj</i>	2	MO GC
<i>sulfadiazine tabs</i>	2	MO GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim inj, tabs</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim susp</i>	3	MO
<i>sulfatrim pediatric</i>	3	
SUPRAX CAPS	4	MO
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX SUSR 500MG/5ML	4	
SYNERCID	5	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	GC
TEFLARO	4	
<i>tetracycline hcl caps</i>	2	MO GC
<i>tinidazole</i>	3	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	2	GC
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>trimethoprim tabs</i>	1	MO GC
TYGACIL	5	
<i>vancomycin hcl in dextrose</i>	2	GC
<i>vancomycin hcl caps 125mg</i>	4	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>vancomycin hcl caps 250mg</i>	5	MO
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	4	
<i>vancomycin hcl inj 500mg</i>	4	MO
<i>vandazole</i>	3	MO
XIFAXAN TABS 200MG	4	QL (9 EA per 3 days) PA MO
XIFAXAN TABS 550MG	5	QL (90 EA per 30 days) PA MO

Anticonvulsants

APTIOM TABS 200MG, 400MG, 800MG	4	QL (30 EA per 30 days) PA MO
APTIOM TABS 600MG	4	QL (60 EA per 30 days) PA MO
BANZEL TABS	4	PA MO
BANZEL SUSP	5	PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA
BRIVIACT TABS 10MG, 25MG, 75MG	5	QL (60 EA per 30 days) PA
BRIVIACT TABS 100MG, 50MG	5	QL (60 EA per 30 days) PA MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine chew, susp, tabs</i>	2	MO GC
CELONTIN	4	MO
<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
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	3	MO
DILANTIN CAPS 30MG	4	MO
<i>divalproex sodium</i>	3	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>epitol</i>	4	
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	3	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	3	MO
FYCOMPA SUSP	5	QL (1020 ML per 30 days) PA
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
<i>gabapentin caps, tabs</i>	2	MO GC
<i>gabapentin soln</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
GABITRIL TABS 12MG, 16MG	4	MO
<i>lamotrigine immediate release tabs, chew</i>	2	MO GC
<i>levetiracetam oral soln, immediate release tabs</i>	2	MO GC
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	3	
<i>levetiracetam inj 500mg/5ml</i>	3	MO
LYRICA SOLN	4	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days) PA MO
ONFI SUSP	4	MO
ONFI TABS 10MG, 20MG	4	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
PEGANONE	4	MO
<i>phenobarbital tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	3	QL (1500 ML per 30 days) PA MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium inj</i>	3	
<i>phenytoin chew, susp</i>	3	MO
POTIGA TABS 50MG	4	QL (270 EA per 30 days) MO
POTIGA TABS 200MG, 300MG, 400MG	4	QL (90 EA per 30 days) MO
<i>primidone tabs</i>	2	MO GC
<i>roweepra</i>	2	GC
SABRIL	5	PA LA
SPRITAM TB3D 750MG	4	QL (120 EA per 30 days) PA
SPRITAM TB3D 250MG, 500MG	4	QL (60 EA per 30 days) PA
SPRITAM TB3D 1000MG	4	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
<i>topiramate i.r. tabs, i.r. capsule sprinkles</i>	2	MO GC
<i>valproate sodium inj</i>	3	
<i>valproic acid caps, syrj</i>	2	MO GC
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	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
<i>zonisamide</i>	2	MO GC

*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
Antidementia Agents		
<i>donepezil hcl tbdp</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
<i>ergoloid mesylates tabs</i>	2	PA MO GC
<i>galantamine hydrobromide soln</i>	2	QL (200 ML per 30 days) MO GC
<i>galantamine hydrobromide cp24</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
<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>	2	QL (360 ML per 30 days) PA MO GC
NAMENDA XR	3	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	3	QL (56 EA per 365 days) PA MO
<i>rivastigmine tartrate</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
Antidepressants		
<i>amitriptyline hcl tabs</i>	2	PA MO GC
<i>amoxapine</i>	2	MO GC
BRINTELLIX	4	QL (30 EA per 30 days) ST MO
<i>bupropion hcl er</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>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
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hcl tabs</i>	4	MO
<i>desvenlafaxine er tb24 100mg, 50mg</i>	3	QL (30 EA per 30 days) ST
<i>doxepin hcl caps, conc</i>	3	PA MO
<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
EMSAM	5	QL (30 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	4	QL (30 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST MO
<i>fluoxetine dr</i>	3	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps, soln, tabs</i>	2	MO GC
<i>fluvoxamine maleate immediate release tabs</i>	3	MO
<i>imipramine hcl tabs</i>	2	PA MO GC
<i>maprotiline hcl</i>	3	MO
MARPLAN	4	MO
<i>mirtazapine</i>	2	MO GC
<i>mirtazapine od</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hcl</i>	3	MO
<i>nortriptyline hcl caps, soln</i>	2	MO GC
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
<i>paroxetine hcl immediate release tabs</i>	2	MO GC
PAXIL SUSP	4	MO
<i>perphenazine/amitriptyline</i>	3	MO
<i>phenelzine sulfate</i>	3	MO
PRISTIQ TB24 25MG	4	QL (120 EA per 30 days) ST MO
<i>protriptyline hcl</i>	4	MO
<i>sertraline hcl tabs</i>	1	MO GC
<i>sertraline hcl conc</i>	3	MO
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hcl tabs</i>	2	MO GC
<i>trimipramine maleate caps</i>	4	PA MO
TRINTELLIX	4	QL (30 EA per 30 days) ST MO
<i>venlafaxine hcl</i>	3	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days) MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
VIIBRYD KIT	4	QL (60 EA per 365 days) MO
Antiemetics		
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D MO
EMEND PAK 125MG, 80MG	4	QL (6 EA per 30 days) B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	2	MO GC
<i>ondansetron hcl tabs</i>	2	B/D MO GC

*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>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	MO GC
<i>ondansetron odt</i>	2	B/D MO GC
<i>phenadoz supp 25mg</i>	2	PA GC
<i>phenadoz supp 12.5mg</i>	2	PA MO GC
<i>phenergan supp</i>	2	PA GC
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	2	PA MO GC
<i>promethegan supp 12.5mg, 25mg</i>	2	PA GC
<i>promethegan supp 50mg</i>	2	PA MO GC
TRANSDERM-SCOP	4	MO
Antifungals		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	2	B/D MO GC
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>ciclodan crea</i>	2	GC
<i>ciclodan soln</i>	3	
<i>ciclopirox</i>	3	MO
<i>ciclopirox nail lacquer</i>	3	MO
<i>ciclopirox olamine crea</i>	2	MO GC
<i>clotrimazole/betamethasone dipropionate crea</i>	3	MO
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	MO
<i>clotrimazole crea, soln, troc</i>	3	MO
<i>econazole nitrate crea</i>	4	MO
ERAXIS	5	PA
EXELDERM	4	MO
<i>fluconazole in dextrose</i>	2	GC
<i>fluconazole in nacl</i>	2	GC
<i>fluconazole tabs</i>	2	MO GC
<i>fluconazole susr</i>	3	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO GC
<i>griseofulvin ultramicrosize</i>	2	MO GC
<i>itraconazole caps</i>	2	PA MO GC
<i>ketoconazole sham, tabs</i>	2	MO GC
<i>ketoconazole crea</i>	3	MO
MENTAX	4	MO

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

Drug name	Drug tier	Requirements/Limits
NOXAFIL INJ	5	PA
NOXAFIL SUSP, TBEC	5	PA MO
<i>nyamyc</i>	3	
<i>nystatin crea</i>	2	MO GC
<i>nystatin oint, powd, susp, tabs</i>	3	MO
<i>nystop</i>	3	MO
<i>oxiconazole nitrate</i>	4	MO
OXISTAT	4	MO
SPORANOX SOLN	5	PA 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 crea</i>	3	
<i>zazole supp</i>	4	
Antigout Agents		
<i>allopurinol tabs</i>	1	MO GC
<i>colchicine caps, tabs</i>	2	MO GC
<i>probenecid/colchicine</i>	3	MO
<i>probenecid tabs</i>	3	MO
ULORIC	3	ST MO
Antimigraine Agents		
<i>dihydroergotamine mesylate inj</i>	2	MO GC
MIGERGOT	4	QL (20 EA per 28 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days) MO GC
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO GC
<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 prefill syringe 6mg/0.5ml</i>	2	QL (4 ML per 30 days) GC
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan soln</i>	2	QL (12 EA per 30 days) MO GC
Antimyasthenic Agents		
<i>guanidine hcl</i>	2	GC
MESTINON SYRP	4	MO
<i>pyridostigmine bromide tabs, tbc</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
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Antimycobacterials

CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	MO
<i>dapsone tabs</i>	2	MO GC
<i>ethambutol hcl</i>	3	MO
<i>isoniazid tabs</i>	1	MO GC
<i>isoniazid inj</i>	2	GC
<i>isoniazid syrp</i>	2	MO GC
PASER	4	MO
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin inj</i>	2	MO GC
<i>rifampin caps</i>	3	MO
RIFATER	4	MO
SIRTURO	5	QL (188 EA per 365 days) PA
TRECTOR	4	MO

Antineoplastics

ABRAXANE	5	
<i>adrucil</i>	3	B/D
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	5	QL (60 EA per 30 days) PA
ALECENSA	5	QL (240 EA per 30 days) PA
ALIMTA	5	PA
ALKERAN TABS	4	B/D MO
<i>amifostine</i>	5	
<i>anastrozole tabs</i>	2	MO GC
ARRANON	5	
ARZERRA	5	PA LA
AVASTIN	5	PA
<i>azacitidine</i>	5	PA
BELEODAQ	5	PA LA
BENDEKA	5	
<i>bexarotene</i>	5	PA
<i>bicalutamide</i>	3	MO
BICNU	4	
<i>bleomycin sulfat</i>	3	B/D
BLINCYTO	5	PA LA
BOSULIF	5	PA

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

Drug name	Drug tier	Requirements/Limits
BUSULFEX	5	
<i>cabometyx</i>	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
<i>carboplatin</i>	3	
<i>cisplatin</i>	3	
<i>cladribine</i>	2	B/D GC
CLOLAR	5	
COMETRIQ KIT 0, 20MG	5	PA
COMETRIQ KIT 0	5	PA MO
COSMEGEN	5	
COTELLIC	5	QL (63 EA per 28 days) PA LA
<i>cyclophosphamide caps</i>	3	B/D MO
<i>cyclophosphamide inj</i>	4	
CYRAMZA	5	PA
<i>cytarabine aqueous</i>	3	B/D
<i>dacarbazine</i>	2	GC
DARZALEX	5	PA LA
<i>daunorubicin hcl</i>	2	GC
DAUNOXOME	5	
<i>decitabine</i>	3	
DEPOCYT	4	
<i>dexrazoxane</i>	3	
DOCEFREZ INJ 20MG	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml</i>	5	
<i>doxorubicin hcl liposome</i>	4	
<i>doxorubicin hcl inj 10mg, 50mg</i>	3	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	4	B/D
DROXIA	4	MO
ELITEK	5	PA
EMCYT	4	MO
EMPLICITI	5	PA
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	3	
ERBITUX	5	PA
ERIVEDGE	5	QL (30 EA per 30 days) PA LA
ERWINAZE	5	PA
<i>etoposide inj</i>	3	
<i>exemestane</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
FARESTON	5	MO
FARYDAK	5	QL (6 EA per 21 days) PA LA
FASLODEX	5	PA
<i>fludarabine phosphate</i>	3	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml</i>	3	B/D
<i>flutamide</i>	4	MO
FOLOTYN	5	
FUSILEV	5	
GAZYVA	5	PA LA
<i>gemcitabine hcl inj i.v. soln 200mg/5.26ml, 1g/26.3ml, 2gm/52.6ml</i>	5	
<i>gemcitabine hcl inj 1gm, 200mg</i>	4	
<i>gemcitabine hcl inj 2gm</i>	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
GLEOSTINE CAPS 5MG	4	
HALAVEN	5	PA
HERCEPTIN	5	PA
HEXALEN	5	MO
<i>hydroxyurea caps</i>	2	MO GC
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>idarubicin hcl</i>	2	GC
<i>ifosfamide</i>	3	
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (240 EA per 30 days) PA LA
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	5	PA
INTRON A INJ 18MU, 50MU	5	PA LA
IRESSA	5	QL (30 EA per 30 days) PA
<i>irinotecan</i>	3	
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA LA
JEVTANA	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA LA

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

Drug name	Drug tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
<i>letrozole</i>	1	MO GC
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
LEUKERAN	4	MO
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 250mg/25ml</i>	5	
<i>lomustine</i>	3	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
LYNPARZA	5	QL (448 EA per 28 days) PA
MARQIBO	5	PA
MATULANE	5	
MEKINIST TABS 0.5MG	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
<i>melfhalan hydrochloride</i>	5	
<i>mercaptopurine tabs</i>	4	MO
<i>mesna</i>	4	
MESNEX TABS	4	MO
<i>mitomycin inj 20mg, 5mg</i>	3	
<i>mitomycin inj 40mg</i>	5	
<i>mitoxantrone hcl</i>	3	
MUSTARGEN	4	
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NILANDRON	5	MO
NINLARO	5	QL (3 EA per 28 days) PA
NIPENT	5	
ODOMZO	5	QL (30 EA per 30 days) PA LA
ONCASPAR	5	
OPDIVO	5	PA LA
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	4	
<i>oxaliplatin inj 100mg, 50mg</i>	5	
<i>paclitaxel inj 150mg/25ml</i>	3	
<i>paclitaxel inj 100mg/16.7ml, 300mg/50ml, 30mg/5ml</i>	4	
PANRETIN	5	MO

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

Drug name	Drug tier	Requirements/Limits
PERJETA	5	PA LA
POMALYST	5	QL (21 EA per 28 days) PA LA
PORTRAZZA	5	PA
PROLEUKIN	5	
PURIXAN	5	PA
REVLIMID	5	QL (30 EA per 30 days) PA LA
RITUXAN	5	PA
SOLTAMOX	4	PA MO
SPRYCEL TABS 100MG, 140MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	5	QL (60 EA per 30 days) PA
STIVARGA	5	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 37.5MG, 50MG	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	5	QL (90 EA per 30 days) PA
SYLATRON INJ 200MCG, 300MCG, 600MCG	5	PA
SYLATRON 4-PACK INJ 200MCG, 300MCG	5	PA LA
SYNRIBO	5	PA
TABLOID	4	MO
TAFINLAR CAPS 75MG	5	QL (120 EA per 30 days) PA LA
TAFINLAR CAPS 50MG	5	QL (180 EA per 30 days) PA LA
TAGRISO	5	QL (30 EA per 30 days) PA LA
<i>tamoxifen citrate tabs</i>	2	MO GC
TARCEVA TABS 25MG	5	QL (60 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	5	QL (90 EA per 30 days) PA LA
TARGRETIN GEL	5	PA
TASIGNA	5	QL (120 EA per 30 days) PA
TECENTRIQ	5	PA
TEMODAR INJ	5	B/D
THALOMID CAPS 100MG, 150MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	5	QL (56 EA per 28 days) PA
THERACYS	4	
THIOTEPA	5	
TICE BCG	4	
<i>toposar</i>	3	
<i>topotecan hcl</i>	5	
TORISEL	5	
TREANDA	5	
TRETINOIN CAPS 10MG	3	MO
TRISENOX	4	PA
TYKERB	5	QL (180 EA per 30 days) PA LA
UVADEX	4	

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Drug name	Drug tier	Requirements/Limits
VALCHLOR	5	PA
VALSTAR	5	
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (84 EA per 365 days) PA
VENCLEXTA TABS 10MG, 50MG	4	QL (120 EA per 30 days) PA
VENCLEXTA TABS 100MG	5	QL (120 EA per 30 days) PA
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D GC
<i>vincasar pfs</i>	3	B/D
<i>vincristine sulfate</i>	3	B/D
<i>vinorelbine tartrate</i>	3	
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (60 EA per 30 days) PA LA
XTANDI	5	QL (120 EA per 30 days) PA LA
YERVOY	5	PA
YONDELIS	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA LA
ZANOSAR	4	
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZOLINZA	5	QL (120 EA per 30 days) PA
ZYDELIG	5	QL (60 EA per 30 days) PA
ZYKADIA	5	QL (150 EA per 30 days) PA LA
ZYTIGA	5	QL (120 EA per 30 days) PA
Antiparasitics		
ALBENZA	4	MO
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
DARAPRIM	4	MO
<i>hydroxychloroquine sulfate tabs</i>	4	MO
<i>ivermectin tabs</i>	3	MO
<i>lindane lotn, sham</i>	2	MO GC
<i>malathion</i>	4	MO
<i>mefloquine hcl</i>	3	MO
NEBUPENT	4	B/D MO
PENTAM 300	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>permethrin crea</i>	4	MO
<i>primaquine phosphate tabs</i>	2	MO GC
<i>quinine sulfate</i>	4	PA MO
Antiparkinson Agents		
<i>amantadine hcl tabs</i>	2	MO GC
<i>amantadine hcl caps, syrp</i>	3	MO
APOKYN	5	PA LA
AZILECT	4	QL (30 EA per 30 days) MO
<i>benztropine mesylate inj, tabs</i>	2	PA MO GC
<i>bromocriptine mesylate caps, tabs</i>	4	MO
<i>carbidopa/levodopa</i>	2	MO GC
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>carbidopa/levodopa/entacapone</i>	2	MO GC
<i>carbidopa tabs</i>	5	MO
<i>entacapone</i>	4	MO
NEUPRO	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride i.r. tabs</i>	2	MO GC
<i>ropinirole hcl immediate release tabs</i>	2	MO GC
RYTARY	4	MO
<i>selegiline hcl caps, tabs</i>	2	MO GC
<i>trihexyphenidyl hcl</i>	2	PA MO GC
Antipsychotics		
ABILIFY MAINTENA	4	MO
ABILIFY INJ	4	MO
<i>aripiprazole odt tbdp 15mg</i>	3	QL (60 EA per 30 days)
<i>aripiprazole odt tbdp 10mg</i>	3	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	4	
<i>chlorpromazine hcl inj</i>	3	MO
<i>chlorpromazine hcl tabs</i>	4	MO
<i>clozapine</i>	3	
<i>clozapine odt</i>	3	
<i>compazine supp</i>	2	GC
<i>compro</i>	2	MO GC
FANAPT	4	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	4	QL (16 EA per 365 days) ST
<i>fluphenazine decanoate inj</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluphenazine hcl conc, elix, inj, tabs</i>	2	MO GC
GEODON INJ	4	MO
<i>haloperidol decanoate</i>	3	MO
<i>haloperidol lactate</i>	3	MO
<i>haloperidol conc, tabs</i>	3	MO
INVEGA SUSTENNA	4	MO
INVEGA TRINZA	4	
LATUDA	4	QL (30 EA per 30 days) MO
<i>loxapine succinate</i>	3	MO
MOLINDONE HYDROCHLORIDE TABS 25MG	3	QL (270 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 10MG	3	QL (60 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 5MG	3	QL (90 EA per 30 days) MO
NUPLAZID	5	QL (60 EA per 30 days) PA
<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>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>perphenazine tabs</i>	4	MO
<i>pimozide</i>	4	MO
<i>prochlorperazine supp</i>	2	MO GC
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO GC
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI	4	QL (30 EA per 30 days) MO
RISPERDAL CONSTA	4	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	4	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO

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Drug name	Drug tier	Requirements/Limits
<i>trifluoperazine hcl tabs</i>	4	MO
VERSACLOZ	5	ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST MO
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST MO
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	4	QL (2 EA per 28 days)
Antispasticity Agents		
<i>baclofen tabs</i>	2	MO GC
<i>dantrolene sodium caps</i>	4	MO
<i>tizanidine hcl tabs</i>	2	MO GC
Antivirals		
<i>abacavir</i>	3	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	MO
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D GC
<i>acyclovir sodium inj 500mg</i>	2	B/D MO GC
<i>acyclovir caps, tabs</i>	1	MO GC
<i>acyclovir susp</i>	3	MO
<i>acyclovir oint</i>	4	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
ATRIPLA	5	QL (30 EA per 30 days) MO
BARACLUDE SOLN	4	QL (630 ML per 30 days) MO
COMPLERA	5	QL (30 EA per 30 days) MO
CRIXIVAN	3	MO
DENAVIR	4	MO
DESCOVY	5	QL (30 EA per 30 days) MO
<i>didanosine</i>	4	MO
EDURANT	5	QL (30 EA per 30 days) MO
EMTRIVA	4	MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	4	MO
EPIVIR SOLN	4	MO
EPZICOM	5	MO
EVOTAZ	5	QL (30 EA per 30 days) MO
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
FUZEON	5	QL (60 EA per 30 days)

*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>ganciclovir inj</i>	2	B/D GC
GENVOYA	5	QL (30 EA per 30 days) MO
HARVONI	5	QL (30 EA per 30 days) PA
INTELENCE TABS 25MG	4	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days) MO
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS PACK	3	QL (300 EA per 30 days)
ISENTRESS TABS	5	QL (120 EA per 30 days) MO
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days) MO
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) MO
KALETRA SOLN	4	QL (390 ML per 30 days) MO
KALETRA TABS 200MG; 50MG	4	QL (120 EA per 30 days) MO
KALETRA TABS 100MG; 25MG	4	QL (240 EA per 30 days) MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lamivudine soln</i>	4	MO
<i>lamivudine tabs 100mg</i>	2	MO GC
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
<i>moderiba tabs</i>	3	
<i>nevirapine</i>	3	MO
<i>nevirapine er</i>	3	MO
NORVIR	4	MO
ODEFSEY	5	QL (30 EA per 30 days) MO
PEG-INTRON REDIPEN	5	PA
PEGINTRON	5	PA
PREZCOBIX	5	QL (30 EA per 30 days) MO
PREZISTA SUSP	5	MO
PREZISTA TABS 75MG	4	MO
PREZISTA TABS 150MG, 600MG, 800MG	5	MO
RELENZA DISKHALER	4	QL (120 EA per 365 days) MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	4	
REYATAZ	5	MO
<i>ribasphere caps</i>	3	
<i>ribasphere tabs 200mg</i>	3	
<i>ribavirin</i>	3	
<i>rimantadine hcl</i>	2	MO GC
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) MO
SOVALDI	5	QL (28 EA per 28 days) PA
<i>stavudine</i>	3	MO
STRIBILD	5	QL (30 EA per 30 days) MO
SUSTIVA	4	MO
TAMIFLU SUSR	4	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO
TIVICAY TABS 10MG	4	QL (30 EA per 30 days)
TIVICAY TABS 25MG	5	QL (30 EA per 30 days)
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) MO
TRIUMEQ	5	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG, 133MG; 200MG	5	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG, 200MG; 300MG	5	QL (30 EA per 30 days) MO
TYBOST	3	QL (30 EA per 30 days) MO
TYZEKA	4	QL (30 EA per 30 days) MO
<i>valacyclovir hcl</i>	2	MO GC
VALCYTE SOLR	5	MO
<i>valganciclovir</i>	5	MO
VIDEX PEDIATRIC	4	MO
VIRACEPT	5	MO
VIRAMUNE XR TB24 100MG	4	MO
VIRAMUNE SUSP	4	MO
VIRAZOLE	5	
VIREAD	4	MO
VITEKTA	5	QL (30 EA per 30 days)
ZEPATIER	5	QL (30 EA per 30 days) PA
ZIAGEN SOLN	4	MO
<i>zidovudine</i>	3	MO

Anxiolytics

<i>alprazolam i.r. tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>alprazolam i.r. tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>bupirone hcl tabs</i>	2	MO GC
<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</i>	3	MO
<i>diazepam inj 5mg/ml</i>	2	QL (240 ML per 30 days) MO GC
<i>diazepam oral soln 1mg/ml</i>	3	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO GC

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

Drug name	Drug tier	Requirements/Limits
<i>lorazepam inj 4mg/ml</i>	2	QL (120 ML per 30 days) GC
<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
Bipolar Agents		
EQUETRO	4	MO
<i>lithium</i>	2	MO GC
<i>lithium carbonate er</i>	2	MO GC
<i>lithium carbonate caps, tabs</i>	1	MO GC
Blood Glucose Regulators		
<i>acarbose</i>	2	MO GC
AVANDAMET TABS 1000MG; 2MG, 500MG; 4MG	4	QL (60 EA per 30 days) MO
AVANDARYL TABS 4MG; 8MG	4	QL (30 EA per 30 days) MO
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	4	QL (60 EA per 30 days) MO
AVANDIA TABS 8MG	4	QL (30 EA per 30 days) MO
AVANDIA TABS 2MG, 4MG	4	QL (60 EA per 30 days) MO
BYDUREON	4	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	4	QL (30 EA per 30 days) MO
<i>glimpiride</i>	1	MO GC
<i>glipizide er</i>	2	MO GC
<i>glipizide xl</i>	2	MO GC
<i>glipizide/metformin hcl</i>	2	MO GC
<i>glipizide tabs</i>	1	MO GC
GLUCAGEN DIAGNOSTIC	3	QL (4 EA per 30 days) MO
GLUCAGEN HYPOKIT	3	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	3	QL (4 EA per 30 days) 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
INVOKAMET	3	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	3	QL (60 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE	4	QL (30 EA per 30 days) MO
JENTADUETO	3	MO
JENTADUETO XR	3	
KORLYM	5	QL (120 EA per 30 days) PA
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>metformin hcl er (generic Fortamet and Glucophage XR)</i>	2	MO GC
<i>metformin hcl tabs</i>	1	MO GC
<i>nateglinide</i>	2	MO GC
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 RELION	3	MO
NOVOLIN N	3	MO
NOVOLIN N RELION	3	MO
NOVOLIN R	3	MO
NOVOLIN R RELION	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
<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>	3	QL (90 EA per 30 days) MO
PROGLYCEM	4	MO
<i>repaglinide/metformin hydrochloride</i>	2	QL (150 EA per 30 days) MO GC
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) MO GC
<i>repaglinide tabs 2mg</i>	2	QL (240 EA per 30 days) MO GC
SYMLINPEN 120	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	4	QL (6 ML per 30 days) MO
SYNJARDY	4	QL (60 EA per 30 days) MO
TANZEUM	4	MO
<i>tolazamide</i>	3	MO
<i>tolbutamide</i>	2	MO GC
TRADJENTA	3	MO
TRESIBA FLEXTOUCH	3	MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
Blood Products/Modifiers/Volume Expanders		
<i>anagrelide hydrochloride</i>	3	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	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
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	5	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA
<i>aspirin/dipyridamole</i>	4	QL (60 EA per 30 days) MO
BRILINTA	3	QL (60 EA per 30 days) 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
EFFIENT	3	QL (30 EA per 30 days) MO
ELIQUIS TABS 2.5MG	4	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	4	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
<i>heparin sodium/d5w</i>	2	GC
<i>heparin sodium/nacl 0.45%</i>	2	GC
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO GC
<i>jantoven</i>	1	MO GC
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA
PRADAXA	3	QL (60 EA per 30 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	5	QL (8 ML per 28 days) PA
PROMACTA	5	QL (30 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
SAVAYSA	4	QL (30 EA per 30 days) MO
<i>ticlopidine hcl</i>	2	PA GC
<i>tranexamic acid inj</i>	2	GC
<i>tranexamic acid tabs</i>	4	QL (30 EA per 30 days) MO
<i>warfarin sodium tabs</i>	1	MO GC
XARELTO STARTER PACK	3	QL (102 EA per 365 days) MO
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days) MO

Cardiovascular Agents

<i>acebutolol hcl caps</i>	2	MO GC
<i>acetazolamide er</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
<i>amiloride hcl tabs</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
<i>amiodarone hcl tabs</i>	2	MO GC
<i>amlodipine besylate/atorvastatin calcium</i>	3	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate/valsartan</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate tabs</i>	1	MO GC
<i>amlodipine/valsartan/hctz</i>	2	QL (30 EA per 30 days) MO GC
<i>atenolol/chlorthalidone</i>	2	MO GC
<i>atenolol tabs</i>	1	MO GC
<i>atorvastatin calcium</i>	1	MO GC
<i>benazepril hcl/hydrochlorothiazide</i>	2	MO GC
<i>benazepril hcl tabs</i>	1	MO GC
BENICAR	4	QL (30 EA per 30 days) MO
BENICAR HCT	4	QL (30 EA per 30 days) MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO GC
<i>bumetanide inj</i>	2	MO GC
<i>bumetanide tabs</i>	3	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
<i>candesartan cilexetil</i>	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	3	QL (60 EA per 30 days) MO
<i>captopril/hydrochlorothiazide</i>	1	MO GC

*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>captopril tabs</i>	3	MO
<i>cartia xt</i>	2	GC
<i>carvedilol</i>	1	MO GC
<i>chlorothiazide tabs</i>	3	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO GC
<i>cholestyramine light</i>	4	MO
<i>cholestyramine pack, powd</i>	4	MO
<i>clonidine hcl tabs</i>	2	MO GC
<i>clonidine hcl ptwk</i>	3	QL (8 EA per 28 days) MO
<i>colestipol hcl</i>	4	MO
CORLANOR	4	PA MO
CRESTOR	4	QL (30 EA per 30 days) ST MO
DEMSER	5	MO
<i>digitek</i>	3	
<i>digox</i>	3	
<i>digoxin inj, oral soln</i>	2	MO GC
<i>digoxin tabs</i>	3	MO
<i>dilt-xr</i>	2	GC
<i>diltiazem cd cp24 180mg</i>	2	GC
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO GC
<i>diltiazem hcl cd</i>	2	MO GC
<i>diltiazem hcl er</i>	2	MO GC
<i>diltiazem hcl tabs</i>	2	MO GC
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	2	GC
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	
<i>doxazosin</i>	2	MO GC
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	MO GC
EDARBI	3	QL (30 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO GC
<i>enalapril maleate tabs</i>	2	MO GC
ENTRESTO	3	QL (60 EA per 30 days) PA MO
<i>eplerenone</i>	4	MO
<i>eprosartan mesylate</i>	2	QL (30 EA per 30 days) MO GC
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibric acid</i>	2	MO GC

*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>fenofibric acid dr</i>	4	MO
<i>flecainide acetate</i>	3	MO
<i>fluvastatin</i>	2	MO GC
<i>fluvastatin sodium er</i>	2	QL (30 EA per 30 days) MO GC
<i>fosinopril sodium</i>	1	MO GC
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO GC
<i>furosemide oral soln, tabs</i>	1	MO GC
<i>furosemide inj</i>	2	MO GC
<i>gemfibrozil tabs</i>	2	MO GC
<i>hydralazine hcl inj, tabs</i>	2	MO GC
<i>hydrochlorothiazide caps, tabs</i>	1	MO GC
<i>indapamide</i>	2	MO GC
<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>isosorbide dinitrate er</i>	2	MO GC
<i>isosorbide dinitrate tabs</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	2	MO GC
<i>isradipine</i>	2	MO GC
KYNAMRO	5	PA LA
<i>labetalol hcl inj</i>	2	MO GC
<i>labetalol hcl tabs</i>	3	MO
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	2	MO GC
<i>lisinopril</i>	1	MO GC
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC
LIVALO	4	QL (30 EA per 30 days) MO
<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
<i>lovastatin</i>	1	MO GC
<i>matzim la</i>	2	MO GC
<i>methazolamide</i>	4	MO
<i>methyclothiazide tabs</i>	2	MO GC
<i>metolazone</i>	3	MO
<i>metoprolol succinate er</i>	2	MO GC
<i>metoprolol tartrate inj, tabs</i>	1	MO GC
<i>metoprolol/hydrochlorothiazide</i>	2	MO GC
<i>mexiletine hcl</i>	3	MO
<i>midodrine hcl</i>	3	MO
<i>minitran</i>	3	

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Drug name	Drug tier	Requirements/Limits
<i>minoxidil tabs</i>	2	MO GC
<i>moexipril hcl</i>	1	MO GC
<i>moexipril/hydrochlorothiazide</i>	1	MO GC
MULTAQ	3	MO
<i>nadolol/bendroflumethiazide</i>	3	MO
<i>nadolol tabs</i>	4	MO
<i>niacin er</i>	2	MO GC
<i>nicardipine hcl caps</i>	4	MO
<i>nisoldipine</i>	2	MO GC
<i>nisoldipine er</i>	2	MO GC
<i>nitroglycerin lingual aers</i>	2	MO GC
<i>nitroglycerin lingual soln</i>	4	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin inj</i>	2	GC
NITROSTAT	4	MO
NORTHERA	5	PA LA
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) MO
<i>pacerone</i>	2	GC
<i>pentoxifylline cr</i>	2	MO GC
<i>pentoxifylline er</i>	2	MO GC
<i>perindopril erbumine</i>	2	MO GC
<i>pindolol</i>	3	MO
PRALUENT	5	QL (2 ML per 28 days) PA MO
<i>pravastatin sodium</i>	1	MO GC
<i>prazosin hcl</i>	3	MO
<i>prevalite</i>	4	MO
<i>propafenone hcl</i>	3	MO
<i>propafenone hcl er</i>	4	MO
<i>propranolol hcl er</i>	4	MO
<i>propranolol hcl inj</i>	2	GC
<i>propranolol hcl oral soln, tabs</i>	2	MO GC
<i>propranolol/hydrochlorothiazide</i>	2	MO GC
<i>quinapril hcl</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	2	MO GC
<i>quinidine gluconate cr</i>	2	MO GC
<i>quinidine gluconate er</i>	2	MO GC
<i>quinidine sulfate</i>	2	MO GC
<i>quinidine sulfate er</i>	2	MO GC
<i>ramipril</i>	1	MO GC
RANEXA	4	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
REPATHA	5	QL (3 ML per 28 days) PA
REPATHA SURECLICK	5	QL (3 ML per 28 days) PA MO
<i>rosuvastatin calcium</i>	3	QL (30 EA per 30 days) MO
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	MO GC
<i>simvastatin tabs 80mg</i>	1	QL (30 EA per 30 days) MO GC
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	MO GC
<i>sotalol hcl (af)</i>	1	MO GC
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>spironolactone tabs</i>	1	MO GC
<i>taztia xt</i>	2	GC
TEKAMLO TABS 300MG; 10MG, 300MG; 5MG	3	QL (30 EA per 30 days)
TEKAMLO TABS 150MG; 10MG, 150MG; 5MG	3	QL (30 EA per 30 days) MO
TEKTURNA	3	QL (30 EA per 30 days) MO
TEKTURNA HCT	3	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>	3	QL (30 EA per 30 days) MO
<i>terazosin hcl</i>	1	MO GC
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO GC
<i>torseamide tabs</i>	2	MO GC
<i>trandolapril</i>	1	MO GC
<i>trandolapril/verapamil hcl</i>	1	MO GC
<i>trandolapril/verapamil hcl er</i>	1	MO GC
<i>triamterene/hydrochlorothiazide</i>	1	MO GC
<i>valsartan</i>	2	MO GC
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
VASCEPA	4	MO
<i>verapamil hcl er</i>	2	MO GC
<i>verapamil hcl sr cp24</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
VYTORIN	4	QL (30 EA per 30 days) ST MO
ZETIA	4	QL (30 EA per 30 days) MO
Central Nervous System Agents		
<i>amphetamine/dextroamphetamine cp24 30mg</i>	3	QL (60 EA per 30 days) PA MO
AMPYRA	5	QL (60 EA per 30 days) PA LA
AVONEX	5	QL (4 EA per 28 days) PA

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Drug name	Drug tier	Requirements/Limits
AVONEX PEN	5	QL (4 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
<i>dexedrine tabs</i>	4	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatopa</i>	5	QL (30 ML per 30 days) PA
<i>guanfacine er</i>	3	QL (30 EA per 30 days) MO
<i>metadate er</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl er cp24 20mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tbc 20mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl er tbc 10mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl SR 20mg tab</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl i.r. tab 5mg, 10mg, 20mg</i>	3	PA MO
NAMZARIC	3	QL (30 EA per 30 days) PA MO
NUEDEXTA	3	QL (60 EA per 30 days) MO
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
<i>riluzole</i>	4	MO
STRATTERA CAPS 100MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG	4	QL (60 EA per 30 days) MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
TYSABRI	5	QL (15 ML per 28 days) PA LA
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days) PA
Dental and Oral Agents		
<i>chlorhexidine gluconate oral rinse</i>	2	MO GC
<i>clinpro 5000</i>	1	MO GC
<i>dentagel</i>	1	MO GC
<i>fluoridex daily defense</i>	1	MO GC
<i>oralone</i>	4	
<i>paroex</i>	1	GC

*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>perlogard</i>	1	GC
<i>phos-flur</i>	1	GC
<i>pilocarpine hcl tabs 7.5mg</i>	4	MO
<i>pilocarpine hydrochloride</i>	4	MO
<i>sf gel 1.1%</i>	1	MO GC
<i>triamcinolone acetonide pste 0.1%</i>	4	MO
<i>triamcinolone in orabase</i>	4	MO
Dermatological Agents		
8-MOP	4	
<i>acitretin</i>	4	PA MO
ALTABAX	4	MO
<i>ammonium lactate crea</i>	2	MO GC
<i>ammonium lactate lotn</i>	3	MO
<i>amnesteam</i>	4	
<i>avita crea</i>	4	PA
<i>avita gel</i>	4	PA MO
AZELEX	4	MO
<i>calcipotriene</i>	4	MO
<i>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 28 days) MO
<i>calcitrene</i>	4	MO
<i>claravis</i>	4	
<i>clindacin etz pledgets</i>	2	MO GC
<i>clindacin-p</i>	2	MO GC
<i>clindamax</i>	3	
<i>clindamycin phosphate foam 1%</i>	3	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>	2	MO GC
<i>clindamycin/benzoyl peroxide</i>	4	MO
<i>doxepin hydrochloride cream</i>	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
<i>ery acne pads</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	2	MO GC
<i>erythromycin gel 2%</i>	2	MO GC
<i>erythromycin pads 2%</i>	4	MO
<i>erythromycin soln 2%</i>	2	MO GC
<i>fluocinolone acetonide body</i>	4	MO
<i>fluocinolone acetonide scalp</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluorouracil crea 0.5%, 5%</i>	3	MO
<i>fluorouracil external soln 2%, 5%</i>	3	MO
<i>gentamicin sulfate crea 0.1%</i>	2	MO GC
<i>gentamicin sulfate external oint 0.1%</i>	2	MO GC
<i>imiquimod crea</i>	4	MO
<i>methoxsalen caps</i>	4	MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole gel 0.75%</i>	3	MO
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin</i>	2	MO GC
<i>mupirocin calcium</i>	2	MO GC
<i>myorisan</i>	4	
<i>neuac gel 1.2%; 5%</i>	4	MO
OXSORALEN	4	MO
<i>podofilox soln</i>	3	MO
REGRANEX	5	QL (15 GM per 30 days) PA MO
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
SANTYL	3	MO
<i>selenium sulfide lotn</i>	2	MO GC
<i>silver sulfadiazine</i>	2	MO GC
<i>sodium sulfacetamide lotn 10%</i>	2	MO GC
<i>ssd</i>	2	GC
<i>sulfacetamide sodium susp 10%</i>	2	MO GC
SULFAMYLON CREAM	4	MO
TAZORAC	4	MO
<i>tretinoin microsphere</i>	4	PA MO
<i>tretinoin microsphere pump</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
<i>zenatane</i>	4	
Enzyme Replacement/Modifiers		
ADAGEN	5	PA
ALDURAZYME	5	PA LA
BUPHENYL TABS	5	PA
CARBAGLU	4	
CEREZYME	5	PA LA
CREON	3	MO

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

Drug name	Drug tier	Requirements/Limits
CYSTADANE	5	
CYSTAGON	4	PA LA
FABRAZYME	5	PA LA
KUVAN TBSO	5	PA LA
KUVAN PACK 500MG	5	PA
KUVAN PACK 100MG	5	PA LA
LUMIZYME	5	LA
NAGLAZYME	5	PA LA
ORFADIN CAPS 10MG, 2MG, 5MG	5	PA
<i>pancrelipase</i>	2	MO GC
RAVICTI	5	PA LA
<i>sodium phenylbutyrate powd</i>	5	PA
VPRIV	5	PA
ZAVESCA	5	PA
ZENPEP	3	MO
Gastrointestinal Agents		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) MO
AMITIZA	3	QL (60 EA per 30 days) MO
<i>cimetidine hcl</i>	3	MO
<i>cimetidine tabs</i>	3	MO
<i>constulose</i>	2	GC
<i>cromolyn sodium conc 100mg/5ml</i>	4	MO
<i>dicyclomine hcl caps, tabs</i>	1	PA MO GC
<i>dicyclomine hcl oral soln</i>	3	PA MO
<i>diphenatol</i>	3	
<i>diphenoxylate/atropine liqd</i>	2	MO GC
<i>diphenoxylate/atropine tabs</i>	3	MO
<i>enulose</i>	2	GC
<i>esomeprazole magnesium cpdr</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>famotidine premixed</i>	2	GC
<i>famotidine susr</i>	3	MO
<i>famotidine inj 200mg/20ml</i>	2	GC
<i>famotidine inj 20mg/2ml, 40mg/4ml</i>	2	MO GC
<i>famotidine tabs 20mg, 40mg</i>	1	MO GC
GATTEX	5	PA LA
<i>gavilyte-c</i>	2	MO GC
<i>gavilyte-g</i>	2	MO GC
<i>gavilyte-h</i>	2	MO GC

*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>gavilyte-n/flavor pack</i>	2	MO GC
<i>generlac</i>	2	MO GC
<i>glycopyrrolate tabs</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	MO
GOLYTELY	4	MO
KRISTALOSE	4	MO
<i>lactulose soln</i>	2	MO GC
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	3	MO
<i>methscopolamine bromide</i>	4	MO
<i>metoclopramide hcl immediate release tabs</i>	2	MO GC
<i>metoclopramide hcl inj, oral soln</i>	3	MO
<i>misoprostol</i>	3	MO
MOVIPREP	4	MO
<i>omeprazole cpdr 20mg</i>	1	MO GC
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO GC
OSMOPREP	4	MO
<i>pantoprazole sodium inj</i>	1	GC
<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
<i>peg 3350/electrolytes</i>	2	MO GC
<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
<i>ranitidine hcl caps, syrp</i>	2	MO GC
<i>ranitidine hcl inj 150mg/6ml</i>	2	GC
<i>ranitidine hcl inj 50mg/2ml</i>	2	MO GC
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO GC
RELISTOR KIT 12MG/0.6ML	4	PA
RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML	4	PA MO
<i>sucrafate susp, tabs</i>	2	MO GC
SUPREP BOWEL PREP	4	MO
<i>trilyte</i>	2	MO GC
<i>ursodiol caps, tabs</i>	4	MO
Genitourinary Agents		
<i>acetic acid 0.25%</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
AURYXIA	4	MO
<i>bethanechol chloride tabs</i>	3	MO
<i>calcium acetate caps</i>	4	MO
<i>calcium acetate tabs 667mg</i>	4	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	MO GC
FOSRENOL CHEW	4	MO
FOSRENOL PACK 750MG	4	
FOSRENOL PACK 1000MG	4	MO
<i>methylergonovine maleate tabs</i>	5	MO
MYRBETRIQ	3	QL (30 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
<i>oxybutynin chloride syrp</i>	2	QL (600 ML per 30 days) MO GC
RAPAFLO	4	QL (30 EA per 30 days) MO
RENVELA	3	MO
<i>sodium chloride 0.9% GU irrigant</i>	1	MO GC
<i>tamsulosin hcl</i>	2	MO GC
THIOLA	3	
<i>tolterodine tartrate immediate release tabs</i>	4	QL (60 EA per 30 days) MO
VELPHORO	4	MO
VESICARE	3	QL (30 EA per 30 days) MO

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

<i>a-hydrocort</i>	2	MO GC
<i>ala cort</i>	1	GC
<i>alclometasone dipropionate</i>	4	MO
<i>amcinonide</i>	2	MO GC
APEXICON E	4	MO
<i>augmented betamethasone dipropionate crea</i>	2	MO GC
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>baycadron</i>	3	
<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>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>clobetasol propionate e</i>	4	MO
<i>clobetasol propionate emollient foam</i>	4	MO
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln</i>	4	MO
<i>clodan shampoo</i>	4	
<i>colocort</i>	2	GC
<i>cormax scalp application</i>	4	
<i>cortisone acetate tabs</i>	2	MO GC
<i>deltasone</i>	1	GC
<i>desonide crea, lotn, oint</i>	4	MO
<i>desoximetasone crea 0.05%</i>	2	MO GC
<i>desoximetasone crea 0.25%</i>	4	MO
<i>desoximetasone gel</i>	4	MO
<i>desoximetasone oint 0.05%</i>	2	MO GC
<i>desoximetasone oint 0.25%</i>	4	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml</i>	2	GC
<i>dexamethasone sodium phosphate inj 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	MO GC
<i>dexamethasone elix, soln, tabs</i>	2	MO GC
<i>diflorasone diacetate</i>	2	MO GC
<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 soln 0.01%</i>	4	MO
<i>fluocinonide-e</i>	4	MO
<i>fluocinonide crea, gel, oint, soln</i>	4	MO
<i>fluticasone propionate crea 0.05%</i>	2	MO GC
<i>fluticasone propionate lotn 0.05%</i>	4	MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate</i>	4	MO
HALOG	4	MO
<i>hydrocortisone butyrate (lipophilic)</i>	4	MO
<i>hydrocortisone butyrate crea, oint, soln</i>	4	MO
<i>hydrocortisone in absorbbase</i>	1	MO GC
<i>hydrocortisone valerate cream, 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

*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>hydrocortisone lotn 2.5%</i>	2	MO GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO GC
<i>lokara</i>	4	
<i>methylprednisolone acetate inj</i>	2	MO GC
<i>methylprednisolone dose pack</i>	2	MO GC
<i>methylprednisolone sodium succinate inj</i>	3	MO
<i>methylprednisolone tabs</i>	2	MO GC
MILLIPRED	4	MO
MILLIPRED DP	4	MO
<i>mometasone furoate crea, oint</i>	2	MO GC
<i>mometasone furoate soln</i>	3	MO
<i>prednicarbate oint</i>	3	MO
<i>prednicarbate crea</i>	4	MO
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	MO GC
<i>prednisolone soln, syrp</i>	2	MO GC
PREDNISON INTENSOL	4	MO
<i>prednisone soln, tabs, tbpk</i>	1	MO GC
<i>procto-med hc</i>	4	
<i>procto-pak</i>	2	MO GC
<i>proctosol hc</i>	4	MO
<i>proctozone-hc</i>	4	MO
<i>triamcinolone acetonide aers 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
<i>triderm</i>	2	GC

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate inj, nasal soln, tabs</i>	2	MO GC
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA LA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA LA
INCRELEX	5	PA LA
NORDITROPIN FLEXP	5	PA
VASOSTRICT	4	

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	2	GC
<i>amethia</i>	2	GC
<i>amethia lo</i>	2	GC

*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>amethyst</i>	2	GC
ANADROL-50	5	MO
ANDROGEL PUMP GEL 1.62%	3	PA MO
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) 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>	2	GC
<i>balziva</i>	2	GC
<i>bekyree</i>	2	GC
<i>blisovi 24 fe</i>	2	MO GC
<i>blisovi fe 1.5/30</i>	2	GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i>	2	GC
<i>camrese</i>	2	GC
<i>camrese lo</i>	2	GC
<i>caziant</i>	2	GC
<i>chateal</i>	2	GC
<i>cryselle-28</i>	2	MO GC
<i>cyclafem 1/35</i>	2	MO GC
<i>cyclafem 7/7/7</i>	2	MO GC
<i>cyred</i>	2	GC
<i>danazol caps</i>	4	MO
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>daysee</i>	2	MO GC
<i>deblitane</i>	2	GC
<i>delyla</i>	2	GC
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA 400MG/ML	4	MO
<i>desogestrel/ethinyl estradiol</i>	2	MO GC
<i>drospirenone/ethinyl estradiol</i>	2	MO GC
<i>elinest</i>	2	GC
ELLA	3	
<i>emoquette</i>	2	GC

*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>enpresse-28</i>	2	GC
<i>enskyce</i>	2	MO GC
<i>errin</i>	2	GC
<i>estarylla</i>	2	GC
ESTRACE CREA	4	MO
<i>estradiol/norethindrone acetate</i>	2	PA MO GC
<i>estradiol tabs</i>	2	PA MO GC
<i>estradiol ptwk</i>	3	QL (4 EA per 28 days) PA MO
<i>estradiol pttw</i>	3	QL (8 EA per 28 days) PA MO
<i>falmina</i>	2	GC
FEMRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	PA GC
<i>gianvi</i>	2	GC
<i>gildagia</i>	2	GC
<i>gildess 1.5/30</i>	2	MO GC
<i>gildess 1/20</i>	2	MO GC
<i>gildess 24 fe</i>	2	GC
<i>gildess fe 1.5/30</i>	2	GC
<i>gildess fe 1/20</i>	2	GC
<i>heather</i>	2	MO GC
<i>hydroxyprogesterone caproate inj</i>	5	PA
<i>introvale</i>	2	GC
<i>jencycla</i>	2	GC
<i>jinteli</i>	2	PA MO GC
<i>jolessa</i>	2	GC
<i>jolivette</i>	2	GC
<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>	2	GC
<i>kaitlib fe</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	MO GC
<i>kimidess</i>	2	GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	2	GC

*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>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>layolis fe</i>	2	GC
<i>leena</i>	2	MO GC
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel</i>	2	GC
<i>levonorgestrel/ethinyl estradiol</i>	2	MO GC
<i>levora 0.15/30-28</i>	2	GC
<i>lomedica 24 fe</i>	2	MO GC
<i>lopreeza</i>	2	PA GC
<i>loryna</i>	2	MO GC
<i>low-ogestrel</i>	2	GC
<i>lutra</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa</i>	2	MO GC
<i>medroxyprogesterone acetate tabs</i>	2	MO GC
<i>medroxyprogesterone acetate inj</i>	3	MO
<i>megestrol acetate tabs</i>	3	PA MO
<i>megestrol acetate susp 40mg/ml</i>	3	PA MO
MENEST	4	PA MO
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin 24 fe</i>	2	GC
<i>microgestin fe</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>mimvey</i>	2	PA MO GC
<i>mimvey lo</i>	2	PA MO GC
<i>mono-linyah</i>	2	GC
<i>mononessa</i>	2	GC
<i>myzilra</i>	2	MO GC
<i>necon 0.5/35-28</i>	2	GC
<i>necon 1/35</i>	2	GC
<i>necon 1/50-28</i>	2	MO GC
<i>necon 10/11-28</i>	2	MO GC
<i>necon 7/7/7</i>	2	GC
<i>nikki</i>	2	GC
<i>nora-be</i>	2	GC
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	MO GC

*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>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	PA MO GC
<i>norethindrone acetate tabs</i>	2	MO GC
<i>norethindrone tabs</i>	2	MO GC
<i>norgestimate/ethinyl estradiol</i>	2	MO GC
<i>norlyroc</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	MO GC
<i>nortrel 1/35</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
<i>ocella</i>	2	GC
<i>ogestrel</i>	2	MO GC
<i>orsythia</i>	2	GC
<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
<i>philith</i>	2	GC
<i>pimtreea</i>	2	GC
<i>pirmella 1/35</i>	2	GC
<i>pirmella 7/7/7</i>	2	GC
<i>portia-28</i>	2	MO GC
<i>previfem</i>	2	MO GC
<i>progesterone caps, inj</i>	3	MO
<i>quasense</i>	2	GC
<i>raloxifene hydrochloride</i>	2	MO GC
<i>reclipsen</i>	2	GC
<i>setlakin</i>	2	GC
<i>sharobel</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	MO GC
<i>syeda</i>	2	GC
<i>tarina fe 1/20</i>	2	GC
<i>testosterone cypionate inj</i>	4	MO
<i>testosterone enanthate inj</i>	4	MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	QL (300 GM per 30 days) PA MO
<i>tilia fe</i>	2	GC
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	MO GC

*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>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-sprintec</i>	2	MO GC
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	MO GC
<i>trinessa</i>	2	GC
<i>trinessa lo</i>	2	GC
<i>trivora-28</i>	2	GC
VAGIFEM	3	MO
<i>velivet</i>	2	MO GC
<i>vestura</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	MO GC
<i>vyfemla</i>	2	MO GC
<i>wera</i>	2	GC
<i>wymzya fe</i>	2	MO GC
<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

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

<i>levothyroxine sodium inj, tabs</i>	1	MO GC
<i>levoxyl</i>	2	MO GC
<i>liothyronine sodium tabs</i>	3	MO
SYNTHROID	3	MO
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
<i>unithroid</i>	2	GC

Hormonal Agents, Suppressant (Adrenal)

LYSODREN	3	MO
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Hormonal Agents, Suppressant (Parathyroid)

SENSIPAR TABS 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
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Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	4	MO
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
<i>leuprolide acetate inj</i>	3	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate</i>	4	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR MIXJECT	5	PA
VANTAS	4	
ZOLADEX	4	

Hormonal Agents, Suppressant (Thyroid)

<i>methimazole tabs</i>	2	MO GC
<i>propylthiouracil tabs</i>	3	MO

Immunological Agents

ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTHIB	4	
ACTIMMUNE	5	PA LA
ADACEL	4	
ARCALYST	5	PA LA
ATGAM	5	B/D
<i>azathioprine tabs</i>	3	B/D MO
<i>azathioprine inj</i>	4	B/D
<i>bcg vaccine</i>	2	GC
BENLYSTA	5	PA
BEXSERO	4	
BOOSTRIX	4	
CELLCEPT INTRAVENOUS	4	B/D
CERVARIX	4	
CINRYZE	5	PA LA
COMVAX	4	
<i>cyclosporine modified</i>	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>cyclosporine inj</i>	3	PA
<i>cyclosporine caps</i>	4	PA MO
DAPTACEL	4	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	GC
ENBREL SURECLICK	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	5	QL (4.08 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA
ENGERIX-B	3	B/D
ENVARUSUS XR	4	B/D MO
FIRAZYR	5	QL (270 ML per 30 days) PA LA
GAMASTAN S/D	3	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML	5	PA LA
GARDASIL	4	
GARDASIL 9	4	
<i>gengraf caps 100mg, 25mg</i>	4	PA
<i>gengraf soln</i>	4	PA MO
HAVRIX	4	
<i>hecoria</i>	4	B/D
HIBERIX	4	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	QL (6 EA per 28 days) PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASE STARTER	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	5	QL (6 EA per 28 days) 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
ILARIS	5	QL (2 EA per 28 days) PA LA
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	4	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	4	
<i>leflunomide</i>	3	MO
M-M-R II	3	
MENACTRA	4	
MENHIBRIX	4	
MENOMUNE-A/C/Y/W-135	3	

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

Drug name	Drug tier	Requirements/Limits
MENVEO	4	
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml</i>	2	GC
<i>methotrexate tabs</i>	2	MO GC
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil susr</i>	5	B/D MO
NULOJIX	5	PA
PEDIARIX	4	
PEDVAX HIB	4	
PENTACEL	4	
PROGRAF INJ	4	B/D
PROQUAD	4	
QUADRACEL	4	
RABAVERT	4	B/D
RAPAMUNE SOLN	4	B/D MO
RECOMBIVAX HB	4	B/D
REMICADE	5	PA
ROTARIX	4	
ROTATEQ	3	
SANDIMMUNE SOLN	4	PA MO
SIMULECT	5	B/D
<i>sirolimus tabs</i>	4	B/D MO
SYNAGIS	5	PA
<i>tacrolimus caps</i>	4	B/D MO
TENIVAC	4	
<i>tetanus/diphtheria toxoids-adsorbed</i>	2	GC
THYMOGLOBULIN	5	B/D
TRUMENBA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	
VARIVAX	3	
YF-VAX	3	
ZORTRESS TABS 0.25MG	4	PA MO
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO
ZOSTAVAX	4	QL (1 EA per 365 days)

Inflammatory Bowel Disease Agents

APRISO	3	MO
ASACOL HD	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>balsalazide disodium</i>	4	MO
DELZICOL	4	MO
LIALDA	4	MO
<i>mesalamine enem, kit</i>	4	MO
PENTASA	4	MO
<i>sulfasalazine tabs, tbec</i>	3	MO
Metabolic Bone Disease Agents		
<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
<i>calcitonin-salmon</i>	3	MO
<i>calcitriol caps</i>	2	MO GC
<i>calcitriol inj</i>	3	
<i>calcitriol oral soln</i>	3	MO
<i>doxercalciferol caps</i>	4	MO
<i>etidronate disodium</i>	2	MO GC
FORTEO	5	QL (2.4 ML per 28 days) PA
<i>ibandronate sodium tabs</i>	3	QL (1 EA per 30 days) MO
MIACALCIN INJ	4	MO
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	3	
<i>pamidronate disodium inj 30mg, 90mg</i>	4	
<i>paricalcitol inj</i>	2	GC
<i>paricalcitol caps</i>	4	MO
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days) MO GC
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO GC
<i>risedronate sodium tabs 35mg</i>	2	QL (12 EA per 84 days) MO GC
<i>risedronate sodium tabs 30mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
XGEVA	5	PA
<i>zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	MO
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

*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
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16"	3	MO
BD PEN NEEDLE/ULTRAFINE/ 29G X 12.7M	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FERRIPROX SOLN 100MG/ML	5	PA
NATPARA	5	QL (2 EA per 28 days) PA
ORFADIN SUSP 4MG/ML	5	PA
SYLVANT	5	PA
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO

Ophthalmic Agents

ACUVAIL	4	MO
<i>ak-poly-bac</i>	2	GC
ALPHAGAN P SOLN 0.1%	3	MO
ALREX	3	MO
<i>apraclonidine</i>	3	MO
<i>atropine sulfate soln</i>	3	MO
AZASITE	3	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
AZOPT	4	MO
<i>bacitracin/neomycin/polymyxin</i>	3	MO
<i>bacitracin/polymyxin b</i>	2	MO GC
<i>bacitracin oint 500unit/gm</i>	2	MO GC
BESIVANCE	4	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETIMOL	4	MO
BETOPTIC-S	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine tartrate</i>	3	MO
<i>carteolol hcl</i>	1	MO GC
<i>ciprofloxacin hcl soln 0.3%</i>	2	MO GC
COMBIGAN	3	MO
<i>cromolyn sodium soln 4%</i>	4	MO
CYSTARAN	5	QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO GC
<i>diclofenac sodium</i>	2	MO GC

*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>dorzolamide hcl</i>	1	MO GC
<i>dorzolamide hcl/timolol maleate</i>	1	MO GC
DUREZOL	4	MO
<i>epinastine hcl</i>	3	MO
<i>erythromycin oint 5mg/gm</i>	2	MO GC
FLAREX	4	MO
<i>fluorometholone</i>	3	MO
<i>flurbiprofen sodium</i>	2	MO GC
<i>gentak</i>	2	MO GC
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	2	MO GC
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	MO GC
ILEVRO	4	MO
<i>ilotycin</i>	2	GC
ISTALOL	3	MO
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	2	MO GC
<i>latanoprost</i>	2	MO GC
<i>levobunolol hcl</i>	2	MO GC
<i>levofloxacin ophthalmic soln 0.5%</i>	3	MO
LOTEMAX	3	MO
LUMIGAN	3	MO
<i>metipranolol</i>	1	MO GC
MOXEZA	4	MO
<i>naphazoline hcl</i>	2	MO GC
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	4	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO GC
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO GC
NEVANAC	4	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
PATADAY	4	MO
PAZEO	4	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	4	MO
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO GC
PRED MILD	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>prednisolone acetate</i>	2	MO GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	MO GC
PROLENSA	4	MO
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	MO
SIMBRINZA	4	MO
<i>sodium sulfacetamide soln 10%</i>	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO GC
<i>sulfacetamide sodium oint 10%</i>	2	MO GC
<i>sulfacetamide sodium soln 10%</i>	3	MO
<i>timolol maleate ophthalmic gel forming</i>	4	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO GC
TOBRADEX ST	4	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO GC
<i>tobramycin/dexamethasone</i>	4	MO
TOBEX OINTMENT	4	MO
TRAVATAN Z	4	MO
<i>travoprost</i>	2	MO GC
<i>trifluridine</i>	4	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO GC
<i>triple antibiotic</i>	3	
VEXOL	4	MO
VIGAMOX	4	MO
ZIRGAN	4	MO
ZYLET	3	MO

Otic Agents

<i>acetasol hc</i>	4	
<i>acetic acid</i>	3	MO
<i>acetic acid/aluminum acetate</i>	2	MO GC
<i>antibiotic ear</i>	4	
CIPRO HC	4	MO
CIPRODEX	4	MO
<i>fluocinolone acetonide oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hc</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

*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
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhalation soln</i>	2	B/D MO GC
<i>acetylcysteine inj</i>	4	
ADEMPAS	5	QL (90 EA per 30 days) PA LA
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</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
<i>aminophylline</i>	2	MO GC
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
ARCAPTA NEOHALER	4	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA	4	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (4 EA per 28 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	3	MO
<i>azelastine hcl nasal soln 0.1%</i>	3	QL (30 ML per 25 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
BROVANA	4	QL (120 ML per 30 days) B/D MO
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
<i>budesonide nasal susp 32mcg/act</i>	4	QL (17.2 GM per 30 days) MO
CAYSTON	5	QL (84 ML per 56 days)
<i>clemastine fumarate syrp</i>	2	PA GC
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO GC
CYPROHEPTADINE HCL TABS	4	PA MO
DALIRESP	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	4	PA MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
<i>epoprostenol sodium</i>	3	PA LA
ESBRIET	5	QL (270 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	4	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL (24 GM per 30 days) MO
<i>flunisolide</i>	3	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO GC
<i>hydroxyzine hcl inj</i>	2	PA MO GC
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	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
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
<i>levalbuterol hcl nebu</i>	2	B/D MO GC
<i>levalbuterol nebu</i>	2	B/D MO GC
<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>metaproterenol sulfate syrup, tabs</i>	2	MO GC
<i>montelukast sodium chew, tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>montelukast sodium pack</i>	3	QL (30 EA per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) MO
OFEV	5	QL (60 EA per 30 days) PA
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
OPSUMIT	5	QL (30 EA per 30 days) PA LA
ORKAMBI	5	QL (112 EA per 28 days) PA
PERFOROMIST	4	QL (120 ML per 30 days) B/D MO
PROAIR HFA	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
PROLASTIN-C	5	PA MO
<i>promethazine hcl syrup 6.25mg/5ml</i>	2	PA MO GC
<i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i>	2	PA MO GC
PULMOZYME	5	B/D
QNASL	4	QL (8.7 GM per 30 days) MO
QNASL CHILDRENS	4	QL (4.9 GM per 30 days) MO
QVAR	3	QL (17.4 GM per 30 days) MO
SEREVENT DISKUS	4	QL (60 EA per 30 days) MO
<i>sildenafil tabs 20mg</i>	3	QL (90 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
<i>terbutaline sulfate tabs</i>	4	MO
<i>theophylline cr tb12 100mg, 200mg</i>	3	MO
<i>theophylline er</i>	3	MO
<i>theophylline elix</i>	2	MO GC
<i>theophylline soln</i>	3	MO
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebu</i>	3	QL (280 ML per 56 days) B/D
TRACLEER	5	QL (60 EA per 30 days) PA LA
<i>triamcinolone acetonide aero 55mcg/act</i>	4	MO
TYZINE PEDIATRIC NASAL DROPS	4	
VENTAVIS	5	PA LA
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOLAIR	5	QL (6 EA per 28 days) PA LA
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
Skeletal Muscle Relaxants		
<i>chlorzoxazone</i>	2	QL (180 EA per 30 days) PA MO GC
<i>cyclobenzaprine hcl tabs</i>	2	QL (90 EA per 30 days) PA MO GC
Sleep Disorder Agents		
<i>armodafinil</i>	3	QL (30 EA per 30 days) PA
HETLIOZ	5	QL (30 EA per 30 days) PA
<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
ROZEREM	4	QL (30 EA per 30 days) MO
SILENOR	4	QL (30 EA per 30 days) MO
XYREM	5	QL (540 ML per 30 days) PA
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>zolpidem tartrate immediate release tabs</i>	2	QL (30 EA per 30 days) PA MO GC
Therapeutic Nutrients/Minerals/Electrolytes		
AMINOSYN	4	B/D

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

Drug name	Drug tier	Requirements/Limits
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolytes</i>	2	B/D GC
AMINOSYN II	4	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	2	B/D GC
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-RF	4	B/D
BAL-CARE DHA	4	MO
CALCIUM PNV	4	MO
CITRANATAL 90 DHA	4	MO
CITRANATAL ASSURE	4	MO
CITRANATAL B-CALM	4	MO
CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	4	MO
<i>clinisol sf 15%</i>	2	B/D GC
<i>completenate</i>	2	MO GC
CONCEPT DHA	4	MO
CONCEPT OB	4	MO
CUPRIMINE	5	MO
DEPEN TITRATABS	4	MO
<i>dextrose 10%/nacl 0.45%</i>	2	GC
<i>dextrose 5% /electrolyte #48 viaflex</i>	2	GC
<i>dextrose 10%</i>	2	B/D GC
<i>dextrose 10% flex container</i>	2	B/D GC
<i>dextrose 10%/nacl 0.2%</i>	2	GC
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	GC
<i>dextrose 20%</i>	2	B/D GC
<i>dextrose 25%</i>	2	B/D GC
<i>dextrose 30%</i>	2	B/D GC
<i>dextrose 40%</i>	2	B/D GC
<i>dextrose 5%</i>	2	B/D MO GC
<i>dextrose 5%/nacl 0.2%</i>	2	GC
<i>dextrose 5%/nacl 0.225%</i>	2	GC
<i>dextrose 5%/nacl 0.3%</i>	2	GC

*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>dextrose 5%/nacl 0.33%</i>	2	GC
<i>dextrose 5%/nacl 0.45%</i>	2	GC
<i>dextrose 5%/nacl 0.9%</i>	2	MO GC
<i>dextrose 5%/potassium chloride 0.15%</i>	2	GC
<i>dextrose 50%</i>	2	B/D GC
<i>dextrose 70%</i>	2	B/D GC
ESCAVITE D	4	
ESCAVITE LQ	4	
EXJADE	5	PA LA
EXTRA-VIRT PLUS DHA	4	MO
FERRIPROX TABS 500MG	5	PA
FLORIVA LIQD	4	MO
<i>floriva chew</i>	2	GC
<i>fluor-a-day soln</i>	2	GC
<i>fluoride chew 1.1mg, 2.2mg</i>	1	MO GC
<i>floritab chew 0.5mg, 1mg, 2.2mg</i>	1	GC
<i>floritab soln</i>	2	GC
FLURA-DROPS SOLN 0.25MG/DROP	4	MO
FOCALGIN 90 DHA	4	MO
FOCALGIN CA	4	MO
FOCALGIN-B	4	
FOLCAL DHA	4	MO
FOLCAPS OMEGA 3	4	MO
FOLET ONE	4	MO
FOLIVANE-OB	4	MO
FOLIVANE-PRX DHA NF	4	MO
<i>fomepizole</i>	5	
HEMENATAL OB	4	MO
HEMENATAL OB + DHA	4	MO
<i>hepatamine</i>	2	B/D GC
<i>inatal advance</i>	2	GC
<i>inatal ultra</i>	2	GC
INTRALIPID INJ 30GM/100ML	4	B/D
<i>intralipid inj 20gm/100ml</i>	2	B/D GC
<i>k-sol</i>	4	MO
KABIVEN	4	B/D
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.15%/d5w/lr</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	GC

*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>kcl 0.15%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	GC
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2	GC
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	GC
<i>kionex powd</i>	3	
<i>kionex susp</i>	3	MO
<i>klor-con</i>	2	MO GC
<i>klor-con 10</i>	2	MO GC
<i>klor-con 8</i>	2	MO GC
<i>klor-con m10</i>	2	GC
<i>klor-con m20</i>	2	MO GC
<i>klor-con sprinkle cpcr 10meq</i>	2	GC
<i>klor-con sprinkle cpcr 8meq</i>	2	MO GC
<i>klor-con/ef</i>	3	MO
<i>lactated ringers dextrose 5% viaflex</i>	2	GC
<i>lactated ringers viaflex</i>	2	GC
<i>levocarnitine soln, tabs</i>	4	MO
LIPOSYN III	4	B/D
<i>ludent chew 0.5mg, 1mg</i>	1	MO GC
<i>magnesium sulfate inj 50%</i>	4	MO
<i>mult-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	2	MO GC
<i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	2	MO GC
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml; 5unit/ml</i>	2	MO GC

*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>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	2	MO GC
<i>mvc-fluoride</i>	2	MO GC
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	4	
NATALVIRT 90 DHA	4	MO
NATALVIRT CA	4	MO
NATELLE ONE	4	MO
NEPHRAMINE	4	B/D
NESTABS	4	MO
NESTABS DHA	4	MO
NEXA PLUS	4	MO
NIVA-PLUS	4	MO
O-CAL PRENATAL	4	MO
OB COMPLETE GOLD	4	MO
OB COMPLETE ONE	4	MO
OB COMPLETE PETITE	4	MO
OB COMPLETE PREMIER	4	MO
OB COMPLETE/DHA	4	MO
PAIRE OB	4	MO
PERIKABIVEN	4	B/D
<i>plenamine</i>	2	B/D GC
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	4	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	4	MO
PNV OB+DHA	4	
PNV PRENATAL PLUS MULTIVITAMIN	4	MO
PNV TABS 29-1	4	MO
<i>pnv-dha</i>	2	MO GC
<i>pnv-select</i>	2	MO GC
PNV-VP-U	4	MO
<i>poly-vitamin/fluoride chew</i>	2	GC
<i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i>	2	GC
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	GC
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	GC

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

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2	GC
<i>potassium chloride 0.15%/nacl 0.9%</i>	2	MO GC
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	GC
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	2	GC
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2	GC
<i>potassium chloride 0.3%/d5w</i>	2	GC
<i>potassium chloride cr tbcr 10meq, 20meq</i>	2	MO GC
<i>potassium chloride er</i>	2	MO GC
<i>potassium chloride sr</i>	2	MO GC
<i>potassium chloride oral soln</i>	4	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	GC
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	2	MO GC
<i>potassium citrate er</i>	4	MO
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	4	MO
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	4	
PREFERAOB ONE	4	MO
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	2	B/D GC
PRENAISSANCE	4	MO
PRENAISSANCE PLUS	4	MO
PRENATA	4	MO
<i>prenatabs fa</i>	2	MO GC
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	4	MO
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	4	MO
PRENATE AM	4	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	4	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	4	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	4	
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	4	
PRENATE PIXIE	4	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	4	MO
PREQUE 10	4	MO
PRETAB	4	
PUREFE OB PLUS	4	
QUFLORA PEDIATRIC SOLN 0.5MG/ML	4	
QUFLORA PEDIATRIC SOLN 0.25MG/ML	4	MO
RELNATE DHA	4	MO
<i>ringers injection</i>	2	GC
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA
<i>se-natal 19</i>	2	MO GC
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	4	MO
<i>sodium bicarbonate inj 4.2%</i>	2	MO GC
<i>sodium bicarbonate inj 8.4%</i>	2	MO GC

*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>sodium chloride 0.45% viaflex</i>	2	GC
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	2	MO GC
<i>sodium fluoride chew 0.5mg, 1.1mg</i>	1	MO GC
<i>sodium polystyrene sulfonate rectal susp</i>	2	GC
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO
<i>sps</i>	3	
<i>sterile water irrigation</i>	2	MO GC
SYPRINE	5	MO
TARON-PREX	4	MO
THRIVITE RX	4	MO
TL FOLATE	4	
TL-CARE DHA	4	MO
TL-SELECT	4	MO
<i>tpn electrolytes</i>	2	GC
<i>tri-vit/fluoride</i>	2	MO GC
TRI-VIT/FLUORIDE/IRON	4	MO
<i>tri-vitamin/fluoride</i>	2	MO GC
<i>triadvance</i>	2	GC
<i>tricare</i>	2	MO GC
TRICARE PRENATAL COMPLEAT	4	MO
TRICARE PRENATAL DHA ONE	4	MO
TRINATAL GT	4	MO
<i>trinatal rx 1</i>	2	MO GC
<i>triple-vitamin/fluoride</i>	2	MO GC
TRISTART DHA	4	MO
TRIVEEN-PRX RNF	4	MO
<i>ultimatecare one nf</i>	2	MO GC
VEMAVITE-PRX 2	4	MO
VENA-BAL DHA	4	MO
VIRT-ADVANCE	4	MO
VIRT-C DHA	4	MO
VIRT-CARE ONE	4	MO
VIRT-PN	4	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	4	MO
VIRT-PN PLUS	4	MO
VIRT-SELECT	4	MO
VITAFOL FE+	4	MO
VITAFOL-ONE	4	MO

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

Drug name	Drug tier	Requirements/Limits
VITAMEDMD ONE RX/QUATREFOLIC	4	MO
VITAMEDMD PLUS RX/QUATRE FOLIC	4	MO
<i>vitamins a/d/c/fluoride</i>	2	GC
VOL-NATE	4	MO
VOL-PLUS	4	MO
VP CH ULTRA	4	MO
VP-CH-PNV	4	MO
VP-HEME OB	4	MO
VP-HEME ONE	4	MO
VP-PNV-DHA	4	MO
ZATEAN-CH	4	MO
ZATEAN-PN	4	MO
ZATEAN-PN DHA	4	MO
ZATEAN-PN PLUS	4	MO
Unclassified		
ENBRACE HR	4	MO
PREFERAOB +DHA	4	MO
PROVIDA DHA	4	

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

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<i>abacavir sulfate/</i>	32	<i>ala cort</i>	48	AMINOSYN II	66
<i>lamivudine/zidovudine</i>		ALBENZA	29	<i>aminosyn ii 8.5%/</i>	66
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<i>acarbose</i>	35	ALDURAZYME	45	AMINOSYN-RF	66
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ACTIMMUNE	56	<i>amcinonide</i>	48	<i>amoxicillin</i>	13
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<i>apri</i>	51	ATRIPLA	32	BD INSULIN SYRINGE	59
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<i>aranelle</i>	51	<i>betamethasone</i>		BD INSULIN SYRINGE	60
ARANESP ALBUMIN	37	<i>dipropionate</i>		ULTRAFINE/1ML/ 31G X 5/16"	
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<i>bisoprolol fumarate/</i>	38	<i>butalbital/aspirin/caffeine</i>	10	CAYSTON	63
<i>hydrochlorothiazide</i>		<i>butalbital/aspirin/</i>	10	<i>caziant</i>	51
<i>bleomycin sulfate</i>	24	<i>caffeine/codeine</i>		<i>cefaclor</i>	14
BLEPHAMIDE	60	BYDUREON	35	<i>cefaclor er</i>	14
BLEPHAMIDE S.O.P.	60	BYETTA	35	<i>cefadroxil</i>	14
BLINCYTO	24	BYSTOLIC	38	<i>cefazolin</i>	14
<i>blisovi 24 fe</i>	51	<i>cabergoline</i>	56	<i>cefazolin sodium</i>	14
<i>blisovi fe 1.5/30</i>	51	<i>cabometyx</i>	25	<i>cefazolin sodium/</i>	14
<i>blisovi fe 1/20</i>	51	<i>calcipotriene</i>	44	<i>dextrose</i>	
BOOSTRIX	56	<i>calcipotriene/</i>	44	<i>cefdinir</i>	14
BOSULIF	24	<i>betamethasone</i>		<i>cefepime</i>	14
BREO ELLIPTA	63	<i>dipropionate</i>		<i>cefixime</i>	14
<i>briellyn</i>	51	<i>calcitonin-salmon</i>	59	<i>cefotaxime sodium</i>	14
BRILINTA	37	<i>calcitrene</i>	44	<i>cefotetan</i>	14
<i>brimonidine tartrate</i>	60	<i>calcitriol</i>	59	<i>cefotetan/dextrose</i>	14
BRINTELLIX	20	<i>calcium acetate</i>	48	<i>cefoxitin sodium</i>	14
BRIVIACT	18	CALCIUM PNV	66	<i>cefpodoxime proxetil</i>	14
<i>bromocriptine mesylate</i>	30	<i>camila</i>	51	<i>cefprozil</i>	14
BROVANA	63	<i>camrese</i>	51	<i>ceftazidime</i>	14
<i>budesonide</i>	48	<i>camrese lo</i>	51	<i>ceftazidime/dextrose</i>	14
<i>budesonide</i>	63	CANCIDAS	22	<i>ceftriaxone in iso-</i>	15
<i>bumetanide</i>	38	<i>candesartan cilexetil</i>	38	<i>osmotic dextrose</i>	
BUPHENYL	45	<i>candesartan cilexetil/</i>	38	<i>ceftriaxone sodium</i>	15
<i>buprenorphine hcl</i>	13	<i>hydrochlorothiazide</i>		<i>ceftriaxone/dextrose</i>	15
<i>buprenorphine hcl/</i>	13	<i>capacet</i>	10	<i>cefuroxime axetil</i>	15
<i>naloxone hcl</i>		CAPASTAT SULFATE	24	<i>cefuroxime sodium</i>	15
<i>buproban</i>	13	CAPRELSA	25	<i>cefuroxime/dextrose</i>	15
<i>bupropion hcl</i>	20	<i>captopril</i>	39	<i>celecoxib</i>	10
<i>bupropion hcl er</i>	20	<i>captopril/</i>	38	CELLCEPT	56
<i>bupropion hcl sr</i>	13	<i>hydrochlorothiazide</i>		INTRAVENOUS	
<i>bupropion hcl sr</i>	20	CARBAGLU	45	CELONTIN	18
<i>bupropion hcl xl</i>	20	<i>carbamazepine</i>	18	<i>cephalexin</i>	15
<i>buspirone hcl</i>	34	<i>carbamazepine er</i>	18	CEREZYME	45
BUSULFEX	25	<i>carbidopa</i>	30	CERVARIX	56
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<i>codeine</i>		<i>carbidopa/levodopa er</i>	30	CHANTIX CONTINUING	13
<i>butalbital/</i>	10	<i>carbidopa/levodopa odt</i>	30	MONTH PAK	
<i>acetaminophen/caffeine</i>		<i>carbidopa/levodopa/</i>	30	CHANTIX STARTING	13
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		<i>carboplatin</i>	25		

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<i>chloroquine phosphate</i>	29	<i>clindamycin phosphate</i>	44	CONCEPT OB	66
<i>chlorothiazide</i>	39	<i>clindamycin phosphate add-vantage</i>	15	<i>constulose</i>	46
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<i>chlorthalidone</i>	39	<i>clindamycin/benzoyl peroxide</i>	44	CORLANOR	39
<i>chlorzoxazone</i>	65	<i>clinisol sf 15%</i>	66	<i>cormax scalp application</i>	49
<i>cholestyramine</i>	39	<i>clinpro 5000</i>	43	<i>cortisone acetate</i>	49
<i>cholestyramine light</i>	39	<i>clobetasol propionate</i>	49	COSMEGEN	25
<i>ciclodan</i>	22	<i>clobetasol propionate e</i>	49	COTELLIC	25
<i>ciclopirox</i>	22	<i>clobetasol propionate emollient</i>	49	CREON	45
<i>ciclopirox nail lacquer</i>	22	<i>clodan</i>	49	CRESTOR	39
<i>ciclopirox olamine</i>	22	CLOLAR	25	CRIXIVAN	32
<i>cilostazol</i>	37	<i>clomipramine hcl</i>	20	<i>cromolyn sodium</i>	46
<i>cimetidine</i>	46	<i>clonazepam</i>	18	<i>cromolyn sodium</i>	60
<i>cimetidine hcl</i>	46	<i>clonazepam odt</i>	18	<i>cromolyn sodium</i>	63
CINRYZE	56	<i>clonidine hcl</i>	39	<i>cryselle-28</i>	51
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CIPRODEX	62	<i>clorazepate dipotassium</i>	34	CUPRIMINE	66
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<i>ciprofloxacin er</i>	15	<i>clotrimazole/ betamethasone dipropionate</i>	22	2"X2"	
<i>ciprofloxacin hcl</i>	15	<i>clozapine</i>	30	<i>cyclafem 1/35</i>	51
<i>ciprofloxacin hcl</i>	60	<i>clozapine odt</i>	30	<i>cyclafem 7/7/7</i>	51
<i>ciprofloxacin i.v.-in d5w</i>	15	COARTEM	29	<i>cyclobenzaprine hcl</i>	65
<i>cisplatin</i>	25	<i>codeine sulfate</i>	10	<i>cyclophosphamide</i>	25
<i>citalopram hydrobromide</i>	20	<i>colchicine</i>	23	<i>cycloserine</i>	24
CITRANATAL 90 DHA	66	<i>colestipol hcl</i>	39	<i>cyclosporine</i>	57
CITRANATAL ASSURE	66	<i>colistimethate sodium</i>	15	<i>cyclosporine modified</i>	56
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DARAPRIM	29	<i>dextrose 10% flex container</i>	66	<i>diltiazem hcl</i>	39
DARZALEX	25	<i>dextrose 10%/nacl 0.2%</i>	66	<i>diltiazem hcl cd</i>	39
<i>dasetta 1/35</i>	51	<i>dextrose 2.5%/sodium chloride 0.45%</i>	66	<i>diltiazem hcl er</i>	39
<i>dasetta 7/7/7</i>	51	<i>dextrose 20%</i>	66	<i>dilt-xr</i>	39
<i>daunorubicin hcl</i>	25	<i>dextrose 25%</i>	66	<i>diphenatol</i>	46
DAUNOXOME	25	<i>dextrose 30%</i>	66	<i>diphenhydramine hcl</i>	63
<i>daysee</i>	51	<i>dextrose 40%</i>	66	<i>diphenoxylate/atropine</i>	46
<i>deblitane</i>	51	<i>dextrose 5%</i>	66	<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	57
<i>decitabine</i>	25	<i>dextrose 5%/nacl 0.2%</i>	66	<i>disopyramide phosphate</i>	39
<i>deltasone</i>	49	<i>dextrose 5%/nacl 0.225%</i>	66	<i>disulfiram</i>	13
<i>delyla</i>	51	<i>dextrose 5%/nacl 0.3%</i>	66	<i>divalproex sodium</i>	18
DELZICOL	59	<i>dextrose 5%/nacl 0.33%</i>	67	<i>divalproex sodium dr</i>	18
DEMSEER	39	<i>dextrose 5%/nacl 0.45%</i>	67	<i>divalproex sodium er</i>	18
DENAVIR	32	<i>dextrose 5%/nacl 0.9%</i>	67	DOCEFREZ	25
<i>dentagel</i>	43	<i>dextrose 5%/potassium chloride 0.15%</i>	67	<i>docetaxel</i>	25
DEPEN TITRATABS	66	<i>dextrose 50%</i>	67	<i>dofetilide</i>	39
DEPOCYT	25	<i>dextrose 70%</i>	67	<i>donepezil hcl</i>	20
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<i>desmopressin acetate</i>	50	<i>diclofenac sodium</i>	60	<i>doxepin hcl</i>	20
<i>desogestrel/ethinyl estradiol</i>	51	<i>diclofenac sodium dr</i>	10	<i>doxepin hydrochloride</i>	44
<i>desonide</i>	49	<i>diclofenac sodium er</i>	10	<i>doxercalciferol</i>	59
<i>desoximetasone</i>	49	<i>dicloxacillin sodium</i>	15	<i>doxorubicin hcl</i>	25
<i>desvenlafaxine er</i>	20	<i>dicyclomine hcl</i>	46	<i>doxorubicin hcl liposome</i>	25
<i>dexamethasone</i>	49	<i>didanosine</i>	32	<i>doxy 100</i>	15
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<i>dexamethasone sodium phosphate</i>	60	<i>diflunisal</i>	10	<i>doxycycline hyclate dr</i>	15
<i>dexedrine</i>	43	<i>digitek</i>	39	<i>doxycycline monohydrate</i>	15
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DUREZOL	61	<i>epitol</i>	18	<i>etidronate disodium</i>	59
<i>dutasteride</i>	48	EPIVIR	32	<i>etodolac</i>	11
<i>dutasteride/tamsulosin</i>	48	EPIVIR HBV	32	<i>etodolac er</i>	11
<i>hydrochloride</i>		<i>eplerenone</i>	39	<i>etoposide</i>	25
<i>econazole nitrate</i>	22	<i>epoprostenol sodium</i>	63	EVOTAZ	32
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<i>endocet</i>	10	ESBRIET	63	<i>fentanyl</i>	11
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<i>fluconazole in nacl</i>	22	<i>fomepizole</i>	67	GENVOYA	33
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<i>flunisolide</i>	64	<i>fosinopril sodium/</i>	40	<i>gildess 1.5/30</i>	52
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HUMIRA PEDIATRIC	57	<i>imipramine hcl</i>	21	<i>ivermectin</i>	29
CROHNS DISEASE STARTER PACK		<i>imiquimod</i>	45	IXEMPRA KIT	26
HUMIRA PEN	57	IMOVAX RABIES (H.D.C.V.)	57	IXIARO	57
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<i>hydralazine hcl</i>	40	INCRELEX	50	JANUMET	35
<i>hydrochlorothiazide</i>	40	INCRUSE ELLIPTA	64	JANUMET XR	35
<i>hydrocodone bitartrate/ acetaminophen</i>	11	<i>indapamide</i>	40	JANUVIA	36
<i>hydrocodone/ acetaminophen</i>	11	INFANRIX	57	JARDIANCE	36
<i>hydrocodone/ibuprofen</i>	11	INLYTA	26	<i>jencycla</i>	52
<i>hydrocortisone</i>	49	INTELENCE	33	JENTADUETO	36
<i>hydrocortisone butyrate</i>	49	INTRALIPID	67	JENTADUETO XR	36
<i>hydrocortisone butyrate (lipophilic)</i>	49	INTRON A	26	JEVTANA	26
<i>hydrocortisone in absorbbase</i>	49	INTRON A W/DILUENT	26	<i>jinteli</i>	52
<i>hydrocortisone valerate</i>	49	<i>introvale</i>	52	<i>jolessa</i>	52
<i>hydrocortisone/acetic acid</i>	62	INVANZ	16	<i>jolivette</i>	52
		INVEGA SUSTENNA	31	<i>juleber</i>	52
		INVEGA TRINZA	31	<i>junel 1.5/30</i>	52
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<i>kaitlib fe</i>	52	<i>lactated ringers dextrose</i>	68	<i>levocarnitine</i>	68
KALETRA	33	<i>5% viaflex</i>		<i>levocetirizine</i>	64
KALYDECO	64	<i>lactated ringers viaflex</i>	68	<i>dihydrochloride</i>	
<i>kariva</i>	52	<i>lactulose</i>	47	<i>levofloxacin</i>	16
<i>kcl 0.075%/d5w/nacl</i>	67	<i>lamivudine</i>	33	<i>levofloxacin</i>	61
<i>0.45%</i>		<i>lamivudine/zidovudine</i>	33	<i>levofloxacin in d5w</i>	16
<i>kcl 0.15%/d5w/lr</i>	67	<i>lamotrigine</i>	19	<i>levoleucovorin</i>	27
<i>kcl 0.15%/d5w/nacl 0.2%</i>	67	<i>larin 1.5/30</i>	52	<i>levoleucovorin calcium</i>	27
<i>kcl 0.15%/d5w/nacl</i>	67	<i>larin 1/20</i>	52	<i>levonest</i>	53
<i>0.225%</i>		<i>larin 24 fe</i>	52	<i>levonorgestrel</i>	53
<i>kcl 0.15%/d5w/nacl</i>	68	<i>larin fe 1.5/30</i>	53	<i>levonorgestrel/ethinyl</i>	53
<i>0.45%</i>		<i>larin fe 1/20</i>	53	<i>estradiol</i>	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	68	<i>latanoprost</i>	61	<i>levora 0.15/30-28</i>	53
<i>kcl 0.3%/d5w/lr iv lac</i>	68	LATUDA	31	<i>levothyroxine sodium</i>	55
<i>ring</i>		<i>layolis fe</i>	53	<i>levoxyl</i>	55
<i>kcl 0.3%/d5w/nacl 0.45%</i>	68	<i>leena</i>	53	LEXIVA	33
<i>kcl 0.3%/d5w/nacl 0.9%</i>	68	<i>leflunomide</i>	57	LIALDA	59
<i>kelnor 1/35</i>	52	LENVIMA 10 MG DAILY	27	<i>lidocaine</i>	13
KETEK	16	DOSE		<i>lidocaine hcl</i>	13
<i>ketoconazole</i>	22	LENVIMA 14 MG DAILY	27	<i>lidocaine hcl</i>	40
<i>ketoprofen</i>	11	DOSE		<i>lidocaine hcl jelly</i>	13
<i>ketoprofen er</i>	11	LENVIMA 18 MG DAILY	27	<i>lidocaine viscous</i>	13
<i>ketorolac tromethamine</i>	11	DOSE		<i>lidocaine/prilocaine</i>	13
<i>ketorolac tromethamine</i>	61	LENVIMA 20 MG DAILY	27	<i>lindane</i>	29
KEYTRUDA	26	DOSE		<i>linezolid</i>	16
<i>kimidess</i>	52	LENVIMA 24 MG DAILY	27	LINZESS	47
KINRIX	57	DOSE		<i>liothyronine sodium</i>	55
<i>kionex</i>	68	LENVIMA 8 MG DAILY	27	LIPOSYN III	68
<i>klor-con</i>	68	DOSE		<i>lisinopril</i>	40
<i>klor-con 10</i>	68	<i>lessina</i>	53	<i>lisinopril/</i>	40
<i>klor-con 8</i>	68	LETAIRIS	64	<i>hydrochlorothiazide</i>	
<i>klor-con m10</i>	68	<i>letrozole</i>	27	<i>lithium</i>	35
<i>klor-con m20</i>	68	<i>leucovorin calcium</i>	27	<i>lithium carbonate</i>	35
<i>klor-con sprinkle</i>	68	LEUKERAN	27	<i>lithium carbonate er</i>	35
<i>klor-con/ef</i>	68	LEUKINE	37	LIVALO	40
KORLYM	36	<i>leuprolide acetate</i>	56	<i>lokara</i>	50
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<i>lorazepam</i>	35	<i>memantine hcl titration pak</i>	20	<i>methylprednisolone sodiumsuccinate</i>	50
<i>lorazepam intensol</i>	34	<i>memantine hydrochloride</i>	20	<i>metipranolol</i>	61
<i>lorcet</i>	11	MENACTRA	57	<i>metoclopramide hcl</i>	47
<i>lorcet hd</i>	11	MENEST	53	<i>metolazone</i>	40
<i>lorcet plus</i>	11	MENHIBRIX	57	<i>metoprolol succinate er</i>	40
<i>loryna</i>	53	MENOMUNE-A/C/Y/W-135	57	<i>metoprolol tartrate</i>	40
<i>losartan potassium</i>	40	MENTAX	22	<i>metoprolol/ hydrochlorothiazide</i>	40
<i>losartan potassium/ hydrochlorothiazide</i>	40	MENVEO	58	METRO IV	16
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<i>lovastatin</i>	40	<i>meropenem</i>	16	<i>metronidazole</i>	45
<i>low-ogestrel</i>	53	<i>meropenem/sodium chloride</i>	16	<i>metronidazole in nacl 0.79%</i>	16
<i>loxapine succinate</i>	31	<i>mesalamine</i>	59	<i>metronidazole vaginal</i>	16
<i>ludent</i>	68	<i>mesna</i>	27	<i>mexiletine hcl</i>	40
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<i>lutra</i>	53	<i>metformin hcl</i>	36	<i>microgestin fe</i>	53
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<i>lyza</i>	53	<i>methazolamide</i>	40	MILLIPRED	50
<i>magnesium sulfate</i>	68	<i>methenamine hippurate</i>	16	MILLIPRED DP	50
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<i>mono-lynyah</i>	53	<i>naproxen dr</i>	12	<i>nevirapine er</i>	33
<i>mononessa</i>	53	<i>naproxen sodium</i>	12	NEXA PLUS	69
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<i>multivitamin with fluoride</i>	69	<i>necon 1/50-28</i>	53	<i>macrocrystals</i>	
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<i>multi-vitamin/fluoride/</i>	68	<i>necon 7/7/7</i>	53	<i>monohydrate</i>	
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<i>mvc-fluoride</i>	69	<i>bacitracin/</i>		<i>nora-be</i>	53
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<i>myorisan</i>	45	<i>neomycin/polymyxin/</i>	61	FLEXPRO	
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N AFCILLIN	16	<i>neomycin/polymyxin/</i>	62	<i>ethinyl estradiol</i>	
NAGLAZYME	46	<i>hydrocortisone</i>		<i>norethindrone acetate/</i>	54
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<i>naloxone hcl</i>	13	NEPHRAMINE	69	<i>fumarate</i>	
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<i>nortrel 7/7/7</i>	54	<i>olopatadine hcl</i>	61	<i>paromomycin sulfate</i>	17
<i>nortriptyline hcl</i>	21	<i>olopatadine hcl</i>	64	<i>paroxetine hcl</i>	21
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NULOJIX	58	<i>oxaliplatin</i>	27	<i>penicillin v potassium</i>	17
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OB COMPLETE/DHA	69	<i>oxycodone hcl</i>	12	<i>periogard</i>	44
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<i>octreotide acetate</i>	56	<i>oxycodone/ibuprofen</i>	12	<i>perphenazine</i>	31
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<i>phenytoin sodium</i>	19	<i>poly-vitamin/fluoride</i>	69	INTENSOL	
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<i>pilocarpine hcl</i>	44	<i>potassium chloride</i>	69	PREMASOL	70
<i>pilocarpine hcl</i>	61	0.15% /nacl 0.45% <i>viaflex</i>		PRENAISSANCE	70
<i>pilocarpine</i>	44	<i>potassium chloride</i>	69	PRENAISSANCE PLUS	70
<i>hydrochloride</i>		0.15% d5w/nacl 0.33%		PRENATA	70
<i>pimozide</i>	31	<i>potassium chloride</i>	70	<i>prenatabs fa</i>	70
<i>pimtreea</i>	54	0.15% d5w/nacl 0.45%		PRENATAL 19	70
<i>pindolol</i>	41	<i>potassium chloride</i>	70	PRENATAL PLUS	71
<i>pioglitazone hcl</i>	36	0.15%/nacl 0.9%		PRENATAL PLUS IRON	71
<i>pioglitazone hcl/</i>	36	<i>potassium chloride</i>	70	PRENATE AM	71
<i>metformin hcl</i>		0.22% d5w/nacl 0.45%		PRENATE DHA	71
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<i>glimepiride</i>		0.224%d5w/nacl 0.45%		PRENATE ESSENTIAL	71
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<i>piperacillin sodium/</i>	17	0.3%/ nacl 0.9%		PREPLUS	71
<i>tazobactam sodium</i>		<i>potassium chloride</i>	70	PREPOPIK	47
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ध्यान दें: अगर आप बात करने में सक्षम हैं हिंदी, तो नशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट www.aetnamedicare.com पर वजिटि करें या अपने सदस्य पहचान कार्ड पर दिए गए फोन नंबर पर कॉल करें।

ITALIANO (ITALIAN):

ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Visita il nostro sito web www.aetnamedicare.com o chiama il numero telefonico riportato sulla tua tessera personale.

PORTUGUÊS (PORTUGUESE):

ATENÇÃO: Se você fala português, serviços gratuitos de ajuda para esse idioma estão disponíveis. Visite nosso site www.aetnamedicare.com ou ligue para o número listado em seu cartão de identificação de associado.

KREYOL AYISYEN (FRENCH CREOLE):

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd gratis nan lang ki disponib pou ou. Ale sou sitwèb nou nan www.aetnamedicare.com oswa rele nimewo telefòn ki nan kat idantifikasyon manm ou.

POLSKI (POLISH):

UWAGA! Osoby mówiące po polsku, mogą skorzystać z bezpłatnych usług pomocy językowej. Proszę wejść na naszą stronę internetową www.aetnamedicare.com lub zadzwonić pod numer telefonu podany na karcie identyfikacyjnej członka.

日本語 (JAPANESE):

ご注意: 日本語を話す方を対象に、無料の言語支援サービスを用意しております。当社ウェブサイト www.aetnamedicare.comをご覧くださいか、会員カードに記載の電話番号までお電話ください。

This formulary was updated on 10/01/2016. For more recent information or other questions, please contact First Health Part D Member Services at **1-844-233-1938** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.coventry-medicare.com/formulary>**.

Contract/PBP: S5768-125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 197, 198, 200

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