

## ***SilverScript Employer PDP sponsored by California's Valued Trust (SilverScript)***

# **2021 Formulary (List of Covered Drugs)**

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

This formulary was updated on 08/17/2021. For more recent information or other questions, please contact SilverScript Customer Care at 1-888-620-1756, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID 21115

**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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of August 17, 2021. 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, 2022, and from time to time during the year.

## What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript 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. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

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

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

**New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

**Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 17, 2021. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

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

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 at the back of this document. 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?**

SilverScript 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 (PA):** SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don't get approval, SilverScript may not cover the drug.

**Quantity Limits (QL):** For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy (ST):** In some cases, SilverScript 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, SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript 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 1. You may 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 SilverScript 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 SilverScript Formulary?" 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 SilverScript Customer Care and ask if your drug is covered.

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

- You can ask SilverScript Customer Care 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.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

## How do I request an exception to the SilverScript 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.

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the Specialty Drugs tier.

Generally, SilverScript will only approve your request for an exception if the alternative drug is included on the plan's formulary or if 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 for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan’s exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

## Initial Coverage Stage Copayment/Coinsurance Levels

### The plan has five Cost-Sharing Tiers

Every drug on the plan’s drug list is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

**Cost-Sharing Tier 1: Preferred Generic Drugs**

**Cost-Sharing Tier 2: Generic Drugs**

**Cost-Sharing Tier 3: Preferred Brand Drugs\***

**Cost-Sharing Tier 4: Non-Preferred Drugs\***

**Cost-Sharing Tier 5: Specialty Drugs**

\*Please note: In some instances this tier may include both brand and higher cost generic drugs on the same tier.

To find out which cost-sharing tier your drug is in, look it up in the plan’s drug list that begins on page 1.

### Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	<b>Preferred Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Non-Preferred Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1 (Preferred Generic Drugs)</b>	\$0.00	\$15.00	\$15.00
<b>Tier 2 (Generic Drugs)</b>	\$10.00	\$20.00	\$20.00
<b>Tier 3 (Preferred Brand Drugs)</b>	\$47.00	\$47.00	\$47.00
<b>Tier 4 (Non-Preferred Drugs)</b>	\$100.00	\$100.00	\$100.00
<b>Tier 5 (Specialty Drugs)</b>	25% of total cost	25% of total cost	25% of total cost

Costs shown in the table above reflect the additional coverage that may be provided by California's Valued Trust. Drugs that are part of your standard Medicare plan, but do not have additional coverage from California's Valued Trust would be covered under the 2021 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2021-Medicare-Part-D-Outlook.php> for more information about the 2021 Medicare Part D Defined Standard Benefit drug costs.

## For more information

For more detailed information about your SilverScript 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 Part D 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 [www.medicare.gov](http://www.medicare.gov).

## SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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

The information in the Requirements/Limits column tells you if SilverScript has any special requirements for coverage of your drug.

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- ST Step Therapy required.
- MO Mail Order Delivery.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call SilverScript Customer Care at 1-888-620-1756, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D 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 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.

**Please Note:** Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tabs</i>	1	MO
<i>colchicine tabs</i>	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	3	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	3	MO
<i>probenecid/colchicine</i>	3	MO
<b>NSAIDS</b>		
<i>cataflam</i>	2	QL (120 EA per 30 days)
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diflunisal</i>	4	MO
DUEXIS	5	MO
<i>ec-naproxen tbec 375mg</i>	2	
<i>ec-naproxen tbec 500mg</i>	2	MO
<i>etodolac</i>	3	MO
<i>etodolac er</i>	4	MO
FENOPROFEN CALCIUM CAPS 400MG	4	MO
<i>fenoprofen calcium tabs</i>	4	MO
<i>flurbiprofen tabs 100mg</i>	2	MO
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen</i>	2	MO
<i>ketoprofen er</i>	4	MO
<i>ketoprofen caps 50mg</i>	4	
<i>ketoprofen caps 25mg, 75mg</i>	4	MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	4	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	2	MO
NAPROXEN SODIUM CR TABS 375MG	4	MO
<i>naproxen sodium er tabs 500mg</i>	4	MO
NAPROXEN SODIUM TB24	4	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen/esomeprazole magnesium</i>	5	MO
<i>naproxen tabs</i>	1	MO
<i>naproxen susp, tbec</i>	2	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam</i>	3	MO
<i>relafen</i>	2	
<i>sulindac</i>	2	MO
VIMOVO	5	MO



Drug Name	Drug Tier	Requirements/Limits
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine transdermal patch</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	4	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er t24a</i>	3	QL (30 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride conc</i>	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	3	QL (90 EA per 30 days) PA MO
TRAMADOL HCL ER CP24 100MG, 200MG, 300MG	4	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	4	QL (30 EA per 30 days) PA MO
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen/codeine tabs</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	3	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	4	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	4	
<i>butorphanol tartrate inj 2mg/ml</i>	4	MO
CODEINE SULFATE TABS	4	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml</i>	4	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	4	B/D MO
<i>lorcet</i>	4	QL (180 EA per 30 days)
<i>lorcet hd</i>	4	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF, 25MG/ML PF, 2MG/ML PF, 4MG/ML PF, 50MG/ML, 5MG/ML PF, 8MG/ML PF	4	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate pf inj 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride immediate release tabs</i>	4	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	4	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	4	
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i>	5	MO
ALINIA	5	MO
<i>amikacin sulfate</i>	4	MO
<i>atovaquone</i>	4	PA MO
<i>aztreonam</i>	4	MO
CAYSTON	5	PA LA
<i>chloramphenicol inj 1gm</i>	4	
<i>clindamycin hcl caps 300mg, 75mg</i>	2	MO
<i>clindamycin hydrochloride caps 150mg</i>	2	MO
<i>clindamycin palmitate hcl</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 900mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate inj</i>	4	PA MO
<i>dapsone tabs 100mg, 25mg</i>	3	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	MO
EMVERM	5	QL (12 EA per 365 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	4	MO
<i>isotonic gentamicin</i>	4	MO
<i>ivermectin</i>	3	MO
<i>linezolid tabs</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	4	PA
<i>meropenem inj 500mg</i>	4	
<i>meropenem inj 1gm</i>	4	MO
<i>methenamine hippurate</i>	4	MO
METHENAMINE MANDELATE	4	MO
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>neomycin tabs</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin oral suspension</i>	4	MO
<i>paromomycin caps</i>	4	MO
<i>pentamidine isethionate inj</i>	4	
<i>pentamidine isethionate inhalation solr</i>	4	B/D MO
<i>praziquantel</i>	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate inj</i>	4	MO
SULFADIAZINE	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	4	MO
SYNERCID	5	
<i>tinidazole</i>	4	MO
<i>tobramycin</i>	3	QL (280 ML per 56 days) PA
<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
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	5	QL (240 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride inj 500mg</i>	4	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML	4	
<b>ANTIFUNGALS</b>		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	4	B/D MO
<i>casprofungin acetate inj 70mg</i>	4	
<i>casprofungin acetate inj 50mg</i>	5	
<i>fluconazole in nacl 200mg; 0.9%</i>	4	
<i>fluconazole in sodium chloride 400mg; 0.9%</i>	4	
<i>fluconazole tabs</i>	2	MO
<i>fluconazole oral susp</i>	3	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole</i>	4	PA MO
<i>ketoconazole tabs 200mg</i>	2	PA MO
<i>micafungin inj 50mg</i>	4	
<i>micafungin inj 100mg</i>	5	
MYCAMINE INJ 50MG	4	MO
MYCAMINE INJ 100MG	5	
NOXAFIL	5	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	4	MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) MO
<i>terbinafine hcl tabs</i>	2	QL (90 EA per 365 days) MO
<i>voriconazole tabs</i>	4	MO
<i>voriconazole inj</i>	4	PA
<i>voriconazole oral susp</i>	4	PA MO
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate</i>	2	MO
COARTEM	4	MO
<i>mefloquine hcl</i>	3	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir</i>	3	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
<i>atazanavir</i>	4	MO
<i>atazanavir sulfate</i>	4	MO
CRIXIVAN	4	MO
<i>didanosine caps 200mg, 250mg, 400mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
EDURANT	5	MO
<i>efavirenz caps 50mg</i>	3	MO
<i>efavirenz caps 200mg</i>	4	MO
<i>efavirenz tabs</i>	5	MO
<i>emtricitabine</i>	3	MO
EMTRIVA	3	MO
<i>etravirine</i>	5	
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE TABS	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK	3	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA	4	MO
<i>nevirapine er tb24 100mg</i>	3	
<i>nevirapine er tb24 400mg</i>	3	MO
<i>nevirapine tabs</i>	3	MO
<i>nevirapine susp</i>	4	
NORVIR PACK, ORAL SOLN	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	4	MO
REYATAZ CAPS 150MG,200 MG, PACK	5	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
<i>stavudine</i>	3	MO
<i>tenofovir tabs</i>	4	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIDEX EC CAPS 125MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
VIDEX PEDIATRIC	4	MO
VIRACEPT TABS	5	MO
VIREAD	5	MO
<i>zidovudine</i>	3	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine</i>	4	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	MO
ATRIPLA	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir soln</i>	4	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	5	
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRUVADA	5	QL (30 EA per 30 days) MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride tabs 400mg</i>	4	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid syrp</i>	2	MO
<i>isoniazid inj</i>	4	
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	
RIFATER	4	MO
SIRTURO TABS 20MG	5	PA
SIRTURO TABS 100MG	5	PA LA
TRECTOR	4	MO
<b>ANTIVIRALS</b>		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	MO
<i>acyclovir susp 200mg/5ml</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE	4	MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV SOLN	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir inj 500mg/10ml, 500mg</i>	3	B/D
HARVONI	5	PA
<i>lamivudine tabs 100mg</i>	3	MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	3	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	3	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	3	QL (1080 ML per 365 days) MO
PEGASYS	5	PA
PREVYMIS	5	QL (28 EA per 28 days) MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin caps, tabs</i>	3	
<i>ribavirin inh</i>	5	
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hcl tabs 1gm</i>	3	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	3	MO
<i>valganciclovir hydrochloride oral soln</i>	5	MO
<i>valganciclovir tabs</i>	5	MO
VEMLIDY	5	MO
VOSEVI	5	PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	2	MO
CEFACTOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium iv inj 1gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
<i>cefdinir caps</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir oral susp</i>	3	MO
<i>cefepime</i>	4	MO
<i>cefixime caps</i>	3	MO
<i>cefixime oral susp</i>	4	MO
<i>cefotetan</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	4	
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
CEFTRIAZONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium iv inj 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO
SUPRAX ORAL SUSP 500MG/5ML	3	
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
<i>tazicef</i>	4	
TEFLARO	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	3	MO
<i>azithromycin oral susp, tabs</i>	2	MO
<i>azithromycin inj</i>	4	MO
<i>clarithromycin er</i>	4	MO
<i>clarithromycin oral susp, tabs</i>	3	MO
DIFICID SUSR	5	
DIFICID TABS	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
<i>erythrocine stearate tabs 250mg</i>	4	MO
<i>erythromycin base</i>	3	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin stearate</i>	3	MO
<i>erythromycin cpep 250mg</i>	3	MO
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO



Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride inj</i>	4	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	4	MO
<b>PENICILLINS</b>		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>ampicillin caps 500mg</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	4	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
<b>BICILLIN L-A</b>	4	MO
<i>dicloxacillin caps</i>	3	MO
<i>nafcillin sodium inj 1gm, 2gm iv</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>nafcillin sodium inj 10gm</i>	5	
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>penicillin g potassium</i>	4	MO
<b>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE</b>	4	
<b>PENICILLIN G PROCAINE</b>	4	MO
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100 inj</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 tabs</i>	2	MO
<i>doxycycline monohydrate caps</i>	4	MO
<i>doxycycline oral susp 25mg/5ml</i>	3	MO
<i>minocycline hcl caps 75mg</i>	2	MO
<i>minocycline hcl tabs</i>	4	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride er</i>	4	ST MO
<i>mondoxone nl caps 100mg, 75mg</i>	4	
<i>morgidox 1x100mg</i>	4	
<i>morgidox 2x100mg</i>	4	
<i>okebo</i>	4	
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	

**ANTINEOPLASTIC AGENTS**

Drug Name	Drug Tier	Requirements/Limits
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	
<i>busulfan</i>	5	
<i>carboplatin</i>	3	
<i>carmustine</i>	5	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	3	
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	3	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	4	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	4	
GLEOSTINE CAPS 10MG	4	MO
GLEOSTINE CAPS 100MG, 40MG	5	MO
IFEX	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
LEUKERAN	5	MO
<i>melphalan hydrochloride inj</i>	5	
<i>melphalan tabs</i>	4	B/D MO
<i>oxaliplatin</i>	4	
<i>paraplatin</i>	3	
PEPAXTO	5	QL (2 EA per 28 days) PA
<i>thiotepa</i>	5	
ZEPZELCA	5	PA
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	4	B/D
<i>dactinomycin</i>	5	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	4	
<i>epirubicin hcl</i>	4	
<i>idarubicin hcl</i>	4	
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mutamycin inj 20mg, 5mg</i>	4	
<i>mutamycin inj 40mg</i>	5	
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	3	B/D
ALIMTA	5	
<i>azacitidine</i>	5	
<i>cladribine</i>	4	B/D
<i>clofarabine</i>	5	
<i>cytarabine</i>	4	B/D
<i>cytarabine aqueous</i>	4	B/D
<i>decitabine</i>	4	
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl inj 1 gm, 200mg, 2gm</i>	4	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
<i>gemcitabine hydrochloride inj 1 gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	4	
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium inj 1 gm/40ml, 1 gm</i>	3	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	3	MO
<i>methotrexate pf inj 50mg/2ml</i>	3	MO
ONUREG	5	QL (14 EA per 28 days) PA
PURIXAN	5	
TABLOID	4	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO
DEPO-PROVERA INJ 400MG/ML	4	
EMCYT	4	MO
ERLEADA	5	PA LA
<i>exemestane</i>	4	MO
<i>flutamide</i>	4	MO
<i>fulvestrant</i>	5	
<i>letrozole</i>	2	MO
<i>leuprolide acetate</i>	3	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA
LYSODREN	3	
<i>megestrol acetate tabs 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA
ORGOVYX	5	PA MO
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	4	PA MO
TRELSTAR MIXJECT	5	PA
XTANDI TABS	5	PA
XTANDI CAPS	5	PA LA
ZYTIGA	5	PA LA
<b>IMMUNOMODULATORS</b>		
POMALYST CAPS 1MG, 2MG	5	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide</i>	5	
ASPARLAS	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene</i>	5	PA
<i>dacarbazine</i>	4	
<i>hydroxyurea</i>	2	MO
IMLYGIC	5	PA
INQOVI	5	QL (5 EA per 28 days) PA
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml, 100mg/5ml</i>	4	
<i>irinotecan inj 500mg/25ml</i>	4	
KISQALI FEMARA 200MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	5	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	5	PA
LONSURF	5	PA
MATULANE	5	LA MO
<i>mitoxantrone hcl</i>	3	
NIPENT	5	
ONCASPAR	5	PA
SYLATRON KIT 200MCG, 300MCG	5	PA
SYNRIBO	5	PA
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	5	
<i>tretinoin caps 10mg</i>	5	MO
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	5	
DOCETAXEL INJ 160MG/16ML	4	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	4	
<i>etoposide inj</i>	3	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	4	
<i>toposar</i>	3	
<i>vinblastine sulfate</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
ALECENSA	5	PA LA
ALUNBRIG	5	PA LA
AVASTIN	5	PA LA
AYVAKIT TABS 25MG, 50MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABS 100MG, 200MG, 300MG	5	QL (30 EA per 30 days) PA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
BELEODAQ	5	PA
BLENREP	5	PA
BORTEZOMIB	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	PA LA MO
CAPRELSA	5	PA LA MO
COMETRIQ	5	PA LA
COPIKTRA	5	PA LA
COTELLIC	5	PA LA
DAURISMO	5	PA LA
ENHERTU	5	PA
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 10MG, 20MG	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA MO
GAVRETO	5	QL (120 EA per 30 days) PA MO
GILOTRIF	5	PA LA MO
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
IBRANCE TABS	5	QL (21 EA per 28 days) PA
IBRANCE CAPS	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 15MG, 45MG	5	PA LA MO
ICLUSIG TABS 10MG, 30MG	5	PA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA
IRESSA	5	PA LA
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA	5	PA
KISQALI	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA
LORBRENA	5	PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA
LUMOXITI	5	PA
LYNPARZA	5	PA LA
MEKINIST	5	PA LA
MEKTOVI	5	PA LA
MONJUVI	5	PA
MYLOTARG	5	PA LA
NERLYNX	5	PA LA
NEXAVAR	5	PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PADCEV	5	PA
PEMAZYRE	5	QL (14 EA per 21 days) PA
PHEGO	5	PA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA
POTELIGEO	5	PA
QINLOCK	5	QL (90 EA per 30 days) PA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
ROMIDEPSIN INJ 10MG	5	
<i>romidepsin inj 27.5mg/5.5ml</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA
RUBRACA	5	PA LA
RYDAPT	5	PA
SARCLISA	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA LA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	PA LA
TAGRISO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	PA
TAZVERIK	5	QL (240 EA per 30 days) PA
TECENTRIQ INJ 840MG/14ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA LA

Drug Name	Drug Tier	Requirements/Limits
<i>temsirolimus</i>	5	
TEPMETKO	5	QL (60 EA per 30 days) PA MO
TIBSOVO	5	PA LA
TRODELVY	5	PA
TRUSELTIQ CPPK 100MG	5	QL (21 EA per 28 days) PA MO
TRUSELTIQ CPPK 125MG, 50MG	5	QL (42 EA per 28 days) PA MO
TRUSELTIQ CPPK 75MG	5	QL (63 EA per 28 days) PA MO
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA MO
TURALIO	5	QL (120 EA per 30 days) PA MO
TYKERB	5	PA LA
UKONIQ	5	QL (120 EA per 30 days) PA MO
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	PA LA
VENCLEXTA TABS 10MG	4	PA LA
VENCLEXTA TABS 100MG, 50MG	5	PA LA
VERZENIO	5	PA LA
VITRAKVI	5	PA LA
VIZIMPRO	5	PA LA
VOTRIENT	5	PA LA
XALKORI	5	PA LA
XOSPATA	5	PA LA MO
XPOVIO 100 MG ONCE WEEKLY	5	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY	5	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	5	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	5	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	5	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA
XPOVIO TBPK 40MG, 60MG	5	QL (4 EA per 28 days) PA MO
XPOVIO TBPK 40MG, 50MG	5	QL (8 EA per 28 days) PA MO
YERVOY	5	PA
ZEJULA	5	PA LA
ZELBORAF	5	PA LA
ZIRABEV	5	PA
ZOLINZA	5	PA
ZYDELIG	5	PA LA
ZYKADIA	5	PA
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i>	4	
ELITEK	5	
KHAPZORY	5	B/D
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml</i>	4	
<i>levoleucovorin inj 50mg</i>	5	
<i>mesna</i>	4	

Drug Name	Drug Tier	Requirements/Limits
MESNEX	5	MO
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	2	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tabs 10mg, 50mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	2	MO
<i>enalapril maleate</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	4	MO
<i>spironolactone</i>	1	MO
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hcl caps 1mg, 5mg</i>	3	MO
<i>prazosin hydrochloride caps 2mg</i>	3	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	4	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilxetil/hydrochlorothiazide</i>	1	QL (60 EA per 30 days) MO
<b>EDARBYCLOR</b>	4	QL (30 EA per 30 days) MO
<b>ENTRESTO</b>	3	MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO



Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days)
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil</i>	3	QL (30 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl tabs 200mg, 400mg</i>	2	MO
<i>amiodarone hcl inj 50mg/ml</i>	4	
<i>amiodarone hydrochloride tabs 100mg</i>	2	MO
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	4	
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
<i>lidocaine hcl prefilled syringe inj 100mg/5ml, 50mg/5ml</i>	4	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone</i>	2	
<i>propafenone hcl tabs</i>	3	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hcl af</i>	2	MO
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibrate tabs 120mg, 40mg</i>	4	MO
<i>fenofibric acid dr caps</i>	4	MO
<i>gemfibrozil</i>	2	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam hydrochloride</i>	3	MO
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	3	QL (30 EA per 30 days) MO
<b>FENOFIBRIC ACID TABS</b>	3	
<b>JUXTAPID</b>	5	PA LA
<i>niacin er tbc 1000mg, 750mg</i>	4	MO
<i>niacin er tbc 500mg</i>	4	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	4	MO
<i>niacor</i>	4	MO
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) MO
<b>PRALUENT</b>	3	PA MO
<i>prevalite</i>	4	MO
<b>VASCEPA</b>	4	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	3	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i>	3	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO
<b>BETA-BLOCKERS</b>		
<i>acebutolol hydrochloride</i>	2	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<b>BYSTOLIC TABS 10MG, 2.5MG, 5MG</b>	4	QL (30 EA per 30 days) MO
<b>BYSTOLIC TABS 20MG</b>	4	QL (60 EA per 30 days) MO
<i>carvedilol phosphate er caps</i>	4	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride tabs</i>	3	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	4	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge 5mg/5ml</i>	4	
<i>metoprolol tartrate vial 5mg/5ml</i>	4	MO
<i>nadolol</i>	4	MO
<i>pindolol</i>	3	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral soln, tabs 40mg, 80mg</i>	3	MO
<i>propranolol hcl inj</i>	4	
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	4	MO
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg</i>	3	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr tb24 30mg</i>	3	
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd</i>	2	MO
<i>diltiazem hcl er caps, tabs</i>	2	MO
<i>diltiazem hcl tabs</i>	2	MO
<b>DILTIAZEM HCL INJ 100MG</b>	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	4	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	4	
<i>felodipine er</i>	4	MO
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
<i>nicardipine hcl</i>	4	MO
<i>nifedical xl</i>	3	
<i>nifedipine er</i>	3	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	4	MO
<b>NYMALIZE ORAL SOLN</b>	5	
<i>taztia xt</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl 40mg, 80mg</i>	1	MO
<i>verapamil hcl er caps, tabs</i>	2	MO
<b>VERAPAMIL HCL SR CP24 360MG</b>	3	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hydrochloride er caps 200mg</i>	2	MO
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
<i>verapamil hcl inj 2.5mg/ml</i>	4	MO
<b>DIURETICS</b>		
<i>acetazolamide er caps</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
<i>amiloride hcl</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide</i>	3	MO
<i>chlorthalidone</i>	2	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methazolamide</i>	4	MO
<i>metolazone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>toremide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
<b>MISCELLANEOUS</b>		
<i>aliskiren</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
BIDIL	4	MO
<i>clonidine hcl weekly patch</i>	3	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride</i>	2	MO
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
DEMSER	5	PA MO
<i>digitek</i>	3	QL (30 EA per 30 days)
<i>digox</i>	3	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	3	MO
<i>digoxin tabs</i>	3	QL (30 EA per 30 days) MO
<i>digoxin inj</i>	4	MO
<i>droxidopa caps 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	5	QL (90 EA per 30 days) PA
<i>epinephrine hcl inj soln inj 30mg/30ml</i>	3	
<i>guanfacine hcl</i>	4	PA MO
<i>hydralazine hcl tabs 10mg</i>	2	MO
<i>hydralazine hcl inj</i>	4	MO
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	MO
<i>methyldopa</i>	4	PA MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	4	MO
<i>minoxidil</i>	2	MO
NORTHERA CAPS 200MG, 300MG	5	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	5	QL (90 EA per 30 days) PA LA
<i>ranolazine er</i>	3	MO
<b>NITRATES</b>		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide dinitrate immediate release tabs 40mg</i>	4	MO
<i>isosorbide mononitrate er tabs</i>	2	MO
<i>isosorbide mononitrate immediate release tabs</i>	1	MO
<i>minitran</i>	2	
NITRO-BID	3	MO
NITRO-DUR	4	MO
<i>nitroglycerin lingual spray 0.4mg</i>	4	MO
<i>nitroglycerin patch</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin subl</i>	3	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS	5	QL (90 EA per 30 days) PA LA

Drug Name	Drug Tier	Requirements/Limits
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	4	B/D LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil (generic adcirca) tabs 20mg</i>	5	PA
TRACLEER	5	QL (120 EA per 30 days) PA
<i>treprostinil</i>	5	PA
VENTAVIS	5	PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam er tb24 0.5mg</i>	4	MO
<i>alprazolam er tb24 1mg</i>	4	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	4	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	4	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs 15mg, 30mg</i>	2	MO
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	MO
<i>chlordiazepoxide hcl tabs 10mg, 5mg</i>	4	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hydrochloride tabs 25mg</i>	4	QL (120 EA per 30 days) MO
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	3	MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam conc</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	4	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
<i>meprobamate</i>	4	PA MO
<i>oxazepam</i>	4	QL (120 EA per 30 days) MO
<b>ANTICONVULSANTS</b>		
APTiom	5	MO
BANZEL	5	PA MO
BRIVIACT INJ	5	PA
BRIVIACT ORAL SOLN, TABS	5	PA MO
<i>carbamazepine chew, susp, tabs</i>	2	MO
<i>carbamazepine er</i>	4	MO
CELONTIN	4	MO
<i>clobazam tabs</i>	4	PA MO
<i>clobazam susp</i>	5	PA 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, 1mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>diazepam oral conc 5mg/ml</i>	3	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln</i>	4	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	4	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>divalproex sodium sprinkle caps</i>	3	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	4	
<i>ethosuximide caps</i>	3	MO
<i>ethosuximide soln</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	3	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lamotrigine chew, tabs</i>	2	MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	4	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	4	MO
<i>levetiracetam er</i>	4	MO
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam oral soln, tabs</i>	2	MO
<i>levetiracetam inj</i>	4	
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp</i>	4	MO
PEGANONE	4	MO
<i>phenobarbital sodium inj</i>	4	PA
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin chew, susp</i>	3	MO
<i>phenytoin sodium er caps</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	
<i>roweepra xr</i>	4	
<i>rufinamide tabs</i>	5	PA
<i>rufinamide susp</i>	5	PA MO
SPRITAM	4	PA MO
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
SYMPAZAN FILM 5MG	4	PA MO
SYMPAZAN FILM 10MG, 20MG	5	PA MO
<i>tiagabine hydrochloride tabs</i>	4	MO
TOPIRAMATE ER	4	MO
<i>topiramate sprinkle caps, tabs</i>	2	MO
<i>valproate sodium inj 100mg/ml</i>	4	
<i>valproic acid caps, soln</i>	2	MO
VALTOCO	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA
<i>vigadrone</i>	4	QL (180 EA per 30 days) PA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	MO
VIMPAT TABS 50MG	4	MO
VIMPAT TABS 100MG, 150MG, 200MG	5	MO
XCOPRI TABS	5	MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	MO
XCOPRI MAINTENANCE PACK 150MG-100MG, 50MG-200MG	5	
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	MO
XCOPRI MAINTENANCE PACK 100MG-150MG	5	QL (56 EA per 28 days)
<i>zonisamide</i>	2	MO
<b>ANTIDEMENTIA</b>		
<i>donepezil hcl odt tabs 5mg, 10mg</i>	2	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	3	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride soln</i>	3	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	3	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
<i>rivastigmine tartrate caps</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	4	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tabs 100mg, 10mg, 150mg, 25mg, 75mg</i>	3	PA MO
<i>amitriptyline hydrochloride tabs 50mg</i>	3	PA MO
<i>amoxapine</i>	3	MO
<i>bupropion hcl tabs 100mg</i>	3	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl)</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	4	PA 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
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hcl tabs</i>	4	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 10mg, 50mg, 75mg, 100mg, 150mg, oral conc 10mg/ml</i>	3	PA MO
<i>doxepin hydrochloride caps 25mg</i>	3	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	2	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	2	QL (30 EA per 30 days) MO



Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hydrochloride caps 40mg</i>	2	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	2	MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	2	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	3	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	3	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	3	PA MO
<i>imipramine pamoate</i>	4	PA MO
<i>maprotiline hcl</i>	4	MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	4	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	4	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	3	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	3	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
PAXIL	4	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	MO
<i>sertraline hcl oral conc</i>	3	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs</i>	1	QL (60 EA per 30 days) MO
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	4	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	4	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	4	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	2	QL (60 EA per 30 days) MO
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
ZOLOFT ORAL CONC	4	QL (300 ML per 30 days) MO
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl tabs</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl syrp</i>	4	MO
<i>amantadine hcl caps</i>	4	QL (120 EA per 30 days) MO
APOKYN	5	QL (60 ML per 30 days) PA LA
<i>benztropine mesylate inj</i>	2	MO
<i>benztropine mesylate tabs</i>	2	PA MO
<i>bromocriptine mesylate tabs, caps</i>	4	MO
<i>carbidopa tabs</i>	5	MO
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	4	MO
<i>entacapone</i>	4	MO
KYNMOBI	5	QL (150 EA per 30 days) PA
NEUPRO	4	MO
<i>pramipexole dihydrochloride er</i>	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole er tb24 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 2 5mg</i>	2	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	2	MO
<i>selegiline hcl tabs, caps</i>	2	MO
<i>trihexyphenidyl hcl oral soln</i>	2	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	2	PA MO
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	5	QL (60 EA per 30 days) MO
CAPLYTA	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
CLOZAPINE ODT TBDP 200MG	4	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	PA
<i>clozapine odt tbdp 100mg</i>	4	QL (270 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tabs</i>	3	
FANAPT TITRATION PACK	4	PA MO
FANAPT TABS 1MG	4	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl oral conc, tabs</i>	2	MO
<i>fluphenazine hcl inj</i>	4	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO
GEODON	4	QL (6 EA per 3 days) MO
<i>haloperidol</i>	3	MO
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	3	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	3	MO
<i>molindone hydrochloride</i>	3	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	QL (3 EA per 1 days) 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</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 9mg</i>	5	QL (30 EA per 30 days) MO
<i>perphenazine</i>	4	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	4	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SAPHRIS	5	QL (60 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO
<i>trifluoperazine hcl</i>	4	MO
<i>trifluoperazine hydrochloride</i>	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl caps</i>	3	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine/dextroamphetamine er cp24</i>	4	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) MO
<i>guanfacine er</i>	3	QL (30 EA per 30 days) PA MO
<i>metadate er</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride cd er caps 10mg, 30mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs 5mg, 10mg, 20mg</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride oral soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride oral soln 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
<i>zenzedi</i>	4	QL (180 EA per 30 days)
<b>HYPNOTICS</b>		
BELSOMRA	4	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ	5	PA LA
HETLIOZ LQ	5	QL (158 ML per 30 days) PA MO
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	4	QL (60 EA per 30 days) MO
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs</i>	2	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate subl</i>	4	QL (30 EA per 30 days) PA MO
<b>MIGRAINE</b>		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>almotriptan malate</i>	4	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	4	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	3	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	3	MO
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	4	QL (9 EA per 30 days) MO
UBRELVY	5	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
GUANIDINE HCL	4	
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er</i>	4	MO
LITHIUM ORAL SOLN	4	MO
LYRICA CR	3	QL (60 EA per 30 days) PA MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er</i>	3	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide</i>	3	MO
<i>pyridostigmine bromide er</i>	3	MO
<i>riluzole</i>	3	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	5	PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
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 (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA STARTER PACK	5	QL (60 EA per 365 days) PA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i>	3	MO
CHLORZOXAZONE TABS 250MG	3	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl</i>	2	MO
<i>tizanidine hydrochloride tabs 4mg</i>	2	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i>	4	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	3	QL (60 EA per 30 days) MO
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl cartridge 0.4mg/ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hcl inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	3	MO
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	MO
VIVITROL	5	

**ENDOCRINE AND METABOLIC****ANDROGENS**

ANADROL-50	5	PA MO
ANDRODERM	4	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	PA MO
<i>testosterone enanthate inj</i>	4	PA MO
<i>testosterone pump gel 1% (12.5mg/act)</i>	3	QL (300 GM per 30 days) PA MO
<i>testosterone topical solution</i>	3	QL (180 ML per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	3	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	3	QL (300 GM per 30 days) PA MO
<i>testosterone topical soln 30mg/act</i>	3	QL (180 ML per 30 days) PA MO

**ANTIDIABETICS, INSULINS**

BD ALCOHOL SWABS	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	MO
BASAGLAR KWIKPEN	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	MO
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL (BRAND RELION NOT COVERED)	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days)
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	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO



Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE), 4MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium oral soln</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alendronate sodium tabs 10mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	3	MO
FORTEO	5	PA
<i>ibandronate sodium tabs</i>	3	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	4	QL (3 ML per 90 days) MO
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	4	
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	4	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
<b>CHELATING AGENTS</b>		
CHEMET	5	MO
<i>clovique</i>	5	PA
<i>deferasirox</i>	5	PA
<i>kionex</i>	3	
LOKELMA	3	MO
<i>penicillamine tabs</i>	5	
<i>sodium polystyrene sulfonate rectal susp</i>	3	
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO
<i>sps oral susp 15gm/60ml</i>	3	MO
<i>trientine hydrochloride</i>	5	PA MO
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
AMETHIA LO	3	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	3	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	3	
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>dolishale</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	MO
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	MO
<i>errin</i>	3	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
ETONOGESTREL/ETHINYL ESTRADIOL	4	MO
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
GIANVI	3	
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hailey fe 1/20</i>	2	
<i>heather</i>	3	
<i>iclevia</i>	2	
<i>incassia</i>	3	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	MO
<i>jasmiel</i>	2	
<i>jencycla</i>	3	
<b>JOLESSA</b>	3	
<b>JOLIVETTE</b>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<b>LEENA</b>	3	MO
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	MO
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	MO
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
NORA-BE	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	3	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 tabs 28-day regimen</i>	2	
<i>nortrel 1/35 tabs 21-day regimen</i>	2	MO
<i>nortrel 7/7/7</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
OCELLA	3	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
RIVELSA	3	
<i>setlakin</i>	2	
<i>sharobel</i>	3	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	MO
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
TILIA FE	3	
<i>tri femynor</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>tulana</i>	3	
<i>tydemy</i>	2	
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
<i>zumandimine</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol caps</i>	4	MO
SYNAREL	5	MO
<b>ESTROGENS</b>		
<i>amabelz</i>	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>dotti</i>	3	QL (8 EA per 28 days)
DUAVEE	4	MO
<i>estradiol valerate inj</i>	4	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	3	MO
<i>estradiol oral tabs, vaginal tabs</i>	3	MO
<i>estradiol patch weekly</i>	3	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	3	QL (8 EA per 28 days) MO
<i>estradiol vaginal crea</i>	4	MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	3	MO
<i>jinteli</i>	3	
LOPREEZA	3	
<i>lyllana</i>	3	QL (8 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	MO
PREMARIN	4	MO
PREMPRO	4	MO
<i>yuvafem</i>	3	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate tabs</i>	3	MO
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	2	MO
<i>fludrocortisone acetate tabs</i>	2	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	MO
<i>methylprednisolone acetate inj</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 125mg, 1000mg, 40mg</i>	4	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	4	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	4	B/D MO
<i>methylprednisolone tabs</i>	2	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	2	B/D MO
<i>prednisolone sodium phosphate odt</i>	4	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO
PREDNISON INTENSOL	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
<i>triamcinolone acetate inj 200mg/5ml, 400mg/10ml, 40mg/ml</i>	4	MO
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide oral susp</i>	4	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS	3	MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inj 200mg/ml</i>	4	
ALDURAZYME	5	PA LA
<i>cabergoline</i>	3	MO
CARBAGLU	5	PA LA
CERDELGA	5	PA
CEREZYME	5	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	4	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CYSTADANE	5	LA
CYSTAGON	4	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	3	MO
<i>desmopressin acetate inj</i>	4	MO
FABRAZYME	5	PA LA
<i>fomepizole</i>	5	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
KORLYM	5	PA LA
KUVAN	5	PA LA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	4	MO
LUMIZYME	5	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
<i>methergine</i>	4	
<i>methylegonovine maleate tabs</i>	4	MO
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA LA
<i>nitisinone</i>	5	PA
NITYR	5	PA LA
<i>octreotide acetate</i>	4	PA
ORFADIN	5	PA LA
<i>raloxifene hydrochloride</i>	3	MO
<i>sapropterin dihydrochloride</i>	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT INJ	5	PA LA
STIMATE	5	
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps, tabs 667mg</i>	3	QL (360 EA per 30 days) MO
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate susp 40mg/ml</i>	3	MO
<i>megestrol acetate susp 625mg/5ml</i>	4	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>progesterone caps</i>	3	MO
<i>progesterone inj</i>	4	MO
<b>THYROID AGENTS</b>		
<i>euthyrox</i>	1	MO



Drug Name	Drug Tier	Requirements/Limits
LEVO-T	4	
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	4	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	3	MO
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	3	MO
SYNTHROID	4	MO
UNITHROID	3	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	3	MO
<i>calcitriol inj 1mcg/ml</i>	4	
<i>calcitriol oral soln 1mcg/ml</i>	4	MO
<i>doxercalciferol</i>	4	
<i>paricalcitol</i>	4	MO
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	4	B/D MO
<i>compro</i>	2	MO
DIMENHYDRINATE INJ	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND	4	B/D MO
<i>granisetron hcl</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	2	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	4	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	3	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	2	B/D MO
<i>ondansetron hydrochloride inj</i>	4	MO
<i>ondansetron odt</i>	3	B/D MO
<i>phenadoz supp 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine supp</i>	2	MO
<i>promethazine hcl plain syrpf 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg</i>	2	PA MO
<i>promethazine hcl inj, supp</i>	4	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethegan supp 25mg</i>	4	PA
<i>promethegan supp 12.5mg, 50mg</i>	4	PA MO
<b>SANCUSO</b>	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	4	PA MO
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl oral soln</i>	3	MO
<i>dicyclomine hydrochloride caps, tabs</i>	2	MO
<i>dicyclomine hydrochloride inj</i>	4	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate inj 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	PA MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine hcl oral soln</i>	4	MO
<i>cimetidine hydrochloride</i>	4	MO
<i>cimetidine tabs</i>	4	MO
<i>famotidine premixed inj 20mg/50ml</i>	4	
<i>famotidine tabs</i>	2	MO
<i>famotidine oral susp</i>	3	MO
<i>famotidine inj</i>	4	
<i>nizatidine</i>	4	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i>	3	MO
<i>budesonide er tab 9mg</i>	5	MO
<i>budesonide cpep 3mg</i>	4	MO
<i>colocort</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	MO
<i>mesalamine dr caps, tabs</i>	4	MO
<i>mesalamine kit, supp</i>	4	MO
<i>mesalamine enem</i>	4	QL (1680 ML per 28 days) MO
<b>SULFASALAZINE TBEC</b>	3	MO
<i>sulfasalazine tabs</i>	3	MO
<b>LAXATIVES</b>		
<b>CLENPIQ</b>	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-h</i>	4	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
<b>GOLYTELY</b>	3	MO
<i>lactulose</i>	2	MO
<b>NULYTELY</b>	3	MO
<b>NULYTELY/FLAVOR PACKS</b>	3	MO
<b>OSMOPREP</b>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
<i>trilyte</i>	1	
<b>MISCELLANEOUS</b>		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) PA MO
CARAFATE	4	MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	4	MO
<i>diphenoxylate/atropine</i>	3	MO
GATTEX	5	PA LA
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	3	MO
<i>loperamide hydrochloride</i>	3	
<i>misoprostol tabs</i>	3	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
RELISTOR	5	PA MO
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO
XIFAXAN TABS 550MG	5	PA MO
<b>PANCREATIC ENZYMES</b>		
CREON	3	MO
ZENPEP	4	MO
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>lansoprazole dr caps, odt</i>	4	QL (30 EA per 30 days) MO
<i>lansoprazole odt</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium dr tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	4	QL (30 EA per 30 days) MO
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	4	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	4	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
<i>bethanechol chloride</i>	3	MO
ELMIRON	4	MO
<i>flavoxate hcl</i>	4	MO
<i>potassium citrate er</i>	4	MO
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
MYRBETRIQ	4	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
<i>oxybutynin chloride syrp</i>	2	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	4	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	4	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) MO
<i>tropium chloride</i>	2	QL (60 EA per 30 days) MO
<i>tropium chloride er</i>	2	QL (30 EA per 30 days) MO
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate crea 2%</i>	4	MO
<i>metronidazole vaginal</i>	4	MO
<i>miconazole 3</i>	4	MO
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
FRAGMIN	4	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	1	MO
PRADAXA	4	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hydrochloride</i>	3	MO
<i>cilostazol</i>	1	MO
DOPTELET	5	QL (30 EA per 30 days) PA
DROXIA	3	MO
ENDARI	5	PA LA
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	2	MO
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>tranexamic acid tabs</i>	3	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole</i>	3	QL (60 EA per 30 days) MO
BRILINTA	4	
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days)
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days)
<i>dipyridamole</i>	4	PA MO
<i>prasugrel</i>	4	MO
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
RENFLEXIS	5	PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 75MG/0.83ML	5	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (240 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate</i>	3	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	1	MO
XATMEP	4	MO
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	5	PA
FLEBOGAMMA DIF INJ 5% (5GM/100ML)	4	PA
FLEBOGAMMA DIF INJ 5% (0.5GM/10ML, 10GM/200ML, 2.5GM/50ML, 20GM/400ML), 10% (10GM/100ML, 20GM/200ML, 5GM/50ML)	5	PA
GAMASTAN	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A INJ 10MU	4	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	5	
<b>IMMUNOSUPPRESSANTS</b>		
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs</i>	3	B/D MO
BENLYSTA	5	PA
<i>cyclosporine</i>	3	B/D MO

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified caps, soln</i>	3	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	B/D MO
<i>gengraf caps</i>	3	B/D
<i>gengraf soln</i>	3	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	B/D MO
<i>mycophenolate mofetil oral susp</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
SANDIMMUNE	3	B/D MO
<i>sirolimus tabs</i>	4	B/D MO
<i>sirolimus soln</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
ZORTRESS	5	B/D MO
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)

Drug Name	Drug Tier	Requirements/Limits
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 EA per 999 days)
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>		
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.225%	4	
DEXTROSE 5%/NACL 0.3%	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.225%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers</i>	4	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO



Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	4	
<i>sodium bicarbonate inj 8.4%</i>	4	MO
<i>sodium chloride 0.45%</i>	4	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.45%</i>	4	
<i>sodium chloride inj 0.9% (flex cont), 3%</i>	4	MO
TPN ELECTROLYTES	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
ADC/FLUORIDE	4	MO
EFFER-K	3	MO
EFFERVESCENT POTASSIUM FLUORIDE	3	MO
FLUORITAB	4	MO
KLOR-CON 10	3	
KLOR-CON 8	3	MO
<i>klor-con m10</i>	3	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</i>	3	MO
<i>klor-con pow 20meq</i>	3	
KLOR-CON/EF	3	MO
LUDENT	4	MO
M-NATAL PLUS	3	MO
MULTI VITAMIN/FLUORIDE	4	MO
MULTI-VITAMIN/FLUORIDE DROPS	4	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	4	MO
MULTIVITAMIN/FLUORIDE CHEW 0.25MG, 0.5MG	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
POLY-VITAMIN/FLUORIDE	4	
<i>potassium chloride cr</i>	2	MO
<i>potassium chloride er</i>	2	MO
<i>potassium chloride sr</i>	2	MO
<i>potassium chloride pack 20meq</i>	3	MO
<i>potassium chloride oral soln 10%, 20%</i>	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PREPLUS	3	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE SOLN 0.5MG/ML	4	MO
TRI-VITE/FLUORIDE SOLN 0.5MG/ML	4	
TRI-VITE/FLUORIDE SOLN 0.25MG/ML	4	MO
TRICARE PRENATAL TABS	3	MO
VOL-PLUS	3	MO
VP-PNV-DHA	3	MO
WESTAB PLUS	3	MO
<b>IV NUTRITION</b>		
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	3	
<i>dextrose 5%</i>	3	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID	3	B/D
<i>plenamine</i>	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE 10 %	4	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
BLEPHAMIDE S.O.P. OINT	4	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	4	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO
TOBRADEX	3	MO
TOBRADEX ST	3	MO
<i>tobramycin/dexamethasone ophthalmic susp</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
ZYLET	3	MO
<b>ANTI-INFECTIVES</b>		
AZASITE	4	MO
<i>bacitracin</i>	3	MO
<i>bacitracin/polymyxin ophthalmic oint</i>	2	MO
BESIVANCE	3	MO
CILOXAN	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	3	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	4	QL (20 ML per 30 days) MO
<i>gentak</i>	2	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	3	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	3	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin topical ointment</i>	3	MO
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sodium sulfacetamide ophthalmic soln</i>	3	QL (90 ML per 30 days) MO
<i>sulfacetamide sodium oint 10%</i>	4	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	3	QL (90 ML per 30 days) MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>trifluridine</i>	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
ZIRGAN	4	MO
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	MO
<i>bromfenac</i>	4	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
<i>diclofenac sodium soln 0.1%</i>	2	QL (10 ML per 30 days) MO
DUREZOL	3	MO
FLAREX	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	3	MO
<i>prednisolone acetate ophthalmic soln</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIALLERGICS</b>		
<i>azelastine hcl nasal soln 0.15% (137mcg/spray) ophthalmic soln 0.05%</i>	3	MO
<i>bepotastine besilate</i>	3	
BEPREVE	3	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	3	MO
<i>epinastine hcl</i>	3	MO
LASTACAFT	4	MO
<i>olopatadine hcl ophthalmic soln 0.2%</i>	3	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
PAZEO	3	MO
ZERVIAE	4	MO
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN 0.1%	3	MO
AZOPT	3	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	3	MO
<i>brinzolamide</i>	3	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	MO
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	4	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	4	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	3	MO
<i>travoprost</i>	3	MO
VYZULTA	4	MO
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	3	MO
CYSTARAN	5	PA LA
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal soln 0.15% (137mcg/spray) nasal soln 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.15% (205.5mcg/spray)</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	4	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	4	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	4	QL (300 ML per 30 days) MO
<i>clemastine fumarate</i>	3	PA MO
<i>cyproheptadine hcl syrp 2mg/5ml</i>	4	PA MO
<i>cyproheptadine hydrochloride tab 4mg</i>	4	PA MO
<i>desloratadine</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	4	PA MO
<i>hydroxyzine hcl inj, syrp</i>	4	PA MO
<i>hydroxyzine hydrochloride tabs</i>	4	PA MO
<i>hydroxyzine pamoate</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	3	MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
<b>BETA AGONISTS</b>		
<i>albuterol sulfate er tabs</i>	4	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	3	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	3	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	3	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp</i>	2	MO
<i>albuterol sulfate tabs</i>	3	MO
<i>levalbuterol hcl</i>	4	B/D MO
<i>levalbuterol hcl neb 1.25mg/0.5ml</i>	4	B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
<i>metaproterenol sulfate</i>	2	
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium pack</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation soln 10%, 20%</i>	3	B/D MO
<i>aminophylline</i>	4	
ARALAST NP	5	PA LA
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
DALIRESP	4	MO
<i>epinephrine hcl inj soln inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	4	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	4	QL (2 EA per 30 days) MO
ESBRIET	5	PA
FASENRA	5	QL (1 ML per 28 days) PA
FASENRA PEN	5	QL (1 ML per 28 days) PA
KALYDECO	5	PA
OFEV	5	PA
ORKAMBI	5	PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
SYMDEKO TBPK 75MG; 50MG	5	PA
SYMDEKO TBPK 150MG; 100MG	5	PA LA
THEO-24	4	MO
<i>theophylline er</i>	3	MO
<i>theophylline soln 80 mg/15ml</i>	3	MO
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	3	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>acutane</i>	4	PA
<i>amnesteem</i>	4	PA
AVITA CREA	4	QL (45 GM per 30 days) PA
AVITA GEL	4	QL (45 GM per 30 days) PA MO
<i>claravis</i>	4	PA
<i>clindacin etz pledgets</i>	3	MO
<i>clindacin-p pad 1%</i>	3	MO
<i>clindamycin phosphate/benzoyl peroxide</i>	4	MO
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	3	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	3	MO
<i>clindamycin/benzoyl peroxide gel 5%;1%</i>	4	MO
<i>dapsone gel 5%, 7.5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	4	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	2	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	4	PA
<i>myorisan</i>	4	PA
<i>neuac gel</i>	4	MO
<i>sulfacetamide sodium lotn 10%</i>	3	MO
TRETINOIN MICROSPHERE GEL	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate crea 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>mafenide acetate</i>	4	MO
<i>mupirocin oint</i>	2	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	4	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE	3	MO
SSD	3	
SULFAMYLON CREA	4	MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine cream</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	3	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	3	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate</i>	4	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	3	QL (30 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate</i>	4	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	3	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>naftifine hcl crea 1%</i>	4	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride crea 2%</i>	4	QL (60 GM per 30 days) MO
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	4	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	3	QL (60 GM per 30 days) MO
<i>nystop</i>	3	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	4	QL (90 GM per 30 days) MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	3	PA MO
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	4	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	QL (100 GM per 30 days) MO
<i>methoxsalen</i>	5	MO
<i>tazarotene</i>	3	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	4	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO
<i>selenium sulfide</i>	2	MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	4	MO
<i>augmented betamethasone dipropionate crea</i>	3	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>besser lotn 0.05%</i>	4	QL (120 ML per 30 days)
<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>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 30 days) PA MO
<i>clobetasol propionate e</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient crea</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	4	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo</i>	4	QL (118 ML per 30 days)
<i>desonide lotn</i>	4	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	4	QL (100 GM per 30 days) MO



Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone gel</i>	4	QL (60 GM per 30 days) MO
<i>desrx</i>	4	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	4	QL (60 GM per 30 days) MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body oil</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide topical soln 0.01%</i>	4	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide crea</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	4	QL (60 ML per 30 days) MO
<i>flurandrenolide crea 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	3	MO
<i>fluticasone propionate lotn 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate crea, oint</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	4	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	4	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate crea, oint</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone (generic Ala-Cort) crea 1%</i>	1	MO
<i>hydrocortisone (generic Ala-Cort) crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate soln 0.1%</i>	3	MO
<i>nolix cream</i>	4	QL (120 GM per 30 days) MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	4	QL (60 GM per 30 days) MO
TEXACORT	4	MO
<i>tovet foam</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide crea 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triderm crea 0.5%</i>	2	
<i>triderm crea 0.1%</i>	2	QL (454 GM per 30 days)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl external soln 4%</i>	4	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	4	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	3	QL (3 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine oint</i>	4	QL (35.44 GM per 30 days) PA MO
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir oint 5%</i>	4	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	3	MO
<i>azelaic acid</i>	4	QL (50 GM per 30 days) MO
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	4	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM	4	QL (50 GM per 30 days) MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	4	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	4	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	4	QL (10 ML per 30 days) MO
<i>hydrocortisone crea 1% (generic Proctocort), 2.5% (generic Proctosol HC)</i>	4	MO
IMIQUIMOD PUMP	5	QL (7.5 GM per 30 days) MO
<i>imiquimod crea 5%</i>	3	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	5	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	4	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
PENNSAID	5	QL (224 GM per 28 days) PA MO
PICATO GEL 0.05%	5	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	5	QL (3 EA per 30 days) MO
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	4	
<i>procto-pak</i>	4	MO
<i>proctosol hc</i>	4	
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	4	
<i>rosadan crea</i>	4	QL (45 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
TARGRETIN	5	QL (60 GM per 30 days) PA
VALCHLOR	5	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP 2.5%	5	QL (15 GM per 30 days) MO
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	3	MO
<i>permethrin</i>	4	MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
SODIUM CHLORIDE 0.9%	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STERILE WATER FOR IRRIGATION	3	MO
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
CLINPRO 5000	4	MO
<i>clotrimazole troc 10mg</i>	3	MO
DENTAGEL	4	QL (56 GM per 30 days) MO
FLUORIDEX DAILY DEFENSE	4	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	4	
<i>lidocaine viscous</i>	4	MO
<i>nystatin susp 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	4	
<i>paroex oral soln</i>	1	
<i>periogard oral soln</i>	1	MO
<i>pilocarpine hydrochloride tabs</i>	4	MO
SF GEL	4	QL (56 GM per 30 days) MO
<i>sodium fluoride 5000 ppm</i>	4	MO
<i>sodium fluoride 5000 ppm sensitive</i>	4	MO
SODIUM FLUORIDE GEL 1.1%	4	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	4	MO
<b>OTIC</b>		
<i>acetic acid otic soln</i>	3	MO
CIPRO HC OTIC SUSP	4	MO
CIPRODEX	3	MO
CIPROFLOXACIN OTIC SOLN 0.2%	3	MO
<i>ciprofloxacin/dexamethasone</i>	3	MO
<i>flac otic oil</i>	4	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	4	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

# Index

<i>abacavir</i>	5, 7	<i>alclometasone dipropionate</i>	57
<i>abacavir sulfate/lamivudine</i>	7	ALDURAZYME	40
<i>abacavir sulfate/lamivudine/zidovudine</i>	7	ALECENSA	13
ABELCET	5	<i>alendronate sodium</i>	34, 35
ABILIFY MAINTENA	27	<i>alfuzosin hcl er</i>	44
<i>abiraterone acetate</i>	12	ALIMTA	11
ABRAXANE	13	ALINIA	3
<i>acamprosate calcium dr</i>	31	<i>aliskiren</i>	21
<i>acarbose</i>	33	<i>allopurinol</i>	1
<i>accutane</i>	56	<i>almotriptan malate</i>	30
<i>acebutolol hydrochloride</i>	19	<i>alosetron hydrochloride</i>	44
<i>acetaminophen/codeine soln</i>	2	ALPHAGAN P	53
<i>acetaminophen/codeine tabs</i>	2	<i>alprazolam</i>	22
<i>acetazolamide</i>	20	<i>alprazolam er</i>	22
<i>acetazolamide er</i>	20	ALPRAZOLAM INTENSOL	22
<i>acetic acid</i>	60	ALREX	52
ACETIC ACID 0.25%	45	<i>altavera</i>	35
<i>acetylcysteine</i>	40, 55	ALUNBRIG	13
<i>acitretin</i>	57	<i>alyacen 1/35</i>	35
ACTHIB	48	<i>alyacen 7/7/7</i>	35
ACTIMMUNE	47	<i>alyq</i>	22
<i>acyclovir</i>	8, 59	<i>amabelz</i>	39
<i>acyclovir sodium</i>	8	<i>amantadine hcl</i>	26, 27
ADACEL	48	AMBISOME	5
ADC/FLUORIDE	50	<i>ambrisentan</i>	22
<i>adefovir dipivoxil</i>	8	<i>amethia</i>	35
ADEMPAS	21	AMETHIA LO	35
<i>adrucil</i>	11	<i>amethyst</i>	35
ADVAIR DISKUS	55	<i>amikacin sulfate</i>	3
ADVAIR HFA	55	<i>amiloride hcl</i>	20
<i>afeditab cr</i>	20	<i>amiloride/hydrochlorothiazide</i>	20
AFINITOR	13	<i>aminophylline</i>	55
AFINITOR DISPERZ	13	AMINOSYN II	51
<i>afirmelle</i>	35	AMINOSYN-PF	51
AIMOVIG	30	<i>amiodarone hcl</i>	18
<i>ala-cort</i>	57	<i>amiodarone hydrochloride</i>	18
<i>albendazole</i>	3	<i>amitriptyline hcl</i>	25
<i>albuterol sulfate</i>	54	<i>amitriptyline hydrochloride</i>	25
<i>albuterol sulfate er</i>	54	<i>amlodipine besylate</i>	17, 20, 21
<i>albuterol sulfate hfa</i>	54	<i>amlodipine besylate/atorvastatin calcium</i>	21

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<i>amlodipine besylate/benazepril hydrochloride</i>	17	<i>atenolol</i>	19
<i>amlodipine besylate/valsartan</i>	17	<i>atenolol/chlorthalidone</i>	19
<i>amlodipine/olmesartan medoxomil</i>	17	<i>atomoxetine</i>	29
<i>amlodipine/valsartan/hctz</i>	17	<i>atorvastatin calcium</i>	19
<i>amlodipine/valsartan/hydrochlorothiazide</i>	17	<i>atovaquone</i>	3, 5
<i>ammonium lactate</i>	59	<i>atovaquone/proguanil hcl</i>	5
<i>amnesteem</i>	56	ATRIPLA	7
<i>amoxapine</i>	25	ATROPINE SULFATE	53
<i>amoxicillin</i>	10	ATROVENT HFA	54
<i>amoxicillin/clavulanate potassium</i>	10	<i>aubra</i>	35
<i>amoxicillin/clavulanate potassium er</i>	10	<i>aubra eq</i>	35
<i>amphetamine/dextroamphetamine</i>	29	<i>augmented betamethasone dipropionate</i>	57
<i>amphetamine/dextroamphetamine er</i>	29	<i>aurovela 1.5/30</i>	35
<i>amphotericin b</i>	5	<i>aurovela 24 fe</i>	35
<i>ampicillin</i>	10	<i>aurovela fe 1.5/30</i>	36
<i>ampicillin sodium</i>	10	<i>aurovela fe 1/20</i>	36
<i>ampicillin-sulbactam</i>	10	AURYXIA	41
ANADROL-50	32	AUSTEDO	30, 31
<i>anagrelide hydrochloride</i>	46	AVASTIN	13
<i>anastrozole</i>	12	<i>aviane</i>	36
ANDRODERM	32	AVITA	56
ANORO ELLIPTA	54	AVONEX	31
APOKYN	27	<i>ayuna</i>	36
<i>aprepitant</i>	42	AYVAKIT	13
<i>apri</i>	35	<i>azacitidine</i>	11
APTIOM	22	AZASITE	52
APTIVUS	5	azathioprine	47
ARALAST NP	55	<i>azelaic acid</i>	59
<i>aranelle</i>	35	<i>azelastine hcl</i>	53, 54
ARCALYST	47	<i>azelastine hydrochloride</i>	54
<i>aripiprazole odt</i>	27	<i>azithromycin</i>	9
<i>aripiprazole soln</i>	27	AZITHROMYCIN PACK	9
<i>aripiprazole tabs</i>	27	AZOPT	53
ARISTADA	27	<i>aztreonam</i>	3
ARISTADA INITIO	27	<i>azurette</i>	36
<i>armodafinil</i>	31	<i>bacitracin</i>	52
ARNUITY ELLIPTA	55	<i>bacitracin/polymyxin</i>	52
<i>arsenic trioxide</i>	12	<i>baclofen</i>	31
<i>asenapine maleate sl</i>	27	<i>balsalazide disodium</i>	43
<i>ashlyna</i>	35	BALVERSA	13
ASPARLAS	12	<i>balziva</i>	36
<i>aspirin/dipyridamole</i>	46	BANZEL	22
<i>atazanavir</i>	5	BARACLUDGE	8
<i>atazanavir sulfate</i>	5	BASAGLAR KWIKPEN	32

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BCG	48	<i>bisoprolol fumarate</i>	19
BD ALCOHOL SWABS	32	<i>bisoprolol fumarate/hydrochlorothiazide</i>	19
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		BIVIGAM	47
INSULIN SYRINGE ULTRA-FINE/1ML/31G		BLENREP	14
X 5/16	32	<i>bleomycin sulfate</i>	11
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		BLEPHAMIDE S.O.P.	51
INSULIN SYRINGE		<i>blisovi 24 fe</i>	36
SAFETYGLIDE/1ML/29G X 1/2	32	<i>blisovi fe 1.5/30</i>	36
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		<i>blisovi fe 1/20</i>	36
INSULIN SYRINGE ULTRA-		BOOSTRIX	48
AFINE/0.3ML/31G X 6MM	32	BORTEZOMIB	14
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		<i>bosentan</i>	22
INSULIN SYRINGE ULTRAFINE		BOSULIF	14
II/0.3ML/31G X 5/16	32	BRAFTOVI	14
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		BREO ELLIPTA	55
INSULIN SYRINGE ULTRA-		<i>briellyn</i>	36
FINE/0.5ML/30G X 1/2	32	BRILINTA	46
<i>bekyree</i>	36	<i>brimonidine tartrate</i>	53
BELEODAQ	14	BRIMONIDINE TARTRATE	53
BELSOMRA	30	<i>brinzolamide</i>	53
<i>benazepril hcl</i>	17	BRIVIACT	22
<i>benazepril hcl/hydrochlorothiazide</i>	17	<i>bromfenac</i>	52
<i>benazepril hydrochloride</i>	17	<i>bromocriptine mesylate</i>	27
<i>benazepril hydrochloride/hydrochlorothiazide</i>	17	BROMSITE	52
BENDEKA	11	BRUKINSA	14
BENLYSTA	47	<i>budesonide</i>	43, 55
<i>benztropine mesylate</i>	27	<i>budesonide er</i>	43
<i>bepotastine besilate</i>	53	<i>bumetanide</i>	20
BEPREVE	53	<i>buprenorphine</i>	2
<i>beser</i>	57	<i>buprenorphine hcl</i>	31
BESIVANCE	52	<i>buprenorphine hcl/naloxone hcl</i>	31
<i>betamethasone dipropionate</i>	57	<i>buprenorphine hydrochloride/naloxone</i>	
<i>betamethasone valerate</i>	57	<i>hydrochloride</i>	31, 32
BETASERON	31	<i>bupropion hcl</i>	25
<i>betaxolol hcl</i>	19, 53	<i>bupropion hydrochloride</i>	25
<i>bethanechol chloride</i>	45	<i>bupropion hydrochloride er (sr)</i>	25, 32
BETOPTIC-S	53	<i>bupropion hydrochloride er (xl)</i>	25
BEVESPI AEROSPHERE	54	<i>bupirone hcl</i>	22
<i>bexarotene</i>	13	<i>bupirone hydrochloride</i>	22
BEXSERO	48	<i>busulfan</i>	11
<i>bicalutamide</i>	12	<i>butorphanol tartrate</i>	2
BICILLIN L-A	10	BYDUREON BCISE	33
BIDIL	21	BYDUREON PEN	33
BIKTARVY	7	BYETTA	33

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BYSTOLIC	19	<i>cefazolin sodium</i>	8
<i>cabergoline</i>	40	CEFAZOLIN SODIUM	8
CABOMETYX	14	<i>cefdinir</i>	8, 9
<i>calcipotriene</i>	57	<i>cefepime</i>	9
<i>calcipotriene/betamethasone dipropionate</i>	57	<i>cefixime</i>	9
<i>calcitonin-salmon</i>	35	<i>cefotetan</i>	9
<i>calcitriol</i>	42	<i>cefoxitin sodium</i>	9
CALCITRIOL	57	<i>cefpodoxime proxetil</i>	9
<i>calcium acetate</i>	41	<i>cefprozil</i>	9
CALQUENCE	14	<i>ceftazidime</i>	9
<i>camila</i>	36	CEFTAZIDIME/DEXTROSE	9
CAMRESE	36	<i>ceftriaxone in iso-osmotic dextrose</i>	9
CAMRESE LO	36	<i>ceftriaxone sodium</i>	9
<i>candesartan cilexetil</i>	17, 18	CEFTRIAZONE SODIUM	9
<i>candesartan cilexetil/hydrochlorothiazide</i>	17	<i>cefuroxime axetil</i>	9
CAPLYTA	27	<i>cefuroxime sodium</i>	9
CAPRELSA	14	<i>celecoxib</i>	1
<i>captopril</i>	17	CELONTIN	22
<i>captopril/hydrochlorothiazide</i>	17	<i>cephalexin</i>	9
CARAFATE	44	CERDELGA	40
CARBAGLU	40	CEREZYME	40
<i>carbamazepine</i>	22	<i>cetirizine hydrochloride</i>	54
<i>carbamazepine er</i>	22	<i>cevimeline hydrochloride</i>	60
<i>carbidopa</i>	27	CHANTIX	32
<i>carbidopa/levodopa</i>	27	CHANTIX CONTINUING MONTH PAK	32
<i>carbidopa/levodopa er</i>	27	CHANTIX STARTING MONTH PAK	32
<i>carbidopa/levodopa odt</i>	27	<i>charlotte 24 fe</i>	36
CARBIDOPA/LEVODOPA/ENTACAPONE	27	<i>chateal</i>	36
<i>carbinoxamine maleate</i>	54	<i>chateal eq</i>	36
CARBINOXAMINE MALEATE	54	CHEMET	35
<i>carboplatin</i>	11	<i>chloramphenicol</i>	3
<i>carmustine</i>	11	<i>chlordiazepoxide hcl</i>	22
<i>carteolol hcl</i>	53	<i>chlordiazepoxide hydrochloride</i>	22
<i>cartia xt</i>	20	<i>chlordiazepoxide/amitriptyline</i>	25
<i>carvedilol</i>	19	<i>chlorhexidine gluconate</i>	60
<i>carvedilol phosphate er</i>	19	<i>chloroquine phosphate</i>	5
<i>casprofungin acetate</i>	5	<i>chlorpromazine</i>	27
<i>cataflam</i>	1	<i>chlorpromazine hcl</i>	27
CAYSTON	3	<i>chlorthalidone</i>	20
<i>caziant</i>	36	<i>chlorzoxazone</i>	31
<i>cefaclor</i>	8	CHLORZOXAZONE	31
CEFACLOR ER	8	<i>cholestyramine</i>	19
<i>cefadroxil</i>	8	<i>cholestyramine light</i>	19
CEFAZOLIN	8	<i>ciclopirox</i>	56

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<i>ciclopirox gel</i>	56	CLINOLIPID	51
<i>ciclopirox olamine</i>	56	CLINPRO 5000	60
<i>cilostazol</i>	46	<i>clobazam</i>	22
CILOXAN	52	<i>clobetasol propionate</i>	57
CIMDUO	7	<i>clobetasol propionate e</i>	57
<i>cimetidine</i>	43	<i>clodan shampoo</i>	57
<i>cimetidine hcl</i>	43	<i>clofarabine</i>	11
<i>cimetidine hydrochloride</i>	43	<i>clomipramine hcl</i>	25
<i>cinacalcet hydrochloride</i>	40, 41	<i>clonazepam</i>	22, 23
CIPRO HC	60	<i>clonazepam odt</i>	22
CIPRODEX	60	<i>clonidine hcl</i>	21
CIPROFLOXACIN	60	<i>clonidine hydrochloride</i>	21
<i>ciprofloxacin hcl</i>	9	<i>clopidogrel</i>	46
<i>ciprofloxacin hydrochloride</i>	9, 52	<i>clorazepate dipotassium</i>	23
<i>ciprofloxacin i.v.-in d5w</i>	9	<i>clotrimazole</i>	56
<i>ciprofloxacin/dexamethasone</i>	60	<i>clotrimazole troc</i>	60
<i>cisplatin</i>	11	<i>clotrimazole/betamethasone dipropionate</i>	56
<i>citalopram hydrobromide</i>	25	<i>clovique</i>	35
<i>cladribine</i>	11	<i>clozapine</i>	28
<i>claravis</i>	56	<i>clozapine odt</i>	27
<i>clarithromycin</i>	9	CLOZAPINE ODT	27
<i>clarithromycin er</i>	9	COARTEM	5
<i>clemastine fumarate</i>	54	CODEINE SULFATE	2
CLENPIQ	43	<i>colchicine</i>	1
<i>clindacin etz pledgets</i>	56	<i>colesevelam hydrochloride</i>	19
<i>clindacin-p</i>	56	<i>colestipol hcl</i>	19
<i>clindamycin hcl</i>	3	<i>colistimethate</i>	3
<i>clindamycin hydrochloride</i>	3	<i>colocort</i>	43
<i>clindamycin palmitate hcl</i>	3	COMBIGAN	53
<i>clindamycin phosphat</i>	3	COMBIVENT RESPIMAT	54
<i>clindamycin phosphate</i>	3, 45, 56	COMETRIQ	14
CLINDAMYCIN PHOSPHATE	56	COMPLERA	7
<i>clindamycin phosphate/benzoyl peroxide</i>	56	<i>compro</i>	42
<i>clindamycin phosphate/dextrose</i>	3	<i>constulose</i>	43
<i>clindamycin/benzoyl peroxide</i>	56	COPAXONE	31
CLINDAMYCIN/SODIUM CHLORIDE	3	COPIKTRA	14
CLINIMIX 4.25%/DEXTROSE 10%	51	CORLANOR	21
CLINIMIX 4.25%/DEXTROSE 5%	51	<i>cortisone acetate</i>	40
CLINIMIX 5%/DEXTROSE 15%	51	COTELLIC	14
CLINIMIX 5%/DEXTROSE 20%	51	CREON	44
CLINIMIX 6/5	51	CRIVIVAN	5
CLINIMIX 8/10	51	<i>cromolyn sodium</i>	44, 53, 55
CLINIMIX 8/14	51	<i>cryselle-28</i>	36
<i>clinisol sf</i>	51	<i>cyclafem 1/35</i>	36

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<i>cyclafem 7/7/7</i>	36	<i>desloratadine odt</i>	54
<i>cyclobenzaprine hydrochloride</i>	31	<i>desmopressin acetate</i>	41
<i>cyclophosphamide</i>	11	<i>desogestrel/ethinyl estradiol</i>	36
CYCLOPHOSPHAMIDE	11	<i>desonide</i>	57
<i>cycloserine</i>	7	<i>desoximetasone</i>	57, 58
<i>cyclosporine</i>	47, 48	<i>desrx</i>	58
<i>cyclosporine modified</i>	48	<i>desvenlafaxine er</i>	25
<i>cyproheptadine hcl</i>	54	DESVENLAFAXINE ER	25
<i>cyproheptadine hydrochloride</i>	54	<i>dexamethasone</i>	40
<i>cyred</i>	36	DEXAMETHASONE INTENSOL	40
<i>cyred eq</i>	36	<i>dexamethasone sodium phosphate</i>	40, 52
CYSTADANE	41	DEXILANT	44
CYSTAGON	41	<i>dexmethylphenidate hcl</i>	29
CYSTARAN	53	<i>dexmethylphenidate hcl er</i>	29
<i>cytarabine</i>	11	<i>dexmethylphenidate hydrochloride</i>	29
<i>cytarabine aqueous</i>	11	<i>dexrazoxane</i>	16
<i>dacarbazine</i>	13	<i>dextroamphetamine sulfate</i>	29
<i>dactinomycin</i>	11	<i>dextroamphetamine sulfate er</i>	29
<i>dalfampridine er</i>	31	DEXTROSE 10%/NACL 0.45%	49
DALIRESP	55	DEXTROSE 5% /ELECTROLYTE #48	
<i>danazol</i>	39	VIAFLEX	49
<i>dantrolene sodium</i>	31	<i>dextrose 10%</i>	49, 51
<i>dapsone</i>	3, 56	DEXTROSE 10%/NACL 0.2%	49
DAPTACEL	48	DEXTROSE 2.5%/NACL 0.45%	49
<i>daptomycin</i>	3	<i>dextrose 5%</i>	49, 51
DAPTOMYCIN	3	DEXTROSE 5%/LACTATED RINGERS	49
<i>darifenacin hydrobromide er</i>	45	DEXTROSE 5%/NACL 0.2%	49
<i>dasetta 1/35</i>	36	DEXTROSE 5%/NACL 0.225%	49
<i>dasetta 7/7/7</i>	36	DEXTROSE 5%/NACL 0.3%	49
<i>daunorubicin hydrochloride</i>	11	DEXTROSE 5%/NACL 0.33%	49
DAUNORUBICIN HYDROCHLORIDE	11	DEXTROSE 5%/NACL 0.45%	49
DAURISMO	14	DEXTROSE 5%/NACL 0.9%	49
<i>daysee</i>	36	DEXTROSE 50%	51
<i>deblitane</i>	36	DEXTROSE 70%	51
<i>decitabine</i>	11	DIACOMIT	23
<i>deferasirox</i>	35	<i>diazepam</i>	23
DELESTROGEN	39	DIAZEPAM RECTAL GEL	23
DELSTRIGO	7	<i>diazoxide</i>	40
DEMSEER	21	<i>diclofenac potassium</i>	1
DENTAGEL	60	<i>diclofenac sodium</i>	52, 59
DEPO-PROVERA	12	<i>diclofenac sodium dr</i>	1
DESCOVY	7	<i>diclofenac sodium er</i>	1
<i>desipramine hcl</i>	25	<i>diclofenac sodium/misoprostol</i>	1
<i>desloratadine</i>	54	<i>dicloxacillin</i>	10

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<i>dicyclomine hcl</i>	43	<i>doxazosin mesylate</i>	17
<i>dicyclomine hydrochloride</i>	43	<i>doxepin hcl</i>	25
<i>didanosine</i>	5	<i>doxepin hydrochloride</i>	25, 30
DIFICID	9	DOXEPINE HYDROCHLORIDE	59
<i>diflorasone diacetate</i>	58	<i>doxercalciferol</i>	42
<i>diflunisal</i>	1	<i>doxorubicin hydrochloride liposomal</i>	11
<i>digitek</i>	21	<i>doxy 100</i>	10
<i>digox</i>	21	<i>doxycycline</i>	10
<i>digoxin</i>	21	DOXYCYCLINE	59
<i>dihydroergotamine mesylate</i>	30	<i>doxycycline hyclate</i>	10
DILANTIN	23	<i>doxycycline hyclate dr</i>	10
DILANTIN INFATABS	23	<i>doxycycline monohydrat</i>	10
DILANTIN-125	23	<i>doxycycline monohydrate</i>	10
<i>diltiazem hcl</i>	20	DRIZALMA	25
DILTIAZEM HCL	20	<i>dronabinol</i>	42
<i>diltiazem hcl cd</i>	20	<i>drospirenone/ethinyl estradiol</i>	36
<i>diltiazem hcl er</i>	20	<i>drospirenone/ethinyl estradiol/levomefolate</i>	
<i>diltiazem hcl inj</i>	20	<i>calcium</i>	36
<i>diltiazem hydrochloride</i>	20	DROXIA	46
<i>dilt-xr</i>	20	<i>droxidopa</i>	21
DIMENHYDRINATE	42	DUAVEE	39
<i>diphenhydramine hcl</i>	54	DUEXIS	1
<i>diphenoxylate/atropine</i>	44	<i>duloxetine hydrochloride</i>	25
DIPHThERIA/TETANUS TOXOIDS		DUREZOL	52
ADSORBED PEDIATRIC	48	<i>dutasteride</i>	44, 45
<i>dipyridamole</i>	46	<i>dutasteride/tamsulosin hcl</i>	44
<i>disopyramide phosphate</i>	18	<i>dutasteride/tamsulosin hydrochloride</i>	45
<i>disulfiram</i>	32	<i>ec-naproxen</i>	1
<i>divalproex sodium</i>	23	<i>econazole nitrate</i>	57
<i>divalproex sodium dr</i>	23	EDARBI	18
<i>divalproex sodium er</i>	23	EDARBYCLOR	17
<i>docetaxel</i>	13	EDURANT	6
DOCETAXEL	13	<i>efavirenz</i>	6
<i>dofetilide</i>	18	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	
<i>dolishale</i>	36	<i>fumarate</i>	7
<i>donepezil hc</i>	24	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	
<i>donepezil hcl</i>	25	<i>fumarate</i>	7
<i>donepezil hydrochloride</i>	25	EFFER-K	50
DOPTELET	46	EFFERVESCENT POTASSIUM	50
<i>dorzolamide hcl</i>	53	<i>eletriptan hydrobromide</i>	30
<i>dorzolamide hcl/timolol maleate</i>	53	<i>elinest</i>	36
<i>dorzolamide hydrochloride/timolol maleate pf</i>	53	ELIQUIS	45
<i>dotti</i>	39	ELIQUIS STARTER PACK	45
DOVATO	7	ELITEK	16

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ELMIRON	45	<i>erlotinib hydrochloride</i>	14
<i>eluryng</i>	36	<i>errin</i>	36
EMBRE;	46	ERTACZO	57
EMCYT	12	<i>ertapenem</i>	4
EMEND	42	<i>ery pad</i>	56
<i>emoquette</i>	36	ERYTHROCIN LACTOBIONATE	9
EMSAM	25	<i>erythrocin stearate</i>	9
<i>emtricitabine</i>	6, 7	<i>erythromycin</i>	9, 52, 56
<i>emtricitabine/tenofovir disoproxil</i>	7	<i>erythromycin base</i>	9
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>erythromycin dr</i>	9
EMTRIVA	6	<i>erythromycin ethylsuccinate</i>	9
EMVERM	3	<i>erythromycin stearate</i>	9
<i>enalapril maleate</i>	17	<i>erythromycin/benzoyl peroxide</i>	56
<i>enalapril maleate/hydrochlorothiazide</i>	17	ESBRIET	55
ENBREL	46	<i>escitalopram oxalate</i>	25
ENBREL MINI	46	<i>esomeprazole magnesium</i>	44
ENBREL SURECLICK	46	<i>esomeprazole sodium</i>	44
ENDARI	46	<i>estarylla</i>	36
<i>endocet</i>	2	<i>estradiol</i>	39
ENGERIX-B	48	<i>estradiol vaginal</i>	39
ENHERTU	14	<i>estradiol valerate</i>	39
<i>enoxaparin sodium</i>	45	<i>estradiol/norethindrone acetatemg</i>	39
<i>enpresse-28</i>	36	ESTRING	39
<i>enskyce</i>	36	<i>eszopiclone</i>	30
ENSTILAR	58	<i>ethambutol hydrochloride</i>	7
<i>entacapone</i>	27	<i>ethosuximide</i>	23
<i>entecavir</i>	8	<i>ethosuximide soln</i>	23
ENTRESTO	17	<i>ethynodiol diacetate/ethinyl estradiol</i>	36
<i>enulose</i>	43	<i>etodolac</i>	1
EPCLUSA	8	<i>etodolac er</i>	1
EPIDIOLEX	23	ETONOGESTREL/ETHINYL ESTRADIOL	36
<i>epinastine hcl</i>	53	<i>etoposide</i>	13
<i>epinephrine hcl</i>	21, 55	<i>etravirine</i>	6
EPIPEN	55	<i>euthyrox</i>	41
EPIPEN-JR	55	<i>everolimus</i>	14, 48
<i>epirubicin hcl</i>	11	EVOTAZ	7
<i>epitol</i>	23	<i>exemestane</i>	12
EPIVIR HBV	8	<i>ezetimibe</i>	19
<i>eplerenone</i>	17	<i>ezetimibe/simvastatin</i>	19
<i>epoprostenol sodium</i>	22	FABRAZYME	41
<i>eprosartan mesylate</i>	18	<i>falmina</i>	36
<i>ergotamine tartrate/caffeine</i>	30	<i>famciclovir</i>	8
ERIVEDGE	14	<i>famotidine</i>	43
ERLEADA	12	<i>famotidine premixedl</i>	43

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FANAPT	28	<i>fluocinonide</i>	58
FANAPT TITRATION PACK	28	<i>fluocinonide emulsified</i>	58
FARXIGA	33	FLUORIDE	50
FARYDAK	14	FLUORIDEX DAILY DEFENSE	60
FASENRA	55	FLUORIDEX SENSITIVITY RELIEF/SLS	
FASENRA PEN	55	FREE	60
<i>fayosim</i>	36	FLUORITAB	50
<i>febuxostat</i>	1	FLUOROMETHOLONE	52
<i>felbamate</i>	23	FLUOROPLEX	59
<i>felodipine er</i>	20	<i>fluorouracil</i>	11, 59
<i>femynor</i>	36	FLUOROURACIL CREA 0.5%	59
<i>fenofibrate</i>	18	<i>fluoxetine dr</i>	25
<i>fenofibrate micronized</i>	18	<i>fluoxetine hcl</i>	25
FENOFIBRIC ACID	19	<i>fluoxetine hydrochloride</i>	25, 26
<i>fenofibric acid dr</i>	18	<i>fluphenazine decanoate</i>	28
<i>fenopropfen calcium</i>	1	<i>fluphenazine hcl</i>	28
FENOPROFEN CALCIUM	1	<i>fluphenazine hydrochloride</i>	28
<i>fentanyl</i>	2	<i>flurandrenolide crea</i>	58
<i>fentanyl citrate oral transmucosal</i>	2	<i>flurbiprofen</i>	1
FETZIMA	25	<i>flurbiprofen sodium</i>	52
FETZIMA TITRATION PACK	25	<i>flutamide</i>	12
FIASP	32, 33	<i>fluticasone propionate</i>	55, 58
FIASP FLEXTOUCH	32	<i>fluvastatin</i>	19
FIASP PENFILL	33	<i>fluvastatin sodium er</i>	19
FINACEA	59	<i>fluvoxamine maleate</i>	22
<i>finasteride</i>	45	<i>fluvoxamine maleate er</i>	22
FINTEPLA	23	<i>fomepizole</i>	41
<i>flac</i>	60	<i>fondaparinux sodium</i>	45
FLAREX	52	FORTEO	35
<i>flavoxate hcl</i>	45	<i>fosamprenavir calcium</i>	6
FLEBOGAMMA DIF	47	<i>fosinopril sodium</i>	17
<i>flecainide acetate</i>	18	<i>fosinopril sodium/hydrochlorothiazide</i>	17
FLOVENT DISKUS	55	<i>fosphenytoin sodium</i>	23
FLOVENT HFA	55	FOTIVDA	14
<i>fluconazole</i>	5	FRAGMIN	45
<i>fluconazole in nacl</i>	5	FREAMINE HBC	51
<i>fluconazole in sodium chloride</i>	5	FREAMINE III	51
<i>flucytosine</i>	5	<i>frovatriptan succinate</i>	30
<i>fludarabine phosphate</i>	11	<i>fulvestrant</i>	12
<i>fludrocortisone acetate</i>	40	<i>furosemide</i>	20
<i>flunisolide</i>	55	FUZEON	6
<i>fluocinolone acetonide</i>	58, 60	<i>fyavolv</i>	39
<i>fluocinolone acetonide body oil</i>	58	FYCOMPA	23
<i>fluocinolone acetonide scalp oil</i>	58	<i>gabapentin</i>	23

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<i>galantamine hydrobromide</i>	25	<i>griseofulvin microsize</i>	5
<i>galantamine hydrobromide er</i>	25	<i>griseofulvin ultramicrosize</i>	5
GAMASTAN	47	<i>guanfacine er</i>	29
GAMMAGARD	47	<i>guanfacine hcl</i>	21
GAMMAKED	47	GUANIDINE HCL	31
GAMMAPLEX	47	GVOKE HYPOPEN	40
GAMUNEX-C	47	GVOKE PFS	40
<i>ganciclovir</i>	8	HAEGARDA	46
GARDASIL 9	48	<i>hailey 1.5/30</i>	36
<i>gatifloxacin</i>	52	<i>hailey 24 fe</i>	36
GATTEX	44	<i>hailey fe 1.5/30</i>	36
GAUZE PADS	32	<i>hailey fe 1/20</i>	37
<i>gavilyte-c</i>	43	<i>halobetasol propionate</i>	58
<i>gavilyte-g</i>	43	<i>haloperidol</i>	28
<i>gavilyte-h</i>	43	<i>haloperidol decanoate</i>	28
<i>gavilyte-n/flavor pack</i>	43	<i>haloperidol lactate</i>	28
GAVRETO	14	HARVONI	8
<i>gemcitabine hcl</i>	12	HAVRIX	48
<i>gemcitabine hydrochloride</i>	12	<i>heather</i>	37
GEMCITABINE HYDROCHLORIDE	12	HELIOZ LQ	30
<i>gemfibrozil</i>	18	<i>heparin sodium</i>	45
<i>generlac</i>	43	HEPARIN SODIUM	45
<i>gengraf</i>	48	HEPARIN SODIUM/D5W	45
GENOTROPIN	41	HEPARIN SODIUM/DEXTROSE	45
GENOTROPIN MINIQUICK	41	HEPARIN SODIUM/NACL 0.45%	45
<i>gentak</i>	52	HEPARIN SODIUM/SODIUM CHLORIDE	45
<i>gentamicin sulfate</i>	4, 52, 56	HEPATAMINE	51
<i>gentamicin sulfate pediatric</i>	4	HERCEPTIN	14
<i>gentamicin sulfate/sodium chloride</i>	4	HERCEPTIN HYLECTA	14
GENVOYA	7	HETLIOZ	30
GEODON	28	HIBERIX	48
GIANVI	36	HUMIRA	47
GILENYA	31	HUMIRA PEDIATRIC CROHNS DISEASE	
GILOTRIF	14	STARTER PACK	46
GLEOSTINE	11	HUMIRA PEN	46, 47
<i>glimepiride</i>	33	HUMIRA PEN-CD/UC/HS STARTER	46
<i>glipizide</i>	33	HUMIRA PEN-PEDIATRIC UC STARTER	
<i>glipizide er</i>	33	PACK	46
<i>glipizide xl</i>	33	HUMIRA PEN-PS/UV STARTER	46
<i>glipizide/metformin hydrochloride</i>	33	HUMULIN R U-500	33
<i>glycopyrrolate</i>	43	<i>hydralazine hcl</i>	21
GLYXAMBI	33	<i>hydralazine hydrochloride</i>	21
GOLYTELY	43	<i>hydrochlorothiazide</i>	20
<i>granisetron hcl</i>	42	<i>hydrocodone bitartrate er</i>	2

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<i>hydrocodone bitartrate/acetaminophen</i>	2	<i>indapamide</i>	20
<i>hydrocodone/acetaminophen</i>	2	INFANRIX	48
<i>hydrocodone/ibuprofen</i>	2	INLYTA	14
<i>hydrocortisone</i>	40, 43, 58, 59	INQOVI	13
<i>hydrocortisone butyrate</i>	58	INREBIC	14
<i>hydrocortisone butyrate (lipophilic)</i>	58	INTELENCE	6
<i>hydrocortisone valerate</i>	58	INTRON A	47
<i>hydrocortisone/acetic acid</i>	60	<i>introvale</i>	37
<i>hydromorphone hcl</i>	2	INVEGA SUSTENNA	28
HYDROMORPHONE HCL	2	INVEGA TRINZA	28
<i>hydromorphone hydrochloride</i>	2	INVIRASE	6
HYDROMORPHONE HYDROCHLORIDE	2	IONOSOL-MB/DEXTROSE 5%	49
<i>hydroxychloroquine sulfate</i>	47	IPOL INACTIVATED IPV	48
<i>hydroxyurea</i>	13	<i>ipratropium bromide</i>	54
<i>hydroxyzine hcl</i>	54	<i>ipratropium bromide/albuterol sulfate</i>	54
<i>hydroxyzine hydrochloride</i>	54	<i>irbesartan</i>	17, 18
<i>hydroxyzine pamoate</i>	54	<i>irbesartan/hydrochlorothiazide</i>	17
HYSINGLA ER	2	IRESSA	14
<i>ibandronate sodium</i>	35	<i>irinotecan</i>	13
IBRANCE	14	<i>irinotecan hydrochloride</i>	13
<i>ibu</i>	1	ISENTRESS	6
<i>ibuprofen</i>	1	ISENTRESS HD	6
<i>icatibant acetate</i>	46	<i>isibloom</i>	37
<i>iclevia</i>	37	ISOLYTE-P/DEXTROSE 5%	49
ICLUSIG	14	ISOLYTE-S	49
<i>idarubicin hcl</i>	11	<i>isoniazid</i>	7
IDHIFA	14	<i>isosorbide dinitrate</i>	21
IFEX	11	<i>isosorbide mononitrate</i>	21
<i>ifosfamide</i>	11	<i>isosorbide mononitrate er</i>	21
IFOSFAMIDE	11	<i>isotonic gentamicin</i>	4
ILEVRO	52	<i>isotretinoin</i>	56
<i>imatinib mesylate</i>	14	<i>isradipine</i>	20
IMBRUVICA	14	<i>itraconazole</i>	5
<i>imipenem/cilastatin</i>	4	<i>ivermectin</i>	4
<i>imipramine hcl</i>	26	IXIARO	48
<i>imipramine hydrochloride</i>	26	<i>jaimiess</i>	37
<i>imipramine pamoate</i>	26	JAKAFI	14
<i>imiquimod</i>	59	<i>jantoven</i>	46
IMIQUIMOD PUMP	59	JANUMET	33, 34
IMLYGIC	13	JANUMET XR	33, 34
IMOVAX RABIES (H.D.C.V.)	48	JANUVIA	34
<i>incassia</i>	37	JARDIANCE	34
INCRELEX	41	<i>jasmiel</i>	37
INCRUSE ELLIPTA	54	<i>jencycla</i>	37

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2021 GRP B2 5 Tier Effective Date 09/01/2021

JENTADUETO	34	<i>klor-con m20</i>	50
JENTADUETO XR	34	KLOR-CON/EF	50
<i>jinteli</i>	39	KORLYM	41
JOLESSA	37	<i>kurvelo</i>	37
JOLIVETTE	37	KUVAN	41
<i>juleber</i>	37	KYNMOBI	27
JULUCA	7	<i>labetalol hydrochloride</i>	19
<i>junel 1.5/30</i>	37	<i>lactated ringers</i>	49
<i>junel 1/20</i>	37	<i>lactulose</i>	43
<i>junel fe 1.5/30</i>	37	<i>lamivudine</i>	6, 8
<i>junel fe 1/20</i>	37	<i>lamivudine/zidovudine</i>	7
<i>junel fe 24</i>	37	<i>lamotrigine</i>	23
JUXTAPID	19	<i>lamotrigine er</i>	23
KADCYLA	14	<i>lamotrigine odt</i>	23
<i>kaitlib fe</i>	37	<i>lamotrigine starter kit/blue</i>	23
KALETRA	7	<i>lamotrigine starter kit/green</i>	23
<i>kalliga</i>	37	<i>lamotrigine starter kit/orange</i>	23
KALTETRA	7	<i>lansoprazole</i>	44
KALYDECO	55	<i>lansoprazole dr</i>	44
<i>kariva</i>	37	<i>lansoprazole/amoxicillin/clarithromycin</i>	44
KCL 0.075%/D5W/NACL 0.45%	49	<i>lapatinib ditosylate</i>	14
KCL 0.15%/D5W/NACL 0.2%	49	<i>larin 1.5/30</i>	37
KCL 0.15%/D5W/NACL 0.225%	49	<i>larin 1/20</i>	37
KCL 0.15%/D5W/NACL 0.45%	49	<i>larin 24 fe</i>	37
KCL 0.15%/D5W/NACL 0.9%	49	<i>larin fe 1.5/30</i>	37
KCL 0.3%/D5W/NACL 0.45%	49	<i>larin fe 1/20</i>	37
KCL 0.3%/D5W/NACL 0.9%	49	<i>larissia</i>	37
<i>kelnor 1/35</i>	37	LASTACAFT	53
<i>kelnor 1/50</i>	37	<i>latanoprost</i>	53
<i>ketoconazole</i>	5, 57	LATUDA	28
<i>ketoprofen</i>	1	LEENA	37
<i>ketoprofen er</i>	1	<i>leflunomide</i>	47
<i>ketorolac tromethamine</i>	1, 52	LENVIMA 10 MG DAILY DOSE	14
KEYTRUDA	14	LENVIMA 12MG DAILY DOSE	14
KHAPZORY	16	LENVIMA 14 MG DAILY DOSE	14
KINRIX	48	LENVIMA 18 MG DAILY DOSE	14
<i>kionex</i>	35	LENVIMA 20 MG DAILY DOSE	14
KISQALI	13, 14	LENVIMA 24 MG DAILY DOSE	15
KISQALI FEMARA CO-PACK	13	LENVIMA 4 MG DAILY DOSE	15
<i>klor-con</i>	50	LENVIMA 8 MG DAILY DOSE	15
KLOR-CON 10	50	<i>lessina</i>	37
KLOR-CON 8	50	<i>letrozole</i>	12
<i>klor-con m10</i>	50	<i>leucovorin calcium</i>	16
<i>klor-con m15</i>	50	LEUKERAN	11

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<i>leuprolide acetate</i>	12	<i>lithium carbonate er</i>	31
<i>levalbuterol hcl</i>	54	<i>loestrin 1.5/30-21</i>	37
<i>levalbuterol hydrochloride</i>	54	<i>loestrin 1/20-21</i>	37
LEVALBUTEROL TARTRATE HFA	54	<i>loestrin fe 1.5/30</i>	37
LEVEMIR	33	<i>loestrin fe 1/20</i>	37
LEVEMIR FLEXTOUCH	33	<i>lojaimiess</i>	37
<i>levetiracetam</i>	23	LOKELMA	35
<i>levetiracetam er</i>	23	LONSURF	13
<i>levetiracetam/sodium chloride</i>	23	<i>loperamide hcl</i>	44
<i>levobunolol hcl</i>	53	<i>loperamide hydrochloride</i>	44
<i>levocarnitine</i>	41	<i>lopinavir/ritonavir</i>	7
LEVOCARNITINE	41	LOPREEZA	39
<i>levocetirizine dihydrochloride</i>	54	<i>lorazepam</i>	22
<i>levofloxacin</i>	9, 10, 52	<i>lorazepam intensol</i>	22
<i>levofloxacin in d5w</i>	9	LORBRENA	15
<i>levoleucovorin</i>	16	<i>lorcet</i>	2
<i>levoleucovorin calcium</i>	16	<i>lorcet hd</i>	2
<i>levonest</i>	37	<i>lorcet plus</i>	2
<i>levonorgestrel/ethinyl estradiol</i>	37	<i>loryna</i>	37
<i>levora 0.15/30-28</i>	37	<i>losartan potassium</i>	18
LEVO-T	42	<i>losartan potassium/hydrochlorothiazide</i>	17
<i>levothyroxine sodium</i>	42	LOTEMAX	52
LEVOTHYROXINE SODIUM	42	LOTEMAX SM	52
LEVOXYL	42	<i>loteprednol etabonate</i>	52
LEXIVA	6	<i>lovastatin</i>	19
LIBTAYO	15	<i>low-ogestrel</i>	37
<i>lidocaine</i>	58, 59	<i>loxapine</i>	28
<i>lidocaine hcl</i>	3, 58	<i>loxapine succinate</i>	28
LIDOCAINE HCL	18	<i>lo-zumandimine</i>	37
LIDOCAINE HCL IN D5W	18	LUDENT	50
<i>lidocaine hcl prefilled syringe</i>	18	LUMAKRAS	15
<i>lidocaine hydrochloride</i>	3	LUMIGAN	53
<i>lidocaine hydrochloride pf</i>	3	LUMIZYME	41
<i>lidocaine viscous</i>	60	LUMOXITI	15
<i>lidocaine/prilocaine</i>	58	LUPRON DEPOT (1-MONTH)	12
<i>lillow</i>	37	LUPRON DEPOT (3-MONTH)	12
<i>linezolid</i>	4	LUPRON DEPOT-PED (1-MONTH)	41
LINEZOLID	4	LUPRON DEPOT-PED (3-MONTH)	41
LINZESS	44	<i>lutea</i>	37
<i>liothyronine sodium</i>	42	<i>lyleq</i>	37
<i>lisinopril</i>	17	<i>lyllana</i>	39
<i>lisinopril/hydrochlorothiazide</i>	17	LYNPARZA	15
LITHIUM	31	LYRICA CR	31
<i>lithium carbonate</i>	31	LYSODREN	12

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<i>lyza</i>	37	METHENAMINE MANDELATE	4
<i>mafenide acetate</i>	56	<i>methergine</i>	41
<i>magnesium sulfate</i>	49	<i>methimazole</i>	42
MAGNESIUM SULFATE	49	<i>methotrexate</i>	12, 47
<i>malathion</i>	59	<i>methotrexate sodium</i>	12
<i>maprotiline hcl</i>	26	<i>methoxsalen</i>	57
<i>marlissa</i>	37	<i>methscopolamine bromide</i>	43
MARPLAN	26	<i>methyldopa</i>	21
MATULANE	13	<i>methylergonovine maleate</i>	41
<i>matzim la</i>	20	<i>methylphenidate hydrochloride</i>	30
MAVYRET	8	<i>methylphenidate hydrochloride cd</i>	29, 30
<i>meclizine hcl</i>	42	<i>methylphenidate hydrochloride er</i>	29, 30
<i>meclofenamate sodium</i>	1	METHYLPHENIDATE HYDROCHLORIDE ER	
<i>medroxyprogesterone acetate</i>	38, 41		30
<i>mefloquine hcl</i>	5	<i>methylphenidate hydrochloride/5ml</i>	30
<i>megestrol acetate</i>	12, 41	<i>methylprednisolone</i>	40
MEKINIST	15	<i>methylprednisolone acetate</i>	40
MEKTOVI	15	<i>methylprednisolone sodium succinate</i>	40
<i>melodetta 24 fe</i>	38	<i>metoclopramide hcl</i>	42
<i>meloxicam</i>	1	<i>metoclopramide hydrochloride</i>	42
<i>melphalan</i>	11	<i>metoclopramide odt</i>	42
<i>melphalan hydrochloride</i>	11	METOCLOPRAMIDE ODT	42
MEMANTINE HCL TITRATION PAK	25	<i>metolazone</i>	21
<i>memantine hydrochloride</i>	25	<i>metoprolol succinate er</i>	19
<i>memantine hydrochloride er</i>	25	<i>metoprolol tartrate</i>	19
MENACTRA	48	<i>metoprolol/hydrochlorothiazide</i>	19
MENQUADFI	48	<i>metronidazole</i>	4, 45, 59
MENVEO	48	<i>metronidazole in nacl</i>	4
<i>meprobamate</i>	22	<i>metyrosine</i>	21
<i>mercaptapurine</i>	12	<i>mibelas 24 fe</i>	38
<i>meropenem</i>	4	<i>micafungin</i>	5
<i>mesalamine</i>	43	<i>miconazole 3</i>	45
<i>mesalamine dr</i>	43	MICROGESTIN 1.5/30	38
<i>mesna</i>	16	MICROGESTIN 1/20	38
MESNEX	17	<i>microgestin 24 fe</i>	38
<i>metadate er</i>	29	MICROGESTIN FE 1.5/30	38
<i>metaproterenol sulfate</i>	54	MICROGESTIN FE 1/20	38
<i>metformin hydrochloride</i>	34	<i>midodrine hcl</i>	21
<i>metformin hydrochloride er</i>	34	<i>miglitol</i>	34
<i>methadone hcl</i>	2	<i>miglustat</i>	41
METHADONE HCL INJ	2	<i>mili</i>	38
<i>methadone hydrochloride</i>	2	<i>mimvey</i>	40
<i>methazolamide</i>	21	<i>minitran</i>	21
<i>methenamine hippurate</i>	4	<i>minocycline hcl</i>	10

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<i>minocycline hydrochloride</i>	10	<i>naftifine hydrochloride</i>	57
<i>minocycline hydrochloride er</i>	10	NAGLAZYME	41
<i>minoxidil</i>	21	<i>nalbuphine hcl</i>	3
<i>mirtazapine</i>	26	<i>naloxone hcl</i>	32
<i>misoprostol</i>	44	<i>naloxone hydrochloride</i>	32
MITIGARE	1	<i>naltrexone hcl</i>	32
<i>mitomycin</i>	11	NAMZARIC	25
<i>mitoxantrone hcl</i>	13	<i>naproxen</i>	1
M-M-R II	48	<i>naproxen sodium</i>	1
M-NATAL PLUS	50	NAPROXEN SODIUM	1
<i>modafinil</i>	31	NAPROXEN SODIUM CR	1
<i>moexipril hcl</i>	17	<i>naproxen sodium er</i>	1
<i>molindone hydrochloride</i>	28	<i>naproxen/esomeprazole magnesium</i>	1
<i>mometasone furoate</i>	55, 58	<i>naratriptan hcl</i>	30
<i>mondoxyne nl</i>	10	NARCAN	32
MONJUVI	15	NATACYN	52
<i>mono-lynyah</i>	38	<i>nateglinide</i>	34
<i>montelukast sodium</i>	55	NATPARA	35
<i>morgidox 1x100mg</i>	10	NAYZILAM	23
<i>morgidox 2x100mg</i>	10	<i>necon 0.5/35-28</i>	38
<i>morphine sulfate</i>	3	<i>nefazodone hcl</i>	26
MORPHINE SULFATE	3	<i>nefazodone hydrochloride</i>	26
<i>morphine sulfate er</i>	2	<i>neomycin</i>	4
MOVANTIK	44	<i>neomycin/bacitracin/polymyxin</i>	52
<i>moxifloxacin hydrochloride</i>	10, 52	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	51
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	10	<i>neomycin/polymyxin/dexamethasone</i>	51
MULTAQ	18	<i>neomycin/polymyxin/gramicidin</i>	52
MULTI VITAMIN/FLUORIDE	50	<i>neomycin/polymyxin/hydrocortisone</i>	51, 60
MULTIVITAMIN/FLUORIDE	50	NEONATAL PLUS	50
MULTI-VITAMIN/FLUORIDE DROPS	50	<i>neo-polycin</i>	52
MULTI-VITAMIN/FLUORIDE/IRON	50	NEPHRAMINE	51
<i>mupirocin</i>	56	NERLYNX	15
<i>mutamycin</i>	11	<i>neuac</i>	56
MYCAMINE	5	NEUPRO	27
<i>mycophenolate mofetil</i>	48	<i>nevirapine</i>	6
<i>mycophenolic acid dr</i>	48	<i>nevirapine er</i>	6
MYLOTARG	15	NEXAVAR	15
<i>myorisan</i>	56	<i>niacin</i>	19
MYRBETRIQ	45	<i>niacin er</i>	19
<i>nabumetone</i>	1	<i>niacor</i>	19
<i>nadolol</i>	19	<i>nicardipine hcl</i>	20
<i>nafcillin sodium</i>	10	NICOTROL	32
<i>naftifine hcl</i>	57	NICOTROL INHALER	32
		<i>nifedical xl</i>	20

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<i>nifedipine er</i>	20	NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN	
<i>nikki</i>	38	NEEDLE/ORIGINAL/ULTRA-FINE	32
<i>nilutamide</i>	12	NOVOLIN 70/30	33
<i>nimodipine</i>	20	NOVOLIN 70/30 FLEXPEN	33
NINLARO	15	NOVOLIN N	33
NIPENT	13	NOVOLIN N FLEXPEN	33
<i>nisoldipine er</i>	20	NOVOLIN R	33
<i>nitazoxanide</i>	4	NOVOLIN R FLEXPEN	33
<i>nitisinone</i>	41	NOVOLOG	33
NITRO-BID	21	NOVOLOG FLEXPEN	33
NITRO-DUR	21	NOVOLOG MIX 70/30	33
<i>nitrofurantoin</i>	4	NOVOLOG MIX 70/30 FLEXPEN	33
<i>nitrofurantoin macrocrystals</i>	4	NOVOLOG PENFILL	33
<i>nitrofurantoin monohydrate</i>	4	NOXAFIL	5
<i>nitroglycerin</i>	21	NUBEQA	12
NITROGLYCERIN INJ	21	NUEDEXTA	31
<i>nitroglycerin lingual</i>	21	NULOJIX	48
<i>nitroglycerin subl</i>	21	NULYTELY	43
NITYR	41	NULYTELY/FLAVOR PACKS	43
NIVA-PLUS	50	NUPLAZID	28
<i>nizatidine</i>	43	NUTRILIPID	51
<i>nolix</i>	58	<i>nyamyc</i>	57
NORA-BE	38	<i>nylia 7/7/7</i>	38
<i>norethindrone</i>	38	NYMALIZE	20
<i>norethindrone acetate</i>	41	<i>nymyo</i>	38
<i>norethindrone acetate/ethinyl estradiol</i>	38, 40	<i>nystatin</i>	5, 57, 60
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	38	<i>nystop</i>	57
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	38	OCELLA	38
<i>norgestimate/ethinyl estradiol</i>	38	OCTAGAM	47
NORITATE	59	<i>octreotide acetate</i>	41
<i>norlyda</i>	38	ODEFSEY	7
NORMOSOL-M IN D5W	49	ODOMZO	15
NORMOSOL-R PH 7.4	49	OFEV	55
NORPACE CR	18	<i>ofloxacin</i>	52, 60
NORTHERA	21	<i>okebo</i>	10
<i>nortrel 0.5/35 (28)</i>	38	<i>olanzapine</i>	28
<i>nortrel 1/35</i>	38	<i>olanzapine odt</i>	28
<i>nortrel 7/7/7</i>	38	<i>olmesartan medoxomil</i>	18
<i>nortriptyline hcl</i>	26	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	18
<i>nortriptyline hydrochloride</i>	26	<i>olopatadine hcl</i>	53, 54
NORVIR	6	<i>omega-3-acid ethyl esters</i>	19
		<i>omeprazole</i>	44

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<i>omeprazole dr</i>	44	<i>paroxetine hcl</i>	26
ONCASPAR	13	<i>paroxetine hcl er</i>	26
<i>ondansetron hcl</i>	42	<i>paroxetine hydrochloride</i>	26
<i>ondansetron hydrochloride</i>	42	PASER	7
<i>ondansetron odt</i>	42	PAXIL	26
ONUREG	12	PAZEO	53
OPSUMIT	22	PEDIARIX	48
ORACEA	59	PEDVAX HIB	48
<i>oralone dental paste</i>	60	<i>peg-3350/electrolytes</i>	44
ORFADIN	41	<i>peg-3350/nacl/na bicarbonate/kcl</i>	44
ORGOVYX	12	PEGANONE	24
ORKAMBI	55	PEGASYS	8
<i>orsythia</i>	38	PEMAZYRE	15
<i>oseltamivir phosphate</i>	8	<i>penicillamine</i>	35
OSMOPREP	43	<i>penicillin g potassium</i>	10
<i>oxacillin sodium</i>	10	PENICILLIN G POTASSIUM IN ISO-	
<i>oxaliplatin</i>	11	OSMOTIC DEXTROSE	10
<i>oxandrolone</i>	32	PENICILLIN G PROCAINE	10
<i>oxaprozin</i>	1	<i>penicillin g sodium</i>	10
<i>oxazepam</i>	22	<i>penicillin v potassium</i>	10
<i>oxcarbazepine</i>	23, 24	PENNSAID	59
<i>oxiconazole nitrate</i>	57	PENTACEL	48
<i>oxybutynin chloride</i>	45	<i>pentamidine isethionate</i>	4
<i>oxybutynin chloride er</i>	45	<i>pentoxifylline er</i>	46
<i>oxycodone hcl</i>	3	PEPAXTO	11
<i>oxycodone hydrochloride</i>	3	<i>perindopril erbumine</i>	17
<i>oxycodone/acetaminophen</i>	3	<i>periogard</i>	60
<i>oxycodone/aspirin</i>	3	<i>permethrin</i>	59
<i>oxymorphone hydrochloride</i>	3	<i>perphenazine</i>	26, 28
OZEMPIC	34	<i>perphenazine/amitriptyline</i>	26
<i>pacerone</i>	18	PERSERIS	28
<i>paclitaxel</i>	13	<i>phenadoz</i>	42
PADCEV	15	<i>phenelzine sulfate</i>	26
<i>paliperidone er</i>	28	PHENOBARBITAL ELIX	24
<i>pamidronate disodium</i>	35	PHENOBARBITAL SODIUM	24
PAMIDRONATE DISODIUM	35	PHENOBARBITAL TABS	24
PANRETIN	59	PHENYTEK	24
<i>pantoprazole sodium</i>	44	<i>phenytoin</i>	24
<i>pantoprazole sodium dr</i>	44	<i>phenytoin sodium</i>	24
PANZYGA	47	<i>phenytoin sodium er</i>	24
<i>paraplatin</i>	11	PHESGO	15
<i>paricalcitol</i>	42	<i>philith</i>	38
<i>paroex</i>	60	PHOSPHOLINE IODIDE	53
<i>paromomycin</i>	4	PICATO	59

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PIFELTRO	6	POTASSIUM CHLORIDE/SODIUM	
<i>pilocarpine hcl</i>	53	CHLORIDE	49
<i>pilocarpine hydrochloride</i>	60	<i>potassium citrate er</i>	45
<i>pimozide</i>	28	POTELIGEO	15
<i>pimtrea</i>	38	PRADAXA	46
<i>pindolol</i>	19	PRALUENT	19
<i>pioglitazone hcl</i>	34	<i>pramipexole dihydrochloride</i>	27
<i>pioglitazone hcl/metformin hcl</i>	34	<i>pramipexole dihydrochloride er</i>	27
<i>pioglitazone hcl-glimepiride</i>	34	<i>prasugrel</i>	46
<i>pioglitazone hydrochloride</i>	34	<i>pravastatin sodium</i>	19
<i>piperacillin sodium/ tazobactam sodium</i>	10	<i>praziquantel</i>	4
<i>piperacillin sodium/tazobactam sodium</i>	10	<i>prazosin hcl</i>	17
<i>piperacillin/tazobactam</i>	10	<i>prazosin hydrochloride</i>	17
PIQRAY 200MG DAILY DOSE	15	<i>prednicarbate</i>	58
PIQRAY 250MG DAILY DOSE	15	PREDNICARBATE	58
PIQRAY 300MG DAILY DOSE	15	<i>prednisolone</i>	40
<i>pirmella 1/35</i>	38	<i>prednisolone acetate</i>	52
<i>pirmella 7/7/7</i>	38	<i>prednisolone sodium phosphate</i>	40
<i>piroxicam</i>	1	<i>prednisolone sodium phosphate odt</i>	40
PLASMA-LYTE A	49	PREDNISOLONE SODIUM PHOSPHATE	
PLASMA-LYTE-148	49	OPHTHALMIC SOLN 1%	52
<i>plenamine</i>	51	<i>prednisone</i>	40
PLENVU	44	PREDNISONONE INTENSOL	40
PNV FOLIC ACID + IRON MULTIVITAMIN	50	<i>pregabalin</i>	24
PNV PRENATAL PLUS MULTIVITAMIN	50	<i>pregabalin er</i>	31
<i>podofilox</i>	59	PREMARIN	40
POLIVY	15	PREMASOL	51
<i>polycin</i>	52	PREMPRO	40
<i>polymyxin b sulfate/trimethoprim sulfate</i>	52	PRENATAL	50
POLY-VITAMIN/FLUORIDE	50	PRENATAL PLUS	50
POMALYST	12	PRENATAL VITAMINS PLUS LOW IRON	50
<i>portia-28</i>	38	PREPLUS	50
<i>posaconazole dr</i>	5	PRETOMANID	7
<i>potassium chloride</i>	50	<i>prevalite</i>	19
POTASSIUM CHLORIDE	50	<i>previfem</i>	38
<i>potassium chloride cr</i>	50	PREVYMIS	8
<i>potassium chloride er</i>	50	PREZCOBIX	7
<i>potassium chloride sr</i>	50	PREZISTA	6
POTASSIUM CHLORIDE/DEXTROSE	49	PRIFTIN	7
POTASSIUM		<i>primaquine phosphate</i>	5
CHLORIDE/DEXTROSE/SODIUM		<i>primidone</i>	24
CHLORIDE	49	PRIVIGEN	47
<i>potassium chloride/sodium chloride</i>	49	<i>probenecid</i>	1
		<i>probenecid/colchicine</i>	1

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PROCALAMINE	51	<i>quinidine sulfate</i>	18
<i>prochlorperazine</i>	42	<i>quinine sulfate</i>	5
<i>prochlorperazine edisylate</i>	42	RABAVERT	48
<i>prochlorperazine maleate</i>	42	<i>rabeprazole sodium dr</i>	44
PROCRIT	46	<i>raloxifene hydrochloride</i>	41
<i>procto-med hc</i>	59	<i>ramipril</i>	17
<i>procto-pak</i>	59	<i>ranolazine er</i>	21
<i>proctosol hc</i>	59	<i>rasagiline mesylate</i>	27
<i>proctozone-hc</i>	59	REBIF	31
<i>progesterone</i>	41	REBIF REBIDOSE	31
PROGRAF	48	REBIF REBIDOSE TITRATION PACK	31
PROLASTIN-C	55	REBIF TITRATION PACK	31
PROLENSA	52	<i>reclipsen</i>	38
PROLIA	35	RECOMBIVAX HB	48
PROMACTA	46	RECTIV	59
<i>promethazine hcl</i>	42	REGRANEX	59
<i>promethazine hcl plain</i>	42	<i>relafen</i>	1
<i>promethazine hydrochloride</i>	42	RELENZA DISKHALER	8
<i>promethegan</i>	43	RELISTOR	44
<i>propafenone hcl</i>	18	RENFLEXIS	47
<i>propafenone hydrochloride er</i>	18	<i>repaglinide</i>	34
<i>proparacaine hcl</i>	53	RESCRIPTOR	6
<i>propranolol hcl</i>	20	RESTASIS	53
<i>propranolol hcl er</i>	19	RESTASIS MULTIDOSE	53
<i>propranolol hydrochloride</i>	20	RETEVMO	15
<i>propranolol hydrochloride er</i>	20	REVLIMID	12
<i>propranolol/hydrochlorothiazide</i>	19	REXULTI	28
<i>propylthiouracil</i>	42	REYATAZ	6
PROQUAD	48	RHOPRESSA	53
PROSOL	51	<i>ribavirin</i>	8
<i>protriptyline hcl</i>	26	<i>rifabutin</i>	7
PULMICORT FLEXHALER	55	<i>rifampin</i>	8
PULMOZYME	55	RIFATER	8
PURIXAN	12	<i>riluzole</i>	31
<i>pyrazinamide</i>	7	<i>rimantadine hydrochloride</i>	8
<i>pyridostigmine bromide</i>	31	RINGERS INJECTION	50
<i>pyridostigmine bromide er</i>	31	RINVOQ	47
QINLOCK	15	<i>risedronate sodium</i>	35
QUADRACEL	48	<i>risedronate sodium dr</i>	35
<i>quetiapine fumarate</i>	28	RISPERDAL CONSTA	28
<i>quetiapine fumarate er</i>	28	<i>risperidone</i>	29
<i>quinapril hcl</i>	17	<i>risperidone odt</i>	29
<i>quinapril hydrochloride</i>	17	<i>ritonavir</i>	6
<i>quinapril/hydrochlorothiazide</i>	17	RITUXAN	15

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RITUXAN HYCELA	15	<i>silodosin</i>	45
<i>rivastigmine</i>	25	SILVER SULFADIAZINE	56
<i>rivastigmine tartrate</i>	25	SIMBRINZA	53
RIVELSA	38	<i>simliya</i>	38
<i>rizatriptan benzoate</i>	30	<i>simpesse</i>	38
<i>rizatriptan benzoate odt</i>	30	<i>simvastatin</i>	19
<i>romidepsin</i>	15	<i>sirolimus</i>	48
ROMIDEPSIN	15	SIRTURO	8
<i>ropinirole er</i>	27	SIVEXTRO	4
<i>ropinirole hcl</i>	27	SIVEXTRO TABS	4
<i>ropinirole hydrochloride</i>	27	SKYRIZI	47
<i>rosadan</i>	59	SKYRIZI PEN	47
<i>rosuvastatin calcium</i>	19	<i>sodium bicarbonate</i>	50
ROTARIX	48	SODIUM BICARBONATE	50
ROTATEQ	48	<i>sodium chloride</i>	50
<i>roweepira</i>	24	<i>sodium chloride 0.45%</i>	50
<i>roweepira xr</i>	24	SODIUM CHLORIDE 0.9%	59
ROZYLTRAK	15	<i>sodium chloride inj</i>	50
RUBRACA	15	SODIUM CHLORIDE INJ	50
<i>rufinamide</i>	24	SODIUM FLUORIDE	50, 51, 60
RUKOBIA	6	<i>sodium fluoride 5000 ppm</i>	60
RYBELSUS	34	<i>sodium fluoride 5000 ppm sensitive</i>	60
RYDAPT	15	<i>sodium phenylbutyrate</i>	41
SANCUSO	43	<i>sodium polystyrene sulfonate</i>	35
SANDIMMUNE	48	<i>sodium sulfacetamide</i>	52
SANTYL	59	<i>solifenacin succinate</i>	45
SAPHRIS	29	SOLQUA 100/33	33
<i>sapropterin dihydrochloride</i>	41	SOLTAMOX	12
SARCLISA	15	SOLU-CORTEF INJ	40
<i>scopolamine</i>	43	SOMATULINE DEPOT	41
SECUADO	29	SOMAVERT	41
<i>selegiline hcl</i>	27	<i>sorine</i>	18
<i>selenium sulfide</i>	57	<i>sotalol hcl</i>	18
SELZENTRY	6	<i>sotalol hcl af</i>	18
SEREVENT DISKUS	54	<i>spironolactone</i>	17, 21
<i>sertraline hcl</i>	26	<i>spironolactone/hydrochlorothiazide</i>	21
<i>sertraline hydrochloride</i>	26	<i>sprintec 28</i>	38
<i>setlakin</i>	38	SPRITAM	24
SF	60	SPRYCEL	15
<i>sharobel</i>	38	<i>sps</i>	35
SHINGRIX	48	<i>sronyx</i>	38
SIGNIFOR	41	SSD	56
<i>sildenafil</i>	22	<i>stavudine</i>	6
<i>sildenafil citrate</i>	22	STELARA	47

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STERILE WATER FOR IRRIGATION	60	TABLOID	12
STIMATE	41	TABRECTA	15
STIVARGA	15	<i>tacrolimus</i>	48, 59
<i>streptomycin sulfate</i>	4	<i>tadalafil</i>	22
STRIBILD	7	TAFINLAR	15
<i>subvenite</i>	24	TAGRISSE	15
<i>subvenite starter kit/blue</i>	24	TALTZ	47
<i>subvenite starter kit/green</i>	24	TALZENNA	15
<i>subvenite starter kit/orange</i>	24	<i>tamoxifen citrate</i>	12
SUCRALFATE SUSP	44	<i>tamsulosin hydrochloride</i>	45
<i>sucralfate tabs</i>	44	TARGRETIN	59
<i>sulfacetamide sodium</i>	52, 56	<i>tarina fe 1/20</i>	38
<i>sulfacetamide sodium/prednisolone sodium</i>		<i>tarina fe 1/20 eq</i>	38
<i>phosphate</i>	51	TASIGNA	15
SULFADIAZINE	4	<i>tazarotene</i>	57
<i>sulfamethoxazole/trimethoprim</i>	4	<i>tazicef</i>	9
<i>sulfamethoxazole/trimethoprim ds</i>	4	TAZORAC	57
SULFAMYLON	56	<i>taztia xt</i>	20
<i>sulfasalazine</i>	43	TAZVERIK	15
SULFASALAZINE	43	TDVAX	49
<i>sulindac</i>	1	TECENTRIQ	15
<i>sumatriptan</i>	30	TECFIDERA	31
<i>sumatriptan succinate</i>	30	TECFIDERA STARTER PACK	31
<i>sumatriptan/naproxen sodium</i>	30	TEFLARO	9
SUPRAX	9	<i>telmisartan</i>	18
SUPREP BOWEL PREP KIT	44	<i>telmisartan/amlodipine</i>	18
SUTAB	44	<i>telmisartan/hydrochlorothiazide</i>	18
SUTENT	15	<i>temazepam</i>	30
<i>syeda</i>	38	TEMIXYS	7
SYLATRON	13	<i>temsirolimus</i>	16
SYMBICORT	55	TENIVAC	49
SYMDEKO	55	<i>tenofovir</i>	6
SYMFI	7	TEPMETKO	16
SYMFI LO	7	<i>terazosin hcl</i>	17
SYMLINPEN 120	34	<i>terazosin hydrochloride</i>	17
SYMLINPEN 60	34	<i>terbinafine hcl</i>	5
SYMPAZAN	24	<i>terbutaline sulfate</i>	54
SYMTUZA	7	<i>terconazole</i>	45
SYNAREL	39	<i>testosterone</i>	32
SYNERCID	4	<i>testosterone cypionate</i>	32
SYNJARDY	34	<i>testosterone enanthate</i>	32
SYNJARDY XR	34	<i>testosterone gel</i>	32
SYNRIBO	13	<i>testosterone pump gel</i>	32
SYNTHROID	42	<i>testosterone topical</i>	32

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<i>tetrabenazine</i>	31	<i>tramadol hcl</i>	3
<i>tetracycline hydrochloride</i>	10	TRAMADOL HCL ER	2
TEXACORT	58	<i>tramadol hcl er tabs</i>	2
THALOMID	12	<i>tramadol hydrochloride</i>	3
THEO-24	55	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>theophylline</i>	55	<i>trandolapril</i>	17
<i>theophylline er</i>	55	<i>trandolapril/verapamil hcl er</i>	17
<i>thioridazine hcl</i>	29	<i>tranexamic acid</i>	46
<i>thiotepa</i>	11	<i>tranylcypromine sulfate</i>	26
<i>thiothixene</i>	29	TRAVASOL	51
<i>tiadylt er</i>	20	<i>travoprost</i>	53
<i>tiagabine hydrochloride</i>	24	<i>trazodone hydrochloride</i>	26
TIBSOVO	16	TRECTOR	8
<i>tigecycline</i>	10	TRELEGY ELLIPTA	54
TILIA FE	38	TRELSTAR MIXJECT	12
<i>timolol maleate</i>	53	<i>treprostinil</i>	22
TIMOLOL MALEATE OPHTHALMIC	53	TRESIBA	33
<i>timolol maleate soln</i>	53	TRESIBA FLEXTOUCH	33
<i>timolol maleate tabs</i>	20	<i>tretinoin</i>	13, 56
<i>tinidazole</i>	4	TRETINOIN MICROSPHERE	56
TIVICAY	6	<i>tri femynor</i>	38
TIVICAY PD	6	<i>triamcinolone acetamide</i>	40, 58
<i>tizanidine hcl</i>	31	<i>triamcinolone acetamide dental paste</i>	60
<i>tizanidine hydrochloride</i>	31	<i>triamterene/hydrochlorothiazide</i>	21
TOBRADEX	51	<i>triazolam</i>	30
TOBRADEX ST	51	TRICARE PRENATAL	51
<i>tobramycin</i>	4, 51, 52	<i>triderm</i>	58
<i>tobramycin sulfate</i>	4, 52	<i>trientine hydrochloride</i>	35
<i>tobramycin/dexamethasone</i>	51	<i>tri-estarylla</i>	39
<i>tolterodine tartrate</i>	45	<i>trifluoperazine hcl</i>	29
<i>tolterodine tartrate er</i>	45	<i>trifluoperazine hydrochloride</i>	29
<i>topiramate</i>	24	<i>trifluridine</i>	52
TOPIRAMATE ER	24	<i>trihexyphenidyl hcl</i>	27
<i>toposar</i>	13	<i>trihexyphenidyl hydrochloride</i>	27
<i>topotecan</i>	13	TRIJARDY XR	34
TOPOTECAN	13	<i>tri-legest fe</i>	39
<i>toremifene citrate</i>	12	<i>tri-lynyah</i>	39
<i>torseamide</i>	21	<i>tri-lo-estarylla</i>	39
<i>tovet foam</i>	58	<i>tri-lo-marzia</i>	39
TOVIAZ	45	<i>tri-lo-mili</i>	39
TPN ELECTROLYTES	50	<i>tri-lo-sprintec</i>	39
TRACLEER	22	<i>trilyte</i>	44
TRADJENTA	34	<i>trimethobenzamide hydrochloride</i>	43
TRAMADOL ER CAPS	2	<i>trimethoprim</i>	4

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<i>trimethoprim sulfate/polymyxin b sulfate</i>	52	VANCOMYCIN	5
<i>tri-mili</i>	39	<i>vancomycin hcl</i>	4
<i>trimipramine maleate</i>	26	VANCOMYCIN HLC	4
TRINTELLIX	26	<i>vancomycin hydrochloride</i>	4, 5
<i>tri-nymyo</i>	39	VANCOMYCIN HYDROCHLORIDE	5
<i>tri-previfem</i>	39	VAQTA	49
<i>tri-sprintec</i>	39	VARIVAX	49
TRIUMEQ	7	VASCEPA	19
TRI-VITE/FLUORIDE	51	VELCADE	16
<i>trivora-28</i>	39	<i>velivet</i>	39
<i>tri-vylibra</i>	39	VELTASSA PACK	35
<i>tri-vylibra lo</i>	39	VEMLIDY	8
TRODELVY	16	VENCLEXTA	16
TROGARZO	6	VENCLEXTA STARTING PACK	16
TROPHAMINE	51	<i>venlafaxine hcl</i>	26
<i>tropium chloride</i>	45	<i>venlafaxine hcl er</i>	26
<i>tropium chloride er</i>	45	<i>venlafaxine hydrochloride er</i>	26
TRULICITY	34	VENTAVIS	22
TRUMENBA	49	VENTOLIN HFA	55
TRUSELTIQ	16	<i>verapamil hcl</i>	20
TRUVADA	7	<i>verapamil hcl er</i>	20
TUKYSA	16	<i>verapamil hcl sr</i>	20
<i>tulana</i>	39	VERAPAMIL HCL SR CP24 360MG	20
TURALIO	16	<i>verapamil hydrochloride</i>	20
TWINRIX	49	<i>verapamil hydrochloride er</i>	20
TYBOST	6	VERSACLOZ	29
<i>tydemy</i>	39	VERZENIO	16
TYKERB	16	<i>vestura</i>	39
TYMLOS	35	VICTOZA	34
TYPHIM VI	49	VIDEX EC	6
UBRELVY	30	VIDEX PEDIATRIC	7
UKONIQ	16	<i>vienna</i>	39
UNITHROID	42	<i>vigabatrin</i>	24
<i>ursodiol</i>	44	<i>vigadrone</i>	24
<i>valacyclovir hcl</i>	8	VIIBRYD	26
<i>valacyclovir hydrochloride</i>	8	VIIBRYD STARTER PACK	26
VALCHLOR	59	VIMOVO	1
<i>valganciclovir</i>	8	VIMPAT	24
<i>valganciclovir hydrochloride</i>	8	<i>vinblastine sulfate</i>	13
<i>valproate sodium</i>	24	<i>vincristine sulfate</i>	13
<i>valproic acid</i>	24	<i>vinorelbine tartrate</i>	13
<i>valsartan</i>	18	<i>viorele</i>	39
<i>valsartan/hydrochlorothiazide</i>	18	VIRACEP	7
VALTOCO	24	VIREAD	7

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VITRAKVI	16	XYREM	31
VIVITROL	32	YERVOY	16
VIZIMPRO	16	YF-VAX	49
<i>volnea</i>	39	<i>yuvafem</i>	40
VOL-PLUS	51	<i>zafirlukast</i>	55
<i>voriconazole</i>	5	<i>zaleplon</i>	30
VOSEVI	8	<i>zarah</i>	39
VOTRIENT	16	ZARXIO	46
VP-PNV-DHA	51	ZEJULA	16
VRAYLAR	29	ZELBORAF	16
VRAYLAR CAP THERAPY PACK	29	ZEMAIRA	55
<i>vyfemla</i>	39	<i>zenatane</i>	56
<i>vylibra</i>	39	ZENPEP	44
VYVANSE	30	<i>zenzedi</i>	30
VYZULTA	53	ZEPZELCA	11
<i>warfarin sodium</i>	46	ZERVIATE	53
<i>wera</i>	39	<i>zidovudine</i>	7
WESTAB PLUS	51	<i>ziprasidone hcl</i>	29
<i>wymzya fe</i>	39	<i>ziprasidone mesylate</i>	29
XALKORI	16	ZIRABEV	16
XARELTO	46	ZIRGAN	52
XARELTO STARTER PACK	46	<i>zoledronic acid</i>	35
XATMEP	47	ZOLEDRONIC ACID	35
XCOPRI	24	ZOLINZA	16
XCOPRI MAINTENACE PACK	24	<i>zolmitriptan</i>	30
XCOPRI TITRATION PACK	24	<i>zolmitriptan odt</i>	30
XELJANZ	47	ZOLOFT	26
XELJANZ XR	47	<i>zolpidem tartrate</i>	30
XGEVA	35	<i>zolpidem tartrate subl</i>	30
XIFAXAN	44	<i>zonisamide</i>	24
XIGDUO XR	34	ZORTRESS	48
XOLAIR	55	ZOSTAVAX	49
XOSPATA	16	<i>zovia 1/35e</i>	39
XPOVIO	16	<i>zumandimine</i>	39
XPOVIO 100 MG ONCE WEEKLY	16	ZYCLARA PUMP	59
XPOVIO 60 MG ONCE WEEKLY	16	ZYDELIG	16
XPOVIO 80 MG ONCE WEEKLY	16	ZYKADIA	16
XPOVIO 80 MG TWICE WEEKLY	16	ZYLET	52
XTANDI	12	ZYPREXA RELPREVV	29
XULTOPHY	33	ZYTIGA	12

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**Enhanced Drug Benefit List\***

Please check your *2021 Evidence of Coverage* to find out if your plan includes an “Enhanced Drug Benefit.” The enhanced drugs are listed in this guide by *Enhanced Drug Benefit Categories*. If your plan includes enhanced drug benefits, look for the Enhanced Drug Benefit Category in the following pages to determine which drugs are covered. For example, if your *2021 Evidence of Coverage* says that your plan includes coverage for “Vitamins and Minerals” and “Erectile Dysfunction”, find the lists titled “Vitamins and Minerals” and “Erectile Dysfunction” to find which specific drugs are covered.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Cosmetic</b>		
<i>alphaquin hp</i>	1	
AVAGE	3	
BOTOX COSMETIC	3	
EPIQUIN MICRO	3	
<i>finasteride</i>	1	
<i>hydroquinone</i>	1	
<i>hydroquinone time release</i>	1	
KYBELLA	3	
LATISSE	3	
LUSTRA	3	
LUSTRA-AF	3	
LUSTRA-ULTRA	3	
<i>melpaque hp</i>	1	
<i>melquin hp</i>	1	
<i>nuquin hp</i>	1	
PERLANE	3	
PERLANE-L	3	
PROPECIA	3	
REFISSA	3	
<i>remergent hq</i>	1	
RENOVA PUMP	3	
RESTYLANE	3	
RESTYLANE-L	3	
<i>skin bleaching</i>	1	
<i>skin bleaching/sunscreen</i>	1	
<i>tl hydroquinone</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin emollient</i>	1	
TRI-LUMA	3	
VANIQA	3	
<b>Cough and Cold</b>		
BENZONATATE	1	
BIOTUSS	1	
BIOTUSS PEDIATRIC	1	
BROMFED DM	1	
CARBAPHEN 12	3	
CARBAPHEN 12 PED	3	
CENTERGY DM	1	
CODAR AR	3	
CPB WC	3	
DECON-G	3	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE	1	
HCL/CHLORPHENIRAMINE		
EXACTUSS	3	
EXEFEN-IR	1	
FLOWTUSS	3	
GILPHEX TR	3	
GILTUSS	3	
GILTUSS PEDIATRIC	1	
GILTUSS TR	3	
GUAIFENESIN/DEXTROMETHORPHAN SR	1	
HDC DM	3	
HYCOFENIX	3	
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE	1	
MALEATE/PSE		
HYDROCODONE BITARTRATE/HOMATROPINE	1	
METHYLBROMIDE		
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE	1	
POLISTIREX		
HYDROMET	1	
LEXUSS 210	1	
MUCINEX DM	3	
NARIZ	3	
NASOTUSS	3	
NEOTUSS PLUS	3	
NOHIST-DM	1	
NORTUSS-DE	1	
NORTUSS-EX	3	
OBREDON	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PHENYLEPHRINE/GUAIFENESIN	1	
PROHIST CD	3	
PROHIST CF	3	
PROMETHAZINE VC/CODEINE	3	
PROMETHAZINE/CODEINE	1	
PROMETHAZINE/DEXTROMETHORPHAN	1	
RELHIST	3	
RHINOLAR	3	
TESSALON PERLES	3	
TGQ 15DM/5PEH/2CPM	3	
TGQ 30PSE/150GFN/15DM	3	
TGQ 30PSE/3BRM/15DM	3	
TUSNEL PED-C	3	
TUSSICAPS	3	
TUSSIGON	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	3	
TUZISTRA XR	3	
VAZOTAN	3	
VIRAVAN-DM	3	
VITUZ	3	
ZONATUSS	3	
ZOTEX-12D	1	
ZOTEX-C	3	
ZUTRIPRO	3	
<b>Erectile Dysfunction</b>		
BI-MIX	3	QL (6 EA per 30 days)
CAVERJECT	3	QL (6 EA per 30 days)
CAVERJECT IMPULSE	3	QL (6 EA per 30 days)
CIALIS	3	QL (6 EA per 30 days)
EDEX	3	QL (6 EA per 30 days)
LEVITRA	3	QL (6 EA per 30 days)
MUSE	3	QL (6 EA per 30 days)
PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL	1	QL (5 ML per 30 days)
PAPAVERINE-PHENTOLAMINE MESYLATE	1	QL (5 ML per 30 days)
PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL	1	QL (5 ML per 30 days)
STAXYN	3	QL (6 EA per 30 days)
STENDRA	3	QL (6 EA per 30 days)
SUPER BI-MIX	3	QL (6 EA per 30 days)
SUPER TRI-MIX	3	QL (6 EA per 30 days)
TADALAFIL	1	QL (6 EA per 30 days)
TRI-MIX	3	QL (6 EA per 30 days)
VARDENAFIL HYDROCHLORIDE	1	QL (6 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIAGRA	3	QL (6 EA per 30 days)
<b>Fertility</b>		
BRAVELLE	3	
CETROTIDE	3	
CLOMIPHENE CITRATE	1	
ENDOMETRIN	3	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	3	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	3	
FOLLISTIM AQ	3	
GANIRELIX ACETATE	1	
GONAL-F	3	
GONAL-F RFF	3	
GONAL-F RFF REDIJECT	3	
HCG	3	
MENOPUR	3	
OVIDREL	3	
<b>Miscellaneous</b>		
AERO OTIC HC	1	
ALA-QUIN	3	
ALCORTIN A	3	
ALOQUIN	3	
AMINO BENZOATE POTASSIUM	1	
ANALPRAM-HC	3	
ANALPRAM-HC SINGLES	3	
ANUCORT-HC	1	
ANUSOL-HC	3	
BENZOYL PEROXIDE 8%	1	
CETACAINE	3	
CORTANE-B	3	
CORTANE-B AQUEOUS	3	
CORTANE-B-OTIC	3	
CORTIC-ND	1	
COVARYX	1	
COVARYX HS	1	
CYOTIC	1	
CYTRA-3	3	
DERMAZENE	1	
DONNATAL	3	
EEMT	1	
EEMT HS	1	
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	1	
EXOTIC-HC	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRX HICORT 25	1	
HEMORRHOIDAL-HC	1	
HYDROCORTISONE ACETATE	1	
HYDROCORTISONE ACETATE/PRAMOXINE	1	
HYDROCORTISONE/IODOQUINOL	1	
ISOMETHEPTENE/DICHLORALPHENAZONE/ACETAMINOPHEN	1	
ISOXSUPRINE HCL	1	
MEZPAROX-HC FORTE	3	
NODOLOR	1	
NOVACORT	3	
OTICIN HC NR	3	
OTO-END 10	1	
OTOMAX-HC	1	
POTABA	3	
POTASSIUM P-AMINO BENZOATE	1	
PRAMOSONE	3	
PROCTOCORT	3	
RECTACORT-HC	1	
VYTONE	3	
<b>Vitamins and Minerals</b>		
ACTIVE FE	3	
ADRENAL C FORMULA	3	
ADVANCED AM/PM	3	
AIRAVITE	1	
ALBAFORT	3	
AMINO BENZOATE POTASSIUM	1	
ANIMI-3	3	
ANIMI-3/VITAMIN D	3	
AP-ZEL	3	
AQUASOL A PARENTERAL	3	
ASCOR	3	
ASCORBIC ACID INJ 15000MG/30ML	3	
ASCORBIC ACID INJ 500MG/ML	1	
ASTAMED MYO	3	
ATABEX EC	3	
AVAILNEX	3	
B-6 FOLIC ACID	1	
B-COMPLEX 100	1	
B-PLEX	1	
B-PLEX PLUS	1	
BACMIN	3	
BIFERARX	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIOCEL	1	
BP MULTINATAL PLUS	1	
BP VIT 3	3	
CARDIOTEK-RX	3	
CENFOL	3	
CENTRATEX	3	
CEREFOLIN	3	
CEREFOLIN NAC	3	
CIFEREX	3	
CITRANATAL ASSURE	3	
COD LIVER OIL	1	
COMPLETE NATAL DHA	1	
CORVITA	1	
CORVITA 150	1	
CORVITE	3	
CORVITE 150	3	
CORVITE FE	3	
CORVITE FREE	1	
CYANOCOBALAMIN INJ 2000MCG/ML	3	
CYANOCOBALAMIN INJ 1000MCG/ML	1	
CYFOLEX	3	
DEPLIN 15	3	
DEPLIN 7.5	3	
DIALYVITE	1	
DIALYVITE 3000	3	
DIALYVITE 5000	3	
DIALYVITE SUPREME D	3	
DIALYVITE/ZINC	3	
DRISDOL	3	
DURACHOL	3	
ELFOLATE PLUS	3	
ENLYTE	3	
ENTERAGAM	3	
ERGOCAL	3	
ERGOCALCIFEROL	1	
FABB	1	
FE 90 PLUS	3	
FERAHEME	3	
FERIVA 21/7	3	
FERIVAFA	3	
FEROCON	1	
FEROTRINSIC	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FERRALET 90	3	
FERRAPLUS 90	3	
FERRO-PLEX HEMATINIC	3	
FERROCITE PLUS	1	
FERROGELS FORTE	1	
FERROTRIN	3	
FIBRIK	3	
FOLBEE	1	
FOLBEE AR	3	
FOLBEE PLUS	1	
FOLBEE PLUS CZ	1	
FOLBIC	1	
FOLBIC RF	3	
FOLGARD OS	3	
FOLGARD RX	3	
FOLI-D	3	
FOLIC ACID	1	
FOLIC ACID/CYANOCOBALAMIN/PYRIDOXINE HYDROCHLORIDE	1	
FOLIC ACID/VITAMIN B-6/VITAMIN B-12	1	
FOLIKA-V	3	
FOLIVANE-F	3	
FOLIVANE-PLUS	3	
FOLIXAPURE	3	
FOLPLEX 2.2	1	
FOLTANX	3	
FOLTANX RF	3	
FOLTRATE	3	
FOLTRIN	1	
FOLTX	3	
FORTAVIT	3	
FOSTEUM	3	
FOSTEUM PLUS	3	
FOVEX	3	
FUSION PLUS	3	
FUSION SPRINKLES	3	
GABADONE	3	
GENICIN VITA-D	3	
HEMATINIC PLUS COMPLEX	1	
HEMATINIC PLUS VITAMINS/MINERALS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEMATOGEN FA	3	
HEMATOGEN FORTE	1	
HEMATRON-AF	3	
HEMENATAL OB + DHA	3	
HEMETAB	3	
HEMOCYTE PLUS	3	
HEMOCYTE-F ELIX	3	
HEMOCYTE-F TABS	1	
HEMOCYTE-PLUS	1	
HYDROXOCOBALAMIN	1	
HYPERTENSA	3	
ICAR-C PLUS	3	
IFEREX 150 FORTE	1	
INFED	1	
INFUVITE ADULT	1	
INFUVITE PEDIATRIC	1	
INJECTAFER	3	
INTEGRA F	3	
INTEGRA PLUS	3	
IROSPAN 24/6	3	
KOSHER PRENATAL PLUS IRON	3	
L-METHYL-B6-B12	1	
L-METHYL-MC	3	
L-METHYL-MC NAC	3	
L-METHYLFOLATE	1	
L-METHYLFOLATE CA ME-CBL NAC	3	
L-METHYLFOLATE CA/P-5-P/ME-CBL	1	
L-METHYLFOLATE CALCIUM	1	
L-METHYLFOLATE FORMULA 15	3	
L-METHYLFOLATE FORMULA 7.5	3	
L-METHYLFOLATE FORTE	3	
LIMBREL	3	
LIMBREL250	3	
LIMBREL500	3	
LIPICHOL 540	3	
LISTER-V	3	
LMTHF/PYRIDOXINE HCL/CYANOCOBALAMIN	1	
LYSIPLEX PLUS	1	
M.V.I. ADULT	3	
M.V.I. PEDIATRIC	3	
M.V.I.-12 WITHOUT VITAMIN K	3	
MAXFE	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEPHYTON	3	
METAFOLBIC	3	
METAFOLBIC PLUS	3	
METAFOLBIC PLUS RF	3	
METANX	3	
METHIONINE/INOSITOL/CHOLINE/CYANOCOBALAMIN	1	
METHYLCOBALAMIN	3	
MULTI-B-PLUS	1	
MULTIGEN	3	
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	
MYFERON 150 FORTE	1	
MYNATAL	3	
MYNATAL ULTRACAPLET	1	
MYNATE 90 PLUS	1	
MYNEPHROCAPS	1	
NASCOBAL	3	
NATALVIRT FLT	3	
NATALVIT	3	
NEEVO DHA	3	
NEPHPLEX RX	3	
NEPHRO-VITE RX	3	
NEPHROCAPS	3	
NEPHRON FA	3	
NEPHRONEX	1	
NESTABS DHA	3	
NEUREPA	3	
NEURIN-SL	3	
NIACIN	1	
NICADAN	3	
NICAZEL	3	
NICAZEL FORTE	3	
NICOMIDE	3	
NOXIFOL-D	3	
NUFOL	1	
NUTRICAP	3	
NUTRIFAC ZX	1	
NUTRIVIT	3	
OBSTETRIX DHA	3	
OBSTETRIX EC	1	
OCUVEL	3	
ORTHO-FOLIC	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERCURA	3	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	3	
PHYTONADIONE	1	
PNV PRENATAL PLUS MULTIVITAMIN + DHA	3	
PNV-VP-U	3	
PODIAPN	3	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
POTABA	3	
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PRENA 1 TRUE	3	
PRENA1 CHEW	3	
PRENA1 PEARL	3	
PRENAISSANCE HARMONY DHA	1	
PRENATAL	1	
PRENATAL-U	3	
PROFERRIN-FORTE	3	
PROTECT PLUS	3	
PROTECTIRON	3	
PROTEOLIN	3	
PULMONA	3	
PUREFE PLUS	3	
PUREVIT DUALFE PLUS	1	
PYRIDOXINE HCL	1	
R-NATAL OB	3	
RENAL CAPS	1	
RENATABS	3	
RENATABS WITH IRON	3	
RENA-VITE RX	1	
RENO CAPS	1	
REQ 49+	3	
REVESTA	3	
RHEUMATE	3	
ROXIFOL-D	3	
SE-TAN PLUS	1	
SELECT-OB+DHA	3	
SENTRA AM	3	
SENTRA PM	3	
SIDEROL	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	1	
STROVITE FORTE	3	
STROVITE ONE	3	
SUPERVITE	3	
SUPPORT	3	
SUPPORT-500	3	
SYNAGEX	3	
SYNATEK	3	
TANDEM PLUS	3	
TARON FORTE	3	
TARON-BC	3	
THERAMINE	3	
THIAMINE HCL	1	
TL G-FOL OS	3	
TL GARD RX	1	
TL ICON	1	
TL-HEM 150	1	
TL-ICARE	3	
TOZAL	3	
TREPADONE	3	
TRIADVANCE	3	
TRICARE PRENATAL COMPLEAT	3	
TRICON	1	
TRIFERIC	3	
TRIGELS-F FORTE	1	
TRINATAL GT	3	
TRIPHROCAPS	1	
UDAMIN SP	3	
UROSEX	1	
V-C FORTE	1	
VASCAZEN	3	
VASCULERA	3	
VENOFER	3	
VIC-FORTE	1	
VICAP FORTE	1	
VINATE II	1	
VINATE M	3	
VIRT-ADVANCE	3	
VIRT-CAPS	1	
VIRT-VITE	1	
VIRT-VITE FORTE	1	
VIRT-VITE PLUS	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITA S FORTE	1	
VITA-MIN	1	
VITACEL	1	
VITAFOL	3	
VITAFOL-OB+DHA	3	
VITAJECT	3	
VITAL-D RX	3	
VITAMAX PEDIATRIC	1	
VITAMEDMD REDICHEW RX	3	
VITAMIN B-COMPLEX 100	1	
VITAMIN D	1	
VITAMIN K1	1	
VITAROCA PLUS	3	
VOL-CARE RX	1	
VP-GSTN	3	
VP-HEME OB + DHA	3	
VP-PRECIP	1	
VP-ZEL	3	
WHEAT GERM	1	
XAQUIL XR	3	
XYZBAC	1	
<b>Weight loss</b>		
ADIPEX-P	3	PA
APPTRIM	3	PA
APPTRIM-D	3	PA
BELVIQ	3	PA
BELVIQ XR	3	PA
BENZPHETAMINE HCL TABS 25MG, 50MG	1	PA
CONTRAVE	3	PA
DIETHYLPROPION HCL	1	PA
DIETHYLPROPION HCL ER	1	PA
LOMAIRA	3	PA
MEDACTIV	3	PA
PHENDIMETRAZINE TARTRATE	1	PA
PHENDIMETRAZINE TARTRATE ER	1	PA
PHENTERMINE HCL CAPS 15MG, 37.5MG	1	PA
PHENTERMINE HCL TABS 37.5MG	1	PA
PHENTERMINE HYDROCHLORIDE	1	PA
QSYMIA	3	PA
SAXENDA	3	PA
XENICAL	3	PA

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# SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 08/17/2021. For more recent information or other questions, please contact SilverScript Customer Care at 1-888-620-1756, 24 hours a day, 7 days a week. TTY users should call 711.

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

08/17/2021