



Aetna Medicare Rx offered by SilverScript

2021 Formulary (List of Covered Drugs)

GRP B2 (4 Tier) Formulary

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

This formulary was updated on 10/08/2020. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on the back of your ID card.

Formulary ID Number: 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 Aetna Medicare Rx offered by SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 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 Aetna Medicare Rx offered by SilverScript Formulary?

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

Please note: Aetna Medicare Rx offered by SilverScript may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Aetna Medicare Rx offered by SilverScript Customer Care, or refer to your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

This formulary is current as of January 1, 2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** Aetna Medicare Rx offered by SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aetna Medicare Rx offered by SilverScript before you fill your prescriptions. If you don't get approval, Aetna Medicare Rx offered by SilverScript may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, Aetna Medicare Rx offered by SilverScript limits the amount of the drug that Aetna Medicare Rx offered by SilverScript will cover. For example, Aetna Medicare Rx offered by 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, Aetna Medicare Rx offered by 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, Aetna Medicare Rx offered by SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare Rx offered by 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 Aetna Medicare Rx offered by 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 Aetna Medicare Rx offered by 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 Aetna Medicare Rx offered by SilverScript Customer Care and ask if your drug is covered.

If you learn that Aetna Medicare Rx offered by SilverScript does not cover your drug, you have two options:

- You can ask Aetna Medicare Rx offered by 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.

How do I request an exception to the Aetna Medicare Rx offered by 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.

Generally, Aetna Medicare Rx offered by 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.

For more information

For more detailed information about your Aetna Medicare Rx offered by SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Aetna Medicare Rx offered by SilverScript, please contact us at the number on the back of your member ID card. 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.

Drug Tier Copay Levels

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

The copay tiers for covered prescription medications are listed below. Please refer to your *2021 Evidence of Coverage* for copay information specific to your plan.

<i>Formulary Name</i>	<i>GRP B2 (4 Tier) Formulary</i>
Tier 1	Generic
Tier 2	Preferred Brand
Tier 3	Non-Preferred Drug
Tier 4	Specialty

You can find complete cost-sharing and days’ supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

Aetna Medicare Rx offered by 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 Aetna Medicare Rx offered by SilverScript has any special requirements for coverage of your drug.

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
MO	Available at mail
LA	Limited Access. This prescription may be available only at certain pharmacies.
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.

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
ANALGESICS		
GOUT		
<i>allopurinol tabs</i>	1	MO
<i>colchicine</i>	2	QL (120 EA per 30 days) MO
<i>febuxostat</i>	2	ST MO
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid</i>	2	MO
<i>probenecid/colchicine</i>	2	MO
NSAIDS		
<i>celecoxib caps 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium/misoprostol</i>	3	MO
<i>diflunisal</i>	3	MO
DUEXIS	4	MO
<i>etodolac</i>	2	MO
<i>etodolac er</i>	3	MO
FENOPROFEN CALCIUM CAPS 400MG	3	MO
<i>fenopropfen calcium tabs</i>	3	MO
<i>flurbiprofen tabs 100mg</i>	1	MO
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen</i>	1	MO
<i>ketoprofen er</i>	3	MO
<i>ketoprofen caps 50mg</i>	3	
<i>ketoprofen caps 25mg</i>	3	MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	3	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	3	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen dr</i>	1	MO
NAPROXEN SODIUM CR TABS 375MG	3	MO
<i>naproxen sodium er tabs 500mg</i>	3	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>naproxen/esomeprazole magnesium</i>	4	MO
<i>oxaprozin</i>	3	MO
<i>piroxicam</i>	2	MO
<i>sulindac</i>	1	MO
VIMOVO	4	MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	3	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	3	QL (10 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl oral soln</i>	2	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	2	QL (90 EA per 30 days) PA MO
<i>methadone hcl conc</i>	2	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	3	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 100mg, 200mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 15mg</i>	2	QL (90 EA per 30 days) PA MO
TRAMADOL HCL ER CP24	3	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	3	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	3	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	3	
<i>butorphanol tartrate inj 2mg/ml</i>	3	MO
CODEINE SULFATE TABS 30MG	3	QL (180 EA per 30 days)
CODEINE SULFATE TABS 15MG, 60MG	3	QL (180 EA per 30 days) MO
<i>endocet</i>	2	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	4	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	2	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	2	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	2	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	3	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	3	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	3	B/D
<i>hydromorphone hcl inj 2mg/ml</i>	3	B/D MO
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	3	B/D MO
<i>hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml</i>	3	B/D
<i>lorcet</i>	3	QL (180 EA per 30 days)
<i>lorcet hd</i>	3	QL (180 EA per 30 days)
<i>lorcet plus</i>	3	QL (180 EA per 30 days)
<i>morphine sulfate tabs</i>	2	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	3	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate pf inj 1mg/ml</i>	3	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine hcl</i>	2	MO
<i>oxycodone hcl</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	2	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	3	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	2	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin</i>	3	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride immediate release tabs</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	1	QL (120 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	3	QL (240 EA per 30 days) MO
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	3	
<i>lidocaine hydrochloride</i>	3	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i>	4	MO
ALINIA	4	MO
<i>amikacin sulfate</i>	3	MO
<i>atovaquone</i>	3	PA MO
<i>aztreonam</i>	3	MO
CAYSTON	4	PA LA
<i>chloramphenicol inj 1gm</i>	3	
<i>clindamycin hcl caps 300mg, 75mg</i>	1	MO
<i>clindamycin hydrochloride caps 150mg</i>	1	MO
<i>clindamycin palmitate hcl</i>	3	MO
<i>clindamycin phosphate/dextrose</i>	3	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	3	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	3	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate inj</i>	3	PA MO
<i>dapsone tabs 100mg, 25mg</i>	2	MO
DAPTOMYCIN INJ 350MG	4	
<i>daptomycin inj 500mg</i>	4	MO
EMVERM	4	QL (12 EA per 365 days) MO
<i>ertapenem</i>	3	MO
<i>gentamicin sulfate pediatric</i>	3	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	3	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	3	MO
<i>gentamicin sulfate inj 40mg/ml</i>	3	MO
<i>imipenem/cilastatin</i>	3	MO
<i>isotonic gentamicin</i>	3	MO
<i>ivermectin</i>	2	MO
<i>linezolid tabs</i>	3	QL (56 EA per 28 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral susp</i>	4	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	3	PA
<i>linezolid inj 600mg/300ml</i>	3	PA
<i>meropenem inj 500mg</i>	3	
<i>meropenem inj 1gm</i>	3	MO
<i>methenamine hippurate</i>	3	MO
METHENAMINE MANDELATE	3	MO
<i>metronidazole in nacl 0.79%</i>	3	
<i>metronidazole caps 375mg</i>	2	MO
<i>metronidazole tabs 250mg, 500mg</i>	2	MO
<i>neomycin tabs</i>	1	MO
<i>nitrofurantoin macrocrystals</i>	2	MO
<i>nitrofurantoin monohydrate</i>	2	MO
<i>nitrofurantoin oral suspension</i>	3	MO
<i>paromomycin caps</i>	3	MO
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	B/D
<i>praziquantel</i>	2	MO
SIVEXTRO INJ	4	
SIVEXTRO TABS	4	MO
<i>streptomycin sulfate inj</i>	3	MO
SULFADIAZINE	3	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	3	MO
SYNERCID	4	
<i>tinidazole</i>	3	MO
<i>tobramycin nebu 300mg/5ml</i>	2	QL (280 ML per 56 days) PA
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	3	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	3	MO
<i>trimethoprim tabs</i>	1	MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	3	
<i>vancomycin hcl inj 100gm, 10gm</i>	3	
<i>vancomycin hydrochloride caps 125mg</i>	3	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 250MG, 500MG/100ML	3	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	3	
<i>vancomycin hydrochloride inj 500mg</i>	3	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML	3	
ANTIFUNGALS		
ABELCET	3	B/D
AMBISOME	4	B/D
<i>amphotericin b</i>	3	B/D MO
<i>caspofungin acetate inj 70mg</i>	3	
<i>caspofungin acetate inj 50mg</i>	4	
<i>fluconazole in nacl 200mg; 0.9%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in sodium chloride 400mg; 0.9%</i>	3	
<i>fluconazole tabs</i>	1	MO
<i>fluconazole oral susp</i>	2	MO
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	3	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole</i>	3	PA MO
<i>ketoconazole tabs 200mg</i>	1	PA MO
<i>micafungin inj 50mg</i>	3	
<i>micafungin inj 100mg</i>	4	
MYCAMINE INJ 50MG	3	MO
MYCAMINE INJ 100MG	4	
NOXAFIL	4	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	3	MO
<i>posaconazole dr</i>	4	QL (93 EA per 30 days) MO
<i>terbinafine hcl tabs</i>	1	QL (90 EA per 365 days) MO
<i>voriconazole tabs</i>	3	MO
<i>voriconazole inj</i>	3	PA
<i>voriconazole oral susp</i>	3	PA MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	3	MO
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
<i>mefloquine hcl</i>	2	MO
<i>primaquine phosphate</i>	2	MO
<i>quinine sulfate</i>	3	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	2	MO
APTIVUS SOLN	4	
APTIVUS CAPS	4	MO
<i>atazanavir sulfate caps 150mg, 300mg</i>	3	MO
<i>atazanavir sulfate caps 200mg</i>	4	MO
CRIXIVAN	3	MO
<i>didanosine caps 200mg, 250mg, 400mg</i>	3	MO
EDURANT	4	MO
<i>efavirenz caps 50mg</i>	2	MO
<i>efavirenz caps 200mg</i>	3	MO
<i>efavirenz tabs</i>	4	MO
EMTRIVA	2	MO
<i>fosamprenavir calcium</i>	4	MO
FUZEON	4	
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	4	MO
INVIRASE TABS	4	MO
ISENTRESS HD	4	MO
ISENTRESS PACK	2	MO
ISENTRESS TABS	4	MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25MG	2	MO
ISENTRESS CHEW 100MG	4	MO
<i>lamivudine soln 10mg/ml</i>	3	MO
<i>lamivudine tabs 150mg, 300mg</i>	3	MO
LEXIVA	3	MO
<i>nevirapine er tb24 100mg</i>	2	
<i>nevirapine er tb24 400mg</i>	2	MO
<i>nevirapine tabs</i>	2	MO
<i>nevirapine susp</i>	3	
NORVIR PACK, ORAL SOLN	3	MO
PIFELTRO	4	MO
PREZISTA SUSP	4	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	4	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	4	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	3	MO
REYATAZ CAPS 150MG,200 MG, PACK	4	MO
<i>ritonavir</i>	2	MO
RUKOBIA	4	
SELZENTRY SOLN	4	
SELZENTRY TABS 25MG	2	
SELZENTRY TABS 75MG	4	
SELZENTRY TABS 150MG, 300MG	4	MO
<i>stavudine</i>	2	MO
<i>tenofovir tabs</i>	3	MO
TIVICAY PD	3	
TIVICAY TABS 10MG	2	MO
TIVICAY TABS 25MG, 50MG	4	MO
TROGARZO	4	LA
TYBOST	3	MO
VIDEX EC CAPS 125MG	3	MO
VIDEX PEDIATRIC	3	MO
VIRACEPT TABS	4	MO
VIREAD	4	MO
<i>zidovudine</i>	2	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfata/lamivudine</i>	3	MO
<i>abacavir sulfata/lamivudine/zidovudine</i>	4	MO
ATRIPLA	4	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
EVOTAZ	4	MO

Drug Name	Drug Tier	Requirements/Limits
GENVOYA	4	MO
JULUCA	4	MO
KALETRA TABS 100MG; 25MG	3	MO
KALETRA TABS 200MG; 50MG	4	MO
<i>lamivudine/zidovudine</i>	3	MO
<i>lopinavir/ritonavir</i>	3	MO
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
TEMIXYS	4	MO
TRIUMEQ	4	MO
TRUVADA	4	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	4	MO
<i>ethambutol hydrochloride tabs 400mg</i>	3	MO
<i>isoniazid syrp, tabs</i>	1	MO
<i>isoniazid inj</i>	3	
PASER	3	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	3	MO
<i>rifabutin</i>	3	MO
<i>rifampin caps</i>	2	MO
<i>rifampin inj</i>	3	
RIFATER	3	MO
SIRTURO TABS 20MG	4	PA
SIRTURO TABS 100MG	4	PA LA
TRECTOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium inj 50mg/ml</i>	3	B/D
<i>acyclovir caps 200mg</i>	1	MO
<i>acyclovir susp 200mg/5ml</i>	1	MO
<i>acyclovir tabs 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	3	QL (30 EA per 30 days) MO
BARACLUDE	3	MO
<i>entecavir</i>	3	QL (30 EA per 30 days) MO
EPCLUSA	4	PA
EPIVIR HBV SOLN	3	MO
<i>famciclovir tabs 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
HARVONI TABS	4	PA
<i>lamivudine tabs 100mg</i>	2	MO
MAVYRET	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	2	QL (1080 ML per 365 days) MO
PEGASYS	4	PA
PREVYMIS	4	QL (28 EA per 28 days) MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin caps, tabs</i>	2	
<i>ribavirin inh</i>	4	
<i>rimantadine hydrochloride</i>	3	MO
<i>valacyclovir hcl tabs 1gm</i>	2	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	2	MO
<i>valganciclovir hydrochloride oral soln</i>	4	MO
<i>valganciclovir tabs</i>	4	MO
VEMLIDY	4	MO
VOSEVI	4	PA
CEPHALOSPORINS		
<i>cefaclor</i>	1	MO
CEFACLOR ER	3	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN INJ 2GM/100ML; 4%	2	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJ 100GM, 300GM	3	
<i>cefazolin sodium iv inj 1gm</i>	3	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	3	MO
<i>cefdinir caps</i>	1	MO
<i>cefdinir oral susp</i>	2	MO
<i>cefepime</i>	3	MO
<i>cefixime caps</i>	2	MO
<i>cefixime oral susp</i>	3	MO
<i>cefotetan</i>	3	
<i>cefoxitin sodium</i>	3	
<i>cefpodoxime proxetil</i>	3	MO
<i>cefprozil</i>	2	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime inj 6gm</i>	3	
<i>ceftazidime inj 1gm, 2gm</i>	3	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	3	
CEFTRIAZONE SODIUM INJ 100GM	3	
<i>ceftriaxone sodium iv inj 1gm</i>	3	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	MO
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	3	
<i>cefuroxime sodium inj 750mg</i>	3	MO
<i>cephalexin</i>	1	MO
SUPRAX ORAL SUSP 500MG/5ML	2	
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tazicef</i>	3	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	2	MO
<i>azithromycin oral susp, tabs</i>	1	MO
<i>azithromycin inj</i>	3	MO
<i>clarithromycin er</i>	3	MO
<i>clarithromycin oral susp, tabs</i>	2	MO
DIFICID	4	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocin stearate tabs 250mg</i>	3	MO
<i>erythromycin base</i>	2	MO
<i>erythromycin dr</i>	3	MO
<i>erythromycin ethylsuccinate tabs</i>	2	MO
<i>erythromycin stearate</i>	2	MO
<i>erythromycin cpep 250mg</i>	2	MO
FLUOROQUINOLONES		
<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>	3	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	3	MO
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	3	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride inj</i>	3	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	3	MO
<i>ampicillin caps 500mg</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	3	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	3	MO
<i>ampicillin-sulbactam</i>	3	
BICILLIN L-A	3	MO
<i>dicloxacillin caps</i>	2	MO
<i>nafcillin sodium inj 10gm, 1gm, 2gm iv</i>	3	
<i>nafcillin sodium inj 2gm</i>	3	MO
<i>nafcillin sodium inj 10gm iv</i>	4	
<i>oxacillin sodium inj 10gm, 1gm</i>	3	
<i>oxacillin sodium inj 2gm</i>	3	MO
<i>penicillin g potassium</i>	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC	3	
DEXTROSE		
PENICILLIN G PROCAINE	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	3	
<i>piperacillin/tazobactam</i>	3	
TETRACYCLINES		
<i>doxy 100 inj</i>	3	MO
<i>doxycycline hyclate caps, tabs</i>	2	MO
<i>doxycycline hyclate dr</i>	3	MO
<i>doxycycline monohydrate tabs</i>	1	MO
<i>doxycycline monohydrate caps</i>	3	MO
<i>doxycycline oral susp 25mg/5ml</i>	2	MO
<i>doxycycline tabs 50mg</i>	1	MO
<i>minocycline hcl caps 75mg</i>	1	MO
<i>minocycline hcl tabs</i>	3	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	MO
<i>minocycline hydrochloride er</i>	3	ST MO
<i>mondoxyne nl caps 100mg, 75mg</i>	3	
<i>morgidox 1x100mg</i>	3	
<i>morgidox 2x100mg</i>	3	
<i>okebo</i>	3	
<i>tetracycline hydrochloride</i>	3	MO
<i>tigecycline</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	4	
<i>busulfan</i>	4	
<i>carboplatin</i>	2	
<i>carmustine</i>	4	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	2	
<i>cyclophosphamide caps</i>	2	B/D MO
<i>cyclophosphamide inj</i>	3	
GLEOSTINE CAPS 10MG	3	MO
GLEOSTINE CAPS 100MG, 40MG	4	MO
IFEX	3	
IFOSFAMIDE INJ 3GM	3	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	3	
LEUKERAN	4	MO
<i>melphalan hydrochloride inj</i>	4	
<i>melphalan tabs</i>	3	B/D MO
<i>oxaliplatin</i>	3	
<i>paraplatin</i>	2	
<i>thiotepa</i>	4	
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>dactinomycin</i>	4	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	3	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposome 2mg/ml</i>	3	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	3	
<i>epirubicin hcl</i>	3	
<i>idarubicin hcl</i>	3	
<i>mitomycin inj 20mg, 5mg</i>	3	
<i>mitomycin inj 40mg</i>	4	
<i>mutamycin inj 20mg, 5mg</i>	3	
<i>mutamycin inj 40mg</i>	4	
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	4	
<i>azacitidine</i>	4	
<i>cladribine</i>	3	B/D
<i>clofarabine</i>	4	
<i>cytarabine aqueous</i>	3	B/D
<i>decitabine</i>	3	
<i>fludarabine phosphate</i>	3	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	3	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	3	
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	3	
<i>gemcitabine inj 38mg/ml</i>	3	
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	2	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	2	MO
<i>methotrexate pf inj 50mg/2ml</i>	2	MO
PURIXAN	4	
TABLOID	3	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	PA
<i>anastrozole</i>	1	MO
<i>bicalutamide</i>	2	MO
DEPO-PROVERA INJ 400MG/ML	3	
EMCYT	3	MO
ERLEADA	4	PA LA
<i>exemestane</i>	3	MO
<i>flutamide</i>	3	MO
<i>fulvestrant</i>	4	
<i>letrozole</i>	1	MO
<i>leuprolide acetate</i>	2	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	4	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	4	PA
LYSODREN	2	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	MO
<i>nilutamide</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
NUBEQA	4	PA
SOLTAMOX	4	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	3	PA MO
TRELSTAR MIXJECT	4	PA
XTANDI	4	PA LA
ZYTIGA	4	PA LA
IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG	4	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	4	QL (21 EA per 28 days) PA LA
REVLIMID	4	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	4	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	4	QL (56 EA per 28 days) PA
MISCELLANEOUS		
<i>arsenic trioxide</i>	4	
<i>bexarotene</i>	4	PA
<i>dacarbazine</i>	3	
<i>hydroxyurea</i>	1	MO
IMLYGIC	4	PA
INQOVI	4	QL (5 EA per 28 days) PA
<i>irinotecan hcl inj 100mg/5ml</i>	3	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	3	
<i>irinotecan inj 500mg/25ml</i>	3	
KISQALI FEMARA 200MG-2.5MG CO-PACK	4	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	4	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	4	PA
LONSURF	4	PA
MATULANE	4	LA
<i>mitoxantrone hcl</i>	2	
NIPENT	4	
SYLATRON KIT 200MCG, 300MCG	4	PA
SYNRIBO	4	PA
TOPOTECAN HCL INJ 4MG/4ML	4	
<i>topotecan hcl inj 4mg</i>	4	
<i>tretinoin caps 10mg</i>	4	MO
MITOTIC INHIBITORS		
ABRAXANE	4	
DOCETAXEL INJ 160MG/16ML	3	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	4	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	3	
<i>etoposide inj</i>	2	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	3	
<i>toposar</i>	2	
<i>vinblastine sulfate</i>	3	B/D
<i>vincristine sulfate</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate</i>	3	
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10MG	4	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	4	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	4	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	4	QL (90 EA per 30 days) PA
ALECENSA	4	PA LA
ALUNBRIG	4	PA LA
AVASTIN	4	PA LA
AYVAKIT	4	QL (30 EA per 30 days) PA MO
BALVERSA TABS 5MG	4	QL (28 EA per 28 days) PA MO
BALVERSA TABS 4MG	4	QL (56 EA per 28 days) PA MO
BALVERSA TABS 3MG	4	QL (84 EA per 28 days) PA MO
BELEODAQ	4	PA
BORTEZOMIB	4	PA
BOSULIF	4	PA
BRAFTOVI	4	PA LA MO
BRUKINSA	4	QL (120 EA per 30 days) PA MO
CABOMETYX	4	QL (30 EA per 30 days) PA LA
CALQUENCE	4	PA LA MO
CAPRELSA	4	PA LA MO
COMETRIQ	4	PA LA
COPIKTRA	4	PA LA MO
COTELLIC	4	PA LA
DAURISMO	4	PA LA
ENHERTU	4	PA
ERIVEDGE	4	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	4	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	4	QL (90 EA per 30 days) PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
FARYDAK CAPS 10MG, 20MG	4	PA LA
GILOTRIF	4	PA LA MO
HERCEPTIN	4	PA
HERCEPTIN HYLECTA	4	PA
IBRANCE TABS	4	QL (21 EA per 28 days) PA
IBRANCE CAPS	4	QL (21 EA per 28 days) PA LA
ICLUSIG	4	PA LA MO
IDHIFA	4	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	4	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	4	QL (90 EA per 30 days) PA
IMBRUVICA	4	PA LA MO
INLYTA TABS 5MG	4	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	4	QL (180 EA per 30 days) PA LA
INREBIC	4	QL (120 EA per 30 days) PA
IRESSA	4	PA LA
JAKAFI	4	QL (60 EA per 30 days) PA LA
KADCYLA	4	

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA	4	PA
KISQALI	4	PA
LENVIMA 10 MG DAILY DOSE	4	PA LA
LENVIMA 12MG DAILY DOSE	4	PA LA
LENVIMA 14 MG DAILY DOSE	4	PA LA
LENVIMA 18 MG DAILY DOSE	4	PA LA
LENVIMA 20 MG DAILY DOSE	4	PA LA
LENVIMA 24 MG DAILY DOSE	4	PA LA
LENVIMA 4 MG DAILY DOSE	4	PA LA
LENVIMA 8 MG DAILY DOSE	4	PA LA
LIBTAYO	4	PA
LORBRENA	4	PA LA
LUMOXITI	4	PA
LYNPARZA	4	PA LA
MEKINIST	4	PA LA
MEKTOVI	4	PA LA
MYLOTARG	4	PA LA
NERLYNX	4	PA LA
NEXAVAR	4	PA LA
NINLARO	4	PA
ODOMZO	4	PA LA
PADCEV	4	PA
PEMAZYRE	4	QL (14 EA per 21 days) PA MO
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA
POLIVY	4	PA
POTELIGEO	4	PA
QINLOCK	4	QL (90 EA per 30 days) PA MO
RETEVMO CAPS 80MG	4	QL (120 EA per 30 days) PA
RETEVMO CAPS 40MG	4	QL (180 EA per 30 days) PA
RITUXAN	4	PA LA
RITUXAN HYCELA	4	PA LA
ROMIDEPSIN	4	
ROZLYTREK CAPS 100MG	4	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	4	QL (90 EA per 30 days) PA
RUBRACA	4	PA LA
RYDAPT	4	PA
SARCLISA	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA LA
SUTENT	4	QL (30 EA per 30 days) PA
TABRECTA	4	QL (112 EA per 28 days) PA
TAFINLAR	4	PA LA
TAGRISSO	4	QL (30 EA per 30 days) PA LA
TALZENNA	4	PA LA
TASIGNA	4	PA

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK	4	QL (240 EA per 30 days) PA MO
TECENTRIQ INJ 840MG/14ML	4	PA
TECENTRIQ INJ 1200MG/20ML	4	PA LA
<i>temsirolimus</i>	4	
TIBSOVO	4	PA LA
TUKYSA TABS 150MG	4	QL (120 EA per 30 days) PA MO
TUKYSA TABS 50MG	4	QL (240 EA per 30 days) PA MO
TURALIO	4	QL (120 EA per 30 days) PA MO
TYKERB	4	PA LA
VELCADE	4	PA
VENCLEXTA STARTING PACK	4	PA LA MO
VENCLEXTA TABS 10MG	3	PA LA MO
VENCLEXTA TABS 100MG, 50MG	4	PA LA MO
VERZENIO	4	PA LA
VITRAKVI	4	PA LA
VIZIMPRO	4	PA LA
VOTRIENT	4	PA LA
XALKORI	4	PA LA
XOSPATA	4	PA LA MO
XPOVIO 100 MG ONCE WEEKLY	4	QL (20 EA per 28 days) PA MO
XPOVIO 40 MG ONCE WEEKLY	4	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	4	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	4	QL (12 EA per 28 days) PA MO
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	4	QL (16 EA per 28 days) PA MO
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA MO
YERVOY	4	PA
ZEJULA	4	PA LA MO
ZELBORAF	4	PA LA
ZOLINZA	4	PA
ZYDELIG	4	PA LA
ZYKADIA	4	PA
PROTECTIVE AGENTS		
<i>dexrazoxane</i>	3	
ELITEK	4	
KHAPZORY	4	B/D
<i>leucovorin calcium tabs</i>	2	MO
<i>leucovorin calcium inj</i>	3	
<i>levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml</i>	3	
<i>levoleucovorin inj 50mg</i>	4	
<i>mesna</i>	3	
MESNEX	4	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hcl tabs 10mg, 50mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	1	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>	1	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hcl caps 1mg, 5mg</i>	2	MO
<i>prazosin hydrochloride caps 2mg</i>	2	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST		
COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	3	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 cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 160mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) ST MO
ENTRESTO	2	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
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	3	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	3	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam hydrochloride</i>	2	MO
<i>colestipol hcl</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO
FENOFIBRIC ACID TABS	2	
JUXTAPID	4	PA LA MO
<i>niacin er tbc 1000mg, 750mg</i>	3	MO
<i>niacin er tbc 500mg</i>	3	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	3	MO
<i>niacor</i>	3	MO
<i>omega-3-acid ethyl esters</i>	3	QL (120 EA per 30 days) MO
PRALUENT	2	PA MO
<i>prevalite</i>	3	MO
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg</i>	1	MO
<i>acebutolol hydrochloride caps 400mg</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	1	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	3	QL (60 EA per 30 days) MO
<i>carvedilol phosphate er caps</i>	3	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride tabs</i>	2	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	3	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge 5mg/5ml</i>	3	
<i>metoprolol tartrate vial 5mg/5ml</i>	3	MO
<i>nadolol</i>	3	MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	3	MO
<i>propranolol hcl oral soln, tabs 40mg, 80mg</i>	2	MO
<i>propranolol hcl inj</i>	3	
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	3	MO
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	3	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
BIDIL	3	MO
<i>clonidine hcl weekly patch</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	1	MO
CORLANOR SOLN	3	
CORLANOR TABS	3	MO
DEMSER	4	PA MO
<i>digitek</i>	2	QL (30 EA per 30 days)
<i>digox</i>	2	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	2	MO
<i>digoxin tabs</i>	2	QL (30 EA per 30 days) MO
<i>digoxin inj</i>	3	MO
<i>guanfacine hcl</i>	3	PA MO
<i>hydralazine hcl tabs 10mg</i>	1	MO
<i>hydralazine hcl inj</i>	3	MO
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	MO
<i>methyldopa</i>	3	PA MO
<i>midodrine hcl</i>	3	MO
<i>minoxidil</i>	1	MO
NORTHERA CAPS 200MG, 300MG	4	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	4	QL (90 EA per 30 days) PA LA
<i>ranolazine er</i>	2	MO
NITRATES		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide dinitrate immediate release tabs 40mg</i>	3	MO
<i>isosorbide mononitrate er tabs</i>	1	MO
<i>isosorbide mononitrate immediate release tabs</i>	1	MO
<i>minitran</i>	1	
NITRO-BID	2	MO
NITRO-DUR	3	MO
<i>nitroglycerin lingual spray 0.4mg</i>	3	MO
<i>nitroglycerin patch</i>	1	MO
NITROGLYCERIN INJ	3	
<i>nitroglycerin subl</i>	2	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	4	QL (90 EA per 30 days) PA LA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	4	QL (30 EA per 30 days) PA
<i>bosentan tabs 62.5mg</i>	4	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	4	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	3	B/D LA
OPSUMIT	4	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	4	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	2	QL (90 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (generic adcirca) tabs 20mg</i>	4	PA
TRACLEER	4	QL (120 EA per 30 days) PA
<i>treprostinil</i>	4	PA
VENTAVIS	4	PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tb24 0.5mg, 1mg</i>	3	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	3	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	3	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs 15mg, 30mg</i>	1	MO
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	MO
<i>chlordiazepoxide hcl tabs 10mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hydrochloride tabs 25mg</i>	3	QL (120 EA per 30 days) MO
<i>fluvoxamine maleate er</i>	3	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	2	MO
<i>lorazepam conc</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	3	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO
<i>meprobamate</i>	3	PA MO
<i>oxazepam</i>	3	QL (120 EA per 30 days) MO
ANTI-CONVULSANTS		
APTIOM	4	MO
BANZEL	4	PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN, TABS	4	PA MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
<i>carbamazepine er</i>	3	MO
CELONTIN	3	MO
<i>clobazam tabs</i>	3	PA MO
<i>clobazam susp</i>	4	PA MO
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL (90 EA per 30 days) PA MO
DIAZEPAM RECTAL GEL	3	MO
<i>diazepam tabs</i>	2	QL (120 EA per 30 days) PA MO
<i>diazepam oral conc 5mg/ml</i>	2	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln</i>	3	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	3	QL (240 ML per 30 days) PA MO
DILANTIN	3	MO
DILANTIN INFATABS	3	MO

Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125	3	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	3	MO
<i>divalproex sodium sprinkle caps</i>	2	MO
EPIDIOLEX	4	QL (600 ML per 30 days) PA LA
<i>epitol</i>	3	
<i>ethosuximide caps</i>	2	MO
<i>ethosuximide soln</i>	3	MO
<i>felbamate</i>	3	MO
FINTEPLA	4	QL (360 ML per 30 days) PA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	3	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	3	MO
FYCOMPA SUSP	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	4	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	2	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QL (90 EA per 30 days) MO
<i>lamotrigine chew, tabs</i>	1	MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine odt</i>	3	MO
<i>lamotrigine starter kit/blue</i>	3	MO
<i>lamotrigine starter kit/green</i>	3	MO
<i>lamotrigine starter kit/orange</i>	3	MO
<i>levetiracetam er</i>	3	MO
<i>levetiracetam/sodium chloride</i>	3	
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>levetiracetam inj</i>	3	
NAYZILAM	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	2	MO
<i>oxcarbazepine susp</i>	3	MO
PEGANONE	3	MO
PHENOBARBITAL SODIUM INJ	3	PA
PHENOBARBITAL TABS	3	QL (120 EA per 30 days) PA MO
PHENOBARBITAL ELIX	3	QL (1500 ML per 30 days) PA MO
PHENYTEK	3	MO
<i>phenytoin chew, susp</i>	2	MO
<i>phenytoin sodium er caps</i>	2	MO
<i>phenytoin sodium inj</i>	3	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	2	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>roweepra</i>	1	
<i>roweepra xr</i>	3	
SPRITAM	3	PA MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	3	
<i>subvenite starter kit/green</i>	3	
<i>subvenite starter kit/orange</i>	3	
SYMPAZAN FILM 5MG	3	PA MO
SYMPAZAN FILM 10MG, 20MG	4	PA MO
<i>tiagabine hydrochloride tabs</i>	3	MO
TOPIRAMATE ER	3	MO
<i>topiramate sprinkle caps, tabs</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	3	
<i>valproic acid caps, soln</i>	1	MO
VALTOCO	3	QL (10 EA per 30 days) PA
<i>vigabatrin</i>	4	QL (180 EA per 30 days) PA
<i>vigadrone</i>	3	QL (180 EA per 30 days) PA
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	MO
VIMPAT TABS 50MG	3	MO
VIMPAT TABS 100MG, 150MG, 200MG	4	MO
XCOPRI TABS 150MG	4	
XCOPRI TABS 100MG, 200MG, 50MG	4	MO
XCOPRI TITRATION PACK 12.5MG-25MG	3	MO
XCOPRI MAINTENACE PACK	4	
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	4	MO
<i>zonisamide</i>	1	MO
ANTIDEMENTIA		
<i>donepezil hcl odt tabs 5mg, 10mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	1	QL (60 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	3	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	3	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	2	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	3	PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	2	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO
<i>rivastigmine tartrate caps</i>	3	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	3	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 10mg, 150mg, 25mg, 75mg</i>	2	PA MO
<i>amitriptyline hydrochloride tabs 50mg</i>	2	PA MO
<i>amoxapine</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tabs 100mg</i>	2	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl)</i>	2	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	2	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide soln</i>	2	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>	3	PA MO
<i>desipramine hcl tabs</i>	3	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	2	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 10mg, 50mg, 75mg, 100mg, 150mg, oral conc 10mg/ml</i>	2	PA MO
<i>doxepin hydrochloride caps 25mg</i>	2	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO
EMSAM	4	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	2	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	3	PA MO
FETZIMA CP24 120MG, 80MG	3	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	3	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	3	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	1	MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	1	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	2	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	2	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	2	PA MO
<i>imipramine pamoate</i>	3	PA MO
<i>maprotiline hcl</i>	3	MO
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	1	QL (30 EA per 30 days) MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	3	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	3	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	2	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	3	QL (90 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
PAXIL	3	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	3	PA MO
<i>phenelzine sulfate</i>	2	MO
<i>protriptyline hcl</i>	3	MO
<i>sertraline hcl oral conc</i>	2	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 100mg</i>	1	QL (60 EA per 30 days) MO
<i>tranylcypromine sulfate</i>	3	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	3	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	3	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	3	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	3	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	1	QL (60 EA per 30 days) MO
VIIBRYD	3	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	3	MO
ZOLOFT ORAL CONC	3	QL (300 ML per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tabs</i>	2	MO
<i>amantadine hcl syrp</i>	3	MO
<i>amantadine hcl caps</i>	3	QL (120 EA per 30 days) MO
APOKYN	4	QL (60 ML per 30 days) PA LA
<i>benztropine mesylate inj</i>	1	MO
<i>benztropine mesylate tabs</i>	1	PA MO
<i>bromocriptine mesylate tabs, caps</i>	3	MO
<i>carbidopa tabs</i>	4	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	2	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	3	MO
<i>entacapone</i>	3	MO
NEUPRO	3	MO
<i>pramipexole dihydrochloride er</i>	3	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	1	MO
<i>rasagiline mesylate</i>	2	MO
<i>ropinirole er tb24 6mg</i>	3	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	3	QL (150 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole er tb24 2mg</i>	3	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	3	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	3	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	1	MO
<i>selegiline hcl tabs, caps</i>	1	MO
<i>trihexyphenidyl hcl oral soln</i>	1	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	1	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	3	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	3	QL (900 ML per 30 days) MO
ARISTADA INITIO	4	
ARISTADA INJ 441MG/1.6ML	4	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	4	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	4	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 56 days)
CAPLYTA	4	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	3	MO
CHLORPROMAZINE HCL INJ 50MG/2ML	3	
CHLORPROMAZINE HCL INJ 25MG/ML	3	MO
CLOZAPINE ODT TBDP 200MG	3	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	3	QL (180 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	3	PA
<i>clozapine odt tbdp 100mg</i>	3	QL (270 EA per 30 days) PA
<i>clozapine tabs</i>	2	
FANAPT TITRATION PACK	3	PA MO
FANAPT TABS 1MG	3	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	4	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	3	MO
<i>fluphenazine hcl oral conc, tabs</i>	1	MO
<i>fluphenazine hcl inj</i>	3	MO
<i>fluphenazine hydrochloride oral elixir</i>	1	MO
GEODON	3	QL (6 EA per 3 days) MO
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate inj</i>	3	MO
<i>haloperidol lactate inj</i>	3	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	4	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	4	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	4	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	4	QL (1.75 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJ 819MG/2.625ML	4	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	4	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	2	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	2	MO
<i>molindone hydrochloride</i>	2	
NUPLAZID	4	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	3	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	2	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg</i>	3	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 9mg</i>	4	QL (30 EA per 30 days) MO
<i>perphenazine</i>	3	MO
PERSERIS	4	QL (1 EA per 30 days)
<i>pimozide</i>	3	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	3	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	2	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	2	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	2	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	4	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	3	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	1	MO
<i>risperidone tabs 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
SAPHRIS	4	QL (60 EA per 30 days) MO
SECUADO	4	QL (30 EA per 30 days)
<i>thioridazine hcl tabs</i>	2	PA MO
<i>thiothixene</i>	3	MO
<i>trifluoperazine hcl</i>	3	MO
VERSACLOZ	4	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	3	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	4	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl caps</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	3	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	3	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	4	QL (2 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine er cp24</i>	3	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	2	QL (90 EA per 30 days) MO
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	3	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	3	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	3	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	3	QL (1800 ML per 30 days) MO
<i>guanfacine er</i>	2	QL (30 EA per 30 days) PA MO
<i>metadate er</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 20mg, 50mg, 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic ritalin la) 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 10mg, 15mg, 50mg, 60mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	3	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 30mg, 40mg</i>	3	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs 5mg, 10mg, 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	3	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride oral soln 5mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride oral soln 10mg/5ml</i>	3	QL (900 ML per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
<i>zenzedi</i>	3	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	3	QL (30 EA per 30 days) PA MO
HETLIOZ	4	PA LA MO
<i>temazepam</i>	3	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	3	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs</i>	1	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate subl</i>	3	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA
<i>almotriptan malate</i>	3	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	3	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	2	MO
<i>frovatriptan succinate</i>	3	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	3	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	3	QL (9 EA per 30 days) MO
<i>zolmitriptan odt</i>	3	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	3	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	4	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	4	QL (60 EA per 30 days) PA LA
GUANIDINE HCL	3	
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er</i>	3	MO
LITHIUM ORAL SOLN	3	MO
LYRICA CR	2	QL (60 EA per 30 days) PA MO
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide</i>	2	MO
<i>pyridostigmine bromide er</i>	2	MO
<i>riluzole</i>	2	MO
<i>tetrabenazine tabs 25mg</i>	4	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	4	QL (90 EA per 30 days) PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON	4	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	4	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	4	PA
GILENYA CAPS 0.5MG	4	QL (28 EA per 28 days) PA
REBIF	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	4	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	4	QL (8.4 ML per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	2	MO
CHLORZOXAZONE TABS 250MG	2	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	3	MO
<i>tizanidine hcl</i>	1	MO
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	2	QL (60 EA per 30 days) PA MO
XYREM	4	QL (540 ML per 30 days) PA LA MO
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	3	MO
<i>buprenorphine hcl</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO
CHANTIX	3	PA MO
CHANTIX CONTINUING MONTH PAK	3	PA MO
CHANTIX STARTING MONTH PAK	3	PA MO
<i>disulfiram tabs</i>	3	MO
<i>naloxone hcl cartridge 0.4mg/ml</i>	1	
<i>naloxone hcl inj 4mg/10ml</i>	1	MO
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	MO
<i>naltrexone hcl tabs</i>	2	MO
NARCAN	2	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL SPRAY	3	MO
VIVITROL	4	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	4	PA MO
ANDRODERM	3	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	3	PA MO
<i>testosterone enanthate inj</i>	3	PA MO
<i>testosterone pump gel 1% (12.5mg/act)</i>	2	QL (300 GM per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	2	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	2	QL (300 GM per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone topical soln 30mg/act</i>	2	QL (180 ML per 30 days) PA MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	MO
BASAGLAR KWIKPEN	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	MO
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
SOLIQUA 100/33	2	QL (30 ML per 30 days) MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) MO
BYDUREON PEN	2	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	3	QL (1.2 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 30 days) MO
FARXIGA	2	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	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	2	QL (60 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	2	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>	3	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>	3	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)	2	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE)	2	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
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG	2	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) MO
VICTOZA	2	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral soln</i>	1	MO
<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</i>	2	MO
FORTEO	4	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	3	QL (3 ML per 90 days) MO
NATPARA	4	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	3	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	3	
PROLIA	3	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	3	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	3	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	3	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	3	QL (30 EA per 30 days) MO
TYMLOS	4	PA
XGEVA	4	PA
ZOLEDRONIC ACID INJ 4MG/100ML	3	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	3	
CHELATING AGENTS		
CHEMET	4	MO
<i>clovique</i>	4	PA
<i>deferasirox</i>	4	PA
<i>kionex</i>	2	
LOKELMA	2	MO
<i>penicillamine tabs</i>	4	MO
<i>sodium polystyrene sulfonate rectal susp</i>	2	
<i>sodium polystyrene sulfonate powd, oral susp</i>	2	MO
<i>sps oral susp 15gm/60ml</i>	2	MO
<i>trientine hydrochloride</i>	4	PA MO
VELTASSA PACK 16.8GM, 25.2GM	3	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	3	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	

2021 GRP B2 4 Tier

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
AMETHIA LO	2	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	2	MO
CAMRESE	2	
CAMRESE LO	2	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	MO
<i>deblitane</i>	2	
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elinest</i>	1	
<i>eluryng</i>	3	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	2	MO
<i>estarylla</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
ETONOGESTREL/ETHINYL ESTRADIOL	3	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
GIANVI	2	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i>	2	
JOLESSA	2	
JOLIVETTE	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
LEENA	2	MO
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyza</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tulana</i>	2	
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>zarah</i>	1	
<i>zovia 1/35e</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol caps</i>	3	MO
SYNAREL	4	MO
ESTROGENS		
<i>amabelz</i>	2	MO
DELESTROGEN INJ 10MG/ML	3	MO
<i>dotti</i>	2	QL (8 EA per 28 days)
DUAVEE	3	MO
<i>estradiol valerate inj</i>	3	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	2	MO
<i>estradiol oral tabs, vaginal tabs</i>	2	MO
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	2	QL (8 EA per 28 days) MO
<i>estradiol vaginal crea</i>	3	MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO
<i>jinteli</i>	2	
LOPREEZA	2	
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
PREMARIN	3	MO
PREMPRO	3	MO
<i>yuvafem</i>	2	

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>cortisone acetate tabs</i>	2	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	3	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	1	MO
<i>fludrocortisone acetate tabs</i>	1	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone acetate inj</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate inj 125mg, 1000mg, 40mg</i>	3	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	3	B/D
<i>methylprednisolone tabs</i>	1	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	1	B/D MO
<i>prednisolone sodium phosphate odt</i>	3	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISON INTENSOL	3	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
SOLU-CORTEF INJ 1000MG	3	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	3	MO
<i>triamcinolone acetate inj 40mg/ml</i>	3	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	3	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS	2	MO
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	3	
ALDURAZYME	4	PA LA
<i>cabergoline</i>	2	MO
CARBAGLU	4	PA LA MO
CERDELGA	4	PA
CEREZYME	4	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	3	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	4	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	4	QL (60 EA per 30 days)
CYSTADANE	4	LA MO
CYSTAGON	3	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	2	MO
<i>desmopressin acetate inj</i>	3	MO
FABRAZYME	4	PA LA
<i>fomepizole</i>	4	
GENOTROPIN	4	PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
INCRELEX	4	PA LA
KORLYM	4	PA LA MO
KUVAN	4	PA LA
LEVOCARNITINE TABS	3	MO
<i>levocarnitine soln</i>	3	MO
LUMIZYME	4	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	4	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	4	PA
<i>methergine</i>	3	
<i>methyletergonovine maleate tabs</i>	3	MO
<i>miglustat</i>	4	PA
NAGLAZYME	4	PA LA
<i>nitisinone</i>	4	PA MO
NITYR	4	PA LA MO
<i>octreotide acetate</i>	3	PA
ORFADIN	4	PA LA MO
<i>raloxifene hydrochloride</i>	2	MO
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	PA LA MO
<i>sodium phenylbutyrate tabs, oral powder</i>	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT INJ	4	PA LA
STIMATE	4	
PHOSPHATE BINDER AGENTS		
AURYXIA	4	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps, tabs 667mg</i>	2	QL (360 EA per 30 days) MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate susp 40mg/ml</i>	2	MO
<i>megestrol acetate susp 625mg/5ml</i>	3	MO
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>progesterone caps</i>	2	MO
<i>progesterone inj</i>	3	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	3	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	3	MO
LEVOXYL	2	MO
<i>liothyronine sodium tabs</i>	2	MO
<i>liothyronine sodium inj</i>	4	
<i>methimazole tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tabs</i>	2	MO
SYNTHROID	3	MO
UNITHROID	2	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	3	
<i>calcitriol oral soln 1mcg/ml</i>	3	MO
<i>doxercalciferol</i>	3	
<i>paricalcitol</i>	3	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	3	B/D MO
<i>compro</i>	1	MO
DIMENHYDRINATE INJ	3	
<i>dronabinol</i>	3	QL (60 EA per 30 days) PA MO
EMEND	3	B/D MO
<i>granisetron hcl</i>	2	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	1	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	3	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	2	MO
<i>metoclopramide odt tbdp 5mg</i>	2	MO
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hcl oral soln</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D MO
<i>ondansetron hydrochloride inj</i>	3	MO
<i>ondansetron odt</i>	2	B/D MO
<i>phenadoz supp 25mg</i>	3	PA
<i>phenadoz supp 12.5mg</i>	3	PA MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	3	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	3	MO
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine supp</i>	1	MO
<i>promethazine hcl plain syrpf 6.25mg/5ml</i>	3	PA MO
<i>promethazine hcl tabs 12.5mg</i>	1	PA MO
<i>promethazine hcl inj, supp</i>	3	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	3	PA
<i>promethegan supp 50mg</i>	3	PA MO
SANCUSO	4	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	3	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	2	MO
<i>dicyclomine hydrochloride caps, tabs</i>	1	MO
<i>dicyclomine hydrochloride inj</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	3	
<i>glycopyrrolate inj 1mg/5ml, 4mg/20ml</i>	3	MO
<i>methscopolamine bromide tabs</i>	3	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral soln</i>	3	MO
<i>cimetidine tabs</i>	3	MO
<i>famotidine premixed inj 20mg/50ml</i>	3	
<i>famotidine tabs</i>	1	MO
<i>famotidine oral susp</i>	2	MO
<i>famotidine inj</i>	3	
<i>nizatidine</i>	3	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	MO
<i>budesonide er tab 9mg</i>	4	MO
<i>budesonide cpep 3mg</i>	3	MO
<i>colocort</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	MO
<i>mesalamine dr caps, tabs</i>	3	MO
<i>mesalamine kit, supp</i>	3	MO
<i>mesalamine enem</i>	3	QL (1680 ML per 28 days) MO
SULFASALAZINE TBEC	2	MO
<i>sulfasalazine tabs</i>	2	MO
LAXATIVES		
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	1	
GOLYTELY	2	MO
<i>lactulose</i>	1	MO
NULYTELY/FLAVOR PACKS	2	MO
OSMOPREP	3	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hydrochloride</i>	4	QL (60 EA per 30 days) PA MO
CARAFATE	3	MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	3	MO
<i>diphenoxylate/atropine</i>	2	MO
GATTEX	4	PA LA
<i>lansoprazole/amoxicillin/clarithromycin</i>	3	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl caps</i>	2	MO
<i>misoprostol tabs</i>	2	MO
MOVANTIK TABS 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	2	QL (60 EA per 30 days) MO
RELISTOR	4	PA MO
SUCRALFATE SUSP	3	MO
<i>sucralfate tabs</i>	1	MO
<i>ursodiol caps</i>	2	MO
<i>ursodiol tabs</i>	3	MO
XIFAXAN TABS 550MG	4	PA MO
PANCREATIC ENZYMES		
CREON	2	MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
DEXILANT	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole dr caps, odt</i>	3	QL (30 EA per 30 days) MO
<i>omeprazole caps</i>	1	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>	3	
<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>	3	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	3	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	3	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	2	MO
<i>bethanechol chloride</i>	2	MO
ELMIRON	3	MO
<i>flavoxate hcl</i>	3	MO
<i>potassium citrate er</i>	3	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	3	QL (30 EA per 30 days) MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syr</i>	1	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	3	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	3	QL (60 EA per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er</i>	3	QL (30 EA per 30 days) ST MO
TOVIAZ	3	QL (30 EA per 30 days) MO
<i>tropium chloride</i>	1	QL (60 EA per 30 days) MO
<i>tropium chloride er</i>	1	QL (30 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate crea 2%</i>	3	MO
<i>metronidazole vaginal</i>	3	MO
<i>miconazole 3</i>	3	MO
<i>terconazole crea</i>	2	MO
<i>terconazole supp</i>	3	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	3	MO
<i>fondaparinux sodium</i>	3	MO
FRAGMIN	3	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	3	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	2	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	2	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
PRADAXA	3	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
ZARXIO	4	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	2	MO
<i>cilostazol</i>	1	MO
DROXIA	2	MO
ENDARI	4	PA LA MO
HAEGARDA INJ 3000UNIT	4	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	4	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	4	QL (27 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline er</i>	1	MO
PROMACTA POWDER PACK 25MG	4	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	4	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	4	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	4	QL (60 EA per 30 days) PA LA
<i>tranexamic acid tabs</i>	2	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole</i>	2	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	3	PA MO
<i>prasugrel</i>	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI	4	QL (8 ML per 28 days) PA
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	4	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	4	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	4	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA
HUMIRA PEN	4	QL (6 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER	4	PA
HUMIRA PEN-PS/UV STARTER	4	PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	4	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA
RENFLEXIS	4	PA
RINVOQ	4	QL (30 EA per 30 days) PA
SKYRIZI	4	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	4	QL (1 ML per 28 days) PA
TALTZ	4	QL (3 ML per 28 days) PA
XELJANZ	4	QL (60 EA per 30 days) PA
XELJANZ XR	4	QL (30 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i>	2	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
BIVIGAM	4	PA
FLEBOGAMMA DIF INJ 5% (5GM/100ML)	3	PA

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INJ 5% (0.5GM/10ML, 10GM/200ML, 2.5GM/50ML, 20GM/400ML), 10% (10GM/100ML, 20GM/200ML, 5GM/50ML)	4	PA
GAMASTAN	2	B/D
GAMMAGARD LIQUID	4	PA
GAMMAGARD S/D INJ 5GM, 10GM	4	PA
GAMMAKED	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
OCTAGAM	4	PA
PANZYGA	4	PA
PRIVIGEN	4	PA
IMMUNOMODULATORS		
ACTIMMUNE	4	PA LA
ARCALYST	4	PA
INTRON A INJ 10MU	3	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	4	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	3	B/D
<i>azathioprine tabs</i>	2	B/D MO
BENLYSTA	4	PA
<i>cyclosporine</i>	2	B/D MO
<i>cyclosporine modified caps, soln</i>	2	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	4	B/D MO
<i>engraf caps</i>	2	B/D
<i>engraf soln</i>	2	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	2	B/D MO
<i>mycophenolate mofetil inj</i>	3	B/D
<i>mycophenolate mofetil oral susp</i>	4	B/D MO
<i>mycophenolic acid dr</i>	3	B/D MO
NULOJIX	4	B/D
PROGRAF GRANULES	3	B/D MO
SANDIMMUNE	2	B/D MO
<i>sirolimus tabs</i>	3	B/D MO
<i>sirolimus soln</i>	4	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	B/D MO
ZORTRESS	4	B/D MO
VACCINES		
ACTHIB	2	
ADACEL	2	
BCG VACCINE	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	B/D

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	QL (2 EA per 999 days)
TDVAX	2	B/D
TENIVAC	2	B/D
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 EA per 999 days)
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 2.5%/NACL 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.2%	3	
DEXTROSE 5%/NACL 0.225%	3	
DEXTROSE 5%/NACL 0.3%	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
DEXTROSE 5%/NACL 0.9%	3	MO
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	

Drug Name	Drug Tier	Requirements/Limits
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.225%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers viaflex inj</i>	3	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	3	
NORMOSOL-M IN D5W	3	
NORMOSOL-R INJ PH 7.4	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	3	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride inj 2meq/ml</i>	3	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJ 7.5%	3	MO
<i>sodium bicarbonate inj 4.2%</i>	3	
<i>sodium bicarbonate inj 8.4%</i>	3	MO
SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	3	MO
<i>sodium chloride inj 0.45%</i>	3	
<i>sodium chloride inj 0.9% (flex cont), 3%</i>	3	MO
TPN ELECTROLYTES	3	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
ADC/FLUORIDE	3	MO
EFFER-K TAB 25MEQ	2	MO
EFFERVESCENT POTASSIUM FLUORIDE	2	MO
FLUORITAB	3	MO
FLUORITAB	3	
KLOR-CON 10	2	
KLOR-CON 8	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con pow 20meq</i>	2	
KLOR-CON/EF	2	MO

Drug Name	Drug Tier	Requirements/Limits
LUDENT	3	MO
M-NATAL PLUS	2	MO
MULTI VITAMIN/FLUORIDE	3	MO
MULTI-VITAMIN/FLUORIDE DROPS	3	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	3	MO
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	3	
MULTIVITAMIN/FLUORIDE CHEW 60MG; 400UNIT; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0; 0.25MG; 1.05MG; 15UNIT; 2500UNIT	3	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
POLY-VITAMIN/FLUORIDE	3	
<i>potassium chloride cr</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride sr</i>	1	MO
<i>potassium chloride pack 20meq</i>	2	MO
<i>potassium chloride oral soln 10%, 20%</i>	3	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
PRENATAL VITAMINS PLUS LOW IRON	2	MO
PREPLUS	2	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	3	MO
SODIUM FLUORIDE SOLN 0.5MG/ML	3	MO
TRI-VITE/FLUORIDE	3	MO
TRICARE PRENATAL TABS	2	MO
VOL-PLUS	2	MO
VP-PNV-DHA	2	MO
IV NUTRITION		
AMINOSYN II INJ 10%	3	B/D
AMINOSYN-PF 10%	3	B/D
AMINOSYN-PF 7%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
<i>clinisol sf 15%</i>	3	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
HEPATAMINE	3	B/D
NEPHRAMINE	3	B/D

Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID	2	B/D
<i>plenamine</i>	3	B/D
PREMASOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE 10 %	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
BLEPHAMIDE S.O.P. OINT	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	3	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX	2	MO
TOBRADEX ST	2	MO
<i>tobramycin/dexamethasone ophthalmic susp</i>	3	MO
ZYLET	2	MO
ANTI-INFECTIVES		
AZASITE	3	MO
<i>bacitracin</i>	2	MO
<i>bacitracin/polymyxin ophthalmic oint</i>	1	MO
BESIVANCE	2	MO
CILOXAN	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	3	QL (20 ML per 30 days) MO
<i>gentak</i>	1	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	2	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	2	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin topical ointment</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	QL (60 ML per 30 days) MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sodium sulfacetamide ophthalmic soln</i>	2	QL (90 ML per 30 days) MO
<i>sulfacetamide sodium oint 10%</i>	3	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
ZIRGAN	3	MO

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ALREX	2	MO
<i>bromfenac</i>	3	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	MO
<i>diclofenac sodium soln 0.1%</i>	1	QL (10 ML per 30 days) MO
DUREZOL	2	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	1	MO
ILEVRO	2	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	MO
LOTEMAX	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	2	MO
<i>prednisolone acetate ophthalmic soln</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
<i>azelastine hcl nasal soln 0.15% (137mcg/spray) ophthalmic soln 0.05%</i>	2	MO
BEPREVE	2	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
LASTACAFT	3	MO
<i>olopatadine hcl ophthalmic soln 0.2%</i>	2	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	3	MO
PAZEO	2	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	2	MO
AZOPT	2	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETOPTIC-S	2	MO
BRIMONIDINE TARTRATE SOLN 0.15%	2	MO
<i>brimonidine tartrate soln 0.2%</i>	2	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic soln</i>	3	MO
RHOPRESSA	2	MO
SIMBRINZA	2	MO

Drug Name	Drug Tier	Requirements/Limits
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	3	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	2	MO
<i>travoprost</i>	2	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLN 1%	2	MO
CYSTARAN	4	PA LA MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal soln 0.15% (137mcg/spray) nasal soln 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.15% (205.5mcg/spray)</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	3	PA MO
CARBINOXAMINE MALEATE TABS 6MG	4	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	3	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	3	QL (300 ML per 30 days) MO
<i>clemastine fumarate tab 2.68mg</i>	2	PA MO
<i>cyproheptadine hcl syrp 2mg/5ml</i>	3	PA MO
<i>cyproheptadine hydrochloride tab 4mg</i>	3	PA MO
<i>desloratadine</i>	3	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	3	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	3	PA MO
<i>hydroxyzine hcl inj, syrp</i>	3	PA MO
<i>hydroxyzine hydrochloride tabs</i>	3	PA MO
<i>hydroxyzine pamoate</i>	3	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	2	MO
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate er tabs</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	1	B/D MO
<i>albuterol sulfate syrup</i>	1	MO
<i>albuterol sulfate tabs</i>	2	MO
<i>levalbuterol hcl neb 1.25mg/0.5ml</i>	3	B/D MO
<i>levalbuterol hydrochloride nebu 0.3 1mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	3	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
<i>metaproterenol sulfate</i>	1	
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	3	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium pack</i>	2	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	3	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D MO
<i>aminophylline</i>	3	
ARALAST NP	4	PA LA
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
DALIRESP	3	MO
<i>epinephrine hcl inj soln</i>	2	QL (2 EA per 30 days) MO
EIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
ESBRIET	4	PA
FASENRA	4	QL (1 ML per 28 days) PA
FASENRA PEN	4	QL (1 ML per 28 days) PA
KALYDECO	4	PA MO
OFEV	4	PA
ORKAMBI	4	PA MO
PROLASTIN-C	4	PA LA MO
PULMOZYME	4	PA
SYMDEKO TBPK 75MG; 50MG	4	PA
SYMDEKO TBPK 150MG; 100MG	4	PA LA
THEO-24	3	MO
<i>theophylline er</i>	2	MO
<i>theophylline soln 80 mg/15ml</i>	2	MO
XOLAIR	4	PA LA
ZEMAIRA	4	PA LA
NASAL STEROIDS		
<i>flunisolide</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days) MO
STEROID INHALANTS		

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	2	QL (60 EA per 30 days) MO
ADVAIR HFA	2	QL (12 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
SYMBICORT	2	QL (10.2 GM per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>amnesteem</i>	3	PA
AVITA CREA	3	QL (45 GM per 30 days) PA
AVITA GEL	3	QL (45 GM per 30 days) PA MO
<i>claravis</i>	3	PA
<i>clindacin etz pledgets</i>	2	MO
<i>clindacin-p pad 1%</i>	2	MO
<i>clindamycin phosphate/benzoyl peroxide</i>	3	MO
<i>clindamycin phosphate foam 1%</i>	3	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 5%;1%</i>	3	MO
<i>dapsone gel 5%, 7.5%</i>	3	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	3	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	3	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	1	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	3	PA
<i>myorisan</i>	3	PA
<i>neuac gel</i>	3	MO
<i>sulfacetamide sodium lotn 10%</i>	2	MO
TRETINOIN MICROSPHERE GEL	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	3	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	3	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	2	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	2	QL (60 GM per 30 days) MO
<i>mafenide acetate</i>	3	MO
<i>mupirocin oint</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	3	QL (30 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
SILVER SULFADIAZINE	2	MO
SSD	2	
SULFAMYLON CREA	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	3	QL (85 GM per 30 days) MO
ERTACZO	4	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	3	QL (100 GM per 30 days) MO
<i>naftifine hcl crea 1%</i>	3	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride crea 2%</i>	3	QL (60 GM per 30 days) MO
<i>nyamyc</i>	2	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	3	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	3	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA MO
<i>calcipotriene crea, oint</i>	3	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	3	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	3	QL (100 GM per 30 days) MO
<i>methoxsalen</i>	4	MO
<i>tazarotene crea 0.1%</i>	2	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	1	QL (120 ML per 30 days) MO
<i>selenium sulfide</i>	1	MO
DERMATOLOGY, CORTICOSTEROIDS		
<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>	3	MO
<i>augmented betamethasone dipropionate crea</i>	2	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	3	MO
<i>besser lotn 0.05%</i>	3	QL (120 ML per 30 days)
<i>betamethasone dipropionate lotn</i>	2	MO
<i>betamethasone dipropionate crea, oint</i>	3	MO
<i>betamethasone valerate crea, lotn, oint</i>	2	MO
<i>betamethasone valerate foam</i>	3	MO
<i>calcipotriene/betamethasone dipropionate</i>	3	QL (400 GM per 30 days) PA MO
<i>clobetasol propionate emollient foam</i>	3	QL (100 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emollient crea</i>	3	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	3	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	3	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	3	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	3	QL (60 GM per 30 days) MO
<i>clodan shampoo</i>	3	QL (118 ML per 30 days)
<i>desonide lotn</i>	3	QL (118 ML per 30 days) MO
<i>desonide crea, oint</i>	3	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	3	QL (100 GM per 30 days) MO
<i>desoximetasone gel</i>	3	QL (60 GM per 30 days) MO
<i>diflorasone diacetate</i>	3	QL (60 GM per 30 days) MO
ENSTILAR	3	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body oil</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	3	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide topical soln 0.01%</i>	3	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide crea</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	3	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	3	QL (60 ML per 30 days) MO
<i>flurandrenolide cream</i>	3	QL (120 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	3	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	2	MO
<i>halobetasol propionate crea, oint</i>	3	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	3	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	3	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	3	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate crea, oint</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone (generic Ala-Cort) crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	QL (90 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	2	MO
<i>mometasone furoate oint 0.1%</i>	2	MO
<i>mometasone furoate soln 0.1%</i>	2	MO
<i>nolix cream</i>	3	QL (120 GM per 30 days) MO
PREDNICARBATE CREA	3	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	3	QL (60 GM per 30 days) MO
TEXACORT	3	MO
<i>tovet foam</i>	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	3	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide crea 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triderm crea 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	QL (454 GM per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external soln 4%</i>	3	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	3	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	2	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	3	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	3	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	2	MO
<i>azelaic acid</i>	3	QL (50 GM per 30 days) MO
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	3	QL (30 EA per 30 days) PA MO
FINACEA FOAM	3	QL (50 GM per 30 days) MO
FLUOROURACIL CREA 0.5%	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	3	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	3	QL (10 ML per 30 days) MO
<i>hydrocortisone (generic Proctosol HC) crea 2.5%</i>	3	MO
<i>imiquimod</i>	2	QL (24 EA per 30 days) MO
IMIQUIMOD PUMP	4	QL (7.5 GM per 30 days) MO
<i>metronidazole crea 0.75%</i>	3	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	3	MO
<i>metronidazole lotn 0.75%</i>	3	MO
NORITATE	4	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	4	QL (60 GM per 30 days)
PENNSAID	4	QL (224 GM per 28 days) PA MO
PICATO GEL 0.05%	4	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	4	QL (3 EA per 30 days) MO
<i>podofilox</i>	3	MO
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	MO
<i>proctosol hc</i>	3	MO
<i>proctozone-hc</i>	3	
RECTIV	3	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	3	QL (45 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	3	QL (60 GM per 30 days) MO
TARGRETIN	4	QL (60 GM per 30 days) PA
VALCHLOR	4	QL (60 GM per 30 days) PA LA MO
ZYCLARA PUMP 2.5%	4	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		

Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	2	MO
<i>permethrin</i>	3	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX	4	QL (30 GM per 30 days) PA MO
SANTYL	3	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	2	MO
STERILE WATER IRRIGATION PLASTIC BOTTLE	2	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	3	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
CLINPRO 5000	3	MO
<i>clotrimazole troc 10mg</i>	2	MO
DENTAGEL	3	QL (56 GM per 30 days) MO
FLUORIDEX	3	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	3	
<i>lidocaine viscous</i>	3	MO
<i>nystatin susp 100000unit/ml</i>	3	MO
<i>oralone dental paste</i>	3	
<i>paroex oral soln</i>	1	
<i>periogard oral soln</i>	1	
<i>pilocarpine hydrochloride tabs</i>	3	MO
SF GEL	3	QL (56 GM per 30 days) MO
SODIUM FLUORIDE GEL 1.1%	3	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	3	MO
OTIC		
<i>acetic acid otic soln</i>	2	MO
CIPRO HC OTIC SUSP	3	MO
CIPRODEX	2	MO
CIPROFLOXACIN OTIC SOLN 0.2%	2	MO
<i>flac otic oil</i>	3	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	3	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin otic soln 0.3%</i>	3	MO

Index

<i>abacavir</i>	5, 6	ALDURAZYME	38
<i>abacavir sulfate/lamivudine</i>	6	ALECENSA	13
<i>abacavir sulfate/lamivudine/zidovudine</i>	6	<i>alendronate sodium</i>	33
ABELCET	4	<i>alfuzosin hcl er</i>	42
ABILIFY MAINTENA	26	ALIMTA	11
<i>abiraterone acetate</i>	11	ALINIA	3
ABRAXANE	12	<i>aliskiren</i>	20
<i>acamprosate calcium dr</i>	30	<i>allopurinol</i>	1
<i>acarbose</i>	31	<i>almotriptan malate</i>	29
<i>acebutolol hcl</i>	18	<i>alosetron hydrochloride</i>	41
<i>acebutolol hydrochloride</i>	18	ALPHAGAN P	50
<i>acetaminophen/codeine soln</i>	2	<i>alprazolam</i>	21
<i>acetaminophen/codeine tabs</i>	2	<i>alprazolam er</i>	21
<i>acetazolamide</i>	19	ALPRAZOLAM INTENSOL	21
<i>acetazolamide er</i>	19	ALREX	50
<i>acetic acid</i>	57	<i>altavera</i>	33
ACETIC ACID 0.25%	42	ALUNBRIG	13
<i>acetylcysteine</i>	38, 52	<i>alyacen 1/35</i>	33
<i>acitretin</i>	54	<i>alyacen 7/7/7</i>	34
ACTHIB	45	<i>alyq</i>	20
ACTIMMUNE	45	<i>amabelz</i>	37
<i>acyclovir</i>	7, 56	<i>amantadine hcl</i>	25
<i>acyclovir sodium</i>	7	AMBISOME	4
ADACEL	45	<i>ambrisentan</i>	20
ADC/FLUORIDE	47	<i>amethia</i>	34
<i>adefovir dipivoxil</i>	7	AMETHIA LO	34
ADEMPAS	20	<i>amethyst</i>	34
<i>adrucil</i>	11	<i>amikacin sulfate</i>	3
ADVAIR DISKUS	53	<i>amiloride hcl</i>	19
ADVAIR HFA	53	<i>amiloride/hydrochlorothiazide</i>	19
<i>afeditab cr</i>	19	<i>aminophylline</i>	52
AFINITOR	13	AMINOSYN II	48
AFINITOR DISPERZ	13	AMINOSYN-PF	48
<i>afirmelle</i>	33	<i>amiodarone hcl</i>	17
AIMOVIG	29	<i>amiodarone hydrochloride</i>	17
<i>ala-cort</i>	54	<i>amitriptyline hcl</i>	23
<i>albendazole</i>	3	<i>amitriptyline hydrochloride</i>	23
<i>albuterol sulfate</i>	52	<i>amlodipine besylate</i>	15, 16, 19, 20
<i>albuterol sulfate er</i>	51	<i>amlodipine besylate/atorvastatin calcium</i>	20
<i>albuterol sulfate hfa</i>	52	<i>amlodipine besylate/benazepril hydrochloride</i>	15
<i>alclometasone dipropionate</i>	54	<i>amlodipine besylate/valsartan</i>	16

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>amlodipine/olmesartan medoxomil</i>	16	ATRIPLA	6
<i>amlodipine/valsartan/hctz</i>	16	ATROPINE SULFATE	51
<i>amlodipine/valsartan/hydrochlorothiazide</i>	16	ATROVENT HFA	51
<i>ammonium lactate</i>	56	<i>aubra</i>	34
<i>amnesteem</i>	53	<i>aubra eq</i>	34
<i>amoxapine</i>	23	<i>augmented betamethasone dipropionate</i>	54
<i>amoxicillin</i>	9	<i>aurovela 1.5/30</i>	34
<i>amoxicillin/clavulanate potassium</i>	9	<i>aurovela 24 fe</i>	34
<i>amoxicillin/clavulanate potassium er</i>	9	<i>aurovela fe 1.5/30</i>	34
<i>amphetamine/dextroamphetamine</i>	28	<i>aurovela fe 1/20</i>	34
<i>amphetamine/dextroamphetamine er</i>	28	AURYXIA	39
<i>amphotericin b</i>	4	AUSTEDO	29
<i>ampicillin</i>	9	AVASTIN	13
<i>ampicillin sodium</i>	9	<i>aviane</i>	34
<i>ampicillin-sulbactam</i>	9	AVITA	53
ANADROL-50	30	<i>ayuna</i>	34
<i>anagrelide hydrochloride</i>	43	AYVAKIT	13
<i>anastrozole</i>	11	<i>azacitidine</i>	11
ANDRODERM	30	AZASITE	49
ANORO ELLIPTA	51	azathioprine	45
APOKYN	25	<i>azelaic acid</i>	56
<i>aprepitant</i>	40	<i>azelastine hcl</i>	50, 51
<i>apri</i>	34	<i>azelastine hydrochloride</i>	51
APTIOM	21	<i>azithromycin</i>	9
APTIVUS	5	AZITHROMYCIN PACK	9
ARALAST NP	52	AZOPT	50
<i>aranelle</i>	34	<i>aztreonam</i>	3
ARCALYST	45	<i>azurette</i>	34
<i>aripiprazole odt</i>	26	<i>bacitracin</i>	49
<i>aripiprazole soln</i>	26	<i>bacitracin/polymyxin</i>	49
<i>aripiprazole tabs</i>	26	<i>baclofen</i>	30
ARISTADA	26	<i>balsalazide disodium</i>	41
ARISTADA INITIO	26	BALVERSA	13
<i>armodafinil</i>	30	<i>balziva</i>	34
ARNUITY ELLIPTA	53	BANZEL	21
<i>arsenic trioxide</i>	12	BARACLUDE	7
<i>ashlyna</i>	34	BASAGLAR KWIKPEN	31
<i>aspirin/dipyridamole</i>	44	BCG	45
<i>atazanavir sulfate</i>	5	BD ALCOHOL SWABS	31
<i>atenolol</i>	18	BD/ULTIMED/ALLISON/TRIVIDIA/MHC	
<i>atenolol/chlorthalidone</i>	18	INSULIN SYRINGE ULTRA-FINE/1ML/31G	
<i>atomoxetine</i>	28	X 5/16	31
<i>atorvastatin calcium</i>	17	BD/ULTIMED/ALLISON/TRIVIDIA/MHC	
<i>atovaquone</i>	3, 5	INSULIN SYRINGE	
<i>atovaquone/proguanil hcl</i>	5	SAFETYGLIDE/1ML/29G X 1/2	31

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

BD/ULTIMED/ALLISON/TRIVIDIA/MHC		BOSULIF	13
INSULIN SYRINGE ULTRA-		BRAFTOVI	13
AFINE/0.3ML/31G X 6MM	31	BREO ELLIPTA	53
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		<i>briellyn</i>	34
INSULIN SYRINGE ULTRAFINE		BRILINTA	44
II/0.3ML/31G X 5/16	31	<i>brimonidine tartrate</i>	50
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		BRIMONIDINE TARTRATE	50
INSULIN SYRINGE ULTRA-		BRIVIACT	21
FINE/0.5ML/30G X 1/2	31	<i>bromfenac</i>	50
<i>bekyree</i>	34	<i>bromocriptine mesylate</i>	25
BELEODAQ	13	BROMSITE	50
BELSOMRA	28	BRUKINSA	13
<i>benazepril hcl</i>	16	<i>budesonide</i>	41, 53
<i>benazepril hcl/hydrochlorothiazide</i>	15	<i>budesonide er</i>	41
<i>benazepril hydrochloride</i>	16	<i>bumetanide</i>	19
BENDEKA	10	<i>buprenorphine</i>	1
BENLYSTA	45	<i>buprenorphine hcl</i>	30
<i>benztropine mesylate</i>	25	<i>buprenorphine hcl/naloxone hcl</i>	30
BEPREVE	50	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	30
<i>beser</i>	54	<i>bupropion hcl</i>	24
BESIVANCE	49	<i>bupropion hydrochloride</i>	24
<i>betamethasone dipropionate</i>	54	<i>bupropion hydrochloride er (sr)</i>	24, 30
<i>betamethasone valerate</i>	54	<i>bupropion hydrochloride er (xl)</i>	24
BETASERON	29	<i>buspironone hcl</i>	21
<i>betaxolol hcl</i>	18, 50	<i>buspironone hydrochloride</i>	21
<i>bethanechol chloride</i>	42	<i>busulfan</i>	10
BETOPTIC-S	50	<i>butorphanol tartrate</i>	2
BEVESPI AEROSPHERE	51	BYDUREON BCISE	31
<i>bexarotene</i>	12	BYDUREON PEN	31
BEXSERO	45	BYETTA	31, 32
<i>bicalutamide</i>	11	BYSTOLIC	18
BICILLIN L-A	9	<i>cabergoline</i>	38
BIDIL	20	CABOMETYX	13
BIKTARVY	6	<i>calcipotriene</i>	54
<i>bisoprolol fumarate</i>	18	<i>calcipotriene/betamethasone dipropionate</i>	54
<i>bisoprolol fumarate/hydrochlorothiazide</i>	18	<i>calcitonin-salmon</i>	33
BIVIGAM	44	<i>calcitriol</i>	40
<i>bleomycin sulfate</i>	10	CALCITRIOL	54
BLEPHAMIDE S.O.P.	49	<i>calcium acetate</i>	39
<i>blisovi 24 fe</i>	34	CALQUENCE	13
<i>blisovi fe 1.5/30</i>	34	<i>camila</i>	34
<i>blisovi fe 1/20</i>	34	CAMRESE	34
BOOSTRIX	45	CAMRESE LO	34
BORTEZOMIB	13	<i>candesartan cilexetil</i>	16, 17
<i>bosentan</i>	20		

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>candesartan cilexetil/hydrochlorothiazide</i>	16	<i>celecoxib</i>	1
CAPLYTA	26	CELONTIN	21
CAPRELSA	13	<i>cephalexin</i>	8
<i>captopril</i>	15, 16	CERDELGA	38
<i>captopril/hydrochlorothiazide</i>	15	CEREZYME	38
CARAFATE	41	<i>cetirizine hydrochloride</i>	51
CARBAGLU	38	<i>cevimeline hydrochloride</i>	57
<i>carbamazepine</i>	21	CHANTIX	30
<i>carbamazepine er</i>	21	CHANTIX CONTINUING MONTH PAK	30
<i>carbidopa</i>	25	CHANTIX STARTING MONTH PAK	30
<i>carbidopa/levodopa</i>	25	<i>chateal</i>	34
<i>carbidopa/levodopa er</i>	25	<i>chateal eq</i>	34
<i>carbidopa/levodopa odt</i>	25	CHEMET	33
CARBIDOPA/LEVODOPA/ENTACAPONE	25	<i>chloramphenicol</i>	3
<i>carbinoxamine maleate</i>	51	<i>chlordiazepoxide hcl</i>	21
CARBINOXAMINE MALEATE	51	<i>chlordiazepoxide hydrochloride</i>	21
<i>carboplatin</i>	10	<i>chlorhexidine gluconate</i>	57
<i>carmustine</i>	10	<i>chloroquine phosphate</i>	5
<i>carteolol hcl</i>	50	<i>chlorpromazine</i>	26
<i>cartia xt</i>	19	CHLORPROMAZINE HCL INJ	26
<i>carvedilol</i>	18	<i>chlorthalidone</i>	19
<i>carvedilol phosphate er</i>	18	<i>chlorzoxazone</i>	30
<i>casprofungin acetate</i>	4	CHLORZOXAZONE	30
CAYSTON	3	<i>cholestyramine</i>	18
<i>caziant</i>	34	<i>cholestyramine light</i>	18
<i>cefaclor</i>	8	<i>ciclopirox</i>	54
CEFACLOR ER	8	<i>ciclopirox gel</i>	54
<i>cefadroxil</i>	8	<i>ciclopirox olamine</i>	54
CEFAZOLIN	8	<i>cilostazol</i>	43
<i>cefazolin sodium</i>	8	CILOXAN	49
CEFAZOLIN SODIUM	8	CIMDUO	6
<i>cefdinir</i>	8	<i>cimetidine</i>	41
<i>cefepime</i>	8	<i>cimetidine hcl</i>	41
<i>cefixime</i>	8	<i>cinacalcet hydrochloride</i>	38
<i>cefotetan</i>	8	CIPRO HC	57
<i>cefoxitin sodium</i>	8	CIPRODEX	57
<i>cefpodoxime proxetil</i>	8	CIPROFLOXACIN	57
<i>cefprozil</i>	8	<i>ciprofloxacin hcl</i>	9
<i>ceftazidime</i>	8	<i>ciprofloxacin hydrochloride</i>	9, 49
CEFTAZIDIME/DEXTROSE	8	<i>ciprofloxacin i.v.-in d5w</i>	9
<i>ceftriaxone in iso-osmotic dextrose</i>	8	<i>cisplatin</i>	10
<i>ceftriaxone sodium</i>	8	<i>citalopram hydrobromide</i>	24
CEFTRIAZONE SODIUM	8	<i>cladribine</i>	11
<i>cefuroxime axetil</i>	8	<i>claravis</i>	53
<i>cefuroxime sodium</i>	8	<i>clarithromycin</i>	9

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>clarithromycin er</i>	9	<i>colocort</i>	41
<i>clemastine fumarate</i>	51	COMBIGAN	50
<i>clindacin etz pledgets</i>	53	COMBIVENT RESPIMAT	51
<i>clindacin-p</i>	53	COMETRIQ	13
<i>clindamycin hcl</i>	3	COMPLERA	6
<i>clindamycin hydrochloride</i>	3	<i>compro</i>	40
<i>clindamycin palmitate hcl</i>	3	<i>constulose</i>	41
<i>clindamycin phosphat</i>	3	COPAXONE	29
<i>clindamycin phosphate</i>	3, 43, 53	COPIKTRA	13
CLINDAMYCIN PHOSPHATE	53	CORLANOR	20
<i>clindamycin phosphate/benzoyl peroxide</i>	53	<i>cortisone acetate</i>	38
<i>clindamycin phosphate/dextrose</i>	3	COTELLIC	13
<i>clindamycin/benzoyl peroxide</i>	53	CREON	42
CLINDAMYCIN/SODIUM CHLORIDE	3	CRIVIVAN	5
CLINIMIX 4.25%/DEXTROSE 10%	48	<i>cromolyn sodium</i>	41, 50, 52
CLINIMIX 4.25%/DEXTROSE 5%	48	<i>cryselle-28</i>	34
CLINIMIX 5%/DEXTROSE 15%	48	<i>cyclafem 1/35</i>	34
CLINIMIX 5%/DEXTROSE 20%	48	<i>cyclafem 7/7/7</i>	34
<i>clinisol sf</i>	48	<i>cyclobenzaprine hydrochloride</i>	30
CLINOLIPID	48	<i>cyclophosphamide</i>	10
CLINPRO 5000	57	<i>cycloserine</i>	7
<i>clobazam</i>	21	<i>cyclosporine</i>	45
<i>clobetasol propionate</i>	54, 55	<i>cyclosporine modified</i>	45
<i>clodan shampoo</i>	55	<i>cyproheptadine hcl</i>	51
<i>clofarabine</i>	11	<i>cyproheptadine hydrochloride</i>	51
<i>clomipramine hcl</i>	24	<i>cyred</i>	34
<i>clonazepam</i>	21	<i>cyred eq</i>	34
<i>clonazepam odt</i>	21	CYSTADANE	38
<i>clonidine hcl</i>	20	CYSTAGON	38
<i>clonidine hydrochloride</i>	20	CYSTARAN	51
<i>clopidogrel</i>	44	<i>cytarabine aqueous</i>	11
<i>clorazepate dipotassium</i>	21	<i>dacarbazine</i>	12
<i>clotrimazole</i>	54	<i>dactinomycin</i>	10
<i>clotrimazole troc</i>	57	<i>dalfampridine er</i>	29
<i>clotrimazole/betamethasone dipropionate</i>	54	DALIRESP	52
<i>clovique</i>	33	<i>danazol</i>	37
<i>clozapine</i>	26	<i>dantrolene sodium</i>	30
<i>clozapine odt</i>	26	<i>dapsone</i>	3, 53
CLOZAPINE ODT	26	DAPTACEL	45
COARTEM	5	<i>daptomycin</i>	3
CODEINE SULFATE	2	DAPTOMYCIN	3
<i>colchicine</i>	1	<i>darifenacin hydrobromide er</i>	42
<i>colesevelam hydrochloride</i>	18	<i>dasetta 1/35</i>	34
<i>colestipol hcl</i>	18	<i>dasetta 7/7/7</i>	34
<i>colistimethate</i>	3	<i>daunorubicin hydrochloride</i>	10

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

DAUNORUBICIN HYDROCHLORIDE	10	DEXTROSE 50%	48
DAURISMO	13	DEXTROSE 70%	48
<i>daysee</i>	34	<i>diazepam</i>	21
<i>deblitane</i>	34	DIAZEPAM RECTAL GEL	21
<i>decitabine</i>	11	<i>diazoxide</i>	38
<i>deferasirox</i>	33	<i>diclofenac potassium</i>	1
DELESTROGEN	37	<i>diclofenac sodium</i>	50, 56
DELSTRIGO	6	<i>diclofenac sodium dr</i>	1
DEMSEER	20	<i>diclofenac sodium er</i>	1
DENTAGEL	57	<i>diclofenac sodium/misoprostol</i>	1
DEPO-PROVERA	11	<i>dicloxacillin</i>	9
DESCOVY	6	<i>dicyclomine hcl</i>	40
<i>desipramine hcl</i>	24	<i>dicyclomine hydrochloride</i>	40
<i>desloratadine</i>	51	<i>didanosine</i>	5
<i>desloratadine odt</i>	51	DIFICID	9
<i>desmopressin acetate</i>	38	<i>diflorasone diacetate</i>	55
<i>desogestrel/ethinyl estradiol</i>	34	<i>diflunisal</i>	1
<i>desonide</i>	55	<i>digitek</i>	20
<i>desoximetasone</i>	55	<i>digox</i>	20
<i>desvenlafaxine er</i>	24	<i>digoxin</i>	20
DESVENLAFAXINE ER	24	<i>dihydroergotamine mesylate</i>	29
<i>dexamethasone</i>	38	DILANTIN	21, 22
DEXAMETHASONE INTENSOL	38	DILANTIN INFATABS	21
<i>dexamethasone sodium phosphate</i>	38, 50	DILANTIN-125	22
DEXILANT	42	<i>diltiazem hcl</i>	19
<i>dexmethylphenidate hcl</i>	28	DILTIAZEM HCL	19
<i>dexmethylphenidate hcl er</i>	28	<i>diltiazem hcl cd</i>	19
<i>dexmethylphenidate hydrochloride</i>	28	<i>diltiazem hcl er</i>	19
<i>dexrazoxane</i>	15	<i>diltiazem hcl inj</i>	19
<i>dextroamphetamine sulfate</i>	28	<i>diltiazem hydrochloride</i>	19
<i>dextroamphetamine sulfate er</i>	28	<i>dilt-xr</i>	19
DEXTROSE 10%/NAACL 0.45%	46	DIMENHYDRINATE	40
DEXTROSE 5% /ELECTROLYTE #48		<i>diphenhydramine hcl</i>	51
VIAFLEX	46	<i>diphenoxylate/atropine</i>	41
<i>dextrose 10%</i>	46, 48	DIPHThERIA/TETANUS TOXOIDS	
DEXTROSE 10%/NAACL 0.2%	46	ADSORBED PEDIATRIC	45
DEXTROSE 2.5%/NAACL 0.45%	46	<i>dipyridamole</i>	44
<i>dextrose 5%</i>	46, 48	<i>disopyramide phosphate</i>	17
DEXTROSE 5%/LACTATED RINGERS	46	<i>disulfiram</i>	30
DEXTROSE 5%/NAACL 0.2%	46	<i>divalproex sodium</i>	22
DEXTROSE 5%/NAACL 0.225%	46	<i>divalproex sodium dr</i>	22
DEXTROSE 5%/NAACL 0.3%	46	<i>divalproex sodium er</i>	22
DEXTROSE 5%/NAACL 0.33%	46	<i>docetaxel</i>	12
DEXTROSE 5%/NAACL 0.45%	46	DOCETAXEL	12
DEXTROSE 5%/NAACL 0.9%	46	<i>dofetilide</i>	17

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>donepezil hc</i>	23	ELITEK	15
<i>donepezil hcl</i>	23	ELMIRON	42
<i>donepezil hydrochloride</i>	23	<i>eluryng</i>	34
<i>dorzolamide hcl</i>	50	EMBRE;	44
<i>dorzolamide hcl/timolol maleate</i>	50	EMCYT	11
<i>dorzolamide hydrochloride/timolol maleate pf</i>	50	EMEND	40
<i>dotti</i>	37	<i>emoquette</i>	34
DOVATO	6	EMSAM	24
<i>doxazosin mesylate</i>	16	EMTRIVA	5
<i>doxepin hcl</i>	24	EMVERM	3
<i>doxepin hydrochloride</i>	24, 28	<i>enalapril maleate</i>	16
DOXEPINE HYDROCHLORIDE	56	<i>enalapril maleate/hydrochlorothiazide</i>	16
<i>doxercalciferol</i>	40	ENBREL	44
<i>doxorubicin hcl liposome</i>	11	ENBREL MINI	44
<i>doxorubicin hydrochloride liposomal</i>	11	ENBREL SURECLICK	44
<i>doxy 100</i>	10	ENDARI	43
<i>doxycycline</i>	10	<i>endocet</i>	2
DOXYCYCLINE	56	ENGERIX-B	46
<i>doxycycline hyclate</i>	10	ENHERTU	13
<i>doxycycline hyclate dr</i>	10	<i>enoxaparin sodium</i>	43
<i>doxycycline monohydrat</i>	10	<i>enpresse-28</i>	34
<i>doxycycline monohydrate</i>	10	<i>enskyce</i>	34
DRIZALMA	24	ENSTILAR	55
<i>dronabinol</i>	40	<i>entacapone</i>	25
<i>drospirenone/ethinyl estradiol</i>	34	<i>entecavir</i>	7
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	34	ENTRESTO	16
DROXIA	43	<i>enulose</i>	41
DUAVEE	37	EPCLUSA	7
DUEXIS	1	EPIDIOLEX	22
<i>duloxetine hydrochloride</i>	24	<i>epinastine hcl</i>	50
DUREZOL	50	<i>epinephrine hcl</i>	52
<i>dutasteride</i>	42	EPIPEN	52
<i>dutasteride/tamsulosin hcl</i>	42	EPIPEN-JR	52
<i>econazole nitrate</i>	54	<i>epirubicin hcl</i>	11
EDARBI	17	<i>epitol</i>	22
EDARBYCLOR	16	EPIVIR HBV	7
EDURANT	5	<i>eplerenone</i>	16
<i>efavirenz</i>	5	<i>epoprostenol sodium</i>	20
EFFER-K	47	<i>eprosartan mesylate</i>	17
EFFERVESCENT POTASSIUM	47	<i>ergotamine tartrate/caffeine</i>	29
<i>eletriptan hydrobromide</i>	29	ERIVEDGE	13
<i>elinest</i>	34	ERLEADA	11
ELIQUIS	43	<i>erlotinib hydrochloride</i>	13
ELIQUIS STARTER PACK	43	<i>errin</i>	34
		ERTACZO	54

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>ertapenem</i>	3	FASENRA PEN	52
<i>ery pad</i>	53	<i>fayosim</i>	35
ERYTHROCIN LACTOBIONATE	9	<i>febuxostat</i>	1
<i>erythrocine stearate</i>	9	<i>felbamate</i>	22
<i>erythromycin</i>	9, 49, 53	<i>felodipine er</i>	19
<i>erythromycin base</i>	9	<i>femynor</i>	35
<i>erythromycin dr</i>	9	<i>fenofibrate</i>	17
<i>erythromycin ethylsuccinate</i>	9	<i>fenofibrate micronized</i>	17
<i>erythromycin stearate</i>	9	FENOFIBRIC ACID	18
<i>erythromycin/benzoyl peroxide</i>	53	<i>fenofibric acid dr</i>	17
ESBRIET	52	<i>fenopropfen calcium</i>	1
<i>escitalopram oxalate</i>	24	FENOPROFEN CALCIUM	1
<i>esomeprazole magnesium</i>	42	<i>fentanyl</i>	1
<i>esomeprazole sodium</i>	42	<i>fentanyl citrate oral transmucosal</i>	2
<i>estarylla</i>	34	FETZIMA	24
<i>estradiol</i>	37	FETZIMA TITRATION PACK	24
<i>estradiol vaginal</i>	37	FIASP	31
<i>estradiol valerate</i>	37	FIASP FLEXTOUCH	31
<i>estradiol/norethindrone acetate</i>	37	FIASP PENFILL	31
ESTRING	37	FINACEA	56
<i>eszopiclone</i>	28	<i>finasteride</i>	42
<i>ethambutol hydrochloride</i>	7	FINTEPLA	22
<i>ethosuximide</i>	22	<i>flac</i>	57
<i>ethosuximide soln</i>	22	<i>flavoxate hcl</i>	42
<i>ethynodiol diacetate/ethinyl estradiol</i>	35	FLEBOGAMMA DIF	44, 45
<i>etodolac</i>	1	<i>flecainide acetate</i>	17
<i>etodolac er</i>	1	FLOVENT DISKUS	53
ETONOGESTREL/ETHINYL ESTRADIOL	35	FLOVENT HFA	53
<i>etoposide</i>	12	<i>fluconazole</i>	5
<i>euthyrox</i>	39	<i>fluconazole in nacl</i>	4
<i>everolimus</i>	13, 45	<i>fluconazole in sodium chloride</i>	5
EVOTAZ	6	<i>flucytosine</i>	5
<i>exemestane</i>	11	<i>fludarabine phosphate</i>	11
<i>ezetimibe</i>	18	<i>fludrocortisone acetate</i>	38
<i>ezetimibe/simvastatin</i>	18	<i>flunisolide</i>	52
FABRAZYME	38	<i>fluocinolone acetamide</i>	55, 57
<i>falmina</i>	35	<i>fluocinolone acetamide body oil</i>	55
<i>famciclovir</i>	7	<i>fluocinolone acetamide scalp oil</i>	55
<i>famotidine</i>	41	<i>fluocinonide</i>	55
<i>famotidine premixedl</i>	41	<i>fluocinonide emulsified</i>	55
FANAPT	26	FLUORIDE	47
FANAPT TITRATION PACK	26	FLUORIDEX	57
FARXIGA	32	FLUORIDEX SENSITIVITY RELIEF/SLS	
FARYDAK	13	FREE	57
FASENRA	52	FLUORITAB	47

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

FLUOROMETHOLONE	50	GATTEX	41
<i>fluorouracil</i>	11, 56	GAUZE PADS	31
FLUOROURACIL CREA 0.5%	56	<i>gavilyte-c</i>	41
<i>fluoxetine dr</i>	24	<i>gavilyte-g</i>	41
<i>fluoxetine hcl</i>	24	<i>gavilyte-n/fluor pack</i>	41
<i>fluoxetine hydrochloride</i>	24	<i>gemcitabine</i>	11
<i>fluphenazine decanoate</i>	26	<i>gemcitabine hcl</i>	11
<i>fluphenazine hcl</i>	26	<i>gemcitabine hydrochloride</i>	11
<i>fluphenazine hydrochloride</i>	26	GEMCITABINE HYDROCHLORIDE	11
<i>flurandrenolide</i>	55	<i>gemfibrozil</i>	17
<i>flurbiprofen</i>	1	<i>generlac</i>	41
<i>flurbiprofen sodium</i>	50	<i>gengraf</i>	45
<i>flutamide</i>	11	GENOTROPIN	38, 39
<i>fluticasone propionate</i>	52, 55	GENOTROPIN MINIQUICK	39
<i>fluvastatin</i>	17	<i>gentak</i>	49
<i>fluvastatin sodium er</i>	17	<i>gentamicin sulfate</i>	3, 49, 53
<i>fluvoxamine maleate</i>	21	<i>gentamicin sulfate pediatric</i>	3
<i>fluvoxamine maleate er</i>	21	<i>gentamicin sulfate/sodium chloride</i>	3
<i>fomepizole</i>	38	GENVOYA	7
<i>fondaparinux sodium</i>	43	GEODON	26
FORTEO	33	GIANVI	35
<i>fosamprenavir calcium</i>	5	GILENYA	29
<i>fosinopril sodium</i>	16	GILOTRIF	13
<i>fosinopril sodium/hydrochlorothiazide</i>	16	GLEOSTINE	10
<i>fosphenytoin sodium</i>	22	<i>glimepiride</i>	32
FRAGMIN	43	<i>glipizide</i>	32
FREAMINE HBC	48	<i>glipizide er</i>	32
FREAMINE III	48	<i>glipizide xl</i>	32
<i>frovatriptan succinate</i>	29	<i>glipizide/metformin hydrochloride</i>	32
<i>fulvestrant</i>	11	<i>glycopyrrolate</i>	41
<i>furosemide</i>	19	GLYXAMBI	32
FUZEON	5	GOLYTELY	41
<i>fyavolv</i>	37	<i>granisetron hcl</i>	40
FYCOMPA	22	<i>griseofulvin microsize</i>	5
<i>gabapentin</i>	22	<i>griseofulvin ultramicrosize</i>	5
<i>galantamine hydrobromide</i>	23	<i>guanfacine er</i>	28
<i>galantamine hydrobromide er</i>	23	<i>guanfacine hcl</i>	20
GAMASTAN	45	GUANIDINE HCL	29
GAMMAGARD	45	GVOKE HYPOPEN	38
GAMMAKED	45	GVOKE PFS	38
GAMMAPLEX	45	HAEGARDA	43
GAMUNEX-C	45	<i>hailey 1.5/30</i>	35
<i>ganciclovir</i>	7	<i>hailey 24 fe</i>	35
GARDASIL 9	46	<i>halobetasol propionate</i>	55
<i>gatifloxacin</i>	49	<i>haloperidol</i>	26

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>haloperidol decanoate</i>	26	IBRANCE	13
<i>haloperidol lactate</i>	26	<i>ibu</i>	1
HARVONI	7	<i>ibuprofen</i>	1
HAVRIX	46	<i>icatibant acetate</i>	43
<i>heather</i>	35	ICLUSIG	13
<i>heparin sodium</i>	43	<i>idarubicin hcl</i>	11
HEPARIN SODIUM	43	IDHIFA	13
HEPARIN SODIUM/D5W	43	IFEX	10
HEPARIN SODIUM/DEXTROSE	43	<i>ifosfamide</i>	10
HEPARIN SODIUM/NACL 0.45%	43	IFOSFAMIDE	10
HEPARIN SODIUM/SODIUM CHLORIDE	43	ILEVRO	50
HEPATAMINE	48	<i>imatinib mesylate</i>	13
HERCEPTIN	13	IMBRUVICA	13
HERCEPTIN HYLECTA	13	<i>imipenem/cilastatin</i>	3
HETLIOZ	28	<i>imipramine hcl</i>	24
HIBERIX	46	<i>imipramine hydrochloride</i>	24
HUMIRA	44	<i>imipramine pamoate</i>	24
HUMIRA PEDIATRIC CROHNS DISEASE		<i>imiquimod</i>	56
STARTER PACK	44	IMIQUIMOD PUMP	56
HUMIRA PEN	44	IMLYGIC	12
HUMIRA PEN-CD/UC/HS STARTER	44	IMOVAX RABIES (H.D.C.V.)	46
HUMIRA PEN-PS/UV STARTER	44	<i>incassia</i>	35
HUMULIN R U-500	31	INCRELEX	39
<i>hydralazine hcl</i>	20	INCRUSE ELLIPTA	51
<i>hydralazine hydrochloride</i>	20	<i>indapamide</i>	19
<i>hydrochlorothiazide</i>	19	INFANRIX	46
<i>hydrocodone bitartrate/acetaminophen</i>	2	INLYTA	13
<i>hydrocodone/acetaminophen</i>	2	INQOVI	12
<i>hydrocodone/ibuprofen</i>	2	INREBIC	13
<i>hydrocortisone</i>	38, 41, 55, 56	INTELENCE	5
<i>hydrocortisone butyrate</i>	55	INTRON A	45
<i>hydrocortisone butyrate (lipophilic)</i>	55	<i>introvale</i>	35
<i>hydrocortisone valerate</i>	55	INVEGA SUSTENNA	26
<i>hydrocortisone/acetic acid</i>	57	INVEGA TRINZA	26, 27
<i>hydromorphone hcl</i>	2	INVIRASE	5
HYDROMORPHONE HCL	2	IONOSOL-MB/DEXTROSE 5%	46
<i>hydromorphone hydrochloride</i>	2	IPOL INACTIVATED IPV	46
HYDROMORPHONE HYDROCHLORIDE	2	<i>ipratropium bromide</i>	51
<i>hydroxychloroquine sulfate</i>	44	<i>ipratropium bromide/albuterol sulfate</i>	51
<i>hydroxyurea</i>	12	<i>irbesartan</i>	16, 17
<i>hydroxyzine hcl</i>	51	<i>irbesartan/hydrochlorothiazide</i>	16
<i>hydroxyzine hydrochloride</i>	51	IRESSA	13
<i>hydroxyzine pamoate</i>	51	<i>irinotecan</i>	12
HYSINGLA ER	1	<i>irinotecan hcl</i>	12
<i>ibandronate sodium</i>	33	<i>irinotecan hydrochloride</i>	12

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

ISENTRESS	5, 6	KCL 0.15%/D5W/NACL 0.2%	47
ISENTRESS HD	5	KCL 0.15%/D5W/NACL 0.225%	47
<i>isibloom</i>	35	KCL 0.15%/D5W/NACL 0.45%	47
ISOLYTE-P/DEXTROSE 5%	46	KCL 0.15%/D5W/NACL 0.9%	47
ISOLYTE-S	46	KCL 0.3%/D5W/NACL 0.45%	47
<i>isoniazid</i>	7	KCL 0.3%/D5W/NACL 0.9%	47
<i>isosorbide dinitrate</i>	20	<i>kelnor 1/35</i>	35
<i>isosorbide mononitrate</i>	20	<i>kelnor 1/50</i>	35
<i>isosorbide mononitrate er</i>	20	<i>ketoconazole</i>	5, 54
<i>isotonic gentamicin</i>	3	<i>ketoprofen</i>	1
<i>isotretinoin</i>	53	<i>ketoprofen er</i>	1
<i>isradipine</i>	19	<i>ketorolac tromethamine</i>	1, 50
<i>itraconazole</i>	5	KEYTRUDA	14
<i>ivermectin</i>	3	KHAPZORY	15
IXIARO	46	KINRIX	46
<i>jaimiess</i>	35	<i>kionex</i>	33
JAKAFI	13	KISQALI	12, 14
<i>jantoven</i>	43	KISQALI FEMARA CO-PACK	12
JANUMET	32	<i>klor-con</i>	47
JANUMET XR	32	KLOR-CON 10	47
JANUVIA	32	KLOR-CON 8	47
JARDIANCE	32	<i>klor-con m10</i>	47
<i>jasmiel</i>	35	<i>klor-con m15</i>	47
<i>jencycla</i>	35	<i>klor-con m20</i>	47
JENTADUETO	32	KLOR-CON/EF	47
JENTADUETO XR	32	KORLYM	39
<i>jinteli</i>	37	<i>kurvelo</i>	35
JOLESSA	35	KUVAN	39
JOLIVETTE	35	<i>labetalol hydrochloride</i>	18
<i>juleber</i>	35	<i>lactated ringers viaflex</i>	47
JULUCA	7	<i>lactulose</i>	41
<i>junel 1.5/30</i>	35	<i>lamivudine</i>	6, 7
<i>junel 1/20</i>	35	<i>lamivudine/zidovudine</i>	7
<i>junel fe 1.5/30</i>	35	<i>lamotrigine</i>	22
<i>junel fe 1/20</i>	35	<i>lamotrigine er</i>	22
<i>junel fe 24</i>	35	<i>lamotrigine odt</i>	22
JUXTAPID	18	<i>lamotrigine starter kit/blue</i>	22
KADCYLA	13	<i>lamotrigine starter kit/green</i>	22
<i>kaitlib fe</i>	35	<i>lamotrigine starter kit/orange</i>	22
KALETRA	7	<i>lansoprazole dr</i>	42
<i>kalliga</i>	35	<i>lansoprazole/amoxicillin/clarithromycin</i>	41
KALTETRA	7	<i>larin 1.5/30</i>	35
KALYDECO	52	<i>larin 1/20</i>	35
<i>kariva</i>	35	<i>larin 24 fe</i>	35
KCL 0.075%/D5W/NACL 0.45%	47	<i>larin fe 1.5/30</i>	35

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>larin fe 1/20</i>	35	<i>lidocaine</i>	56
<i>larissia</i>	35	<i>lidocaine hcl</i>	3, 56
LASTACAFT	50	LIDOCAINE HCL	17
<i>latanoprost</i>	50	LIDOCAINE HCL IN D5W	17
LATUDA	27	<i>lidocaine hcl prefilled syringe</i>	17
LEENA	35	<i>lidocaine hydrochloride</i>	3
<i>leflunomide</i>	44	<i>lidocaine viscous</i>	57
LENVIMA 10 MG DAILY DOSE	14	<i>lidocaine/prilocaine</i>	56
LENVIMA 12MG DAILY DOSE	14	<i>lillow</i>	35
LENVIMA 14 MG DAILY DOSE	14	<i>linezolid</i>	3, 4
LENVIMA 18 MG DAILY DOSE	14	LINEZOLID	4
LENVIMA 20 MG DAILY DOSE	14	LINZESS	41
LENVIMA 24 MG DAILY DOSE	14	<i>liothyronine sodium</i>	39
LENVIMA 4 MG DAILY DOSE	14	<i>lisinopril</i>	16
LENVIMA 8 MG DAILY DOSE	14	<i>lisinopril/hydrochlorothiazide</i>	16
<i>lessina</i>	35	LITHIUM	29
<i>letrozole</i>	11	<i>lithium carbonate</i>	29
<i>leucovorin calcium</i>	15	<i>lithium carbonate er</i>	29
LEUKERAN	10	<i>lojaimiess</i>	35
<i>leuprolide acetate</i>	11	LOKELMA	33
<i>levabuterol hcl</i>	52	LONSURF	12
<i>levabuterol hydrochloride</i>	52	<i>loperamide hcl</i>	42
LEVABUTEROL TARTRATE HFA	52	<i>lopinavir/ritonavir</i>	7
LEVEMIR	31	LOPREEZA	37
LEVEMIR FLEXTOUCH	31	<i>lorazepam</i>	21
<i>levetiracetam</i>	22	LORBRENA	14
<i>levetiracetam er</i>	22	<i>lorcet</i>	2
<i>levetiracetam/sodium chloride</i>	22	<i>lorcet hd</i>	2
<i>levobunolol hcl</i>	50	<i>lorcet plus</i>	2
<i>levocarnitine</i>	39	<i>loryna</i>	35
LEVOCARNITINE	39	<i>losartan potassium</i>	17
<i>levocetirizine dihydrochloride</i>	51	<i>losartan potassium/hydrochlorothiazide</i>	16
<i>levofloxacin</i>	9, 49	LOTEMAX	50
<i>levofloxacin in d5w</i>	9	LOTEMAX SM	50
<i>levoleucovorin</i>	15	<i>loteprednol etabonate</i>	50
<i>levoleucovorin calcium</i>	15	<i>lovastatin</i>	17
<i>levonest</i>	35	<i>low-ogestrel</i>	35
<i>levonorgestrel/ethinyl estradiol</i>	35	<i>loxapine</i>	27
<i>levora 0.15/30-28</i>	35	<i>loxapine succinate</i>	27
LEVO-T	39	<i>lo-zumandimine</i>	35
<i>levothyroxine sodium</i>	39	LUDENT	48
LEVOTHYROXINE SODIUM	39	LUMIGAN	50
LEVOXYL	39	LUMIZYME	39
LEXIVA	6	LUMOXITI	14
LIBTAYO	14	LUPRON DEPOT (1-MONTH)	11

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

LUPRON DEPOT (3-MONTH)	11	<i>methadone hcl</i>	2
LUPRON DEPOT-PED (1-MONTH)	39	METHADONE HCL INJ	1
LUPRON DEPOT-PED (3-MONTH)	39	<i>methazolamide</i>	19
<i>lutra</i>	35	<i>methenamine hippurate</i>	4
LYNPARZA	14	METHENAMINE MANDELATE	4
LYRICA CR	29	<i>methergine</i>	39
LYSODREN	11	<i>methimazole</i>	39
<i>lyza</i>	35	<i>methotrexate</i>	11, 44
<i>mafenide acetate</i>	53	<i>methotrexate sodium</i>	11
<i>magnesium sulfate</i>	47	<i>methoxsalen</i>	54
MAGNESIUM SULFATE	47	<i>methscopolamine bromide</i>	41
<i>malathion</i>	57	<i>methyl dopa</i>	20
<i>maprotiline hcl</i>	24	<i>methylergonovine maleate</i>	39
<i>marlissa</i>	36	<i>methylphenidate hydrochloride</i>	28
MARPLAN	24	<i>methylphenidate hydrochloride cd er</i>	28
MATULANE	12	<i>methylphenidate hydrochloride er</i>	28
<i>matzim la</i>	19	METHYLPHENIDATE HYDROCHLORIDE ER	
MAVYRET	7		28
<i>meclizine hcl</i>	40	<i>methylphenidate hydrochloride/5ml</i>	28
<i>meclofenamate sodium</i>	1	<i>methylprednisolone</i>	38
<i>medroxyprogesterone acetate</i>	36, 39	<i>methylprednisolone acetate</i>	38
<i>mefloquine hcl</i>	5	<i>methylprednisolone sodium succinate</i>	38
<i>megestrol acetate</i>	11, 39	<i>metoclopramide hcl</i>	40
MEKINIST	14	<i>metoclopramide hydrochloride</i>	40
MEKTOVI	14	<i>metoclopramide odt</i>	40
<i>melodetta 24 fe</i>	36	METOCLOPRAMIDE ODT	40
<i>meloxicam</i>	1	<i>metolazone</i>	19
<i>melphalan</i>	10	<i>metoprolol succinate er</i>	18
<i>melphalan hydrochloride</i>	10	<i>metoprolol tartrate</i>	18
MEMANTINE HCL TITRATION PAK	23	<i>metoprolol/hydrochlorothiazide</i>	18
<i>memantine hydrochloride</i>	23	<i>metronidazole</i>	4, 43, 56
<i>memantine hydrochloride er</i>	23	<i>metronidazole in nacl</i>	4
MENACTRA	46	<i>mibelas 24 fe</i>	36
MENVEO	46	<i>micafungin</i>	5
<i>meprobamate</i>	21	<i>miconazole 3</i>	43
<i>mercaptopurine</i>	11	MICROGESTIN 1.5/30	36
<i>meropenem</i>	4	MICROGESTIN 1/20	36
<i>mesalamine</i>	41	MICROGESTIN FE 1.5/30	36
<i>mesalamine dr</i>	41	MICROGESTIN FE 1/20	36
<i>mesna</i>	15	<i>midodrine hcl</i>	20
MESNEX	15	<i>miglitol</i>	32
<i>metadate er</i>	28	<i>miglustat</i>	39
<i>metaproterenol sulfate</i>	52	<i>mili</i>	36
<i>metformin hydrochloride</i>	32	<i>mimvey</i>	37
<i>metformin hydrochloride er</i>	32	<i>minitran</i>	20

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>minocycline hcl</i>	10	NAGLAZYME	39
<i>minocycline hydrochloride</i>	10	<i>nalbuphine hcl</i>	3
<i>minocycline hydrochloride er</i>	10	<i>naloxone hcl</i>	30
<i>minoxidil</i>	20	<i>naloxone hydrochloride</i>	30
<i>mirtazapine</i>	24	<i>naltrexone hcl</i>	30
<i>misoprostol</i>	42	NAMZARIC	23
MITIGARE	1	<i>naproxen</i>	1
<i>mitomycin</i>	11	<i>naproxen dr</i>	1
<i>mitoxantrone hcl</i>	12	<i>naproxen sodium</i>	1
M-M-R II	46	NAPROXEN SODIUM CR	1
M-NATAL PLUS	48	<i>naproxen sodium er</i>	1
<i>modafinil</i>	30	<i>naproxen/esomeprazole magnesium</i>	1
<i>moexipril hcl</i>	16	<i>naratriptan hcl</i>	29
<i>molindone hydrochloride</i>	27	NARCAN	30
<i>mometasone furoate</i>	52, 55	NATACYN	49
<i>mondoxyne nl</i>	10	<i>nateglinide</i>	32
<i>mono-lynyah</i>	36	NATPARA	33
<i>montelukast sodium</i>	52	NAYZILAM	22
<i>morgidox 1x100mg</i>	10	<i>necon 0.5/35-28</i>	36
<i>morgidox 2x100mg</i>	10	<i>nefazodone hcl</i>	24
<i>morphine sulfate</i>	2	<i>nefazodone hydrochloride</i>	24
MORPHINE SULFATE	2	<i>neomycin</i>	4
<i>morphine sulfate er</i>	2	<i>neomycin/bacitracin/polymyxin</i>	49
MOVANTIK	42	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	49
<i>moxifloxacin hydrochloride</i>	9, 49	<i>neomycin/polymyxin/dexamethasone</i>	49
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	9	<i>neomycin/polymyxin/gramicidin</i>	49
MULTAQ	17	<i>neomycin/polymyxin/hydrocortisone</i>	49, 57
MULTI VITAMIN/FLUORIDE	48	NEONATAL PLUS	48
MULTIVITAMIN/FLUORIDE	48	<i>neo-polycin</i>	49
MULTI-VITAMIN/FLUORIDE DROPS	48	NEPHRAMINE	48
MULTI-VITAMIN/FLUORIDE/IRON	48	NERLYNX	14
<i>mupirocin</i>	53	<i>neuac</i>	53
<i>mutamycin</i>	11	NEUPRO	25
MYCAMINE	5	<i>nevirapine</i>	6
<i>mycophenolate mofetil</i>	45	<i>nevirapine er</i>	6
<i>mycophenolic acid dr</i>	45	NEXAVAR	14
MYLOTARG	14	<i>niacin</i>	18
<i>myorisan</i>	53	<i>niacin er</i>	18
MYRBETRIQ	42	<i>niacor</i>	18
<i>nabumetone</i>	1	<i>nicardipine hcl</i>	19
<i>nadolol</i>	18	NICOTROL	30
<i>nafticillin sodium</i>	9	NICOTROL INHALER	30
<i>naftifine hcl</i>	54	<i>nifedical xl</i>	19
<i>naftifine hydrochloride</i>	54	<i>nifedipine er</i>	19
		<i>nikki</i>	36

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>nilutamide</i>	11	NOVOLIN N FLEXPEN	31
<i>nimodipine</i>	19	NOVOLIN R	31
NINLARO	14	NOVOLIN R FLEXPEN	31
NIPENT	12	NOVOLOG	31
<i>nisoldipine er</i>	19	NOVOLOG FLEXPEN	31
<i>nitisinone</i>	39	NOVOLOG MIX 70/30	31
NITRO-BID	20	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
NITRO-DUR	20		31
<i>nitrofurantoin</i>	4	NOVOLOG PENFILL	31
<i>nitrofurantoin macrocrystals</i>	4	NOXAFIL	5
<i>nitrofurantoin monohydrate</i>	4	NUBEQA	12
<i>nitroglycerin</i>	20	NUEDEXTA	29
NITROGLYCERIN INJ	20	NULOJIX	45
<i>nitroglycerin lingual</i>	20	NULYTELY/FLAVOR PACKS	41
<i>nitroglycerin sublingual</i>	20	NUPLAZID	27
NITYR	39	NUTRILIPID	49
NIVA-PLUS	48	<i>nyamyc</i>	54
<i>nizatidine</i>	41	NYMALIZE	19
<i>nolix</i>	55	<i>nystatin</i>	5, 54, 57
NORA-BE	36	<i>nystop</i>	54
<i>norethindrone</i>	36	OCELLA	36
<i>norethindrone acetate</i>	39	OCTAGAM	45
<i>norethindrone acetate/ethinyl estradiol</i>	36, 37	<i>octreotide acetate</i>	39
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	36	ODEFSEY	7
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	36	ODOMZO	14
		OFEV	52
<i>norgestimate/ethinyl estradiol</i>	36	<i>ofloxacin</i>	49, 57
NORITATE	56	<i>okebo</i>	10
<i>norlyda</i>	36	<i>olanzapine</i>	27
NORMOSOL-M IN D5W	47	<i>olanzapine odt</i>	27
NORMOSOL-R PH 7.4	47	<i>olmesartan medoxomil</i>	16, 17
NORPACE CR	17	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	16
NORTHERA	20	<i>olmesartan medoxomil/hydrochlorothiazide</i>	16
<i>nortrel 0.5/35 (28)</i>	36	<i>olopatadine hcl</i>	50, 51
<i>nortrel 1/35</i>	36	<i>omega-3-acid ethyl esters</i>	18
<i>nortrel 7/7/7</i>	36	<i>omeprazole</i>	42
<i>nortriptyline hcl</i>	24	<i>ondansetron hcl</i>	40
<i>nortriptyline hydrochloride</i>	24	<i>ondansetron hydrochloride</i>	40
NORVIR	6	<i>ondansetron odt</i>	40
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN		OPSUMIT	20
NEEDLE/ORIGINAL/ULTRA-FINE	31	ORACEA	56
NOVOLIN 70/30	31	<i>oralone dental paste</i>	57
NOVOLIN 70/30 FLEXPEN	31	ORFADIN	39
NOVOLIN N	31	ORKAMBI	52

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>orsythia</i>	36	<i>penicillamine</i>	33
<i>oseltamivir phosphate</i>	8	<i>penicillin g potassium</i>	9
OSMOPREP	41	PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	9
<i>oxacillin sodium</i>	9	PENICILLIN G PROCAINE	9
<i>oxaliplatin</i>	10	<i>penicillin g sodium</i>	10
<i>oxandrolone</i>	30	<i>penicillin v potassium</i>	10
<i>oxaprozin</i>	1	PENNSAID	56
<i>oxazepam</i>	21	PENTACEL	46
<i>oxcarbazepine</i>	22	<i>pentamidine isethionate</i>	4
<i>oxiconazole nitrate</i>	54	<i>pentoxifylline er</i>	44
<i>oxybutynin chloride</i>	42	<i>perindopril erbumine</i>	16
<i>oxybutynin chloride er</i>	42	<i>periogard</i>	57
<i>oxycodone hcl</i>	3	<i>permethrin</i>	57
<i>oxycodone hydrochloride</i>	3	<i>perphenazine</i>	25, 27
<i>oxycodone/acetaminophen</i>	3	<i>perphenazine/amitriptyline</i>	25
<i>oxycodone/aspirin</i>	3	PERSERIS	27
<i>oxymorphone hydrochloride</i>	3	<i>phenadoz</i>	40
OZEMPIC	32	<i>phenelzine sulfate</i>	25
<i>pacerone</i>	17	PHENOBARBITAL ELIX	22
<i>paclitaxel</i>	12	PHENOBARBITAL SODIUM	22
PADCEV	14	PHENOBARBITAL TABS	22
<i>paliperidone er</i>	27	PHENYTEK	22
<i>pamidronate disodium</i>	33	<i>phenytoin</i>	22
PAMIDRONATE DISODIUM	33	<i>phenytoin sodium</i>	22
PANRETIN	56	<i>phenytoin sodium er</i>	22
<i>pantoprazole sodium</i>	42	<i>philith</i>	36
<i>pantoprazole sodium dr</i>	42	PHOSPHOLINE IODIDE	50
PANZYGA	45	PICATO	56
<i>paraplatin</i>	10	PIFELTRO	6
<i>paricalcitol</i>	40	<i>pilocarpine hcl</i>	50
<i>paroex</i>	57	<i>pilocarpine hydrochloride</i>	57
<i>paromomycin</i>	4	<i>pimozide</i>	27
<i>paroxetine hcl</i>	24	<i>pimtrea</i>	36
<i>paroxetine hcl er</i>	24	<i>pindolol</i>	18
<i>paroxetine hydrochloride</i>	25	<i>pioglitazone hcl</i>	32
PASER	7	<i>pioglitazone hcl/metformin hcl</i>	32
PAXIL	25	<i>pioglitazone hcl-glimepiride</i>	32
PAZEO	50	<i>pioglitazone hydrochloride</i>	32
PEDIARIX	46	<i>piperacillin sodium/tazobactam sodium</i>	10
PEDVAX HIB	46	<i>piperacillin/tazobactam</i>	10
<i>peg-3350/electrolytes</i>	41	PIQRAY 200MG DAILY DOSE	14
<i>peg-3350/nacl/na bicarbonate/kcl</i>	41	PIQRAY 250MG DAILY DOSE	14
PEGANONE	22	PIQRAY 300MG DAILY DOSE	14
PEGASYS	8	<i>pirmella 1/35</i>	36
PEMAZYRE	14		

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>pirmella 7/7/7</i>	36	PREDNISOLONE SODIUM PHOSPHATE	
<i>piroxicam</i>	1	OPHTHALMIC SOLN 1%	50
PLASMA-LYTE A	47	<i>prednisone</i>	38
PLASMA-LYTE-148	47	PREDNISONE INTENSOL	38
<i>plenamine</i>	49	<i>pregabalin</i>	22
PLENVU	41	PREMARIN	37
PNV FOLIC ACID + IRON MULTIVITAMIN	48	PREMASOL	49
PNV PRENATAL PLUS MULTIVITAMIN	48	PREMPRO	37
<i>podofilox</i>	56	PRENATAL	48
POLIVY	14	PRENATAL PLUS	48
<i>polycin</i>	49	PRENATAL VITAMINS PLUS LOW IRON	48
<i>polymyxin b sulfate/trimethoprim sulfate</i>	49	PREPLUS	48
POLY-VITAMIN/FLUORIDE	48	PRETOMANID	7
POMALYST	12	<i>prevalite</i>	18
<i>portia-28</i>	36	<i>previfem</i>	36
<i>posaconazole dr</i>	5	PREVYMIS	8
<i>potassium chloride</i>	47, 48	PREZCOBIX	7
POTASSIUM CHLORIDE	47	PREZISTA	6
<i>potassium chloride cr</i>	48	PRIFTIN	7
<i>potassium chloride er</i>	48	<i>primaquine phosphate</i>	5
<i>potassium chloride sr</i>	48	<i>primidone</i>	22
POTASSIUM CHLORIDE/DEXTROSE	47	PRIVIGEN	45
POTASSIUM		<i>probenecid</i>	1
CHLORIDE/DEXTROSE/SODIUM		<i>probenecid/colchicine</i>	1
CHLORIDE	47	PROCALAMINE	49
<i>potassium chloride/sodium chloride</i>	47	<i>prochlorperazine</i>	40
POTASSIUM CHLORIDE/SODIUM		<i>prochlorperazine edisylate</i>	40
CHLORIDE	47	<i>prochlorperazine maleate</i>	40
<i>potassium citrate er</i>	42	PROCRIT	43
POTELIGEO	14	<i>procto-med hc</i>	56
PRADAXA	43	<i>procto-pak</i>	56
PRALUENT	18	<i>proctosol hc</i>	56
<i>pramipexole dihydrochloride</i>	25	<i>proctozone-hc</i>	56
<i>pramipexole dihydrochloride er</i>	25	<i>progesterone</i>	39
<i>prasugrel</i>	44	PROGRAF	45
<i>pravastatin sodium</i>	17	PROLASTIN-C	52
<i>praziquantel</i>	4	PROLENSA	50
<i>prazosin hcl</i>	16	PROLIA	33
<i>prazosin hydrochloride</i>	16	PROMACTA	44
<i>prednicarbate</i>	55	<i>promethazine hcl</i>	40
PREDNICARBATE	55	<i>promethazine hcl plain</i>	40
<i>prednisolone</i>	38	<i>promethazine hydrochloride</i>	40
<i>prednisolone acetate</i>	50	<i>promethegan</i>	40
<i>prednisolone sodium phosphate</i>	38	<i>propafenone hcl</i>	17
<i>prednisolone sodium phosphate odt</i>	38	<i>propafenone hydrochloride er</i>	17

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

<i>propracaine hcl</i>	51	RESTASIS MULTIDOSE	51
<i>propranolol hcl</i>	18	RETEVMO	14
<i>propranolol hcl er</i>	18	REVLIMID	12
<i>propranolol hydrochloride</i>	18	REXULTI	27
<i>propranolol hydrochloride er</i>	18	REYATAZ	6
<i>propranolol/hydrochlorothiazide</i>	18	RHOPRESSA	50
<i>propylthiouracil</i>	40	<i>ribavirin</i>	8
PROQUAD	46	<i>rifabutin</i>	7
PROSOL	49	<i>rifampin</i>	7
<i>protriptyline hcl</i>	25	RIFATER	7
PULMICORT FLEXHALER	53	<i>riluzole</i>	29
PULMOZYME	52	<i>rimantadine hydrochloride</i>	8
PURIXAN	11	RINGERS INJECTION	47
<i>pyrazinamide</i>	7	RINVOQ	44
<i>pyridostigmine bromide</i>	29	<i>risedronate sodium</i>	33
<i>pyridostigmine bromide er</i>	29	<i>risedronate sodium dr</i>	33
QINLOCK	14	RISPERDAL CONSTA	27
QUADRACEL	46	<i>risperidone</i>	27
<i>quetiapine fumarate</i>	27	<i>risperidone odt</i>	27
<i>quetiapine fumarate er</i>	27	<i>ritonavir</i>	6
<i>quinapril hcl</i>	16	RITUXAN	14
<i>quinapril hydrochloride</i>	16	RITUXAN HYCELA	14
<i>quinapril/hydrochlorothiazide</i>	16	<i>rivastigmine</i>	23
<i>quinidine sulfate</i>	17	<i>rivastigmine tartrate</i>	23
<i>quinine sulfate</i>	5	RIVELSA	36
RABAVERT	46	<i>rizatriptan benzoate</i>	29
<i>rabeprazole sodium dr</i>	42	<i>rizatriptan benzoate odt</i>	29
<i>raloxifene hydrochloride</i>	39	ROMIDEPSIN	14
<i>ramipril</i>	16	<i>ropinirole er</i>	25, 26
<i>ranolazine er</i>	20	<i>ropinirole hcl</i>	26
<i>rasagiline mesylate</i>	25	<i>ropinirole hydrochloride</i>	26
REBIF	29	<i>rosadan</i>	56
REBIF REBIDOSE	29	<i>rosuvastatin calcium</i>	18
REBIF REBIDOSE TITRATION PACK	29	ROTARIX	46
REBIF TITRATION PACK	29	ROTATEQ	46
<i>reclipsen</i>	36	<i>roweepra</i>	23
RECOMBIVAX HB	46	<i>roweepra xr</i>	23
RECTIV	56	ROZYLTRAK	14
REGRANEX	57	RUBRACA	14
RELENZA DISKHALER	8	RUKOBIA	6
RELISTOR	42	RYDAPT	14
RENFLEXIS	44	SANCUSO	40
<i>repaglinide</i>	32	SANDIMMUNE	45
RESCRIPTOR	6	SANTYL	57
RESTASIS	51	SAPHRIS	27

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

SARCLISA	14	<i>sotalol hcl</i>	17
<i>scopolamine</i>	40	<i>sotalol hcl (af)</i>	17
SECUADO	27	<i>spironolactone</i>	16, 19
<i>selegiline hcl</i>	26	<i>spironolactone/hydrochlorothiazide</i>	19
<i>selenium sulfide</i>	54	<i>sprintec 28</i>	36
SELZENTRY	6	SPRITAM	23
SEREVENT DISKUS	52	SPRYCEL	14
<i>sertraline hcl</i>	25	<i>sps</i>	33
<i>sertraline hydrochloride</i>	25	<i>sronyx</i>	36
<i>setlakin</i>	36	SSD	54
SF	57	<i>stavudine</i>	6
<i>sharobel</i>	36	STELARA	44
SHINGRIX	46	STERILE WATER IRRIGATION PLASTIC	
SIGNIFOR	39	BOTTLE	57
<i>sildenafil</i>	20	STIMATE	39
<i>sildenafil citrate</i>	20	STIVARGA	14
<i>silodosin</i>	42	<i>streptomycin sulfate</i>	4
SILVER SULFADIAZINE	54	STRIBILD	7
SIMBRINZA	50	<i>subvenite</i>	23
<i>simliya</i>	36	<i>subvenite starter kit/blue</i>	23
<i>simpesse</i>	36	<i>subvenite starter kit/green</i>	23
<i>simvastatin</i>	18	<i>subvenite starter kit/orange</i>	23
<i>sirolimus</i>	45	SUCRALFATE SUSP	42
SIRTURO	7	<i>sucralfate tabs</i>	42
SIVEXTRO	4	<i>sulfacetamide sodium</i>	49, 53
SIVEXTRO TABS	4	<i>sulfacetamide sodium/prednisolone sodium</i>	
SKYRIZI	44	<i>phosphate</i>	49
<i>sodium bicarbonate</i>	47	SULFADIAZINE	4
SODIUM BICARBONATE	47	<i>sulfamethoxazole/trimethoprim</i>	4
<i>sodium chloride</i>	47	<i>sulfamethoxazole/trimethoprim ds</i>	4
SODIUM CHLORIDE 0.9% IRRIGATION		SULFAMYLON	54
SOLN	57	<i>sulfasalazine</i>	41
<i>sodium chloride inj</i>	47	SULFASALAZINE	41
SODIUM CHLORIDE INJ	47	<i>sulindac</i>	1
SODIUM FLUORIDE	48, 57	<i>sumatriptan</i>	29
<i>sodium phenylbutyrate</i>	39	<i>sumatriptan succinate</i>	29
<i>sodium polystyrene sulfonate</i>	33	<i>sumatriptan/naproxen sodium</i>	29
<i>sodium sulfacetamide</i>	49	SUPRAX	8
<i>solifenacin succinate</i>	42	SUPREP BOWEL PREP KIT	41
SOLIQUA 100/33	31	SUTENT	14
SOLTAMOX	12	<i>syeda</i>	36
SOLU-CORTEF INJ	38	SYLATRON	12
SOMATULINE DEPOT	39	SYMBICORT	53
SOMAVERT	39	SYMDEKO	52
<i>sorine</i>	17	SYMFI	7

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

SYMFI LO	7	<i>terconazole</i>	43
SYMLINPEN 120	32	<i>testosterone cypionate</i>	30
SYMLINPEN 60	32	<i>testosterone enanthate</i>	30
SYMPAZAN	23	<i>testosterone gel</i>	30
SYMTUZA	7	<i>testosterone pump gel</i>	30
SYNAREL	37	<i>testosterone topical</i>	31
SYNERCID	4	<i>tetrabenazine</i>	29
SYNJARDY	33	<i>tetracycline hydrochloride</i>	10
SYNJARDY XR	32	TEXACORT	55
SYNRIBO	12	THALOMID	12
SYNTHROID	40	THEO-24	52
TABLOID	11	<i>theophylline</i>	52
TABRECTA	14	<i>theophylline er</i>	52
<i>tacrolimus</i>	45, 56	<i>thioridazine hcl</i>	27
<i>tadalafil</i>	21	<i>thiotepa</i>	10
TAFINLAR	14	<i>thiothixene</i>	27
TAGRISSE	14	<i>tiadylt er</i>	19
TALTZ	44	<i>tiagabine hydrochloride</i>	23
TALZENNA	14	TIBSOVO	15
<i>tamoxifen citrate</i>	12	<i>tigecycline</i>	10
<i>tamsulosin hydrochloride</i>	42	TILIA FE	36
TARGRETIN	56	<i>timolol maleate</i>	51
<i>tarina fe 1/20</i>	36	TIMOLOL MALEATE OPHTHALMIC	51
<i>tarina fe 1/20 eq</i>	36	<i>timolol maleate soln</i>	51
TASIGNA	14	<i>timolol maleate tabs</i>	19
<i>tazarotene</i>	54	<i>tinidazole</i>	4
<i>tazicef</i>	9	TIVICAY	6
TAZORAC	54	TIVICAY PD	6
<i>taztia xt</i>	19	<i>tizanidine hcl</i>	30
TAZVERIK	15	<i>tizanidine hydrochloride</i>	30
TDVAX	46	TOBRADEX	49
TECENTRIQ	15	TOBRADEX ST	49
TEFLARO	9	<i>tobramycin</i>	4
<i>telmisartan</i>	16, 17	<i>tobramycin sulfate</i>	4, 49
<i>telmisartan/amlodipine</i>	16	<i>tobramycin/dexamethasone</i>	49
<i>telmisartan/hydrochlorothiazide</i>	16, 17	<i>tolterodine tartrate</i>	42, 43
<i>temazepam</i>	28	<i>tolterodine tartrate er</i>	43
TEMIXYS	7	<i>topiramate</i>	23
<i>temsirolimus</i>	15	TOPIRAMATE ER	23
TENIVAC	46	<i>toposar</i>	12
<i>tenofovir</i>	6	<i>topotecan</i>	12
<i>terazosin hcl</i>	16	TOPOTECAN	12
<i>terazosin hydrochloride</i>	16	<i>toremifene citrate</i>	12
<i>terbinafine hcl</i>	5	<i>torse mide</i>	19
<i>terbutaline sulfate</i>	52	<i>tovet foam</i>	55

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

TOVIAZ	43	<i>trimethobenzamide hydrochloride</i>	40
TPN ELECTROLYTES	47	<i>trimethoprim</i>	4
TRACLEER	21	<i>trimethoprim sulfate/polymyxin b sulfate</i>	49
TRADJENTA	33	<i>tri-mili</i>	37
<i>tramadol hcl</i>	3	<i>trimipramine maleate</i>	25
TRAMADOL HCL ER	2	TRINTELLIX	25
<i>tramadol hcl er tabs</i>	2	<i>tri-previfem</i>	37
<i>tramadol hydrochloride</i>	3	<i>tri-sprintec</i>	37
<i>tramadol hydrochloride/acetaminophen</i>	3	TRIUMEQ	7
<i>trandolapril</i>	16	TRI-VITE/FLUORIDE	48
<i>trandolapril/verapamil hcl er</i>	16	<i>trivora-28</i>	37
<i>tranexamic acid</i>	44	<i>tri-vylibra</i>	37
<i>tranylcypromine sulfate</i>	25	<i>tri-vylibra lo</i>	37
TRAVASOL	49	TROGARZO	6
<i>travoprost</i>	51	TROPHAMINE	49
<i>trazodone hydrochloride</i>	25	<i>trospium chloride</i>	43
TRECTOR	7	<i>trospium chloride er</i>	43
TRELEGY ELLIPTA	51	TRULICITY	33
TRELSTAR MIXJECT	12	TRUMENBA	46
<i>treprostinil</i>	21	TRUVADA	7
TRESIBA	31	TUKYSA	15
TRESIBA FLEXTOUCH	31	<i>tulana</i>	37
<i>tretinoin</i>	12, 53	TURALIO	15
TRETINOIN MICROSPHERE	53	TWINRIX	46
<i>tri femynor</i>	36	TYBOST	6
<i>triamcinolone acetonide</i>	55, 56	<i>tydemy</i>	37
<i>triamcinolone acetonide dental paste</i>	57	TYKERB	15
<i>triamcinolone acetonide inj</i>	38	TYMLOS	33
<i>triamterene/hydrochlorothiazide</i>	20	TYPHIM VI	46
<i>triazolam</i>	28	UNITHROID	40
TRICARE PRENATAL	48	<i>ursodiol</i>	42
<i>triderm</i>	56	<i>valacyclovir hcl</i>	8
<i>trientine hydrochloride</i>	33	<i>valacyclovir hydrochloride</i>	8
<i>tri-estarylla</i>	36	VALCHLOR	56
<i>trifluoperazine hcl</i>	27	<i>valganciclovir</i>	8
<i>trifluridine</i>	49	<i>valganciclovir hydrochloride</i>	8
<i>trihexyphenidyl hcl</i>	26	<i>valproate sodium</i>	23
<i>trihexyphenidyl hydrochloride</i>	26	<i>valproic acid</i>	23
<i>tri-legest fe</i>	36	<i>valsartan</i>	17
<i>tri-linyah</i>	36	<i>valsartan/hydrochlorothiazide</i>	17
<i>tri-lo-estarylla</i>	37	VALTOCO	23
<i>tri-lo-marzia</i>	37	VANCOMYCIN	4
<i>tri-lo-mili</i>	37	<i>vancomycin hcl</i>	4
<i>tri-lo-sprintec</i>	37	VANCOMYCIN HLC	4
<i>trilyte</i>	41	<i>vancomycin hydrochloride</i>	4

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

VANCOMYCIN HYDROCHLORIDE	4	VOSEVI	8
VAQTA	46	VOTRIENT	15
VARIVAX	46	VP-PNV-DHA	48
VASCEPA	18	VRAYLAR	27
VELCADE	15	VRAYLAR CAP THERAPY PACK	27
<i>velivet</i>	37	<i>vyfemla</i>	37
VELTASSA PACK	33	<i>vylibra</i>	37
VEMLIDY	8	VYVANSE	28
VENCLEXTA	15	<i>warfarin sodium</i>	43
VENCLEXTA STARTING PACK	15	<i>wera</i>	37
<i>venlafaxine hcl</i>	25	<i>wymzya fe</i>	37
<i>venlafaxine hcl er</i>	25	XALKORI	15
<i>venlafaxine hydrochloride er</i>	25	XARELTO	43
VENTAVIS	21	XARELTO STARTER PACK	43
VENTOLIN HFA	52	XATMEP	44
<i>verapamil hcl</i>	19	XCOPRI	23
<i>verapamil hcl er</i>	19	XCOPRI MAINTENACE PACK	23
<i>verapamil hcl sr</i>	19	XCOPRI TITRATION PACK	23
VERAPAMIL HCL SR CP24 360MG	19	XELJANZ	44
<i>verapamil hydrochloride</i>	19	XELJANZ XR	44
<i>verapamil hydrochloride er</i>	19	XGEVA	33
VERSACLOZ	27	XIFAXAN	42
VERZENIO	15	XIGDUO XR	33
VICTOZA	33	XOLAIR	52
VIDEX EC	6	XOSPATA	15
VIDEX PEDIATRIC	6	XPOVIO	15
<i>vienva</i>	37	XPOVIO 100 MG ONCE WEEKLY	15
<i>vigabatrin</i>	23	XPOVIO 60 MG ONCE WEEKLY	15
<i>vigadrone</i>	23	XPOVIO 80 MG ONCE WEEKLY	15
VIIBRYD	25	XPOVIO 80 MG TWICE WEEKLY	15
VIIBRYD STARTER PACK	25	XTANDI	12
VIMOVO	1	XULTOPHY	31
VIMPAT	23	XYREM	30
<i>vinblastine sulfate</i>	12	YERVOY	15
<i>vincristine sulfate</i>	12	YF-VAX	46
<i>vinorelbine tartrate</i>	13	<i>yuvafem</i>	37
<i>viorele</i>	37	<i>zafirlukast</i>	52
VIRACEP	6	<i>zaleplon</i>	29
VIREAD	6	<i>zarah</i>	37
VITRAKVI	15	ZARXIO	43
VIVITROL	30	ZEJULA	15
VIZIMPRO	15	ZELBORAF	15
<i>volnea</i>	37	ZEMAIRA	52
VOL-PLUS	48	<i>zenatane</i>	53
<i>voriconazole</i>	5	ZENPEP	42

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

2021 GRP B2 4 Tier

<i>zenzedi</i>	28	<i>zolpidem tartrate subl</i>	29
<i>zidovudine</i>	6	<i>zonisamide</i>	23
<i>ziprasidone hcl</i>	27	ZORTRESS	45
<i>ziprasidone mesylate</i>	27	ZOSTAVAX	46
ZIRGAN	49	<i>zovia 1/35e</i>	37
<i>zoledronic acid</i>	33	<i>zumandimine</i>	37
ZOLEDRONIC ACID	33	ZYCLARA PUMP	56
ZOLINZA	15	ZYDELIG	15
<i>zolmitriptan</i>	29	ZYKADIA	15
<i>zolmitriptan odt</i>	29	ZYLET	49
ZOLOFT	25	ZYPREXA RELPREVV	27
<i>zolpidem tartrate</i>	29	ZYTIGA	12

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

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 *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 see which specific drugs are covered.

Drug Name	Drug Tier	Requirements/Limits
Cosmetic		
ACUICYN ANTIMICROBIAL EY ELID & EYELASH HYGIENE	2	
<i>alphaquin hp</i>	1	
ARNICA FLOWER	2	
AVENOVA	2	
BENZOIN TINCTURE	2	
BETAMETHASONE DIPROPIONATE/MINOXIDIL	2	
<i>bimatoprost</i>	1	
<i>blanche</i>	1	
BORIC ACID	2	
BOTOX COSMETIC	2	
DRYSOL	2	
EPICYN	2	
EPIQUIN MICRO	2	
<i>finasteride</i>	1	
FINASTERIDE/MINOXIDIL	2	
HYALURONIC ACID SODIUM/HYDROQUINONE	2	
HYCLODEX	2	
HYDROCORTISONE/HYDROQUINONE	2	
HYDROCORTISONE/HYDROQUINONE/TRETINOIN	2	
<i>hydroquinone time release</i>	1	
HYDROQUINONE EMUL	2	
<i>hydroquinone crea</i>	1	
HYPOCYN	2	
KYBELLA	2	
LACTIC ACID/NIACINAMIDE	2	
LATISSE	2	
LUSTRA	2	
LUSTRA-AF	2	
LUSTRA-ULTRA	2	
<i>melpaque hp</i>	1	
<i>melquin hp</i>	1	
MINOXIDIL/PROGESTERONE	2	
MINOXIDIL/PROGESTERONE/TRETINOIN	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
<i>nuquin hp</i>	1	
PROPECIA	2	
REFISSA	2	
<i>remergent hq</i>	1	
RENOVA	2	
RENOVA PUMP	2	
<i>skin bleaching</i>	1	
<i>skin bleaching/sunscreen</i>	1	
<i>tl hydroquinone</i>	1	
<i>tretinoin emollient</i>	1	
TRI-LUMA	2	
VANIQA	2	
XERAC AC	2	
Cough and Cold		
<i>benzonatate</i>	1	
<i>biotuss</i>	1	
<i>biotuss pediatric</i>	1	
<i>bromfed dm</i>	1	
CARBAPHEN 12	2	
CARBAPHEN 12 PED	2	
<i>centergy dm</i>	1	
CODAR AR	2	
CPB WC	2	
DECON-G	2	
<i>dextromethorphan hbr/phenylephrine hcl/chlorpheniramine</i>	1	
EXACTUSS	2	
<i>exefen-ir</i>	1	
FLOWTUSS	2	
GILPHEX TR	2	
GILTUSS	2	
<i>giltuss pediatric</i>	1	
GILTUSS TR	2	
<i>guaifenesin/dextromethorphan sr</i>	1	
HDC DM	2	
HYCOFENIX	2	
<i>hydrocodone bitartrate/chlorpheniramine maleate/pse</i>	1	
<i>hydrocodone bitartrate/homatropine methylbromide</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>hydromet</i>	1	
<i>lexuss 210</i>	1	
MUCINEX DM	2	
NARIZ	2	
NASOTUSS	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
NEOTUSS PLUS	2	
<i>nohist-dm</i>	1	
<i>nortuss-de</i>	1	
NORTUSS-EX	2	
OBREDON	2	
<i>phenylephrine/guaifenesin</i>	1	
PROHIST CD	2	
PROHIST CF	2	
PROMETHAZINE VC/CODEINE	2	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	
RELHIST	2	
RHINOLAR	2	
TESSALON PERLES	2	
TGQ 15DM/5PEH/2CPM	2	
TGQ 30PSE/150GFN/15DM	2	
TGQ 30PSE/3BRM/15DM	2	
TUSNEL PED-C	2	
TUSSICAPS	2	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	2	
TUXARIN ER	2	
TUZISTRA XR	2	
VAZOTAN	2	
VIRAVAN-DM	2	
VITUZ	2	
ZONATUSS	2	
<i>zotex-12d</i>	1	
ZOTEX-C	2	
ZUTRIPRO	2	
Erectile Dysfunction		
BI-MIX	2	QL (6 EA per 30 days)
CAVERJECT	2	QL (6 EA per 30 days)
CAVERJECT IMPULSE	2	QL (6 EA per 30 days)
CIALIS	2	QL (6 EA per 30 days)
EDEX	2	QL (6 EA per 30 days)
LEVITRA	2	QL (6 EA per 30 days)
MUSE	2	QL (6 EA per 30 days)
<i>papaverine-phentolamine mesylate</i>	1	QL (5 ML per 30 days)
QUAD-MIX	2	QL (6 EA per 30 days)
STAXYN	2	QL (6 EA per 30 days)
STENDRA	2	QL (6 EA per 30 days)
SUPER BI-MIX	2	QL (6 EA per 30 days)

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
SUPER QUAD-MIX	2	QL (6 EA per 30 days)
SUPER TRI-MIX	2	QL (6 EA per 30 days)
<i>tadalafil</i>	1	QL (6 EA per 30 days)
TRI-MIX	2	QL (6 EA per 30 days)
<i>vardenafil hydrochloride</i>	1	QL (6 EA per 30 days)
VIAGRA	2	QL (6 EA per 30 days)
Fertility		
CETROTIDE	2	
<i>clomiphene citrate</i>	1	
ENDOMETRIN	2	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	2	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	2	
FOLLISTIM AQ	2	
<i>ganirelix acetate</i>	1	
GONAL-F	2	
GONAL-F RFF	2	
GONAL-F RFF REDIJECT	2	
MENOPUR	2	
OVIDREL	2	
Miscellaneous		
<i>aero otic hc</i>	1	
ALA-QUIN	2	
ALCORTIN A	2	
ALOQUIN	2	
<i>aminobenzoate potassium</i>	1	
ANALPRAM-HC	2	
ANALPRAM-HC SINGLES	2	
<i>anucort-hc</i>	1	
ANUSOL-HC	2	
<i>arzol silver nitrate applicators</i>	1	
ASCOR	2	
<i>ascorbic acid</i>	1	
<i>benzoyl peroxide 8%</i>	1	
<i>bpm/pse/dm</i>	1	
<i>bromfed dm</i>	1	
CETACAINE	2	
CORTANE-B	2	
CORTANE-B-OTIC	2	
<i>cortic-nd</i>	1	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
<i>cyotic</i>	1	
<i>dermazene</i>	1	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
DONNATAL	2	
DRYSOL	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>esterified estrogens/methyltestosterone</i>	1	
<i>exactacain</i>	1	
<i>exotic-hc</i>	1	
FIRST-MOUTHWASH BLM	2	
GILPHEX TR	2	
GILTUSS TR	2	
<i>grx hicort 25</i>	1	
<i>hemorrhoidal-hc</i>	1	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone acetate/pramoxine</i>	1	
<i>hydrocortisone/iodoquinol</i>	1	
HYOPHEN	2	
<i>hyoscyamine sulfate er</i>	1	
<i>hyosyne</i>	1	
<i>iodoquinol/hydrocortisone acetate/aloe polysaccharides</i>	1	
IODOSORB	2	
<i>isoxsuprine hcl</i>	1	
K-PHOS	2	
K-PHOS NEUTRAL	2	
LEVBID	2	
<i>lidocaine hcl/hydrocortisone acetate</i>	1	
<i>me/naphos/mb/hyo 1</i>	1	
MEZPAROX-HC FORTE	2	
NATURE-THROID	2	
NEOTUSS PLUS	2	
NITRO-TIME	2	
<i>nohist-dm</i>	1	
NOVACORT	2	
OTICIN HC NR	2	
<i>oto-end 10</i>	1	
<i>otomax-hc</i>	1	
<i>phenazopyridine hcl</i>	1	
<i>phenazopyridine hydrochloride</i>	1	
<i>phospha 250 neutral</i>	1	
POTABA	2	
PRAMOSONE	2	
PROCORT	2	
PROCTOCORT	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hydrochloride/dextromethorphan hydrobromide</i>	1	
<i>promethazine vc/codeine</i>	1	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	
<i>promethazine/phenylephrine/codeine</i>	1	
<i>pyridoxine hcl</i>	1	
QUINJA	2	
<i>rectacort-hc</i>	1	
RHINOLAR	2	
<i>sodium chloride</i>	1	
<i>sodium sulfacetamide/sulfur</i>	1	
<i>thiamine hcl</i>	1	
TUSSICAPS	2	
TUXARIN ER	2	
TUZISTRA XR	2	
<i>urea</i>	1	
<i>uribel</i>	1	
<i>uro-458</i>	1	
<i>uro-mp</i>	1	
<i>ustell</i>	1	
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
VIRATAN-DM	2	
VYTONE	2	
WP THYROID	2	
Vitamins and Minerals		
ACTIVE FE	2	
ADRENAL C FORMULA	2	
<i>airavite</i>	1	
ALBAFORT	2	
<i>aminobenzoate potassium</i>	1	
ANIMI-3	2	
ANIMI-3/VITAMIN D	2	
AP-ZEL	2	
AQUASOL A PARENTERAL	2	
ASCOR	2	
ASCORBIC ACID INJ 15000MG/30ML	2	
<i>ascorbic acid inj 500mg/ml</i>	1	
ASTAMED MYO	2	
AVAILNEX	2	
AXONA	2	
<i>b-6 folic acid</i>	1	
<i>b-complex 100</i>	1	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
<i>b-plex</i>	1	
<i>b-plex plus</i>	1	
BACMIN	2	
<i>biocel</i>	1	
BP VIT 3	2	
CENFOL	2	
CENTRATEX	2	
CEREFOLIN	2	
CEREFOLIN NAC	2	
CHOLECAL DF	2	
CIFEREX	2	
<i>cod liver oil</i>	1	
<i>corvita</i>	1	
<i>corvita 150</i>	1	
CORVITE	2	
CORVITE 150	2	
CORVITE FE	2	
<i>corvite free</i>	1	
CYANOCOBALAMIN INJ 2000MCG/ML	2	
<i>cyanocobalamin inj 1000mcg/ml</i>	1	
DEPLIN 15	2	
DEPLIN 7.5	2	
<i>dialyvite</i>	1	
DIALYVITE 3000	2	
DIALYVITE 5000	2	
DIALYVITE SUPREME D	2	
DIALYVITE/ZINC	2	
DRISDOL	2	
DURACHOL	2	
ELFOLATE PLUS	2	
ENLYTE	2	
ENTERAGAM	2	
ERGOCAL	2	
<i>ergocalciferol</i>	1	
<i>fabb</i>	1	
FE 90 PLUS	2	
FERAHEME	2	
FERIVA 21/7	2	
FERIVAFA	2	
<i>ferocon</i>	1	
<i>ferotrinsic</i>	1	
FERRALET 90	2	
FERRAPLUS 90	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
FERRO-PLEX HEMATINIC	2	
<i>ferrocite plus</i>	1	
<i>ferrogels forte</i>	1	
FERROTRIN	2	
FIBRIK	2	
<i>folbee</i>	1	
<i>folbee plus</i>	1	
<i>folbee plus cz</i>	1	
<i>folbic</i>	1	
FOLBIC RF	2	
FOLGARD RX	2	
FOLI-D	2	
<i>folic acid</i>	1	
<i>folic acid/cyanocobalamin/pyridoxine hydrochloride</i>	1	
<i>folic acid/vitamin b-6/vitamin b-12</i>	1	
FOLIKA-V	2	
FOLITE	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
FOLIXAPURE	2	
<i>folplex 2.2</i>	1	
FOLTANX	2	
FOLTANX RF	2	
FOLTRATE	2	
<i>foltrin</i>	1	
FOLTX	2	
FOLVITE FE	2	
FORTAVIT	2	
FOSTEUM	2	
FOSTEUM PLUS	2	
FOVEX	2	
FUSION PLUS	2	
FUSION SPRINKLES	2	
GABADONE	2	
GENICIN VITA-D	2	
<i>hematinic plus complex</i>	1	
<i>hematinic plus vitamins/minerals</i>	1	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
HEMATOGEN FA	2	
<i>hematogen forte</i>	1	
HEMATRON-AF	2	
HEMENATAL OB + DHA	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
HEMOCYTE PLUS	2	
<i>hemocyte-f</i>	1	
<i>hemocyte-plus</i>	1	
<i>hydroxocobalamin</i>	1	
HYPERTENSA	2	
ICAR-C PLUS	2	
<i>iferex 150 forte</i>	1	
<i>infed</i>	1	
<i>infuvite adult</i>	1	
<i>infuvite pediatric</i>	1	
INJECTAFER	2	
INTEGRA F	2	
INTEGRA PLUS	2	
IROSPAN 24/6	2	
<i>l-methyl-b6-b12</i>	1	
L-METHYL-MC	2	
L-METHYL-MC NAC	2	
<i>l-methylfolate</i>	1	
L-METHYLFOLATE CA ME-CBL NAC	2	
<i>l-methylfolate ca/p-5-p/me-cbl</i>	1	
<i>l-methylfolate calcium</i>	1	
L-METHYLFOLATE FORMULA 15	2	
L-METHYLFOLATE FORMULA 7.5	2	
L-METHYLFOLATE FORTE	2	
LIMBREL	2	
LIPICHOL 540	2	
LISTER-V	2	
<i>lmthf/pyridoxine hcl/cyanocobalamin</i>	1	
<i>lysiplex plus</i>	1	
M.V.I. ADULT	2	
M.V.I. PEDIATRIC	2	
M.V.I.-12 WITHOUT VITAMIN K	2	
MEPHYTON	2	
METAFOLBIC	2	
METAFOLBIC PLUS	2	
METAFOLBIC PLUS RF	2	
METANX	2	
<i>methionine/inositol/choline/cyanocobalamin</i>	1	
METHYLCOBALAMIN	2	
<i>multi-b-plus</i>	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
<i>myferon 150 forte</i>	1	
<i>mynephrocaps</i>	1	
NASCOBAL	2	
NATALVIRT FLT	2	
NEPHPLEX RX	2	
NEPHRO-VITE RX	2	
NEPHROCAPS	2	
NEPHRON FA	2	
<i>nephronex</i>	1	
NEUREPA	2	
NEURIN-SL	2	
<i>niacin</i>	1	
NICADAN	2	
NICAZEL	2	
NICAZEL FORTE	2	
NICOMIDE	2	
<i>nufol</i>	1	
NUTRICAP	2	
<i>nutrifac zx</i>	1	
NUTRIVIT	2	
OCUVEL	2	
ORTHO-FOLIC	2	
PERCURA	2	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	2	
PHYTONADIONE	1	
PNV-VP-U	2	
PODIAPN	2	
<i>poly-iron 150 forte</i>	1	
<i>polysaccharide iron forte</i>	1	
POTABA	2	
PROTECT PLUS	2	
PROTECTIRON	2	
PROTEOLIN	2	
PULMONA	2	
PUREFE PLUS	2	
<i>purevit dualfe plus</i>	1	
PYRIDOXAL-5-PHOSPHATE	2	
<i>pyridoxine hcl</i>	1	
<i>renal caps</i>	1	
RENATABS	2	
RENATABS WITH IRON	2	
<i>reno caps</i>	1	
REQ 49+	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
REVESTA	2	
RHEUMATE	2	
<i>se-tan plus</i>	1	
SENTRA AM	2	
SENTRA PM	2	
SIDEROL	2	
<i>sodium ferric gluconate complex/sucrose</i>	1	
STROVITE FORTE	2	
STROVITE ONE	2	
SUPERVITE	2	
SUPPORT	2	
SUPPORT-500	2	
SYNAGEX	2	
SYNATEK	2	
TANDEM PLUS	2	
TARON FORTE	2	
THERAMINE	2	
<i>thiamine hcl</i>	1	
<i>tl gard rx</i>	1	
<i>tl icon</i>	1	
<i>tl-hem 150</i>	1	
TL-ICARE	2	
TOZAL	2	
TREPADONE	2	
<i>tricon</i>	1	
TRIFERIC	2	
<i>trigels-fforte</i>	1	
<i>triphrocaps</i>	1	
UDAMIN SP	2	
<i>v-c forte</i>	1	
VASCAZEN	2	
VASCULERA	2	
VENOFER	2	
<i>vic-forte</i>	1	
<i>vicap forte</i>	1	
<i>virt-caps</i>	1	
<i>virt-vite</i>	1	
<i>virt-vite forte</i>	1	
<i>virt-vite plus</i>	1	
<i>vita s forte</i>	1	
<i>vita-min</i>	1	
<i>vitacel</i>	1	
VITAL-D RX	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
<i>vitamax pediatric</i>	1	
<i>vitamin b-complex 100</i>	1	
<i>vitamin d</i>	1	
VITAMIN K1	1	
VITAROCA PLUS	2	
<i>vol-care rx</i>	1	
VP-GSTN	2	
VP-ZEL	2	
<i>wheat germ</i>	1	
XAQUIL XR	2	
<i>xyzbac</i>	1	
Weight loss		
ADIPEX-P	2	PA
APPTRIM	2	PA
APPTRIM-D	2	PA
<i>benzphetamine hcl</i>	1	PA
CONTRAVE	2	PA
<i>diethylpropion hcl</i>	1	PA
<i>diethylpropion hcl er</i>	1	PA
LOMAIRA	2	PA
MEDACTIV	2	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phendimetrazine tartrate er</i>	1	PA
<i>phentermine hcl</i>	1	PA
<i>phentermine hydrochloride</i>	1	PA
QSYMIA	2	PA
SAXENDA	2	PA
XENICAL	2	PA

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

SilverScript[®]

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



This formulary was updated on 10/08/2020. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript Customer Care at the number on the back of your ID card. TTY users should call 711.

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

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.

10/08/2020