

# 2017 Commercial Formulary (List of Covered Medications)

This Florida Health Care Plans medication list (formulary) was updated **11/13/2017**. For more recent information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 or, for TTY users, TRS Relay 711. Hours of operation are 7 days a week, 8 am – 8 pm, or visit [www.fhcp.com](http://www.fhcp.com)

**Note to Members:** Please review this document to make sure that it contains the medications you take. When this medication list refers to “we,” “us”, or “our,” it means Florida Health Care Plans (FHCP). When it refers to “plan” or “our plan,” it means Florida Health Care Plans (FHCP). This document includes a list of the medications covered by FHCP which is effective **12/01/2017**. Medication list begins on page **6**. For an updated formulary, please contact us. Our contact information appears on the front cover page.

## **Disclaimers:**

- You must use network pharmacies to receive your prescription medication benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change upon renewal of your plan.
- This information is available for free in other languages. Please contact our Member Services number at 1-877-615-4022 for additional information. (TTY users should call TRS Relay 711). Hours are 8 am to 8 pm, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.
- Esta informacion esta disponible gratis en otros lenguajes. Por favor pongase en contacto con nuestro Servicios de Miembros a 1-877-615-4022 para informacion adicional. Usuarios de TTY deben de llamar TRS Relay 711. Horas son de 8 am hasta 8 pm, 7 dias de la semana. Servicios de Miembros tambien tiene servicios de interpretacion de lenguajes gratis disponible para personas que no hablan ingles.

## FORMULARY INTRODUCTION

The Florida Health Care Plans formulary is an extensive list of FDA approved brand and generic medications used to treat the most common medical conditions.

The FHCP Formulary is developed by FHCP's Pharmacy and Therapeutics Committee (P&T). The committee consists of physicians, pharmacists, and nurses who review medications on the basis of safety, efficacy, tolerability, and cost. The P&T Committee reviews and updates the medication list quarterly. New medications and newly available generics are added as needed, and medications that are deemed unsafe by the Food and Drug Administration (FDA) are immediately removed.

Your prescription medication benefit provides coverage for medications listed in each of the therapeutic classes of the FHCP Formulary. The FHCP Formulary represents the major therapeutic classes and should serve as a quick reference to you, your physician, or pharmacist for those covered medications within the classes listed. Information on medication coverage for a non-listed therapeutic medication class should be directed to a FHCP pharmacist or physician. If your physician prescribes a medication that is not covered, show your physician this list, and ask the physician to prescribe a medication from within the FHCP Formulary.

The brand name for generically available medications is listed in capital letters and in parentheses for ease of searching. For example, (CLEOCIN) is the brand name for clindamycin capsules. **Any medication not listed in the FHCP Formulary is considered a non-covered medication and is subject to a higher out of pocket costs.**

### Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** FHCP requires you or your physician to get prior authorization for certain medications. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the medication. **Prior Authorization medications must be obtained from FHCP pharmacies.**
- **Preventive Medications (PREV)\*:** The Affordable Care Act requires coverage of certain preventive medications without any patient cost-sharing. The preventive medications listed on formulary are available to "ACA compliant" and "Non-Grandfathered" plans only. **Preventive medications must be obtained from FHCP pharmacies.**
- **Quantity Limits (QL):** For certain medications, FHCP limits the amount of the medication that FHCP will cover. For example, FHCP provides 4 ounces per prescription for cough syrups. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, FHCP requires you to first try certain medications to treat your medical condition before we will cover another medication for that condition. For example, if Medication A and Medication B both treat your medical condition, FHCP may not cover Medication B unless you try Medication A first. If Medication A does not work for you, FHCP will then cover Medication B. **Step therapy medications must be obtained from FHCP pharmacies.**
- **75% Usage Rule** – Prescription refills will not be covered unless at least 75% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).  
**90% Usage Rule** – Prescription refills for narcotics or controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

You can find out if your medication has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered medications by visiting our Web site [www.fhcp.com](http://www.fhcp.com). Our contact information, along with the date we last updated the formulary, appears on the front cover page.

You can ask FHCP to make an exception to these restrictions or limits or for a list of other, similar medications that may treat your health condition. See the section, “How do I request an exception to the FHCP’s formulary?” for information about how to request an exception.

### **What if my medication is not on the Formulary?**

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

If you learn that FHCP does not cover your medication, you have two options:

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

### **How do I request an exception to the Formulary?**

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you must submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 14 days 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 14 days for a decision. If your request to expedite is granted, we must give you a decision no later than 24 to 72 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 medications or requesting an exception?**

As a new or continuing Member in our plan you may be taking medications that are not on our formulary. Or, you may be taking a medication 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 medication that we cover or request a formulary exception so

that we will cover the medication you take. While you talk to your doctor to determine the right course of action for you, we may cover your medication in certain cases during the first 90 days you are a Member of our plan. For each of your medications that is not on our formulary or if your ability to get your medications is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a FHCP pharmacy. After your first 30-day supply, we will not pay for these medications, even if you have been a Member of the plan less than 90-days.

### **Medication Transition Program for new FHCP Members.**

In your “Enrollment Packet,” you will be provided with a “Medication Transition” Form. The completed Form will include the names of the medications, dosage, and prescribing physician’s name as well as specific Member information and an “Authorization to Release Protected Health Information” Section that will allow FHCP’s Clinical Pharmacist to obtain any necessary medical records from the prescribing physician. Once complete, the form is reviewed by a Clinical Pharmacist who will coordinate care with you and the physician(s) as needed. FHCP pharmacies will dispense a one-time 31 day supply of the current transition medication, excluding specialty medications, to allow you and our physician(s) to discuss possible “Medication Formulary” alternatives, request a prior authorization, or, in the event the physician(s) deems the non-formulary medication to be medically necessary, request a Formulary Exception. Specialty medications will require review and authorization through the Referral Department prior to coverage.

### **How much will my prescriptions Cost?**

Your pharmacy benefit and the medications listed in the formulary are assigned a “TIER.” There are seven (7) Tiers in the Formulary.

- Tier 1 (1) – Preferred Generic
- Tier 2 (2) – Non-Preferred Generic
- Tier 3 (3) – Preferred Brand
- Tier 4 (4) – Non-Preferred Brand
- Tier 5 (5) – Specialty Medications
- Tier 6 (6) – Self-Injected and Medical Injectable Medications
- Tier 7 (7) – Preventive Medications (ACA Compliant and “Non-grandfathered” plans\*)

The Formulary will indicate the “Tier” each medication is in. Generally, the higher the “Tier,” the higher your cost will be. Carefully review your Summary of Benefits Coverage to ascertain if you have a pharmacy benefit and/or any pharmacy benefit limitations.

The Formulary lists medical pharmacy medications under the Medical Benefit heading. These medications are administered in a physician’s office or FHCP infusion center by a licensed healthcare professional. Medications listed as medical benefits are subject to the applicable medical pharmacy coinsurance. Medical pharmacy medications being self-injected are not covered.

### **For more information**

For more detailed information about your FHCP prescription medication coverage, please review your Certificate of Coverage, your Summary of Benefits Coverage and other plan materials for your cost sharing and any benefit limitations (such as “Generic Only option). If you have questions, please contact us.

**Note:** FHCP’s Formulary can also be found on our website at [www.fhcp.com](http://www.fhcp.com). If you are unable to find a certain medication within this booklet, please check out our website.

## KEY FOR REQUIREMENTS/LIMITS COLUMN

**AGE:** Age Limit - Medication is covered only if member satisfies age requirements for coverage.

**F:** Female Only – Medication is covered for women only.

**M:** Male Only – Medication is covered for men only.

**PA:** Prior Authorization – Medication requires FHCP prior approval.

**PREV:** Preventive - \$0 Cost sharing to members in ACA compliant and “Non-Grandfathered” plans\*.

**QL:** Quantity Limit –

**RO:** Retail Only – Available only through a retail pharmacy. Medication cannot be mailed.

**SP:** Specialty – Medications can only be obtained from FHCP network specialty pharmacies and clinics.

**ST:** Step Therapy – Medication requires use of another medication before it is covered.

**Note:** \*ACA compliant and “Non-Grandfathered” plan means any health plan available to subscribers created by FHCP on or after March 23, 2010. For more information call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

## HOW TO SEARCH FOR A MEDICATION IN THE FLORIDA HEALTH CARE PLAN PREFERRED MEDICATION LIST (FORMULARY)



On the FHCP Website, click on the Members tab, click on “Formulary”

<http://www.fhcp.com/members/formulary/formulary.htm>

Click on Commercial Formulary

[http://fm.formularynavigator.com/MemberPages/pdf/2017CommercialFormulary\\_11194\\_Full\\_3285.pdf](http://fm.formularynavigator.com/MemberPages/pdf/2017CommercialFormulary_11194_Full_3285.pdf)

When the PDF file comes up, press Control F. A pop-up search text box will appear at the top of the page. Type the medication name for which you are searching and click the right arrow in the pop-up search text box to begin the search.

To close the pop-up search text box, click on the “x” in the pop-up search text box.

# 2017 COMMERCIAL MEDICATION FORMULARY

## (LIST OF COVERED MEDICATIONS)

Effective 1/1/2017

	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<p><b>lowercase italics</b> = Generic drugs  <b>UPPERCASE</b> = Brand name                      drugs</p>	<p><b>1</b> = Tier 1  <b>2</b> = Tier 2  <b>3</b> = Tier 3  <b>4</b> = Tier 4  <b>5</b> = Tier 5  <b>6</b> = Tier 6  <b>7</b> = Tier 7</p>	<p><b>Age</b> = Age Restriction  <b>F</b> = Female Only  <b>M</b> = Male Only  <b>PA</b> = Prior Authorization  <b>PREV</b> = Preventive  <b>QL</b> = Quantity Limit  <b>RO</b> = Retail Only  <b>ST</b> = Step Therapy</p>
Medication Name	Medication Tier	Requirements/Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	(INTUNIV); QL (31 EA per 31 days)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	(STRATTERA)
<b>*Amphetamine Mixtures***</b>		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	2	QL (31 EA per 31 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	2	QL (62 EA per 31 days)
<b>*Amphetamines***</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	(DEXEDRINE CR)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	(DEXTROSTAT)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	

Medication Name	Medication Tier	Requirements/Limits
<b>*Stimulants - Misc.***</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; (NUVIGIL); QL (31 EA per 31 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	(METADATE CD); QL (31 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	(RITALIN SR)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	2	(CONCERTA); QL (31 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	2	(CONCERTA); QL (62 EA per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	(METHYLIN)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	(RITALIN)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; (PROVIGIL); QL (31 EA per 31 days)
<b>*AMINOGLYCOSIDES*</b>		
<b>*Aminoglycosides***</b>		
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>paromomycin sulfate oral capsule 250 mg</i>	3	(HUMATIN)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA; RO; (TOBI)
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>		
XELJANZ ORAL TABLET 5 MG	5	PA; RO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA; RO
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; RO
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; RO

Medication Name	Medication Tier	Requirements/Limits
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; RO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; RO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	5	PA; RO
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	5	PA; RO
<b>*Interleukin-1 Blockers***</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
<b>*Interleukin-1 Receptor Antagonist (IL-1Ra)***</b>		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; RO
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	(VOLTAREN)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	(LODINE XL)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	(LODINE)
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	(LODINE)
<i>fenoprofen calcium oral tablet 600 mg</i>	2	(NALFON)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	(MOTRIN)
<i>indomethacin er oral capsule extended release 75 mg</i>	2	(INDOCIN SR)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	(INDOCIN)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	(ORUDIS)
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	(TORADOL); QL (20 EA per 31 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	2	(MECLOMEN)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	(MOBIC)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	(RELAFEN)
<i>naproxen oral suspension 125 mg/5ml</i>	2	RO; (NAPROSYN)
<i>naproxen oral tablet 250 mg</i>	2	(NAPROSYN)



<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>naproxen oral tablet 375 mg, 500 mg</i>	1	(NAPROSYN)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	(FELDENE)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	(CLINORIL)
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	(ARAVA)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; RO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; RO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; RO
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*Analgesics-Sedatives***</b>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	(FIORICET)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	(FIORINAL)
<b>*Salicylates***</b>		
<i>adult aspirin ec low strength oral tablet delayed release 81 mg</i>	7	PREV; Age (Max 79 Years)
<i>aspirin adult low strength oral tablet chewable 81 mg</i>	7	PREV; Age (Max 79 Years)
<i>salsalate oral tablet 500 mg, 750 mg</i>	2	(DISALCID)
<b>*ANALGESICS - OPIOID*</b>		
<b>*Codeine Combinations***</b>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	2	(TYLENOL W/COD)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	(TYLENOL W/COD)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	2	(TYLENOL W/COD)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	(TYLENOL W/COD); QL (473 ML per 3 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	(FIORINAL W/COD)
<b>*Hydrocodone Combinations***</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	RO; QL (473 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	(NORCO)
<b>*Opioid Agonists***</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; (DURAGESIC)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	(DILAUDID)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	(DILAUDID)
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	2	(DEMEROL)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	(DOLOPHINE)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	(DOLOPHINE)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	(ROXANOL)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	(MS CONTIN)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	(ROXANOL)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	(MSIR)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	(OXY IR)
<i>tramadol hcl oral tablet 50 mg</i>	2	(ULTRAM)
<b>*Opioid Combinations***</b>		
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	(ROXICET)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	(PERCOCET)
<b>*Opioid Partial Agonists***</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	PA; (SUBUTEX)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	PA; (SUBOXONE)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	PA
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*Anabolic Steroids***</b>		
ANADROL-50 ORAL TABLET 50 MG	4	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA; (OXANDRIN)
<b>*Androgens***</b>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	4	M; QL (150 GM per 30 days)

Medication Name	Medication Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)	4	M; QL (75 GM per 30 days)
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)	4	M; QL (150 GM per 30 days)
ANDROXY ORAL TABLET 10 MG	2	(HALOTESTIN)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	(DANOCRINE)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	6	(DEPO-TESTOSTERONE); J1071
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	6	J3121
<b>*ANORECTAL AGENTS*</b>		
<b>*Intrarectal Steroids***</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	(CORTENEMA); QL (420 ML per 7 days)
<b>*Rectal Steroids***</b>		
<i>hydrocortisone acetate rectal suppository 25 mg</i>	2	(ANUSOL-HC); QL (12 EA per 3 days)
PROCTOZONE-HC RECTAL CREAM 2.5 %	2	(ANUSOL-HC); QL (30 GM per 30 days)
<b>*ANTHELMINTICS*</b>		
<b>*Anthelmintics***</b>		
ALBENZA ORAL TABLET 200 MG	4	QL (6 EA Max Qty Per Fill Retail)
<i>ivermectin oral tablet 3 mg</i>	2	(STROMEKTOL)
<b>*ANTIANGINAL AGENTS*</b>		
<b>*Antianginals-Other***</b>		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	3	PA
<b>*Nitrates***</b>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	2	(ISORDIL)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	(ISORDIL)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	(IMDUR)
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	QL (30 GM per 30 days)
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	2	

Medication Name	Medication Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	2	(MINITRAN)
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	3	
<b>*ANTIANKXIETY AGENTS*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>	2	(BUSPAR)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	RO; (ATARAX); QL (120 ML per 3 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	(ATARAX)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	(VISTARIL)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	(EQUANIL)
<b>*Benzodiazepines***</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	(XANAX)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	(LIBRIUM)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	(TRANXENE)
<i>diazepam oral solution 1 mg/ml</i>	2	(VALIUM)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	(VALIUM)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	(ATIVAN)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	(ATIVAN)
<b>*ANTIARRHYTHMICS*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	(NORPACE)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	(QUINAGLUTE)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<b>*Antiarrhythmics Type I-B***</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	(MEXITIL)

Medication Name	Medication Tier	Requirements/Limits
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	(TAMBOCOR)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	(RYTHMOL)
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral tablet 200 mg</i>	2	(PACERONE)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	(TIKOSYN)
MULTAQ ORAL TABLET 400 MG	4	PA
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*5-Lipoxygenase Inhibitors***</b>		
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
<b>*Adrenergic Combinations***</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3	QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	2	(AIRDUO)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	4	QL (10.2 GM per 30 days)
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	(INTAL); QL (1 BOX Max Qty Per Fill Retail)

Medication Name	Medication Tier	Requirements/Limits
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i>	2	(VENTOLIN); QL (1 BOX Max Qty Per Fill Retail)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	2	PA; (ACCUNEB); QL (1 BOX Max Qty Per Fill Retail); Age (Max 2 Years)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	(VENTOLIN)
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	(VENTOLIN)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	2	(ALUPENT)
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	2	(ALUPENT)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	(BRETHINE)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	
<b>*Bronchodilators - Anticholinergics***</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	(ATROVENT); QL (1 BOX Max Qty Per Fill Retail)
<b>*Leukotriene Receptor Antagonists***</b>		
<i>montelukast sodium oral packet 4 mg</i>	2	(SINGULAIR)
<i>montelukast sodium oral tablet 10 mg</i>	1	(SINGULAIR)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	(SINGULAIR)
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
DALIRESP ORAL TABLET 500 MCG	3	PA
<b>*Steroid Inhalants***</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL (30 EA per 30 days)

Medication Name	Medication Tier	Requirements/Limits
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	2	PA; (PULMICORT); QL (60 ML per 15 days); Age (Min 6 Months and Max 8 Years)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (10.6 GM per 30 days)
<b>*Xanthines***</b>		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	2	(THEO-DUR)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	(UNIPHYL)
<i>theophylline oral solution 80 mg/15ml</i>	2	
<b>*ANTICOAGULANTS*</b>		
<b>*Coumarin Anticoagulants***</b>		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	(COUMADIN)
<b>*Direct Factor Xa Inhibitors***</b>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	



Medication Name	Medication Tier	Requirements/Limits
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	6	RO; (LOVENOX); QL (28 ML per 14 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	6	RO; (LOVENOX); QL (22.4 ML per 14 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	6	RO; (LOVENOX); QL (8.4 ML per 14 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	6	RO; (LOVENOX); QL (11.2 ML per 14 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	6	RO; (LOVENOX); QL (16.8 ML per 14 days)
<b>*Synthetic Heparinoid-Like Agents***</b>		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	6	PA; RO; (ARIXTRA)
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<b>*ANTICONVULSANTS*</b>		
<b>*Ampa Glutamate Receptor Antagonists***</b>		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; RO
<b>*Anticonvulsants - Benzodiazepines***</b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	(KLONOPIN)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg</i>	2	(KLONOPIN)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	RO; (DIASTAT); QL (1 EA per 15 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	4	PA
ONFI ORAL TABLET 10 MG, 20 MG	4	PA
<b>*Anticonvulsants - Misc.***</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA
BANZEL ORAL SUSPENSION 40 MG/ML	4	PA
BANZEL ORAL TABLET 200 MG, 400 MG	4	PA
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	(TEGRETOL)
<i>carbamazepine oral tablet 200 mg</i>	2	(TEGRETOL)



Medication Name	Medication Tier	Requirements/Limits
<i>carbamazepine oral tablet chewable 100 mg</i>	2	(TEGRETOL)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	(NEURONTIN)
<i>gabapentin oral solution 250 mg/5ml</i>	2	(NEURONTIN)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	(NEURONTIN)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	(LAMICTAL)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	(LAMICTAL)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	(KEPPRA XR)
<i>levetiracetam oral solution 100 mg/ml</i>	2	(KEPPRA)
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	(KEPPRA)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	4	ST; QL (93 EA per 31 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	(TRILEPTAL)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	(TRILEPTAL)
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	(MYSOLINE)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	(TOPAMAX)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	(TOPAMAX)
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	(ZONEGRAN)
<b>*Carbamates***</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	2	(FELBATOL)
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	(FELBATOL)
<b>*Gaba Modulators***</b>		
GABITRIL ORAL TABLET 16 MG	4	
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	2	(GABITRIL)
<b>*Hydantoins***</b>		
DILANTIN ORAL CAPSULE 30 MG	3	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	(DILANTIN)
<i>phenytoin oral tablet chewable 50 mg</i>	2	(DILANTIN)
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	(DILANTIN)

Medication Name	Medication Tier	Requirements/Limits
<b>*Succinimides***</b>		
CELONTIN ORAL CAPSULE 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i>	2	(ZARONTIN)
<i>ethosuximide oral solution 250 mg/5ml</i>	2	(ZARONTIN)
<b>*Valproic Acid***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	(DEPAKOTE)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	(DEPAKOTE SPRINKLES)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	(DEPAKOTE)
<i>valproate sodium oral solution 250 mg/5ml</i>	2	RO; (DEPAKENE)
<i>valproic acid oral capsule 250 mg</i>	2	(DEPAKENE)
<b>*ANTIDEPRESSANTS*</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	(REMERON)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	(REMERON)
<b>*Antidepressants - Misc.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	2	(WELLBUTRIN SR)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	(WELLBUTRIN XL)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	(WELLBUTRIN)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	(LUDIOMIL)
<b>*Modified Cyclics***</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	(SERZONE)
<i>trazodone hcl oral tablet 100 mg, 50 mg</i>	1	(DESYREL)
<i>trazodone hcl oral tablet 150 mg</i>	2	(DESYREL)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	

Medication Name	Medication Tier	Requirements/Limits
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	(NARDIL)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	(PARNATE)
<b>*Selective Serotonin Reuptake Inhibitors (Ssrís)***</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	(CELEXA)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	(CELEXA)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	(LEXAPRO)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	(LEXAPRO)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	1	(PROZAC)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	(PROZAC)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	(LUVOX)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	(PAXIL CR)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	(PAXIL)
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	(ZOLOFT)
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	2	(ZOLOFT)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>		
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	2	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	(PRISTIQ)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	(CYMBALTA)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	(EFFEXOR XR)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	(EFFEXOR)

Medication Name	Medication Tier	Requirements/Limits
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	(ELAVIL)
<i>amitriptyline hcl oral tablet 150 mg</i>	2	(ELAVIL)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	(ASENDIN)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	(ANAFRANIL)
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	(NORPRAMIN)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	(SINEQUAN)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	(SINEQUAN)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	(TOFRANIL)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	(PAMELOR)
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	2	(PAMELOR)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	(PAMELOR)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	(VIVACTIL)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	(SURMONTIL)
<b>*ANTIDIABETICS*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	(PRECOSE)
<b>*Antidiabetic - Amylin Analogs***</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	PA; RO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	PA; RO
<b>*Biguanides***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	(GLUCOPHAGE XR)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	(GLUCOPHAGE)
<b>*Diabetic Other***</b>		
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	QL (1 EA per 15 days)

Medication Name	Medication Tier	Requirements/Limits
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (31 EA per 31 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (31 EA per 31 days)
TRADJENTA ORAL TABLET 5 MG	3	ST
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	ST
<b>*Human Insulin***</b>		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	RO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	RO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	Available ONLY at FHCP Pharmacies.

Medication Name	Medication Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	Available ONLY at FHCP Pharmacies.
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	ST; RO
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	ST; RO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	3	ST; RO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	3	ST; RO
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	3	ST; RO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	ST; RO
<b>*Meglitinide Analogues***</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	(STARLIX)
<b>*Sodium-Glucose Co-Transporter 2 (Sgl2) Inhibitors***</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST
<b>*Sulfonylureas***</b>		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	2	(DIABINESE)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	(AMARYL)
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	(GLUCOTROL)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	(GLYNASE)
<i>glyburide oral tablet 1.25 mg</i>	2	(DIABETA)
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	1	(DIABETA)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	2	(TOLINASE)
<i>tolbutamide oral tablet 500 mg</i>	2	(ORINASE)

Medication Name	Medication Tier	Requirements/Limits
<b>*Thiazolidinediones***</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	2	(ACTOS)
<b>*ANTIDIARRHEALS*</b>		
<b>*Antiperistaltic Agents***</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	(LOMOTIL)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	(LOMOTIL)
<i>loperamide hcl oral capsule 2 mg</i>	2	(IMODIUM)
<b>*ANTIDOTES*</b>		
<b>*Antidotes - Chelating Agents***</b>		
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	5	PA
<b>*Opioid Antagonists***</b>		
<i>naltrexone hcl oral tablet 50 mg</i>	2	(REVIA)
NARCAN NASAL LIQUID 4 MG/0.1ML	4	RO; MAX 2 FILLS PER 365 DAYS; QL (2 EA Max Qty Per Fill Retail)
<b>*ANTIEMETICS*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	(ZOFTRAN); QL (50 ML per 3 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	(ZOFTRAN); QL (9 EA per 3 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	(ZOFTRAN ODT); QL (10 EA per 3 days)
<b>*Antiemetics - Anticholinergic***</b>		
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	(TIGAN)
<b>*Antiemetics - Miscellaneous***</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; RO; (MARINOL); QL (60 EA per 30 days)
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	2	PA; RO; (EMEND)
<b>*ANTIFUNGALS*</b>		
<b>*Antifungals***</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	(ANCOBON)



Medication Name	Medication Tier	Requirements/Limits
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	RO; (GRIFULVIN V)
<i>nystatin oral tablet 500000 unit</i>	2	
<i>terbinafine hcl oral tablet 250 mg</i>	2	(LAMISIL)
<b>*Imidazoles***</b>		
<i>ketoconazole oral tablet 200 mg</i>	2	(NIZORAL)
<b>*Triazoles***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	RO; (DIFLUCAN); QL (1 BTL Max Qty Per Fill Retail)
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	(DIFLUCAN)
<i>fluconazole oral tablet 150 mg</i>	2	(DIFLUCAN); QL (2 EA Max Qty Per Fill Retail)
<i>itraconazole oral capsule 100 mg</i>	2	PA; (SPORONOX)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; RO; (VFEND)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	PA; (VFEND)
<b>*ANTIHIISTAMINES*</b>		
<b>*Antihistamines - Non-Sedating***</b>		
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	(XYZAL)
<b>*Antihistamines - Phenothiazines***</b>		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	RO; (PHENERGAN); QL (120 ML per 3 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	(PHENERGAN)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	RO; (PHENERGAN); QL (12 EA per 2 days)
<b>*Antihistamines - Piperidines***</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	RO; (PERIACTIN); QL (120 ML per 3 days)
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	(PERIACTIN)
<b>*ANTIHYPERLIPIDEMICS*</b>		
<b>*Antihyperlipidemics - Misc.***</b>		
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	(LOVAZA)
<b>*Bile Acid Sequestrants***</b>		
<i>cholestyramine light oral packet 4 gm</i>	2	(QUESTRAN LIGHT)



Medication Name	Medication Tier	Requirements/Limits
<i>cholestyramine light oral powder 4 gml/dose</i>	2	(QUESTRAN LIGHT)
<i>cholestyramine oral packet 4 gm</i>	2	(QUESTRAN)
<i>cholestyramine oral powder 4 gml/dose</i>	2	(QUESTRAN)
WELCHOL ORAL PACKET 3.75 GM	4	PA
WELCHOL ORAL TABLET 625 MG	4	PA
<b>*Fibric Acid Derivatives***</b>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	2	(TRICOR)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	(TRILIPIX)
<i>gemfibrozil oral tablet 600 mg</i>	2	(LOPID)
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	(LIPITOR)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	(MEVACOR); PREV
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	(PRAVACHOL)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	(CRESTOR)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	2	(ZOCOR)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<i>ezetimibe oral tablet 10 mg</i>	2	
<b>*Nicotinic Acid Derivatives***</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	(NIASPAN)
<b>*ANTIHYPERTENSIVES*</b>		
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	(ZESTORETIC)
<b>*Ace Inhibitors***</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	(LOTENSIN)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	(VASOTEC)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	2	(MONOPRIL)

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	1	(ZESTRIL)
<i>lisinopril oral tablet 30 mg</i>	2	(ZESTRIL)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	2	(ALTACE)
<b>*Angiotensin Ii Receptor Antag &amp; Thiazide/Thiazide-Like***</b>		
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	2	(HYZAAR)
<b>*Angiotensin Ii Receptor Antagonists***</b>		
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	2	(COZAAR)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	(MICARDIS)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	(DIOVAN)
<b>*Antiadrenergics - Centrally Acting***</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1	(CATAPRES)
<i>clonidine hcl oral tablet 0.3 mg</i>	2	(CATAPRES)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	(TENEX)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	(ALDOMET)
<b>*Antiadrenergics - Peripherally Acting***</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	(CARDURA)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	(MINIPRESS)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	(HYTRIN)
<b>*Direct Renin Inhibitors***</b>		
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	ST
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	(INSPIRA)
<b>*Vasodilators***</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	(APRESOLINE)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	(LONITEN)

Medication Name	Medication Tier	Requirements/Limits
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*Anti-Infective Agents - Misc.***</b>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	(FLAGYL)
<i>trimethoprim oral tablet 100 mg</i>	2	(TRIMPEX)
<i>vancomycin hcl intravenous solution reconstituted 1000 mg, 500 mg</i>	2	J3370
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	5	PA; RO; (VANCOCIN)
<b>*Anti-Infective Misc. - Combinations***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	(SEPTRA)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	2	(SEPTRA)
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	2	(SEPTRA DS)
<b>*Antiprotozoal Agents***</b>		
ALINIA ORAL TABLET 500 MG	5	RO
<i>atovaquone oral suspension 750 mg/5ml</i>	2	(MEPRON)
<b>*Leprostatics***</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	4	
<b>*Lincosamides***</b>		
<i>clindamycin hcl oral capsule 150 mg</i>	2	(CLEOCIN)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	RO; (CLEOCIN); QL (1 BTL Max Qty Per Fill Retail)
<b>*Oxazolidinones***</b>		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	2	RO; (ZYVOX)
<i>linezolid oral tablet 600 mg</i>	2	(ZYVOX)
<b>*ANTIMALARIALS*</b>		
<b>*Antimalarial Combinations***</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	(MALARONE)
COARTEM ORAL TABLET 20-120 MG	4	
<b>*Antimalarials***</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	(ARALEN)
DARAPRIM ORAL TABLET 25 MG	5	PA
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	(PLAQUENIL)

Medication Name	Medication Tier	Requirements/Limits
<i>mefloquine hcl oral tablet 250 mg</i>	2	(LARIAM)
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; (QUALAQUIN)
<b>*ANTIMYASTHENIC AGENTS*</b>		
<b>*Antimyasthenic Agents***</b>		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	(MESTINON TIMESPAN)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	(MESTINON)
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*Antimycobacterial Agents***</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	(MYAMBUTAL)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	(MYCOBUTIN)
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	(RIFADIN)
SIRTURO ORAL TABLET 100 MG	4	
TRECTOR ORAL TABLET 250 MG	4	RO
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS***</b>		
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*Alkylating Agents***</b>		
HEXALEN ORAL CAPSULE 50 MG	3	
<b>*Androgen Biosynthesis Inhibitors***</b>		
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA
<b>*Antiadrenals***</b>		
LYSODREN ORAL TABLET 500 MG	3	
<b>*Antiandrogens***</b>		
<i>bicalutamide oral tablet 50 mg</i>	2	(CASODEX)
<i>flutamide oral capsule 125 mg</i>	2	(EULEXIN)

Medication Name	Medication Tier	Requirements/Limits
NILANDRON ORAL TABLET 150 MG	3	
XTANDI ORAL CAPSULE 40 MG	5	PA
<b>*Antiestrogens***</b>		
FARESTON ORAL TABLET 60 MG	5	RO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	(NOLVADEX)
<b>*Antimetabolites***</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	5	(XELODA)
<i>mercaptopurine oral tablet 50 mg</i>	2	(PURINETHOL)
<i>methotrexate oral tablet 2.5 mg</i>	2	(TREXALL)
<i>methotrexate sodium injection solution 50 mg/2ml</i>	6	J9250
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA
ZELBORAF ORAL TABLET 240 MG	5	PA
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>		
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA
<b>*Antineoplastic - Immunomodulators***</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA
<b>*Antineoplastic - Mek Inhibitors***</b>		
COTELLIC ORAL TABLET 20 MG	5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	5	RO
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	RO

Medication Name	Medication Tier	Requirements/Limits
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
NEXAVAR ORAL TABLET 200 MG	5	
STIVARGA ORAL TABLET 40 MG	5	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; RO
<b>*Antineoplastic - Proteasome Inhibitors***</b>		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
<b>*Antineoplastic - Tyrosine Kinase Inhibitors***</b>		
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; RO
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	5	RO; (GLEEVEC)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	5	
IRESSA ORAL TABLET 250 MG	5	PA; RO
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	5	PA
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; RO
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; RO

Medication Name	Medication Tier	Requirements/Limits
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	RO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; RO
TYKERB ORAL TABLET 250 MG	5	PA
VOTRIENT ORAL TABLET 200 MG	5	RO
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA
ZYKADIA ORAL CAPSULE 150 MG	5	PA
<b>*Antineoplastic Combinations***</b>		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
<b>*Antineoplastics Misc.***</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA
<i>hydroxyurea oral capsule 500 mg</i>	2	(HYDREA)
MATULANE ORAL CAPSULE 50 MG	3	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA; RO
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral tablet 1 mg</i>	2	(ARIMIDEX); F
<i>exemestane oral tablet 25 mg</i>	2	(AROMASIN); F
<i>letrozole oral tablet 2.5 mg</i>	2	(FEMARA); F
<b>*Estrogens-Antineoplastic***</b>		
EMCYT ORAL CAPSULE 140 MG	5	
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	(WELLCOVORIN)
<b>*Imidazotetrazines***</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	5	RO; (TEMODAR)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA
<b>*Mitotic Inhibitors***</b>		
<i>etoposide oral capsule 50 mg</i>	5	RO; (VEPESID)



Medication Name	Medication Tier	Requirements/Limits
<b>*Nitrogen Mustards***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	(CYTOXAN)
LEUKERAN ORAL TABLET 2 MG	3	RO
<i>melphalan oral tablet 2 mg</i>	5	RO
<b>*Nitrosoureas***</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	5	RO
<b>*Progestins-Antineoplastic***</b>		
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	(MEGACE)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	(MEGACE)
<b>*Retinoids***</b>		
<i>tretinoin oral capsule 10 mg</i>	5	PA; RO; (VESANOID)
<b>*Urinary Tract Protective Agents***</b>		
MESNEX ORAL TABLET 400 MG	4	
<b>*ANTIPARKINSON AGENTS*</b>		
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	(COGENTIN)
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	2	(ARTANE)
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	(ARTANE)
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	(SYMMETREL)
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	(SYMMETREL)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	(PARLODEL)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	(PARLODEL)
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	PA; (AZILECT)
<i>selegiline hcl oral capsule 5 mg</i>	2	(ELDEPRYL)
<i>selegiline hcl oral tablet 5 mg</i>	2	(ELDEPRYL)
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	(SINEMET CR)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	(SINEMET)



Medication Name	Medication Tier	Requirements/Limits
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	(MIRAPEX)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	(REQUIP XL)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	(REQUIP)
<b>*Peripheral Comt Inhibitors***</b>		
<i>entacapone oral tablet 200 mg</i>	2	(COMTAN)
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	2	(LITHOBID)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	2	(ESKALITH CR)
<i>lithium carbonate oral capsule 150 mg</i>	2	(ESKALITH)
<i>lithium carbonate oral capsule 300 mg</i>	1	(ESKALITH)
<i>lithium oral solution 8 meq/5ml</i>	2	
<b>*Antipsychotics - Misc.***</b>		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	(GEODON)
<b>*Benzisoxazoles***</b>		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; RO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	(INVEGA)
<i>risperidone oral solution 1 mg/ml</i>	2	(RISPERDAL)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	(RISPERDAL)

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	(RISPERDAL M)
<b>*Butyrophenones***</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	(HALDOL)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	(HALDOL)
<b>*Dibenzodiazepines***</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	(CLOZARIL)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	(FAZACLO)
<b>*Dibenzo-Oxepino Pyrroles***</b>		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	PA
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	PA; (SEROQUEL XR)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	(SEROQUEL)
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	(LOXITANE)
<b>*Phenothiazines***</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	(THORAZINE)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	(PROLIXIN)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	(PROLIXIN)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	(PROLIXIN)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	(TRILAFON)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	(COMPAZINE)
<i>prochlorperazine rectal suppository 25 mg</i>	2	RO; (COMPAZINE); QL (12 EA per 3 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	(MELLARIL)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	(STELAZINE)

Medication Name	Medication Tier	Requirements/Limits
<b>*Quinolinone Derivatives***</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA; (ABILIFY)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	PA; (ABILIFY)
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	(ZYPREXA)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	(ZYPREXA ZYDIS)
<b>*Thioxanthenes***</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	(NAVANE)
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
<b>*Antiretrovirals Adjuvants***</b>		
TYBOST ORAL TABLET 150 MG	3	
<b>*ANTIVIRALS*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	(EPZICOM)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	2	(TRIZIVIR)
ATRIPLA ORAL TABLET 600-200-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	
EVOTAZ ORAL TABLET 300-150 MG	3	
GENVOYA ORAL TABLET 150-150-200-10 MG	3	
KALETRA ORAL SOLUTION 400-100 MG/5ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	(COMBIVIR)
ODEFSEY ORAL TABLET 200-25-25 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG	3	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
TRIUMEQ ORAL TABLET 600-50-300 MG	3	

Medication Name	Medication Tier	Requirements/Limits
TRUVADA ORAL TABLET 200-300 MG	3	
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	3	RO
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	
TIVICAY ORAL TABLET 50 MG	3	
<b>*Antiretrovirals - Protease Inhibitors***</b>		
APTIVUS ORAL CAPSULE 250 MG	3	
APTIVUS ORAL SOLUTION 100 MG/ML	3	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
INVIRASE ORAL CAPSULE 200 MG	3	
INVIRASE ORAL TABLET 500 MG	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	3	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL PACKET 50 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
EDURANT ORAL TABLET 25 MG	3	

Medication Name	Medication Tier	Requirements/Limits
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	2	(VIRAMUNE XR)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	(VIRAMUNE)
<i>nevirapine oral tablet 200 mg</i>	2	(VIRAMUNE)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate oral tablet 300 mg</i>	2	(ZIAGEN)
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	2	(VIDEX)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3	
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
<i>lamivudine oral solution 10 mg/ml</i>	2	(EPIVIR)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	(EPIVIR)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	(ZERIT)
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3	RO
<i>zidovudine oral capsule 100 mg</i>	2	(RETROVIR)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	(RETROVIR)
<i>zidovudine oral tablet 300 mg</i>	2	(RETROVIR)
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
VIREAD ORAL POWDER 40 MG/GM	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	3	

Medication Name	Medication Tier	Requirements/Limits
<b>*Cmv Agents***</b>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	3	(VALCYTE)
<i>valganciclovir hcl oral tablet 450 mg</i>	2	(VALCYTE)
<b>*Hepatitis B Agents***</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	(HEPSERA)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	(BARACLUDE)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
<i>lamivudine oral tablet 100 mg</i>	2	(EPIVIR HBV)
<b>*Hepatitis C Agents***</b>		
<i>ribavirin oral capsule 200 mg</i>	2	(REBETOL)
SOVALDI ORAL TABLET 400 MG	5	PA
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral capsule 200 mg</i>	2	(ZOVIRAX)
<i>acyclovir oral suspension 200 mg/5ml</i>	2	(ZOVIRAX)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	(ZOVIRAX)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	(VALTREX)
<b>*Influenza Agents***</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	2	(FLUMADINE)
<b>*Neuraminidase Inhibitors***</b>		
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	4	(TAMIFLU); Age (Max 8 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	
<b>*ASSORTED CLASSES*</b>		
<b>*Antileptics***</b>		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	(NEORAL)
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	(NEORAL)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	(SANDIMMUNE)

Medication Name	Medication Tier	Requirements/Limits
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	(CELLCEPT)
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	2	(CELLCEPT)
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	(CELLCEPT)
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	(MYFORTIC)
<b>*Irrigation Solutions***</b>		
<i>sterile water for irrigation irrigation solution</i>	2	QL (1 BTL Max Qty Per Fill Retail)
<b>*Macrolide Immunosuppressants***</b>		
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	RO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	(RAPAMUNE)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	(PROGRAF)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA; RO
<b>*Potassium Removing Resins***</b>		
KIONEX ORAL POWDER	2	(KAYEXALATE)
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	2	RO; (KAYEXALATE)
<b>*Purine Analogs***</b>		
<i>azathioprine oral tablet 50 mg</i>	2	(IMURAN)
<b>*BETA BLOCKERS*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	(COREG)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	(TRANDATE)
<b>*Beta Blockers Cardio-Selective***</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	(SECTRAL)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	(TENORMIN)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	(LOPRESSOR)



Medication Name	Medication Tier	Requirements/Limits
<b>*Beta Blockers Non-Selective***</b>		
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	(INDERAL)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	(INDERAL)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	(BETAPACE)
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*Calcium Channel Blockers***</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	(NORVASC); 93 Days
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	(CARDIZEM CD)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	(CARDIZEM)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	(ADALAT CC)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	(PROCARDIA)
<i>nimodipine oral capsule 30 mg</i>	4	(NIMOTOP)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	(CALAN SR)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	(CALAN)
<b>*CARDIOTONICS*</b>		
<b>*Cardiac Glycosides***</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	2	(LANOXIN)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	(LANOXIN)
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; (REVATIO)



Medication Name	Medication Tier	Requirements/Limits
<b>*CEPHALOSPORINS*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	RO; (DURICEF); QL (1 BTL Max Qty Per Fill Retail)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	(KEFLEX)
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	RO; (KEFLEX); QL (1 BTL Max Qty Per Fill Retail)
<b>*Cephalosporins - 2Nd Generation***</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	(CECLCOR)
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	RO; (CEFZIL); QL (1 BTL Max Qty Per Fill Retail)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	(CEFZIL)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	(CEFTIN)
<b>*Cephalosporins - 3Rd Generation***</b>		
<i>cefdinir oral capsule 300 mg</i>	2	(OMNICEF)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	RO; (OMNICEF); QL (1 BTL Max Qty Per Fill Retail)
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	RO; (SUPRAX); QL (1 BTL Max Qty Per Fill Retail)
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL TABLET CHEWABLE 200 MG	4	
<b>*CHEMICALS*</b>		
<b>*Bulk Chemicals - Sa's***</b>		
<i>salicylic acid powder</i>	2	
<b>*Bulk Chemicals - Te's***</b>		
<i>testosterone powder</i>	2	
<i>testosterone propionate powder</i>	2	
<b>*Solids***</b>		
<i>menthol crystals</i>	2	
<b>*CONTRACEPTIVES*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
NECON 10/11 (28) ORAL TABLET 35 MCG	2	(ORTHO-NOVUM); PREV
<b>*Combination Contraceptives - Oral***</b>		
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	(LO/OVRAL); PREV

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	2	(DESOGEN); PREV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	(YAZ); PREV
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	(LOESTRIN Fe); PREV
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	(LOESTRIN Fe); PREV
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	(DEMULEN); PREV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	(ALESSE); PREV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	2	(NORDETTE); PREV
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	(LO/OVRAL); PREV
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	(ORTHO-NOVUM); PREV
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	2	(ORTHO-NOVUM); PREV
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	(LOESTRIN Fe); PREV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	(ORTHO-CYCLEN); PREV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	(MODICON); PREV
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	(ORTHO NOVUM); PREV
OGESTREL ORAL TABLET 0.5-50 MG-MCG	2	(OVRAL); PREV
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	2	(DEMULEN); PREV
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	2	(DEMULEN); PREV
<b>*Combination Contraceptives - Transdermal***</b>		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	7	(ORTHO-EVRA); PREV

Medication Name	Medication Tier	Requirements/Limits
<b>*Combination Contraceptives - Vaginal***</b>		
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	7	RO; PREV
<b>*Emergency Contraceptives***</b>		
ELLA ORAL TABLET 30 MG	7	RO; PREV
<i>levonorgestrel oral tablet 1.5 mg</i>	7	RO; (PLAN B); PREV
<b>*Extended-Cycle Contraceptives - Oral***</b>		
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg</i>	7	(LoSEASONIQUE); PREV
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &amp; 0.01 mg</i>	7	(SEASONIQUE); PREV
<b>*Progestin Contraceptives - Oral***</b>		
<i>norethindrone oral tablet 0.35 mg</i>	2	(MICRONOR); PREV
<b>*Triphasic Contraceptives - Oral***</b>		
<i>levonorg-eth estrad triphasic oral tablet</i>	2	(TRIPHASIL); PREV
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	(ORTHO TRI-CYCLEN LO); PREV
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	(ORTHO TRI-CYCLEN); PREV
<b>*CORTICOSTEROIDS*</b>		
<b>*Glucocorticosteroids***</b>		
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	PA; (ENTOCORT EC)
<i>cortisone acetate oral tablet 25 mg</i>	2	(CORTONE)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	(DECADRON)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	(DECADRON)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	(DECADRON)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>	2	(DECADRON)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	(CORTEF)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	(MEDROL)
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	(MEDROL PAK)
<i>prednisolone oral solution 15 mg/5ml</i>	2	(PRELONE)

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	(ORAPRED)
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	2	(PEDIAPRED)
<i>prednisone oral solution 5 mg/5ml</i>	2	(DELTASONE)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	(DELTASONE)
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	(FLORINEF)
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	(TESSALON PERLES)
<b>*Antitussive - Opioid***</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	2	RO; (HYCODAN); QL (120 ML per 3 days)
<b>*Antitussive-Expectorant***</b>		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	2	RO; (ROBITUSSIN AC); QL (120 ML per 3 days)
<b>*Antitussive-Expectorants-Decongestant***</b>		
<i>guaifenesin dac oral solution 30-10-100 mg/5ml</i>	2	RO; (ROBITUSSIN DAC); QL (120 ML per 3 days)
<b>*Decongestant &amp; Antihistamine***</b>		
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>	2	RO; (PHENERGAN VC); QL (120 ML per 3 days)
<b>*Mucolytics***</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	(MUCOMYST); J7608
<b>*Non-Narc Antitussive-Antihistamine***</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	2	RO; (PHENERGAN DM); QL (120 ML per 3 days)
<b>*Opioid Antitussive-Antihistamine***</b>		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	2	RO; (PHENERGAN W/COD); QL (120 ML per 3 days)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>		
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	2	RO; (PHENERGAN VC W/COD); QL (120 ML per 3 days)

Medication Name	Medication Tier	Requirements/Limits
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA
<b>*DERMATOLOGICALS*</b>		
<b>*Acne Antibiotics***</b>		
<i>clindamycin phosphate external swab 1 %</i>	2	QL (60 EA per 30 days)
<i>erythromycin external solution 2 %</i>	2	RO; (A/T/S); QL (60 ML per 30 days)
<b>*Acne Products***</b>		
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; RO; (RETIN-A); QL (20 GM per 30 days); Age (Max 19 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	PA; RO; (RETIN-A); QL (15 GM per 30 days); Age (Max 19 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	5	PA; RO; (ACUTANE)
<b>*Antibiotic Steroid Combinations - Topical***</b>		
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	3	RO; QL (15 GM per 7 days)
CORTISPORIN EXTERNAL OINTMENT 1 %	3	RO; QL (15 GM per 7 days)
<b>*Antibiotics - Topical***</b>		
<i>gentamicin sulfate external cream 0.1 %</i>	2	RO; (GARAMYCIN); QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	2	RO; (GARAMYCIN); QL (30 GM per 30 days)
<i>mupirocin calcium external cream 2 %</i>	2	RO; (BACTROBAN); QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	2	RO; (BACTROBAN); QL (22 GM per 30 days)
<b>*Antifungals - Topical Combinations***</b>		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	RO; (LOTRISONE); QL (120 GM per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	RO; (LOTRISONE); QL (60 ML per 30 days)

Medication Name	Medication Tier	Requirements/Limits
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	RO; (MYCOLOG); QL (120 GM per 30 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	RO; (MYCOLOG); QL (120 GM per 30 days)
<b>*Antifungals - Topical***</b>		
<i>ciclopirox external gel 0.77 %</i>	2	RO; (LOPROX); QL (120 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	2	RO; (PENLAC); QL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	2	RO; (LOPROX); QL (120 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	2	RO; (LOPROX); QL (60 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	RO; QL (120 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	2	RO; QL (120 GM per 30 days)
<b>*Anti-Inflammatory Agents - Topical***</b>		
<i>diclofenac sodium transdermal gel 1 %</i>	2	PA; RO; (VOLTAREN)
<b>*Antineoplastic Antimetabolites - Topical***</b>		
<i>fluorouracil external cream 5 %</i>	2	RO; (EFUDEX); QL (40 GM per 15 days)
<i>fluorouracil external solution 2 %, 5 %</i>	2	RO; (EFUDEX); QL (60 ML per 30 days)
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>		
<i>diclofenac sodium transdermal gel 3 %</i>	2	PA; RO; (SOLARAZE); QL (100 GM per 30 days)
<b>*Antineoplastic Retinoids - Topical***</b>		
PANRETIN EXTERNAL GEL 0.1 %	3	
<b>*Antipsoriatics - Systemic***</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	5	PA; RO; (SORIATANE)
<i>methoxsalen rapid oral capsule 10 mg</i>	5	(OXSORALEN ULTRA); QL (36 EA per 28 days)
<b>*Antipsoriatics***</b>		
<i>calcipotriene external cream 0.005 %</i>	2	RO; (DOVONEX); QL (60 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	RO; (DOVONEX); QL (60 GM per 30 days)



<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene external solution 0.005 %</i>	2	RO; (DOVONEX); QL (60 ML per 30 days)
<i>tazarotene external cream 0.1 %</i>	4	PA; RO; (TAZORAC); QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; RO; QL (30 GM per 30 days)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; RO; QL (30 GM per 30 days)
<b>*Antiseborrheic Products***</b>		
<i>selenium sulfide external lotion 2.5 %</i>	2	RO; (SELSUN); QL (120 ML per 30 days)
<b>*Antivirals - Topical***</b>		
<i>acyclovir external ointment 5 %</i>	2	RO; (ZOVIRAX); QL (30 GM per 7 days)
<b>*Burn Products***</b>		
<i>silver sulfadiazine external cream 1 %</i>	2	RO; (SILVADENE)
<b>*Corticosteroids - Topical***</b>		
<i>betamethasone dipropionate external cream 0.05 %</i>	2	RO; (DIPROSONE); QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	RO; (DIPROSONE); QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	RO; (DIPROSONE); QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	RO; (VALISONE); QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	2	RO; (VALISONE); QL (60 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	RO; (VALISONE); QL (120 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	2	RO; (TEMOVATE E); QL (120 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	RO; (TEMOVATE); QL (120 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	2	RO; (TEMOVATE); QL (120 GM per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	2	RO; (CLOBEX); QL (60 ML per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	2	RO; (TEMOVATE); QL (120 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	2	RO; (TEMOVATE); QL (60 ML per 30 days)



<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	3	RO; QL (1 EA Max Qty Per Fill Retail)
<i>desonide external cream 0.05 %</i>	2	RO; (TRIDESILON); QL (120 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	2	RO; (TRIDESILON); QL (60 ML per 30 days)
<i>desonide external ointment 0.05 %</i>	2	RO; (TRIDESILON); QL (120 GM per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	RO; (TOPICORT); QL (120 GM per 30 days)
<i>desoximetasone external gel 0.05 %</i>	2	RO; (TOPICORT); QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	RO; (TOPICORT); QL (120 GM per 30 days)
<i>diflorasone diacetate external cream 0.05 %</i>	2	RO; (MAXIFLOR); QL (120 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	2	RO; (MAXIFLOR); QL (120 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	RO; (SYNALAR); QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	RO; (SYNALAR); QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	RO; (SYNALAR); QL (60 ML per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	RO; (LIDEX); QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	2	RO; (LIDEX); QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	RO; (LIDEX); QL (120 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	RO; (LIDEX); QL (60 ML per 30 days)
<i>fluocinonide-e external cream 0.05 %</i>	2	RO; (LIDEX-E); QL (120 GM per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	RO; (CUTIVATE); QL (120 GM per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	2	RO; (CUTIVATE); QL (60 ML per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>	2	RO; (CUTIVATE); QL (120 GM per 30 days)
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	RO; (LOCOID); QL (120 GM per 30 days)

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	RO; (LOCOID); QL (120 GM per 30 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	RO; (LOCOID); QL (60 ML per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	2	RO; (HYTONE); QL (120 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	2	RO; (HYTONE); QL (60 ML per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	2	RO; (HYTONE); QL (120 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	2	RO; (ELOCON); QL (120 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>	2	RO; (ELOCON); QL (120 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>	2	RO; (ELOCON); QL (60 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	RO; (ARISTOCORT); QL (120 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	RO; (ARISTOCORT); QL (60 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	RO; (ARISTOCORT); QL (120 GM per 30 days)
<b>*Emollient/Keratolytic Agents***</b>		
<i>urea external cream 40 %</i>	2	RO; (CARMOL); QL (30 GM per 30 days)
<b>*Enzymes - Topical***</b>		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	RO; QL (30 GM per 30 days)
<b>*Imidazole-Related Antifungals - Topical***</b>		
<i>econazole nitrate external cream 1 %</i>	2	RO; (SPECTAZOLE); QL (120 GM per 30 days)
<i>ketoconazole external cream 2 %</i>	2	RO; (NIZORAL); QL (120 GM per 30 days)
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream 5 %</i>	2	RO; (ALDARA); QL (12 EA Max Qty Per Fill Retail)
<b>*Keratolytic/Antimitotic Agents***</b>		
<i>podofilox external solution 0.5 %</i>	2	RO; (CONDYLOX); QL (3.5 ML per 7 days)

Medication Name	Medication Tier	Requirements/Limits
<b>*Local Anesthetics - Topical***</b>		
<i>lidocaine external ointment 5 %</i>	2	RO; (XYLOCAINE); QL (35.44 GM per 2 days)
<i>lidocaine external patch 5 %</i>	2	PA; (LIDODERM)
<b>*Macrolide Immunosuppressants - Topical***</b>		
ELIDEL EXTERNAL CREAM 1 %	4	RO; QL (30 GM per 30 days)
<b>*Rosacea Agents***</b>		
<i>metronidazole external cream 0.75 %</i>	2	RO; (METROCREAM); QL (30 GM per 30 days)
<i>metronidazole external gel 0.75 %, 1 %</i>	2	RO; (METROGEL); QL (30 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	2	RO; (METROLOTION); QL (60 ML per 30 days)
<b>*Scabicides &amp; Pediculicides***</b>		
<i>malathion external lotion 0.5 %</i>	2	RO; (OVIDE); QL (60 ML per 7 days)
<i>permethrin external cream 5 %</i>	2	RO; (ELIMITE); QL (60 GM per 7 days)
<b>*Topical Anesthetic Combinations***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	RO; (EMLA); QL (30 GM Max Qty Per Fill Retail)
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*Diagnostic Tests***</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	PA
BAYER BREEZE 2 TEST IN VITRO DISK	2	
BAYER CONTOUR NEXT TEST IN VITRO STRIP	2	
BAYER CONTOUR TEST IN VITRO STRIP	2	
FREESTYLE LITE TEST IN VITRO STRIP	2	PA
FREESTYLE TEST IN VITRO STRIP	2	PA
NOVA MAX GLUCOSE TEST IN VITRO STRIP	2	PA
ONETOUCH ULTRA BLUE IN VITRO STRIP	2	PA
ONETOUCH VERIO IN VITRO STRIP	2	PA

Medication Name	Medication Tier	Requirements/Limits
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	2	PA
<b>*DIGESTIVE AIDS*</b>		
<b>*Digestive Enzymes***</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT, 5000 UNIT	4	
<b>*DIURETICS*</b>		
<b>*Carbonic Anhydrase Inhibitors***</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	(DIAMOX SEQUELS)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	(DIAMOX)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	(NEPTAZANE)
<b>*Diuretic Combinations***</b>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	(ALDACTAZIDE)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	(DYAZIDE)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	(MAXZIDE)
<b>*Loop Diuretics***</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	1	(BUMEX)
<i>bumetanide oral tablet 2 mg</i>	2	(BUMEX)
<i>ethacrynic acid oral tablet 25 mg</i>	5	(EDECRIN)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	(LASIX)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	(LASIX)
<b>*Potassium Sparing Diuretics***</b>		
<i>amiloride hcl oral tablet 5 mg</i>	2	(MIDAMOR)
<i>spironolactone oral tablet 25 mg, 50 mg</i>	2	(ALDACTONE)
<b>*Thiazides And Thiazide-Like Diuretics***</b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	(DIURIL)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	(HYGROTON)

Medication Name	Medication Tier	Requirements/Limits
DIURIL ORAL SUSPENSION 250 MG/5ML	4	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	(HYDRODIURIL)
<i>methyclothiazide oral tablet 5 mg</i>	2	(ENDURON)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	(ZAROXOLYN)
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*Bisphosphonates***</b>		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	2	(FOSAMAX)
<i>alendronate sodium oral tablet 70 mg</i>	1	(FOSAMAX)
<b>*Calcimimetic Agents***</b>		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA
<b>*Calcitonins***</b>		
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	2	RO; (MIACALCIN)
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline oral tablet 0.5 mg</i>	2	(DOSTINEX)
<b>*Growth Hormones***</b>		
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	6	PA; RO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	6	PA; RO
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	(ROCALTROL)
<i>calcitriol oral solution 1 mcg/ml</i>	2	(ROCALTROL)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	PA; (ZEMPLAR)
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; RO
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>		
SYNAREL NASAL SOLUTION 2 MG/ML	4	PA
<b>*Parathyroid Hormone And Derivatives***</b>		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA; RO

Medication Name	Medication Tier	Requirements/Limits
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	2	(EVISTA)
<b>*Somatostatic Agents***</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	6	RO; (SANDOSTATIN); J2354
<b>*Vasopressin***</b>		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	(DDAVP)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	RO; (DDAVP)
STIMATE NASAL SOLUTION 1.5 MG/ML	3	RO
<b>*ESTROGENS*</b>		
<b>*Estrogen &amp; Androgen***</b>		
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	2	(ESTRATEST HS)
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	2	(ESTRATEST)
<b>*Estrogen &amp; Progestin***</b>		
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<b>*Estrogens***</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	(ESTRACE)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	(CLIMARA)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	2	(OGEN)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
<b>*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***</b>		
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>		
DUAVEE ORAL TABLET 0.45-20 MG	3	

Medication Name	Medication Tier	Requirements/Limits
<b>*FLUOROQUINOLONES*</b>		
<b>*Fluoroquinolones***</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	(CIPRO)
<i>levofloxacin oral solution 25 mg/ml</i>	2	(LEVAQUIN)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	(LEVAQUIN)
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*Gallstone Solubilizing Agents***</b>		
<i>ursodiol oral capsule 300 mg</i>	2	(ACTIGALL)
<b>*Gastrointestinal Antiallergy Agents***</b>		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	(GASTROCROM)
<b>*Gastrointestinal Chloride Channel Activators***</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	(REGLAN)
<i>metoclopramide hcl oral tablet 10 mg</i>	1	(REGLAN)
<i>metoclopramide hcl oral tablet 5 mg</i>	2	(REGLAN)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	PA
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	2	PA; (LOTRONEX)
<b>*Inflammatory Bowel Agents***</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	(COLAZAL)
CANASA RECTAL SUPPOSITORY 1000 MG	3	QL (30 EA per 30 days)
DIPENTUM ORAL CAPSULE 250 MG	4	
<i>mesalamine oral tablet delayed release 800 mg</i>	2	(ASACOL HD)
<i>mesalamine rectal enema 4 gm</i>	2	(ROWASA); QL (420 ML per 7 days)
<i>sulfasalazine oral tablet 500 mg</i>	2	(AZULFIDINE)



Medication Name	Medication Tier	Requirements/Limits
<b>*Intestinal Acidifiers***</b>		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	(CEPHULAC); QL (473 ML per 3 days)
<b>*Peripheral Opioid Receptor Antagonists***</b>		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	6	PA; RO
<b>*Phosphate Binder Agents***</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	(PHOSLO)
FOSRENOL ORAL PACKET 1000 MG, 750 MG	4	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	4	PA
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-Alpha Reductase Inhibitors***</b>		
<i>dutasteride oral capsule 0.5 mg</i>	2	(AVODART)
<i>finasteride oral tablet 5 mg</i>	2	(PROSCAR)
<b>*Alpha 1-Adrenoceptor Antagonists***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	(UROXATRAL)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	(FLOMAX)
<b>*Citrates***</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	(UROKIT-K)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	2	(CYTRA-K)
<b>*Cystinosis Agents***</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	
<b>*Genitourinary Irrigants***</b>		
<i>sodium chloride irrigation solution 0.9 %</i>	2	QL (1 BTL Max Qty Per Fill Retail)

Medication Name	Medication Tier	Requirements/Limits
<b>*Interstitial Cystitis Agents***</b>		
ELMIRON ORAL CAPSULE 100 MG	4	
<b>*GOUT AGENTS*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	(COLBENEMID)
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	(ZYLOPRIM)
<i>colchicine oral tablet 0.6 mg</i>	2	(COLCRYS); QL (124 EA per 31 days)
<b>*Uricosurics***</b>		
<i>probenecid oral tablet 500 mg</i>	2	(BENEMID)
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	(TRENTAL)
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	(PLETAL)
<b>*Platelet Aggregation Inhibitor Combinations***</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	(AGGRENOX)
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	(PERSANTINE)
<b>*Quinazoline Agents***</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	(AGRYLIN)
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	2	(PLAVIX)
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*Cobalamins***</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	6	J3420
<b>*Cytotoxic Agents***</b>		
DROXIA ORAL CAPSULE 200 MG	3	

Medication Name	Medication Tier	Requirements/Limits
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	6	PA; RO; Subject to post service review. Must meet CMS ESA criteria.; J0881,J0882
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML	5	PA; RO; Subject to post service review. Must meet CMS ESA criteria.; J0881,J0882
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	6	PA; RO; Subject to post service review. Must meet CMS ESA criteria.; J0881,J0882
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; RO; Subject to post service review. Must meet CMS ESA criteria.; J0881,J0882
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	6	PA; RO; Subject to post service review. Must meet CMS ESA criteria.; J0885
<b>*Folic Acid/Folates***</b>		
<i>folic acid oral tablet 1 mg</i>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	7	F; PREV; Age (Min 11 Years and Max 49 Years)
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	RO; J1442
<b>*Iron Combinations***</b>		
<i>ferocon oral capsule</i>	2	
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA
<b>*HEMOSTATICS*</b>		
<b>*Hemostatics - Systemic***</b>		
AMICAR ORAL SOLUTION 0.25 GM/ML	5	
AMICAR ORAL TABLET 1000 MG, 500 MG	5	
<i>tranexamic acid oral tablet 650 mg</i>	2	(LYSTEDA)

Medication Name	Medication Tier	Requirements/Limits
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
<b>*Hepatitis C Agent - Combinations***</b>		
MAVYRET ORAL TABLET 100-40 MG	5	PA; RO
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; RO
<b>*HYPNOTICS*</b>		
<b>*Barbiturate Hypnotics***</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	
<b>*Benzodiazepine Hypnotics***</b>		
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	2	(DALMANE)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	(RESTORIL)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	(SONATA)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	(AMBIEN)
<b>*Selective Melatonin Receptor Agonists***</b>		
ROZEREM ORAL TABLET 8 MG	4	PA
<b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***</b>		
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA
<b>*LAXATIVES*</b>		
<b>*Bowel Evacuant Combinations***</b>		
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	2	RO
<b>*Laxatives - Miscellaneous***</b>		
<i>lactulose oral solution 10 gm/15ml</i>	2	(CEPHULAC); QL (473 ML per 30 days)
<b>*MACROLIDES*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	RO; (ZITHROMAX); QL (1 BTL Max Qty Per Fill Retail)

Medication Name	Medication Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	(ZITHROMAX)
<b>*Clarithromycin***</b>		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	RO; (BIAXIN); QL (1 BTL Max Qty Per Fill Retail)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	(BIAXIN)
<b>*Erythromycins***</b>		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	3	(ERYC)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	3	(E.E.S)
<b>*MEDICAL DEVICES*</b>		
<b>*Glucose Monitoring Test Supplies***</b>		
ACCU-CHEK FASTCLIX LANCETS	2	PA
ACCU-CHEK MULTICLIX LANCETS	2	PA
<i>lancets thin</i>	2	
<b>*Needles &amp; Syringes***</b>		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	3	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	3	
LEADER UNIFINE PENTIPS 31G X 5 MM	3	
<i>pen needles 31g x 6 mm</i>	3	
<i>pen needles 5/16" 31g x 8 mm</i>	3	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	
<b>*MIGRAINE PRODUCTS*</b>		
<b>*Ergot Combinations***</b>		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	2	(CAFERGOT); QL (12 EA per 14 days)
<b>*Migraine Combinations***</b>		
<i>isometheptene-dichloral-apap oral capsule 65-100-325 mg</i>	2	(MIDRIN)

Medication Name	Medication Tier	Requirements/Limits
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	(MAXALT); QL (18 EA per 31 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	(MAXALT MLT); QL (18 EA per 31 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	2	(IMITREX); QL (6 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	(IMITREX); QL (12 EA per 31 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	(IMITREX); QL (4 ML per 31 days)
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*Fluoride***</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	2	(LURIDE); PREV; Age (Min 6 Months and Max 6 Years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	2	(LURIDE); PREV; Age (Min 6 Months and Max 6 Years)
<b>*Phosphate***</b>		
K-PHOS ORAL TABLET 500 MG	4	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	2	
<b>*Potassium***</b>		
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	2	(EFFER-K)
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	(K-TAB)
<i>potassium chloride oral packet 20 meq</i>	2	(K-LOR)
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*Anesthetics Topical Oral***</b>		
<i>lidocaine viscous mouth/throat solution 2 %</i>	2	RO; (XYLOCAINE); QL (100 ML Max Qty Per Fill Retail)
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>	2	(MYCELEX); QL (70 EA per 14 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	RO

Medication Name	Medication Tier	Requirements/Limits
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	(PERIDEX); QL (1 BTL Max Qty Per Fill Retail)
<b>*Fluoride Dental Products***</b>		
<i>sf dental gel 1.1 %</i>	2	(PREVIDENT); QL (56 GM per 30 days)
<b>*Saliva Stimulants***</b>		
<i>pilocarpine hcl oral tablet 5 mg</i>	2	(SALAGEN)
<b>*Steroids - Mouth/Throat***</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	RO; (KENALOG ORABASE); QL (5 GM per 30 days)
<b>*MULTIVITAMINS*</b>		
<b>*Ped Multi Vitamins W/Fl &amp; Fe***</b>		
<i>multi-vit/fluorideliron oral solution 0.25-10 mg/ml</i>	2	PREV; Age (Max 12 Months)
<b>*Ped Mv W/ Fluoride***</b>		
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	2	PREV; Age (Max 12 Months)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg</i>	2	PREV; Age (Max 12 Months)
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>		
<i>pny prenatal plus multivitamin oral tablet 27-1 mg</i>	2	
TRINATE ORAL TABLET	2	
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*Central Muscle Relaxants***</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	(LIORESAL)
<i>carisoprodol oral tablet 350 mg</i>	2	(SOMA)
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	2	(FLEXERIL)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	(ROBAXIN)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	(ZANAFLEX)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*Nasal Anticholinergics***</b>		
<i>ipratropium bromide nasal solution 0.03 %</i>	2	(ATROVENT); QL (30 ML per 30 days)



Medication Name	Medication Tier	Requirements/Limits
<i>ipratropium bromide nasal solution 0.06 %</i>	2	(ATROVENT); QL (15 ML per 30 days)
<b>*Nasal Antihistamines***</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	2	(ASTELIN); QL (30 ML per 30 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	2	(PATANASE); QL (30.5 GM per 30 days)
<b>*Nasal Steroids***</b>		
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	2	(NASALIDE); QL (25 ML per 25 days)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	2	(FLONASE); QL (16 GM per 30 days)
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*Benzothiazoles***</b>		
<i>riluzole oral tablet 50 mg</i>	2	PA; (RILUTEK)
<b>*OPHTHALMIC AGENTS*</b>		
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	(COSOPT); QL (10 ML per 30 days)
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	(BETOPTIC)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	QL (10 ML per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>	2	(OCUPRESS); QL (10 ML per 30 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	(BETAGAN); QL (10 ML per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	(TIMOPTIC)
<b>*Cycloplegic Mydriatics***</b>		
<i>atropine sulfate ophthalmic ointment 1 %</i>	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	3	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	2	(CYCLOGYL)
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	2	(ISOPTO HOMATROPINE)
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	2	(MYDRIACYL)

Medication Name	Medication Tier	Requirements/Limits
<b>*Miotics - Cholinesterase Inhibitors***</b>		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	(ISOPTO CARPINE)
<b>*Ophthalmic Antiallergic***</b>		
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	(OPTIVAR)
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	(CROLOM)
<b>*Ophthalmic Antibiotics***</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	QL (3.5 GM per 7 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	(CILOXAN); QL (15 ML per 30 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	(ILOTYCIN); QL (3.5 GM per 7 days)
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	2	(GARAMYCIN)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	(GARAMYCIN)
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	(QUIXIN); QL (15 ML per 30 days)
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	QL (3 ML per 7 days)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	QL (3 ML per 7 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	(OCUFLOX); QL (15 ML per 30 days)
<i>tobramycin ophthalmic solution 0.3 %</i>	2	(TOBREX)
TOBREX OPHTHALMIC OINTMENT 0.3 %	3	QL (3.5 GM per 7 days)
<b>*Ophthalmic Antifungal***</b>		
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
<b>*Ophthalmic Anti-Infective Combinations***</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	(POLYSPORIN)

Medication Name	Medication Tier	Requirements/Limits
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	(NEOSPORIN)
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	(NEOSPORIN)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	(POLYTRIM)
<b>*Ophthalmic Antivirals***</b>		
<i>trifluridine ophthalmic solution 1 %</i>	2	RO; (VIROPTIC); QL (7.5 ML per 3 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	QL (5 GM per 7 days)
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	(TRUSOPT); QL (10 ML per 30 days)
<b>*Ophthalmic Immunomodulators***</b>		
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (30 EA per 15 days)
<b>*Ophthalmic Local Anesthetics***</b>		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	(ALCAINE)
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	2	(TETCAINE)
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	(VOLTAREN); QL (5 ML per 14 days)
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	(OCUFEN)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	QL (1.7 ML per 14 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	2	(ACULAR LS); QL (5 ML per 3 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	(ACULAR); QL (5 ML per 3 days)
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	3	QL (3 ML per 14 days)
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	(IOPIDINE)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	(ALPHAGAN); QL (10 ML per 30 days)

Medication Name	Medication Tier	Requirements/Limits
<b>*Ophthalmic Steroid Combinations***</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	(NEOMYCIN)
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	QL (15 ML per 30 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	QL (3.5 GM per 7 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	(MAXITROL)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	(MAXITROL)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	(CORTISPORIN)
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	3	QL (3.5 GM per 7 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	(VASOCIDIN); QL (15 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	QL (3.5 GM per 7 days)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	(TOBRADEX)
<b>*Ophthalmic Steroids***</b>		
ALREX OPHTHALMIC SUSPENSION 0.2 %	4	QL (5 ML per 12 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	(DECADRON)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	(FML)
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	QL (10 ML per 16 days)
FML OPHTHALMIC OINTMENT 0.1 %	3	QL (10 GM per 7 days)
LOTEMAX OPHTHALMIC GEL 0.5 %	4	QL (5 GM per 3 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	QL (3.5 GM per 3 days)
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	4	QL (15 ML per 30 days)
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	QL (10 ML per 15 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	(PRED-FORTE)

Medication Name	Medication Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	(INFLAMASE FORTE)
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	(BLEPH-10); QL (15 ML per 30 days)
<b>*Prostaglandins - Ophthalmic***</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	(XALATAN); QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	QL (2.5 ML per 25 days)
<b>*OTIC AGENTS*</b>		
<b>*Otic Agents - Miscellaneous***</b>		
<i>acetic acid otic solution 2 %</i>	2	(VOSOL)
<i>acetic acid-aluminum acetate otic solution 2 %</i>	2	(DOMEBORO OTIC)
<b>*Otic Anti-Infectives***</b>		
<i>ofloxacin otic solution 0.3 %</i>	2	(FLOXIN); QL (15 ML per 30 days)
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	QL (7 ML per 7 days)
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	(CORTISPORIN)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	(CORTISPORIN)
<b>*Otic Steroids***</b>		
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	RO; (DERMOTIC); QL (20 ML per 14 days)
<b>*OXYTOCICS*</b>		
<b>*Oxytocics***</b>		
METHERGINE ORAL TABLET 0.2 MG	5	
<b>*PENICILLINS*</b>		
<b>*Aminopenicillins***</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	(AMOXIL)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	RO; (AMOXIL); QL (1 BTL Max Qty Per Fill Retail)
<i>amoxicillin oral tablet 875 mg</i>	2	(AMOXIL)
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	(AMOXIL)
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	(PRINCIPEN)

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	RO; (PRINCIPEN); QL (1 BTL Max Qty Per Fill Retail)
<b>*Natural Penicillins***</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	RO; (PEN-VEE K); QL (1 BTL Max Qty Per Fill Retail)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	(PEN-VEE K)
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	(AUGMENTIN XR)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	RO; (AUGMENTIN); QL (1 BTL Max Qty Per Fill Retail)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	(AUGMENTIN)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	(AUGMENTIN)
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	(DYCILL)
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*Oral Vehicles***</b>		
<i>simple syrup oral syrup</i>	2	
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***</b>		
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>		
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; RO
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***</b>		
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>		
EUCRISA EXTERNAL OINTMENT 2 %	3	ST

Medication Name	Medication Tier	Requirements/Limits
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**</b>		
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**</b>		
LYNPARZA ORAL CAPSULE 50 MG	5	PA
<b>*POTASSIUM REMOVING AGENTS***</b>		
<b>*Potassium Removing Agents***</b>		
KIONEX ORAL POWDER	2	(KAYEXALATE)
<b>*PROGESTINS*</b>		
<b>*Progestins***</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	(PROVERA)
<i>norethindrone acetate oral tablet 5 mg</i>	2	(AYGESTIN)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	(PROMETRIUM)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*Alcohol Deterrents***</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	(CAMPRAL)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	(ANTABUSE)
<b>*Anti-Cataplectic Agents***</b>		
XYREM ORAL SOLUTION 500 MG/ML	5	PA
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	(ARICEPT)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	(ARICEPT ODT)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	(RAZADYNE ER)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	(RAZADYNE)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	(RAZADYNE)
<b>*Fibromyalgia Agent - Snris***</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	



Medication Name	Medication Tier	Requirements/Limits
<b>*Movement Disorder Drug Therapy***</b>		
XENAZINE ORAL TABLET 12.5 MG, 25 MG	5	PA
<b>*Multiple Sclerosis Agents - Interferons***</b>		
AVONEX INTRAMUSCULAR KIT 30 MCG	5	RO; Q3027
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	RO; Q3027
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	RO; Q3027
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	RO
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	RO
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	RO
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	RO
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	RO
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	6	PA
<b>*Multiple Sclerosis Agents***</b>		
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	RO; (COPAXONE)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>		
<i>memantine hcl oral solution 2 mg/ml</i>	2	(NAMENDA)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	(NAMENDA)
<b>*Pseudobulbar Affect Agent Combinations***</b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA

Medication Name	Medication Tier	Requirements/Limits
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>		
<i>ergoloid mesylates oral tablet 1 mg</i>	2	(HYDERGINE)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	(ORAP)
<b>*Smoking Deterrents***</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	(ZYBAN); PREV; QL (90 DAYS per 1 Year)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	RO
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	7	RO; (NICORETTE GUM); PREV; QL (90 Days per 1 Year)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	7	RO; (NICORETTE LOZENGE); PREV; QL (90 Days per 1 Year)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	7	RO; (NICODERM); PREV; QL (90 Days per 1 Year)
NICOTROL INHALATION INHALER 10 MG	3	PA; QL (168 EA per 10 days)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>		
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (28 EA per 28 days)
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*Cftr Potentiators***</b>		
KALYDECO ORAL TABLET 150 MG	5	PA
<b>*Hydrolytic Enzymes***</b>		
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; QL (150 ML per 28 days)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	ST

Medication Name	Medication Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	ST
<b>*TETRACYCLINES*</b>		
<b>*Tetracyclines***</b>		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	2	PA; (DECLOMYCIN)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	(VIBRAMYCIN)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	(VIBRA-TABS)
<i>doxycycline hyclate oral tablet 20 mg</i>	2	(PERIOSTAT)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	(MONODOX)
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	(ADOXA)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	2	(MINOCIN)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	(SUMYCIN)
<b>*THYROID AGENTS*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	(TAPAZOLE)
<i>propylthiouracil oral tablet 50 mg</i>	2	(PTU)
<b>*Thyroid Hormones***</b>		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	(SYNTHROID)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	(CYTOMEL)
<b>*ULCER DRUGS*</b>		
<b>*Anticholinergic Combinations***</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	2	(LIBRAX)
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	(BENTYL)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	(BENTYL)
<i>dicyclomine hcl oral tablet 20 mg</i>	2	(BENTYL)
<b>*Belladonna Alkaloids***</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	2	(LEVVID)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	2	(LEVSIN)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	2	(LEVSIN)

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	(LEVSIN)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	2	(LEVSIN SL)
<b>*H-2 Antagonists***</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	(TAGAMET)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	(TAGAMET)
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	(ZANTAC)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	(ZANTAC)
<b>*Misc. Anti-Ulcer***</b>		
CARAFATE ORAL SUSPENSION 1 GM/10ML	3	
<i>sucralfate oral tablet 1 gm</i>	2	(CARAFATE)
<b>*Proton Pump Inhibitors***</b>		
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	(PREVACID)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	2	(PRILOSEC)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	(PROTONIX)
PROTONIX ORAL PACKET 40 MG	3	
<b>*Quaternary Anticholinergics***</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	(ROBINUL)
<i>propantheline bromide oral tablet 15 mg</i>	2	(PRO-BANTHINE)
<b>*Ulcer Drugs - Prostaglandins***</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	(CYTOTEC)
<b>*URINARY ANTI-INFECTIVES*</b>		
<b>*Urinary Anti-Infectives***</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	(MACRODANTIN)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	(MACROBID)
<b>*URINARY ANTISPASMODICS*</b>		
<b>*Beta-3 Adrenergic Agonists***</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	PA

Medication Name	Medication Tier	Requirements/Limits
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	(DITROPAN XL)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	(DITROPAN)
<i>oxybutynin chloride oral tablet 5 mg</i>	2	(DITROPAN)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	PA
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	(URECHOLINE)
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)</b>		
<i>flavoxate hcl oral tablet 100 mg</i>	2	(URISPAS)
<b>*VAGINAL PRODUCTS*</b>		
<b>*Imidazole-Related Antifungals***</b>		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	(TERAZOL)
<i>terconazole vaginal suppository 80 mg</i>	2	(TERAZOL)
<b>*Vaginal Anti-Infectives***</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	(CLEOCIN)
<i>metronidazole vaginal gel 0.75 %</i>	2	(METROGEL)
<b>*Vaginal Estrogens***</b>		
ESTRACE VAGINAL CREAM 0.1 MG/GM	4	QL (42.5 GM per 28 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	QL (42.5 GM per 28 days)
<b>*VASOPRESSORS*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	6	RO; (EPIPEN JR); QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	6	RO; (EPIPEN); QL (2 EA per 30 days)

Medication Name	Medication Tier	Requirements/Limits
<b>*Vasopressors***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	(PRO-AMATINE)
<b>*VITAMINS*</b>		
<b>*Vitamin D***</b>		
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	2	
<i>vitamin d3 oral capsule 1000 unit, 400 unit</i>	7	PREV; Age (Min 65 Years)
<b>*Vitamin K***</b>		
MEPHYTON ORAL TABLET 5 MG	3	





**Medical Benefit**

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	6	PA; RO; J0401
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	6	PA; J9264
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	6	J1120
<i>acetylcysteine intravenous solution 200 mg/ml</i>	6	J0132
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	6	J2997
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	6	J0133
<i>adenosine intravenous solution 12 mg/4ml</i>	6	J0153
<i>albumin human intravenous solution 25 %</i>	6	J9046
<i>albumin human intravenous solution 5 %</i>	6	J9041
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	6	J9305
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	6	PA; J2469
<i>amikacin sulfate injection solution 500 mg/2ml</i>	6	J0278
<i>aminophylline intravenous solution 25 mg/ml</i>	6	J0280
<i>amphotericin b injection solution reconstituted 50 mg</i>	6	J0285
<i>ampicillin sodium injection solution reconstituted 1 gm, 10 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	6	J0290
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	6	(UNASYN); J0295
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	6	J9261
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML	6	J9303
<i>atropine sulfate injection solution 0.4 mg/ml</i>	6	J0461
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	6	PA; Prior Authorization not required for Ophthalmology.; J9035
<i>azacitidine injection suspension reconstituted 100 mg</i>	6	(VIDAZA); J9025
<i>azithromycin intravenous solution reconstituted 500 mg</i>	6	(ZITHROMAX); J0456
<i>bal in oil intramuscular solution 100 mg/ml</i>	6	J0470

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate injection solution 1 mg/ml</i>	6	(COGENTIN); J0515
<i>betamethasone sod phos &amp; acet injection suspension 6 (3-3) mg/ml</i>	6	(CELESTONE); J0702
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	6	J0558
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	6	J0558
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	6	J0561
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	6	J9050
<i>bivalirudin intravenous solution reconstituted 250 mg</i>	6	(ANGIOMAX); J0583
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	6	PA; J9040
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	6	PA; RO; J0585
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	6	(BUPRENEX); J0592
<i>busulfan intravenous solution 6 mg/ml</i>	6	PA; (BUSULFEX); J0594
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	6	(STADOL); J0595
<i>calcitriol intravenous solution 1 mcg/ml</i>	6	(CALCIJEX); J0636
<i>calcium disodium versenate injection solution 1 gm/5ml</i>	6	J0600
<i>calcium gluconate intravenous solution 10 %</i>	6	J0610
CARBOCAINE INJECTION SOLUTION 1 %, 2 %	6	J0670
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	6	J9045
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG	6	J2997
CAYA VAGINAL DIAPHRAGM	7	RO; PREV; QL (1 EA per 1 Year)
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	6	(ANCEF); J0690
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	6	(MAXIPIME); J0692
<i>cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg</i>	6	(CLAFORAN); J0698

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	6	(MEFOXIN); J0694
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	6	(MEFOXIN); J0694
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	6	(FORTAZ); J0713
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	6	(ROCEPHIN); J0696
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg</i>	6	(ZINACEF); J0697
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	6	(ZINACEF); J0697
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	6	J2724
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA; J1786
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	6	(CHLOROMYCETIN); J0720
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	6	(SODIUM DIURIL); J1205
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	6	J3230
<i>cidofovir intravenous solution 75 mg/ml</i>	6	(VISTIDE); J0740
<i>ciprofloxacin intravenous solution 200 mg/20ml, 400 mg/40ml</i>	6	(CIPRO); J0744
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	6	J9060
<i>cladribine intravenous solution 10 mg/10ml</i>	6	J9065
<i>clofarabine intravenous solution 1 mg/ml</i>	6	(CLOLAR); J9027
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	6	(DURACLON); J0735
<i>colistimethate sodium injection solution reconstituted 150 mg</i>	6	(COLY-MYCIN M); J0770
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG	6	J9120
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	6	(CORTROSYN); J0833
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	6	J9070
<i>cyclosporine intravenous solution 50 mg/ml</i>	6	(SANDIMMUNE); J7516

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA; J9308
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	6	J9100
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	6	J0850
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	6	J9130
<i>daptomycin intravenous solution reconstituted 500 mg</i>	6	PA; (CUBICIN); J0878
<i>daunorubicin hcl intravenous injectable 5 mg/ml</i>	6	J9150
<i>decitabine intravenous solution reconstituted 50 mg</i>	6	(DACOGEN); J0894
<i>deferoxamine mesylate injection solution reconstituted 500 mg</i>	6	(DESFERAL); J0895
DEPOCYT INTRATHECAL SUSPENSION 50 MG/5ML	6	J9098
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	6	J1000
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	6	J1020
<i>desmopressin acetate injection solution 4 mcg/ml</i>	6	(DDAVP); J2597
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	6	J1100
<i>dextrose intravenous solution 5 %</i>	6	J7060
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	6	J7042
<i>diazepam injection solution 5 mg/ml</i>	6	J3360
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	6	(BENTYL); J0500
<i>digoxin injection solution 0.25 mg/ml</i>	6	(LANOXIN); J1160
<i>dimenhydrinate injection solution 50 mg/ml</i>	6	J1240
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	6	(BENADRYL); J1200
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML	6	J2704
<i>dipyridamole intravenous solution 5 mg/ml</i>	6	J1245
<i>dobutamine hcl intravenous solution 250 mg/20ml, 500 mg/40ml</i>	6	J1250
<i>docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml</i>	6	(TAXOTERE); J9171
<i>dopamine hcl intravenous solution 160 mg/ml, 40 mg/ml, 80 mg/ml</i>	6	J1265

Medication Name	Medication Tier	Requirements/Limits
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG	6	J1267
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	6	(HECTOROL); J1270
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	6	(ADRIAMYCIN); J9000
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	6	(DOXIL); Q2050
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	6	RO; J9217
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	6	J1453
ENCARE VAGINAL SUPPOSITORY 100 MG	7	RO; PREV; QL (12 EA per 30 days)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	5	PA; RO; J3380
<i>epinephrine hcl injection solution 1 mg/ml</i>	6	J0171
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	6	(ELLENCE); J9178
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	6	J9055
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	6	J1364
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	6	(DELESTROGEN); J1380
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	6	J1410
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml</i>	6	(TOPOSAR); J9181
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	6	PA; RO; (MD buy and bill); J7323
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	6	J9395
FC2 FEMALE CONDOM	7	RO; PREV; QL (12 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	7	RO; PREV; QL (1 EA per 1 Year)
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 250 mcg/5ml</i>	6	(SUBLIMAZE); J3010
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	6	J9155

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>floxuridine injection solution reconstituted 0.5 gm</i>	6	J9200
<i>fluconazole in dextrose intravenous solution 200 mg/100ml, 400 mg/200ml</i>	6	J1450
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	6	J1450
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	6	(FLUDARA); J9185
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	6	(ADRUCIL); J9190
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	6	J2680
<i>furosemide injection solution 10 mg/ml</i>	6	(LASIX); J1940
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	6	J0475
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	6	PA; J1569
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	6	PA; J1561
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	6	(CYTOVENE); J1570
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	6	J9301
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 200 mg</i>	6	(GEMZAR); J9201
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	6	J1580
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	6	PA; J3486
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml</i>	6	J1626
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	6	J1447
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	6	J9179
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	6	(HALDOL); J1631



<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol lactate injection solution 5 mg/ml</i>	6	(HALDOL); J1630
HEPAGAM B INJECTION SOLUTION	6	J1571
<i>heparin lock flush intravenous solution 10 unit/ml</i>	6	J1642
<i>heparin sodium (porcine) injection solution 1000 unit/ml</i>	6	J1644
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	6	J9355
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	6	PA; RO; (MD buy and bill); J7321
<i>hydralazine hcl injection solution 20 mg/ml</i>	6	J0360
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	6	(DILAUDID); J1170
<i>hydromorphone hcl pf injection solution 10 mg/ml</i>	6	(DILAUDID); J1170
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	6	J3410
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	6	J2790
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	6	J2788
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	6	(IDAMYCIN); J9211
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	6	J9208
ILUVIEN INTRAOCULAR IMPLANT 0.19 MG	6	J7313
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	6	(PRIMAXIN); J0743
INFED INJECTION SOLUTION 50 MG/ML	6	J1750
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	6	J9214
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	6	J9214
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	6	J1335



<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	6	J1335
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	6	RO; J2426
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml</i>	6	(CAMPTOSTAR); J9206
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	6	J9043
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	6	PA; J9354
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	6	J3301
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	6	(TORADOL); J1885
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA; J9271
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	PA; J9271
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG	6	J2805
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	6	CVS Caremark; PREV
<i>lactated ringers intravenous solution</i>	6	J7120
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	6	Fusilev (levoleucovorin) is NOT covered.; J0640
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	6	(LUPRON); J9218
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	6	(KEPPRA); J1953
<i>levocarnitine intravenous solution 200 mg/ml</i>	6	(CARNITOR); J1955
<i>levofloxacin intravenous solution 25 mg/ml</i>	6	(LEVAQUIN); J1956
LEVSIN INJECTION SOLUTION 0.5 MG/ML	6	J1980
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	6	PA; J7308
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML	6	J2785
<i>lincomycin hcl injection solution 300 mg/ml</i>	6	(LINCOCIN); J2010
<i>linezolid intravenous solution 600 mg/300ml</i>	6	(ZYVOX); J2020

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	6	(ATIVAN); J2060
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	6	RO; J1950
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	6	RO; J9217
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	6	RO; J1950
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	6	RO; J9217
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG	6	RO; J1950
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG	6	RO; J9217
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	6	RO; J1950
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	6	PA; J2503
<i>magnesium sulfate injection solution 50 %</i>	6	J3475
<i>mannitol intravenous solution 10 %, 15 %, 20 %, 25 %, 5 %</i>	6	(OSMITROL); J2150
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	6	(DEPO-PROVERA); J1050; PREV
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	6	(ALKERAN); J9245
<i>mepерidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	6	(DEMEROL); J2175
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	6	(MERREM); J2185
<i>mesna intravenous solution 100 mg/ml</i>	6	(MESNEX); J9209
<i>methadone hcl injection solution 10 mg/ml</i>	6	J1230
<i>methocarbamol injection solution 1000 mg/10ml</i>	6	(ROBAXIN); J2800
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	6	(METHERGINE); J2210
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	6	(DEPO-MEDROL); J1030
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	6	(DEPO-MEDROL); J1040
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg</i>	6	(SOLU-MEDROL); J2930

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone sodium succ injection solution reconstituted 40 mg</i>	6	(SOLU-MEDROL); J2920
<i>metoclopramide hcl injection solution 5 mg/ml</i>	6	(REGLAN); J2765
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	6	J0630
<i>midazolam hcl injection solution 10 mg/2ml, 2 mg/2ml</i>	6	(VERSED); J2250
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	6	Subject to post service review. Must meet CMS ESA criteria.; J0888,J0888
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR	6	CVS Caremark; J7298; PREV
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	6	J9280
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i>	6	J9293
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	6	(ASTROMORPH); J2274
<i>morphine sulfate intravenous solution 50 mg/ml</i>	6	J2270
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	6	(AVELOX); J2280
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	6	J2562
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	6	J9230
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	6	J2248
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	6	(NUBAIN); J2300
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	6	RO; J2545
NESACAINE INJECTION SOLUTION 1 %, 2 %	6	J2400
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	RO; (MD Buy and bill); J2505
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	6	CVS Caremark; J7307; PREV
<i>ondansetron hcl injection solution 4 mg/2ml</i>	6	(ZOFTRAN); J2405
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	5	PA; J9299

<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
OPTIONS CONCEPTROL VAGINAL GEL 4 %	7	RO; PREV; QL (2.55 GM per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	7	RO; PREV; QL (81 GM per 30 days)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	6	(NORFLEX); J2360
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	6	J2700
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	6	(ELOXATIN); J9263
OZURDEX INTRAOCULAR IMPLANT 0.7 MG	6	J7312
<i>paclitaxel intravenous concentrate 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	6	(ONXOL); J9267
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	6	(AREDIA); J2430
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	6	RO; FHCP Pharmacy - Call Office to Order; J7300; PREV
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	6	(ZEMPLAR); J2501
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	6	(PFIZERPEN); J2515
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	6	J2510
<i>pentobarbital sodium injection solution 50 mg/ml</i>	6	(NEMBUTAL); J2515
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	6	PA; J9306
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	6	(LUMINAL); J2560
<i>phenytoin sodium injection solution 50 mg/ml</i>	6	J1165
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	6	(ZOSYN); J2543
<i>potassium chloride intravenous solution 2 meq/ml</i>	6	J3480
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	6	J2690
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	6	J0780
<i>progesterone intramuscular oil 50 mg/ml</i>	6	J2675
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; J0256

Medication Name	Medication Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	6	PA
<i>promethazine hcl injection solution 25 mg/ml</i>	6	(PHENERGAN); J2550
<i>propranolol hcl intravenous solution 1 mg/ml</i>	6	J1800
<i>protamine sulfate intravenous solution 10 mg/ml</i>	6	J2720
<i>pyridoxine hcl injection solution 100 mg/ml</i>	6	J3415
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	6	PA; J3490
<i>ranitidine hcl injection solution 50 mg/2ml</i>	6	(ZANTAC); J2780
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; J1745
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	6	J3485
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	6	J2791
RIMSO-50 INTRAVESICAL SOLUTION 50 %	6	J1212
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	6	RO; J2794
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA; J9310
<i>ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	6	(NAROPIN); J2795
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	PA; J2353
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	5	PA; J1602
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	6	J0480
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	6	CVS Caremark; J7301; PREV
<i>sodium chloride intravenous solution 0.9 %</i>	6	J7050
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	6	J1720
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA; RO; J1930

Medication Name	Medication Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; RO; J3357
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; RO; J3357
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	6	J3000
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	6	J2770
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	6	PA; RO; Prior Authorization not required for Orthopedics.; J7325
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	6	PA; RO; Prior Authorization not required for Orthopedics.; J7325
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PA
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	6	J0712
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	6	J9328
<i>terbutaline sulfate injection solution 1 mg/ml</i>	6	(BRETHINE); J3105
<i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%</i>	6	J2810
THERACYS INTRAVESICAL SUSPENSION RECONSTITUTED 81 MG/VIAL	6	J9031
<i>thiamine hcl injection solution 100 mg/ml</i>	6	J3411
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG	6	PA; J3240
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	6	J3250
<i>tigecycline intravenous solution reconstituted 50 mg</i>	6	(TYGACIL); J3243
TNKASE INTRAVENOUS KIT 50 MG	6	J3101
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	6	J3260
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	6	J3260



Medication Name	Medication Tier	Requirements/Limits
TODAY SPONGE VAGINAL 1000 MG	7	RO; PREV; QL (12 EA per 30 days)
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	6	(HYCAMTIN); J9351
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	5	J9033
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	6	J3315
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML	6	J3300
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	6	J9017
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	6	PA; J2323
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 5000 mg, 750 mg</i>	6	J3370
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	7	RO; PREV; QL (17 GM per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	6	J9303
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	6	PA; J9041
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	6	J1756
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	6	J9360
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	6	(VINCASAR); J9370
<i>vinorelbine tartrate intravenous solution 10 mg/ml</i>	6	(NAVELBINE); J9390
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	6	PA; J3396
<i>vitamin k1 injection solution 1 mg/0.5ml</i>	6	J3430
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	6	J2792
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	6	PA; J0588
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; J2357



<b>Medication Name</b>	<b>Medication Tier</b>	<b>Requirements/Limits</b>
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	5	PA; J9228
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	6	PA; J9400
ZANTAC INJECTION SOLUTION 50 MG/2ML	6	J2780
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	6	Q5101
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	6	J9202
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	6	RO; (RECLAST); J3489
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	6	RO; J2358



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with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such

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You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, Daria Siciliano, RN-BC, CCM Manager of Member Services is available to help you.

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U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





If you or someone you're helping has questions about **Florida Health Care Plans**, you have the right to get help and information in your language at no cost. To talk to an interpreter, call **1-877-615-4022. (TTY: TRS Relay 711)**

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Jeśli Ty lub ktoś, komu pomagasz macie pytania dotyczące **Florida Health Care Plans**, macie prawo uzyskać pomoc i informacje w swoim języku, bez żadnych kosztów. Porozmawiaj z tłumaczem, zadzwoń pod numer **1-877-615-4022. (TTY: TRS Relay 711)**

જો તમને અથવા તમે જેને મદદ કરી રહ્યાં છો તેમને **Florida Health Care Plans** વિશે કોઈ પ્રશ્નો હોય, તો તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વિના મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે **1-877-615-4022. (TTY: TRS Relay 711)** પર ફોન કરો.

หากคุณ หรือคนที่คุณกำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ **Florida Health Care Plans** คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร.

**1-877-615-4022. (TTY: TRS Relay 711)**

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