



# FHCP's Premier Plan (HMO) and FHCP's Premier Plus Plan (HMO-POS)

## 2017 Formulary (List of Covered Drugs)

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

This formulary was updated on **October 24, 2017**. For more recent information or other questions, please contact FHCP's Member Services, at 1-877-615-4022 or, for TTY users, TRS Relay 711. Hours are 7 days a week, 8 am to 8 pm, or visit [www.fhcp.com/medicare-2017-formulary-brevard](http://www.fhcp.com/medicare-2017-formulary-brevard).

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

When this drug list (formulary) refers to "we," "us", or "our," it means Florida Health Care Plans. When it refers to "plan" or "our plan," it means FHCP's Premier plan or FHCP's Premier Plus plan.

This document includes *a* list of the drugs (formulary) for our plan which is current as of **November 1, 2017**. For *an* updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year. Florida Health Care Plans is an HMO plan with a Medicare Contract. Enrollment in Florida Health Care Plans depends on contract renewal.

## **What is the FHCP's Premier plan and FHCP's Premier Plus plan Formulary?**

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

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

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of **November 1, 2017**. To get updated information about the drugs covered by Florida Health Care Plans, please contact us. Our contact information appears on the front and back cover pages. FHCP's formulary is periodically updated. For an up-to-date formulary please visit our website at [www.fhcp.com](http://www.fhcp.com).

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

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

### **Medical Condition**

The formulary begins on page **7**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARIOVASCULAR AGENTS". If you know what your drug is used for, look for the category name in the list that begins on page number **7**. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **67**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

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

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

- **Prior Authorization:** FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescriptions. If you don't get approval, FHCP may not cover the drug.
- **Quantity Limits:** For certain drugs, FHCP limits the amount of the drug that FHCP will cover. For example, FHCP provides 31 per prescription for Valcyclovir 1gm tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FHCP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FHCP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FHCP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **7**. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask FHCP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the FHCP's formulary?" on page **4** for information about how to request an exception.

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

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

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

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

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

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

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

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

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

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with *up to a 98-day transition supply*, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Patients discharged from an inpatient stay at a hospital may be eligible for a 7-day transition supply of non-formulary medications at a covered rate after hospital discharge. Patients must furnish prescription and hospital discharge paperwork to Florida Health Care Plans Pharmacy to be eligible for transition supply.

### **For more information**

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

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

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

### **Florida Health Care Plan's Formulary**

The formulary that begins on page **7** provides coverage information about the drugs covered by FHCP. If you have trouble finding your drug in the list, turn to the Index that begins on page **67**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., NORVIR ORAL CAPSULE 100MGE) and generic drugs are listed in lower-case italics (e.g., *risperidone oral solution 1 mg/ml*).

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

## KEY FOR REQUIREMENTS/LIMITS COLUMN

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

**MO:** Mail Order Drug - This prescription drug is available through a mail-order service.

**PA:** Prior Authorization - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

**QL:** Quantity Limit

**ST:** Step Therapy - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

**NE:** Non-Extended Day Supply – This prescription is not available for an extended day supply

**Drug Tier Column (Tier 1 & Tier 2)** – For the FHCP’s Premier Plus plan we provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

### NOTE:

**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).

## 2017 Medicare Formulary

<p><b>lowercase italics</b> = Generic T1 drugs, Generic T2 drugs, Generic T5 drugs, Generic T6 drugs</p> <p><b>UPPERCASE</b> = Brand name T3 drugs, Brand name T4 drugs, Brand name T5 drugs, Brand name T6 drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Preferred Generics</p> <p><b>T2</b> = Non-Preferred Generics</p> <p><b>T3</b> = Preferred Brands</p> <p><b>T4</b> = Non-Preferred Brands</p> <p><b>T5</b> = Injectables</p> <p><b>T6</b> = Specialty</p>	<p><b>Requirements/Limits</b></p> <p><b>LA</b> = Limited Access Drug</p> <p><b>NE</b> = Non Extended Day Supply</p> <p><b>PA-NS</b> = PA Applies to New Starts Only</p> <p><b>ST-NS</b> = Step Applies to New Starts Only</p>
---	---	---

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>analgesics</i>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	T2	MO
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	T2	MO
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	T2	MO
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	T2	MO
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T2	MO
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T2	NE
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	T2	MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	T2	MO; QL (1800 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T2	MO
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	T2	MO; (5/325mg only)
<b>nonsteroidal anti-inflammatory drugs</b>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	T2	MO; (not XR)
<i>diclofenac sodium transdermal gel 3 %</i>	T2	PA; QL (100 per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	T2	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	T2	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	T2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	MO
<i>indomethacin er oral capsule extended release 75 mg</i>	T2	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T2	MO; (not 25mg & ER)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	T5	
<i>ketorolac tromethamine oral tablet 10 mg</i>	T2	MO; QL (20 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T2	MO
<i>naproxen oral suspension 125 mg/5ml</i>	T2	MO
<i>naproxen oral tablet 250 mg</i>	T2	MO
<i>naproxen oral tablet 375 mg, 500 mg</i>	T1	MO
<i>sulindac oral tablet 150 mg</i>	T2	MO
<b>opioid analgesics, long-acting</b>		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	T5	B/D
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	T2	PA; MO
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	T5	B/D
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T2	PA; MO; 12,25,50,75,100 mcgs only
METHADONE HCL INJECTION SOLUTION 10 MG/ML	T5	B/D
<i>methadone hcl oral solution 5 mg/5ml</i>	T2	MO
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	T2	MO
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	T2	MO
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	T2	MO
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	T2	MO
<b>opioid analgesics, short-acting</b>		
<i>butorphanol tartrate injection solution 1 mg/ml</i>	T5	B/D
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T4	PA; QL (120 per 31 days); NE
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	T2	MO
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	T2	MO
<i>meperidine hcl injection solution 50 mg/ml</i>	T5	B/D
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	T2	MO
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	T2	MO; not liquid or caps
<i>tramadol hcl oral tablet 50 mg</i>	T2	MO; (not ER)
<b>Anesthetics</b>		
<b>local anesthetics</b>		
<i>lidocaine external ointment 5 %</i>	T2	MO; (oint only); QL (35.44 per 2 days)
<i>lidocaine external patch 5 %</i>	T2	PA; MO
<i>lidocaine hcl (pf) injection solution 0.5 %</i>	T5	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine viscous mouth/throat solution 2 %</i>	T2	MO; QL (360 per 3 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	T2	MO; QL (30 per 1 day)
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<b><i>alcohol deterrents/ anti-craving</i></b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	T2	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T2	MO
<i>naltrexone hcl oral tablet 50 mg</i>	T2	MO; (tabs only)
<b><i>opioid dependence treatments</i></b>		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	T5	B/D
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	T2	PA; MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	T2	PA; MO
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	T4	PA-NS; MO
<b><i>opioid reversal agents</i></b>		
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T2	
NARCAN NASAL LIQUID 4 MG/0.1ML	T4	QL (4 per 365 days); NE
<b><i>smoking cessation agents</i></b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	T2	MO
CHANTIX ORAL TABLET 0.5 MG, 1 MG	T4	NE
NICOTROL INHALATION INHALER 10 MG	T3	MO; QL (168 per 10 days)
<b>Antibacterials</b>		
<b><i>aminoglycosides</i></b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	T5	B/D
<i>gentak ophthalmic ointment 0.3 %</i>	T2	NE
<i>gentamicin sulfate external cream 0.1 %</i>	T2	QL (30 per 30 days); NE
<i>gentamicin sulfate external ointment 0.1 %</i>	T2	QL (30 per 30 days); NE
<i>gentamicin sulfate injection solution 40 mg/ml</i>	T5	B/D
<i>gentamicin sulfate intravenous solution 10 mg/ml</i>	T5	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	T2	NE
<i>neomycin sulfate oral tablet 500 mg</i>	T2	(tablet); NE
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG	T3	NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM	T5	
TOBI PODHALER INHALATION CAPSULE 28 MG	T6	
TOBRADEX OPHTHALMIC OINTMENT 0.3- 0.1 %	T3	NE
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T6	B/D
<i>tobramycin ophthalmic solution 0.3 %</i>	T2	NE
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	T5	B/D
TOBREX OPHTHALMIC OINTMENT 0.3 %	T3	NE
<b><i>antibacterials, other</i></b>		
<i>acetic acid otic solution 2 %</i>	T2	NE
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	T2	NE
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	T5	
<i>clindamycin hcl oral capsule 150 mg</i>	T2	(not 300mg); NE
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	T2	NE
<i>clindamycin phosphate external swab 1 %</i>	T2	QL (60 per 15 days); NE
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	T5	B/D
<i>clindamycin phosphate vaginal cream 2 %</i>	T2	(vag.); NE
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T5	B/D
<i>daptomycin intravenous solution reconstituted 500 mg</i>	T5	B/D
<i>global alcohol prep ease pad 70 %</i>	T2	NE
<i>linezolid intravenous solution 600 mg/300ml</i>	T5	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	T2	NE
<i>linezolid oral tablet 600 mg</i>	T2	NE
<i>metronidazole external cream 0.75 %</i>	T2	QL (45 per 30 days)
<i>metronidazole external gel 0.75 %</i>	T2	QL (70 per 30 days)
<i>metronidazole external gel 1 %</i>	T2	QL (60 per 30 days)
<i>metronidazole external lotion 0.75 %</i>	T2	QL (60 per 30 days)
<i>metronidazole in nacl intravenous solution 500- 0.79 mg/100ml-%</i>	T5	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T2	(not ER); NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole vaginal gel 0.75 %</i>	T2	(vag); QL (70 per 10 days); NE
<i>mupirocin external ointment 2 %</i>	T2	(oint only); QL (22 per 30 days); NE
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	T2	NE
<i>tigecycline intravenous solution reconstituted 50 mg</i>	T5	B/D; MO
<i>trimethoprim oral tablet 100 mg</i>	T2	NE
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T5	B/D
<i>vancomycin hcl intravenous solution reconstituted 1000 mg</i>	T5	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	T6	PA
<b>antibacterials</b>		
<i>colistimethate sodium injection solution reconstituted 150 mg</i>	T5	B/D
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	T5	B/D
<b>beta-lactam, cephalosporins</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	T2	NE
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	T2	(susp only); NE
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	T5	B/D
<i>cefdinir oral capsule 300 mg</i>	T2	NE
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	NE
<i>cefepime hcl injection solution reconstituted 1 gm</i>	T5	B/D
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	T2	(SUPRAX); NE
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	T5	B/D
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	T5	B/D
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	T2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	T2	NE
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	NE
<i>cefprozil oral tablet 250 mg, 500 mg</i>	T2	NE
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	T5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	T5	B/D
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	T2	(tabs only); NE
<i>cefuroxime sodium injection solution reconstituted 1.5 gm</i>	T5	B/D
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T2	NE
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	NE
SUPRAX ORAL CAPSULE 400 MG	T4	NE
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG	T5	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	T5	B/D
<b><i>beta-lactam, other</i></b>		
<i>aztreonam injection solution reconstituted 1 gm</i>	T5	B/D
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	T6	
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	T5	
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	T5	B/D
<i>meropenem intravenous solution reconstituted 1 gm</i>	T5	MO
<i>meropenem intravenous solution reconstituted 500 mg</i>	T5	
<b><i>beta-lactam, penicillins</i></b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T2	NE
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	T2	NE
<i>amoxicillin oral tablet 875 mg</i>	T2	NE
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T2	NE
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	T2	NE
<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>	T2	NE
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T2	NE
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	T2	NE
<i>ampicillin oral capsule 250 mg, 500 mg</i>	T2	NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	T5	B/D
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	T5	B/D
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML	T5	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	T2	(caps only); NE
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	T5	B/D
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	T5	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	NE
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	T2	NE
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm</i>	T5	
<b>macrolides</b>		
AZASITE OPHTHALMIC SOLUTION 1 %	T4	NE
<i>azithromycin intravenous solution reconstituted 500 mg</i>	T5	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	T2	NE
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T2	NE
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	T2	NE
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T2	(not XL); NE
E.E.S. 400 ORAL TABLET 400 MG	T3	NE
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T5	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3	NE
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG	T3	NE
<i>erythromycin external solution 2 %</i>	T2	QL (60 per 30 days); NE
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	T2	QL (3.5 per 7 days); NE
<b>quinolones</b>		
CILOXAN OPHTHALMIC OINTMENT 0.3 %	T3	NE
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	T2	QL (15 per 30 days); NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T2	(not susp or XR); NE
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	T5	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml</i>	T5	
<i>levofloxacin ophthalmic solution 0.5 %</i>	T2	QL (15 per 30 days); NE
<i>levofloxacin oral solution 25 mg/ml</i>	T2	NE
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T2	NE
MOXEZA OPHTHALMIC SOLUTION 0.5 %	T3	QL (3 per 7 days); NE
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	T2	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	T2	QL (15 per 9 days); NE
<i>ofloxacin otic solution 0.3 %</i>	T2	(otic); NE
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	T3	QL (3 per 7 days); NE
<b><i>sulfonamides</i></b>		
<i>silver sulfadiazine external cream 1 %</i>	T2	NE
<i>ssd external cream 1 %</i>	T2	NE
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	T2	QL (15 per 10 days); NE
<i>sulfadiazine oral tablet 500 mg</i>	T2	NE
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML	T5	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T2	NE
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T2	NE
<b><i>tetracyclines</i></b>		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T2	MO
<i>doxycycline monohydrate oral capsule 50 mg</i>	T2	MO
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	T2	NE
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	T2	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	T2	MO
<b>Anticonvulsants</b>		
<b><i>anticonvulsants, other</i></b>		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	T5	B/D
BRIVIACT ORAL SOLUTION 10 MG/ML	T6	PA-NS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T6	PA-NS
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	T6	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	T6	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	T2	MO
<i>levetiracetam intravenous solution 500 mg/5ml</i>	T5	
<i>levetiracetam oral solution 100 mg/ml</i>	T2	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	T2	MO
<i>spritam oral tablet disintegrating soluble 1000 mg, 250 mg, 500 mg, 750 mg</i>	T2	MO
<b><i>calcium channel modifying agents</i></b>		
CELONTIN ORAL CAPSULE 300 MG	T4	MO
<i>ethosuximide oral capsule 250 mg</i>	T2	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	T2	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	T4	ST-NS; MO; QL (93 per 31 days)
LYRICA ORAL SOLUTION 20 MG/ML	T4	ST-NS; MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	T2	MO
<b><i>gamma-aminobutyric acid (gaba) augmenting agents</i></b>		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	MO; (not wafers)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg</i>	T2	MO
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	T2	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	T2	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	T2	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	T2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T2	MO
GABITRIL ORAL TABLET 16 MG	T4	MO
ONFI ORAL SUSPENSION 2.5 MG/ML	T4	PA-NS; MO
ONFI ORAL TABLET 10 MG, 20 MG	T4	PA-NS; MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	T2	MO
SABRIL ORAL PACKET 500 MG	T4	PA-NS; MO; LA
SABRIL ORAL TABLET 500 MG	T4	PA-NS; MO; LA
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	T2	MO
<i>valproate sodium intravenous solution 500 mg/5ml</i>	T5	
<i>valproate sodium oral solution 250 mg/5ml</i>	T2	MO
<i>valproic acid oral capsule 250 mg</i>	T2	MO
VIGABATRIN ORAL PACKET 500 MG	T4	PA-NS; NE
<b>glutamate reducing agents</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	T2	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	T2	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	T4	PA-NS; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T4	PA-NS; MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T2	MO; (not XR or ODT)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	T2	MO; (not XR or ODT)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T2	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	MO
<b>sodium channel agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	T4	PA-NS; MO
BANZEL ORAL SUSPENSION 40 MG/ML	T4	PA-NS; MO
BANZEL ORAL TABLET 200 MG, 400 MG	T4	PA-NS; MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	T2	MO
<i>carbamazepine oral tablet 200 mg</i>	T2	MO; (not XR)
<i>carbamazepine oral tablet chewable 100 mg</i>	T2	MO; (not XR)
DILANTIN ORAL CAPSULE 30 MG	T3	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	T5	B/D; (CEREBYX)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	T2	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	T2	MO
PEGANONE ORAL TABLET 250 MG	T4	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	T2	MO
<i>phenytoin oral tablet chewable 50 mg</i>	T2	MO



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin sodium extended oral capsule 100 mg</i>	T2	MO
<i>phenytoin sodium injection solution 50 mg/ml</i>	T5	B/D
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	T5	
VIMPAT ORAL SOLUTION 10 MG/ML	T4	PA-NS; MO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T4	PA-NS; MO
<b>Antidementia Agents</b>		
<i>antidementia agents, other</i>		
<i>ergoloid mesylates oral tablet 1 mg</i>	T2	MO; (not LC)
<i>cholinesterase inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	T2	MO; (not 23mg or XR)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	T2	MO; (not 23mg or XR)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	T4	PA; MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	T2	MO
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	T2	MO
<i>n-methyl-d-aspartate (nmda) receptor antagonist</i>		
<i>memantine hcl oral solution 2 mg/ml</i>	T2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T2	MO
<b>Antidepressants</b>		
<i>antidepressants, other</i>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	T5	PA-NS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T2	MO
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	T2	MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T2	MO; (not 200mg)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T2	MO
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	T2	MO
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	T2	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	T2	MO
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	T2	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	T4	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	T1	MO; (not 300mg)
<b><i>monoamine oxidase inhibitors</i></b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	T4	PA-NS; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	T4	MO
<i>phenelzine sulfate oral tablet 15 mg</i>	T2	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	T2	MO
<b><i>ssris/ snris</i></b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	T1	MO
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	T1	MO
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	T2	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T2	MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T2	MO
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T2	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	T4	PA-NS; MO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	T1	MO; (not 40mg)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	T2	MO
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	MO; (not CR)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	T2	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	MO
PAXIL ORAL SUSPENSION 10 MG/5ML	T4	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sertraline hcl oral concentrate 20 mg/ml</i>	T2	MO
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	T2	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T4	PA-NS; MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T2	MO
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	MO
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	T4	MO
<b>tricyclics</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	T2	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	T2	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	T2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	MO; (not PM)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	T1	MO
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	T2	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	T2	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	T2	MO
SILENOR ORAL TABLET 3 MG, 6 MG	T3	NE
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	T2	MO
<b>Antiemetics</b>		
<b>antiemetics, other</b>		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	T5	B/D
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T5	B/D
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	T5	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	T2	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	MO
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meclizine hcl oral tablet 25 mg</i>	T2	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T2	MO
<i>phenadoz rectal suppository 12.5 mg</i>	T2	QL (12 per 2 days); NE
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	T5	B/D
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	NE
<i>prochlorperazine rectal suppository 25 mg</i>	T2	QL (12 per 6 days); NE
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	T5	B/D
<i>promethazine hcl oral tablet 25 mg</i>	T2	MO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	T2	QL (12 per 2 days); NE
<i>promethegan rectal suppository 25 mg, 50 mg</i>	T2	QL (12 per 2 days); NE
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	T4	PA; MO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	T2	B/D; MO
<b><i>emetogenic therapy adjuncts</i></b>		
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	T5	B/D; (inj only)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	T2	PA; NE
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T2	PA; MO; QL (60 per 30 days)
EMEND ORAL CAPSULE 40 MG, 80 MG	T4	PA; MO
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	T4	PA; NE
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG	T4	PA; MO
<i>ondansetron hcl injection solution 4 mg/2ml</i>	T5	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	T2	B/D; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T2	B/D; MO; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T2	B/D; MO; QL (90 per 30 days)
<b>Antifungals</b>		
<b><i>antifungals</i></b>		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	T5	B/D
<i>amphotericin b injection solution reconstituted 50 mg</i>	T5	B/D
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T5	
<i>ciclopirox external gel 0.77 %</i>	T2	QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox external solution 8 %</i>	T2	QL (6.6 per 30 days); NE
<i>ciclopirox olamine external cream 0.77 %</i>	T2	QL (120 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	T2	(not shampoo); QL (60 per 30 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	T2	NE
<i>econazole nitrate external cream 1 %</i>	T2	MO; QL (120 per 30 days)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T5	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	T5	B/D
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	T2	NE
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	T2	NE
<i>fluconazole oral tablet 150 mg</i>	T2	QL (2 per 3 days); NE
<i>flucytosine oral capsule 250 mg, 500 mg</i>	T2	NE
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	T2	(suspension only)
<i>itraconazole oral capsule 100 mg</i>	T2	PA; NE
<i>ketoconazole external cream 2 %</i>	T2	(not shampoo); QL (120 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	T2	MO; (not shampoo)
NATACYN OPHTHALMIC SUSPENSION 5 %	T3	NE
NOXAFIL ORAL SUSPENSION 40 MG/ML	T6	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	T6	PA
<i>nyamyc external powder 100000 unit/gm</i>	T2	NE
<i>nystatin external cream 100000 unit/gm</i>	T2	QL (120 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	T2	QL (120 per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	T2	(not pwd)
<i>nystatin oral tablet 500000 unit</i>	T2	MO; (not pwd)
SPORANOX ORAL SOLUTION 10 MG/ML	T4	PA; NE
<i>terbinafine hcl oral tablet 250 mg</i>	T2	MO
<i>terconazole vaginal cream 0.4 %</i>	T2	NE
<i>terconazole vaginal cream 0.8 %</i>	T2	QL (20 per 3 days); NE
<i>terconazole vaginal suppository 80 mg</i>	T2	QL (3 per 3 days); NE
<i>voriconazole intravenous solution reconstituted 200 mg</i>	T5	B/D
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	T2	PA; NE
<i>voriconazole oral tablet 200 mg</i>	T2	PA; NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLINZA ORAL CAPSULE 100 MG	T6	PA-NS
<b>Antigout Agents</b>		
<i>antigout agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	MO
<i>colchicine oral tablet 0.6 mg</i>	T2	MO; QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	T2	MO
<i>probenecid oral tablet 500 mg</i>	T2	MO
<b>Anti-Inflammatory Agents</b>		
<i>glucocorticoids</i>		
<i>betamethasone dipropionate external cream 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	T2	MO; QL (60 per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	T2	MO; QL (120 per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	T2	MO; QL (60 per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	T2	MO; QL (120 per 30 days)
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	T3	QL (15 per 30 days); NE
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	T3	NE
<i>cortisone acetate oral tablet 25 mg</i>	T2	MO
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	T2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	T2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	T2	MO
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	T5	B/D
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	T2	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	T5	B/D
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	T2	MO
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg</i>	T5	B/D
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	T2	
<i>prednisone oral solution 5 mg/5ml</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 50 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG	T5	B/D
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	T2	QL (15 per 30 days); NE
<b><i>nonsteroidal anti-inflammatory drugs</i></b>		
<i>meloxicam oral tablet 15 mg</i>	T1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T2	MO
<i>sulindac oral tablet 200 mg</i>	T2	MO
<b>Antimigraine Agents</b>		
<b><i>ergot alkaloids</i></b>		
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML	T4	MO
<i>migergot rectal suppository 2-100 mg</i>	T2	MO; QL (12 per 14 days)
<b><i>prophylactic</i></b>		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	T5	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	T5	B/D
<b><i>serotonin (5-ht) 1b/1d receptor agonists</i></b>		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	T2	MO; QL (18 per 31 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	T2	MO; QL (18 per 31 days)
<i>sumatriptan nasal solution 20 mg/act</i>	T2	MO; QL (12 per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	T2	MO; QL (6 per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	MO; QL (12 per 31 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T2	MO; QL (4 per 31 days)
<b>Antimyasthenic Agents</b>		
<b><i>parasympathomimetics</i></b>		
<i>guanidine hcl oral tablet 125 mg</i>	T2	MO
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	T2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	T2	MO
<b>Antimycobacterials</b>		
<b><i>antimycobacterials, other</i></b>		
DAPSONE ORAL TABLET 100 MG, 25 MG	T3	MO
PRIFTIN ORAL TABLET 150 MG	T4	MO
<i>rifabutin oral capsule 150 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>antituberculars</i></b>		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	T5	B/D
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	T2	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T2	MO
PASER ORAL PACKET 4 GM	T4	MO
<i>pyrazinamide oral tablet 500 mg</i>	T2	MO
<i>rifampin intravenous solution reconstituted 600 mg</i>	T5	
<i>rifampin oral capsule 150 mg, 300 mg</i>	T2	MO
SIRTURO ORAL TABLET 100 MG	T4	MO
TRECTOR ORAL TABLET 250 MG	T4	MO
<b>Antineoplastics</b>		
<b><i>alkylating agents</i></b>		
<i>busulfan intravenous solution 6 mg/ml</i>	T6	B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	T2	B/D; MO
HEXALEN ORAL CAPSULE 50 MG	T3	MO
LEUKERAN ORAL TABLET 2 MG	T3	MO
MATULANE ORAL CAPSULE 50 MG	T3	MO
THIOTEPA INJECTION SOLUTION RECONSTITUTED 15 MG	T6	
VALCHLOR EXTERNAL GEL 0.016 %	T6	
<b><i>antiandrogens</i></b>		
<i>bicalutamide oral tablet 50 mg</i>	T2	MO
<i>flutamide oral capsule 125 mg</i>	T2	MO
NILANDRON ORAL TABLET 150 MG	T3	MO
XTANDI ORAL CAPSULE 40 MG	T6	PA-NS; LA
ZYTIGA ORAL TABLET 250 MG, 500 MG	T6	PA-NS
<b><i>antiangiogenic agents</i></b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T6	PA-NS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	T6	PA-NS; QL (31 per 31 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	T6	PA-NS
<b><i>antiestrogens/modifiers</i></b>		
EMCYT ORAL CAPSULE 140 MG	T3	MO
FARESTON ORAL TABLET 60 MG	T3	MO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	T3	NE



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	T2	MO
<b><i>antimetabolites</i></b>		
DROXIA ORAL CAPSULE 200 MG	T3	MO
<i>hydroxyurea oral capsule 500 mg</i>	T2	MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	T6	PA-NS
PURIXAN ORAL SUSPENSION 2000 MG/100ML	T6	LA
TABLOID ORAL TABLET 40 MG	T3	MO
<b><i>antineoplastics, other</i></b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	T5	B/D
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	T5	
<i>leucovorin calcium injection solution reconstituted 100 mg</i>	T5	B/D
<i>leucovorin calcium oral tablet 5 mg</i>	T2	MO
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	T5	
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	T6	PA-NS; QL (31 per 31 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T6	PA-NS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	T6	
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	T6	PA; LA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML	T5	PA-NS
<b><i>antineoplastics</i></b>		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T6	B/D
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	T6	PA
<i>azacitidine injection suspension reconstituted 100 mg</i>	T5	B/D
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T6	B/D
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 30 UNIT	T5	B/D
<i>carboplatin intravenous solution 150 mg/15ml</i>	T5	
<i>cisplatin intravenous solution 100 mg/100ml</i>	T5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clofarabine intravenous solution 1 mg/ml</i>	T6	B/D; MO
<i>daunorubicin hcl intravenous injectable 5 mg/ml</i>	T5	B/D
<i>decitabine intravenous solution reconstituted 50 mg</i>	T5	B/D
<i>docetaxel intravenous solution 80 mg/8ml</i>	T5	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	T5	
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	T6	PA
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	T5	B/D
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	T5	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	T4	NE
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	T5	B/D
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	T5	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T5	B/D
LYNPARZA ORAL CAPSULE 50 MG	T6	PA-NS; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	T6	PA-NS
MESNA INTRAVENOUS SOLUTION 100 MG/ML	T5	
MESNEX ORAL TABLET 400 MG	T4	MO
<i>mitomycin intravenous solution reconstituted 5 mg</i>	T5	B/D
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T6	PA-NS
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	T5	
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	T5	
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	T5	B/D
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	T6	
RUBRACA ORAL TABLET 200 MG, 300 MG	T6	PA-NS; LA
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T6	B/D
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	T5	B/D
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	T6	B/D
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T4	PA-NS; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA ORAL TABLET 100 MG	T6	PA-NS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	T6	PA-NS
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	T5	B/D
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 100-44 MG	T6	B/D
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	T6	B/D
ZEJULA ORAL CAPSULE 100 MG	T6	PA-NS; MO
<b><i>aromatase inhibitors, 3rd generation</i></b>		
<i>anastrozole oral tablet 1 mg</i>	T2	MO
<i>exemestane oral tablet 25 mg</i>	T2	MO
<i>letrozole oral tablet 2.5 mg</i>	T2	MO
<b><i>enzyme inhibitors</i></b>		
<i>etoposide intravenous solution 500 mg/25ml</i>	T5	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	T6	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T6	PA-NS; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	T6	PA-NS
KISQALI 200 DOSE ORAL TABLET 200 MG	T6	PA-NS
KISQALI 400 DOSE ORAL TABLET 200 MG	T6	PA-NS
KISQALI 600 DOSE ORAL TABLET 200 MG	T6	PA-NS
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	T6	PA-NS; MO
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	T6	PA-NS; MO
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	T6	PA-NS; MO
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	T5	
ZYDELIG ORAL TABLET 100 MG, 150 MG	T6	PA-NS
<b><i>molecular target inhibitors</i></b>		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	T6	
ALECENSA ORAL CAPSULE 150 MG	T6	PA-NS
ALUNBRIG ORAL TABLET 30 MG	T6	PA-NS; MO
BOSULIF ORAL TABLET 100 MG, 500 MG	T6	PA-NS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	T6	PA-NS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAPRELSA ORAL TABLET 100 MG, 300 MG	T6	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	T6	PA-NS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	T6	PA-NS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	T6	PA-NS
COTELLIC ORAL TABLET 20 MG	T6	PA-NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	T6	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	T6	PA-NS
ICLUSIG ORAL TABLET 15 MG	T6	PA-NS
ICLUSIG ORAL TABLET 45 MG	T6	PA-NS; LA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	T6	
IMBRUVICA ORAL CAPSULE 140 MG	T6	PA-NS; LA
INLYTA ORAL TABLET 1 MG, 5 MG	T6	LA
IRESSA ORAL TABLET 250 MG	T6	PA-NS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T6	PA-NS; LA
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	T5	B/D
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	T6	PA-NS; LA
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	T6	PA-NS; LA
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	T6	PA-NS; LA
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	T6	PA-NS; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	T6	PA-NS; LA
NERLYNX ORAL TABLET 40 MG	T6	PA-NS
NEXAVAR ORAL TABLET 200 MG	T6	
ODOMZO ORAL CAPSULE 200 MG	T6	PA-NS; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	T6	PA
RYDAPT ORAL CAPSULE 25 MG	T6	PA-NS; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T6	
STIVARGA ORAL TABLET 40 MG	T6	LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	T6	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	T6	PA-NS; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAGRISSO ORAL TABLET 40 MG, 80 MG	T6	PA-NS; LA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	T6	LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T6	PA-NS
TYKERB ORAL TABLET 250 MG	T6	PA-NS
VOTRIENT ORAL TABLET 200 MG	T6	LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	T6	PA-NS
ZELBORAF ORAL TABLET 240 MG	T6	PA-NS
ZYKADIA ORAL CAPSULE 150 MG	T6	PA-NS
<b><i>monoclonal antibodies</i></b>		
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	T6	B/D
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	T6	B/D
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	T6	B/D
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	T5	B/D
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	T6	B/D; MO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	T6	B/D
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T6	B/D
LARTRUVO INTRAVENOUS SOLUTION 500 MG/50ML	T6	B/D
OPDIVO INTRAVENOUS SOLUTION 40 MG/4ML	T6	B/D; LA
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	T6	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T6	PA-NS
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	T6	B/D
<b><i>retinoids</i></b>		
<i>bexarotene oral capsule 75 mg</i>	T6	
PANRETIN EXTERNAL GEL 0.1 %	T6	
TARGRETIN EXTERNAL GEL 1 %	T6	QL (60 per 30 days)
TRETINOIN ORAL CAPSULE 10 MG	T6	PA-NS

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparasitics</b>		
<i>anthelmintics</i>		
ALBENZA ORAL TABLET 200 MG	T4	MO
<i>ivermectin oral tablet 3 mg</i>	T2	MO
<i>antiprotozoals</i>		
ALINIA ORAL TABLET 500 MG	T3	NE
<i>atovaquone oral suspension 750 mg/5ml</i>	T2	MO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	T2	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	T2	MO
COARTEM ORAL TABLET 20-120 MG	T4	NE
DARAPRIM ORAL TABLET 25 MG	T6	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T2	MO
<i>mefloquine hcl oral tablet 250 mg</i>	T2	MO
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	T4	B/D; NE
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	T5	B/D
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG	T3	MO
<i>quinine sulfate oral capsule 324 mg</i>	T2	PA; MO
<i>pediculicides/ scabicides</i>		
<i>malathion external lotion 0.5 %</i>	T2	QL (60 per 7 days); NE
<i>permethrin external cream 5 %</i>	T2	QL (60 per 30 days); NE
<b>Antiparkinson Agents</b>		
<i>anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	MO
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	T2	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	T2	MO
<i>antiparkinson agents, other</i>		
<i>amantadine hcl oral capsule 100 mg</i>	T2	MO
<i>entacapone oral tablet 200 mg</i>	T2	MO
<i>dopamine agonists</i>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	T6	PA; LA
<i>bromocriptine mesylate oral capsule 5 mg</i>	T2	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	T4	PA; MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T2	MO; (not ER)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	T2	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T2	MO
<b><i>dopamine precursors/ l-amino acid decarboxylase inhibitors</i></b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25- 100 mg, 25-250 mg</i>	T2	MO
<b><i>monoamine oxidase b (mao-b) inhibitors</i></b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG	T4	PA; MO
RASAGILINE MESYLATE ORAL TABLET 0.5 MG, 1 MG	T4	PA; MO; NE
<i>selegiline hcl oral capsule 5 mg</i>	T2	MO
<i>selegiline hcl oral tablet 5 mg</i>	T2	MO
<b>Antipsychotics</b>		
<b><i>1st generation/ typical</i></b>		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	T5	B/D
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	T5	B/D
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	T2	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	T2	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	T5	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T5	B/D
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T2	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	T2	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	T2	MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	MO
<b><i>2nd generation/ atypical</i></b>		
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	T5	B/D
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T4	PA-NS; MO
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	T5	PA-NS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	T5	PA-NS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	T4	PA-NS; MO
NUPLAZID ORAL TABLET 17 MG	T6	PA-NS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	T5	PA-NS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	T2	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	T2	MO; (INVEGA)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T2	MO
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T4	PA-NS; MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 25 MG, 50 MG	T5	B/D
<i>risperidone oral solution 1 mg/ml</i>	T2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	MO
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	T4	PA-NS; MO
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T6	PA-NS



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	T4	PA-NS; MO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	T5	B/D
<b><i>treatment-resistant</i></b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	MO
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	T2	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	T4	MO
<b>Antispasticity Agents</b>		
<b><i>antispasticity agents</i></b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T2	MO
<i>dantrolene sodium oral capsule 50 mg</i>	T2	MO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	T2	MO; (tabs only)
<b>Antivirals</b>		
<b><i>anti-cytomegalovirus (cmv) agents</i></b>		
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	T5	B/D
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	T3	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	T2	MO; (VALCYTE)
ZIRGAN OPHTHALMIC GEL 0.15 %	T4	QL (5 per 7 days); NE
<b><i>anti-hepatitis b (hbv) agents</i></b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	T2	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T2	MO
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	T5	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	T5	
<i>lamivudine oral tablet 100 mg</i>	T2	MO
VEMLIDY ORAL TABLET 25 MG	T3	MO
<b><i>anti-hepatitis c (hcv) agents</i></b>		
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	T5	
MAVYRET ORAL TABLET 100-40 MG	T6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	T6	PA
<i>ribasphere oral capsule 200 mg</i>	T2	NE
<i>ribavirin oral capsule 200 mg</i>	T2	NE
SOVALDI ORAL TABLET 400 MG	T6	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T6	PA-NS
ZEPATIER ORAL TABLET 50-100 MG	T6	PA
<b><i>antiherpetic agents</i></b>		
<i>acyclovir external ointment 5 %</i>	T2	MO
<i>acyclovir oral capsule 200 mg</i>	T2	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	T2	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T2	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	T5	B/D
<i>famciclovir oral tablet 500 mg</i>	T2	MO
<i>trifluridine ophthalmic solution 1 %</i>	T2	NE
<i>valacyclovir hcl oral tablet 1 gm</i>	T2	MO; QL (31 per 31 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	T2	MO
<b><i>anti-hiv agents, integrase inhibitors (insti)</i></b>		
GENVOYA ORAL TABLET 150-150-200-10 MG	T3	MO
ISENTRESS HD ORAL TABLET 600 MG	T3	MO
ISENTRESS ORAL PACKET 100 MG	T3	MO
ISENTRESS ORAL TABLET 400 MG	T3	MO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	T3	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	T3	MO
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	T3	MO
<b><i>anti-hiv agents, non-nucleoside reverse transcriptase inhibitors (nrti)</i></b>		
COMPLERA ORAL TABLET 200-25-300 MG	T3	MO
EDURANT ORAL TABLET 25 MG	T3	MO
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	T3	MO
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	T2	MO; (VIRAMUNE XR)
<i>nevirapine oral suspension 50 mg/5ml</i>	T2	MO; (VIRAMUNE)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nevirapine oral tablet 200 mg</i>	T2	MO; (VIRAMUNE)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	T3	MO
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	T3	MO
SUSTIVA ORAL TABLET 600 MG	T3	MO
<b><i>anti-hiv agents, nucleoside and nucleotide reverse transcriptase inhibitors (nrti)</i></b>		
<i>abacavir sulfate oral tablet 300 mg</i>	T2	MO
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	T2	MO
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	T2	MO
ATRIPLA ORAL TABLET 600-200-300 MG	T3	MO
DESCOVY ORAL TABLET 200-25 MG	T3	MO
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	T2	MO
EMTRIVA ORAL CAPSULE 200 MG	T3	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	T3	MO
EPZICOM ORAL TABLET 600-300 MG	T3	MO
<i>lamivudine oral solution 10 mg/ml</i>	T2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T2	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	T2	MO
ODEFSEY ORAL TABLET 200-25-25 MG	T3	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	T5	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	T2	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	T3	MO
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T3	MO
VIREAD ORAL POWDER 40 MG/GM	T3	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	T3	MO
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	T3	MO
ZIAGEN ORAL SOLUTION 20 MG/ML	T3	MO
<i>zidovudine oral capsule 100 mg</i>	T2	MO
<i>zidovudine oral syrup 50 mg/5ml</i>	T2	MO
<i>zidovudine oral tablet 300 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>anti-hiv agents, other</i></b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	T3	MO
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	T3	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	T3	MO
TYBOST ORAL TABLET 150 MG	T3	MO
<b><i>anti-hiv agents, protease inhibitors</i></b>		
APTIVUS ORAL CAPSULE 250 MG	T3	MO
APTIVUS ORAL SOLUTION 100 MG/ML	T3	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T3	MO
EVOTAZ ORAL TABLET 300-150 MG	T3	MO
INVIRASE ORAL CAPSULE 200 MG	T3	MO
INVIRASE ORAL TABLET 500 MG	T3	MO
KALETRA ORAL SOLUTION 400-100 MG/5ML	T3	MO
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	T3	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	T3	MO
LEXIVA ORAL TABLET 700 MG	T3	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	T2	
NORVIR ORAL CAPSULE 100 MG	T3	MO
NORVIR ORAL SOLUTION 80 MG/ML	T3	MO
NORVIR ORAL TABLET 100 MG	T3	MO
PREZCOBIX ORAL TABLET 800-150 MG	T3	MO
PREZISTA ORAL SUSPENSION 100 MG/ML	T3	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T3	MO
REYATAZ ORAL PACKET 50 MG	T3	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	T3	MO
<b><i>anti-influenza agents</i></b>		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	T4	NE
<i>rimantadine hcl oral tablet 100 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Anxiolytics</b>		
<i>anxiolytics, other</i>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	T2	MO
<i>meprobamate oral tablet 200 mg, 400 mg</i>	T2	MO
<b>benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T2	MO; (not XR)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	T2	MO
<i>diazepam oral solution 1 mg/ml</i>	T2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T2	MO
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	MO
<b>ssris/ snris</b>		
PAXIL ORAL SUSPENSION 10 MG/5ML	T4	MO
<b>Bipolar Agents</b>		
<i>mood stabilizers</i>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	T2	MO
<i>lithium carbonate oral capsule 150 mg</i>	T2	MO
<i>lithium carbonate oral capsule 300 mg</i>	T1	MO
<i>lithium oral solution 8 meq/5ml</i>	T2	MO
<b>Blood Glucose Regulators</b>		
<i>antidiabetic agents</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T2	MO
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	T4	PA; MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	T4	PA; MO; QL (3 per 28 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	T4	PA; MO; QL (2 per 28 days)
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	T2	MO
FARXIGA ORAL TABLET 10 MG, 5 MG	T3	ST-NS; MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	MO; (not XL)
<i>glyburide micronized oral tablet 3 mg</i>	T2	PA; MO
<i>glyburide oral tablet 1.25 mg</i>	T2	PA; MO
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	T1	PA; MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	T4	PA; MO; QL (31 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JARDIANCE ORAL TABLET 10 MG, 25 MG	T3	ST-NS; MO
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	T3	ST-NS; MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	T2	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	T2	MO
ONGLYZA ORAL TABLET 2.5 MG	T4	PA; MO; QL (31 per 31 days)
ONGLYZA ORAL TABLET 5 MG	T4	PA; MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	T2	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	T3	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	T3	PA; MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	T3	ST; MO
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	T3	ST-NS; MO
<i>tolazamide oral tablet 250 mg, 500 mg</i>	T2	MO
<i>tolbutamide oral tablet 500 mg</i>	T2	MO
TRADJENTA ORAL TABLET 5 MG	T3	ST-NS; MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	T3	ST-NS; MO
<b><i>blood glucose regulators</i></b>		
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T3	ST; MO
<b><i>glycemic agents</i></b>		
GLUCAGON EMERGENCY INJECTION KIT 1 MG	T3	MO; QL (1 per 15 days); NE
KORLYM ORAL TABLET 300 MG	T6	PA
PROGLYCEM ORAL SUSPENSION 50 MG/ML	T4	MO
<b><i>insulins</i></b>		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	T2	MO
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	T2	MO
<i>cvs gauze sterile pad 2"x2"</i>	T2	MO
<i>exel comfort point pen needle 29g x 12mm</i>	T2	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	T3	MO; (u-500 only)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	T4	MO; (no pens)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T3	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	MO; (no pens)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T3	MO; (no pens)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T3	MO; (no pens)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	T3	MO; (no pens)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T3	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T3	MO; (no pens)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	T3	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	MO; (no pens)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	T2	MO
<i>reli-on insulin syringe 29g 0.3 ml</i>	T2	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T3	MO
<b>Blood Products/ Modifiers/ Volume Expanders</b>		
<b><i>anticoagulants</i></b>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	T3	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	T5	QL (28 per 14 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	T5	QL (22.4 per 14 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	T5	QL (8.4 per 14 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	T5	QL (11.2 per 14 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	T5	QL (16.8 per 14 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</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>	T5	PA
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T5	B/D
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	T3	MO
<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>	T1	MO
XARELTO ORAL TABLET 10 MG	T3	MO; (hip and knee repair)
XARELTO ORAL TABLET 15 MG, 20 MG	T3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	T3	MO
<b><i>blood formation modifiers</i></b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	T2	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	T6	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 40 MCG/0.4ML, 60 MCG/0.3ML	T5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML	T6	PA
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	T6	B/D
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	T5	B/D
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	T6	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T6	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	T6	PA-NS
<b><i>coagulants</i></b>		
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	T5	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tranexamic acid oral tablet 650 mg</i>	T2	NE
<b><i>platelet modifying agents</i></b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	T2	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	T4	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T2	MO
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	T2	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T2	MO
<b>Cardiovascular Agents</b>		
<b><i>alpha-adrenergic agonists</i></b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	T1	MO; (not tts)
<i>clonidine hcl oral tablet 0.3 mg</i>	T2	MO; (not tts)
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	T2	MO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	T2	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T2	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	T6	PA; LA
<b><i>alpha-adrenergic blocking agents</i></b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T2	MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	T2	MO
<b><i>angiotensin ii receptor antagonists</i></b>		
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	T2	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T2	MO; (not HCT)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	T2	MO; (DIOVAN)
<b><i>angiotensin-converting enzyme (ace) inhibitors</i></b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	MO; (not HCT)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T2	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	T2	MO; (not HCT)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	T1	MO
<i>lisinopril oral tablet 30 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	T2	MO
<b><i>antiarrhythmics</i></b>		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	T5	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	T2	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	T2	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	T2	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	T2	MO
MULTAQ ORAL TABLET 400 MG	T4	PA; MO
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T4	MO
PROCAINAMIDE HCL INJECTION SOLUTION 500 MG/ML	T5	B/D
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	T2	MO; (not SR)
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	T2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T2	MO
<i>sorine oral tablet 120 mg</i>	T2	MO; (Sotalol)
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	T2	MO; (not AF)
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	T4	MO
<b><i>beta-adrenergic blocking agents</i></b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	T2	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T2	MO
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T5	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	MO; (not HCT)
<i>propranolol hcl intravenous solution 1 mg/ml</i>	T5	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	T2	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	MO; (not LA)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>calcium channel blocking agents</i></b>		
<i>afeditab cr oral tablet extended release 24 hour 30 mg, 60 mg</i>	T2	MO; (ADALAT CC)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	MO
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	T2	MO; (not 360mg)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T2	MO; (not SR & LA)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T2	MO; (not XL)
NIMODIPINE ORAL CAPSULE 30 MG	T4	MO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T2	MO
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	T5	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	T2	MO
<b><i>cardiovascular agents, other</i></b>		
<i>digoxin injection solution 0.25 mg/ml</i>	T5	B/D
<i>digoxin oral solution 0.05 mg/ml</i>	T2	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T2	MO; QL (31 per 31 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	T2	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	T3	PA; MO
TEKTURNA ORAL TABLET 150 MG, 300 MG	T4	ST-NS; MO
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T6	PA; LA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	T6	PA; LA
<b><i>cardiovascular agents</i></b>		
DEMSER ORAL CAPSULE 250 MG	T6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T2	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	T2	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T2	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	T1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diuretics, carbonic anhydrase inhibitors</i></b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	T2	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T2	MO
<b><i>diuretics, loop</i></b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	T5	B/D
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	T1	MO
<i>bumetanide oral tablet 2 mg</i>	T2	MO
EDECRIN ORAL TABLET 25 MG	T6	(sulfa allergic pts only)
<i>furosemide injection solution 10 mg/ml</i>	T5	B/D
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T2	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	MO
<b><i>diuretics, potassium-sparing</i></b>		
<i>amiloride hcl oral tablet 5 mg</i>	T2	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	T2	MO
<i>spironolactone oral tablet 25 mg, 50 mg</i>	T2	MO; (not 100mg)
<b><i>diuretics, thiazide</i></b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	T2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	MO
DIURIL ORAL SUSPENSION 250 MG/5ML	T4	MO
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	T1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	MO
<b><i>dyslipidemics, fibric acid derivatives</i></b>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	T2	MO; (TRICOR)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	T2	MO; (TRILIPIX)
<i>gemfibrozil oral tablet 600 mg</i>	T2	MO
<b><i>dyslipidemics, hmg coa reductase inhibitors</i></b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	T1	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	MO
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T2	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>dyslipidemics, other</i></b>		
<i>cholestyramine light oral packet 4 gm</i>	T2	MO
<i>cholestyramine light oral powder 4 gm/dose</i>	T2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	T6	PA
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	T6	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	T2	MO
NIACOR ORAL TABLET 500 MG	T3	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	T2	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	T6	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	T6	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T6	PA
WELCHOL ORAL TABLET 625 MG	T4	PA; MO
<i>zetia oral tablet 10 mg</i>	T2	MO
<b><i>vasodilators, direct-acting arterial/venous</i></b>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	T2	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T2	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	T2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	T2	MO
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	T3	MO
<b><i>vasodilators, direct-acting arterial</i></b>		
<i>hydralazine hcl injection solution 20 mg/ml</i>	T5	B/D
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Central Nervous System Agents</b>		
<b><i>attention deficit hyperactivity disorder agents, amphetamines</i></b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	T2	MO; QL (31 per 31 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	T2	MO; QL (62 per 31 days)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	T2	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T2	MO
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	T3	MO; QL (31 per 31 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	T3	MO; QL (31 per 31 days)
<b><i>attention deficit hyperactivity disorder agents, non-amphetamines</i></b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	T2	MO
<i>guanfacine hcl oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	MO
<i>methylphenidate hcl oral capsule extended release 10 mg, 50 mg, 60 mg</i>	T2	MO; QL (31 per 31 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T2	MO; QL (93 per 31 days)
<i>methylphenidate hcl oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	T2	MO; QL (31 per 31 days)
<i>methylphenidate hcl oral tablet extended release 24 hour 36 mg</i>	T2	MO; QL (62 per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T2	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	T2	MO
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	T3	MO
<b><i>central nervous system, other</i></b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	T4	PA; MO
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	T6	B/D
<i>riluzole oral tablet 50 mg</i>	T2	PA; MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	T6	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fibromyalgia agents</i></b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 50 MG	T3	MO
<b><i>multiple sclerosis agents</i></b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	T6	PA; LA
AUBAGIO ORAL TABLET 14 MG, 7 MG	T6	PA; LA
AVONEX INTRAMUSCULAR KIT 30 MCG	T6	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	T6	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	T6	
BETASERON SUBCUTANEOUS KIT 0.3 MG	T6	
GILENYA ORAL CAPSULE 0.5 MG	T6	PA; QL (28 per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	T6	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	T6	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	T6	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	T6	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	T6	
TECFIDERA ORAL 120 & 240 MG	T6	PA; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	T6	PA; LA
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	T5	PA
<b>Dental And Oral Agents</b>		
<b><i>dental and oral agents</i></b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	T2	MO
<i>doxycycline hyclate oral tablet 20 mg</i>	T2	MO
<i>pilocarpine hcl oral tablet 5 mg</i>	T2	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	T2	NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Dermatological Agents</b>		
<i>dermatological agents</i>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	T6	PA
<i>calcipotriene external cream 0.005 %</i>	T2	MO; QL (60 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	T2	MO; QL (60 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	T2	MO; QL (60 per 30 days)
CLARAVIS ORAL CAPSULE 30 MG	T6	PA
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	T2	QL (120 per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	T2	QL (60 per 30 days)
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	T3	MO
CORTISPORIN EXTERNAL OINTMENT 1 %	T3	MO; QL (15 per 7 days)
<i>diclofenac sodium transdermal gel 1 %</i>	T2	
ELIDEL EXTERNAL CREAM 1 %	T4	QL (30 per 30 days); NE
EUCRISA EXTERNAL OINTMENT 2 %	T3	ST-NS
<i>fluorouracil external cream 5 %</i>	T2	QL (40 per 15 days)
<i>fluorouracil external solution 5 %</i>	T2	
<i>fluorouracil intravenous solution 2.5 gm/50ml</i>	T5	B/D
<i>fluticasone propionate external cream 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>fluticasone propionate external lotion 0.05 %</i>	T2	MO; QL (60 per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>	T2	MO; QL (120 per 30 days)
<i>imiquimod external cream 5 %</i>	T2	QL (12 per 10 days); NE
<i>methoxsalen rapid oral capsule 10 mg</i>	T2	MO
<i>myorisan oral capsule 10 mg</i>	T2	PA; MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	T2	QL (120 per 30 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	T2	QL (120 per 30 days)
<i>podofilox external solution 0.5 %</i>	T2	QL (14 per 28 days); NE
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	T4	QL (30 per 10 days); NE
<i>selenium sulfide external lotion 2.5 %</i>	T2	MO; QL (120 per 30 days)
TAZAROTENE EXTERNAL CREAM 0.1 %	T4	PA; QL (30 per 30 days); NE
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	T4	PA; QL (30 per 30 days); NE
TAZORAC EXTERNAL GEL 0.1 %	T4	PA; QL (30 per 30 days); NE
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	T2	PA; QL (30 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T2	PA; QL (30 per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zenatane oral capsule 20 mg, 40 mg</i>	T2	PA; MO
<b>Enzyme Replacement/ Modifiers</b>		
<i>enzyme replacement/ modifiers</i>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	T6	B/D
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	T6	B/D
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T6	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	T3	MO
CYSTADANE ORAL POWDER	T4	MO
<i>cystagon oral capsule 150 mg</i>	T2	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	T6	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	T6	PA; LA
KUVAN ORAL PACKET 500 MG	T6	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	T6	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	T6	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	T6	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T6	B/D
ZAVESCA ORAL CAPSULE 100 MG	T4	PA; MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 40000 UNIT, 5000 UNIT	T4	MO
<b>Gastrointestinal Agents</b>		
<i>antispasmodics, gastrointestinal</i>		
<i>dicyclomine hcl oral capsule 10 mg</i>	T2	MO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T2	MO
<i>dicyclomine hcl oral tablet 20 mg</i>	T2	MO
<i>glycopyrrolate injection solution 4 mg/20ml</i>	T5	B/D
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	MO
<i>gastrointestinal agents, other</i>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	T2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T2	MO
GATTEX SUBCUTANEOUS KIT 5 MG	T6	PA
<i>loperamide hcl oral capsule 2 mg</i>	T2	MO; (caps only)
<i>metoclopramide hcl injection solution 5 mg/ml</i>	T5	B/D
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	T2	MO
<i>metoclopramide hcl oral tablet 10 mg</i>	T1	MO
<i>metoclopramide hcl oral tablet 5 mg</i>	T2	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T3	PA; MO
<i>proctozone-hc rectal cream 2.5 %</i>	T2	QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA
<i>ursodiol oral capsule 300 mg</i>	T2	MO
<b><i>histamine2 (h2) receptor antagonists</i></b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T2	MO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T2	MO
<i>ranitidine hcl oral syrup 15 mg/ml</i>	T2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T1	MO
<b><i>irritable bowel syndrome agents</i></b>		
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	T2	MO
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	T4	PA; MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	T2	PA; MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	T3	PA; MO
<b><i>laxatives</i></b>		
<i>lactulose oral solution 10 gm/15ml</i>	T2	MO; (limit 1pt/31days); QL (960 per 3 days)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	T2	MO; (GOLYTELY)
<i>polyethylene glycol 3350 oral powder</i>	T2	MO; QL (527 per 31 days)
<b><i>protectants</i></b>		
CARAFATE ORAL SUSPENSION 1 GM/10ML	T3	NE
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	T2	MO
<i>sucralfate oral tablet 1 gm</i>	T2	MO
<b><i>proton pump inhibitors</i></b>		
<i>lansoprazole oral capsule delayed release 30 mg</i>	T2	MO; (not ODT)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	T2	MO; (not 40mg)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	T5	B/D
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	T2	MO
<b>Genitourinary Agents</b>		
<b><i>antispasmodics, urinary</i></b>		
<i>flavoxate hcl oral tablet 100 mg</i>	T2	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	T4	PA; MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	T2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	T2	MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	T3	MO
<b><i>benign prostatic hypertrophy agents</i></b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	T2	MO
<i>dutasteride oral capsule 0.5 mg</i>	T2	MO
<i>finasteride oral tablet 5 mg</i>	T2	MO
<i>tamsulosin hcl oral capsule 0.4 mg</i>	T2	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	MO
<b><i>genitourinary agents, other</i></b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	MO
CUPRIMINE ORAL CAPSULE 250 MG	T6	PA
ELMIRON ORAL CAPSULE 100 MG	T4	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	T2	MO
<b><i>phosphate binders</i></b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	T2	MO
FOSRENOL ORAL PACKET 1000 MG, 750 MG	T6	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	T6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<i>hormonal agents, stimulant/ replacement/ modifying (adrenal)</i>		
<i>clobetasol propionate e external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	T2	QL (120 per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	T2	MO; QL (60 per 30 days)
<b>CORDRAN EXTERNAL TAPE 4 MCG/SQCM</b>	T3	NE
<i>desonide external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>desonide external lotion 0.05 %</i>	T2	MO; QL (60 per 30 days)
<i>desonide external ointment 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	T2	QL (120 per 30 days)
<i>desoximetasone external gel 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	T2	QL (120 per 30 days)
<i>diflorasone diacetate external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	T2	MO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	T2	QL (120 per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	T2	MO; QL (120 per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	T2	MO; QL (60 per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	T2	MO; QL (20 per 14 days)
<i>fluocinonide external cream 0.05 %</i>	T2	QL (120 per 30 days)
<i>fluocinonide external gel 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	T2	MO; QL (120 per 30 days)
<i>fluocinonide external solution 0.05 %</i>	T2	MO; QL (60 per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	T2	QL (120 per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	T2	QL (60 per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	T2	QL (120 per 30 days)
<i>hydrocortisone oral tablet 10 mg</i>	T2	MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	T2	MO
<i>mometasone furoate external cream 0.1 %</i>	T2	QL (120 per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>	T2	QL (120 per 30 days)
<i>mometasone furoate external solution 0.1 %</i>	T2	MO; QL (60 per 30 days)
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG</b>	T5	B/D
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	T2	(not A); QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	T2	(not A); QL (60 per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	(not A); QL (120 per 30 days)
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>hormonal agents, stimulant/ replacement/ modifying (pituitary)</i>		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	T5	B/D
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	T2	MO
<i>desmopressin acetate injection solution 4 mcg/ml</i>	T5	B/D
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	T2	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	T6	PA
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	T5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	T5	PA
STIMATE NASAL SOLUTION 1.5 MG/ML	T6	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>anabolic steroids</i>		
ANADROL-50 ORAL TABLET 50 MG	T6	
<i>oxandrolone oral tablet 2.5 mg</i>	T2	PA; MO
<i>androgens</i>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T4	QL (150 per 30 days); NE
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)	T4	QL (75 per 30 days); NE
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)	T4	QL (150 per 30 days); NE
<i>danazol oral capsule 100 mg, 200 mg</i>	T2	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T5	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	T5	
<i>estrogens</i>		
DUAVEE ORAL TABLET 0.45-20 MG	T3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESTRACE VAGINAL CREAM 0.1 MG/GM	T4	MO; QL (84 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	MO
<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>	T2	MO; QL (4 per 31 days)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	T5	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	T2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T4	PA-NS; MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T3	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	T3	MO; QL (42 per 28 days)
<b><i>hormonal agents, stimulant/ replacement/ modifying (sex hormones/ modifiers)</i></b>		
<i>apri oral tablet 0.15-30 mg-mcg</i>	T2	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	T2	MO
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	T2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	T2	MO
<i>enpresse-28 oral tablet</i>	T2	MO
<i>gianvi oral tablet 3-0.02 mg</i>	T2	MO
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	T2	MO
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	T2	MO
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	T2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	T2	MO
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	T2	MO
<i>lutera oral tablet 0.1-20 mg-mcg</i>	T2	MO
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	T2	MO; (not 7/7/7)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	T2	MO; (not 7/7/7)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	T2	MO; (not 7/7/7)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	T2	MO
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	T2	MO
PREMPHASE ORAL TABLET 0.625-5 MG	T3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	T3	MO
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	T2	MO; (not Lo)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	T2	MO
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	T2	MO; (not Lo)
<i>trivora (28) oral tablet</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
zovia 1/35e (28) oral tablet 1-35 mg-mcg	T2	MO
zovia 1/50e (28) oral tablet 1-50 mg-mcg	T2	MO
<b><i>progestins</i></b>		
camila oral tablet 0.35 mg	T2	MO
errin oral tablet 0.35 mg	T2	MO
jolivette oral tablet 0.35 mg	T2	MO
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	T5	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	T1	MO
megestrol acetate oral suspension 40 mg/ml	T2	MO
megestrol acetate oral tablet 20 mg, 40 mg	T2	MO
norethindrone acetate oral tablet 5 mg	T2	MO
progesterone micronized oral capsule 100 mg, 200 mg	T2	MO
<b><i>selective estrogen receptor modifying agents</i></b>		
raloxifene hcl oral tablet 60 mg	T2	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b><i>hormonal agents, stimulant/ replacement/ modifying (thyroid)</i></b>		
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	T1	MO
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	T2	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b><i>hormonal agents, suppressant (adrenal)</i></b>		
LYSODREN ORAL TABLET 500 MG	T3	MO
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b><i>hormonal agents, suppressant (parathyroid)</i></b>		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	T6	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>hormonal agents, suppressant (pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	T2	MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	T5	B/D
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	T5	B/D
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	T5	B/D
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	T5	B/D
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	T5	
OCTREOTIDE ACETATE INJECTION SOLUTION 1000 MCG/ML, 500 MCG/ML	T6	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 30 MG	T6	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	T6	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	T6	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	T6	PA-NS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T6	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T6	PA
SYNAREL NASAL SOLUTION 2 MG/ML	T4	PA; MO
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>antithyroid agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T2	MO
<i>propylthiouracil oral tablet 50 mg</i>	T2	MO
<b>Immunological Agents</b>		
<i>angioedema (hae) agents</i>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	T6	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	T6	PA



Drug Name	Drug Tier	Requirements/Limits
<i>immune suppressants</i>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	T6	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	T5	PA
<i>azathioprine oral tablet 50 mg</i>	T2	B/D; MO
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG	T6	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T2	B/D; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	T2	B/D; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T2	B/D; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	T6	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	T6	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T6	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T6	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 40 MG/0.8ML	T6	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	T6	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	T6	PA
<i>mercaptopurine oral tablet 50 mg</i>	T2	MO
<i>methotrexate oral tablet 2.5 mg</i>	T2	MO
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	T5	(inj)
<i>mycophenolate mofetil oral capsule 250 mg</i>	T2	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	T2	B/D; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	T2	B/D; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	T2	B/D; MO
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	T6	PA-NS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	T6	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RAPAMUNE ORAL SOLUTION 1 MG/ML	T6	B/D
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	T6	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	T2	B/D; MO
<i>sirolimus oral tablet 2 mg</i>	T6	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T2	B/D; MO
XELJANZ ORAL TABLET 5 MG	T6	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T6	PA
ZORTRESS ORAL TABLET 0.25 MG	T4	B/D; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	T6	B/D
<b><i>immunizing agents, passive</i></b>		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	T5	PA; LA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	T5	PA
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	T6	B/D
<b><i>immunomodulators</i></b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	T6	PA-NS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	T6	PA; LA
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	T6	PA
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	T6	B/D
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T6	B/D
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T2	MO
<b><i>vaccines</i></b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	T5	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T5	
BCG VACCINE INJECTION INJECTABLE	T5	B/D
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T5	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	T5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 (0.5ML SYRINGE)	T5	
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5	T5	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	T5	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 10 MCG/0.5ML (0.5ML SYRINGE), 20 MCG/ML	T5	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T5	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T5	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T5	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	T5	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	T5	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	T5	
IPOL INJECTION INJECTABLE	T5	
IXIARO INTRAMUSCULAR SUSPENSION	T5	
KINRIX INTRAMUSCULAR SUSPENSION	T5	B/D
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	T5	
MENACTRA INTRAMUSCULAR INJECTABLE	T5	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T5	
M-M-R II SUBCUTANEOUS INJECTABLE	T5	
PEDIARIX INTRAMUSCULAR SUSPENSION	T5	B/D
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	T5	
PROQUAD SUBCUTANEOUS INJECTABLE	T5	
QUADRACEL INTRAMUSCULAR SUSPENSION	T5	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	T5	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	T5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROTARIX ORAL SUSPENSION RECONSTITUTED	T3	
ROTATEQ ORAL SOLUTION	T4	NE
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T5	B/D
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	T5	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	T5	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	T5	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T5	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	T5	
YF-VAX SUBCUTANEOUS INJECTABLE	T5	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	T5	

### **Inflammatory Bowel Disease Agents**

#### ***aminosalicylates***

ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	T3	MO
<i>balsalazide disodium oral capsule 750 mg</i>	T2	MO
CANASA RECTAL SUPPOSITORY 1000 MG	T3	QL (30 per 30 days); NE
DIPENTUM ORAL CAPSULE 250 MG	T4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	T2	MO
<i>mesalamine-cleanser rectal kit 4 gm</i>	T2	QL (1680 per 28 days); NE

#### ***glucocorticoids***

<i>colocort rectal enema 100 mg/60ml</i>	T2	QL (420 per 7 days); NE
<i>hydrocortisone rectal enema 100 mg/60ml</i>	T2	QL (420 per 7 days); NE
<i>prednisone oral tablet 5 mg</i>	T2	MO
<i>proctosol hc rectal cream 2.5 %</i>	T2	QL (28.5 per 30 days); NE

#### ***sulfonamides***

<i>sulfasalazine oral tablet 500 mg</i>	T2	MO; (not EC); NE
---	----	------------------

### **Metabolic Bone Disease Agents**

#### ***metabolic bone disease agents***

<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	T2	MO
--	----	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alendronate sodium oral tablet 70 mg</i>	T1	MO
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	T2	MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T2	MO
<i>calcitriol oral solution 1 mcg/ml</i>	T2	MO
<i>etidronate disodium oral tablet 400 mg</i>	T2	MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T6	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	T4	MO
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	T6	PA; LA
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	T5	B/D
<i>paricalcitol intravenous solution 2 mcg/ml</i>	T5	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	T2	PA; MO
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	T5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	T5	PA
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	T5	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	T5	B/D
<b>Non-Frf</b>		
<i>non-frf</i>		
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	T3	ST; MO
<b>Ophthalmic Agents</b>		
<i>ophthalmic agents, other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T2	NE
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	T6	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	T2	NE
RESTASIS OPHTHALMIC EMULSION 0.05 %	T3	QL (30 per 15 days); NE
<i>ophthalmic agents</i>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T2	NE
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	T2	NE
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T2	NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	T2	NE
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T2	NE
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T2	NE
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	T2	NE
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	T2	QL (10 per 7 days); NE
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	T3	QL (15 per 30 days); NE
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	T3	NE
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	T2	QL (10 per 6 days); NE
<b><i>ophthalmic anti-allergy agents</i></b>		
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	T3	NE
<i>azelastine hcl ophthalmic solution 0.05 %</i>	T2	QL (6 per 30 days); NE
<i>cromolyn sodium ophthalmic solution 4 %</i>	T2	NE
<b><i>ophthalmic antiglaucoma agents</i></b>		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	T2	MO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	T2	MO
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	T3	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T2	MO; (not P); QL (10 per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>	T2	MO; QL (10 per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	T2	MO; QL (10 per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	T2	MO; QL (10 per 30 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	MO
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	T3	NE
<i>timolol maleate ophthalmic solution 0.25 %</i>	T1	MO; (not XE)
<i>timolol maleate ophthalmic solution 0.5 %</i>	T1	MO; (not XE); QL (10 per 30 days)
<b><i>ophthalmic anti-inflammatories</i></b>		
ALREX OPHTHALMIC SUSPENSION 0.2 %	T4	QL (5 per 12 days); NE
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	T2	NE
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	T2	QL (5 per 14 days); NE
DUREZOL OPHTHALMIC EMULSION 0.05 %	T4	NE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluorometholone ophthalmic suspension 0.1 %</i>	T2	NE
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	T2	NE
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	T3	QL (10 per 16 days); NE
FML OPHTHALMIC OINTMENT 0.1 %	T3	QL (10 per 7 days); NE
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	T3	QL (1.7 per 14 days); NE
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	T2	QL (5 per 4 days); NE
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	T2	QL (5 per 31 days); NE
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	T4	QL (15 per 30 days); NE
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	T3	QL (3 per 14 days); NE
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	T3	QL (10 per 15 days); NE
<i>prednisolone acetate ophthalmic suspension 1 %</i>	T2	MO; NE
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	T2	NE
<b><i>ophthalmic prostaglandin and prostamide analogs</i></b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	T2	QL (3 per 30 days); NE
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	T3	QL (2.5 per 25 days); NE
<b>Otic Agents</b>		
<b><i>otic agents</i></b>		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	T3	QL (7 per 7 days); NE
<i>neomycin-polymyxin-hc otic solution 1 %</i>	T2	NE
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	T2	(not TC); NE
<b>Respiratory Tract/ Pulmonary Agents</b>		
<b><i>antihistamines</i></b>		
<i>azelastine hcl nasal solution 0.1 %</i>	T2	MO; QL (60 per 30 days)
<i>cyproheptadine hcl oral tablet 4 mg</i>	T2	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	T2	MO
<i>olopatadine hcl nasal solution 0.6 %</i>	T2	MO; QL (31 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b><i>anti-inflammatories, inhaled corticosteroids</i></b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T4	MO; QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T4	MO; QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	T3	MO; QL (30 per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	T3	MO; QL (1 per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	T3	MO; QL (1 per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	T3	MO; QL (1 per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	T3	MO; QL (13 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	T2	B/D; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	T3	MO
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	T3	MO; QL (12 per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	T3	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	T3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T2	MO; (NASALIDE)
<i>fluticasone propionate external lotion 0.05 %</i>	T2	MO; QL (60 per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	T2	MO; QL (16 per 30 days)
<b><i>antileukotrienes</i></b>		
<i>montelukast sodium oral packet 4 mg</i>	T2	MO
<i>montelukast sodium oral tablet 10 mg</i>	T1	MO
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	T1	MO



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	T6	
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	T6	
<b><i>bronchodilators, anticholinergic</i></b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	T3	MO; QL (25.8 per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	T3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T2	B/D; MO
<i>ipratropium bromide nasal solution 0.03 %</i>	T2	MO; QL (31.1 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	T2	MO; QL (15 per 30 days)
<b><i>bronchodilators, sympathomimetic</i></b>		
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	T2	B/D; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T2	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T2	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	T3	MO; QL (60 per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	T3	MO; QL (13 per 30 days)
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	T5	QL (2 per 30 days)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	T2	MO
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	T2	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	T3	MO
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3	MO
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	T2	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	T3	MO; QL (36 per 30 days)
<b><i>cystic fibrosis agents</i></b>		
KALYDECO ORAL TABLET 150 MG	T6	PA
ORKAMBI ORAL TABLET 200-125 MG	T6	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	T6	PA; QL (150 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>mast cell stabilizers</i></b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	T2	B/D; MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	T2	
<b><i>phosphodiesterase inhibitors, airways disease</i></b>		
<i>aminophylline intravenous solution 25 mg/ml</i>	T5	
DALIRESP ORAL TABLET 500 MCG	T3	PA; MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	T2	MO; (UNIPHYL)
<i>theophylline oral solution 80 mg/15ml</i>	T2	MO
<b><i>pulmonary antihypertensives</i></b>		
ADCIRCA ORAL TABLET 20 MG	T6	PA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	T6	PA; LA
OPSUMIT ORAL TABLET 10 MG	T6	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T4	MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	T6	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	T5	PA; LA
<i>sildenafil citrate oral tablet 20 mg</i>	T2	PA; MO
TRACLEER ORAL TABLET 125 MG, 62.5 MG	T6	PA
<b><i>respiratory tract agents, other</i></b>		
<i>acetylcysteine inhalation solution 10 %</i>	T2	B/D; MO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	T3	MO; QL (60 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	T6	B/D; LA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	T5	
<b><i>respiratory tract/ pulmonary agents</i></b>		
ESBRIET ORAL CAPSULE 267 MG	T6	PA; LA
ESBRIET ORAL TABLET 267 MG, 801 MG	T6	PA; LA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T2	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T2	B/D; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	T4	MO; QL (10.2 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	T6	PA
<b>Skeletal Muscle Relaxants</b>		
<i>skeletal muscle relaxants</i>		
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	T2	PA; MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T2	MO
<b>Sleep Disorder Agents</b>		
<i>gaba receptor modulators</i>		
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	T2	MO
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	MO; (not 7.5)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T2	MO
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	T2	MO
<i>sleep disorders, other</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T2	PA; MO
HETLIOZ ORAL CAPSULE 20 MG	T6	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	T2	PA; MO; QL (31 per 31 days)
ROZEREM ORAL TABLET 8 MG	T4	PA; MO
XYREM ORAL SOLUTION 500 MG/ML	T6	PA; LA
<b>Therapeutic Nutrients/ Minerals/ Electrolytes</b>		
<i>electrolyte/ mineral modifiers</i>		
CHEMET ORAL CAPSULE 100 MG	T3	MO
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	T6	PA
FERRIPROX ORAL TABLET 500 MG	T6	PA
<i>kionex oral powder</i>	T2	MO
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	T2	MO
SYPRINE ORAL CAPSULE 250 MG	T4	MO
<i>electrolyte/ mineral replacement</i>		
CARBAGLU ORAL TABLET 200 MG	T6	PA
<i>klor-con 10 oral tablet extended release 10 meq</i>	T2	MO
<i>klor-con oral tablet extended release 8 meq</i>	T2	MO
<i>magnesium sulfate injection solution 50 %</i>	T5	B/D
<i>potassium chloride er oral tablet extended release 8 meq</i>	T2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride intravenous solution 2 meq/ml</i>	T5	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T2	MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	T5	
<i>sodium chloride irrigation solution 0.9 %</i>	T2	MO
<b><i>therapeutic nutrients/ minerals/ electrolytes</i></b>		
DEXTROSE IN LACTATED RINGERS INTRAVENOUS SOLUTION 5 %	T5	
<i>dextrose intravenous solution 10 %, 5 %</i>	T5	
<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	T5	
<i>fomepizole intravenous solution 1 gm/ml</i>	T5	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	T5	B/D
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	T5	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L	T5	
LACTATED RINGERS INTRAVENOUS SOLUTION	T5	
<i>ringers irrigation irrigation solution</i>	T2	MO
<i>sterile water for irrigation irrigation solution</i>	T2	MO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	T5	
TRAVASOL INTRAVENOUS SOLUTION 10 %	T5	B/D

## Index

<i>abacavir sulfate</i> .....	35	<i>amiodarone hcl</i> .....	42	AUBAGIO.....	47
<i>abacavir sulfate-lamivudine</i> .....	35	AMITIZA.....	50	AVASTIN.....	25
<i>abacavir-lamivudine-zidovudine</i>	35	<i>amitriptyline hcl</i> .....	19	<i>aviane</i> .....	54
ABILIFY MAINTENA.....	17	<i>amlodipine besylate</i> .....	43	AVONEX.....	47
ABRAXANE.....	25	<i>amoxapine</i> .....	19	AVONEX PEN.....	47
<i>acamprosate calcium</i> .....	9	<i>amoxicillin</i> .....	12	AVONEX PREFILLED.....	47
<i>acarbose</i> .....	37	<i>amoxicillin-pot clavulanate</i> .....	12	<i>azacitidine</i> .....	25
<i>acebutolol hcl</i> .....	42	<i>amoxicillin-pot clavulanate er</i> ...	12	AZASITE.....	13
<i>acetaminophen-codeine</i> .....	7	<i>amphetamine-dextroamphet er</i> ...	46	<i>azathioprine</i> .....	57
<i>acetaminophen-codeine #2</i> .....	7	<i>amphotericin b</i> .....	20	<i>azelastine hcl</i> .....	62, 63
<i>acetaminophen-codeine #3</i> .....	7	<i>ampicillin</i> .....	12	AZILECT.....	31
<i>acetaminophen-codeine #4</i> .....	7	<i>ampicillin sodium</i> .....	13	<i>azithromycin</i> .....	13
<i>acetazolamide</i> .....	44	<i>ampicillin-sulbactam sodium</i> .....	13	<i>aztreonam</i> .....	12
<i>acetazolamide er</i> .....	44	AMPYRA.....	47	<i>bacitracin</i> .....	10
<i>acetic acid</i> .....	10	ANADROL-50.....	53	<i>bacitracin-polymyxin b</i> .....	61
<i>acetylcysteine</i> .....	66	<i>anagrelide hcl</i> .....	40	<i>bacitra-neomycin-polymyxin-hc</i> .	61
<i>acitretin</i> .....	48	<i>anastrozole</i> .....	27	<i>baclofen</i> .....	33
ACTHIB.....	58	ANDROGEL.....	53	<i>balsalazide disodium</i> .....	60
ACTIMMUNE.....	58	ANDROGEL PUMP.....	53	BANZEL.....	16
<i>acyclovir</i> .....	34	ANORO ELLIPTA.....	66	BAVENCIO.....	29
<i>acyclovir sodium</i> .....	34	APOKYN.....	30	BCG VACCINE.....	58
ADACEL.....	58	<i>apraclonidine hcl</i> .....	62	BELEODAQ.....	25
ADAGEN.....	49	<i>aprepitant</i> .....	20	<i>benazepril hcl</i> .....	41
ADCIRCA.....	66	<i>apri</i> .....	54	BENLYSTA.....	57
<i>adefovir dipivoxil</i> .....	33	APTIOM.....	16	<i>benztropine mesylate</i> .....	30
ADEMPAS.....	66	APTIVUS.....	36	<i>betamethasone dipropionate</i> .....	22
ADVAIR DISKUS.....	64	ARANESP (ALBUMIN FREE). 40		<i>betamethasone valerate</i> .....	22
ADVAIR HFA.....	64	ARCALYST.....	58	BETASERON.....	47
<i>afeditab cr</i> .....	43	<i>aripiprazole</i> .....	17	<i>betaxolol hcl</i> .....	62
AFINITOR.....	27	ARISTADA.....	32	<i>bethanechol chloride</i> .....	51
AFINITOR DISPERZ.....	57	<i>armodafinil</i> .....	67	BETOPTIC-S.....	62
ALBENZA.....	30	ARNUITY ELLIPTA.....	64	<i>bexarotene</i> .....	29
<i>albuterol sulfate</i> .....	65	ASACOL HD.....	60	BEXSERO.....	58
ALDURAZYME.....	49	ASMANEX 120 METERED		<i>bicalutamide</i> .....	24
ALECENSA.....	27	DOSES.....	64	BICILLIN L-A.....	13
<i>alendronate sodium</i> .....	60, 61	ASMANEX 30 METERED		BLEOMYCIN SULFATE.....	25
<i>alfuzosin hcl er</i> .....	51	DOSES.....	64	BLEPHAMIDE.....	22
ALIMTA.....	25	ASMANEX 60 METERED		BLEPHAMIDE S.O.P.....	22
ALINIA.....	30	DOSES.....	64	BOOSTRIX.....	58, 59
<i>allopurinol</i> .....	22	ASMANEX HFA.....	64	BOSULIF.....	27
ALOMIDE.....	62	<i>aspirin-dipyridamole er</i> .....	41	BOTOX.....	23
<i>alosetron hcl</i> .....	50	<i>assure id insulin safety syr</i> .....	38	BREO ELLIPTA.....	65
ALOXI.....	20	<i>atenolol</i> .....	42	BRILINTA.....	41
<i>alprazolam</i> .....	37	ATGAM.....	57	<i>brimonidine tartrate</i> .....	62
ALREX.....	62	<i>atomoxetine hcl</i> .....	46	BRIVIACT.....	14, 15
ALUNBRIG.....	27	<i>atorvastatin calcium</i> .....	44	<i>bromocriptine mesylate</i> .....	30
<i>amantadine hcl</i> .....	30	<i>atovaquone</i> .....	30	<i>budesonide</i> .....	50, 64
AMBISOME.....	20	<i>atovaquone-proguanil hcl</i> .....	30	<i>bumetanide</i> .....	44
<i>amikacin sulfate</i> .....	9	ATRIPLA.....	35	<i>buprenorphine hcl</i> .....	8, 9
<i>amiloride hcl</i> .....	44	<i>atropine sulfate</i> .....	61	<i>buprenorphine hcl-naloxone hcl</i> ...	9
<i>aminophylline</i> .....	66	ATROVENT HFA.....	65	<i>bupropion hcl</i> .....	17

<i>bupropion hcl er (smoking det)</i> .....9	<i>chlorhexidine gluconate</i> .....47	COTELLIC.....28
<i>bupropion hcl er (sr)</i> .....17	<i>chloroquine phosphate</i> .....30	CREON.....49
<i>bupropion hcl er (xl)</i> .....17	<i>chlorothiazide</i> .....44	CRIXIVAN.....36
<i>bupirone hcl</i> .....37	<i>chlorpromazine hcl</i> .....19	<i>cromolyn sodium</i> .....62, 66
<i>busulfan</i> .....24	<i>chlorpropamide</i> .....37	<i>cryselle-28</i> .....54
<i>butalbital-apap-caffeine</i> .....7	<i>chlorthalidone</i> .....44	CUBICIN.....10
<i>butalbital-aspirin-caffeine</i> .....7	<i>cholestyramine light</i> .....45	CUPRIMINE.....51
<i>butorphanol tartrate</i> .....8	<i>chorionic gonadotropin</i> .....53	<i>cvs gauze sterile</i> .....38
BYDUREON.....37	<i>ciclopirox</i> .....20, 21	<i>cyclobenzaprine hcl</i> .....67
BYETTA 10 MCG PEN.....37	<i>ciclopirox olamine</i> .....21	<i>cyclophosphamide</i> .....24
BYETTA 5 MCG PEN.....37	<i>cilostazol</i> .....41	<i>cyclosporine</i> .....57
<i>cabergoline</i> .....56	CILOXAN.....13	<i>cyclosporine modified</i> .....57
CABOMETYX.....27	<i>cimetidine</i> .....50	<i>cyproheptadine hcl</i> .....63
<i>calcipotriene</i> .....48	<i>cimetidine hcl</i> .....50	CYRAMZA.....29
<i>calcitonin (salmon)</i> .....61	CINRYZE.....56	CYSTADANE.....49
<i>calcitriol</i> .....61	CIPRODEX.....63	<i>cystagon</i> .....49
<i>calcium acetate (phos binder)</i> .....51	<i>ciprofloxacin hcl</i> .....13, 14	CYSTARAN.....61
<i>camila</i> .....55	<i>ciprofloxacin in d5w</i> .....14	DALIRESP.....66
CANASA.....60	<i>cisplatin</i> .....25	<i>danazol</i> .....53
CANCIDAS.....20	<i>citalopram hydrobromide</i> .....18	<i>dantrolene sodium</i> .....33
CAPASTAT SULFATE.....24	CLARAVIS.....48	DAPSONE.....23
CAPRELSA.....28	<i>clarithromycin</i> .....13	DAPTACEL.....59
CARAFATE.....50	<i>clindamycin hcl</i> .....10	<i>daptomycin</i> .....10
CARBAGLU.....67	<i>clindamycin palmitate hcl</i> .....10	DARAPRIM.....30
<i>carbamazepine</i> .....16	<i>clindamycin phosphate</i> .....10	DARZALEX.....29
<i>carbidopa-levodopa</i> .....31	<i>clobetasol propionate</i> .....52	<i>daunorubicin hcl</i> .....26
<i>carbidopa-levodopa er</i> .....31	<i>clobetasol propionate e</i> .....52	<i>decitabine</i> .....26
<i>carboplatin</i> .....25	<i>clofarabine</i> .....26	DEMSER.....43
<i>carteolol hcl</i> .....62	<i>clomipramine hcl</i> .....19	DESCOVY.....35
<i>cartia xt</i> .....43	<i>clonazepam</i> .....15	<i>desipramine hcl</i> .....19
<i>carvedilol</i> .....42	<i>clonidine hcl</i> .....41	<i>desmopressin ace spray refrig</i> .....53
CAYSTON.....12	<i>clopidogrel bisulfate</i> .....41	<i>desmopressin acetate</i> .....53
<i>cefaclor</i> .....11	<i>clorazepate dipotassium</i> .....37	<i>desonide</i> .....52
<i>cefadroxil</i> .....11	<i>clotrimazole</i> .....21	<i>desoximetasone</i> .....52
<i>cefazolin sodium</i> .....11	<i>clotrimazole-betamethasone</i> .....48	<i>desvenlafaxine er</i> .....18
<i>cefdinir</i> .....11	<i>clozapine</i> .....33	<i>desvenlafaxine succinate er</i> .....18
<i>cefepime hcl</i> .....11	COARTEM.....30	<i>dexamethasone</i> .....22
<i>cefixime</i> .....11	<i>colchicine</i> .....22	<i>dexamethasone intensol</i> .....22
<i>cefotaxime sodium</i> .....11	<i>colchicine-probenecid</i> .....22	<i>dexamethasone sodium</i>
<i>cefoxitin sodium</i> .....11	<i>colistimethate sodium</i> .....11	<i>phosphate</i> .....22, 62
<i>cefpodoxime proxetil</i> .....11	<i>colocort</i> .....60	<i>dextroamphetamine sulfate</i> .....46
<i>cefprozil</i> .....11	COMETRIQ (100 MG DAILY	<i>dextroamphetamine sulfate er</i> .....46
<i>ceftazidime</i> .....11	DOSE).....28	<i>dextrose</i> .....68
<i>ceftriaxone sodium</i> .....12	COMETRIQ (140 MG DAILY	DEXTROSE IN LACTATED
<i>cefuroxime axetil</i> .....12	DOSE).....28	RINGERS.....68
<i>cefuroxime sodium</i> .....12	COMETRIQ (60 MG DAILY	<i>dextrose-nacl</i> .....68
CELONTIN.....15	DOSE).....28	DIASTAT ACUDIAL.....15
<i>cephalexin</i> .....12	<i>comfort assist insulin syringe</i> .....38	DIASTAT PEDIATRIC.....15
CEREZYME.....49	COMPLERA.....34	<i>diazepam</i> .....37
CHANTIX.....9	CORDRAN.....52	<i>diclofenac sodium</i> .....7, 48, 62
CHEMET.....67	<i>cortisone acetate</i> .....22	<i>dicloxacillin sodium</i> .....13
<i>chloramphenicol sod succinate</i> ...10	CORTISPORIN.....48	<i>dicyclomine hcl</i> .....49

<i>didanosine</i> .....	35	<i>enalapril maleate</i> .....	41	FETZIMA .....	18
<i>diflorasone diacetate</i> .....	52	ENBREL .....	57	<i>finasteride</i> .....	51
<i>digoxin</i> .....	43	ENBREL SURECLICK .....	57	FIRAZYR .....	56
DIHYDROERGOTAMINE		ENGERIX-B .....	59	<i>flavoxate hcl</i> .....	51
MESYLATE .....	23	<i>enoxaparin sodium</i> .....	39	<i>flecainide acetate</i> .....	42
DILANTIN .....	16	<i>enpresse-28</i> .....	54	FLOVENT DISKUS .....	64
<i>diltiazem hcl</i> .....	43	<i>entacapone</i> .....	30	FLOVENT HFA .....	64
<i>diltiazem hcl er coated beads</i> .....	43	<i>entecavir</i> .....	33	<i>fluconazole</i> .....	21
DIPENTUM .....	60	EPINEPHRINE .....	65	<i>fluconazole in sodium chloride</i> .....	21
<i>diphenhydramine hcl</i> .....	19	<i>eplerenone</i> .....	44	<i>flucytosine</i> .....	21
<i>diphenoxylate-atropine</i> .....	49, 50	EPZICOM .....	35	<i>fludarabine phosphate</i> .....	25
DIPHThERIA-TETANUS		ERAXIS .....	21	<i>fludrocortisone acetate</i> .....	52
TOXOIDS DT .....	59	<i>ergoloid mesylates</i> .....	17	<i>flunisolide</i> .....	64
<i>dipyridamole</i> .....	41	ERIVEDGE .....	28	<i>fluocinolone acetonide</i> .....	52
<i>disopyramide phosphate</i> .....	42	<i>errin</i> .....	55	<i>fluocinonide</i> .....	52
<i>disulfiram</i> .....	9	ERWINAZE .....	26	<i>fluorometholone</i> .....	63
DIURIL .....	44	ERYTHROCIN		<i>fluorouracil</i> .....	48
<i>divalproex sodium</i> .....	15	LACTOBIONATE .....	13	<i>fluoxetine hcl</i> .....	18
<i>divalproex sodium er</i> .....	15	ERYTHROCIN STEARATE .....	13	<i>fluphenazine decanoate</i> .....	31
<i>docetaxel</i> .....	26	<i>erythromycin</i> .....	13	<i>fluphenazine hcl</i> .....	31
<i>donepezil hcl</i> .....	17	ERYTHROMYCIN BASE .....	13	<i>flurazepam hcl</i> .....	67
<i>dorzolamide hcl</i> .....	62	ESBRIET .....	66	<i>flurbiprofen sodium</i> .....	63
<i>dorzolamide hcl-timolol mal</i> .....	62	<i>escitalopram oxalate</i> .....	18	<i>flutamide</i> .....	24
<i>doxazosin mesylate</i> .....	41	ESTRACE .....	54	<i>fluticasone propionate</i> .....	48, 64
<i>doxepin hcl</i> .....	19	<i>estradiol</i> .....	54	<i>fluticasone-salmeterol</i> .....	66
<i>doxorubicin hcl</i> .....	26	<i>estradiol valerate</i> .....	54	<i>fluvoxamine maleate</i> .....	18
<i>doxycycline hyclate</i> .....	14, 47	<i>estropipate</i> .....	54	FML .....	63
<i>doxycycline monohydrate</i> .....	14	<i>ethambutol hcl</i> .....	24	FML FORTE .....	63
<i>dronabinol</i> .....	20	<i>ethosuximide</i> .....	15	<i>fomepizole</i> .....	68
<i>drospirenone-ethinyl estradiol</i> .....	54	<i>etidronate disodium</i> .....	61	<i>fondaparinux sodium</i> .....	40
DROXIA .....	25	<i>etodolac</i> .....	7	FORTEO .....	61
DUAVEE .....	53	<i>etodolac er</i> .....	7	<i>fosinopril sodium</i> .....	41
DULERA .....	65	<i>etoposide</i> .....	27	<i>fosphenytoin sodium</i> .....	16
<i>duloxetine hcl</i> .....	18	EUCRISA .....	48	FOSRENOL .....	51
<i>duramorph</i> .....	8	EVOTAZ .....	36	<i>furosemide</i> .....	44
DUREZOL .....	62	<i>exel comfort point pen needle</i> .....	38	FUZEON .....	36
<i>dutasteride</i> .....	51	EXELON .....	17	FYCOMPA .....	16
E.E.S. 400 .....	13	<i>exemestane</i> .....	27	<i>gabapentin</i> .....	15
<i>econazole nitrate</i> .....	21	EXJADE .....	67	GABITRIL .....	15
EDECRIIN .....	44	FABRAZYME .....	49	<i>galantamine hydrobromide</i> .....	17
EDURANT .....	34	<i>famciclovir</i> .....	34	<i>galantamine hydrobromide er</i> .....	17
ELAPRASE .....	49	FANAPT .....	32	GAMMAGARD .....	58
ELIDEL .....	48	FARESTON .....	24	GAMUNEX-C .....	58
ELIQUIS .....	39	FARXIGA .....	37	<i>ganciclovir sodium</i> .....	33
ELITEK .....	26	FARYDAK .....	27	GARDASIL 9 .....	59
ELMIRON .....	51	FASLODEX .....	26	GATTEX .....	50
EMCYT .....	24	<i>felbamate</i> .....	16	<i>gemfibrozil</i> .....	44
EMEND .....	20	<i>fenofibrate</i> .....	44	<i>gentak</i> .....	9
EMEND TRI-PACK .....	20	<i>fenofibric acid</i> .....	44	<i>gentamicin sulfate</i> .....	9
EMPLICITI .....	29	<i>fentanyl</i> .....	8	GENVOYA .....	34
EMSAM .....	18	FENTANYL CITRATE .....	8	GEODON .....	32
EMTRIVA .....	35	FERRIPROX .....	67	<i>gianvi</i> .....	54

GILENYA.....	47	IMOVAX RABIES.....	59	KISQALI 600 DOSE.....	27
GILOTRIF.....	28	INCRELEX.....	53	KISQALI FEMARA 200 DOSE	27
<i>glatopa</i> .....	47	INCRUSE ELLIPTA.....	65	KISQALI FEMARA 400 DOSE	27
GLEOSTINE.....	26	<i>indomethacin</i> .....	7	KISQALI FEMARA 600 DOSE	27
<i>glimepiride</i> .....	37	<i>indomethacin er</i> .....	7	<i>klor-con</i> .....	67
<i>glipizide</i> .....	37	INFANRIX.....	59	<i>klor-con 10</i> .....	67
<i>global alcohol prep ease</i> .....	10	INLYTA.....	28	KORLYM.....	38
GLUCAGON EMERGENCY ...	38	INTELENCE.....	34	KUVAN.....	49
<i>glyburide</i> .....	37	INTRALIPID.....	68	KYNAMRO.....	45
<i>glyburide micronized</i> .....	37	INTRON A.....	33	KYPROLIS.....	28
<i>glycopyrrolate</i> .....	49	INVANZ.....	12	<i>labetalol hcl</i> .....	42
<i>griseofulvin microsize</i> .....	21	INVEGA SUSTENNA.....	32	LACTATED RINGERS.....	68
<i>guanfacine hcl</i> .....	41	INVIRASE.....	36	<i>lactulose</i> .....	50
<i>guanfacine hcl er</i> .....	46	IPOL.....	59	<i>lamivudine</i> .....	33, 35
<i>guanidine hcl</i> .....	23	<i>ipratropium bromide</i> .....	65	<i>lamivudine-zidovudine</i> .....	35
<i>haloperidol</i> .....	31	<i>ipratropium-albuterol</i> .....	66	<i>lamotrigine</i> .....	16
<i>haloperidol decanoate</i> .....	31	IRESSA.....	28	<i>lansoprazole</i> .....	50
<i>haloperidol lactate</i> .....	31	<i>irinotecan hcl</i> .....	26	LANTUS.....	39
HAVRIX.....	59	ISENTRESS.....	34	LARTRUVO.....	29
<i>heparin sodium (porcine)</i> .....	40	ISENTRESS HD.....	34	<i>latanoprost</i> .....	63
HERCEPTIN.....	26	<i>isoniazid</i> .....	24	LATUDA.....	32
HETLIOZ.....	67	<i>isosorbide dinitrate</i> .....	45	<i>leflunomide</i> .....	58
HEXALEN.....	24	<i>isosorbide dinitrate er</i> .....	45	LENVIMA 10 MG DAILY	
HIBERIX.....	59	<i>isosorbide mononitrate er</i> .....	45	DOSE.....	28
HUMIRA.....	57	<i>itraconazole</i> .....	21	LENVIMA 14 MG DAILY	
HUMIRA PEDIATRIC		<i>ivermectin</i> .....	30	DOSE.....	28
CROHNS START.....	57	IXIARO.....	59	LENVIMA 20 MG DAILY	
HUMIRA PEN.....	57	JAKAFI.....	28	DOSE.....	28
HUMULIN R U-500		JANUVIA.....	37	LENVIMA 24 MG DAILY	
(CONCENTRATED).....	38	JARDIANCE.....	38	DOSE.....	28
<i>hydralazine hcl</i> .....	45	JENTADUETO.....	38	<i>letrozole</i> .....	27
<i>hydrochlorothiazide</i> .....	44	JENTADUETO XR.....	38	<i>leucovorin calcium</i> .....	25
<i>hydrocodone-acetaminophen</i> .....	7	<i>jolivette</i> .....	55	LEUKERAN.....	24
<i>hydrocortisone</i> .....	22, 52, 60	<i>junel fe 1.5/30</i> .....	54	LEUKINE.....	40
<i>hydromorphone hcl</i> .....	8	<i>junel fe 1/20</i> .....	54	<i>leuprolide acetate</i> .....	56
<i>hydroxychloroquine sulfate</i> .....	30	JUXTAPID.....	45	LEVEMIR.....	39
<i>hydroxyurea</i> .....	25	KADCYLA.....	26	LEVEMIR FLEXTOUCH.....	39
<i>hydroxyzine hcl</i> .....	19	KALETRA.....	36	<i>levetiracetam</i> .....	15
<i>hydroxyzine pamoate</i> .....	19	KALYDECO.....	65	<i>levetiracetam er</i> .....	15
IBRANCE.....	27	<i>kcl in dextrose-nacl</i> .....	68	<i>levobunolol hcl</i> .....	62
<i>ibuprofen</i> .....	7	KCL-LACTATED RINGERS-		<i>levocetirizine dihydrochloride</i> ...	63
ICLUSIG.....	28	D5W.....	68	<i>levofloxacin</i> .....	14
IDHIFA.....	27	<i>kelnor 1/35</i> .....	54	<i>levofloxacin in d5w</i> .....	14
ILARIS (150MG		<i>ketoconazole</i> .....	21	<i>levonorg-eth estrad triphasic</i> .....	54
DELIVERED).....	58	<i>ketoprofen</i> .....	7	<i>levora 0.15/30 (28)</i> .....	54
ILEVRO.....	63	<i>ketorolac tromethamine</i> .....	7, 63	<i>levothyroxine sodium</i> .....	55
<i>imatinib mesylate</i> .....	28	KEYTRUDA.....	29, 58	LEXIVA.....	36
IMBRUVICA.....	28	KINERET.....	57	<i>lidocaine</i> .....	8
IMFINZI.....	29	KINRIX.....	59	<i>lidocaine hcl (pf)</i> .....	8
<i>imipenem-cilastatin</i> .....	12	<i>kionex</i> .....	67	<i>lidocaine viscous</i> .....	9
<i>imipramine hcl</i> .....	19	KISQALI 200 DOSE.....	27	<i>lidocaine-prilocaine</i> .....	9
<i>imiquimod</i> .....	48	KISQALI 400 DOSE.....	27	<i>linezolid</i> .....	10



LINZESS.....	50	<i>methadone hcl</i> .....	8	<i>nateglinide</i> .....	38
<i>liothyronine sodium</i> .....	55	<i>methazolamide</i> .....	44	NATPARA.....	61
<i>lisinopril</i> .....	41	<i>methimazole</i> .....	56	NEBUPENT.....	30
<i>lisinopril-hydrochlorothiazide</i> ....	43	<i>methocarbamol</i> .....	67	<i>necon 0.5/35 (28)</i> .....	54
<i>lithium</i> .....	37	<i>methotrexate</i> .....	57	<i>nefazodone hcl</i> .....	18
<i>lithium carbonate</i> .....	37	<i>methotrexate sodium (pf)</i> .....	57	<i>neomycin sulfate</i> .....	9
<i>lithium carbonate er</i> .....	37	<i>methoxsalen rapid</i> .....	48	<i>neomycin-bacitracin zn-</i>	
LONSURF.....	25	<i>methyl dopa</i> .....	41	<i>polymyx</i> .....	61
<i>loperamide hcl</i> .....	50	<i>methylphenidate hcl</i> .....	46	<i>neomycin-polymyxin-dexameth</i> ...	62
<i>lopinavir-ritonavir</i> .....	36	<i>methylphenidate hcl er</i> .....	46	<i>neomycin-polymyxin-gramicidin</i>	62
<i>lorazepam</i> .....	37	<i>methylphenidate hcl er (cd)</i> .....	46	<i>neomycin-polymyxin-hc</i> .....	62, 63
<i>losartan potassium</i> .....	41	<i>methylprednisolone</i> .....	22, 52	NERLYNX.....	28
<i>losartan potassium-hctz</i> .....	43	<i>methylprednisolone acetate</i> .....	22	NEULASTA.....	40
LOTEMAX.....	63	<i>methylprednisolone sodium succ</i>	22	NEUPOGEN.....	40
<i>lovastatin</i> .....	44	<i>metoclopramide hcl</i> .....	50	NEUPRO.....	31
<i>loxapine succinate</i> .....	31	<i>metolazone</i> .....	44	NEVANAC.....	63
LUPRON DEPOT (1-MONTH).56		<i>metoprolol tartrate</i> .....	42	<i>nevirapine</i> .....	34, 35
LUPRON DEPOT (3-MONTH).56		<i>metronidazole</i> .....	10, 11	<i>nevirapine er</i> .....	34
LUPRON DEPOT-PED (1-		<i>metronidazole in nacl</i> .....	10	NEXAVAR.....	28
MONTH).....	56	<i>mexiletine hcl</i> .....	42	<i>niacin er (antihyperlipidemic)</i> ...	45
<i>lutera</i> .....	54	MIACALCIN.....	61	NIACOR.....	45
LYNPARZA.....	26	<i>midodrine hcl</i> .....	41	NICOTROL.....	9
LYRICA.....	15	<i>migergot</i> .....	23	<i>nifedipine</i> .....	43
LYSODREN.....	55	<i>minocycline hcl</i> .....	14	NILANDRON.....	24
<i>magnesium sulfate</i> .....	67	<i>minoxidil</i> .....	45	NIMODIPINE.....	43
<i>malathion</i> .....	30	<i>mirtazapine</i> .....	17, 18	NINLARO.....	26
<i>maprotiline hcl</i> .....	17	<i>misoprostol</i> .....	50	<i>nitrofurantoin macrocrystal</i> .....	11
MARPLAN.....	18	<i>mitomycin</i> .....	26	<i>nitroglycerin</i> .....	45
MATULANE.....	24	<i>mitoxantrone hcl</i> .....	25	NITROSTAT.....	45
MAVYRET.....	33	M-M-R II.....	59	<i>norethindrone acetate</i> .....	55
<i>meclizine hcl</i> .....	20	<i>modafinil</i> .....	67	NORPACE CR.....	42
<i>medroxyprogesterone acetate</i> ....	55	<i>mometasone furoate</i> .....	52	NORTHERA.....	41
<i>mefloquine hcl</i> .....	30	<i>montelukast sodium</i> .....	64	<i>nortrel 0.5/35 (28)</i> .....	54
<i>megestrol acetate</i> .....	55	<i>morphine sulfate</i> .....	8	<i>nortrel 1/35 (28)</i> .....	54
MEKINIST.....	28	<i>morphine sulfate er</i> .....	8	<i>nortriptyline hcl</i> .....	19
<i>meloxicam</i> .....	8, 23	MOVANTIK.....	50	NORVIR.....	36
<i>memantine hcl</i> .....	17	MOXEZA.....	14	NOVOLIN 70/30.....	39
MENACTRA.....	59	<i>moxifloxacin hcl</i> .....	14	NOVOLIN N.....	39
MENEST.....	54	MOZOBIL.....	40	NOVOLIN R.....	39
MENVEO.....	59	MULTAQ.....	42	NOVOLOG.....	39
<i>mepерidine hcl</i> .....	8	<i>mupirocin</i> .....	11	NOVOLOG FLEXPEN.....	39
<i>meprobamate</i> .....	37	<i>mycophenolate mofetil</i> .....	57	NOVOLOG MIX 70/30.....	39
<i>mercaptopurine</i> .....	57	<i>mycophenolate sodium</i> .....	57	NOVOLOG MIX 70/30	
<i>meropenem</i> .....	12	<i>myorisan</i> .....	48	FLEXPEN.....	39
<i>mesalamine</i> .....	60	MYRBETRIQ.....	51	NOVOLOG PENFILL.....	39
<i>mesalamine-cleanser</i> .....	60	<i>nabumetone</i> .....	8	NOXAFIL.....	21
MESNA.....	26	NAGLAZYME.....	49	NUEDEXTA.....	46
MESNEX.....	26	<i>naloxone hcl</i> .....	9	NULOJIX.....	57
<i>metaproterenol sulfate</i> .....	65	<i>naltrexone hcl</i> .....	9	NUPLAZID.....	32
<i>metformin hcl</i> .....	38	<i>naproxen</i> .....	8	<i>nyamyc</i> .....	21
<i>metformin hcl er</i> .....	38	NARCAN.....	9	<i>nystatin</i> .....	21
METHADONE HCL.....	8	NATACYN.....	21	<i>nystatin-triamcinolone</i> .....	48

<i>octreotide acetate</i> .....	56	<i>phenadoz</i> .....	20	PROLEUKIN.....	26
OCTREOTIDE ACETATE.....	56	<i>phenelzine sulfate</i> .....	18	PROLIA.....	61
ODEFSEY.....	35	<i>phenobarbital</i> .....	15, 16	PROMACTA.....	40
ODOMZO.....	28	<i>phenytoin</i> .....	16	<i>promethazine hcl</i> .....	20
OFEV.....	28	<i>phenytoin sodium</i> .....	17	<i>promethegan</i> .....	20
<i>ofloxacin</i> .....	14	<i>phenytoin sodium extended</i> .....	17	<i>propafenone hcl</i> .....	42
<i>ogestrel</i> .....	54	PHOSPHOLINE IODIDE.....	62	<i>propracaine hcl</i> .....	61
<i>olanzapine</i> .....	32	<i>pilocarpine hcl</i> .....	47	<i>propranolol hcl</i> .....	42
<i>olopatadine hcl</i> .....	63	<i>pimozide</i> .....	31	<i>propylthiouracil</i> .....	56
<i>omega-3-acid ethyl esters</i> .....	45	<i>pioglitazone hcl</i> .....	38	PROQUAD.....	59
<i>omeprazole</i> .....	50	<i>piperacillin sod-tazobactam so</i> ... 13		<i>protriptyline hcl</i> .....	19
OMNITROPE.....	53	<i>piroxicam</i> .....	23	PULMOZYME.....	65
<i>ondansetron</i> .....	20	<i>podofilox</i> .....	48	PURIXAN.....	25
<i>ondansetron hcl</i> .....	20	<i>polyethylene glycol 3350</i> .....	50	<i>pyrazinamide</i> .....	24
ONFI.....	15	<i>polymyxin b-trimethoprim</i> .....	62	<i>pyridostigmine bromide</i> .....	23
ONGLYZA.....	38	POMALYST.....	24	<i>pyridostigmine bromide er</i> .....	23
OPDIVO.....	29	<i>portia-28</i> .....	54	QUADRACEL.....	59
OPSUMIT.....	66	<i>potassium chloride</i> .....	68	<i>quetiapine fumarate</i> .....	32
ORENCIA.....	57	<i>potassium chloride er</i> .....	67	<i>quetiapine fumarate er</i> .....	32
ORENITRAM.....	66	<i>potassium citrate er</i> .....	51	<i>quinidine gluconate er</i> .....	42
ORKAMBI.....	65	PRADAXA.....	40	<i>quinidine sulfate</i> .....	42
<i>oxaliplatin</i> .....	26	<i>pramipexole dihydrochloride</i> .....	31	<i>quinine sulfate</i> .....	30
<i>oxandrolone</i> .....	53	<i>pravastatin sodium</i> .....	44	RABAVERT.....	59
<i>oxcarbazepine</i> .....	16	<i>prazosin hcl</i> .....	41	RADICAVA.....	46
<i>oxybutynin chloride</i> .....	51	PRED MILD.....	63	<i>raloxifene hcl</i> .....	55
<i>oxybutynin chloride er</i> .....	51	PRED-G.....	62	<i>ramipril</i> .....	42
<i>oxycodone hcl</i> .....	8	PRED-G S.O.P.....	62	RANEXA.....	43
<i>oxycodone-acetaminophen</i> .....	7	<i>prednisolone acetate</i> .....	63	<i>ranitidine hcl</i> .....	50
<i>paclitaxel</i> .....	26	<i>prednisolone sodium phosphate</i> .....	22, 63	RAPAMUNE.....	58
<i>paliperidone er</i> .....	32	<i>prednisone</i> .....	22, 60	RASAGILINE MESYLATE.....	31
<i>pamidronate disodium</i> .....	61	<i>preferred plus insulin syringe</i> .....	39	RAVICTI.....	49
PANRETIN.....	29	PREMARIN.....	54	REBIF.....	47
<i>pantoprazole sodium</i> .....	51	PREMPHASE.....	54	REBIF REBIDOSE.....	47
<i>paricalcitol</i> .....	61	PREMPRO.....	54	TITRATION PACK.....	47
PAROMOMYCIN SULFATE.....	9	PREZCOBIX.....	36	REBIF TITRATION PACK.....	47
<i>paroxetine hcl</i> .....	18	PREZISTA.....	36	RECOMBIVAX HB.....	59
<i>paroxetine hcl er</i> .....	18	PRIFTIN.....	23	RELENZA DISKHALER.....	36
PASER.....	24	PRIMAQUINE PHOSPHATE... 30		<i>reli-on insulin syringe</i> .....	39
PAXIL.....	18, 37	<i>primidone</i> .....	16	RELISTOR.....	50
PEDIARIX.....	59	PRISTIQ.....	18	REMICADE.....	58
PEDVAX HIB.....	59	<i>probenecid</i> .....	22	REMODULIN.....	66
<i>peg-3350/electrolytes</i> .....	50	PROCAINAMIDE HCL.....	42	REPATHA.....	45
PEGANONE.....	16	<i>prochlorperazine</i> .....	20	REPATHA PUSHTRONEX SYSTEM.....	45
PEGASYS.....	34	<i>prochlorperazine edisylate</i> .....	20	REPATHA SURECLICK.....	45
<i>penicillin g potassium</i> .....	13	<i>prochlorperazine maleate</i> .....	20	RESCRIPTOR.....	35
PENICILLIN G PROCAINE.....	13	PROCRIT.....	40	RESTASIS.....	61
<i>penicillin v potassium</i> .....	13	<i>proctosol hc</i> .....	60	RETROVIR.....	35
PENTAM.....	30	<i>proctozone-hc</i> .....	50	REVLIMID.....	24, 25
<i>pentoxifylline er</i> .....	43	<i>progesterone micronized</i> .....	55	REXULTI.....	32
PERJETA.....	26	PROGLYCEM.....	38	REYATAZ.....	36
<i>permethrin</i> .....	30	PROLASTIN-C.....	66		
<i>perphenazine</i> .....	20				

<i>ribasphere</i> .....	34	<i>spritam</i> .....	15	TECFIDERA.....	47
<i>ribavirin</i> .....	34	SPRYCEL.....	28	TEFLARO.....	12
<i>rifabutin</i> .....	23	<i>sronyx</i> .....	54	TEKTURNA.....	43
<i>rifampin</i> .....	24	<i>ssd</i> .....	14	<i>telmisartan</i> .....	41
<i>riluzole</i> .....	46	<i>stavudine</i> .....	35	<i>temazepam</i> .....	67
<i>rimantadine hcl</i> .....	36	<i>sterile water for irrigation</i> .....	68	TENIVAC.....	60
<i>ringers irrigation</i> .....	68	STIMATE.....	53	<i>terazosin hcl</i> .....	51
RISPERDAL CONSTA.....	32	STIVARGA.....	28	<i>terbinafine hcl</i> .....	21
<i>risperidone</i> .....	32	STRATTERA.....	46	<i>terbutaline sulfate</i> .....	65
RITUXAN.....	29	STREPTOMYCIN SULFATE... 10		<i>terconazole</i> .....	21
<i>rizatriptan benzoate</i> .....	23	STRIBILD.....	34	<i>testosterone cypionate</i> .....	53
<i>ropinirole hcl</i> .....	31	STRIVERDI RESPIMAT.....	65	<i>testosterone enanthate</i> .....	53
<i>ropinirole hcl er</i> .....	31	SUBOXONE.....	9	TETANUS-DIPHTHERIA	
<i>rosuvastatin calcium</i> .....	44	<i>sucrafate</i> .....	50	TOXOIDS TD.....	60
ROTARIX.....	60	<i>sulfacetamide sodium</i> .....	14	<i>tetrabenazine</i> .....	46
ROTATEQ.....	60	<i>sulfacetamide-prednisolone</i> .....	23	THALOMID.....	24
ROZEREM.....	67	<i>sulfadiazine</i> .....	14	<i>theophylline</i> .....	66
RUBRACA.....	26	SULFAMETHOXAZOLE-		<i>theophylline er</i> .....	66
RYDAPT.....	28	TRIMETHOPRIM.....	14	<i>thioridazine hcl</i> .....	31
SABRIL.....	16	<i>sulfamethoxazole-trimethoprim</i> .. 14		THIOTEPA.....	24
SANDOSTATIN LAR DEPOT..56		<i>sulfasalazine</i> .....	60	<i>thiothixene</i> .....	31
SANTYL.....	48	<i>sulindac</i> .....	8, 23	<i>tiagabine hcl</i> .....	16
SAPHRIS.....	32	<i>sumatriptan</i> .....	23	<i>tigecycline</i> .....	11
SAVELLA.....	47	<i>sumatriptan succinate</i> .....	23	TIKOSYN.....	42
<i>selegiline hcl</i> .....	31	SUPRAX.....	12	<i>timolol maleate</i> .....	62
<i>selenium sulfide</i> .....	48	SUSTIVA.....	35	TIVICAY.....	34
SELZENTRY.....	36	SUTENT.....	28	<i>tizanidine hcl</i> .....	33
SENSIPAR.....	55	SYLATRON.....	25, 34	TOBI PODHALER.....	10
SEREVENT DISKUS.....	65	SYLVANT.....	29	TOBRADEX.....	10
SEROQUEL XR.....	18	SYMBICORT.....	67	<i>tobramycin</i> .....	10
<i>sertraline hcl</i> .....	19	SYMLINPEN 120.....	38	<i>tobramycin sulfate</i> .....	10
SIGNIFOR.....	56	SYMLINPEN 60.....	38	<i>tobramycin-dexamethasone</i> .....	62
SIGNIFOR LAR.....	56	SYNAGIS.....	58	TOBREX.....	10
<i>sildenafil citrate</i> .....	66	SYNAREL.....	56	<i>tolazamide</i> .....	38
SILENOR.....	19	SYNERCID.....	11	<i>tolbutamide</i> .....	38
<i>silver sulfadiazine</i> .....	14	SYNJARDY.....	38	<i>topiramate</i> .....	16
<i>simvastatin</i> .....	44	SYNJARDY XR.....	61	<i>topotecan hcl</i> .....	27
<i>sirolimus</i> .....	58	SYNRIBO.....	25	TOVIAZ.....	51
SIRTURO.....	24	SYPRINE.....	67	TPN ELECTROLYTES.....	68
<i>sodium chloride</i> .....	68	TABLOID.....	25	TRACLEER.....	66
<i>sodium polystyrene sulfonate</i> .....	67	<i>tacrolimus</i> .....	58	TRADJENTA.....	38
SOLTAMOX.....	24	TAFINLAR.....	28	<i>tramadol hcl</i> .....	8
SOLU-CORTEF.....	23, 52	TAGRISSE.....	29	<i>tranexamic acid</i> .....	40, 41
SOMATULINE DEPOT.....	56	<i>tamoxifen citrate</i> .....	25	TRANSDERM-SCOP (1.5 MG) 20	
SOMAVERT.....	56	<i>tamsulosin hcl</i> .....	51	<i>tranylcypromine sulfate</i> .....	18
<i>sorine</i> .....	42	TANZEUM.....	38	TRAVASOL.....	68
<i>sotalol hcl</i> .....	42	TARCEVA.....	29	TRAVATAN Z.....	63
SOVALDI.....	34	TARGRETIN.....	29	<i>trazodone hcl</i> .....	18
<i>spironolactone</i> .....	44	TASIGNA.....	29	TREANDA.....	26
<i>spironolactone-hctz</i> .....	43	TAZAROTENE.....	48	TRECTOR.....	24
SPORANOX.....	21	TAZORAC.....	48	TRESIBA FLEXTOUCH.....	39
<i>sprintec 28</i> .....	54	TECENTRIQ.....	29	TRETINOIN.....	29

<i>tretinoin</i> .....	48	VIREAD.....	35
<i>triamcinolone acetonide</i> .....	47, 52, 53	<i>voriconazole</i> .....	21
<i>triamterene-hctz</i> .....	43	VOTRIENT.....	29
<i>trifluoperazine hcl</i> .....	32	VPRIV.....	49
<i>trifluridine</i> .....	34	VRAYLAR.....	32, 33
<i>trihexyphenidyl hcl</i> .....	30	VYVANSE.....	46
<i>trimethobenzamide hcl</i> .....	20	VYXEOS.....	27
<i>trimethoprim</i> .....	11	<i>warfarin sodium</i> .....	40
<i>trimipramine maleate</i> .....	19	WELCHOL.....	45
TRINTELLIX.....	19	XALKORI.....	29
TRISENOX.....	26	XARELTO.....	40
<i>tri-sprintec</i> .....	54	XARELTO STARTER PACK...	40
TRIUMEQ.....	36	XELJANZ.....	58
<i>trivora (28)</i> .....	54	XELJANZ XR.....	58
TRUVADA.....	35	XGEVA.....	61
TWINRIX.....	60	XOLAIR.....	67
TYBOST.....	36	XTANDI.....	24
TYGACIL.....	11	XYREM.....	67
TYKERB.....	29	YERVOY.....	25
TYPHIM VI.....	60	YF-VAX.....	60
TYSABRI.....	47	YONDELIS.....	27
UPTRAVI.....	43	<i>zaleplon</i> .....	67
<i>ursodiol</i> .....	50	ZALTRAP.....	25
<i>valacyclovir hcl</i> .....	34	ZAVESCA.....	49
VALCHLOR.....	24	ZEJULA.....	27
VALCYTE.....	33	ZELBORAF.....	29
<i>valganciclovir hcl</i> .....	33	ZEMAIRA.....	66
<i>valproate sodium</i> .....	16	<i>zenatane</i> .....	49
<i>valproic acid</i> .....	16	ZENPEP.....	49
<i>valsartan</i> .....	41	ZEPATIER.....	34
<i>vancomycin hcl</i> .....	11	ZERBAXA.....	12
VAQTA.....	60	ZERIT.....	35
VARIVAX.....	60	<i>zetia</i> .....	45
VELCADE.....	26	ZIAGEN.....	35
VEMLIDY.....	33	<i>zidovudine</i> .....	35
VENCLEXTA.....	26, 27	<i>zileuton er</i> .....	65
VENCLEXTA STARTING PACK.....	27	<i>ziprasidone hcl</i> .....	33
<i>venlafaxine hcl</i> .....	19	ZIRGAN.....	33
<i>venlafaxine hcl er</i> .....	19	<i>zoledronic acid</i> .....	61
VENTOLIN HFA.....	65	ZOLINZA.....	22
<i>verapamil hcl</i> .....	43	<i>zolpidem tartrate</i> .....	67
<i>verapamil hcl er</i> .....	43	<i>zonisamide</i> .....	15
VERSACLOZ.....	33	ZORTRESS.....	58
VICTOZA.....	38	ZOSTAVAX.....	60
VIDEX.....	35	<i>zovia 1/35e (28)</i> .....	55
VIGABATRIN.....	16	<i>zovia 1/50e (28)</i> .....	55
VIGAMOX.....	14	ZYDELIG.....	27
VIIBRYD.....	19	ZYFLO CR.....	65
VIMPAT.....	17	ZYKADIA.....	29
<i>vincristine sulfate</i> .....	27	ZYPREXA RELPREVV.....	33
VIRACEPT.....	36	ZYTIGA.....	24



**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)**

**Si usted o alguien a quien ayuda tienen preguntas sobre Florida Health Care Plans, tienen derecho a obtener ayuda e información en su idioma de manera gratuita. Para hablar con un intérprete, llame al 1-877-615-4022. (TTY: TRS Relay 711)**

**Si ou menm, oswa yon moun w ap ede, gen kesyon sou Florida Health Care Plans ,ou gen dwa pou jwenn enfòmasyon nan lang ou gratis. Pou ale ak yon entèprèt, rele 1-877-615-4022. (TTY: TRS Relay 711)**

**Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về Florida Health Care Plans, quý vị có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch, hãy gọi theo số 1-877-615-4022. (TTY: TRS Relay 711)**

**Se você, ou alguém que estiver a ajudar, tiver dúvidas sobre Florida Health Care Plans, tem o direito de obter ajuda e informações na sua língua, sem nenhuma custos. Para falar com um intérprete, ligue para 1-877-615-4022. (TTY: TRS Relay 711)**

**如果您或您正協助的某人對Florida Health Care Plans 有疑問，您有權免費以您的語言取得本協助及資訊。如欲與口譯員交談，請致電1-877-615-4022. (TTY: TRS Relay 711)**

**Si vous ou une personne que vous aidez avez des questions au sujet de Florida Health Care Plans, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, veuillez appeler le 1-877-615-4022. (TTY: TRS Relay 711)**

**Kung ikaw, o ang isang taong tinutulungan mo, ay may mga tanong tungkol sa Florida Health Care Plans, mayroon kang karapatang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa 1-877-615-4022. (TTY: TRS Relay 711)**

**Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о программе Florida Health Care Plans, Вы имеет право бесплатно получить ответы в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону 1-877-615-4022. (TTY: TRS Relay 711)**

إذا كان لديك أو الشخص الذي تساعد استفسارات حول [Florida Health Care Plans]، يحق لك تلقي المساعدة والمعلومات بلغتك مجاناً. تحدث إلى مترجم فوري، اتصل على الرقم [1-877-615-4022. (TTY: TRS Relay 711)]

se voi, o una persona che state aiutando, avete domande relative al Florida Health Care Plans, avete diritto a ottenere assistenza e informazioni gratuitamente nella vostra lingua. Per parlare con un interprete, chiamare il numero 1-877-615-4022. (TTY: TRS Relay 711)

Falls Sie oder jemand, dem Sie helfen, irgendwelche Fragen über Florida Health Care Plans haben, so haben Sie Anspruch auf kostenlose Unterstützung und Informationen in Ihrer eigenen Sprache. Bitte rufen Sie uns unter der Nummer 1-877-615-4022. (TTY: TRS Relay 711) an, um mit einem Dolmetscher/einer Dolmetscherin zu sprechen.

귀하 또는 귀하가 도와드리고 있는 분이 Florida Health Care Plans에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역으로 전화 연결되려면 1-877-615-4022. (TTY: TRS Relay 711) 번으로 전화해 주십시오.

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

คุณจะได้รับ การช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร.

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

## Discrimination is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:

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

If you need these services, contact Daria Siciliano, RN-BC, CCM.

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Daria Siciliano, RN-BC, CCM,  
Manager of Member Services,  
1340 Ridgewood Avenue,  
Holly Hill, FL 32117.  
Phone: 1-844-219-6137,  
TTY: TRS Relay 711,  
Fax: 386-676-7149,  
Email: [rights@fhcp.com](mailto:rights@fhcp.com).

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.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, 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>.

H1035\_A5228 CMS Accepted (08/11/2016)

This formulary was updated on **October 24, 2017**. For more recent information or other questions, please contact us, FHCP's Member Services, at 1-877-615-4022 or, for TTY users, TRS Relay 711. Hours are 7 days a week, 8 am to 8 pm, or visit [www.fhcp.com/medicare-formulary-brevard](http://www.fhcp.com/medicare-formulary-brevard).