



Florida  
Health Care  
Plans



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## Commercial Plans

# 2018 FORMULARY (LIST OF COVERED DRUGS)

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

This Florida Health Care Plans medication list (formulary) was updated 12/10/2018. For more recent information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 or, for TTY users, TRS Relay 711. Hours of operation are 7 days a week, 8 am – 8 pm, or visit [www.fhcp.com](http://www.fhcp.com)



## **Note to Existing Members:**

Please review this document to make sure that it contains the medications you take. When this medication list refers to "we," "us", or "our," it means Florida Health Care Plans (FHCP). When it refers to "plan" or "our plan," it means Florida Health Care Plans (FHCP). This document includes a list of the medications covered by FHCP which is effective **12/01/2018**. Medication list begins on page **3**. For an updated formulary, please contact us. Our contact information appears on the front cover page.

## **Disclaimers:**

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

## **Formulary Introduction**

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

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

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

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

## **Are There Any Restrictions On My Coverage?**

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

- **(MO) Mail Order:** This medication is available through Florida Health Care Plans mail-order and retail pharmacies. All other covered medications are available at retail pharmacies only.
- **(PA) Prior Authorization:** FHCP requires you or your physician to get prior authorization for certain medications. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the medication. **Prior Authorization medications must be obtained from FHCP pharmacies.**
- **(PREV) Preventive Medications\*:** The Affordable Care Act requires coverage of certain preventive medications without any patient cost-sharing. The preventive medications listed on formulary are available to “ACA compliant” and “Non-Grandfathered” plans only. **Preventive medications must be obtained from FHCP pharmacies.**
- **(QL) Quantity Limits:** For certain medications, FHCP limits the amount of the medication that FHCP will cover. For example, FHCP provides 4 ounces per prescription for cough syrups. This may be in addition to a standard one-month or three-month supply.
- **(ST) Step Therapy:** In some cases, FHCP requires you to first try certain medications to treat your medical condition before we will cover another medication for that condition. For example, if Medication A and Medication B both treat your medical condition, FHCP may not cover Medication B unless you try Medication A first. If Medication A does not work for you, FHCP will then cover Medication B. **Step therapy medications must be obtained from FHCP pharmacies.**

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

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

## What If My Medication Is Not On The Formulary?

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

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

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

## How Do I Request An Exception To The Formulary?

You can ask FHCP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you must submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 14 days of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 14 days for a decision. If your request to expedite is granted, we must give you a decision no later than 24 to 72 hours after we get a supporting statement from your doctor or other prescriber.

## **What Do I Do Before I Can Talk To My Doctor About Changing My Medications Or Requesting An Exception?**

As a new or continuing Member in our plan you may be taking medications that are not on our formulary. Or, you may be taking a medication that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate medication that we cover or request a formulary exception so that we will cover the medication you take. While you talk to your doctor to determine the right course of action for you, we may cover your medication in certain cases during the first 90 days you are a Member of our plan. For each of your medications that is not on our formulary or if your ability to get your medications is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a FHCP pharmacy. After your first 31-day supply, we will not pay for these medications, even if you have been a Member of the plan less than 90-days.

## **Medication Transition Program For New FHCP Members**

To begin the transition process, you will need to fill out a "Medication Transition" form. You can get the form by calling member services or you can access it online at [www.fhcp.com](http://www.fhcp.com). The completed Form will include the names of the medications, dosage, and prescribing physician's name as well as specific Member information and an "Authorization to Release Protected Health Information" section that will allow FHCP's Clinical Pharmacist to obtain any necessary medical records from the prescribing physician. Once complete, the form is reviewed by a Clinical Pharmacist who will coordinate care with you and the physician(s) as needed. FHCP pharmacies will dispense a one-time 31 day supply of the current transition medication, excluding specialty medications, to allow you and our physician(s) to discuss possible formulary alternatives, request a prior authorization, or, in the event the physician(s) deems the non-formulary medication to be medically necessary, request a formulary exception. Specialty medications will require review and authorization through the Referral Department prior to coverage.

## **How Much Will My Prescriptions Cost?**

Your pharmacy benefit and the medications listed in the formulary are assigned a "TIER." There are seven (7) Tiers in the Formulary. Generally, the higher the "Tier," the higher your cost will be. Carefully review your Summary of Benefits Coverage to ascertain if you have a pharmacy benefit and/or any pharmacy benefit limitations.

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

## **For More Information**

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

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

## **How to search for a medication in the Florida Health Care Plan preferred medication list (formulary)**

Go to [http://www.fhcp.com/commercial\\_2018\\_formulary](http://www.fhcp.com/commercial_2018_formulary)

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



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

## Usage Rules

- **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).

## List of Abbreviations

### Tier Column

**1:** Preferred Generic

**2:** Non-Preferred Generic

**3:** Preferred Brand

**4:** Non-Preferred Brand

**5:** Preferred Specialty

**6:** Non-Preferred Specialty

**7:** Preventive- \$0 for non-grandfathered plans, not covered on grandfathered plans

**Medical:** Medical Benefit

### Requirements/ Limits

**Age:** Must Meet Age Requirement

**MO:** Available via Retail and Mail Order

**NE:** Non-Extended Day Supply

**PA:** Prior Authorization

**PREV:** Preventive (\$0 for non-grandfathered plans only)

**QL:** Quantity Limit

**RO:** Available via Retail Only

**ST:** Step Therapy

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2018 Commercial Formulary**

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# Florida Health Care Plans

## 2018 Commercial Formulary

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/Anti-Narcolepsy/Anti-Obesity/Aorexiant</b>		
Amphetamine-Dextroamphetamine ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 5 MG	2	MO; QL (31 EA per 31 days)
Amphetamine-Dextroamphetamine ER Oral Capsule Extended Release 24 Hour 20 MG, 25 MG, 30 MG	2	MO; QL (62 EA per 31 days)
Armodafinil Oral Tablet 150 MG, 200 MG, 250 MG, 50 MG	2	MO; Available ONLY at FHCP Pharmacies.
Atomoxetine HCl Oral Capsule 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	2	MO
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 5 MG	2	MO
Dextroamphetamine Sulfate Oral Tablet 10 MG, 5 MG	2	MO
GuanFACINE HCl ER Oral Tablet Extended Release 24 Hour 1 MG, 2 MG, 3 MG, 4 MG	2	MO; QL (31 EA per 31 days)
Methylphenidate HCl ER (CD) Oral Capsule Extended Release 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	MO; QL (31 EA per 31 days)
Methylphenidate HCl ER Oral Tablet Extended Release 20 MG	2	MO; QL (93 EA per 31 days)
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG, 27 MG, 54 MG	2	MO; QL (31 EA per 31 days)
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 36 MG	2	MO; QL (62 EA per 31 days)
Methylphenidate HCl Oral Solution 10 MG/5ML, 5 MG/5ML	2	RO; NE
Methylphenidate HCl Oral Tablet 10 MG, 20 MG, 5 MG	2	MO
Modafinil Oral Tablet 100 MG, 200 MG	2	MO; Available ONLY at FHCP Pharmacies.
<b>Vyvanse Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>	3	MO; QL (31 EA per 31 days)
<b>Vyvanse Oral Tablet Chewable 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	3	MO; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Aminoglycosides</b>		
Neomycin Sulfate Oral Tablet 500 MG	2	RO; NE
Paromomycin Sulfate Oral Capsule 250 MG	3	MO
Tobramycin Inhalation Nebulization Solution 300 MG/5ML	5	PA; RO
<b>Analgesics - Anti-Inflammatory</b>		
<b>Arcalyst Subcutaneous Solution Reconstituted 220 MG</b>	5	PA
Celecoxib Oral Capsule 100 MG, 200 MG, 400 MG, 50 MG	2	MO; Available ONLY at FHCP Pharmacies.
Diclofenac Sodium Oral Tablet Delayed Release 25 MG, 50 MG, 75 MG	2	MO
<b>Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML</b>	5	PA; RO
<b>Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML, 50 MG/ML</b>	5	PA; RO
<b>Enbrel Subcutaneous Solution Reconstituted 25 MG</b>	5	PA; RO
<b>Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML</b>	5	PA; RO
Etodolac ER Oral Tablet Extended Release 24 Hour 400 MG, 500 MG, 600 MG	2	MO
Etodolac Oral Capsule 200 MG, 300 MG	2	MO
Etodolac Oral Tablet 400 MG, 500 MG	2	MO
Fenoprofen Calcium Oral Tablet 600 MG	2	MO
<b>Humira Pen Subcutaneous Pen-Injector Kit 40 MG/0.8ML</b>	6	PA; RO
<b>Humira Pen-CD/UC/HS Starter Subcutaneous Pen-Injector Kit 40 MG/0.8ML</b>	6	PA; RO
<b>Humira Pen-Ps/UV/Adol HS Start Subcutaneous Pen-Injector Kit 40 MG/0.8ML</b>	6	PA; RO
<b>Humira Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML, 40 MG/0.8ML</b>	6	PA; RO
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	1	MO
Indomethacin ER Oral Capsule Extended Release 75 MG	2	MO
Indomethacin Oral Capsule 25 MG, 50 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Ketoprofen Oral Capsule 50 MG, 75 MG	2	MO
Ketorolac Tromethamine Oral Tablet 10 MG	2	MO; QL (20 EA per 31 days)
<b>Kineret Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML</b>	5	PA; RO
Leflunomide Oral Tablet 10 MG, 20 MG	2	MO
Meclofenamate Sodium Oral Capsule 100 MG, 50 MG	2	MO
Meloxicam Oral Tablet 15 MG, 7.5 MG	1	MO
Nabumetone Oral Tablet 500 MG, 750 MG	2	MO
Naproxen Oral Suspension 125 MG/5ML	2	RO; NE
Naproxen Oral Tablet 250 MG	2	MO
Naproxen Oral Tablet 375 MG, 500 MG	1	MO
Piroxicam Oral Capsule 10 MG, 20 MG	2	MO
<b>Simponi Subcutaneous Solution Auto-Injector 100 MG/ML, 50 MG/0.5ML</b>	5	PA; RO
<b>Simponi Subcutaneous Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML</b>	5	PA; RO
Sulindac Oral Tablet 150 MG, 200 MG	2	MO
<b>Xeljanz Oral Tablet 10 MG, 5 MG</b>	5	PA; RO
<b>Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG</b>	5	PA; RO
<b>Analgesics - Nonnarcotic</b>		
Adult Aspirin EC Low Strength Oral Tablet Delayed Release 81 MG	7	MO; (Prescription Required); PREV; Age (Max 79 Years)
Aspirin Adult Low Strength Oral Tablet Chewable 81 MG	7	MO; (Prescription Required); PREV; Age (Max 79 Years)
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	2	RO; NE
Butalbital-Aspirin-Caffeine Oral Capsule 50-325-40 MG	2	RO; NE
Salsalate Oral Tablet 500 MG, 750 MG	2	MO
<b>Analgesics - Opioid</b>		
Acetaminophen-Codeine #2 Oral Tablet 300-15 MG	2	MO
Acetaminophen-Codeine #3 Oral Tablet 300-30 MG	2	MO
Acetaminophen-Codeine #4 Oral Tablet 300-60 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Acetaminophen-Codeine Oral Solution 120-12 MG/5ML	2	RO; NE
Buprenorphine HCl Sublingual Tablet Sublingual 2 MG, 8 MG	2	RO; NE
Buprenorphine HCl-Naloxone HCl Sublingual Film 8-2 MG	2	PA; MO
Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG	2	RO; NE
Butalbital-ASA-Caff-Codeine Oral Capsule 50-325-40-30 MG	2	MO
Codeine Sulfate Oral Tablet 15 MG, 30 MG	2	MO
FentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	2	PA; RO; NE
Hydrocodone-Acetaminophen Oral Solution 7.5-325 MG/15ML	2	RO; QL (473 ML per 3 days); NE
Hydrocodone-Acetaminophen Oral Tablet 10-325 MG, 5-325 MG, 7.5-325 MG	2	MO
HYDROmorphine HCl Oral Liquid 1 MG/ML	2	RO; NE
HYDROmorphine HCl Oral Tablet 2 MG, 4 MG, 8 MG	2	MO
Meperidine HCl Oral Tablet 100 MG, 50 MG	2	MO
Methadone HCl Oral Solution 5 MG/5ML	2	MO
Methadone HCl Oral Tablet 10 MG, 5 MG	2	MO
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML	2	RO; NE
Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	2	MO
Morphine Sulfate Oral Solution 10 MG/5ML, 20 MG/5ML	2	RO; NE
Morphine Sulfate Oral Tablet 15 MG, 30 MG	2	MO
OxyCODONE HCl Oral Tablet 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	2	MO
Oxycodone-Acetaminophen Oral Solution 5-325 MG/5ML	2	MO
Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	MO
<b>Suboxone Sublingual Film 12-3 MG, 2-0.5 MG, 4-1 MG</b>	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TraMADol HCl Oral Tablet 50 MG	2	MO
<b>Androgens-Anabolic</b>		
<b>Anadrol-50 Oral Tablet 50 MG</b>	5	PA; MO
<b>Androxy Oral Tablet 10 MG</b>	4	MO
Danazol Oral Capsule 100 MG, 200 MG, 50 MG	2	MO
Oxandrolone Oral Tablet 10 MG, 2.5 MG	2	PA; MO
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML	2	MO; J1071
<b>Testosterone Enanthate Intramuscular Solution 200 MG/ML</b>	4	MO; J3121
Testosterone Transdermal Gel 20.25 MG/1.25GM (1.62%)	4	MO; QL (75 GM per 30 days)
Testosterone Transdermal Gel 20.25 MG/ACT (1.62%), 40.5 MG/2.5GM (1.62%)	4	MO; QL (150 GM per 30 days)
<b>Anorectal Agents</b>		
Hydrocortisone Acetate Rectal Suppository 25 MG	2	MO; QL (12 EA per 3 days)
Hydrocortisone Rectal Enema 100 MG/60ML	2	RO; QL (420 ML per 7 days); NE
<b>Proctozone-HC Rectal Cream 2.5 %</b>	2	RO; QL (30 GM per 30 days); NE
<b>Anthelmintics</b>		
<b>Albenza Oral Tablet 200 MG</b>	4	MO; QL (6 EA Max Qty Per Fill Retail)
Ivermectin Oral Tablet 3 MG	2	RO; NE
<b>Antianginal Agents</b>		
Isosorbide Dinitrate ER Oral Tablet Extended Release 40 MG	2	MO
Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 5 MG	2	MO
Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 120 MG, 30 MG, 60 MG	2	MO
<b>Nitro-Bid Transdermal Ointment 2 %</b>	2	MO; QL (30 GM per 30 days)
Nitroglycerin ER Oral Capsule Extended Release 2.5 MG, 6.5 MG, 9 MG	2	MO
Nitroglycerin Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Nitroglycerin Transdermal Patch 24 Hour 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	MO
<b>Nitrostat Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG</b>	3	MO
<b>Ranexa Oral Tablet Extended Release 12 Hour 1000 MG, 500 MG</b>	3	PA; MO
Antianxiety Agents		
ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG	2	MO
BusPIRone HCl Oral Tablet 10 MG, 15 MG, 5 MG	2	MO
ChlordiazepOXIDE HCl Oral Capsule 10 MG, 25 MG, 5 MG	2	MO
Clorazepate Dipotassium Oral Tablet 15 MG, 3.75 MG, 7.5 MG	2	MO
DiazePAM Oral Solution 1 MG/ML	2	RO; NE
DiazePAM Oral Tablet 10 MG, 2 MG, 5 MG	2	MO
HydrOXYzine HCl Oral Syrup 10 MG/5ML	2	RO; QL (120 ML per 3 days)
HydrOXYzine HCl Oral Tablet 10 MG, 25 MG, 50 MG	2	MO
HydrOXYzine Pamoate Oral Capsule 100 MG, 25 MG, 50 MG	2	MO
LORazepam Oral Concentrate 2 MG/ML	2	MO
LORazepam Oral Tablet 0.5 MG, 1 MG, 2 MG	2	MO
Meprobamate Oral Tablet 200 MG, 400 MG	2	MO
Antiarrhythmics		
Amiodarone HCl Oral Tablet 200 MG	2	MO
Disopyramide Phosphate Oral Capsule 100 MG, 150 MG	2	MO
Dofetilide Oral Capsule 125 MCG, 250 MCG, 500 MCG	2	MO
Flecainide Acetate Oral Tablet 100 MG, 150 MG, 50 MG	2	MO
Mexiletine HCl Oral Capsule 150 MG, 200 MG, 250 MG	2	MO
<b>Multaq Oral Tablet 400 MG</b>	4	PA; MO
<b>Norpace CR Oral Capsule Extended Release 12 Hour 100 MG, 150 MG</b>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Propafenone HCl Oral Tablet 150 MG, 225 MG, 300 MG	2	MO
QuiNIDine Gluconate ER Oral Tablet Extended Release 324 MG	2	MO
QuiNIDine Sulfate Oral Tablet 200 MG, 300 MG	2	MO
<b>Antiasthmatic And Bronchodilator Agents</b>		
<b>Advair Diskus Inhalation Aerosol Powder Breath Activated 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE</b>	4	MO
<b>Advair HFA Inhalation Aerosol 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT</b>	4	MO; QL (12 GM per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, (5 MG/ML) 0.5%, 0.63 MG/3ML, 1.25 MG/3ML	2	MO; QL (1 BOX Max Qty Per Fill Retail)
Albuterol Sulfate Oral Syrup 2 MG/5ML	2	MO
Albuterol Sulfate Oral Tablet 2 MG, 4 MG	2	MO
<b>Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/INH</b>	3	MO; QL (60 EA per 30 days)
<b>Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</b>	3	MO; QL (30 EA per 30 days)
<b>Asmanex 120 Metered Doses Inhalation Aerosol Powder Breath Activated 220 MCG/INH</b>	3	MO; QL (1 EA per 30 days)
<b>Asmanex 30 Metered Doses Inhalation Aerosol Powder Breath Activated 110 MCG/INH, 220 MCG/INH</b>	3	MO; QL (1 EA per 30 days)
<b>Asmanex 60 Metered Doses Inhalation Aerosol Powder Breath Activated 220 MCG/INH</b>	3	MO; QL (1 EA per 30 days)
<b>Asmanex HFA Inhalation Aerosol 100 MCG/ACT, 200 MCG/ACT</b>	3	MO; QL (13 GM per 30 days)
<b>Atrovent HFA Inhalation Aerosol Solution 17 MCG/ACT</b>	3	MO
<b>Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/INH, 200-25 MCG/INH</b>	3	MO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	2	PA; MO; QL (60 ML per 15 days); Age (Min 6 Months and Max 8 Years)
Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML	2	MO; QL (1 BOX Max Qty Per Fill Retail)
<b>Daliresp Oral Tablet 250 MCG, 500 MCG</b>	3	PA; MO
<b>Dulera Inhalation Aerosol 100-5 MCG/ACT, 200-5 MCG/ACT</b>	3	MO; QL (13 GM per 30 days)
<b>Flovent Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST</b>	3	MO; QL (60 EA per 30 days)
<b>Flovent HFA Inhalation Aerosol 110 MCG/ACT</b>	3	MO; QL (12 GM per 30 days)
<b>Flovent HFA Inhalation Aerosol 220 MCG/ACT</b>	3	MO; QL (24 GM per 30 days)
<b>Flovent HFA Inhalation Aerosol 44 MCG/ACT</b>	3	MO; QL (10.6 GM per 30 days)
Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	MO
<b>Incruse Ellipta Inhalation Aerosol Powder Breath Activated 62.5 MCG/INH</b>	3	MO; QL (30 EA per 30 days)
Ipratropium Bromide Inhalation Solution 0.02 %	2	MO; QL (1 BOX Max Qty Per Fill Retail)
Metaproterenol Sulfate Oral Syrup 10 MG/5ML	2	MO
Metaproterenol Sulfate Oral Tablet 10 MG, 20 MG	2	MO
Montelukast Sodium Oral Packet 4 MG	2	MO
Montelukast Sodium Oral Tablet 10 MG	1	MO
Montelukast Sodium Oral Tablet Chewable 4 MG, 5 MG	1	MO
<b>Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/DOSE</b>	3	MO; QL (60 EA per 30 days)
<b>Striverdi Respimat Inhalation Aerosol Solution 2.5 MCG/ACT</b>	3	MO; QL (4 GM per 30 days)
<b>Symbicort Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>	4	MO; QL (10.2 GM per 30 days)
Terbutaline Sulfate Oral Tablet 2.5 MG, 5 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Theophylline ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 300 MG, 450 MG	2	MO
Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG	2	MO
Theophylline Oral Solution 80 MG/15ML	2	MO
<b>Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/INH</b>	3	ST; MO
<b>Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</b>	3	MO
Zileuton ER Oral Tablet Extended Release 12 Hour 600 MG	2	MO
<b>Anticoagulants</b>		
<b>Eliquis Oral Tablet 2.5 MG, 5 MG</b>	3	MO
<b>Eliquis Starter Pack Oral Tablet 5 MG</b>	3	MO; NE
<b>Enoxaparin Sodium Subcutaneous Solution 100 MG/ML, 150 MG/ML</b>	4	RO; QL (28 ML per 14 days)
<b>Enoxaparin Sodium Subcutaneous Solution 120 MG/0.8ML, 80 MG/0.8ML</b>	4	RO; QL (22.4 ML per 14 days)
<b>Enoxaparin Sodium Subcutaneous Solution 30 MG/0.3ML</b>	4	RO; QL (8.4 ML per 14 days)
<b>Enoxaparin Sodium Subcutaneous Solution 40 MG/0.4ML</b>	4	RO; QL (11.2 ML per 14 days)
<b>Enoxaparin Sodium Subcutaneous Solution 60 MG/0.6ML</b>	4	RO; QL (16.8 ML per 14 days)
Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	4	RO; Available ONLY at FHCP Pharmacies.; NE
<b>Pradaxa Oral Capsule 110 MG, 150 MG, 75 MG</b>	4	MO
Warfarin Sodium Oral Tablet 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<b>Xarelto Oral Tablet 10 MG, 15 MG, 20 MG</b>	3	MO
<b>Xarelto Oral Tablet 2.5 MG</b>	3	MO; QL (60 EA per 30 days)
<b>Xarelto Starter Pack Oral Tablet Therapy Pack 15 &amp; 20 MG</b>	3	MO
<b>Anticonvulsants</b>		
<b>Aptiom Oral Tablet 200 MG, 400 MG, 600 MG, 800 MG</b>	4	PA; MO
<b>Banzel Oral Suspension 40 MG/ML</b>	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Banzel Oral Tablet 200 MG, 400 MG</b>	4	PA; MO
CarBAMazepine Oral Suspension 100 MG/5ML	2	MO
CarBAMazepine Oral Tablet 200 MG	2	MO
CarBAMazepine Oral Tablet Chewable 100 MG	2	MO
<b>Celontin Oral Capsule 300 MG</b>	4	MO
ClonazePAM Oral Tablet 0.5 MG, 1 MG, 2 MG	2	MO
ClonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG	2	MO
DiazePAM Rectal Gel 10 MG, 2.5 MG, 20 MG	4	RO; QL (1 EA per 15 days)
<b>Dilantin Oral Capsule 30 MG</b>	3	MO
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG	2	MO
Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG	2	MO
Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG	2	MO
Ethosuximide Oral Capsule 250 MG	2	MO
Ethosuximide Oral Solution 250 MG/5ML	2	MO
Felbamate Oral Suspension 600 MG/5ML	2	MO
Felbamate Oral Tablet 400 MG, 600 MG	2	MO
<b>Fycompa Oral Tablet 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	4	PA; RO
Gabapentin Oral Capsule 100 MG, 300 MG, 400 MG	2	MO
Gabapentin Oral Solution 250 MG/5ML	2	RO; NE
Gabapentin Oral Tablet 600 MG, 800 MG	2	MO
LamoTRIGine Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG	2	MO
LamoTRIGine Oral Tablet Chewable 25 MG, 5 MG	2	MO
LevETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	2	MO
LevETIRAcetam Oral Solution 100 MG/ML	2	MO
LevETIRAcetam Oral Tablet 1000 MG, 250 MG, 500 MG, 750 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Lyrica Oral Capsule 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG</b>	4	ST; MO; QL (93 EA per 31 days)
<b>Onfi Oral Suspension 2.5 MG/ML</b>	4	PA; MO
<b>Onfi Oral Tablet 10 MG, 20 MG</b>	4	PA; MO
OXcarbazepine Oral Suspension 300 MG/5ML	2	MO
OXcarbazepine Oral Tablet 150 MG, 300 MG, 600 MG	2	MO
Phenytoin Oral Suspension 125 MG/5ML	2	MO
Phenytoin Oral Tablet Chewable 50 MG	2	MO
Phenytoin Sodium Extended Oral Capsule 100 MG	2	MO
<b>Potiga Oral Tablet 200 MG, 300 MG, 400 MG, 50 MG</b>	4	
Primidone Oral Tablet 250 MG, 50 MG	2	MO
TiaGABine HCl Oral Tablet 12 MG, 16 MG, 2 MG, 4 MG	2	MO
Topiramate Oral Capsule Sprinkle 15 MG, 25 MG	2	MO
Topiramate Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG	2	MO
Valproic Acid Oral Capsule 250 MG	2	MO
Valproic Acid Oral Solution 250 MG/5ML	2	MO
<b>Vimpat Oral Solution 10 MG/ML</b>	4	PA; MO
<b>Vimpat Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG</b>	4	PA; MO
Zonisamide Oral Capsule 100 MG, 25 MG, 50 MG	2	MO
Antidepressants		
Amitriptyline HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	MO
Amitriptyline HCl Oral Tablet 150 MG	2	MO
Amoxapine Oral Tablet 100 MG, 150 MG, 25 MG, 50 MG	2	MO
BuPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG, 150 MG	2	MO
BuPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG	2	MO
BuPROPion HCl Oral Tablet 100 MG, 75 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Citalopram Hydrobromide Oral Solution 10 MG/5ML	1	MO
Citalopram Hydrobromide Oral Tablet 10 MG, 20 MG, 40 MG	1	MO
ClomiPRAMINE HCl Oral Capsule 25 MG, 50 MG, 75 MG	2	MO
Desipramine HCl Oral Tablet 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	2	MO
Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 25 MG, 50 MG	2	MO
Doxepin HCl Oral Capsule 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	2	MO
Doxepin HCl Oral Concentrate 10 MG/ML	2	RO; NE
DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG	2	MO
<b>Emsam Transdermal Patch 24 Hour 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</b>	4	PA; MO; QL (30 EA per 30 days)
Escitalopram Oxalate Oral Solution 5 MG/5ML	2	MO
Escitalopram Oxalate Oral Tablet 10 MG, 20 MG, 5 MG	2	MO
FLUoxetine HCl Oral Capsule 10 MG, 20 MG	1	MO
FLUoxetine HCl Oral Solution 20 MG/5ML	2	MO
Fluvoxamine Maleate Oral Tablet 100 MG, 25 MG, 50 MG	2	MO
Imipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG	2	MO
Maprotiline HCl Oral Tablet 25 MG, 50 MG, 75 MG	2	MO
<b>Marplan Oral Tablet 10 MG</b>	4	MO
Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG, 7.5 MG	2	MO
Mirtazapine Oral Tablet Dispersible 15 MG, 30 MG, 45 MG	2	MO
Nortriptyline HCl Oral Capsule 10 MG, 25 MG	1	MO
Nortriptyline HCl Oral Capsule 50 MG, 75 MG	2	MO
Nortriptyline HCl Oral Solution 10 MG/5ML	2	RO; NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG, 37.5 MG	2	MO
PARoxetine HCl Oral Tablet 10 MG, 20 MG, 30 MG, 40 MG	2	MO
<b>Paxil Oral Suspension 10 MG/5ML</b>	4	MO
Phenelzine Sulfate Oral Tablet 15 MG	2	MO
Protriptyline HCl Oral Tablet 10 MG, 5 MG	2	MO
Sertraline HCl Oral Concentrate 20 MG/ML	2	MO
Sertraline HCl Oral Tablet 100 MG, 25 MG, 50 MG	2	MO
Tranylcypromine Sulfate Oral Tablet 10 MG	2	MO
Trimipramine Maleate Oral Capsule 100 MG, 25 MG, 50 MG	2	MO
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG	2	MO
Venlafaxine HCl Oral Tablet 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG	2	MO
<b>Antidiabetics</b>		
Acarbose Oral Tablet 100 MG, 25 MG, 50 MG	2	MO
<b>Bydureon BCise Subcutaneous Auto-Injector 2 MG/0.85ML</b>	3	ST; RO
<b>Bydureon Subcutaneous Pen-Injector 2 MG</b>	3	ST; RO
<b>Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML</b>	3	ST; RO
<b>Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML</b>	3	ST; RO
ChlorproPAMIDE Oral Tablet 100 MG, 250 MG	2	MO
<b>Farxiga Oral Tablet 10 MG, 5 MG</b>	3	ST; MO
<b>Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	3	MO
<b>Fiasp Subcutaneous Solution 100 UNIT/ML</b>	3	MO
Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG	1	MO
GlipiZIDE Oral Tablet 10 MG, 5 MG	1	MO
<b>Glucagon Emergency Injection Kit 1 MG</b>	3	MO; QL (1 EA per 15 days)
GlyBURIDE Micronized Oral Tablet 1.5 MG, 3 MG, 6 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GlyBURIDE Oral Tablet 1.25 MG	2	MO
GlyBURIDE Oral Tablet 2.5 MG, 5 MG	1	MO
<b>HumuLIN R U-500 (CONCENTRATED) Subcutaneous Solution 500 UNIT/ML</b>	3	RO
<b>Januvia Oral Tablet 100 MG, 25 MG, 50 MG</b>	4	PA; MO; QL (31 EA per 31 days)
<b>Jardiance Oral Tablet 10 MG, 25 MG</b>	3	ST; MO
<b>Jentadueto Oral Tablet 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG</b>	3	ST; MO
<b>Jentadueto XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG, 5-1000 MG</b>	3	ST; MO
<b>Lantus Subcutaneous Solution 100 UNIT/ML</b>	4	RO
<b>Levemir FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	3	MO; Available ONLY at FHCP Pharmacies.
<b>Levemir Subcutaneous Solution 100 UNIT/ML</b>	3	MO
MetFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	2	MO
MetFORMIN HCl Oral Tablet 1000 MG, 500 MG, 850 MG	1	MO
Nateglinide Oral Tablet 120 MG, 60 MG	2	MO
<b>NovoLIN 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML</b>	3	MO
<b>NovoLIN N Subcutaneous Suspension 100 UNIT/ML</b>	3	MO
<b>NovoLIN R Injection Solution 100 UNIT/ML</b>	3	MO
<b>NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML</b>	3	MO; Available ONLY at FHCP Pharmacies.
<b>NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML</b>	3	MO; Available ONLY at FHCP Pharmacies.
<b>NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML</b>	3	MO
<b>NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML</b>	3	MO
<b>NovoLOG Subcutaneous Solution 100 UNIT/ML</b>	3	MO
<b>Onglyza Oral Tablet 2.5 MG, 5 MG</b>	4	PA; MO; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Pioglitazone HCl Oral Tablet 15 MG, 30 MG, 45 MG	2	MO
<b>Proglycem Oral Suspension 50 MG/ML</b>	4	MO
<b>SymlinPen 120 Subcutaneous Solution Pen-Injector 2700 MCG/2.7ML</b>	3	PA; RO
<b>SymlinPen 60 Subcutaneous Solution Pen-Injector 1500 MCG/1.5ML</b>	3	PA; RO
<b>Tanzeum Subcutaneous Pen-Injector 30 MG, 50 MG</b>	3	ST; RO
TOLAZamide Oral Tablet 250 MG, 500 MG	2	MO
TOLBUTamide Oral Tablet 500 MG	2	MO
<b>Tradjenta Oral Tablet 5 MG</b>	3	ST; MO
<b>Tresiba FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML</b>	3	MO; Available ONLY at FHCP Pharmacies.
<b>Victoza Subcutaneous Solution Pen-Injector 18 MG/3ML</b>	3	ST; RO
<b>Antidiarrheals</b>		
Diphenoxylate-Atropine Oral Liquid 2.5-0.025 MG/5ML	2	RO; NE
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	2	MO
Loperamide HCl Oral Capsule 2 MG	2	RO; NE
<b>Antidotes</b>		
<b>Exjade Oral Tablet Soluble 125 MG, 250 MG, 500 MG</b>	5	PA
Naltrexone HCl Oral Tablet 50 MG	2	MO
<b>Narcan Nasal Liquid 4 MG/0.1ML</b>	4	RO; MAX 2 FILLS PER 365 DAYS; QL (2 EA Max Qty Per Fill Retail)
<b>Antiemetics</b>		
Aprepitant Oral Capsule 125 MG, 40 MG, 80 & 125 MG, 80 MG	4	PA; RO
Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG	2	PA; RO; QL (60 EA per 30 days); NE
Ondansetron HCl Oral Solution 4 MG/5ML	2	RO; QL (50 ML per 3 days); NE
Ondansetron HCl Oral Tablet 4 MG, 8 MG	2	MO; QL (90 EA per 30 days)
Ondansetron Oral Tablet Dispersible 4 MG, 8 MG	2	MO; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Trimethobenzamide HCl Oral Capsule 300 MG	2	RO; NE
<b>Antifungals</b>		
Fluconazole Oral Suspension Reconstituted 10 MG/ML, 40 MG/ML	2	RO; NE
Fluconazole Oral Tablet 100 MG, 200 MG, 50 MG	2	RO; NE
Fluconazole Oral Tablet 150 MG	2	RO; QL (4 EA per 28 days); NE
Flucytosine Oral Capsule 250 MG, 500 MG	2	RO; NE
Griseofulvin Microsize Oral Suspension 125 MG/5ML	2	RO; NE
Itraconazole Oral Capsule 100 MG	2	PA; RO; NE
Ketoconazole Oral Tablet 200 MG	2	RO; NE
Nystatin Oral Tablet 500000 UNIT	2	RO; NE
Terbinafine HCl Oral Tablet 250 MG	2	RO; NE
Voriconazole Oral Suspension Reconstituted 40 MG/ML	5	PA; RO
Voriconazole Oral Tablet 200 MG, 50 MG	5	PA; MO
<b>Antihistamines</b>		
Cyproheptadine HCl Oral Syrup 2 MG/5ML	2	RO; QL (120 ML per 3 days)
Cyproheptadine HCl Oral Tablet 4 MG	2	MO
Levocetirizine Dihydrochloride Oral Tablet 5 MG	2	MO
Promethazine HCl Oral Syrup 6.25 MG/5ML	2	RO; QL (120 ML per 3 days)
Promethazine HCl Oral Tablet 12.5 MG, 25 MG, 50 MG	2	MO
Promethazine HCl Rectal Suppository 12.5 MG, 25 MG, 50 MG	2	RO; QL (12 EA per 2 days); NE
<b>Antihyperlipidemics</b>		
Atorvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG	2	MO
Cholestyramine Light Oral Packet 4 GM	2	MO
Cholestyramine Light Oral Powder 4 GM/DOSE	2	MO
Cholestyramine Oral Packet 4 GM	2	MO
Cholestyramine Oral Powder 4 GM/DOSE	2	MO
Colesevelam HCl Oral Packet 3.75 GM	4	PA; MO
Colesevelam HCl Oral Tablet 625 MG	4	PA; MO
Ezetimibe Oral Tablet 10 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Fenofibrate Oral Tablet 145 MG, 48 MG	2	MO
Fenofibric Acid Oral Capsule Delayed Release 135 MG, 45 MG	2	MO
Gemfibrozil Oral Tablet 600 MG	2	MO
<b>Kynamro Subcutaneous Solution Prefilled Syringe 200 MG/ML</b>	5	PA
Lovastatin Oral Tablet 10 MG, 20 MG, 40 MG	1	MO; PREV
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG, 500 MG, 750 MG	2	MO
Omega-3-acid Ethyl Esters Oral Capsule 1 GM	2	MO
Pravastatin Sodium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG	2	MO
Rosuvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	2	MO
Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG, 80 MG	2	MO
<b>Antihypertensives</b>		
Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	1	MO
CloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG	1	MO
CloNIDine HCl Oral Tablet 0.3 MG	2	MO
Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG	2	MO
Enalapril Maleate Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	2	MO
Eplerenone Oral Tablet 25 MG, 50 MG	2	MO
Fosinopril Sodium Oral Tablet 10 MG, 20 MG, 40 MG	2	MO
GuanFACINE HCl Oral Tablet 1 MG, 2 MG	2	MO
HydrALAZINE HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	2	MO
Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	1	MO
Lisinopril Oral Tablet 30 MG	2	MO
Lisinopril-Hydrochlorothiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG	1	MO
Losartan Potassium Oral Tablet 100 MG, 25 MG, 50 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Losartan Potassium-HCTZ Oral Tablet 100-12.5 MG, 100-25 MG, 50-12.5 MG	2	MO
Methyldopa Oral Tablet 250 MG, 500 MG	2	MO
Minoxidil Oral Tablet 10 MG, 2.5 MG	2	MO
Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG	1	MO; Available ONLY at FHCP Pharmacies.
Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG	2	MO
Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG	2	MO
<b>Tekturna Oral Tablet 150 MG, 300 MG</b>	4	ST; MO
Telmisartan Oral Tablet 20 MG, 40 MG, 80 MG	2	MO
Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	1	MO
Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG	2	MO
<b>Anti-Infective Agents - Misc.</b>		
<b>Alinia Oral Tablet 500 MG</b>	5	RO
Atovaquone Oral Suspension 750 MG/5ML	2	MO
Clindamycin HCl Oral Capsule 150 MG	2	RO; NE
Clindamycin Palmitate HCl Oral Solution Reconstituted 75 MG/5ML	2	RO; NE
Dapsone Oral Tablet 100 MG, 25 MG	2	MO
Linezolid Oral Suspension Reconstituted 100 MG/5ML	2	RO; NE
Linezolid Oral Tablet 600 MG	2	RO; NE
MetroNIDAZOLE Oral Tablet 250 MG, 500 MG	2	RO; NE
<b>Nebupent Inhalation Solution Reconstituted 300 MG</b>	4	RO; J2545
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	2	RO; NE
Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG	2	MO
Trimethoprim Oral Tablet 100 MG	2	MO
Vancomycin HCl Intravenous Solution Reconstituted 1000 MG	2	MO; J3370

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Antimalarials</b>		
Atovaquone-Proguanil HCl Oral Tablet 250-100 MG, 62.5-25 MG	2	MO
Chloroquine Phosphate Oral Tablet 250 MG, 500 MG	2	MO
<b>Coartem Oral Tablet 20-120 MG</b>	4	MO
<b>Daraprim Oral Tablet 25 MG</b>	5	PA
Hydroxychloroquine Sulfate Oral Tablet 200 MG	2	MO
Mefloquine HCl Oral Tablet 250 MG	2	MO
QuiNINE Sulfate Oral Capsule 324 MG	2	PA; MO
<b>Antimyasthenic Agents</b>		
Pyridostigmine Bromide ER Oral Tablet Extended Release 180 MG	2	MO
<b>Antimyasthenic/Cholinergic Agents</b>		
Pyridostigmine Bromide Oral Tablet 60 MG	2	MO
<b>Antimycobacterial Agents</b>		
Ethambutol HCl Oral Tablet 100 MG, 400 MG	2	MO
Isoniazid Oral Tablet 100 MG, 300 MG	2	MO
<b>Paser Oral Packet 4 GM</b>	4	MO
<b>Priftin Oral Tablet 150 MG</b>	4	MO
Pyrazinamide Oral Tablet 500 MG	2	MO
Rifabutin Oral Capsule 150 MG	2	MO
Rifampin Oral Capsule 150 MG, 300 MG	2	MO
<b>Sirturo Oral Tablet 100 MG</b>	4	MO
<b>Trecator Oral Tablet 250 MG</b>	4	RO
<b>Antineoplastic - BCL-2 Inhibitors</b>		
<b>Venclexta Oral Tablet 10 MG, 100 MG, 50 MG</b>	5	PA; MO
<b>Venclexta Starting Pack Oral Tablet Therapy Pack 10 &amp; 50 &amp; 100 MG</b>	5	PA; MO
<b>Antineoplastics And Adjunctive Therapies</b>		
<b>Actimmune Subcutaneous Solution 2000000 UNIT/0.5ML</b>	5	PA
<b>Afinitor Disperz Oral Tablet Soluble 2 MG, 3 MG, 5 MG</b>	5	RO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Afinitor Oral Tablet 10 MG, 2.5 MG, 5 MG, 7.5 MG</b>	5	RO
<b>Alecensa Oral Capsule 150 MG</b>	5	PA; MO
Anastrozole Oral Tablet 1 MG	2	MO
Bicalutamide Oral Tablet 50 MG	2	MO
<b>Bosulif Oral Tablet 100 MG, 500 MG</b>	5	PA
Capecitabine Oral Tablet 150 MG, 500 MG	5	MO
<b>Caprelsa Oral Tablet 100 MG, 300 MG</b>	5	PA
<b>Cometriq (100 mg Daily Dose) Oral Kit 1 X 80 &amp; 1 X 20 MG</b>	5	PA; MO
<b>Cometriq (140 mg Daily Dose) Oral Kit 1 X 80 &amp; 3 X 20 MG</b>	5	PA; MO
<b>Cometriq (60 mg Daily Dose) Oral Kit 20 MG</b>	5	PA; MO
<b>Cotellic Oral Tablet 20 MG</b>	5	PA; MO
Cyclophosphamide Oral Capsule 25 MG, 50 MG	2	MO
<b>Emcyt Oral Capsule 140 MG</b>	5	MO
<b>Erivedge Oral Capsule 150 MG</b>	5	PA
Etoposide Oral Capsule 50 MG	5	RO
Exemestane Oral Tablet 25 MG	2	MO
<b>Fareston Oral Tablet 60 MG</b>	5	RO
<b>Farydak Oral Capsule 10 MG, 15 MG, 20 MG</b>	5	PA
Flutamide Oral Capsule 125 MG	2	MO
<b>Gilotrif Oral Tablet 20 MG, 30 MG, 40 MG</b>	5	PA; RO
<b>Gleostine Oral Capsule 10 MG, 100 MG, 40 MG, 5 MG</b>	5	RO
<b>Hexalen Oral Capsule 50 MG</b>	3	MO
Hydroxyurea Oral Capsule 500 MG	2	MO
<b>Iclusig Oral Tablet 15 MG, 45 MG</b>	5	PA
Imatinib Mesylate Oral Tablet 100 MG, 400 MG	5	RO
<b>Imbruvica Oral Capsule 140 MG</b>	5	PA
<b>Imbruvica Oral Capsule 70 MG</b>	5	PA; QL (30 EA per 30 days)
<b>Imbruvica Oral Tablet 560 MG</b>	5	PA; QL (30 EA per 30 days)
<b>Inlyta Oral Tablet 1 MG, 5 MG</b>	5	
<b>Iressa Oral Tablet 250 MG</b>	5	PA; RO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Jakafi Oral Tablet 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</b>	5	PA; CVS Caremark
<b>Lenvima 10 MG Daily Dose Oral Capsule Therapy Pack 10 MG</b>	5	PA
<b>Lenvima 14 MG Daily Dose Oral Capsule Therapy Pack 10 &amp; 4 MG</b>	5	PA
<b>Lenvima 20 MG Daily Dose Oral Capsule Therapy Pack 10 (2) MG</b>	5	PA
<b>Lenvima 24 MG Daily Dose Oral Capsule Therapy Pack 10 (2) &amp; 4 MG</b>	5	PA
Letrozole Oral Tablet 2.5 MG	2	MO
Leucovorin Calcium Oral Tablet 10 MG, 15 MG, 25 MG, 5 MG	2	MO
<b>Leukeran Oral Tablet 2 MG</b>	3	RO
<b>Lonsurf Oral Tablet 15-6.14 MG, 20-8.19 MG</b>	5	PA
<b>Lysodren Oral Tablet 500 MG</b>	3	MO
<b>Matulane Oral Capsule 50 MG</b>	3	MO
Megestrol Acetate Oral Suspension 40 MG/ML	2	RO; NE
Megestrol Acetate Oral Tablet 20 MG, 40 MG	2	MO
<b>Mekinist Oral Tablet 0.5 MG, 2 MG</b>	5	PA
Melphalan Oral Tablet 2 MG	5	RO
Mercaptopurine Oral Tablet 50 MG	2	MO
<b>Mesnex Oral Tablet 400 MG</b>	4	MO
Methotrexate Oral Tablet 2.5 MG	2	MO
Methotrexate Sodium Injection Solution 50 MG/2ML	2	MO; J9250
<b>Nerlynx Oral Tablet 40 MG</b>	5	PA; MO
<b>NexAVAR Oral Tablet 200 MG</b>	5	CVS Caremark
<b>Nilandron Oral Tablet 150 MG</b>	3	MO
<b>Ninlaro Oral Capsule 2.3 MG, 3 MG, 4 MG</b>	5	PA; CVS Caremark
<b>Odomzo Oral Capsule 200 MG</b>	5	PA
<b>Pomalyst Oral Capsule 1 MG, 2 MG, 3 MG, 4 MG</b>	5	PA; CVS Caremark
<b>Rydapt Oral Capsule 25 MG</b>	5	PA; MO
<b>Sprycel Oral Tablet 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG</b>	6	PA; RO
<b>Stivarga Oral Tablet 40 MG</b>	5	PA; CVS Caremark

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Sutent Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>	5	PA; RO; CVS Caremark
<b>Sylatron Subcutaneous Kit 200 MCG, 300 MCG, 600 MCG</b>	5	PA; RO
<b>Tafinlar Oral Capsule 50 MG, 75 MG</b>	5	PA; CVS Caremark
<b>Tagrisso Oral Tablet 40 MG, 80 MG</b>	5	PA; RO; CVS Caremark
Tamoxifen Citrate Oral Tablet 10 MG, 20 MG	2	MO
<b>Tarceva Oral Tablet 100 MG, 150 MG, 25 MG</b>	5	RO
<b>Tasigna Oral Capsule 150 MG, 200 MG</b>	6	PA; RO
Temozolomide Oral Capsule 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	5	RO
Tretinoin Oral Capsule 10 MG	5	PA; RO
<b>Tykerb Oral Tablet 250 MG</b>	5	PA
<b>Votrient Oral Tablet 200 MG</b>	5	RO
<b>Xalkori Oral Capsule 200 MG, 250 MG</b>	5	PA
<b>Xtandi Oral Capsule 40 MG</b>	6	PA; RO; NE
<b>Zelboraf Oral Tablet 240 MG</b>	5	PA
<b>Zolinza Oral Capsule 100 MG</b>	5	PA
<b>Zykadia Oral Capsule 150 MG</b>	5	PA
<b>Zytiga Oral Tablet 250 MG, 500 MG</b>	5	PA; CVS Caremark
<b>Antiparkinson Agents</b>		
Amantadine HCl Oral Capsule 100 MG	2	MO
Amantadine HCl Oral Syrup 50 MG/5ML	2	MO
Benzotropine Mesylate Oral Tablet 0.5 MG, 1 MG, 2 MG	2	MO
Bromocriptine Mesylate Oral Capsule 5 MG	2	MO
Bromocriptine Mesylate Oral Tablet 2.5 MG	2	MO
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	2	MO
Carbidopa-Levodopa Oral Tablet 10-100 MG, 25-100 MG, 25-250 MG	2	MO
Entacapone Oral Tablet 200 MG	2	MO
<b>Neupro Transdermal Patch 24 Hour 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR</b>	4	PA; MO
Pramipexole Dihydrochloride Oral Tablet 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Rasagiline Mesylate Oral Tablet 0.5 MG, 1 MG	4	PA; MO
ROPINIRole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	MO
ROPINIRole HCl Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	2	MO
Selegiline HCl Oral Capsule 5 MG	2	MO
Selegiline HCl Oral Tablet 5 MG	2	MO
Trihexyphenidyl HCl Oral Elixir 0.4 MG/ML	2	MO
Trihexyphenidyl HCl Oral Tablet 2 MG, 5 MG	2	MO
Antipsychotics/Antimanic Agents		
<b>Abilify Maintena Intramuscular Prefilled Syringe 400 MG</b>	6	PA; RO
<b>Abilify Maintena Intramuscular Suspension Reconstituted ER 300 MG, 400 MG</b>	Medical	PA; RO
ARIPiprazole Oral Solution 1 MG/ML	2	MO; Available ONLY at FHCP Pharmacies.
ARIPiprazole Oral Tablet 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	2	MO; Available ONLY at FHCP Pharmacies.
ChlorproMAZINE HCl Oral Tablet 10 MG, 100 MG, 200 MG, 25 MG, 50 MG	2	MO
CloZAPine Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG	2	MO
CloZAPine Oral Tablet Dispersible 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	2	MO
<b>Fanapt Oral Tablet 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	5	PA; MO
<b>Fanapt Titration Pack Oral Tablet 1 &amp; 2 &amp; 4 &amp; 6 MG</b>	5	PA; RO
FluPHENAZine HCl Oral Concentrate 5 MG/ML	2	MO
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML	2	MO
FluPHENAZine HCl Oral Tablet 1 MG, 10 MG, 2.5 MG, 5 MG	2	MO
Haloperidol Lactate Oral Concentrate 2 MG/ML	2	MO
Haloperidol Oral Tablet 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
<b>Latuda Oral Tablet 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>	5	PA; MO
Lithium Carbonate ER Oral Tablet Extended Release 300 MG, 450 MG	2	MO
Lithium Carbonate Oral Capsule 150 MG	2	MO
Lithium Carbonate Oral Capsule 300 MG	1	MO
Lithium Oral Solution 8 MEQ/5ML	2	MO
Loxapine Succinate Oral Capsule 10 MG, 25 MG, 5 MG, 50 MG	2	MO
OLANzapine Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	2	MO
OLANzapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG, 5 MG	2	MO
Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 6 MG, 9 MG	2	MO
Perphenazine Oral Tablet 16 MG, 2 MG, 4 MG, 8 MG	2	MO
Prochlorperazine Maleate Oral Tablet 10 MG, 5 MG	2	RO; NE
Prochlorperazine Rectal Suppository 25 MG	2	RO; QL (12 EA per 3 days); NE
QUetiapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	2	MO; Available ONLY at FHCP Pharmacies.
QUetiapine Fumarate Oral Tablet 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	2	MO
RisperiDONE Oral Solution 1 MG/ML	2	MO
RisperiDONE Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	MO
RisperiDONE Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	MO
<b>Saphris Sublingual Tablet Sublingual 10 MG, 2.5 MG, 5 MG</b>	5	PA; MO
Thioridazine HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	2	MO
Thiothixene Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	2	MO
Trifluoperazine HCl Oral Tablet 1 MG, 10 MG, 2 MG, 5 MG	2	MO
Ziprasidone HCl Oral Capsule 20 MG, 40 MG, 60 MG, 80 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antiretrovirals Adjuvants</b>		
<b>Tybost Oral Tablet 150 MG</b>	3	MO
<b>Antivirals</b>		
Abacavir Sulfate Oral Solution 20 MG/ML	2	MO
Abacavir Sulfate Oral Tablet 300 MG	2	MO
Abacavir Sulfate-Lamivudine Oral Tablet 600-300 MG	2	MO
Abacavir-Lamivudine-Zidovudine Oral Tablet 300-150-300 MG	2	MO
Acyclovir Oral Capsule 200 MG	2	MO
Acyclovir Oral Suspension 200 MG/5ML	2	MO
Acyclovir Oral Tablet 400 MG, 800 MG	2	MO
Adefovir Dipivoxil Oral Tablet 10 MG	5	MO
<b>Aptivus Oral Capsule 250 MG</b>	3	MO
<b>Aptivus Oral Solution 100 MG/ML</b>	3	MO
Atazanavir Sulfate Oral Capsule 150 MG, 200 MG, 300 MG	2	MO
<b>Atripla Oral Tablet 600-200-300 MG</b>	3	MO
<b>Biktarvy Oral Tablet 50-200-25 MG</b>	3	MO
<b>Cimduo Oral Tablet 300-300 MG</b>	3	MO
<b>Complera Oral Tablet 200-25-300 MG</b>	3	MO
<b>Crixivan Oral Capsule 200 MG, 400 MG</b>	3	MO
<b>Descovy Oral Tablet 200-25 MG</b>	3	MO
Didanosine Oral Capsule Delayed Release 125 MG, 200 MG, 250 MG, 400 MG	2	MO
<b>Edurant Oral Tablet 25 MG</b>	3	MO
Efavirenz Oral Capsule 200 MG, 50 MG	2	MO
Efavirenz Oral Tablet 600 MG	2	MO
<b>Emtriva Oral Capsule 200 MG</b>	3	MO
<b>Emtriva Oral Solution 10 MG/ML</b>	3	MO
Entecavir Oral Tablet 0.5 MG, 1 MG	2	RO; NE
<b>Epivir HBV Oral Solution 5 MG/ML</b>	3	MO
<b>Evotaz Oral Tablet 300-150 MG</b>	3	MO
Fosamprenavir Calcium Oral Tablet 700 MG	2	MO
<b>Fuzeon Subcutaneous Solution Reconstituted 90 MG</b>	3	RO
<b>Genvoya Oral Tablet 150-150-200-10 MG</b>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Intelence Oral Tablet 100 MG, 200 MG, 25 MG</b>	3	MO
<b>Invirase Oral Capsule 200 MG</b>	3	MO
<b>Invirase Oral Tablet 500 MG</b>	3	MO
<b>Isentress HD Oral Tablet 600 MG</b>	3	MO
<b>Isentress Oral Packet 100 MG</b>	3	MO
<b>Isentress Oral Tablet 400 MG</b>	3	MO
<b>Isentress Oral Tablet Chewable 100 MG, 25 MG</b>	3	MO
<b>Juluca Oral Tablet 50-25 MG</b>	3	MO
<b>Kaletra Oral Tablet 100-25 MG, 200-50 MG</b>	3	MO
LamiVUDine Oral Solution 10 MG/ML	2	MO
LamiVUDine Oral Tablet 100 MG, 150 MG, 300 MG	2	MO
Lamivudine-Zidovudine Oral Tablet 150-300 MG	2	MO
<b>Lexiva Oral Suspension 50 MG/ML</b>	3	MO
Lopinavir-Ritonavir Oral Solution 400-100 MG/5ML	2	MO
Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG, 400 MG	2	MO
Nevirapine Oral Suspension 50 MG/5ML	2	MO
Nevirapine Oral Tablet 200 MG	2	MO
<b>Norvir Oral Packet 100 MG</b>	3	MO
<b>Norvir Oral Solution 80 MG/ML</b>	3	MO
<b>Odefsey Oral Tablet 200-25-25 MG</b>	3	MO
Oseltamivir Phosphate Oral Capsule 30 MG, 45 MG, 75 MG	2	MO
Oseltamivir Phosphate Oral Suspension Reconstituted 6 MG/ML	4	MO
<b>Prezcobix Oral Tablet 800-150 MG</b>	3	MO
<b>Prezista Oral Suspension 100 MG/ML</b>	3	MO
<b>Prezista Oral Tablet 150 MG, 600 MG, 75 MG, 800 MG</b>	3	MO
<b>Relenza Diskhaler Inhalation Aerosol Powder Breath Activated 5 MG/BLISTER</b>	4	MO
<b>Rescriptor Oral Tablet 100 MG, 200 MG</b>	3	MO
<b>Reyataz Oral Packet 50 MG</b>	3	MO
Ribavirin Oral Capsule 200 MG	2	RO; NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Rimantadine HCl Oral Tablet 100 MG	2	MO
Ritonavir Oral Tablet 100 MG	2	MO
<b>Selzentry Oral Solution 20 MG/ML</b>	3	MO
<b>Selzentry Oral Tablet 150 MG, 300 MG</b>	3	MO
Stavudine Oral Capsule 15 MG, 20 MG, 30 MG, 40 MG	2	MO
<b>Stribild Oral Tablet 150-150-200-300 MG</b>	3	MO
<b>Symfi Lo Oral Tablet 400-300-300 MG</b>	3	MO
<b>Symfi Oral Tablet 600-300-300 MG</b>	3	MO
<b>Symtuza Oral Tablet 800-150-200-10 MG</b>	3	MO
Tenofovir Disoproxil Fumarate Oral Tablet 300 MG	2	MO
<b>Tivicay Oral Tablet 50 MG</b>	3	
<b>Triumeq Oral Tablet 600-50-300 MG</b>	3	MO
<b>Truvada Oral Tablet 200-300 MG</b>	3	MO
ValACYclovir HCl Oral Tablet 1 GM, 500 MG	2	MO
ValGANciclovir HCl Oral Solution Reconstituted 50 MG/ML	5	RO
ValGANciclovir HCl Oral Tablet 450 MG	5	MO
<b>Videx Oral Solution Reconstituted 2 GM, 4 GM</b>	3	MO
<b>Viracept Oral Tablet 250 MG, 625 MG</b>	3	MO
<b>Viread Oral Powder 40 MG/GM</b>	3	MO
<b>Viread Oral Tablet 150 MG, 200 MG, 250 MG</b>	3	MO
<b>Zerit Oral Solution Reconstituted 1 MG/ML</b>	3	RO
Zidovudine Oral Capsule 100 MG	2	MO
Zidovudine Oral Syrup 50 MG/5ML	2	MO
Zidovudine Oral Tablet 300 MG	2	MO
<b>Assorted Classes</b>		
AzaTHIOprine Oral Tablet 50 MG	2	MO
CycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG	2	MO
CycloSPORINE Modified Oral Solution 100 MG/ML	2	MO
CycloSPORINE Oral Capsule 100 MG, 25 MG	2	MO
Mycophenolate Mofetil Oral Capsule 250 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Mycophenolate Mofetil Oral Suspension Reconstituted 200 MG/ML	2	MO
Mycophenolate Mofetil Oral Tablet 500 MG	2	MO
Mycophenolate Sodium Oral Tablet Delayed Release 180 MG, 360 MG	2	MO
<b>Rapamune Oral Solution 1 MG/ML</b>	5	RO
<b>Revlimid Oral Capsule 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b>	5	PA; CVS Caremark
Sirolimus Oral Tablet 0.5 MG, 1 MG, 2 MG	2	MO
Sterile Water for Irrigation Irrigation Solution	2	RO; QL (1 BTL Max Qty Per Fill Retail); NE
Tacrolimus Oral Capsule 0.5 MG, 1 MG, 5 MG	2	MO
<b>Thalomid Oral Capsule 100 MG, 150 MG, 200 MG, 50 MG</b>	5	PA; CVS Caremark
<b>Zortress Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG</b>	5	PA; RO
<b>Beta Blockers</b>		
Acebutolol HCl Oral Capsule 200 MG, 400 MG	2	MO
Atenolol Oral Tablet 100 MG, 25 MG, 50 MG	1	MO
Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	1	MO
Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG	2	MO
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG	2	MO
Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG	1	MO
Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML	2	MO
Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	MO
Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG	2	MO
<b>Calcium Channel Blockers</b>		
AmLODIPine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
DiTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG	2	MO
Diltiazem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG	2	MO
NIFEdipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG	2	MO
NIFEdipine Oral Capsule 10 MG, 20 MG	2	MO
NiMODipine Oral Capsule 30 MG	4	MO
Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG	2	MO
Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG	2	MO
<b>Cardiotonics</b>		
Digoxin Oral Solution 0.05 MG/ML	2	RO; NE
Digoxin Oral Tablet 125 MCG, 250 MCG	2	MO
<b>Cardiovascular Agents - Misc.</b>		
Sildenafil Citrate Oral Tablet 20 MG	2	PA; MO
<b>Tracleer Oral Tablet 125 MG, 62.5 MG</b>	5	PA
<b>Cephalosporins</b>		
Cefaclor Oral Capsule 250 MG, 500 MG	2	RO; NE
Cefadroxil Oral Suspension Reconstituted 250 MG/5ML, 500 MG/5ML	2	RO; NE
Cefdinir Oral Capsule 300 MG	2	RO; NE
Cefdinir Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; NE
Cefixime Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML	2	RO; NE
Cefprozil Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; NE
Cefprozil Oral Tablet 250 MG, 500 MG	2	RO; NE
Cefuroxime Axetil Oral Tablet 250 MG, 500 MG	2	RO; NE
Cephalexin Oral Capsule 250 MG, 500 MG	2	RO; NE
Cephalexin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; NE
<b>Suprax Oral Capsule 400 MG</b>	4	MO
<b>Suprax Oral Tablet Chewable 200 MG</b>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Chemicals</b>		
Menthol Crystals	2	MO
Salicylic Acid Powder	2	MO
Testosterone Powder	2	MO
Testosterone Propionate Powder	2	MO
<b>Contraceptives</b>		
<b>Cryselle-28 Oral Tablet 0.3-30 MG-MCG</b>	2	MO; PREV
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-30 MG-MCG	2	MO; PREV
Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.02 MG	2	MO; PREV
<b>Ella Oral Tablet 30 MG</b>	7	RO; (Prescription Required)
Ethinodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG	2	MO; PREV
<b>Gildess FE 1.5/30 Oral Tablet 1.5-30 MG-MCG</b>	2	MO; PREV
<b>Junel FE 1.5/30 Oral Tablet 1.5-30 MG-MCG</b>	2	MO; PREV
<b>Kelnor 1/35 Oral Tablet 1-35 MG-MCG</b>	2	MO; PREV
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 & 0.01 MG	7	MO; PREV
Levonorgestrel Oral Tablet 1.5 MG	7	RO; (Prescription Required)
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG	2	MO; PREV
Levonorg-Eth Estrad Triphasic Oral Tablet	2	MO; PREV
<b>Low-Ogestrel Oral Tablet 0.3-30 MG-MCG</b>	2	MO; PREV
<b>Necon 1/35 (28) Oral Tablet 1-35 MG-MCG</b>	2	MO; PREV
<b>Necon 1/50 (28) Oral Tablet 1-50 MG-MCG</b>	2	MO; PREV
Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG	2	MO; PREV
Norethindrone Oral Tablet 0.35 MG	2	MO; PREV
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	2	MO; PREV
Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-25 MCG, 0.18/0.215/0.25 MG-35 MCG	2	MO; PREV
<b>Nortrel 0.5/35 (28) Oral Tablet 0.5-35 MG-MCG</b>	2	MO; PREV
<b>Nortrel 1/35 (28) Oral Tablet 1-35 MG-MCG</b>	2	MO; PREV

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NuvaRing Vaginal Ring 0.12-0.015 MG/24HR</b>	7	RO; PREV
<b>Ogestrel Oral Tablet 0.5-50 MG-MCG</b>	2	MO; PREV
<b>Xulane Transdermal Patch Weekly 150-35 MCG/24HR</b>	7	MO; PREV
<b>Zovia 1/35E (28) Oral Tablet 1-35 MG-MCG</b>	2	MO; PREV
<b>Corticosteroids</b>		
Budesonide Oral Capsule Delayed Release Particles 3 MG	2	PA; MO
Cortisone Acetate Oral Tablet 25 MG	2	MO
<b>Dexamethasone Intensol Oral Concentrate 1 MG/ML</b>	2	RO; NE
Dexamethasone Oral Elixir 0.5 MG/5ML	2	RO; NE
Dexamethasone Oral Solution 0.5 MG/5ML	2	MO
Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG	2	MO
Fludrocortisone Acetate Oral Tablet 0.1 MG	2	MO
Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG	2	MO
MethylPREDNISolone Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG	2	MO
MethylPREDNISolone Oral Tablet Therapy Pack 4 MG	2	RO; NE
PrednisoLONE Oral Solution 15 MG/5ML	2	RO; NE
PrednisoLONE Sodium Phosphate Oral Solution 15 MG/5ML	2	MO
PrednisoLONE Sodium Phosphate Oral Solution 6.7 (5 Base) MG/5ML	2	RO; NE
PredniSONE Oral Solution 5 MG/5ML	2	RO; NE
PredniSONE Oral Tablet 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG	2	MO
<b>Cough/Cold/Allergy</b>		
Acetylcysteine Inhalation Solution 10 %, 20 %	2	RO; J7608; NE
Benzonatate Oral Capsule 100 MG, 200 MG	2	MO
GuaiFENesin DAC Oral Solution 30-10-100 MG/5ML	2	RO; QL (120 ML per 3 days)
Guaifenesin-Codeine Oral Solution 100-10 MG/5ML	2	RO; QL (120 ML per 3 days)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Hydrocodone-Homatropine Oral Syrup 5-1.5 MG/5ML	2	RO; QL (120 ML per 3 days)
Promethazine VC Oral Syrup 6.25-5 MG/5ML	2	RO; QL (120 ML per 3 days)
Promethazine VC/Codeine Oral Syrup 6.25-5-10 MG/5ML	2	RO; QL (120 ML per 3 days)
Promethazine-Codeine Oral Syrup 6.25-10 MG/5ML	2	RO; QL (120 ML per 3 days)
Promethazine-DM Oral Syrup 6.25-15 MG/5ML	2	RO; QL (120 ML per 3 days)
<b>Cyclin-Dependent Kinases (CDK) Inhibitors</b>		
<b>Ibrance Oral Capsule 100 MG, 125 MG, 75 MG</b>	5	PA; CVS Caremark
<b>Dermatologicals</b>		
Acitretin Oral Capsule 10 MG, 17.5 MG, 25 MG	5	RO; Available ONLY at FHCP Pharmacies.
Acyclovir External Ointment 5 %	2	RO; QL (30 GM per 7 days); NE
Adapalene External Gel 0.1 %, 0.3 %	2	MO; QL (45 GM per 30 days)
Betamethasone Dipropionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days); NE
Betamethasone Dipropionate External Lotion 0.05 %	2	RO; QL (60 ML per 30 days); NE
Betamethasone Dipropionate External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); NE
Betamethasone Valerate External Cream 0.1 %	2	RO; QL (120 GM per 30 days); NE
Betamethasone Valerate External Lotion 0.1 %	2	RO; QL (60 ML per 30 days); NE
Betamethasone Valerate External Ointment 0.1 %	2	RO; QL (120 GM per 30 days); NE
Calcipotriene External Cream 0.005 %	2	RO; QL (60 GM per 30 days); NE
Calcipotriene External Ointment 0.005 %	2	RO; QL (60 GM per 30 days); NE
Calcipotriene External Solution 0.005 %	2	RO; QL (60 ML per 30 days); NE
Ciclopirox External Gel 0.77 %	2	RO; QL (120 GM per 30 days); NE
Ciclopirox External Solution 8 %	2	RO; QL (6.6 ML per 30 days); NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Ciclopirox Olamine External Cream 0.77 %	2	RO; QL (120 GM per 30 days); NE
Ciclopirox Olamine External Suspension 0.77 %	2	RO; QL (60 ML per 30 days); NE
Clindamycin Phosphate External Gel 1 %	1	MO
Clindamycin Phosphate External Swab 1 %	2	RO; QL (60 EA per 30 days); NE
Clobetasol Propionate E External Cream 0.05 %	2	RO; QL (120 GM per 30 days); NE
Clobetasol Propionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days)
Clobetasol Propionate External Gel 0.05 %	2	RO; QL (120 GM per 30 days); NE
Clobetasol Propionate External Lotion 0.05 %	2	RO; QL (60 ML per 30 days)
Clobetasol Propionate External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); NE
Clobetasol Propionate External Solution 0.05 %	2	RO; QL (60 ML per 30 days); NE
Clotrimazole-Betamethasone External Cream 1-0.05 %	2	RO; QL (120 GM per 30 days); NE
Clotrimazole-Betamethasone External Lotion 1-0.05 %	2	RO; QL (60 ML per 30 days); NE
<b>Cordran External Tape 4 MCG/SQCM</b>	3	RO; QL (1 EA Max Qty Per Fill Retail)
<b>Cortisporin External Cream 3.5-10000-0.5</b>	3	RO; QL (15 GM per 7 days)
<b>Cortisporin External Ointment 1 %</b>	3	RO; QL (15 GM per 7 days)
Desonide External Cream 0.05 %	2	RO; QL (120 GM per 30 days); NE
Desonide External Lotion 0.05 %	2	RO; QL (60 ML per 30 days); NE
Desonide External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); NE
Desoximetasone External Cream 0.05 %, 0.25 %	2	RO; QL (120 GM per 30 days); NE
Desoximetasone External Gel 0.05 %	2	RO; QL (120 GM per 30 days); NE
Desoximetasone External Ointment 0.05 %, 0.25 %	2	RO; QL (120 GM per 30 days); NE
Diclofenac Sodium Transdermal Gel 1 %	2	RO; Available ONLY at FHCP Pharmacies.; NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Diclofenac Sodium Transdermal Gel 3 %	2	PA; RO; QL (100 GM per 30 days); NE
Diflorasone Diacetate External Cream 0.05 %	2	RO; QL (120 GM per 30 days); NE
Diflorasone Diacetate External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); NE
Econazole Nitrate External Cream 1 %	2	RO; QL (120 GM per 30 days); NE
<b>Elidel External Cream 1 %</b>	4	RO; QL (30 GM per 30 days)
Erythromycin External Solution 2 %	2	RO; QL (60 ML per 30 days); NE
Fluocinolone Acetonide External Cream 0.01 %, 0.025 %	2	RO; QL (120 GM per 30 days); NE
Fluocinolone Acetonide External Ointment 0.025 %	2	RO; QL (120 GM per 30 days); NE
Fluocinolone Acetonide External Solution 0.01 %	2	RO; QL (60 ML per 30 days); NE
Fluocinonide External Cream 0.05 %	2	RO; QL (120 GM per 30 days); NE
Fluocinonide External Gel 0.05 %	2	RO; QL (120 GM per 30 days); NE
Fluocinonide External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); NE
Fluocinonide External Solution 0.05 %	2	RO; QL (60 ML per 30 days); NE
Fluocinonide-E External Cream 0.05 %	2	RO; QL (120 GM per 30 days); NE
Fluorouracil External Cream 5 %	2	RO; QL (40 GM per 15 days); NE
Fluorouracil External Solution 2 %	2	RO; QL (60 ML per 30 days)
Fluorouracil External Solution 5 %	2	RO; QL (60 ML per 30 days); NE
Fluticasone Propionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days); NE
Fluticasone Propionate External Lotion 0.05 %	2	RO; QL (60 ML per 30 days); NE
Fluticasone Propionate External Ointment 0.005 %	2	RO; QL (120 GM per 30 days); NE
Gentamicin Sulfate External Cream 0.1 %	2	RO; QL (30 GM per 30 days); NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Gentamicin Sulfate External Ointment 0.1 %	2	RO; QL (30 GM per 30 days); NE
Hydrocortisone Butyrate External Cream 0.1 %	2	RO; QL (120 GM per 30 days)
Hydrocortisone Butyrate External Ointment 0.1 %	2	RO; QL (120 GM per 30 days)
Hydrocortisone Butyrate External Solution 0.1 %	2	RO; QL (60 ML per 30 days)
Hydrocortisone External Cream 2.5 %	2	RO; QL (120 GM per 30 days); NE
Hydrocortisone External Lotion 2.5 %	2	RO; QL (60 ML per 30 days); NE
Hydrocortisone External Ointment 2.5 %	2	RO; QL (120 GM per 30 days); NE
Imiquimod External Cream 5 %	2	RO; QL (12 EA Max Qty Per Fill Retail); NE
Ketoconazole External Cream 2 %	2	RO; QL (120 GM per 30 days); NE
Lidocaine External Ointment 5 %	2	RO; QL (35.44 GM per 2 days); NE
Lidocaine External Patch 5 %	2	PA; RO; NE
Lidocaine-Prilocaine External Cream 2.5-2.5 %	2	RO; QL (30 GM Max Qty Per Fill Retail); NE
Malathion External Lotion 0.5 %	2	RO; QL (60 ML per 7 days); NE
Methoxsalen Rapid Oral Capsule 10 MG	5	RO; QL (36 EA per 28 days)
MetroNIDAZOLE External Cream 0.75 %	2	RO; QL (45 GM per 30 days); NE
MetroNIDAZOLE External Gel 0.75 %	2	RO; QL (45 GM per 30 days); NE
MetroNIDAZOLE External Gel 1 %	2	RO; QL (30 GM per 30 days); NE
MetroNIDAZOLE External Lotion 0.75 %	2	RO; QL (60 ML per 30 days); NE
Mometasone Furoate External Cream 0.1 %	2	RO; QL (120 GM per 30 days); NE
Mometasone Furoate External Ointment 0.1 %	2	RO; QL (120 GM per 30 days); NE
Mometasone Furoate External Solution 0.1 %	2	RO; QL (60 ML per 30 days); NE
Mupirocin Calcium External Cream 2 %	2	RO; QL (30 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Mupirocin External Ointment 2 %	2	RO; QL (22 GM per 30 days); NE
Nystatin External Cream 100000 UNIT/GM	2	RO; QL (120 GM per 30 days); NE
Nystatin External Ointment 100000 UNIT/GM	2	RO; QL (120 GM per 30 days); NE
Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%	2	RO; QL (120 GM per 30 days); NE
Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%	2	RO; QL (120 GM per 30 days); NE
<b>Panretin External Gel 0.1 %</b>	5	QL (60 GM per 30 days)
Permethrin External Cream 5 %	2	RO; QL (60 GM per 7 days); NE
Podofilox External Solution 0.5 %	2	RO; QL (3.5 ML per 7 days); NE
<b>Santyl External Ointment 250 UNIT/GM</b>	4	RO; QL (30 GM per 30 days)
Selenium Sulfide External Lotion 2.5 %	2	RO; QL (120 ML per 30 days); NE
Silver Sulfadiazine External Cream 1 %	2	RO; NE
Tacrolimus External Ointment 0.03 %, 0.1 %	2	MO; QL (30 GM per 30 days)
Tazarotene External Cream 0.1 %	4	PA; RO; QL (30 GM per 30 days); NE
<b>Tazorac External Cream 0.05 %</b>	4	PA; RO; QL (30 GM per 30 days)
<b>Tazorac External Gel 0.05 %, 0.1 %</b>	4	PA; RO; QL (30 GM per 30 days)
Tretinoin External Cream 0.025 %, 0.05 %, 0.1 %	2	PA; RO; QL (20 GM per 30 days); Age (Max 30 Years); NE
Tretinoin External Gel 0.01 %, 0.025 %	2	PA; RO; QL (15 GM per 30 days); Age (Max 30 Years); NE
Triamcinolone Acetonide External Cream 0.025 %, 0.5 %	2	RO; QL (120 GM per 30 days); NE
Triamcinolone Acetonide External Cream 0.1 %	2	RO; NE
Triamcinolone Acetonide External Lotion 0.025 %, 0.1 %	2	RO; QL (60 ML per 30 days); NE
Triamcinolone Acetonide External Ointment 0.025 %, 0.5 %	2	RO; QL (120 GM per 30 days); NE
Triamcinolone Acetonide External Ointment 0.1 %	2	RO; NE
Urea External Cream 40 %	2	RO; QL (30 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Zenatane Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	2	PA; RO
<b>Diagnostic Products</b>		
Accu-Chek Aviva Plus In Vitro Strip	2	PA; MO
Bayer Breeze 2 Test In Vitro Disk	2	MO
Bayer Contour Next Test In Vitro Strip	2	MO
Bayer Contour Test In Vitro Strip	2	MO
FreeStyle Lite Test In Vitro Strip	2	PA; MO
FreeStyle Test In Vitro Strip	2	PA; MO
Nova Max Glucose Test In Vitro Strip	2	PA; MO
OneTouch Ultra Blue In Vitro Strip	2	PA; MO
OneTouch Verio In Vitro Strip	2	PA; MO
Prodigy No Coding Blood Gluc In Vitro Strip	2	PA; MO
<b>Digestive Aids</b>		
Creon Oral Capsule Delayed Release Particles 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	MO
Pancreaze Oral Capsule Delayed Release Particles 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	3	MO
Zenpep Oral Capsule Delayed Release Particles 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	4	MO
<b>Diuretics</b>		
AcetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG	2	MO
AcetaZOLAMIDE Oral Tablet 125 MG, 250 MG	2	MO
AMILoride HCl Oral Tablet 5 MG	2	MO
Bumetanide Oral Tablet 0.5 MG, 1 MG	1	MO
Bumetanide Oral Tablet 2 MG	2	MO
Chlorothiazide Oral Tablet 250 MG, 500 MG	2	MO
Chlorthalidone Oral Tablet 25 MG, 50 MG	2	MO
<b>Diuril Oral Suspension 250 MG/5ML</b>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Ethacrynic Acid Oral Tablet 25 MG	5	MO
Furosemide Oral Solution 10 MG/ML, 8 MG/ML	2	MO
Furosemide Oral Tablet 20 MG, 40 MG, 80 MG	1	MO
HydroCHLOROthiazide Oral Tablet 25 MG, 50 MG	1	MO
Methazolamide Oral Tablet 25 MG, 50 MG	2	MO
Methyclothiazide Oral Tablet 5 MG	2	MO
Metolazone Oral Tablet 10 MG, 2.5 MG, 5 MG	2	MO
Spironolactone Oral Tablet 25 MG, 50 MG	2	MO
Spironolactone-HCTZ Oral Tablet 25-25 MG	2	MO
Triamterene-HCTZ Oral Capsule 37.5-25 MG	2	MO
Triamterene-HCTZ Oral Tablet 37.5-25 MG, 75-50 MG	1	MO
<b>Endocrine And Metabolic Agents - Misc.</b>		
Alendronate Sodium Oral Tablet 10 MG, 35 MG, 5 MG	2	MO
Alendronate Sodium Oral Tablet 70 MG	1	MO
Cabergoline Oral Tablet 0.5 MG	2	MO
Calcitonin (Salmon) Nasal Solution 200 UNIT/ACT	2	RO
Calcitriol Oral Capsule 0.25 MCG, 0.5 MCG	2	MO
Calcitriol Oral Solution 1 MCG/ML	2	MO
Desmopressin Acetate Oral Tablet 0.1 MG, 0.2 MG	2	MO
Desmopressin Acetate Spray Nasal Solution 0.01 %	2	RO
<b>Forteo Subcutaneous Solution 600 MCG/2.4ML</b>	5	PA; RO
<b>Increlex Subcutaneous Solution 40 MG/4ML</b>	5	PA; RO
Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	RO; J2354
<b>Omnitrope Subcutaneous Solution 10 MG/1.5ML, 5 MG/1.5ML</b>	5	PA; RO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Omnitrope Subcutaneous Solution Reconstituted 5.8 MG</b>	5	PA; RO
Paricalcitol Oral Capsule 1 MCG, 2 MCG, 4 MCG	2	PA; MO
Raloxifene HCl Oral Tablet 60 MG	2	MO
<b>Sensipar Oral Tablet 30 MG, 60 MG, 90 MG</b>	5	PA; MO
<b>Stimate Nasal Solution 1.5 MG/ML</b>	5	RO
<b>Synarel Nasal Solution 2 MG/ML</b>	4	PA; MO
<b>Estrogens</b>		
Est Estrogens-Methyltest HS Oral Tablet 0.625-1.25 MG	2	MO
Est Estrogens-Methyltest Oral Tablet 1.25-2.5 MG	2	MO
Estradiol Oral Tablet 0.5 MG, 1 MG, 2 MG	1	MO
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	2	MO
Estropipate Oral Tablet 0.75 MG, 1.5 MG, 3 MG	2	MO
<b>Menest Oral Tablet 0.3 MG, 0.625 MG, 1.25 MG</b>	4	PA; MO
<b>Premarin Oral Tablet 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	3	MO
<b>Premphase Oral Tablet 0.625-5 MG</b>	3	MO
<b>Prempro Oral Tablet 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>	3	MO
<b>Estrogen-Selective Estrogen Receptor Modulator Comb</b>		
<b>Duavee Oral Tablet 0.45-20 MG</b>	3	MO
<b>Fluoroquinolones</b>		
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG	2	RO; NE
LevoFLOXacin Oral Solution 25 MG/ML	2	RO; NE
LevoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG	2	RO; NE
<b>Gastrointestinal Agents - Misc.</b>		
Alosetron HCl Oral Tablet 0.5 MG, 1 MG	5	PA; MO
<b>Amitiza Oral Capsule 24 MCG, 8 MCG</b>	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Balsalazide Disodium Oral Capsule 750 MG	2	MO
Calcium Acetate (Phos Binder) Oral Capsule 667 MG	2	MO
<b>Canasa Rectal Suppository 1000 MG</b>	3	MO; QL (30 EA per 30 days)
Cromolyn Sodium Oral Concentrate 100 MG/5ML	2	MO
<b>Dipentum Oral Capsule 250 MG</b>	4	MO
<b>Fosrenol Oral Packet 1000 MG, 750 MG</b>	5	PA; MO
Lactulose Encephalopathy Oral Solution 10 GM/15ML	2	MO; QL (473 ML per 3 days)
Lanthanum Carbonate Oral Tablet Chewable 1000 MG, 500 MG, 750 MG	5	PA; MO
<b>Linzess Oral Capsule 145 MCG, 290 MCG, 72 MCG</b>	3	PA; MO
Mesalamine Oral Tablet Delayed Release 800 MG	2	MO
Mesalamine Rectal Enema 4 GM	2	RO; QL (420 ML per 7 days); NE
Metoclopramide HCl Oral Solution 5 MG/5ML	2	RO; NE
Metoclopramide HCl Oral Tablet 10 MG	1	MO
Metoclopramide HCl Oral Tablet 5 MG	2	MO
<b>Movantik Oral Tablet 12.5 MG, 25 MG</b>	3	PA; MO
<b>Relistor Subcutaneous Solution 12 MG/0.6ML, 8 MG/0.4ML</b>	5	PA; RO
SulfaSALazine Oral Tablet 500 MG	2	MO
Ursodiol Oral Capsule 300 MG	2	MO
<b>Genitourinary Agents - Miscellaneous</b>		
Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour 10 MG	2	MO
<b>Cystagon Oral Capsule 150 MG, 50 MG</b>	5	
Cytra K Crystals Oral Packet 3300-1002 MG	2	MO
Dutasteride Oral Capsule 0.5 MG	2	MO
<b>Elmiron Oral Capsule 100 MG</b>	4	MO
Finasteride Oral Tablet 5 MG	2	MO
Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Potassium Citrate-Citric Acid Oral Solution 1100-334 MG/5ML	2	MO
Sodium Chloride Irrigation Solution 0.9 %	2	RO; QL (1 BTL Max Qty Per Fill Retail); NE
Tamsulosin HCl Oral Capsule 0.4 MG	2	MO
<b>Glycopeptides</b>		
Vancomycin HCl Intravenous Solution Reconstituted 500 MG	2	MO; J3370
Vancomycin HCl Oral Capsule 125 MG, 250 MG	5	PA; RO
<b>Gout Agents</b>		
Allopurinol Oral Tablet 100 MG, 300 MG	1	MO
Colchicine Oral Tablet 0.6 MG	2	MO; QL (124 EA per 31 days)
Colchicine-Probenecid Oral Tablet 0.5-500 MG	2	MO
Probenecid Oral Tablet 500 MG	2	MO
<b>Hematological Agents - Misc.</b>		
Anagrelide HCl Oral Capsule 0.5 MG, 1 MG	2	MO
Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG	2	MO
<b>Brilinta Oral Tablet 60 MG, 90 MG</b>	4	MO
Cilostazol Oral Tablet 100 MG, 50 MG	2	MO
Clopidogrel Bisulfate Oral Tablet 300 MG, 75 MG	2	MO
Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG	2	MO
Pentoxifylline ER Oral Tablet Extended Release 400 MG	2	MO
<b>Hematopoietic Agents</b>		
<b>Aranesp (Albumin Free) Injection Solution 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	5	PA; RO; J0881,J0882
<b>Aranesp (Albumin Free) Injection Solution Prefilled Syringe 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b>	5	PA; RO; J0881,J0882
Cyanocobalamin Injection Solution 1000 MCG/ML	2	MO; J3420
<b>Droxia Oral Capsule 200 MG</b>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Ferocon Oral Capsule	2	MO
Folic Acid Oral Tablet 1 MG	2	MO
Folic Acid Oral Tablet 400 MCG, 800 MCG	7	MO; (Prescription Required); PREV; Age (Min 11 Years and Max 49 Years)
<b>Neupogen Injection Solution 300 MCG/ML, 480 MCG/1.6ML</b>	5	RO; J1442
<b>Procrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	5	PA; RO; J0885
<b>Promacta Oral Tablet 12.5 MG, 25 MG, 50 MG, 75 MG</b>	5	PA; CVS Caremark
<b>Hemostatics</b>		
<b>Amicar Oral Solution 0.25 GM/ML</b>	5	MO
<b>Amicar Oral Tablet 1000 MG, 500 MG</b>	5	MO
Tranexamic Acid Oral Tablet 650 MG	2	RO; NE
<b>Hepatitis C Agent - Combinations</b>		
<b>Mavyret Oral Tablet 100-40 MG</b>	5	PA; MO
<b>Technivie Oral Tablet 12.5-75-50 MG</b>	6	PA; RO
<b>Hypnotics</b>		
Flurazepam HCl Oral Capsule 15 MG, 30 MG	2	MO
PHENobarbital Oral Elixir 20 MG/5ML	2	MO
PHENobarbital Oral Tablet 16.2 MG, 32.4 MG, 64.8 MG, 97.2 MG	2	MO
<b>Rozerem Oral Tablet 8 MG</b>	4	PA; MO
Temazepam Oral Capsule 15 MG, 30 MG	2	MO
Zaleplon Oral Capsule 10 MG, 5 MG	2	MO
Zolpidem Tartrate Oral Tablet 10 MG, 5 MG	2	MO
<b>Isocitrate Dehydrogenase-2 (IDH2) Inhibitors</b>		
<b>IDHIFA Oral Tablet 100 MG, 50 MG</b>	5	PA; MO
<b>Laxatives</b>		
Lactulose Oral Solution 10 GM/15ML	2	MO; QL (473 ML per 30 days)
PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM	2	RO; NE
<b>Suprep Bowel Prep Kit Oral Solution 17.5- 3.13-1.6 GM/177ML</b>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Macrolides</b>		
Azithromycin Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML	2	RO; NE
Azithromycin Oral Tablet 250 MG, 500 MG, 600 MG	2	RO; NE
Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; NE
Clarithromycin Oral Tablet 250 MG, 500 MG	2	RO; NE
<b>Erythrocin Stearate Oral Tablet 250 MG</b>	3	MO
Erythromycin Base Oral Capsule Delayed Release Particles 250 MG	3	MO
Erythromycin Ethylsuccinate Oral Tablet 400 MG	3	MO
<b>Medical Devices</b>		
<b>Accu-Chek FastClix Lancets</b>	2	PA; MO
<b>Accu-Chek Multiclix Lancets</b>	2	PA; MO
<b>BD Insulin Syringe U-500 31G X 6MM 0.5 ML</b>	3	MO
<b>BD Safety-Lok Insulin Syringe 29G X 1/2" 1 ML</b>	3	MO
<b>Caya Vaginal Diaphragm</b>	7	RO; PREV; QL (1 EA per 1 Year)
<b>FC2 Female Condom</b>	7	RO; (Prescription Required); PREV; QL (12 EA per 30 days)
<b>FemCap Vaginal Device 22 MM, 26 MM, 30 MM</b>	7	RO; PREV; QL (1 EA per 1 Year)
Lancets Thin	2	MO
<b>Leader Unifine Pentips 31G X 5 MM</b>	3	MO
Pen Needles 31G X 6 MM	3	MO
Pen Needles 5/16" 31G X 8 MM	3	MO
<b>Ultra-Thin II Ins Syr Short 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	2	MO
<b>Ultra-Thin II Insulin Syringe 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	2	MO
<b>Migraine Products</b>		
Isometheptene-Dichloral-APAP Oral Capsule 65-100-325 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Migergot Rectal Suppository 2-100 MG</b>	2	RO; QL (12 EA per 14 days); NE
Rizatriptan Benzoate Oral Tablet 10 MG, 5 MG	2	MO; QL (18 EA per 31 days)
Rizatriptan Benzoate Oral Tablet Dispersible 10 MG, 5 MG	2	MO; QL (18 EA per 31 days)
SUMatriptan Nasal Solution 20 MG/ACT, 5 MG/ACT	2	MO; QL (6 EA per 31 days)
SUMatriptan Succinate Oral Tablet 100 MG, 25 MG, 50 MG	2	MO; QL (12 EA per 31 days)
SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML, 6 MG/0.5ML	2	MO; QL (4 ML per 31 days)
<b>Minerals &amp; Electrolytes</b>		
<b>K-Phos Oral Tablet 500 MG</b>	4	MO
<b>Phospha 250 Neutral Oral Tablet 155-852-130 MG</b>	2	MO
Potassium Bicarbonate Oral Tablet Effervescent 25 MEQ	2	MO
Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ, 8 MEQ	2	MO
Potassium Chloride Oral Packet 20 MEQ	2	MO
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	2	MO
Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML	2	MO; PREV; Age (Min 6 Months and Max 6 Years)
Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	2	MO; PREV; Age (Min 6 Months and Max 6 Years)
<b>Mouth/Throat/Dental Agents</b>		
Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %	2	MO; QL (1 BTL Max Qty Per Fill Retail)
Clotrimazole Mouth/Throat Troche 10 MG	2	RO; QL (70 EA per 14 days); NE
Lidocaine Viscous Mouth/Throat Solution 2 %	2	RO; QL (100 ML Max Qty Per Fill Retail); NE
Nystatin Mouth/Throat Suspension 100000 UNIT/ML	2	RO; NE
Pilocarpine HCl Oral Tablet 5 MG	2	MO
SF Dental Gel 1.1 %	2	MO; QL (56 GM per 30 days)
Triamcinolone Acetonide Mouth/Throat Paste 0.1 %	2	RO; QL (5 GM per 30 days); NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Multivitamins</b>		
Multi-Vit/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	2	MO; PREV; Age (Max 12 Months)
Multi-Vit/Fluoride/Iron Oral Solution 0.25-10 MG/ML	2	MO; PREV; Age (Max 12 Months)
Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG	2	MO; PREV; Age (Max 12 Months)
PNV Prenatal Plus Multivitamin Oral Tablet 27-1 MG	2	MO
<b>Trinate Oral Tablet</b>	2	MO
<b>Musculoskeletal Therapy Agents</b>		
Baclofen Oral Tablet 10 MG, 20 MG	2	MO
Carisoprodol Oral Tablet 350 MG	2	MO
Cyclobenzaprine HCl Oral Tablet 10 MG	2	MO
Methocarbamol Oral Tablet 500 MG, 750 MG	2	MO
TiZANidine HCl Oral Tablet 2 MG, 4 MG	2	MO
<b>Nasal Agents - Systemic And Topical</b>		
Azelastine HCl Nasal Solution 0.1 %	2	MO; QL (30 ML per 30 days)
Flunisolide Nasal Solution 25 MCG/ACT (0.025%)	2	MO; QL (25 ML per 25 days)
Fluticasone Propionate Nasal Suspension 50 MCG/ACT	2	MO; QL (16 GM per 30 days)
Ipratropium Bromide Nasal Solution 0.03 %	2	MO; QL (30 ML per 30 days)
Ipratropium Bromide Nasal Solution 0.06 %	2	MO; QL (15 ML per 30 days)
Olopatadine HCl Nasal Solution 0.6 %	2	MO; QL (30.5 GM per 30 days)
<b>Neuromuscular Agents</b>		
Riluzole Oral Tablet 50 MG	2	PA; MO
<b>Ophthalmic Agents</b>		
<b>Alomide Ophthalmic Solution 0.1 %</b>	3	MO
<b>Alrex Ophthalmic Suspension 0.2 %</b>	4	MO
Apraclonidine HCl Ophthalmic Solution 0.5 %	2	MO
Atropine Sulfate Ophthalmic Ointment 1 %	2	MO
Atropine Sulfate Ophthalmic Solution 1 %	2	RO; NE
Azelastine HCl Ophthalmic Solution 0.05 %	2	RO; NE
Bacitracin Ophthalmic Ointment 500 UNIT/GM	2	RO; NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	2	RO; NE
Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %	2	RO; NE
Betaxolol HCl Ophthalmic Solution 0.5 %	2	MO
<b>Betoptic-S Ophthalmic Suspension 0.25 %</b>	3	MO
<b>Blephamide Ophthalmic Suspension 10-0.2 %</b>	3	MO
<b>Blephamide S.O.P. Ophthalmic Ointment 10-0.2 %</b>	3	MO
Brimonidine Tartrate Ophthalmic Solution 0.2 %	2	MO
Carteolol HCl Ophthalmic Solution 1 %	2	MO
<b>Ciloxan Ophthalmic Ointment 0.3 %</b>	3	MO; QL (3.5 GM per 7 days)
Ciprofloxacin HCl Ophthalmic Solution 0.3 %	2	RO; NE
Cromolyn Sodium Ophthalmic Solution 4 %	2	RO; NE
Cyclopentolate HCl Ophthalmic Solution 0.5 %, 1 %, 2 %	2	MO
Dexamethasone Sodium Phosphate Ophthalmic Solution 0.1 %	2	RO; NE
Diclofenac Sodium Ophthalmic Solution 0.1 %	2	RO; NE
Dorzolamide HCl Ophthalmic Solution 2 %	2	MO
Dorzolamide HCl-Timolol Mal Ophthalmic Solution 22.3-6.8 MG/ML	2	MO
Erythromycin Ophthalmic Ointment 5 MG/GM	2	RO; NE
Fluorometholone Ophthalmic Suspension 0.1 %	2	RO; NE
Flurbiprofen Sodium Ophthalmic Solution 0.03 %	2	RO; NE
<b>FML Forte Ophthalmic Suspension 0.25 %</b>	3	MO
<b>FML Ophthalmic Ointment 0.1 %</b>	3	MO
<b>Gentak Ophthalmic Ointment 0.3 %</b>	2	RO
Gentamicin Sulfate Ophthalmic Solution 0.3 %	2	RO; NE
<b>Homatropaire Ophthalmic Solution 5 %</b>	2	MO
<b>Ilevro Ophthalmic Suspension 0.3 %</b>	3	MO; QL (1.7 ML per 14 days)
Ketorolac Tromethamine Ophthalmic Solution 0.4 %, 0.5 %	2	RO; NE
Latanoprost Ophthalmic Solution 0.005 %	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Levobunolol HCl Ophthalmic Solution 0.5 %	1	MO
Levofloxacin Ophthalmic Solution 0.5 %	2	RO; NE
<b>Lotemax Ophthalmic Gel 0.5 %</b>	4	MO; QL (5 GM per 3 days)
<b>Lotemax Ophthalmic Ointment 0.5 %</b>	4	MO; QL (3.5 GM per 3 days)
<b>Lotemax Ophthalmic Suspension 0.5 %</b>	4	MO; QL (15 ML per 30 days)
<b>Moxeza Ophthalmic Solution 0.5 %</b>	3	MO
Moxifloxacin HCl Ophthalmic Solution 0.5 %	2	RO; NE
<b>Natacyn Ophthalmic Suspension 5 %</b>	3	MO
Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000	2	RO; NE
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment 3.5-10000-0.1	2	RO; NE
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	2	RO; NE
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	2	RO; NE
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	2	RO; NE
<b>Nevanac Ophthalmic Suspension 0.1 %</b>	3	MO
Ofloxacin Ophthalmic Solution 0.3 %	2	RO; NE
<b>Phospholine Iodide Ophthalmic Solution Reconstituted 0.125 %</b>	3	MO
Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %	2	MO
Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%	2	RO; NE
<b>Pred Mild Ophthalmic Suspension 0.12 %</b>	3	MO
<b>Pred-G Ophthalmic Suspension 0.3-1 %</b>	3	MO
<b>Pred-G S.O.P. Ophthalmic Ointment 0.3-0.6 %</b>	3	MO; QL (3.5 GM per 7 days)
PrednisoLONE Acetate Ophthalmic Suspension 1 %	2	RO; NE
PrednisoLONE Sodium Phosphate Ophthalmic Solution 1 %	2	RO; NE
Proparacaine HCl Ophthalmic Solution 0.5 %	2	RO; NE
<b>Restasis Ophthalmic Emulsion 0.05 %</b>	3	RO; QL (30 EA per 15 days); NE
Sulfacetamide Sodium Ophthalmic Solution 10 %	2	RO; NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Sulfacetamide-Prednisolone Ophthalmic Solution 10-0.23 %	2	RO; NE
Tetracaine HCl Ophthalmic Solution 0.5 %	2	MO
Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %	1	MO
<b>TobraDex Ophthalmic Ointment 0.3-0.1 %</b>	3	MO; QL (3.5 GM per 7 days)
Tobramycin Ophthalmic Solution 0.3 %	2	RO; NE
Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %	2	RO; NE
<b>Tobrex Ophthalmic Ointment 0.3 %</b>	3	MO
<b>Travatan Z Ophthalmic Solution 0.004 %</b>	3	MO
Trifluridine Ophthalmic Solution 1 %	2	RO; NE
Tropicamide Ophthalmic Solution 0.5 %, 1 %	2	MO
<b>Zirgan Ophthalmic Gel 0.15 %</b>	4	MO
<b>Otic Agents</b>		
Acetic Acid Otic Solution 2 %	2	RO; NE
Acetic Acid-Aluminum Acetate Otic Solution 2 %	2	RO
<b>Ciprodex Otic Suspension 0.3-0.1 %</b>	3	RO
Fluocinolone Acetonide Otic Oil 0.01 %	2	RO; NE
Neomycin-Polymyxin-HC Otic Solution 1 %	2	RO; NE
Neomycin-Polymyxin-HC Otic Suspension 3.5-10000-1	2	RO; NE
Ofloxacin Otic Solution 0.3 %	2	RO; NE
<b>Oxytocics</b>		
<b>Methergine Oral Tablet 0.2 MG</b>	5	MO
<b>Penicillins</b>		
Amoxicillin Oral Capsule 250 MG, 500 MG	2	RO; NE
Amoxicillin Oral Suspension Reconstituted 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	2	RO; NE
Amoxicillin Oral Tablet 875 MG	2	RO; NE
Amoxicillin Oral Tablet Chewable 125 MG, 250 MG	2	RO; NE
Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG	2	RO; NE

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
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	2	RO; NE
Amoxicillin-Pot Clavulanate Oral Tablet 250-125 MG, 500-125 MG, 875-125 MG	2	RO; NE
Amoxicillin-Pot Clavulanate Oral Tablet Chewable 200-28.5 MG, 400-57 MG	2	RO; NE
Ampicillin Oral Capsule 500 MG	2	RO; NE
Dicloxacillin Sodium Oral Capsule 250 MG, 500 MG	2	RO; NE
Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; NE
Penicillin V Potassium Oral Tablet 250 MG, 500 MG	2	RO; NE
<b>Pharmaceutical Adjuvants</b>		
Simple Syrup Oral Syrup	2	MO
<b>Phosphatidylinositol 3-Kinase (PI3K) Inhibitors</b>		
Zydelig Oral Tablet 100 MG, 150 MG	5	PA; RO
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
Eucrisa External Ointment 2 %	3	ST; MO
<b>Poly (ADP-ribose) Polymerase (PARP) Inhibitors</b>		
Lynparza Oral Capsule 50 MG	5	PA
Zejula Oral Capsule 100 MG	5	PA; MO
<b>Potassium Removing Agents</b>		
Kionex Oral Powder	2	RO; NE
Sodium Polystyrene Sulfonate Oral Suspension 15 GM/60ML	2	RO; NE
<b>Progestins</b>		
MedroxyPROGESTERone Acetate Oral Tablet 10 MG, 2.5 MG, 5 MG	1	MO
Norethindrone Acetate Oral Tablet 5 MG	2	MO
Progesterone Micronized Oral Capsule 100 MG, 200 MG	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>Psychotherapeutic And Neurological Agents - Misc.</b>		
Acamprosate Calcium Oral Tablet Delayed Release 333 MG	2	MO
<b>Avonex Intramuscular Kit 30 MCG</b>	5	RO; Q3027
<b>Avonex Pen Intramuscular Auto-Injector Kit 30 MCG/0.5ML</b>	5	RO; Q3027
<b>Avonex Prefilled Intramuscular Prefilled Syringe Kit 30 MCG/0.5ML</b>	5	RO; Q3027
<b>Betaseron Subcutaneous Kit 0.3 MG</b>	5	RO
BuPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG	2	MO; PREV; QL (90 DAYS per 1 Year)
<b>Chantix Continuing Month Pak Oral Tablet 1 MG</b>	4	RO
<b>Chantix Oral Tablet 0.5 MG, 1 MG</b>	4	MO
<b>Chantix Starting Month Pak Oral Tablet 0.5 MG X 11 &amp; 1 MG X 42</b>	4	RO
Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG	2	PA; RO; NE
Disulfiram Oral Tablet 250 MG, 500 MG	2	MO
Donepezil HCl Oral Tablet 10 MG, 5 MG	2	MO
Donepezil HCl Oral Tablet Dispersible 10 MG, 5 MG	2	MO
Ergoloid Mesylates Oral Tablet 1 MG	2	MO
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG, 24 MG, 8 MG	2	MO
Galantamine Hydrobromide Oral Solution 4 MG/ML	2	MO
Galantamine Hydrobromide Oral Tablet 12 MG, 4 MG, 8 MG	2	MO
<b>Gilenya Oral Capsule 0.5 MG</b>	5	PA; MO; QL (28 EA per 28 days)
<b>Glatopa Subcutaneous Solution Prefilled Syringe 20 MG/ML, 40 MG/ML</b>	5	RO
Memantine HCl Oral Solution 2 MG/ML	2	MO
Memantine HCl Oral Tablet 10 MG, 5 MG	2	MO
Nicotine Polacrilex Mouth/Throat Gum 2 MG, 4 MG	7	RO; (Prescription Required); PREV; QL (90 Days per 1 Year)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Nicotine Polacrilex Mouth/Throat Lozenge 2 MG, 4 MG	7	RO; (Prescription Required); PREV; QL (90 Days per 1 Year)
Nicotine Transdermal Patch 24 Hour 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	7	RO; (Prescription Required); PREV; QL (90 Days per 1 Year)
<b>Nicotrol Inhalation Inhaler 10 MG</b>	3	PA; MO; QL (168 EA per 10 days)
<b>Nuedexta Oral Capsule 20-10 MG</b>	4	PA; MO
Pimozide Oral Tablet 1 MG, 2 MG	2	MO
<b>Rebif Rebidose Subcutaneous Solution Auto-Injector 22 MCG/0.5ML, 44 MCG/0.5ML</b>	5	RO
<b>Rebif Rebidose Titration Pack Subcutaneous Solution Auto-Injector 6X8.8 &amp; 6X22 MCG</b>	5	RO
<b>Rebif Subcutaneous Solution Prefilled Syringe 22 MCG/0.5ML, 44 MCG/0.5ML</b>	5	RO
<b>Rebif Titration Pack Subcutaneous Solution Prefilled Syringe 6X8.8 &amp; 6X22 MCG</b>	5	RO
<b>Savella Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG</b>	3	MO
<b>Savella Titration Pack Oral 12.5 &amp; 25 &amp; 50 MG</b>	3	MO
Tetrabenazine Oral Tablet 12.5 MG, 25 MG	5	PA
<b>Xyrem Oral Solution 500 MG/ML</b>	5	PA
<b>Respiratory Agents - Misc.</b>		
<b>Kalydeco Oral Tablet 150 MG</b>	5	PA
<b>Pulmozyme Inhalation Solution 1 MG/ML</b>	5	PA; QL (150 ML per 28 days)
<b>Serotonin Modulators</b>		
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	MO
TraZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG	1	MO
<b>Trintellix Oral Tablet 10 MG, 20 MG, 5 MG</b>	4	PA; MO
<b>Viibryd Oral Tablet 10 MG, 20 MG, 40 MG</b>	4	MO
<b>Viibryd Starter Pack Oral Kit 10 &amp; 20 MG</b>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
<b>SGLT2 Inhibitor - DPP-4 Inhibitor Combinations</b>		
Qtern Oral Tablet 10-5 MG	4	ST; MO
<b>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb</b>		
Synjardy Oral Tablet 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	ST; MO
Synjardy XR Oral Tablet Extended Release 24 Hour 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	ST; MO
<b>Tetracyclines</b>		
Demeclocycline HCl Oral Tablet 150 MG, 300 MG	2	PA; MO
Doxycycline Hyclate Oral Capsule 100 MG, 50 MG	2	MO
Doxycycline Hyclate Oral Tablet 100 MG, 20 MG	2	MO
Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG	2	MO
Doxycycline Monohydrate Oral Tablet 100 MG, 150 MG, 50 MG, 75 MG	2	MO
Minocycline HCl Oral Capsule 100 MG, 50 MG	2	MO
Tetracycline HCl Oral Capsule 250 MG, 500 MG	2	MO
<b>Thyroid Agents</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	1	MO
Liothyronine Sodium Oral Tablet 25 MCG, 5 MCG, 50 MCG	2	MO
MethIMAzole Oral Tablet 10 MG, 5 MG	2	MO
Propylthiouracil Oral Tablet 50 MG	2	MO
<b>Ulcer Drugs</b>		
Carafate Oral Suspension 1 GM/10ML	3	MO
Chlordiazepoxide-Clidinium Oral Capsule 5-2.5 MG	2	MO
Cimetidine HCl Oral Solution 300 MG/5ML	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Cimetidine Oral Tablet 300 MG, 400 MG, 800 MG	2	MO
Dicyclomine HCl Oral Capsule 10 MG	2	MO
Dicyclomine HCl Oral Solution 10 MG/5ML	2	RO; NE
Dicyclomine HCl Oral Tablet 20 MG	2	MO
Glycopyrrolate Oral Tablet 1 MG, 2 MG	2	MO
Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG	2	MO
Hyoscyamine Sulfate Oral Elixir 0.125 MG/5ML	2	MO
Hyoscyamine Sulfate Oral Solution 0.125 MG/ML	2	MO
Hyoscyamine Sulfate Oral Tablet 0.125 MG	2	MO
Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG	2	MO
Lansoprazole Oral Capsule Delayed Release 15 MG, 30 MG	2	MO
Misoprostol Oral Tablet 100 MCG, 200 MCG	2	MO
Omeprazole Oral Capsule Delayed Release 10 MG, 20 MG	2	MO
Pantoprazole Sodium Oral Tablet Delayed Release 20 MG, 40 MG	2	MO
Propantheline Bromide Oral Tablet 15 MG	2	MO
<b>Protonix Oral Packet 40 MG</b>	3	MO
Ranitidine HCl Oral Syrup 15 MG/ML	2	MO
RaNITidine HCl Oral Tablet 150 MG, 300 MG	1	MO
Sucralfate Oral Tablet 1 GM	2	MO
<b>Urinary Anti-Infectives</b>		
Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 25 MG, 50 MG	2	MO
Nitrofurantoin Monohyd Macro Oral Capsule 100 MG	2	MO
<b>Urinary Antispasmodics</b>		
Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG, 50 MG	2	MO
FlavoxATE HCl Oral Tablet 100 MG	2	MO
<b>Myrbetriq Oral Tablet Extended Release 24 Hour 25 MG, 50 MG</b>	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour 10 MG, 15 MG, 5 MG	2	MO
Oxybutynin Chloride Oral Syrup 5 MG/5ML	2	MO
Oxybutynin Chloride Oral Tablet 5 MG	2	MO
<b>Toviaz Oral Tablet Extended Release 24 Hour 4 MG, 8 MG</b>	3	MO
<b>Vaginal Products</b>		
Clindamycin Phosphate Vaginal Cream 2 %	2	RO; NE
<b>Encare Vaginal Suppository 100 MG</b>	7	RO; (Prescription Required); PREV; QL (12 EA per 30 days)
Estradiol Vaginal Cream 0.1 MG/GM	2	MO; QL (42.5 GM per 28 days)
MetroNIDAZOLE Vaginal Gel 0.75 %	2	RO; QL (70 GM per 10 days); NE
<b>Options Conceptrol Vaginal Gel 4 %</b>	7	RO; (Prescription Required); PREV; QL (2.55 GM per 30 days)
<b>Options Gynol II Contraceptive Vaginal Gel 3 %</b>	7	RO; (Prescription Required); PREV; QL (81 GM per 30 days)
<b>Premarin Vaginal Cream 0.625 MG/GM</b>	3	MO; QL (30 GM per 31 days)
Terconazole Vaginal Cream 0.4 %, 0.8 %	2	RO; NE
Terconazole Vaginal Suppository 80 MG	2	RO; NE
<b>Today Sponge Vaginal 1000 MG</b>	7	RO; (Prescription Required); PREV; QL (12 EA per 30 days)
<b>VCF Vaginal Contraceptive Vaginal Foam 12.5 %</b>	7	RO; (Prescription Required); PREV; QL (17 GM per 30 days)
<b>Vasopressors</b>		
EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.3ML, 0.3 MG/0.3ML	5	RO; QL (2 EA per 30 days)
Midodrine HCl Oral Tablet 10 MG, 2.5 MG, 5 MG	2	MO
<b>Vitamins</b>		
<b>Mephyton Oral Tablet 5 MG</b>	3	MO
Vitamin D (Ergocalciferol) Oral Capsule 50000 UNIT	2	MO
Vitamin D3 Oral Capsule 1000 UNIT, 400 UNIT	7	MO; (Prescription Required); PREV; Age (Min 65 Years)

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



## Medical Benefit

Drug Name	Drug Tier	Requirements/Limits
<b>Abraxane Intravenous Suspension Reconstituted 100 MG</b>	Medical	PA; MO; J9264
AcetaZOLAMIDE Sodium Injection Solution Reconstituted 500 MG	Medical	MO; J1120
Acetylcysteine Intravenous Solution 200 MG/ML	Medical	MO; J0132
<b>Activase Intravenous Solution Reconstituted 100 MG, 50 MG</b>	Medical	MO; J2997
Acyclovir Sodium Intravenous Solution 50 MG/ML	Medical	MO; J0133
<b>Adcetris Intravenous Solution Reconstituted 50 MG</b>	Medical	PA; MO; J9042
Adenosine Intravenous Solution 12 MG/4ML	Medical	MO; J0153
Albumin Human Intravenous Solution 25 %	Medical	MO; J9046
Albumin Human Intravenous Solution 5 %	Medical	MO; J9041
<b>Alimta Intravenous Solution Reconstituted 100 MG, 500 MG</b>	Medical	MO; J9305
<b>Aloxi Intravenous Solution 0.25 MG/5ML</b>	Medical	PA; MO; J2469
Amifostine Intravenous Solution Reconstituted 500 MG	Medical	MO; J0207
Amikacin Sulfate Injection Solution 500 MG/2ML	Medical	MO; J0278
Aminophylline Intravenous Solution 25 MG/ML	Medical	MO; J0280
Amphotericin B Injection Solution Reconstituted 50 MG	Medical	MO; J0285
Ampicillin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 125 MG, 2 GM, 250 MG, 500 MG	Medical	MO; J0290
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM	Medical	MO; J0295
<b>Arranon Intravenous Solution 5 MG/ML</b>	Medical	MO; J9261
<b>Arzerra Intravenous Concentrate 100 MG/5ML, 1000 MG/50ML</b>	Medical	PA; MO; J9303
Atropine Sulfate Injection Solution 0.4 MG/ML	Medical	MO; J0461
<b>Avastin Intravenous Solution 100 MG/4ML, 400 MG/16ML</b>	Medical	PA; MO; Prior Authorization not required for Ophthalmology.; J9035

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AzaCITIDine Injection Suspension Reconstituted 100 MG	Medical	MO; J9025
Azithromycin Intravenous Solution Reconstituted 500 MG	Medical	MO; J0456
Bal in Oil Intramuscular Solution 100 MG/ML	Medical	MO; J0470
<b>Bavencio Intravenous Solution 200 MG/10ML</b>	Medical	PA; MO
Benztropine Mesylate Injection Solution 1 MG/ML	Medical	MO; J0515
Betamethasone Sod Phos & Acet Injection Suspension 6 (3-3) MG/ML	Medical	MO; J0702
<b>Bicillin C-R 900/300 Intramuscular Suspension 900000-300000 UNIT/2ML</b>	Medical	MO; J0558
<b>Bicillin C-R Intramuscular Suspension 1200000 UNIT/2ML</b>	Medical	MO; J0558
<b>Bicillin L-A Intramuscular Suspension 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML</b>	Medical	MO; J0561
<b>BiCNU Intravenous Solution Reconstituted 100 MG</b>	Medical	MO; J9050
Bivalirudin Intravenous Solution Reconstituted 250 MG	Medical	MO; J0583
Bleomycin Sulfate Injection Solution Reconstituted 15 UNIT, 30 UNIT	Medical	PA; MO; J9040
<b>Blincyto Intravenous Solution Reconstituted 35 MCG</b>	Medical	PA; MO; J9039
<b>Botox Injection Solution Reconstituted 100 UNIT, 200 UNIT</b>	Medical	PA; RO; J0585
Buprenorphine HCl Injection Solution 0.3 MG/ML	Medical	MO; J0592
Busulfan Intravenous Solution 6 MG/ML	Medical	PA; MO; J0594
Butorphanol Tartrate Injection Solution 1 MG/ML, 2 MG/ML	Medical	MO; J0595
Calcitriol Intravenous Solution 1 MCG/ML	Medical	MO; J0636
Calcium Disodium Versenate Injection Solution 1 GM/5ML	Medical	MO; J0600
Calcium Gluconate Intravenous Solution 10 %	Medical	MO; J0610
<b>Carbocaine Injection Solution 1 %, 2 %</b>	Medical	MO; J0670

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
CARBOplatin Intravenous Solution 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	Medical	MO; J9045
<b>Cathflo Activase Injection Solution Reconstituted 2 MG</b>	Medical	MO; J2997
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	Medical	MO; J0690
Cefepime HCl Injection Solution Reconstituted 1 GM, 2 GM	Medical	MO; J0692
Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 10 GM, 2 GM, 500 MG	Medical	MO; J0698
CefOXitin Sodium Injection Solution Reconstituted 10 GM	Medical	MO; J0694
CefOXitin Sodium Intravenous Solution Reconstituted 1 GM, 2 GM	Medical	MO; J0694
CefTAZidime Injection Solution Reconstituted 1 GM, 2 GM, 6 GM	Medical	MO; J0713
CefTRIAxone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	Medical	MO; J0696
Cefuroxime Sodium Injection Solution Reconstituted 1.5 GM, 7.5 GM, 750 MG	Medical	MO; J0697
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	Medical	MO; J0697
<b>Ceprotrin Intravenous Solution Reconstituted 1000 UNIT, 500 UNIT</b>	Medical	MO; J2724
<b>Cerezyme Intravenous Solution Reconstituted 400 UNIT</b>	Medical	PA; J1786
Chloramphenicol Sod Succinate Intravenous Solution Reconstituted 1 GM	Medical	MO; J0720
Chlorothiazide Sodium Intravenous Solution Reconstituted 500 MG	Medical	MO; J1205
ChlorproMAZINE HCl Injection Solution 25 MG/ML, 50 MG/2ML	Medical	MO; J3230
Cidofovir Intravenous Solution 75 MG/ML	Medical	MO; J0740
Ciprofloxacin Intravenous Solution 200 MG/20ML, 400 MG/40ML	Medical	MO; J0744
CISplatin Intravenous Solution 100 MG/100ML, 200 MG/200ML, 50 MG/50ML	Medical	MO; J9060
Cladribine Intravenous Solution 10 MG/10ML	Medical	MO; J9065
Clofarabine Intravenous Solution 1 MG/ML	Medical	MO; J9027

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
CloNIDine HCl (Analgesia) Epidural Solution 100 MCG/ML, 500 MCG/ML	Medical	MO; J0735
Colistimethate Sodium Injection Solution Reconstituted 150 MG	Medical	MO; J0770
Cosyntropin Injection Solution Reconstituted 0.25 MG	Medical	MO; J0833
Cyclophosphamide Injection Solution Reconstituted 1 GM, 2 GM, 500 MG	Medical	MO; J9070
CycloSPORINE Intravenous Solution 50 MG/ML	Medical	MO; J7516
<b>Cyramza Intravenous Solution 100 MG/10ML, 500 MG/50ML</b>	Medical	PA; J9308
Cytarabine (PF) Injection Solution 100 MG/ML, 20 MG/ML	Medical	MO; J9100
<b>Cytogam Intravenous Injectable 50 MG/ML</b>	Medical	MO; J0850
Dacarbazine Intravenous Solution Reconstituted 100 MG, 200 MG	Medical	MO; J9130
DACTINomycin Intravenous Solution Reconstituted 0.5 MG	Medical	MO; J9120
DAPTOmycin Intravenous Solution Reconstituted 500 MG	Medical	PA; MO; J0878
<b>Darzalex Intravenous Solution 100 MG/5ML, 400 MG/20ML</b>	Medical	PA; MO; J9145
DAUNOrubicin HCl Intravenous Injectable 5 MG/ML	Medical	MO; J9150
Decitabine Intravenous Solution Reconstituted 50 MG	Medical	MO; J0894
Deferoxamine Mesylate Injection Solution Reconstituted 500 MG	Medical	MO; J0895
<b>DepoCyt Intrathecal Suspension 50 MG/5ML</b>	Medical	MO; J9098
<b>Depo-Estradiol Intramuscular Oil 5 MG/ML</b>	Medical	MO; J1000
<b>Depo-Medrol Injection Suspension 20 MG/ML</b>	Medical	MO; J1020
Desmopressin Acetate Injection Solution 4 MCG/ML	Medical	MO; J2597
Dexamethasone Sodium Phosphate Injection Solution 10 MG/ML, 4 MG/ML	Medical	MO; J1100
Dextrose Intravenous Solution 5 %	Medical	MO; J7060
Dextrose-NaCl Intravenous Solution 5-0.9 %	Medical	MO; J7042
DiazePAM Injection Solution 5 MG/ML	Medical	MO; J3360

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Dicyclomine HCl Intramuscular Solution 10 MG/ML	Medical	MO; J0500
Digoxin Injection Solution 0.25 MG/ML	Medical	MO; J1160
DimenhyDRINATE Injection Solution 50 MG/ML	Medical	MO; J1240
DiphenhydrAMINE HCl Injection Solution 50 MG/ML	Medical	MO; J1200
<b>Diprivan Intravenous Emulsion 100 MG/10ML</b>	Medical	MO; J2704
Dipyridamole Intravenous Solution 5 MG/ML	Medical	MO; J1245
DOBUTamine HCl Intravenous Solution 250 MG/20ML	Medical	MO; J1250
DOCEtaxel Intravenous Concentrate 20 MG/ML, 80 MG/4ML	Medical	MO; J9171
DOPamine HCl Intravenous Solution 160 MG/ML, 40 MG/ML, 80 MG/ML	Medical	MO; J1265
<b>Doribax Intravenous Solution Reconstituted 250 MG, 500 MG</b>	Medical	MO; J1267
Doxercalciferol Intravenous Solution 4 MCG/2ML	Medical	MO; J1270
DOXOrubicin HCl Intravenous Solution 2 MG/ML	Medical	MO; J9000
DOXOrubicin HCl Liposomal Intravenous Injectable 2 MG/ML	Medical	MO; Q2050
<b>Eligard Subcutaneous Kit 22.5 MG, 7.5 MG</b>	Medical	RO; J9217
<b>Emend Intravenous Solution Reconstituted 150 MG</b>	Medical	MO; J1453
<b>Empliciti Intravenous Solution Reconstituted 300 MG, 400 MG</b>	Medical	PA; MO; J9176
<b>Entyvio Intravenous Solution Reconstituted 300 MG</b>	Medical	PA; RO; J3380
EPINEPHrine HCl Injection Solution 1 MG/ML	Medical	MO; J0171
Epirubicin HCl Intravenous Solution 200 MG/100ML, 50 MG/25ML	Medical	MO; J9178
<b>Erbitux Intravenous Solution 100 MG/50ML, 200 MG/100ML</b>	Medical	PA; MO; J9055
<b>Erythrocin Lactobionate Intravenous Solution Reconstituted 500 MG</b>	Medical	MO; J1364
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	Medical	MO; J1380

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Ethamolin Intravenous Solution 5 %</b>	Medical	MO; J1410
Etoposide Intravenous Solution 1 GM/50ML, 100 MG/5ML	Medical	MO; J9181
<b>Faslodex Intramuscular Solution 250 MG/5ML</b>	Medical	MO; J9395
FentaNYL Citrate (PF) Injection Solution 100 MCG/2ML, 250 MCG/5ML	Medical	MO; J3010
<b>Firmagon Subcutaneous Solution Reconstituted 120 MG, 80 MG</b>	Medical	MO; J9155
Floxuridine Injection Solution Reconstituted 0.5 GM	Medical	MO; J9200
Fluconazole in Dextrose Intravenous Solution 200 MG/100ML, 400 MG/200ML	Medical	MO; J1450
Fluconazole in Sodium Chloride Intravenous Solution 100-0.9 MG/50ML-%, 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%	Medical	MO; J1450
Fludarabine Phosphate Intravenous Solution Reconstituted 50 MG	Medical	MO; J9185
Fluorouracil Intravenous Solution 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML	Medical	MO; J9190
FluPHENAZine Decanoate Injection Solution 25 MG/ML	Medical	MO; J2680
Furosemide Injection Solution 10 MG/ML	Medical	MO; J1940
<b>Gablofen Intrathecal Solution 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</b>	Medical	MO; J0475
<b>Gammagard Injection Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML</b>	Medical	PA; MO; J1569
<b>Gamunex-C Injection Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</b>	Medical	PA; MO; J1561
Ganciclovir Sodium Intravenous Solution Reconstituted 500 MG	Medical	MO; J1570
<b>Gazyva Intravenous Solution 1000 MG/40ML</b>	Medical	MO; J9301
Gemcitabine HCl Intravenous Solution Reconstituted 1 GM, 200 MG	Medical	MO; J9201
Gentamicin Sulfate Injection Solution 10 MG/ML, 40 MG/ML	Medical	MO; J1580

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Geodon Intramuscular Solution Reconstituted 20 MG</b>	Medical	PA; RO; J3486
Granisetron HCl Intravenous Solution 0.1 MG/ML, 1 MG/ML	Medical	MO; J1626
<b>Granix Subcutaneous Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Medical	MO; J1447
<b>Halaven Intravenous Solution 1 MG/2ML</b>	Medical	PA; MO; J9179
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML	Medical	MO; J1631
Haloperidol Lactate Injection Solution 5 MG/ML	Medical	MO; J1630
<b>HepaGam B Injection Solution</b>	Medical	MO; J1571
Heparin Lock Flush Intravenous Solution 10 UNIT/ML	Medical	MO; J1642
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	Medical	MO; J1644
<b>Herceptin Intravenous Solution Reconstituted 440 MG</b>	Medical	MO; J9355
HydrALAZINE HCl Injection Solution 20 MG/ML	Medical	MO; J0360
HYDROmorphine HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML	Medical	MO; J1170
HYDROmorphine HCl PF Injection Solution 10 MG/ML	Medical	MO; J1170
HydrOXYzine HCl Intramuscular Solution 25 MG/ML, 50 MG/ML	Medical	MO; J3410
<b>HyperRHO S/D Intramuscular Solution Prefilled Syringe 1500 UNIT</b>	Medical	MO; J2790
<b>HyperRHO S/D Intramuscular Solution Prefilled Syringe 250 UNIT</b>	Medical	MO; J2788
IDArubicin HCl Intravenous Solution 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	Medical	MO; J9211
Ifosfamide Intravenous Solution Reconstituted 1 GM, 3 GM	Medical	MO; J9208
<b>Iluvien Intraocular Implant 0.19 MG</b>	Medical	MO; J7313
<b>Imfinzi Intravenous Solution 120 MG/2.4ML, 500 MG/10ML</b>	Medical	PA; MO
Imipenem-Cilastatin Intravenous Solution Reconstituted 250 MG, 500 MG	Medical	MO; J0743

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Imlygic Intralesional Suspension 1000000 UNIT/ML, 100000000 UNIT/ML</b>	Medical	PA; MO; J9325
<b>Infed Injection Solution 50 MG/ML</b>	Medical	MO; J1750
<b>Intron A Injection Solution 10000000 UNIT/ML, 6000000 UNIT/ML</b>	Medical	MO; J9214
<b>Intron A Injection Solution Reconstituted 10000000 UNIT, 18000000 UNIT, 50000000 UNIT</b>	Medical	MO; J9214
<b>INVanz Injection Solution Reconstituted 1 GM</b>	Medical	MO; J1335
<b>INVanz Intravenous Solution Reconstituted 1 GM</b>	Medical	MO; J1335
<b>Invega Sustenna Intramuscular Suspension 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML</b>	Medical	RO; J2426
<b>Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML</b>	Medical	MO; J9206
<b>Ixempra Kit Intravenous Solution Reconstituted 15 MG, 45 MG</b>	Medical	PA; MO; J9207
<b>Jevtana Intravenous Solution 60 MG/1.5ML</b>	Medical	PA; MO; J9043
<b>Kadcyla Intravenous Solution Reconstituted 100 MG, 160 MG</b>	Medical	PA; MO; J9354
<b>Kenalog Injection Suspension 10 MG/ML</b>	Medical	MO; J3301
<b>Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML</b>	Medical	MO; J1885
<b>Keytruda Intravenous Solution 100 MG/4ML</b>	Medical	PA; J9271
<b>Keytruda Intravenous Solution Reconstituted 50 MG</b>	Medical	PA; J9271
<b>Kinevac Injection Solution Reconstituted 5 MCG</b>	Medical	MO; J2805
<b>Kyleena Intrauterine Intrauterine Device 19.5 MG</b>	Medical	CVS Caremark; PREV
<b>Kyprolis Intravenous Solution Reconstituted 30 MG, 60 MG</b>	Medical	PA; MO; J9047
<b>Lactated Ringers Intravenous Solution</b>	Medical	MO; J7120
<b>Lartruvo Intravenous Solution 190 MG/19ML, 500 MG/50ML</b>	Medical	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

Drug Name	Drug Tier	Requirements/Limits
Leucovorin Calcium Injection Solution Reconstituted 100 MG, 200 MG, 350 MG, 50 MG, 500 MG	Medical	MO; Fusilev (levoleucovorin) is NOT covered.; J0640
Leuprolide Acetate Injection Kit 1 MG/0.2ML	Medical	MO; J9218
LevETIRAcetam in NaCl Intravenous Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	Medical	MO; J1953
LevoFLOXacin Intravenous Solution 25 MG/ML	Medical	MO; J1956
<b>Levsin Injection Solution 0.5 MG/ML</b>	Medical	MO; J1980
<b>Levulan Kerastick External Solution Reconstituted 20 %</b>	Medical	PA; MO; J7308
<b>Lexiscan Intravenous Solution 0.4 MG/5ML</b>	Medical	MO; J2785
Lincomycin HCl Injection Solution 300 MG/ML	Medical	MO; J2010
Linezolid Intravenous Solution 600 MG/300ML	Medical	MO; J2020
LORazepam Injection Solution 2 MG/ML, 4 MG/ML	Medical	MO; J2060
<b>Lupron Depot (1-Month) Intramuscular Kit 3.75 MG</b>	Medical	RO; J1950
<b>Lupron Depot (1-Month) Intramuscular Kit 7.5 MG</b>	Medical	RO; J9217
<b>Lupron Depot (3-Month) Intramuscular Kit 11.25 MG</b>	Medical	RO; J1950
<b>Lupron Depot (3-Month) Intramuscular Kit 22.5 MG</b>	Medical	RO; J9217
<b>Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG</b>	Medical	RO; J1950
<b>Lupron Depot-Ped (1-Month) Intramuscular Kit 15 MG, 7.5 MG</b>	Medical	RO; J9217
<b>Lupron Depot-Ped (3-Month) Intramuscular Kit 11.25 MG (Ped), 30 MG (Ped)</b>	Medical	RO; J1950
<b>Macugen Intraocular Solution 0.3 MG</b>	Medical	PA; MO; J2503
Magnesium Sulfate Injection Solution 50 %	Medical	MO; J3475
Mannitol Intravenous Solution 20 %, 25 %	Medical	MO; J2150
MedroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML	Medical	RO; J1050; PREV

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.



Drug Name	Drug Tier	Requirements/Limits
Melphalan HCl Intravenous Solution Reconstituted 50 MG	Medical	MO; J9245
Meperidine HCl Injection Solution 100 MG/ML, 25 MG/ML, 50 MG/ML	Medical	MO; J2175
Meropenem Intravenous Solution Reconstituted 1 GM, 500 MG	Medical	MO; J2185
Mesna Intravenous Solution 100 MG/ML	Medical	MO; J9209
Methadone HCl Injection Solution 10 MG/ML	Medical	MO; J1230
Methocarbamol Injection Solution 1000 MG/10ML	Medical	MO; J2800
Methylergonovine Maleate Injection Solution 0.2 MG/ML	Medical	MO; J2210
MethylPREDNISolone Acetate Injection Suspension 40 MG/ML	Medical	MO; J1030
MethylPREDNISolone Acetate Injection Suspension 80 MG/ML	Medical	MO; J1040
MethylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG	Medical	MO; J2930
MethylPREDNISolone Sodium Succ Injection Solution Reconstituted 40 MG	Medical	MO; J2920
Metoclopramide HCl Injection Solution 5 MG/ML	Medical	MO; J2765
<b>Miacalcin Injection Solution 200 UNIT/ML</b>	Medical	MO; J0630
Midazolam HCl Injection Solution 10 MG/2ML, 2 MG/2ML	Medical	MO; J2250
<b>Mircera Injection Solution Prefilled Syringe 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML</b>	Medical	MO; J0888,J0888
<b>Mirena (52 MG) Intrauterine Intrauterine Device 20 MCG/24HR</b>	Medical	CVS Caremark; J7298; PREV
MitoMYcin Intravenous Solution Reconstituted 20 MG, 40 MG, 5 MG	Medical	MO; J9280
Mitoxantrone HCl Intravenous Concentrate 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	Medical	MO; J9293
Morphine Sulfate (PF) Injection Solution 1 MG/ML	Medical	MO; J2274
Morphine Sulfate Intravenous Solution 50 MG/ML	Medical	MO; J2270
Moxifloxacin HCl Intravenous Solution 400 MG/250ML	Medical	MO; J2280

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Mozobil Subcutaneous Solution 24 MG/1.2ML</b>	Medical	PA; MO; J2562
<b>Mustargen Injection Solution Reconstituted 10 MG</b>	Medical	MO; J9230
<b>Mycamine Intravenous Solution Reconstituted 100 MG, 50 MG</b>	Medical	MO; J2248
Nalbuphine HCl Injection Solution 10 MG/ML, 20 MG/ML	Medical	MO; J2300
<b>Nesacaine Injection Solution 1 %, 2 %</b>	Medical	MO; J2400
<b>Neulasta Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML</b>	Medical	RO; J2505
<b>Nexplanon Subcutaneous Implant 68 MG</b>	Medical	CVS Caremark; J7307; PREV
<b>Ocrevus Intravenous Solution 300 MG/10ML</b>	Medical	PA; MO
Ondansetron HCl Injection Solution 4 MG/2ML	Medical	MO; J2405
<b>Opdivo Intravenous Solution 100 MG/10ML, 40 MG/4ML</b>	Medical	PA; J9299
Orphenadrine Citrate Injection Solution 30 MG/ML	Medical	MO; J2360
Oxacillin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 2 GM	Medical	MO; J2700
Oxaliplatin Intravenous Solution 100 MG/20ML, 50 MG/10ML	Medical	MO; J9263
<b>Ozurdex Intraocular Implant 0.7 MG</b>	Medical	MO; J7312
PACLitaxel Intravenous Concentrate 150 MG/25ML, 30 MG/5ML, 300 MG/50ML	Medical	MO; J9267
Pamidronate Disodium Intravenous Solution Reconstituted 30 MG, 90 MG	Medical	MO; J2430
<b>Paragard Intrauterine Copper Intrauterine Intrauterine Device</b>	Medical	RO; MD to order from Biologics; J7300; PREV
Paricalcitol Intravenous Solution 2 MCG/ML, 5 MCG/ML	Medical	MO; J2501
Penicillin G Potassium Injection Solution Reconstituted 2000000 UNIT, 5000000 UNIT	Medical	MO; J2515
Penicillin G Procaine Intramuscular Suspension 600000 UNIT/ML	Medical	MO; J2510
PENTobarbital Sodium Injection Solution 50 MG/ML	Medical	MO; J2515

You can find information on what the symbols and abbreviations on this table mean by going to the list of abbreviations on page vi.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Perjeta Intravenous Solution 420 MG/14ML</b>	Medical	PA; MO; J9306
PHENobarbital Sodium Injection Solution 130 MG/ML, 65 MG/ML	Medical	MO; J2560
Phenytoin Sodium Injection Solution 50 MG/ML	Medical	MO; J1165
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM	Medical	MO; J2543
Potassium Chloride Intravenous Solution 2 MEQ/ML	Medical	MO; J3480
Procainamide HCl Injection Solution 100 MG/ML, 500 MG/ML	Medical	MO; J2690
Prochlorperazine Edisylate Injection Solution 5 MG/ML	Medical	MO; J0780
Progesterone Intramuscular Oil 50 MG/ML	Medical	MO; J2675
<b>Prolastin-C Intravenous Solution Reconstituted 1000 MG</b>	Medical	PA; J0256
<b>Prolia Subcutaneous Solution 60 MG/ML</b>	Medical	PA
Promethazine HCl Injection Solution 25 MG/ML	Medical	MO; J2550
Propranolol HCl Intravenous Solution 1 MG/ML	Medical	MO; J1800
Protamine Sulfate Intravenous Solution 10 MG/ML	Medical	MO; J2720
Pyridoxine HCl Injection Solution 100 MG/ML	Medical	MO; J3415
<b>Radicava Intravenous Solution 30 MG/100ML</b>	Medical	PA; MO; J3490
RaNItidine HCl Injection Solution 50 MG/2ML	Medical	MO; J2780
<b>Remicade Intravenous Solution Reconstituted 100 MG</b>	Medical	PA; RO; J1745
<b>Retrovir Intravenous Solution 10 MG/ML</b>	Medical	MO; J3485
<b>Rhophylac Injection Solution Prefilled Syringe 1500 UNIT/2ML</b>	Medical	MO; J2791
<b>Rimso-50 Intravesical Solution 50 %</b>	Medical	MO; J1212
<b>RisperDAL Consta Intramuscular Suspension Reconstituted 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>	Medical	RO; J2794

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Rituxan Intravenous Solution 100 MG/10ML, 500 MG/50ML</b>	Medical	PA; J9310
Ropivacaine HCl Injection Solution 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML	Medical	MO; J2795
<b>SandoSTATIN LAR Depot Intramuscular Kit 10 MG, 20 MG, 30 MG</b>	Medical	PA; J2353
<b>Simponi Aria Intravenous Solution 50 MG/4ML</b>	Medical	PA; MO; J1602
<b>Simulect Intravenous Solution Reconstituted 10 MG, 20 MG</b>	Medical	MO; J0480
<b>Skyla Intrauterine Intrauterine Device 13.5 MG</b>	Medical	CVS Caremark; J7301; PREV
Sodium Chloride Intravenous Solution 0.9 %	Medical	MO; J7050
<b>Solu-CORTEF Injection Solution Reconstituted 100 MG, 1000 MG, 250 MG, 500 MG</b>	Medical	MO; J1720
<b>Somatuline Depot Subcutaneous Solution 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML</b>	Medical	PA; RO; J1930
<b>Stelara Subcutaneous Solution 45 MG/0.5ML</b>	Medical	PA; RO; J3357
<b>Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML</b>	Medical	PA; RO; J3357
Streptomycin Sulfate Intramuscular Solution Reconstituted 1 GM	Medical	MO; J3000
<b>Sylvant Intravenous Solution Reconstituted 100 MG, 400 MG</b>	Medical	PA; MO; J2860
<b>Synagis Intramuscular Solution 100 MG/ML, 50 MG/0.5ML</b>	Medical	PA
<b>Synercid Intravenous Solution Reconstituted 150-350 MG</b>	Medical	MO; J2770
<b>Tecentriq Intravenous Solution 1200 MG/20ML</b>	Medical	PA; MO; C9483
<b>Teflaro Intravenous Solution Reconstituted 400 MG, 600 MG</b>	Medical	MO; J0712
<b>Temodar Intravenous Solution Reconstituted 100 MG</b>	Medical	MO; J9328
Terbutaline Sulfate Injection Solution 1 MG/ML	Medical	MO; J3105
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	Medical	MO; J2810
<b>TheraCys Intravesical Suspension Reconstituted 81 MG/VIAL</b>	Medical	MO; J9031

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Thiamine HCl Injection Solution 100 MG/ML	Medical	MO; J3411
<b>Thyrogen Intramuscular Solution Reconstituted 1.1 MG</b>	Medical	PA; MO; CVS Caremark; J3240
<b>Tigan Intramuscular Solution 100 MG/ML</b>	Medical	MO; J3250
Tigecycline Intravenous Solution Reconstituted 50 MG	Medical	MO; J3243
<b>TNKase Intravenous Kit 50 MG</b>	Medical	MO; J3101
Tobramycin Sulfate Injection Solution 10 MG/ML, 80 MG/2ML	Medical	MO; J3260
Tobramycin Sulfate Injection Solution Reconstituted 1.2 GM	Medical	MO; J3260
Topotecan HCl Intravenous Solution Reconstituted 4 MG	Medical	MO; J9351
<b>Treanda Intravenous Solution Reconstituted 100 MG, 25 MG</b>	Medical	J9033
<b>Trelstar Mixject Intramuscular Suspension Reconstituted 11.25 MG, 22.5 MG, 3.75 MG</b>	Medical	MO; J3315
Triamcinolone Acetonide Injection Suspension 40 MG/ML	Medical	MO; J3301
<b>Triesence Intraocular Suspension 40 MG/ML</b>	Medical	MO; J3300
<b>Trisenox Intravenous Solution 10 MG/10ML</b>	Medical	MO; J9017
<b>Tysabri Intravenous Concentrate 300 MG/15ML</b>	Medical	PA; MO; J2323
Vancomycin HCl Intravenous Solution Reconstituted 10 GM, 5000 MG, 750 MG	Medical	MO; J3370
<b>Vectibix Intravenous Solution 100 MG/5ML, 200 MG/10ML, 400 MG/20ML</b>	Medical	PA; MO; J9303
<b>Velcade Injection Solution Reconstituted 3.5 MG</b>	Medical	PA; MO; J9041
<b>Venofer Intravenous Solution 20 MG/ML</b>	Medical	MO; J1756
VinBLAStine Sulfate Intravenous Solution 1 MG/ML	Medical	MO; J9360
VinCRISStine Sulfate Intravenous Solution 1 MG/ML	Medical	MO; J9370
Vinorelbine Tartrate Intravenous Solution 10 MG/ML	Medical	MO; J9390
<b>Visudyne Intravenous Solution Reconstituted 15 MG</b>	Medical	PA; MO; J3396

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Vitamin K1 Injection Solution 1 MG/0.5ML	Medical	MO; J3430
<b>WinRho SDF Injection Solution 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML</b>	Medical	MO; J2792
<b>Xeomin Intramuscular Solution Reconstituted 100 UNIT, 200 UNIT, 50 UNIT</b>	Medical	PA; MO; J0588
<b>Xolair Subcutaneous Solution Reconstituted 150 MG</b>	Medical	PA; RO; J2357
<b>Yervoy Intravenous Solution 200 MG/40ML, 50 MG/10ML</b>	Medical	PA; J9228
<b>Zaltrap Intravenous Solution 100 MG/4ML, 200 MG/8ML</b>	Medical	PA; MO; J9400
<b>Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Medical	MO; Q5101
<b>Zoladex Subcutaneous Implant 10.8 MG, 3.6 MG</b>	Medical	MO; J9202
Zoledronic Acid Intravenous Solution 5 MG/100ML	Medical	RO; J3489
<b>ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG, 300 MG, 405 MG</b>	Medical	RO; J2358

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## 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:

- Florida Health Care Plans : 1-877-615-4022

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:

Florida Health Care Plans  
Civil Rights Coordinator  
1340 Ridgewood Avenue,  
Holly Hill, FL 32117.  
Phone: 1-844-219-6137,  
TTY: 1-800-955-8770  
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, the Civil Rights Coordinator 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>.

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 custas. 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 연결하려면 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)

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