



Florida
Health Care
Plans



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QHP 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



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. **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.**

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. 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. 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. 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 www.fhcp.com/exchange_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

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
- QL:** Quantity Limit
- RO:** Available via Retail Only
- ST:** Step Therapy

**Florida Health Care Plans
2018 Exchange Formulary**

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Drug Name	Drug Tier	Requirements/Limits
ADHD/Anti-Narcolepsy/Anti-Obesity/Aorexants		
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
Dexmethylphenidate HCl Oral Tablet 10 MG, 2.5 MG, 5 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)
Methamphetamine HCl Oral Tablet 5 MG	2	MO
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.

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
Vyvanse Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	MO; QL (31 EA per 31 days)
Vyvanse Oral Tablet Chewable 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (31 EA per 31 days)
Aminoglycosides		
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
Analgesics - Anti-Inflammatory		
Actemra Subcutaneous Solution Prefilled Syringe 162 MG/0.9ML	6	PA; MO
Arcalyst Subcutaneous Solution Reconstituted 220 MG	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
Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML	5	PA; RO
Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML, 50 MG/ML	5	PA; RO
Enbrel Subcutaneous Solution Reconstituted 25 MG	5	PA; RO
Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML	5	PA; RO
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
Flurbiprofen Oral Tablet 100 MG, 50 MG	2	MO
Humira Pen Subcutaneous Pen-Injector Kit 40 MG/0.8ML	6	PA; RO
Humira Pen-CD/UC/HS Starter Subcutaneous Pen-Injector Kit 40 MG/0.8ML	6	PA; RO
Humira Pen-Ps/UV/Adol HS Start Subcutaneous Pen-Injector Kit 40 MG/0.8ML	6	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
Humira Subcutaneous Prefilled Syringe Kit 20 MG/0.2ML, 40 MG/0.8ML	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
Ketoprofen Oral Capsule 50 MG, 75 MG	2	MO
Ketorolac Tromethamine Oral Tablet 10 MG	2	MO; QL (20 EA per 31 days)
Kineret Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML	5	PA; RO
Leflunomide Oral Tablet 10 MG, 20 MG	2	MO
Meclofenamate Sodium Oral Capsule 100 MG, 50 MG	2	MO
Mefenamic Acid Oral Capsule 250 MG	2	MO; QL (30 EA per 30 days)
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
Simponi Subcutaneous Solution Auto-Injector 100 MG/ML, 50 MG/0.5ML	5	PA; RO
Simponi Subcutaneous Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML	5	PA; RO
Sulindac Oral Tablet 150 MG, 200 MG	2	MO
Tolmetin Sodium Oral Capsule 400 MG	2	MO
Tolmetin Sodium Oral Tablet 600 MG	2	MO
Xeljanz Oral Tablet 10 MG, 5 MG	5	PA; RO
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG	5	PA; RO
Analgesics - Nonnarcotic		
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

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
Butalbital-APAP-Caffeine Oral Tablet 50-500-40 MG	2	MO
Butalbital-Aspirin-Caffeine Oral Capsule 50-325-40 MG	2	RO; NE
Diflunisal Oral Tablet 500 MG	2	MO
Salsalate Oral Tablet 500 MG, 750 MG	2	MO
Analgesics - Opioid		
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
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
Embeda Oral Capsule Extended Release 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	4	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
Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG	2	MO
HYDROMorphone HCl Oral Liquid 1 MG/ML	2	RO; NE
HYDROMorphone HCl Oral Tablet 2 MG, 4 MG, 8 MG	2	MO
Levorphanol Tartrate Oral Tablet 2 MG	2	PA; MO
Meperidine HCl Oral Tablet 100 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
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
Nucynta ER Oral Tablet Extended Release 12 Hour 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA; 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
Oxycodone-Ibuprofen Oral Tablet 5-400 MG	2	MO
OxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG	2	PA; MO
Suboxone Sublingual Film 12-3 MG, 2-0.5 MG, 4-1 MG	4	PA; MO
TraMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 300 MG	2	PA; MO
TraMADol HCl Oral Tablet 50 MG	2	MO
Xartemis XR Oral Tablet Extended Release 7.5-325 MG	4	PA; MO
Androgens-Anabolic		
Anadrol-50 Oral Tablet 50 MG	5	PA; MO
Androxy Oral Tablet 10 MG	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
Testosterone Enanthate Intramuscular Solution 200 MG/ML	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
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)
Anorectal Agents		
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
Proctozone-HC Rectal Cream 2.5 %	2	RO; QL (30 GM per 30 days); NE
Rectiv Rectal Ointment 0.4 %	4	PA; RO; QL (30 GM per 30 days)
Anthelmintics		
Albenza Oral Tablet 200 MG	4	MO; QL (6 EA Max Qty Per Fill Retail)
Biltricide Oral Tablet 600 MG	4	MO; QL (6 EA per 30 days)
Ivermectin Oral Tablet 3 MG	2	RO; NE
Antianginal Agents		
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
Nitro-Bid Transdermal Ointment 2 %	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
Nitroglycerin Transdermal Patch 24 Hour 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	MO
Nitrostat Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG	3	MO
Ranexa Oral Tablet Extended Release 12 Hour 1000 MG, 500 MG	3	PA; MO
Antianxiety Agents		
ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 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
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
Multaq Oral Tablet 400 MG	4	PA; MO
Norpace CR Oral Capsule Extended Release 12 Hour 100 MG, 150 MG	4	MO
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

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
Antiasthmatic And Bronchodilator Agents		
Advair Diskus Inhalation Aerosol Powder Breath Activated 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	MO
Advair HFA Inhalation Aerosol 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	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
Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/INH	3	MO; QL (60 EA per 30 days)
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (30 EA per 30 days)
Asmanex 120 Metered Doses Inhalation Aerosol Powder Breath Activated 220 MCG/INH	3	MO; QL (1 EA per 30 days)
Asmanex 30 Metered Doses Inhalation Aerosol Powder Breath Activated 110 MCG/INH, 220 MCG/INH	3	MO; QL (1 EA per 30 days)
Asmanex 60 Metered Doses Inhalation Aerosol Powder Breath Activated 220 MCG/INH	3	MO; QL (1 EA per 30 days)
Asmanex HFA Inhalation Aerosol 100 MCG/ACT, 200 MCG/ACT	3	MO; QL (13 GM per 30 days)
Atrovent HFA Inhalation Aerosol Solution 17 MCG/ACT	3	MO
Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/INH, 200-25 MCG/INH	3	MO; QL (60 EA per 30 days)
Brovana Inhalation Nebulization Solution 15 MCG/2ML	4	MO; QL (60 ML per 15 days)
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)
Daliresp Oral Tablet 250 MCG, 500 MCG	3	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
Dulera Inhalation Aerosol 100-5 MCG/ACT, 200-5 MCG/ACT	3	MO; QL (13 GM per 30 days)
Flovent Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	MO; QL (60 EA per 30 days)
Flovent HFA Inhalation Aerosol 110 MCG/ACT	3	MO; QL (12 GM per 30 days)
Flovent HFA Inhalation Aerosol 220 MCG/ACT	3	MO; QL (24 GM per 30 days)
Flovent HFA Inhalation Aerosol 44 MCG/ACT	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
Incruse Ellipta Inhalation Aerosol Powder Breath Activated 62.5 MCG/INH	3	MO; QL (30 EA per 30 days)
Ipratropium Bromide Inhalation Solution 0.02 %	2	MO; QL (1 BOX Max Qty Per Fill Retail)
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML	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
Perforomist Inhalation Nebulization Solution 20 MCG/2ML	4	MO; QL (60 ML per 15 days)
Qvar Inhalation Aerosol Solution 40 MCG/ACT, 80 MCG/ACT	4	PA; MO
Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/DOSE	3	MO; QL (60 EA per 30 days)
Spiriva HandiHaler Inhalation Capsule 18 MCG	4	PA; MO
Striverdi Respimat Inhalation Aerosol Solution 2.5 MCG/ACT	3	MO; QL (4 GM per 30 days)
Symbicort Inhalation Aerosol 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	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.

Drug Name	Drug Tier	Requirements/Limits
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
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/INH	3	ST; MO
Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	3	MO
Xopenex HFA Inhalation Aerosol 45 MCG/ACT	4	MO
Zafirlukast Oral Tablet 10 MG, 20 MG	2	MO
Zileuton ER Oral Tablet Extended Release 12 Hour 600 MG	2	MO
Anticoagulants		
Eliquis Oral Tablet 2.5 MG, 5 MG	3	MO
Eliquis Starter Pack Oral Tablet 5 MG	3	MO
Enoxaparin Sodium Subcutaneous Solution 100 MG/ML, 150 MG/ML	4	RO; QL (28 ML per 14 days)
Enoxaparin Sodium Subcutaneous Solution 120 MG/0.8ML, 80 MG/0.8ML	4	RO; QL (22.4 ML per 14 days)
Enoxaparin Sodium Subcutaneous Solution 30 MG/0.3ML	4	RO; QL (8.4 ML per 14 days)
Enoxaparin Sodium Subcutaneous Solution 40 MG/0.4ML	4	RO; QL (11.2 ML per 14 days)
Enoxaparin Sodium Subcutaneous Solution 60 MG/0.6ML	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
Pradaxa Oral Capsule 110 MG, 150 MG, 75 MG	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
Xarelto Oral Tablet 10 MG, 15 MG, 20 MG	3	MO
Xarelto Oral Tablet 2.5 MG	3	MO; QL (60 EA per 30 days)
Xarelto Starter Pack Oral Tablet Therapy Pack 15 & 20 MG	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.

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
Aptiom Oral Tablet 200 MG, 400 MG, 600 MG, 800 MG	4	PA; MO
Banzel Oral Suspension 40 MG/ML	4	PA; MO
Banzel Oral Tablet 200 MG, 400 MG	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
Celontin Oral Capsule 300 MG	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)
Dilantin Oral Capsule 30 MG	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
Fycompa Oral Tablet 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	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
LamoTRlgine Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG	2	MO
LamoTRlgine Oral Tablet Chewable 25 MG, 5 MG	2	MO
LevETIRAcetam ER Oral Tablet Extended Release 24 Hour 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
LevETIRAcetam Oral Solution 100 MG/ML	2	MO
LevETIRAcetam Oral Tablet 1000 MG, 250 MG, 500 MG, 750 MG	2	MO
Lyrica Oral Capsule 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	4	ST; MO; QL (93 EA per 31 days)
Onfi Oral Suspension 2.5 MG/ML	4	PA; MO
Onfi Oral Tablet 10 MG, 20 MG	4	PA; MO
OXcarbazepine Oral Suspension 300 MG/5ML	2	MO
OXcarbazepine Oral Tablet 150 MG, 300 MG, 600 MG	2	MO
Peganone Oral Tablet 250 MG	5	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
Potiga Oral Tablet 200 MG, 300 MG, 400 MG, 50 MG	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
Vimpat Oral Solution 10 MG/ML	4	PA; MO
Vimpat Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	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

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
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
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
Emsam Transdermal Patch 24 Hour 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	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
Fetzima Oral Capsule Extended Release 24 Hour 120 MG, 20 MG, 40 MG, 80 MG	4	PA; MO
Fetzima Titration Oral Capsule ER 24 Hour Therapy Pack 20 & 40 MG	4	PA; 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
Marplan Oral Tablet 10 MG	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
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
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG, 250 MG, 50 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
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
Paxil Oral Suspension 10 MG/5ML	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
TraZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG	1	MO
Trimipramine Maleate Oral Capsule 100 MG, 25 MG, 50 MG	2	MO
Trintellix Oral Tablet 10 MG, 20 MG, 5 MG	4	PA; 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
Viibryd Oral Tablet 10 MG, 20 MG, 40 MG	4	MO
Viibryd Starter Pack Oral Kit 10 & 20 MG	4	MO
Antidiabetics		
Acarbose Oral Tablet 100 MG, 25 MG, 50 MG	2	MO
Bydureon BCise Subcutaneous Auto-Injector 2 MG/0.85ML	3	ST; RO
Bydureon Subcutaneous Pen-Injector 2 MG	3	ST; 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
Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML	3	ST; RO
Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML	3	ST; RO
ChlorproPAMIDE Oral Tablet 100 MG, 250 MG	2	MO
Farxiga Oral Tablet 10 MG, 5 MG	3	ST; MO
Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML	3	MO
Fiasp Subcutaneous Solution 100 UNIT/ML	3	MO
Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG	1	MO
GlipiZIDE Oral Tablet 10 MG, 5 MG	1	MO
Glucagon Emergency Injection Kit 1 MG	3	MO; QL (1 EA per 15 days)
GlyBURIDE Micronized Oral Tablet 1.5 MG, 3 MG, 6 MG	2	MO
GlyBURIDE Oral Tablet 1.25 MG	2	MO
GlyBURIDE Oral Tablet 2.5 MG, 5 MG	1	MO
HumuLIN R U-500 (CONCENTRATED) Subcutaneous Solution 500 UNIT/ML	3	RO
Januvia Oral Tablet 100 MG, 25 MG, 50 MG	4	PA; MO; QL (31 EA per 31 days)
Jardiance Oral Tablet 10 MG, 25 MG	3	ST; MO
Jentadueto Oral Tablet 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	ST; MO
Jentadueto XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG, 5-1000 MG	3	ST; MO
Lantus Subcutaneous Solution 100 UNIT/ML	4	RO
Levemir FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML	3	MO; Available ONLY at FHCP Pharmacies.
Levemir Subcutaneous Solution 100 UNIT/ML	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
NovoLIN 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	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.

Drug Name	Drug Tier	Requirements/Limits
NovoLIN N Subcutaneous Suspension 100 UNIT/ML	3	MO
NovoLIN R Injection Solution 100 UNIT/ML	3	MO
NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	3	MO; Available ONLY at FHCP Pharmacies.
NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	3	MO; Available ONLY at FHCP Pharmacies.
NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	3	MO
NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	3	MO
NovoLOG Subcutaneous Solution 100 UNIT/ML	3	MO
Onglyza Oral Tablet 2.5 MG, 5 MG	4	PA; MO; QL (31 EA per 31 days)
Pioglitazone HCl Oral Tablet 15 MG, 30 MG, 45 MG	2	MO
Proglycem Oral Suspension 50 MG/ML	4	MO
Repaglinide Oral Tablet 0.5 MG, 1 MG, 2 MG	2	MO
SymLinPen 120 Subcutaneous Solution Pen-Injector 2700 MCG/2.7ML	3	PA; RO
SymLinPen 60 Subcutaneous Solution Pen-Injector 1500 MCG/1.5ML	3	PA; RO
Tanzeum Subcutaneous Pen-Injector 30 MG, 50 MG	3	ST; RO
TOLAZamide Oral Tablet 250 MG, 500 MG	2	MO
TOLBUTamide Oral Tablet 500 MG	2	MO
Tradjenta Oral Tablet 5 MG	3	ST; MO
Tresiba FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML	3	MO; Available ONLY at FHCP Pharmacies.
Victoza Subcutaneous Solution Pen-Injector 18 MG/3ML	3	ST; RO
Antidiarrheals		
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
Motofen Oral Tablet 1-0.025 MG	6	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
Antidotes		
Chemet Oral Capsule 100 MG	5	PA; MO
Exjade Oral Tablet Soluble 125 MG, 250 MG, 500 MG	5	PA
Ferriprox Oral Solution 100 MG/ML	5	PA; MO
Ferriprox Oral Tablet 500 MG	5	PA; MO
Naltrexone HCl Oral Tablet 50 MG	2	MO
Narcan Nasal Liquid 4 MG/0.1ML	4	RO; MAX 2 FILLS PER 365 DAYS; QL (2 EA Max Qty Per Fill Retail)
Radiogardase Oral Capsule 0.5 GM	5	MO
Antiemetics		
Aprepitant Oral Capsule 125 MG, 40 MG, 80 & 125 MG, 80 MG	4	PA; RO
Cesamet Oral Capsule 1 MG	5	MO
Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG	2	PA; RO; QL (60 EA per 30 days); NE
Granisetron HCl Oral Tablet 1 MG	2	MO
Meclizine HCl Oral Tablet 12.5 MG, 25 MG	2	MO
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)
Trimethobenzamide HCl Oral Capsule 300 MG	2	RO; NE
Antifungals		
Cresemba Oral Capsule 186 MG	5	PA; RO
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
Noxafil Oral Suspension 40 MG/ML	6	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
Noxafil Oral Tablet Delayed Release 100 MG	6	PA; MO
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
Antihistamines		
Carbinoxamine Maleate Oral Tablet 4 MG	2	MO
Clemastine Fumarate Oral Syrup 0.67 MG/5ML	2	MO
Cyproheptadine HCl Oral Syrup 2 MG/5ML	2	RO; QL (120 ML per 3 days)
Cyproheptadine HCl Oral Tablet 4 MG	2	MO
DiphenhydrAMINE HCl Oral Capsule 50 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
Antihyperlipidemics		
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
Colestipol HCl Oral Tablet 1 GM	2	MO
Ezetimibe Oral Tablet 10 MG	2	MO
Fenofibrate Oral Tablet 145 MG, 48 MG	2	MO
Fenofibric Acid Oral Capsule Delayed Release 135 MG, 45 MG	2	MO
Fluvastatin Sodium Oral Capsule 20 MG, 40 MG	2	MO
Gemfibrozil Oral Tablet 600 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
Kynamro Subcutaneous Solution Prefilled Syringe 200 MG/ML	5	PA
Livalo Oral Tablet 1 MG, 2 MG, 4 MG	4	PA; MO
Lovastatin Oral Tablet 10 MG, 20 MG, 40 MG	7	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
Vascepa Oral Capsule 0.5 GM, 1 GM	4	MO
Antihypertensives		
Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	1	MO
Candesartan Cilexetil Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG	2	MO
Captopril Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	2	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
Eprosartan Mesylate Oral Tablet 600 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
Irbesartan Oral Tablet 150 MG, 300 MG, 75 MG	2	MO
Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 40 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
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
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
Moexipril HCl Oral Tablet 15 MG, 7.5 MG	2	MO
Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG	1	MO; Available ONLY at FHCP Pharmacies.
Perindopril Erbumine Oral Tablet 2 MG, 4 MG, 8 MG	2	MO
Phenoxybenzamine HCl Oral Capsule 10 MG	5	PA; MO
Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG	2	MO
Quinapril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	2	MO
Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG	2	MO
Reserpine Oral Tablet 0.1 MG, 0.25 MG	2	MO
Tekturna Oral Tablet 150 MG, 300 MG	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
Trandolapril Oral Tablet 1 MG, 2 MG, 4 MG	2	MO
Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG	2	MO
Anti-Infective Agents - Misc.		
Alinia Oral Tablet 500 MG	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

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
MetroNIDAZOLE Oral Tablet 250 MG, 500 MG	2	RO; NE
Nebupent Inhalation Solution Reconstituted 300 MG	4	RO
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
Antimalarials		
Atovaquone-Proguanil HCl Oral Tablet 250-100 MG, 62.5-25 MG	2	MO
Chloroquine Phosphate Oral Tablet 250 MG, 500 MG	2	MO
Coartem Oral Tablet 20-120 MG	4	MO
Daraprim Oral Tablet 25 MG	5	PA
Hydroxychloroquine Sulfate Oral Tablet 200 MG	2	MO
Mefloquine HCl Oral Tablet 250 MG	2	MO
Primaquine Phosphate Oral Tablet 26.3 MG	2	MO
QuININE Sulfate Oral Capsule 324 MG	2	PA; MO
Antimyasthenic Agents		
Guanidine HCl Oral Tablet 125 MG	2	MO
Pyridostigmine Bromide ER Oral Tablet Extended Release 180 MG	2	MO
Pyridostigmine Bromide Oral Tablet 60 MG	2	MO
Antimycobacterial Agents		
CycloSERINE Oral Capsule 250 MG	2	MO
Ethambutol HCl Oral Tablet 100 MG, 400 MG	2	MO
Isoniazid Oral Tablet 100 MG, 300 MG	2	MO
Paser Oral Packet 4 GM	4	MO
Priftin Oral Tablet 150 MG	4	MO
Pyrazinamide Oral Tablet 500 MG	2	MO
Rifabutin Oral Capsule 150 MG	2	MO
Rifamate Oral Capsule 150-300 MG	4	MO
Rifampin Oral Capsule 150 MG, 300 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
Rifater Oral Tablet 50-120-300 MG	4	MO
Sirturo Oral Tablet 100 MG	4	MO
Trecator Oral Tablet 250 MG	4	RO
Antineoplastic - BCL-2 Inhibitors		
Venclexta Oral Tablet 10 MG, 100 MG, 50 MG	5	PA; MO
Venclexta Starting Pack Oral Tablet Therapy Pack 10 & 50 & 100 MG	5	PA; MO
Antineoplastics And Adjunctive Therapies		
Actimmune Subcutaneous Solution 2000000 UNIT/0.5ML	5	PA
Afinitor Disperz Oral Tablet Soluble 2 MG, 3 MG, 5 MG	5	RO
Afinitor Oral Tablet 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	RO
Alecensa Oral Capsule 150 MG	5	PA; MO
Anastrozole Oral Tablet 1 MG	2	MO
Bicalutamide Oral Tablet 50 MG	2	MO
Bosulif Oral Tablet 100 MG, 500 MG	5	PA
Capecitabine Oral Tablet 150 MG, 500 MG	5	MO
Caprelsa Oral Tablet 100 MG, 300 MG	5	PA
Cometriq (100 mg Daily Dose) Oral Kit 1 X 80 & 1 X 20 MG	5	PA; MO
Cometriq (140 mg Daily Dose) Oral Kit 1 X 80 & 3 X 20 MG	5	PA; MO
Cometriq (60 mg Daily Dose) Oral Kit 20 MG	5	PA; MO
Cotellic Oral Tablet 20 MG	5	PA; MO
Cyclophosphamide Oral Capsule 25 MG, 50 MG	2	MO
Emcyt Oral Capsule 140 MG	5	MO
Erivedge Oral Capsule 150 MG	5	PA
Etoposide Oral Capsule 50 MG	5	RO
Exemestane Oral Tablet 25 MG	2	MO
Fareston Oral Tablet 60 MG	5	RO
Farydak Oral Capsule 10 MG, 15 MG, 20 MG	5	PA
Flutamide Oral Capsule 125 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
Gilotrif Oral Tablet 20 MG, 30 MG, 40 MG	5	PA; RO
Gleostine Oral Capsule 10 MG, 100 MG, 40 MG, 5 MG	5	RO
Hexalen Oral Capsule 50 MG	3	MO
Hydroxyurea Oral Capsule 500 MG	2	MO
Iclusig Oral Tablet 15 MG, 45 MG	5	PA
Imatinib Mesylate Oral Tablet 100 MG, 400 MG	5	RO
Imbruvica Oral Capsule 140 MG	5	PA
Imbruvica Oral Capsule 70 MG	5	PA; QL (30 EA per 30 days)
Imbruvica Oral Tablet 560 MG	5	PA; QL (30 EA per 30 days)
Inlyta Oral Tablet 1 MG, 5 MG	5	
Iressa Oral Tablet 250 MG	5	PA; RO
Jakafi Oral Tablet 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; CVS Caremark
Lenvima 10 MG Daily Dose Oral Capsule Therapy Pack 10 MG	5	PA
Lenvima 14 MG Daily Dose Oral Capsule Therapy Pack 10 & 4 MG	5	PA
Lenvima 20 MG Daily Dose Oral Capsule Therapy Pack 10 (2) MG	5	PA
Lenvima 24 MG Daily Dose Oral Capsule Therapy Pack 10 (2) & 4 MG	5	PA
Letrozole Oral Tablet 2.5 MG	2	MO
Leucovorin Calcium Oral Tablet 10 MG, 15 MG, 25 MG, 5 MG	2	MO
Leukeran Oral Tablet 2 MG	3	RO
Lonsurf Oral Tablet 15-6.14 MG, 20-8.19 MG	5	PA
Lysodren Oral Tablet 500 MG	3	MO
Matulane Oral Capsule 50 MG	3	MO
Megestrol Acetate Oral Suspension 40 MG/ML	2	RO; NE
Megestrol Acetate Oral Tablet 20 MG, 40 MG	2	MO
Mekinist Oral Tablet 0.5 MG, 2 MG	5	PA
Melphalan Oral Tablet 2 MG	5	RO
Mercaptopurine Oral Tablet 50 MG	2	MO
Mesnex Oral Tablet 400 MG	4	MO
Methotrexate Oral Tablet 2.5 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
Methotrexate Sodium Injection Solution 50 MG/2ML	2	MO
Nerlynx Oral Tablet 40 MG	5	PA; MO
NexAVAR Oral Tablet 200 MG	5	CVS Caremark
Nilandron Oral Tablet 150 MG	3	MO
Ninlaro Oral Capsule 2.3 MG, 3 MG, 4 MG	5	PA; CVS Caremark
Odomzo Oral Capsule 200 MG	5	PA
Pomalyst Oral Capsule 1 MG, 2 MG, 3 MG, 4 MG	5	PA; CVS Caremark
Rydapt Oral Capsule 25 MG	5	PA; MO
Sprycel Oral Tablet 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	6	PA; RO
Stivarga Oral Tablet 40 MG	5	PA; CVS Caremark
Sutent Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; RO; CVS Caremark
Sylatron Subcutaneous Kit 200 MCG, 300 MCG, 600 MCG	5	PA; RO
Tafinlar Oral Capsule 50 MG, 75 MG	5	PA; CVS Caremark
Tagrisso Oral Tablet 40 MG, 80 MG	5	PA; RO; CVS Caremark
Tamoxifen Citrate Oral Tablet 10 MG, 20 MG	2	MO
Tarceva Oral Tablet 100 MG, 150 MG, 25 MG	5	RO
Targretin Oral Capsule 75 MG	5	PA; RO
Tasigna Oral Capsule 150 MG, 200 MG	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
Tykerb Oral Tablet 250 MG	5	PA
Votrient Oral Tablet 200 MG	5	RO
Xalkori Oral Capsule 200 MG, 250 MG	5	PA
Xtandi Oral Capsule 40 MG	6	PA; RO; NE
Zelboraf Oral Tablet 240 MG	5	PA
Zolinza Oral Capsule 100 MG	5	PA
Zykadia Oral Capsule 150 MG	5	PA
Zytiga Oral Tablet 250 MG, 500 MG	5	PA; CVS Caremark
Antiparkinson Agents		
Amantadine HCl Oral Capsule 100 MG	2	MO
Amantadine HCl Oral Syrup 50 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
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 Oral Tablet 25 MG	5	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
Neupro Transdermal Patch 24 Hour 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	PA; MO
Pramipexole Dihydrochloride Oral Tablet 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	2	MO
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
Tolcapone Oral Tablet 100 MG	5	PA; MO
Trihexyphenidyl HCl Oral Elixir 0.4 MG/ML	2	MO
Trihexyphenidyl HCl Oral Tablet 2 MG, 5 MG	2	MO
Antipsychotics/Antimanic Agents		
Abilify Maintena Intramuscular Prefilled Syringe 400 MG	6	PA; RO
Abilify Maintena Intramuscular Suspension Reconstituted ER 300 MG, 400 MG	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

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
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
Fanapt Oral Tablet 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; MO
Fanapt Titration Pack Oral Tablet 1 & 2 & 4 & 6 MG	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
Latuda Oral Tablet 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	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.

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
QUEtiapine Fumarate Oral Tablet 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	2	MO
Rexulti Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; 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
Saphris Sublingual Tablet Sublingual 10 MG, 2.5 MG, 5 MG	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
Antiretrovirals Adjuvants		
Tybost Oral Tablet 150 MG	3	MO
Antivirals		
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
Aptivus Oral Capsule 250 MG	3	MO
Aptivus Oral Solution 100 MG/ML	3	MO
Atazanavir Sulfate Oral Capsule 150 MG, 200 MG, 300 MG	2	MO
Atripla Oral Tablet 600-200-300 MG	3	MO
Biktarvy Oral Tablet 50-200-25 MG	3	MO
Cimduo Oral Tablet 300-300 MG	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.

Drug Name	Drug Tier	Requirements/Limits
Complera Oral Tablet 200-25-300 MG	3	MO
Crixivan Oral Capsule 200 MG, 400 MG	3	MO
Descovy Oral Tablet 200-25 MG	3	MO
Didanosine Oral Capsule Delayed Release 125 MG, 200 MG, 250 MG, 400 MG	2	MO
Edurant Oral Tablet 25 MG	3	MO
Efavirenz Oral Capsule 200 MG, 50 MG	2	MO
Efavirenz Oral Tablet 600 MG	2	MO
Emtriva Oral Capsule 200 MG	3	MO
Emtriva Oral Solution 10 MG/ML	3	MO
Entecavir Oral Tablet 0.5 MG, 1 MG	2	RO; NE
Epivir HBV Oral Solution 5 MG/ML	3	MO
Evotaz Oral Tablet 300-150 MG	3	MO
Famciclovir Oral Tablet 125 MG, 250 MG, 500 MG	2	MO
Fosamprenavir Calcium Oral Tablet 700 MG	2	MO
Fuzeon Subcutaneous Solution Reconstituted 90 MG	3	RO
Genvoya Oral Tablet 150-150-200-10 MG	3	MO
Intelence Oral Tablet 100 MG, 200 MG, 25 MG	3	MO
Invirase Oral Capsule 200 MG	3	MO
Invirase Oral Tablet 500 MG	3	MO
Isentress HD Oral Tablet 600 MG	3	MO
Isentress Oral Packet 100 MG	3	MO
Isentress Oral Tablet 400 MG	3	MO
Isentress Oral Tablet Chewable 100 MG, 25 MG	3	MO
Juluca Oral Tablet 50-25 MG	3	MO
Kaletra Oral Tablet 100-25 MG, 200-50 MG	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
Lexiva Oral Suspension 50 MG/ML	3	MO
Lopinavir-Ritonavir Oral Solution 400-100 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
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
Norvir Oral Packet 100 MG	3	MO
Norvir Oral Solution 80 MG/ML	3	MO
Odefsey Oral Tablet 200-25-25 MG	3	MO
Olysio Oral Capsule 150 MG	6	RO
Oseltamivir Phosphate Oral Capsule 30 MG, 45 MG, 75 MG	2	MO
Oseltamivir Phosphate Oral Suspension Reconstituted 6 MG/ML	4	MO
Pegasys ProClick Subcutaneous Solution 135 MCG/0.5ML, 180 MCG/0.5ML	5	MO
Peg-Intron Redipen Subcutaneous Kit 50 MCG/0.5ML	5	MO
Prezcobix Oral Tablet 800-150 MG	3	MO
Prezista Oral Suspension 100 MG/ML	3	MO
Prezista Oral Tablet 150 MG, 600 MG, 75 MG, 800 MG	3	MO
Relenza Diskhaler Inhalation Aerosol Powder Breath Activated 5 MG/BLISTER	4	MO
Rescriptor Oral Tablet 100 MG, 200 MG	3	MO
Reyataz Oral Packet 50 MG	3	MO
Ribavirin Oral Capsule 200 MG	2	RO; NE
Rimantadine HCl Oral Tablet 100 MG	2	MO
Ritonavir Oral Tablet 100 MG	2	MO
Selzentry Oral Solution 20 MG/ML	3	MO
Selzentry Oral Tablet 150 MG, 300 MG	3	MO
Stavudine Oral Capsule 15 MG, 20 MG, 30 MG, 40 MG	2	MO
Stribild Oral Tablet 150-150-200-300 MG	3	MO
Symfi Lo Oral Tablet 400-300-300 MG	3	MO
Symfi Oral Tablet 600-300-300 MG	3	MO
Symtuza Oral Tablet 800-150-200-10 MG	3	MO
Tenofovir Disoproxil Fumarate Oral Tablet 300 MG	2	MO
Tivicay Oral Tablet 50 MG	3	
Triumeq Oral Tablet 600-50-300 MG	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.

Drug Name	Drug Tier	Requirements/Limits
Truvada Oral Tablet 200-300 MG	3	MO
Tyzeka Oral Tablet 600 MG	5	RO
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
Victrelis Oral Capsule 200 MG	6	RO
Videx Oral Solution Reconstituted 2 GM, 4 GM	3	MO
Viracept Oral Tablet 250 MG, 625 MG	3	MO
Viread Oral Powder 40 MG/GM	3	MO
Viread Oral Tablet 150 MG, 200 MG, 250 MG	3	MO
Zerit Oral Solution Reconstituted 1 MG/ML	3	RO
Zidovudine Oral Capsule 100 MG	2	MO
Zidovudine Oral Syrup 50 MG/5ML	2	MO
Zidovudine Oral Tablet 300 MG	2	MO
Assorted Classes		
AzaTHIOprine Oral Tablet 50 MG	2	MO
Cuprimine Oral Capsule 250 MG	6	PA; 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
Kionex Oral Powder	2	RO; NE
Mycophenolate Mofetil Oral Capsule 250 MG	2	MO
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
Physiosol Irrigation Irrigation Solution	4	MO
Rapamune Oral Solution 1 MG/ML	5	RO
Revlimid Oral Capsule 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; CVS Caremark
Sirolimus Oral Tablet 0.5 MG, 1 MG, 2 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
Sodium Polystyrene Sulfonate Oral Suspension 15 GM/60ML	2	RO; NE
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
Thalomid Oral Capsule 100 MG, 150 MG, 200 MG, 50 MG	5	PA; CVS Caremark
Zortress Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG	5	PA; RO
Beta Blockers		
Acebutolol HCl Oral Capsule 200 MG, 400 MG	2	MO
Atenolol Oral Tablet 100 MG, 25 MG, 50 MG	1	MO
Betaxolol HCl Oral Tablet 10 MG, 20 MG	2	MO
Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG	2	MO
Bystolic Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	4	PA; MO
Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	1	MO
Hemangeol Oral Solution 4.28 MG/ML	5	RO
Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG	2	MO
Levatol Oral Tablet 20 MG	4	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
Nadolol Oral Tablet 20 MG, 40 MG, 80 MG	2	MO
Pindolol Oral Tablet 10 MG, 5 MG	2	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
Timolol Maleate Oral Tablet 10 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
Calcium Channel Blockers		
AmLODIPine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG	1	MO
DilTIAZem 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
Felodipine ER Oral Tablet Extended Release 24 Hour 10 MG, 2.5 MG, 5 MG	2	MO
Isradipine Oral Capsule 2.5 MG, 5 MG	2	MO
NiCARdipine HCl Oral Capsule 20 MG, 30 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
Nisoldipine ER Oral Tablet Extended Release 24 Hour 17 MG, 25.5 MG, 34 MG, 8.5 MG	2	PA; 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
Cardiotonics		
Digoxin Oral Solution 0.05 MG/ML	2	RO; NE
Digoxin Oral Tablet 125 MCG, 250 MCG	2	MO
Cardiovascular Agents - Misc.		
Adcirca Oral Tablet 20 MG	6	PA; RO
Adempas Oral Tablet 0.5 MG	5	PA
Adempas Oral Tablet 1 MG, 1.5 MG, 2 MG, 2.5 MG	6	PA
Cialis Oral Tablet 2.5 MG, 5 MG	4	PA; MO
Letairis Oral Tablet 10 MG, 5 MG	5	PA
Opsumit Oral Tablet 10 MG	6	PA; CVS Caremark
Orenitram Oral Tablet Extended Release 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	6	PA; MO
Sildenafil Citrate Oral Tablet 20 MG	2	PA; MO
Tracleer Oral Tablet 125 MG, 62.5 MG	5	PA

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
Ventavis Inhalation Solution 10 MCG/ML, 20 MCG/ML	6	MO
Cephalosporins		
Cedax Oral Capsule 400 MG	4	MO
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
Cefditoren Pivoxil Oral Tablet 200 MG, 400 MG	2	MO
Cefixime Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML	2	RO; NE
Cefpodoxime Proxetil Oral Suspension Reconstituted 100 MG/5ML, 50 MG/5ML	2	RO; NE
Cefpodoxime Proxetil Oral Tablet 100 MG, 200 MG	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
Ceftibuten Oral Suspension Reconstituted 180 MG/5ML	2	RO
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
Suprax Oral Capsule 400 MG	4	MO
Suprax Oral Tablet Chewable 200 MG	4	MO
Chemicals		
Menthol Crystals	2	MO
Salicylic Acid Powder	2	MO
Testosterone Powder	2	MO
Testosterone Propionate Powder	2	MO
Contraceptives		
Cryelle-28 Oral Tablet 0.3-30 MG-MCG	7	MO; PREV
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-30 MG-MCG	7	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.

Drug Name	Drug Tier	Requirements/Limits
Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.02 MG	7	MO; PREV
Ella Oral Tablet 30 MG	7	RO; (Prescription Required); PREV
Ethinodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG	7	MO; PREV
Gildess FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	7	MO; PREV
Junel FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	7	MO; PREV
Kelnor 1/35 Oral Tablet 1-35 MG-MCG	7	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); PREV
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG	7	MO; PREV
Levonorg-Eth Estrad Triphasic Oral Tablet	7	MO; PREV
Low-Ogestrel Oral Tablet 0.3-30 MG-MCG	7	MO; PREV
Necon 1/35 (28) Oral Tablet 1-35 MG-MCG	7	MO; PREV
Necon 1/50 (28) Oral Tablet 1-50 MG-MCG	7	MO; PREV
Necon 10/11 (28) Oral Tablet 35 MCG	7	MO; PREV
Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG	7	MO; PREV
Norethindrone Oral Tablet 0.35 MG	7	MO; PREV
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	7	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	7	MO; PREV
Nortrel 0.5/35 (28) Oral Tablet 0.5-35 MG-MCG	7	MO; PREV
Nortrel 1/35 (28) Oral Tablet 1-35 MG-MCG	7	MO; PREV
NuvaRing Vaginal Ring 0.12-0.015 MG/24HR	7	RO; PREV
Ogestrel Oral Tablet 0.5-50 MG-MCG	7	MO; PREV
Xulane Transdermal Patch Weekly 150-35 MCG/24HR	7	MO; PREV
Zovia 1/35E (28) Oral Tablet 1-35 MG-MCG	7	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.

Drug Name	Drug Tier	Requirements/Limits
Corticosteroids		
Budesonide Oral Capsule Delayed Release Particles 3 MG	2	PA; MO
Cortisone Acetate Oral Tablet 25 MG	2	MO
Dexamethasone Intensol Oral Concentrate 1 MG/ML	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
Cough/Cold/Allergy		
Acetylcysteine Inhalation Solution 10 %, 20 %	2	RO; NE
Benzonatate Oral Capsule 100 MG, 200 MG	2	MO
Chlorpheniramine-Codeine Oral Liquid 2-10 MG/5ML	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)
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)

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
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)
Cyclin-Dependent Kinases (CDK) Inhibitors		
Ibrance Oral Capsule 100 MG, 125 MG, 75 MG	5	PA; CVS Caremark
Dermatologicals		
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 Cream 0.1 %	2	MO; QL (45 GM per 30 days)
Adapalene External Gel 0.1 %, 0.3 %	2	MO; QL (45 GM per 30 days)
Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %	4	PA; MO; QL (45 GM per 30 days)
Alclometasone Dipropionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days)
Alclometasone Dipropionate External Ointment 0.05 %	2	RO; QL (120 GM per 30 days)
Altanax External Ointment 1 %	4	RO; QL (15 GM per 30 days)
Amcinonide External Cream 0.1 %	2	RO; QL (120 GM per 30 days)
Amcinonide External Lotion 0.1 %	2	RO; QL (60 ML per 30 days)
Amcinonide External Ointment 0.1 %	2	RO; QL (120 GM per 30 days)
Ammonium Lactate External Cream 12 %	2	RO; QL (140 GM per 30 days)
Benzoyl Peroxide-Erythromycin External Gel 5-3 %	2	MO; QL (23.3 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

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
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
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 Phos-Benzoyl Perox External Gel 1-5 %	2	MO; QL (25 GM per 30 days)
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
Cloderm External Cream 0.1 %	4	PA; RO; QL (120 GM per 30 days)
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
Cordran External Tape 4 MCG/SQCM	3	RO; QL (1 EA Max Qty Per Fill Retail)
Cortisporin External Cream 3.5-10000-0.5	3	RO; QL (15 GM per 7 days)
Cortisporin External Ointment 1 %	3	RO; QL (15 GM per 7 days)

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
Denavir External Cream 1 %	6	RO; QL (5 GM per 30 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
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
Doxepin HCl External Cream 5 %	2	PA; RO; QL (45 GM per 30 days)
Econazole Nitrate External Cream 1 %	2	RO; QL (120 GM per 30 days); NE
Elidel External Cream 1 %	4	RO; QL (30 GM per 30 days)
Ertaczo External Cream 2 %	5	PA; RO; QL (120 GM per 30 days)
Erythromycin External Solution 2 %	2	RO; QL (60 ML per 30 days); NE
Eurax External Cream 10 %	4	RO; QL (60 GM per 30 days)
Eurax External Lotion 10 %	4	RO; QL (60 GM per 30 days)
Exelderm External Cream 1 %	4	PA; RO; QL (120 GM per 30 days)
Exelderm External Solution 1 %	4	PA; RO; QL (60 ML per 30 days)
Finacea External Foam 15 %	4	PA; RO; QL (50 GM per 30 days)
Finacea External Gel 15 %	4	PA; RO; QL (50 GM per 30 days)
Finasteride Oral Tablet 1 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
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
Gentamicin Sulfate External Ointment 0.1 %	2	RO; QL (30 GM per 30 days); NE
Halobetasol Propionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days)
Halobetasol Propionate External Ointment 0.05 %	2	RO; QL (120 GM per 30 days)
Halog External Cream 0.1 %	4	PA; RO; QL (120 GM per 30 days)
Halog External Ointment 0.1 %	4	PA; RO; QL (120 GM per 30 days)
Hydrocortisone Butyrate External Cream 0.1 %	2	RO; QL (120 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
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
Lindane External Shampoo 1 %	2	RO; QL (60 ML per 7 days)
Luzu External Cream 1 %	4	PA; RO; QL (120 GM per 30 days)
Malathion External Lotion 0.5 %	2	RO; QL (60 ML per 7 days); NE
Mentax External Cream 1 %	4	RO; QL (120 GM per 30 days)
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
Naftifine HCl External Cream 1 %, 2 %	2	PA; RO; QL (120 GM per 30 days)
Naftin External Gel 1 %, 2 %	4	PA; RO; QL (120 GM per 30 days)
Neo-Synalar External Cream 0.5-0.025 %	4	PA; RO; QL (60 GM per 30 days)
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
Oxiconazole Nitrate External Cream 1 %	2	MO; QL (120 GM per 30 days)
Oxistat External Lotion 1 %	4	RO; QL (60 ML per 30 days)
Panretin External Gel 0.1 %	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
Prednicarbate External Cream 0.1 %	2	RO; QL (120 GM per 30 days)
Prednicarbate External Ointment 0.1 %	2	RO; QL (120 GM per 30 days)
Regranex External Gel 0.01 %	5	PA; RO; QL (15 GM per 30 days)
Santyl External Ointment 250 UNIT/GM	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
Soolantra External Cream 1 %	4	RO; QL (30 GM per 30 days)
Spinosad External Suspension 0.9 %	2	RO; QL (120 ML per 30 days)
Sulfacetamide Sodium External Liquid 10 %	2	RO; QL (180 ML per 30 days)
Sulfacetamide Sodium-Sulfur External Emulsion 10-5 %	2	MO; QL (170 GM per 30 days)
Sulfamylon External Cream 85 MG/GM	4	RO; QL (113.4 GM per 30 days)
Synera External Patch 70-70 MG	4	PA; MO
Tacrolimus External Ointment 0.03 %, 0.1 %	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
Tazarotene External Cream 0.1 %	4	PA; RO; QL (30 GM per 30 days); NE
Tazorac External Cream 0.05 %	4	PA; RO; QL (30 GM per 30 days)
Tazorac External Gel 0.05 %, 0.1 %	4	PA; RO; QL (30 GM per 30 days)
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)
Zenatane Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	2	PA; RO
Diagnostic Products		
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
Digestive Aids		
Creon Oral Capsule Delayed Release Particles 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	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.

Drug Name	Drug Tier	Requirements/Limits
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
Direct-Acting P2Y12 Inhibitors		
Brilinta Oral Tablet 60 MG, 90 MG	4	MO
Diuretics		
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
Diuril Oral Suspension 250 MG/5ML	4	MO
Dyrenium Oral Capsule 100 MG, 50 MG	4	MO
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
Indapamide Oral Tablet 1.25 MG, 2.5 MG	2	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

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
Torsemide Oral Tablet 10 MG, 100 MG, 20 MG, 5 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
Endocrine And Metabolic Agents - Misc.		
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
Carbaglu Oral Tablet 200 MG	5	PA
Desmopressin Acetate Oral Tablet 0.1 MG, 0.2 MG	2	MO
Desmopressin Acetate Spray Nasal Solution 0.01 %	2	RO
Doxercalciferol Oral Capsule 0.5 MCG, 1 MCG, 2.5 MCG	5	MO
Etidronate Disodium Oral Tablet 200 MG, 400 MG	2	MO
Forteo Subcutaneous Solution 600 MCG/2.4ML	5	PA; RO
Increlex Subcutaneous Solution 40 MG/4ML	5	PA; RO
Kuvan Oral Packet 100 MG, 500 MG	5	PA; MO; CVS Caremark
Kuvan Oral Tablet Soluble 100 MG	5	PA; MO; CVS Caremark
Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	RO
Omnitrope Subcutaneous Solution 10 MG/1.5ML, 5 MG/1.5ML	5	PA; RO
Omnitrope Subcutaneous Solution Reconstituted 5.8 MG	5	PA; RO
Orfadin Oral Capsule 10 MG, 2 MG, 5 MG	5	PA; MO
Paricalcitol Oral Capsule 1 MCG, 2 MCG, 4 MCG	2	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
Raloxifene HCl Oral Tablet 60 MG	2	MO
Risedronate Sodium Oral Tablet 35 MG	2	ST; MO
Samsca Oral Tablet 15 MG, 30 MG	6	PA; RO
Sensipar Oral Tablet 30 MG, 60 MG, 90 MG	5	PA; MO
Stimate Nasal Solution 1.5 MG/ML	5	RO
Synarel Nasal Solution 2 MG/ML	4	PA; MO
Estrogens		
Cenestin Oral Tablet 0.3 MG	4	MO
Enjuvia Oral Tablet 0.3 MG	4	MO
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
Menest Oral Tablet 0.3 MG, 0.625 MG, 1.25 MG	4	PA; MO
Premarin Oral Tablet 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
Premphase Oral Tablet 0.625-5 MG	3	MO
Prempro Oral Tablet 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MO
Estrogen-Selective Estrogen Receptor Modulator Comb		
Duavee Oral Tablet 0.45-20 MG	3	MO
Fluoroquinolones		
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG	2	RO; NE
Factive Oral Tablet 320 MG	4	MO
LevoFLOXacin Oral Solution 25 MG/ML	2	RO; NE
LevoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG	2	RO; NE
Gastrointestinal Agents - Misc.		
Alosetron HCl Oral Tablet 0.5 MG, 1 MG	5	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
Amitiza Oral Capsule 24 MCG, 8 MCG	4	PA; MO
Balsalazide Disodium Oral Capsule 750 MG	2	MO
Calcium Acetate (Phos Binder) Oral Capsule 667 MG	2	MO
Canasa Rectal Suppository 1000 MG	3	MO; QL (30 EA per 30 days)
Cromolyn Sodium Oral Concentrate 100 MG/5ML	2	MO
Dipentum Oral Capsule 250 MG	4	MO
Fosrenol Oral Packet 1000 MG, 750 MG	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
Linzess Oral Capsule 145 MCG, 290 MCG, 72 MCG	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
Movantik Oral Tablet 12.5 MG, 25 MG	3	PA; MO
Relistor Subcutaneous Kit 12 MG/0.6ML	5	PA; RO
Relistor Subcutaneous Solution 12 MG/0.6ML, 8 MG/0.4ML	5	PA; RO
Sevelamer Carbonate Oral Packet 0.8 GM, 2.4 GM	5	PA; MO
Sevelamer Carbonate Oral Tablet 800 MG	5	PA; MO
SulfaSALazine Oral Tablet 500 MG	2	MO
Ursodiol Oral Capsule 300 MG	2	MO
Velphoro Oral Tablet Chewable 500 MG	5	PA; MO
Genitourinary Agents - Miscellaneous		
Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour 10 MG	2	MO
Cystagon Oral Capsule 150 MG, 50 MG	5	
Cytra K Crystals Oral Packet 3300-1002 MG	2	MO
Dutasteride Oral Capsule 0.5 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
Elmiron Oral Capsule 100 MG	4	MO
Finasteride Oral Tablet 5 MG	2	MO
Phenazopyridine HCl Oral Tablet 200 MG	2	MO
Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)	2	MO
Potassium Citrate-Citric Acid Oral Solution 1100-334 MG/5ML	2	MO
Rapaflo Oral Capsule 4 MG, 8 MG	4	PA; 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
Glycopeptides		
Vancomycin HCl Intravenous Solution Reconstituted 500 MG	2	MO
Vancomycin HCl Oral Capsule 125 MG, 250 MG	5	PA; RO
Gout Agents		
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
Uloric Oral Tablet 40 MG, 80 MG	4	MO
Hematological Agents - Misc.		
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
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
Firazyr Subcutaneous Solution 30 MG/3ML	6	PA; MO
Pentoxifylline ER Oral Tablet Extended Release 400 MG	2	MO
Ticlopidine HCl Oral Tablet 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.

Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Agents		
Aranesp (Albumin Free) Injection Solution 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA; RO
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	5	PA; RO
Cyanocobalamin Injection Solution 1000 MCG/ML	2	MO
Droxia Oral Capsule 200 MG	3	MO
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)
Miglustat Oral Capsule 100 MG	5	PA; MO
Neupogen Injection Solution 300 MCG/ML, 480 MCG/1.6ML	5	RO
Procrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	5	PA; RO
Promacta Oral Tablet 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; CVS Caremark
Hemostatics		
Amicar Oral Solution 0.25 GM/ML	5	MO
Amicar Oral Tablet 1000 MG, 500 MG	5	MO
Tranexamic Acid Oral Tablet 650 MG	2	RO; NE
Hepatitis C Agent - Combinations		
Mavyret Oral Tablet 100-40 MG	5	PA; RO
Technivie Oral Tablet 12.5-75-50 MG	6	PA; RO
Hypnotics		
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
Rozerem Oral Tablet 8 MG	4	PA; MO
Temazepam Oral Capsule 15 MG, 30 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
Zaleplon Oral Capsule 10 MG, 5 MG	2	MO
Zolpidem Tartrate Oral Tablet 10 MG, 5 MG	2	MO
Isocitrate Dehydrogenase-2 (IDH2) Inhibitors		
IDHIFA Oral Tablet 100 MG, 50 MG	5	PA; MO
Laxatives		
Lactulose Oral Solution 10 GM/15ML	2	MO; QL (473 ML per 30 days)
MoviPrep Oral Solution Reconstituted 100 GM	4	RO
OsmoPrep Oral Tablet 1.102-0.398 GM	4	MO
PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM	2	RO; NE
Prepopik Oral Packet 10-3.5-12 MG-GM-GM	4	RO
Suprep Bowel Prep Kit Oral Solution 17.5-3.13-1.6 GM/177ML	4	RO
Macrolides		
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
Dificid Oral Tablet 200 MG	5	PA; MO
Erythrocin Stearate Oral Tablet 250 MG	3	MO
Erythromycin Base Oral Capsule Delayed Release Particles 250 MG	3	MO
Erythromycin Ethylsuccinate Oral Tablet 400 MG	3	MO
Medical Devices		
Accu-Chek FastClix Lancets	2	PA; MO
Accu-Chek Multiclix Lancets	2	PA; MO
BD Insulin Syringe U-500 31G X 6MM 0.5 ML	3	MO
BD Safety-Lok Insulin Syringe 29G X 1/2" 1 ML	3	MO
Caya Vaginal Diaphragm	7	RO; PREV; QL (1 EA 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.

Drug Name	Drug Tier	Requirements/Limits
FC2 Female Condom	7	RO; (Prescription Required); PREV; QL (12 EA per 30 days)
FemCap Vaginal Device 22 MM, 26 MM, 30 MM	7	RO; PREV; QL (1 EA per 1 Year)
Lancets Thin	2	MO
Leader Unifine Pentips 31G X 5 MM	3	MO
Pen Needles 31G X 6 MM	3	MO
Pen Needles 5/16" 31G X 8 MM	3	MO
Ultra-Thin II Ins Syr Short 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	MO
Ultra-Thin II Insulin Syringe 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	MO
Migraine Products		
Almotriptan Malate Oral Tablet 12.5 MG, 6.25 MG	2	PA; MO; QL (6 EA per 30 days)
Eletriptan Hydrobromide Oral Tablet 20 MG, 40 MG	2	PA; MO; QL (6 EA per 31 days)
Ergomar Sublingual Tablet Sublingual 2 MG	4	MO; QL (20 EA per 30 days)
Frovatriptan Succinate Oral Tablet 2.5 MG	2	PA; MO; QL (9 EA per 30 days)
Isometheptene-Dichloral-APAP Oral Capsule 65-100-325 MG	2	MO
Migergot Rectal Suppository 2-100 MG	2	RO; QL (12 EA per 14 days); NE
Naratriptan HCl Oral Tablet 1 MG, 2.5 MG	2	MO; QL (9 EA per 31 days)
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)
ZOLmitriptan Oral Tablet 2.5 MG, 5 MG	2	MO; QL (6 EA per 31 days)
ZOLmitriptan Oral Tablet Dispersible 2.5 MG, 5 MG	2	MO; QL (6 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
Minerals & Electrolytes		
K-Phos Oral Tablet 500 MG	4	MO
Phospha 250 Neutral Oral Tablet 155-852-130 MG	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	7	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	7	MO; PREV; Age (Min 6 Months and Max 6 Years)
Monobactams		
Cayston Inhalation Solution Reconstituted 75 MG	5	PA; MO
Mouth/Throat/Dental Agents		
Cevimeline HCl Oral Capsule 30 MG	2	PA; MO
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
Oravig Buccal Tablet 50 MG	6	MO
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
Multivitamins		
Multi-Vit/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	7	MO; PREV; Age (Max 12 Years)
Multi-Vit/Fluoride/Iron Oral Solution 0.25-10 MG/ML	7	MO; PREV; Age (Max 12 Years)
Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG	7	MO; PREV; Age (Max 12 Months)

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
PNV Prenatal Plus Multivitamin Oral Tablet 27-1 MG	2	MO
Trinate Oral Tablet	2	MO
Musculoskeletal Therapy Agents		
Baclofen Oral Tablet 10 MG, 20 MG	2	MO
Carisoprodol Oral Tablet 350 MG	2	MO
Chlorzoxazone Oral Tablet 500 MG	2	MO
Cyclobenzaprine HCl Oral Tablet 10 MG	2	MO
Dantrolene Sodium Oral Capsule 100 MG, 25 MG, 50 MG	2	MO
Metaxalone Oral Tablet 800 MG	2	MO
Methocarbamol Oral Tablet 500 MG, 750 MG	2	MO
Orphenadrine Citrate ER Oral Tablet Extended Release 12 Hour 100 MG	2	MO
TiZANidine HCl Oral Tablet 2 MG, 4 MG	2	MO
Nasal Agents - Systemic And Topical		
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)
Zetonna Nasal Aerosol Solution 37 MCG/ACT	4	MO; QL (6.1 GM per 30 days)
Neuromuscular Agents		
Riluzole Oral Tablet 50 MG	2	PA; MO
Ophthalmic Agents		
Alocril Ophthalmic Solution 2 %	4	PA; MO; QL (5 ML per 25 days)
Alomide Ophthalmic Solution 0.1 %	3	MO
Alrex Ophthalmic Suspension 0.2 %	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
AzaSite Ophthalmic Solution 1 %	4	MO
Azelastine HCl Ophthalmic Solution 0.05 %	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
Azopt Ophthalmic Suspension 1 %	4	MO; QL (10 ML per 30 days)
Bacitracin Ophthalmic Ointment 500 UNIT/GM	2	RO; NE
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	2	RO; NE
Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %	2	RO; NE
Bepreve Ophthalmic Solution 1.5 %	4	PA; MO; QL (5 ML per 25 days)
Besivance Ophthalmic Suspension 0.6 %	4	MO; QL (5 ML per 30 days)
Betaxolol HCl Ophthalmic Solution 0.5 %	2	MO
Betoptic-S Ophthalmic Suspension 0.25 %	3	MO
Blephamide Ophthalmic Suspension 10-0.2 %	3	MO
Blephamide S.O.P. Ophthalmic Ointment 10-0.2 %	3	MO
Brimonidine Tartrate Ophthalmic Solution 0.2 %	2	MO
Bromfenac Sodium (Once-Daily) Ophthalmic Solution 0.09 %	2	MO; QL (1.7 ML per 15 days)
Carteolol HCl Ophthalmic Solution 1 %	2	MO
Ciloxan Ophthalmic Ointment 0.3 %	3	MO; QL (3.5 GM per 7 days)
Ciprofloxacin HCl Ophthalmic Solution 0.3 %	2	RO; NE
Combigan Ophthalmic Solution 0.2-0.5 %	4	MO; QL (5 ML per 25 days)
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
Durezol Ophthalmic Emulsion 0.05 %	4	MO
Emadine Ophthalmic Solution 0.05 %	4	MO; QL (5 ML per 25 days)
Epinastine HCl Ophthalmic Solution 0.05 %	2	MO; QL (5 ML per 25 days)
Erythromycin Ophthalmic Ointment 5 MG/GM	2	RO; NE
Fluorometholone Ophthalmic Suspension 0.1 %	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
Flurbiprofen Sodium Ophthalmic Solution 0.03 %	2	RO; NE
FML Forte Ophthalmic Suspension 0.25 %	3	MO
FML Ophthalmic Ointment 0.1 %	3	MO
Gatifloxacin Ophthalmic Solution 0.5 %	2	MO; QL (2.5 ML per 3 days)
Gentak Ophthalmic Ointment 0.3 %	2	RO
Gentamicin Sulfate Ophthalmic Solution 0.3 %	2	RO; NE
Homatropaire Ophthalmic Solution 5 %	2	MO
Ilevro Ophthalmic Suspension 0.3 %	3	MO; QL (1.7 ML per 14 days)
Ketorolac Tromethamine Ophthalmic Solution 0.4 %, 0.5 %	2	RO; NE
Lastacaft Ophthalmic Solution 0.25 %	4	MO; QL (3 ML per 30 days)
Latanoprost Ophthalmic Solution 0.005 %	2	MO
Levobunolol HCl Ophthalmic Solution 0.5 %	1	MO
Levofloxacin Ophthalmic Solution 0.5 %	2	RO; NE
Lotemax Ophthalmic Gel 0.5 %	4	MO; QL (5 GM per 3 days)
Lotemax Ophthalmic Ointment 0.5 %	4	MO; QL (3.5 GM per 3 days)
Lotemax Ophthalmic Suspension 0.5 %	4	MO; QL (15 ML per 30 days)
Lumigan Ophthalmic Solution 0.01 %	4	MO; QL (2.5 ML per 25 days)
Metipranolol Ophthalmic Solution 0.3 %	2	MO; QL (5 ML per 25 days)
Moxeza Ophthalmic Solution 0.5 %	3	MO
Moxifloxacin HCl Ophthalmic Solution 0.5 %	2	RO; NE
Natacyn Ophthalmic Suspension 5 %	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
Nevanac Ophthalmic Suspension 0.1 %	3	MO
Ofloxacin Ophthalmic Solution 0.3 %	2	RO; NE
Olopatadine HCl Ophthalmic Solution 0.1 %	2	MO; QL (5 ML per 25 days)
Phospholine Iodide Ophthalmic Solution Reconstituted 0.125 %	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.

Drug Name	Drug Tier	Requirements/Limits
Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %	2	MO
Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%	2	RO; NE
Pred Mild Ophthalmic Suspension 0.12 %	3	MO
Pred-G Ophthalmic Suspension 0.3-1 %	3	MO
Pred-G S.O.P. Ophthalmic Ointment 0.3-0.6 %	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
Restasis Ophthalmic Emulsion 0.05 %	3	RO; QL (30 EA per 15 days); NE
Sulfacetamide Sodium Ophthalmic Solution 10 %	2	RO; NE
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
TobraDex Ophthalmic Ointment 0.3-0.1 %	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
Tobrex Ophthalmic Ointment 0.3 %	3	MO
Travatan Z Ophthalmic Solution 0.004 %	3	MO
Trifluridine Ophthalmic Solution 1 %	2	RO; NE
Tropicamide Ophthalmic Solution 0.5 %, 1 %	2	MO
Vexol Ophthalmic Suspension 1 %	4	MO
Zirgan Ophthalmic Gel 0.15 %	4	MO
Otic Agents		
Acetic Acid Otic Solution 2 %	2	RO; NE
Acetic Acid-Aluminum Acetate Otic Solution 2 %	2	RO
Cipro HC Otic Suspension 0.2-1 %	4	RO; QL (10 ML per 7 days)
Ciprodex Otic Suspension 0.3-0.1 %	3	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
Coly-Mycin S Otic Suspension 3.3-3-10-0.5 MG/ML	4	RO
Fluocinolone Acetonide Otic Oil 0.01 %	2	RO; NE
Hydrocortisone-Acetic Acid Otic Solution 1-2 %	2	RO
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
Oxytocics		
Methergine Oral Tablet 0.2 MG	5	MO
Passive Immunizing Agents - Combinations		
Hyqvia Subcutaneous Kit 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA; MO
Passive Immunizing Agents		
Hizentra Subcutaneous Solution 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	5	PA; MO
Penicillins		
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
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 250 MG	2	MO
Ampicillin Oral Capsule 500 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
Ampicillin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO
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
Pharmaceutical Adjuvants		
Simple Syrup Oral Syrup	2	MO
Phosphatidylinositol 3-Kinase (PI3K) Inhibitors		
Zydelig Oral Tablet 100 MG, 150 MG	5	PA; RO
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
Eucrisa External Ointment 2 %	3	ST; MO
Poly (ADP-ribose) Polymerase (PARP) Inhibitors		
Lynparza Oral Capsule 50 MG	5	PA
Zejula Oral Capsule 100 MG	5	PA; MO
Progestins		
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
Protease-Activated Receptor-1 (PAR-1) Antagonists		
Zontivity Oral Tablet 2.08 MG	4	MO
Psychotherapeutic And Neurological Agents - Misc.		
Acamprosate Calcium Oral Tablet Delayed Release 333 MG	2	MO
Avonex Intramuscular Kit 30 MCG	5	RO
Avonex Pen Intramuscular Auto-Injector Kit 30 MCG/0.5ML	5	RO
Avonex Prefilled Intramuscular Prefilled Syringe Kit 30 MCG/0.5ML	5	RO

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Drug Name	Drug Tier	Requirements/Limits
Betaseron Subcutaneous Kit 0.3 MG	5	RO
BuPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG	7	MO; PREV; QL (90 DAYS per 1 Year)
Chantix Continuing Month Pak Oral Tablet 1 MG	4	RO
Chantix Oral Tablet 0.5 MG, 1 MG	4	MO
Chantix Starting Month Pak Oral Tablet 0.5 MG X 11 & 1 MG X 42	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
Gilenya Oral Capsule 0.5 MG	5	PA; MO; QL (28 EA per 28 days)
Glatopa Subcutaneous Solution Prefilled Syringe 20 MG/ML, 40 MG/ML	5	RO
Memantine HCl Oral Solution 2 MG/ML	2	MO
Memantine HCl Oral Tablet 10 MG, 5 (28)-10 (21) 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)
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)
Nicotrol Inhalation Inhaler 10 MG	3	PA; MO; QL (168 EA per 10 days)
Nuedexta Oral Capsule 20-10 MG	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
Pimozide Oral Tablet 1 MG, 2 MG	2	MO
Plegridy Starter Pack Subcutaneous Solution Pen-Injector 63 & 94 MCG/0.5ML	5	RO
Plegridy Starter Pack Subcutaneous Solution Prefilled Syringe 63 & 94 MCG/0.5ML	5	RO
Plegridy Subcutaneous Solution Pen-Injector 125 MCG/0.5ML	5	RO
Plegridy Subcutaneous Solution Prefilled Syringe 125 MCG/0.5ML	5	RO
Rebif Rebidose Subcutaneous Solution Auto-Injector 22 MCG/0.5ML, 44 MCG/0.5ML	5	RO
Rebif Rebidose Titration Pack Subcutaneous Solution Auto-Injector 6X8.8 & 6X22 MCG	5	RO
Rebif Subcutaneous Solution Prefilled Syringe 22 MCG/0.5ML, 44 MCG/0.5ML	5	RO
Rebif Titration Pack Subcutaneous Solution Prefilled Syringe 6X8.8 & 6X22 MCG	5	RO
Rivastigmine Tartrate Oral Capsule 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	MO
Savella Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	3	MO
Savella Titration Pack Oral 12.5 & 25 & 50 MG	3	MO
Tetrabenazine Oral Tablet 12.5 MG, 25 MG	5	PA; MO
Xyrem Oral Solution 500 MG/ML	5	PA
Respiratory Agents - Misc.		
Kalydeco Oral Packet 50 MG, 75 MG	5	PA; MO
Kalydeco Oral Tablet 150 MG	5	PA
Pulmozyme Inhalation Solution 1 MG/ML	5	PA; QL (150 ML per 28 days)
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations		
Qtern Oral Tablet 10-5 MG	4	ST; MO
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb		
Synjardy Oral Tablet 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	ST; 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
Synjardy XR Oral Tablet Extended Release 24 Hour 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	ST; MO
Sulfonamides		
SulfADIAZINE Oral Tablet 500 MG	2	MO
Tetracyclines		
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
Thyroid Agents		
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
Thyrolar-1 Oral Tablet 60 (12.5-50) MG (MCG)	4	MO
Thyrolar-1/2 Oral Tablet 30 (6.25-25) MG (MCG)	4	MO
Thyrolar-2 Oral Tablet 120 (25-100) MG (MCG)	4	MO
Ulcer Drugs		
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
Famotidine Oral Tablet 40 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
Methscopolamine Bromide Oral Tablet 2.5 MG, 5 MG	2	MO
Misoprostol Oral Tablet 100 MCG, 200 MCG	2	MO
Nizatidine Oral Capsule 150 MG, 300 MG	2	MO
Nizatidine Oral Solution 15 MG/ML	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
Protonix Oral Packet 40 MG	3	MO
RABEprazole Sodium Oral Tablet Delayed Release 20 MG	2	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
Urinary Anti-Infectives		
Methenamine Hippurate Oral Tablet 1 GM	2	MO
Monurol Oral Packet 3 GM	4	MO
Nitrofurantoin Macrocrystal Oral Capsule 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
Nitrofurantoin Monohyd Macro Oral Capsule 100 MG	2	MO
Urinary Antispasmodics		
Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG, 50 MG	2	MO
FlavoxATE HCl Oral Tablet 100 MG	2	MO
Myrbetriq Oral Tablet Extended Release 24 Hour 25 MG, 50 MG	4	PA; MO
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
Tolterodine Tartrate Oral Tablet 1 MG, 2 MG	2	MO
Toviaz Oral Tablet Extended Release 24 Hour 4 MG, 8 MG	3	MO
Trospium Chloride ER Oral Capsule Extended Release 24 Hour 60 MG	2	MO
Trospium Chloride Oral Tablet 20 MG	2	MO
VESicare Oral Tablet 10 MG, 5 MG	4	PA; MO
Vaginal Products		
Clindamycin Phosphate Vaginal Cream 2 %	2	RO; NE
Encare Vaginal Suppository 100 MG	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)
Gynazole-1 Vaginal Cream 2 %	4	RO; QL (5.8 GM per 7 days)
MetroNIDAZOLE Vaginal Gel 0.75 %	2	RO; QL (70 GM per 10 days); NE
Options Conceptrol Vaginal Gel 4 %	7	RO; (Prescription Required); PREV; QL (2.55 GM per 30 days)
Options Gynol II Contraceptive Vaginal Gel 3 %	7	RO; (Prescription Required); PREV; QL (81 GM per 30 days)
Premarin Vaginal Cream 0.625 MG/GM	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
Today Sponge Vaginal 1000 MG	7	RO; (Prescription Required); PREV; QL (12 EA per 30 days)
VCF Vaginal Contraceptive Vaginal Foam 12.5 %	7	RO; (Prescription Required); PREV; QL (17 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
Vasopressors		
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
Vitamins		
Mephyton Oral Tablet 5 MG	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)
Vitamin D3 Oral Capsule 50000 UNIT	2	MO; (Prescription Required)

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

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
Abraxane Intravenous Suspension Reconstituted 100 MG	Medical	PA; MO
AcetaZOLAMIDE Sodium Injection Solution Reconstituted 500 MG	Medical	MO
Acetylcysteine Intravenous Solution 200 MG/ML	Medical	MO
Actemra Intravenous Solution 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Medical	PA; MO
Activase Intravenous Solution Reconstituted 100 MG, 50 MG	Medical	MO
Acyclovir Sodium Intravenous Solution 50 MG/ML	Medical	MO
Adcetris Intravenous Solution Reconstituted 50 MG	Medical	PA; MO
Adenosine Intravenous Solution 12 MG/4ML	Medical	MO
Albumin Human Intravenous Solution 25 %, 5 %	Medical	MO
Alimta Intravenous Solution Reconstituted 100 MG, 500 MG	Medical	MO
Aloxi Intravenous Solution 0.25 MG/5ML	Medical	PA; MO
Amifostine Intravenous Solution Reconstituted 500 MG	Medical	MO
Amikacin Sulfate Injection Solution 500 MG/2ML	Medical	MO
Aminophylline Intravenous Solution 25 MG/ML	Medical	MO
Amphotericin B Injection Solution Reconstituted 50 MG	Medical	MO
Ampicillin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 125 MG, 2 GM, 250 MG, 500 MG	Medical	MO
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM	Medical	MO
Anzemet Intravenous Solution 20 MG/ML	Medical	MO
Arranon Intravenous Solution 5 MG/ML	Medical	MO
Arzerra Intravenous Concentrate 100 MG/5ML, 1000 MG/50ML	Medical	PA; MO
Atropine Sulfate Injection Solution 0.4 MG/ML	Medical	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
Avastin Intravenous Solution 100 MG/4ML, 400 MG/16ML	Medical	PA; MO; Prior Authorization not required for Ophthalmology.
AzaCITIDine Injection Suspension Reconstituted 100 MG	Medical	MO
Azithromycin Intravenous Solution Reconstituted 500 MG	Medical	MO
Aztreonam Injection Solution Reconstituted 1 GM, 2 GM	Medical	MO
Bal in Oil Intramuscular Solution 100 MG/ML	Medical	MO
Bavencio Intravenous Solution 200 MG/10ML	Medical	PA; MO
Benztropine Mesylate Injection Solution 1 MG/ML	Medical	MO
Betamethasone Sod Phos & Acet Injection Suspension 6 (3-3) MG/ML	Medical	MO
Bicillin C-R 900/300 Intramuscular Suspension 900000-300000 UNIT/2ML	Medical	MO
Bicillin C-R Intramuscular Suspension 1200000 UNIT/2ML	Medical	MO
Bicillin L-A Intramuscular Suspension 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Medical	MO
BiCNU Intravenous Solution Reconstituted 100 MG	Medical	MO
Bivalirudin Intravenous Solution Reconstituted 250 MG	Medical	MO
Bleomycin Sulfate Injection Solution Reconstituted 15 UNIT, 30 UNIT	Medical	PA; MO
Blincyto Intravenous Solution Reconstituted 35 MCG	Medical	PA; MO
Botox Injection Solution Reconstituted 100 UNIT, 200 UNIT	Medical	PA; RO
Buprenorphine HCl Injection Solution 0.3 MG/ML	Medical	MO
Busulfan Intravenous Solution 6 MG/ML	Medical	PA; MO
Butorphanol Tartrate Injection Solution 1 MG/ML, 2 MG/ML	Medical	MO
Calcitriol Intravenous Solution 1 MCG/ML	Medical	MO
Calcium Disodium Versenate Injection Solution 1 GM/5ML	Medical	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
Calcium Gluconate Intravenous Solution 10 %	Medical	MO
Carbocaine Injection Solution 1 %, 2 %	Medical	MO
CARBOplatin Intravenous Solution 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	Medical	MO
Cathflo Activase Injection Solution Reconstituted 2 MG	Medical	MO
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	Medical	MO
Cefepime HCl Injection Solution Reconstituted 1 GM, 2 GM	Medical	MO
Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 10 GM, 2 GM, 500 MG	Medical	MO
CefOXitin Sodium Injection Solution Reconstituted 10 GM	Medical	MO
CefOXitin Sodium Intravenous Solution Reconstituted 1 GM, 2 GM	Medical	MO
CefTAZidime Injection Solution Reconstituted 1 GM, 2 GM, 6 GM	Medical	MO
CefTRIAxone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	Medical	MO
Cefuroxime Sodium Injection Solution Reconstituted 1.5 GM, 7.5 GM, 750 MG	Medical	MO
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	Medical	MO
Ceprotrin Intravenous Solution Reconstituted 1000 UNIT, 500 UNIT	Medical	MO
Cerezyme Intravenous Solution Reconstituted 400 UNIT	Medical	PA
Chloramphenicol Sod Succinate Intravenous Solution Reconstituted 1 GM	Medical	MO
Chlorothiazide Sodium Intravenous Solution Reconstituted 500 MG	Medical	MO
ChlorproMAZINE HCl Injection Solution 25 MG/ML, 50 MG/2ML	Medical	MO
Cidofovir Intravenous Solution 75 MG/ML	Medical	MO
Cinryze Intravenous Solution Reconstituted 500 UNIT	Medical	PA; MO
Ciprofloxacin Intravenous Solution 200 MG/20ML, 400 MG/40ML	Medical	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
CISplatin Intravenous Solution 100 MG/100ML, 200 MG/200ML, 50 MG/50ML	Medical	MO
Cladribine Intravenous Solution 10 MG/10ML	Medical	MO
Clofarabine Intravenous Solution 1 MG/ML	Medical	MO
CloNIDine HCl (Analgesia) Epidural Solution 100 MCG/ML, 500 MCG/ML	Medical	MO
Colistimethate Sodium Injection Solution Reconstituted 150 MG	Medical	MO
Cosyntropin Injection Solution Reconstituted 0.25 MG	Medical	MO
Cresemba Intravenous Solution Reconstituted 372 MG	Medical	PA; MO
Cyclophosphamide Injection Solution Reconstituted 1 GM, 2 GM, 500 MG	Medical	MO
CycloSPORINE Intravenous Solution 50 MG/ML	Medical	MO
Cyramza Intravenous Solution 100 MG/10ML, 500 MG/50ML	Medical	PA
Cytarabine (PF) Injection Solution 100 MG/ML, 20 MG/ML	Medical	MO
Cytogam Intravenous Injectable 50 MG/ML	Medical	MO
Dacarbazine Intravenous Solution Reconstituted 100 MG, 200 MG	Medical	MO
DACTINomycin Intravenous Solution Reconstituted 0.5 MG	Medical	MO
DAPTOmycin Intravenous Solution Reconstituted 500 MG	Medical	PA; MO
Darzalex Intravenous Solution 100 MG/5ML, 400 MG/20ML	Medical	PA; MO
DAUNOrubicin HCl Intravenous Injectable 5 MG/ML	Medical	MO
Decitabine Intravenous Solution Reconstituted 50 MG	Medical	MO
Deferoxamine Mesylate Injection Solution Reconstituted 500 MG	Medical	MO
Delestrogen Intramuscular Oil 10 MG/ML	Medical	MO
DepoCyt Intrathecal Suspension 50 MG/5ML	Medical	MO
Depo-Estradiol Intramuscular Oil 5 MG/ML	Medical	MO
Depo-Medrol Injection Suspension 20 MG/ML	Medical	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
Desmopressin Acetate Injection Solution 4 MCG/ML	Medical	MO
Dexamethasone Sodium Phosphate Injection Solution 10 MG/ML, 4 MG/ML	Medical	MO
Dextrose Intravenous Solution 5 %	Medical	MO
Dextrose-NaCl Intravenous Solution 5-0.9 %	Medical	MO
DiazePAM Injection Solution 5 MG/ML	Medical	MO
Dicyclomine HCl Intramuscular Solution 10 MG/ML	Medical	MO
Digoxin Injection Solution 0.25 MG/ML	Medical	MO
Dihydroergotamine Mesylate Injection Solution 1 MG/ML	Medical	MO
DimenhyDRINATE Injection Solution 50 MG/ML	Medical	MO
DiphenhydrAMINE HCl Injection Solution 50 MG/ML	Medical	MO
Diprivan Intravenous Emulsion 100 MG/10ML	Medical	MO
Dipyridamole Intravenous Solution 5 MG/ML	Medical	MO
DOBUTamine HCl Intravenous Solution 250 MG/20ML	Medical	MO
DOCEtaxel Intravenous Concentrate 20 MG/ML, 80 MG/4ML	Medical	MO
DOPamine HCl Intravenous Solution 160 MG/ML, 40 MG/ML, 80 MG/ML	Medical	MO
Doribax Intravenous Solution Reconstituted 250 MG, 500 MG	Medical	MO
Doxercalciferol Intravenous Solution 4 MCG/2ML	Medical	MO
DOXOrubicin HCl Intravenous Solution 2 MG/ML	Medical	MO
DOXOrubicin HCl Liposomal Intravenous Injectable 2 MG/ML	Medical	MO
Elaprase Intravenous Solution 6 MG/3ML	Medical	PA; MO
Eligard Subcutaneous Kit 22.5 MG, 7.5 MG	Medical	RO
Emend Intravenous Solution Reconstituted 150 MG	Medical	MO
Empliciti Intravenous Solution Reconstituted 300 MG, 400 MG	Medical	PA; MO
Entyvio Intravenous Solution Reconstituted 300 MG	Medical	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
EPINEPHrine HCl Injection Solution 1 MG/ML	Medical	MO
Epirubicin HCl Intravenous Solution 200 MG/100ML, 50 MG/25ML	Medical	MO
Epoprostenol Sodium Intravenous Solution Reconstituted 0.5 MG, 1.5 MG	Medical	PA; MO
Erbix Intravenous Solution 100 MG/50ML, 200 MG/100ML	Medical	PA; MO
Erythrocin Lactobionate Intravenous Solution Reconstituted 500 MG	Medical	MO
Esomeprazole Sodium Intravenous Solution Reconstituted 20 MG, 40 MG	Medical	MO
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	Medical	MO
Ethamolin Intravenous Solution 5 %	Medical	MO
Etoposide Intravenous Solution 1 GM/50ML, 100 MG/5ML	Medical	MO
Faslodex Intramuscular Solution 250 MG/5ML	Medical	MO
FentaNYL Citrate (PF) Injection Solution 100 MCG/2ML, 250 MCG/5ML	Medical	MO
Firmagon Subcutaneous Solution Reconstituted 120 MG, 80 MG	Medical	MO
Floxuridine Injection Solution Reconstituted 0.5 GM	Medical	MO
Fluconazole in Dextrose Intravenous Solution 200 MG/100ML, 400 MG/200ML	Medical	MO
Fluconazole in Sodium Chloride Intravenous Solution 100-0.9 MG/50ML-%, 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%	Medical	MO
Fludarabine Phosphate Intravenous Solution Reconstituted 50 MG	Medical	MO
Fluorouracil Intravenous Solution 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML	Medical	MO
FluPHENAZine Decanoate Injection Solution 25 MG/ML	Medical	MO
Furosemide Injection Solution 10 MG/ML	Medical	MO
Gablofen Intrathecal Solution 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	Medical	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
Gammagard Injection Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Medical	PA; MO
Gamunex-C Injection Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Medical	PA; MO
Ganciclovir Sodium Intravenous Solution Reconstituted 500 MG	Medical	MO
Gazyva Intravenous Solution 1000 MG/40ML	Medical	MO
Gemcitabine HCl Intravenous Solution Reconstituted 1 GM, 200 MG	Medical	MO
Gentamicin Sulfate Injection Solution 10 MG/ML, 40 MG/ML	Medical	MO
Geodon Intramuscular Solution Reconstituted 20 MG	Medical	PA; RO
Granisetron HCl Intravenous Solution 0.1 MG/ML, 1 MG/ML	Medical	MO
Granix Subcutaneous Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	Medical	MO
Halaven Intravenous Solution 1 MG/2ML	Medical	PA; MO
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML	Medical	MO
Haloperidol Lactate Injection Solution 5 MG/ML	Medical	MO
HepaGam B Injection Solution	Medical	MO
Heparin Lock Flush Intravenous Solution 10 UNIT/ML	Medical	MO
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	Medical	MO
Herceptin Intravenous Solution Reconstituted 440 MG	Medical	MO
HydrALAZINE HCl Injection Solution 20 MG/ML	Medical	MO
HYDROmorphone HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML	Medical	MO
HYDROmorphone HCl PF Injection Solution 10 MG/ML	Medical	MO
HydroXYzine HCl Intramuscular Solution 25 MG/ML, 50 MG/ML	Medical	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
HyperRHO S/D Intramuscular Solution Prefilled Syringe 1500 UNIT, 250 UNIT	Medical	MO
Ibandronate Sodium Intravenous Solution 3 MG/3ML	Medical	PA; MO
IDArubicin HCl Intravenous Solution 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	Medical	MO
Ifosfamide Intravenous Solution Reconstituted 1 GM, 3 GM	Medical	MO
Iluvien Intraocular Implant 0.19 MG	Medical	MO
Imfinzi Intravenous Solution 120 MG/2.4ML, 500 MG/10ML	Medical	PA; MO
Imipenem-Cilastatin Intravenous Solution Reconstituted 250 MG, 500 MG	Medical	MO
Imlygic Intralesional Suspension 1000000 UNIT/ML, 100000000 UNIT/ML	Medical	PA; MO
Infed Injection Solution 50 MG/ML	Medical	MO
Intron A Injection Solution 10000000 UNIT/ML, 6000000 UNIT/ML	Medical	MO
Intron A Injection Solution Reconstituted 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Medical	MO
INVanz Injection Solution Reconstituted 1 GM	Medical	MO
INVanz Intravenous Solution Reconstituted 1 GM	Medical	MO
Invega Sustenna Intramuscular Suspension 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Medical	RO
Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML	Medical	MO
Ixempra Kit Intravenous Solution Reconstituted 15 MG, 45 MG	Medical	PA; MO
Jevtana Intravenous Solution 60 MG/1.5ML	Medical	PA; MO
Kadcyla Intravenous Solution Reconstituted 100 MG, 160 MG	Medical	PA; MO
Kenalog Injection Suspension 10 MG/ML	Medical	MO
Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML	Medical	MO
Keytruda Intravenous Solution 100 MG/4ML	Medical	PA

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
Keytruda Intravenous Solution Reconstituted 50 MG	Medical	PA
Kinevac Injection Solution Reconstituted 5 MCG	Medical	MO
Kyleena Intrauterine Intrauterine Device 19.5 MG	Medical	CVS Caremark; PREV
Kyprolis Intravenous Solution Reconstituted 30 MG, 60 MG	Medical	PA; MO
Lactated Ringers Intravenous Solution	Medical	MO
Lartruvo Intravenous Solution 190 MG/19ML, 500 MG/50ML	Medical	PA; MO
Leucovorin Calcium Injection Solution Reconstituted 100 MG, 200 MG, 350 MG, 50 MG, 500 MG	Medical	MO; Fusilev (levoleucovorin) is NOT covered.
Leuprolide Acetate Injection Kit 1 MG/0.2ML	Medical	MO
LevETIRAcetam in NaCl Intravenous Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	Medical	MO
LevoFLOXacin Intravenous Solution 25 MG/ML	Medical	MO
Levsin Injection Solution 0.5 MG/ML	Medical	MO
Levulan Kerastick External Solution Reconstituted 20 %	Medical	PA; MO
Lexiscan Intravenous Solution 0.4 MG/5ML	Medical	MO
Lincomycin HCl Injection Solution 300 MG/ML	Medical	MO
Linezolid Intravenous Solution 600 MG/300ML	Medical	MO
LORazepam Injection Solution 2 MG/ML, 4 MG/ML	Medical	MO
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG, 7.5 MG	Medical	RO
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG, 22.5 MG	Medical	RO
Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG, 15 MG, 7.5 MG	Medical	RO
Lupron Depot-Ped (3-Month) Intramuscular Kit 11.25 MG (Ped), 30 MG (Ped)	Medical	RO
Macugen Intraocular Solution 0.3 MG	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
Magnesium Sulfate Injection Solution 50 %	Medical	MO
Mannitol Intravenous Solution 20 %, 25 %	Medical	MO
MedroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML	Medical	RO; PREV
Melphalan HCl Intravenous Solution Reconstituted 50 MG	Medical	MO
Meperidine HCl Injection Solution 100 MG/ML, 25 MG/ML, 50 MG/ML	Medical	MO
Meropenem Intravenous Solution Reconstituted 1 GM, 500 MG	Medical	MO
Mesna Intravenous Solution 100 MG/ML	Medical	MO
Methadone HCl Injection Solution 10 MG/ML	Medical	MO
Methocarbamol Injection Solution 1000 MG/10ML	Medical	MO
Methylergonovine Maleate Injection Solution 0.2 MG/ML	Medical	MO
MethylPREDNISolone Acetate Injection Suspension 40 MG/ML, 80 MG/ML	Medical	MO
MethylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG, 40 MG	Medical	MO
Metoclopramide HCl Injection Solution 5 MG/ML	Medical	MO
Miacalcin Injection Solution 200 UNIT/ML	Medical	MO
Midazolam HCl Injection Solution 10 MG/2ML, 2 MG/2ML	Medical	MO
Mircera Injection Solution Prefilled Syringe 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Medical	MO
Mirena (52 MG) Intrauterine Intrauterine Device 20 MCG/24HR	Medical	CVS Caremark; PREV
MitoMYcin Intravenous Solution Reconstituted 20 MG, 40 MG, 5 MG	Medical	MO
Mitoxantrone HCl Intravenous Concentrate 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	Medical	MO
Morphine Sulfate (PF) Injection Solution 1 MG/ML	Medical	MO
Morphine Sulfate Intravenous Solution 50 MG/ML	Medical	MO
Moxifloxacin HCl Intravenous Solution 400 MG/250ML	Medical	MO

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Drug Name	Drug Tier	Requirements/Limits
Mozobil Subcutaneous Solution 24 MG/1.2ML	Medical	PA; MO
Mustargen Injection Solution Reconstituted 10 MG	Medical	MO
Mycamine Intravenous Solution Reconstituted 100 MG, 50 MG	Medical	MO
Nalbuphine HCl Injection Solution 10 MG/ML, 20 MG/ML	Medical	MO
Nesacaine Injection Solution 1 %, 2 %	Medical	MO
Neulasta Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	Medical	RO
Nexplanon Subcutaneous Implant 68 MG	Medical	CVS Caremark; PREV
Nulojix Intravenous Solution Reconstituted 250 MG	Medical	PA; MO
Ocrevus Intravenous Solution 300 MG/10ML	Medical	PA; MO
Ondansetron HCl Injection Solution 4 MG/2ML	Medical	MO
Opdivo Intravenous Solution 100 MG/10ML, 40 MG/4ML	Medical	PA
Orencia Intravenous Solution Reconstituted 250 MG	Medical	PA; MO
Orphenadrine Citrate Injection Solution 30 MG/ML	Medical	MO
Oxacillin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 2 GM	Medical	MO
Oxaliplatin Intravenous Solution 100 MG/20ML, 50 MG/10ML	Medical	MO
Ozurdex Intraocular Implant 0.7 MG	Medical	MO
PACLitaxel Intravenous Concentrate 150 MG/25ML, 30 MG/5ML, 300 MG/50ML	Medical	MO
Pamidronate Disodium Intravenous Solution Reconstituted 30 MG, 90 MG	Medical	MO
Paragard Intrauterine Copper Intrauterine Intrauterine Device	Medical	RO; MD to order from Biologics; PREV
Paricalcitol Intravenous Solution 2 MCG/ML, 5 MCG/ML	Medical	MO
Penicillin G Potassium Injection Solution Reconstituted 2000000 UNIT, 5000000 UNIT	Medical	MO

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Drug Name	Drug Tier	Requirements/Limits
Penicillin G Procaine Intramuscular Suspension 600000 UNIT/ML	Medical	MO
PENTobarbital Sodium Injection Solution 50 MG/ML	Medical	MO
Perjeta Intravenous Solution 420 MG/14ML	Medical	PA; MO
PHENobarbital Sodium Injection Solution 130 MG/ML, 65 MG/ML	Medical	MO
Phenytoin Sodium Injection Solution 50 MG/ML	Medical	MO
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
Potassium Chloride Intravenous Solution 2 MEQ/ML	Medical	MO
Procainamide HCl Injection Solution 100 MG/ML, 500 MG/ML	Medical	MO
Prochlorperazine Edisylate Injection Solution 5 MG/ML	Medical	MO
Progesterone Intramuscular Oil 50 MG/ML	Medical	MO
Prolastin-C Intravenous Solution Reconstituted 1000 MG	Medical	PA
Prolia Subcutaneous Solution 60 MG/ML	Medical	PA
Promethazine HCl Injection Solution 25 MG/ML	Medical	MO
Propranolol HCl Intravenous Solution 1 MG/ML	Medical	MO
Protamine Sulfate Intravenous Solution 10 MG/ML	Medical	MO
Pyridoxine HCl Injection Solution 100 MG/ML	Medical	MO
Radicava Intravenous Solution 30 MG/100ML	Medical	PA; MO
RaNI ^T idine HCl Injection Solution 50 MG/2ML	Medical	MO
Remicade Intravenous Solution Reconstituted 100 MG	Medical	PA; RO
Remodulin Injection Solution 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Medical	PA; MO; CVS Caremark
Retrovir Intravenous Solution 10 MG/ML	Medical	MO

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Drug Name	Drug Tier	Requirements/Limits
Rhophylac Injection Solution Prefilled Syringe 1500 UNIT/2ML	Medical	MO
Rimso-50 Intravesical Solution 50 %	Medical	MO
RisperDAL Consta Intramuscular Suspension Reconstituted 12.5 MG, 25 MG, 37.5 MG, 50 MG	Medical	RO
Rituxan Intravenous Solution 100 MG/10ML, 500 MG/50ML	Medical	PA
Ropivacaine HCl Injection Solution 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML	Medical	MO
SandoSTATIN LAR Depot Intramuscular Kit 10 MG, 20 MG, 30 MG	Medical	PA
Simponi Aria Intravenous Solution 50 MG/4ML	Medical	PA; MO
Simulect Intravenous Solution Reconstituted 10 MG, 20 MG	Medical	MO
Skyla Intrauterine Intrauterine Device 13.5 MG	Medical	CVS Caremark; PREV
Sodium Chloride Intravenous Solution 0.9 %	Medical	MO
Solu-CORTEF Injection Solution Reconstituted 100 MG, 1000 MG, 250 MG, 500 MG	Medical	MO
Somatuline Depot Subcutaneous Solution 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	Medical	PA; RO
Stelara Subcutaneous Solution 45 MG/0.5ML	Medical	PA; RO
Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML	Medical	PA; RO
Streptomycin Sulfate Intramuscular Solution Reconstituted 1 GM	Medical	MO
Sylvant Intravenous Solution Reconstituted 100 MG, 400 MG	Medical	PA; MO
Synagis Intramuscular Solution 100 MG/ML, 50 MG/0.5ML	Medical	PA
Synercid Intravenous Solution Reconstituted 150-350 MG	Medical	MO
Tecentriq Intravenous Solution 1200 MG/20ML	Medical	PA; MO
Teflaro Intravenous Solution Reconstituted 400 MG, 600 MG	Medical	MO
Temodar Intravenous Solution Reconstituted 100 MG	Medical	MO

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Drug Name	Drug Tier	Requirements/Limits
Terbutaline Sulfate Injection Solution 1 MG/ML	Medical	MO
Theophylline in D5W Intravenous Solution 0.8-5 MG/ML-%	Medical	MO
TheraCys Intravesical Suspension Reconstituted 81 MG/VIAL	Medical	MO
Thiamine HCl Injection Solution 100 MG/ML	Medical	MO
Thyrogen Intramuscular Solution Reconstituted 1.1 MG	Medical	PA; MO; CVS Caremark
Tigan Intramuscular Solution 100 MG/ML	Medical	MO
Tigecycline Intravenous Solution Reconstituted 50 MG	Medical	MO
TNKase Intravenous Kit 50 MG	Medical	MO
Tobramycin Sulfate Injection Solution 10 MG/ML, 80 MG/2ML	Medical	MO
Tobramycin Sulfate Injection Solution Reconstituted 1.2 GM	Medical	MO
Topotecan HCl Intravenous Solution Reconstituted 4 MG	Medical	MO
Treanda Intravenous Solution Reconstituted 100 MG, 25 MG	Medical	
Trelstar Mixject Intramuscular Suspension Reconstituted 11.25 MG, 22.5 MG, 3.75 MG	Medical	MO
Triamcinolone Acetonide Injection Suspension 40 MG/ML	Medical	MO
Triesence Intraocular Suspension 40 MG/ML	Medical	MO
Trisenox Intravenous Solution 10 MG/10ML	Medical	MO
Tysabri Intravenous Concentrate 300 MG/15ML	Medical	PA; MO
Vancomycin HCl Intravenous Solution Reconstituted 10 GM, 5000 MG, 750 MG	Medical	MO
Vectibix Intravenous Solution 100 MG/5ML, 200 MG/10ML, 400 MG/20ML	Medical	PA; MO
Velcade Injection Solution Reconstituted 3.5 MG	Medical	PA; MO
Venofer Intravenous Solution 20 MG/ML	Medical	MO
VinBLAStine Sulfate Intravenous Solution 1 MG/ML	Medical	MO

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Drug Name	Drug Tier	Requirements/Limits
VinCRISTine Sulfate Intravenous Solution 1 MG/ML	Medical	MO
Vinorelbine Tartrate Intravenous Solution 10 MG/ML	Medical	MO
Visudyne Intravenous Solution Reconstituted 15 MG	Medical	PA; MO
Vitamin K1 Injection Solution 1 MG/0.5ML	Medical	MO
WinRho SDF Injection Solution 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	Medical	MO
Xeomin Intramuscular Solution Reconstituted 100 UNIT, 200 UNIT, 50 UNIT	Medical	PA; MO
Xolair Subcutaneous Solution Reconstituted 150 MG	Medical	PA; RO
Yervoy Intravenous Solution 200 MG/40ML, 50 MG/10ML	Medical	PA
Zaltrap Intravenous Solution 100 MG/4ML, 200 MG/8ML	Medical	PA; MO
Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	Medical	MO
Zoladex Subcutaneous Implant 10.8 MG, 3.6 MG	Medical	MO
Zoledronic Acid Intravenous Solution 5 MG/100ML	Medical	RO
ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG, 300 MG, 405 MG	Medical	RO

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Fax: 386-676-7149,
Email: 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 연결되려면 1-877-615-4022. (TTY: TRS Relay 711) 번으로 전화해 주십시오.

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

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

หากคุณ หรือคนที่กำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ Florida Health Care Plans คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร.

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

Florida Health Care Plan, Inc. d/b/a Florida Health Care Plans ("FHCP") offers health insurance coverage products. FHCP is an affiliate of Blue Cross and Blue Shield of Florida, d/b/a Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.
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