Florida Health Care Plans

An Independent Licensee of the Blue Cross and Blue Shield Association

Commercial Plans

2019 FORMULARY

(LIST OF COVERED DRUGS)

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

This Florida Health Care Plans drug list (formulary) was updated 12/27/2019. 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/commercial-2019-formulary

Medical Formulary Begins on Page 73

Note to Existing Members
Please review this document to make sure that it contains the drugs you take. When this drug 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 CONTAINS BOTH PHARMACY FORMULARY AND MEDICAL FORMULARY

(medication administered incident to a physician/clinic visit)

This document includes a list of the drugs covered by FHCP which is effective **12/01/2019**. The drug list begins on page **3. The medical formulary begins on page 73**. 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 drug 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 drugs 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 drugs on the basis of safety, efficacy, tolerability, and cost. The P&T Committee reviews and updates the drug list quarterly. New drugs and newly available generics are added as needed, and drugs that are deemed unsafe by the Food and Drug Administration (FDA) are immediately removed.

Your prescription drug benefit provides coverage for drugs 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 drugs within the classes listed. Information on drug coverage for a non-listed therapeutic drug class should be directed to a FHCP pharmacist or physician. If your physician prescribes a drug that is not covered, show your physician this list, and ask the physician to prescribe a drug from within the FHCP Formulary.
Any drug not listed in the FHCP Formulary is considered a non-covered drug and is subject to a higher out of pocket costs.

Are There Any Restrictions On My Coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **(DL) Dispensing Limit:** These drugs cannot be dispensed for more than a 31 day supply.

- **(PA) Prior Authorization:** FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescription. If you do not get approval, FHCP will not cover the drug. **Prior Authorization drugs must be obtained from FHCP pharmacies.**

- **(PREV) Preventive Medications*:** The Affordable Care Act requires coverage of certain preventive medications without any patient cost-sharing. The preventive medications listed on formulary are available to "ACA compliant" and "Non-Grandfathered" plans only. **Preventive medications must be obtained from FHCP pharmacies.**

- **(QL) Quantity Limits:** For certain drugs, FHCP limits the amount of the drug 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 drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FHCP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FHCP will then cover Drug B. **Step therapy drugs must be obtained from FHCP pharmacies**.

- **(SP) Specialty Pharmacy Only:** Certain drugs can only be filled via specialty pharmacies. In most cases, the name of the specialty pharmacy that must be used will be listed in the Requirements/Limits column on the formulary. The contact information for those pharmacies is listed below:

Specialty Pharmacy	Phone
Biologics - Biologics, Inc.	1-800-850-4306
CVS Caremark - CVS Caremark Specialty	1-866-278-5108
Diplomat - Diplomat Specialty Pharmacy	1-954-527-0440
Dohmen - Dohmen Life Science Services, LLC	1-866-849-4481
Express Scripts - Express Scripts Specialty	1-866-997-3688
Optime - Optime Care, Inc.	1-610-597-4421

Some Specialty Pharmacy Only drugs will not have a specialty pharmacy name listed. For more information about where to fill those drugs, please contact Pharmacy Services at 1-888-676-7173

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

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs 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 Drug Is Not On The Formulary?
If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by FHCP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by FHCP.

- You can ask FHCP to make an exception and cover your drug. See below for information about how to request an exception.

How Do I Request An Exception To The Formulary?
You can ask FHCP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FHCP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, 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 Drugs Or Requesting An Exception?
As a new or continuing Member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a Member of our plan. For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to

a FHCP pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a Member of the plan less than 90-days.

Drug Transition Program For New FHCP Members
To begin the transition process, you will need to fill out a "Drug 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 drugs, 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 drug, excluding specialty drugs, 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 drug to be medically necessary, request a formulary exception. Specialty drugs will require review and authorization through the Referral Department prior to coverage.

How Much Will My Prescriptions Cost?
Your pharmacy benefit and the drugs listed in the formulary are assigned a "TIER." There are eight (8) 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.

For More Information
For more detailed information about your FHCP prescription drug 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/commercial-2019-formulary. If you are unable to find a certain drug within this booklet, please check out our website.

How To Search For A Drug In The Florida Health Care Plan Preferred Drug List (Formulary)
Go to www.fhcp.com/commercial-2019-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 drug 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.

Affordable Care Act - Preventive Drugs Available for $0 Cost-Sharing
The Affordable Care Act (ACA) requires coverage of certain preventive drugs without any patient cost-sharing to ACA compliant and non-grandfathered plans. "ACA compliant" and "non-grandfathered" plan means any health plan available to subscribers created by FHCP on or after March 23, 2010. For more information call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

The products listed below are available for $0 cost-sharing for members on ACA compliant and non-grandfathered plans when applicable requirements are met. Some products may have restrictions such as age or gender limits. For members on grandfathered plans, not all products listed in the tables on pages v-vi are covered and coverage will be based on tier for products that are covered.

In order for $0 cost-sharing to apply, all products in the following tables must be filled at an FHCP pharmacy and require a prescription for coverage, including over the counter items.

Category	Example of Covered Product
Antihyperlipidemics	Lovastatin Tablet 10 MG, 20MG, 40MG Oral Tablet
Aspirin *Covered for ages 79 and under*	Aspirin 81 MG Delayed Release Oral Tablet Aspirin 81 MG Chewable Oral Tablet
Multivitamins w/ Fluoride *Covered for ages 12 months and under*	Multivitamin/Fluoride 0.25 MG/ML, 0.5 MG/ML Oral Solution Multivitamin/Fluoride/Iron 0.25-10 MG/ML Oral Solution Multivitamin/Fluoride 0.25 MG Chewable Tablet
Fluoride *Covered for ages 6 months to 6 years*	Sodium Fluoride 0.55 MG, 1.1 MG, 2.2 MG Chewable Tablet Sodium Fluoride 1.1 (0.5 F) MG/ML Oral Solution
Folic Acid *Covered for ages 11 to 49 years*	Folic Acid 400 MCG, 800 MCG Oral Tablet
Smoking Cessation *Quantity limit of 90 days per 1 year*	Bupropion ER (Smoking Det) 150 MG Oral Tablet Nicotine 14 MG/24HR, 21 MG/24HR, 7 MG/24HR Transdermal Patch Nicotine Polacrilex 2 MG, 4 MG Gum Nicotine Polacrilex 2 MG, 4 MG Lozenge
Vitamin D Supplements *Covered for ages 65 years and up*	Vitamin D3 1000 UNIT, 400 UNIT Oral Capsule

Contraceptives
Below are the 16 FDA-approved contraceptive methods and a covered example of each.
Oral contraceptives may be obtained at non-preferred pharmacies; however a Tier 2 copay will apply.

Cervical Cap	
	FemCap DEVICE 22 MM, 26 MM, 30 MM Vaginal
Contraceptive Sponge	
	Today Sponge 1000 MG Vaginal
Diaphragm	
	Caya DIAPHRAGM Vaginal
Emergency Contraceptives	
Levonorgestrel	Levonorgestrel Tablet 1.5 MG Oral
Ulipristal Acetate	Ella Tablet 30 MG Oral
Female Condom	
	FC2 Female Condom

Contraceptives (Continued)

Implantable Rods	
Etonogestrel	Nexplanon Implant 68 MG Subcutaneous
Injectable	
Medroxyprogesterone	Medroxyprogesterone Acetate Suspension 150 MG/ML Intramuscular
IUD	
Copper	Paragard Copper Intrauterine Device
Levonorgestrel	Kyleena Intrauterine Device 19.5 MG Mirena (52 MG) Intrauterine Device 20 MCG/24HR Skyla Intrauterine Device 13.5 MG
Oral-Combination	
Desogestrel-Ethinyl Estradiol	Apri Tablet 0.15-30 MG-MCG
Drospirenone-Ethinyl Estradiol	Nikki Tablet 3-0.02 MG
Ethynodiol Diacetate-Ethinyl Estradiol	Ethynodiol Diac-Eth Estradiol Tablet 1-50 MG-MCG Kelnor 1/35 Tablet 1-35 MG-MCG Zovia 1/35E (28) Tablet 1-35 MG-MCG
Levonorgestrel-Ethinyl Estradiol	Levonorgestrel-Ethinyl Estrad Tablet 0.15-30 MG-MCG Orsythia Tablet 0.1-20 MG-MCG
Levonorg-Ethinyl Estradiol Triphasic	Enpresse-28 Tablet
Norethindrone Ace-Ethinyl Estradiol-FE	Junel FE 1.5/30 Tablet 1.5-30 MG-MCG Junel FE 1/20 Tablet 1-20 MG-MCG
Norethindrone-Ethinyl Estradiol	Nortrel 0.5/35 (28) Tablet 0.5-35 MG-MCG Nortrel 1/35 (28) Tablet 1-35 MG-MCG
Norethindrone-Mestranol	Necon 1/50 (28) Tablet 1-50 MG-MCG
Norethin-Ethinyl Estradiol Biphasic	Necon 10/11 (28) Tablet 35 MCG
Norgestimate-Ethinyl Estradiol	Sprintec 28 Tablet 0.25-35 MG-MCG
Norgestim-Ethinyl Estradiol Triphasic	Tri-Lo-Sprintec Tablet 0.18/0.215/0.25 MG-25 MCG Tri-Sprintec Tablet 0.18/0.215/0.25 MG-35 MCG
Norgestrel-Ethinyl Estradiol	Cryselle-28 Tablet 0.3-30 MG-MCG Ogestrel Tablet 0.5-50 MG-MCG
Oral-Extended/ Continuous Use	
Levonorgestrel-Ethinyl Estradiol	Levonorgest-Eth Estrad 91-Day Tablet 0.1-0.02 & 0.01 MG Levonorgest-Eth Estrad 91-Day TABLET 0.15-0.03 &0.01 MG
Oral-Progestin Only	
Norethindrone	Camila Tablet 0.35 MG
Spermicides	
Nonoxynol-9	Encare Suppository 100 MG Vaginal VCF Vaginal Contraceptive Gel 4 % Vaginal Options Gynol II Contraceptive Gel 3 % Vaginal VCF Vaginal Contraceptive Foam 12.5 % Vaginal
Transdermal Patch	
Norelgestromin-Ethinyl Estradiol	Xulane Patch Weekly 150-35 MCG/24HR Transdermal
Vaginal Ring	
Etonogestrel-Ethinyl Estradiol	NuvaRing Ring 0.12-0.015 MG/24HR Vaginal

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- Flu vaccines are $0 for all plans. All other drugs in this tier are $0 for non-grandfathered plans, and are not covered on grandfathered plans.
8: Medical Benefit

Requirements/ Limits
AL: Age Limit Applies
DL: Dispensing Limit Applies
FHCP: Must be filled at FHCP Pharmacies Only
PA: Prior Authorization Required
PREV: $0 for non-grandfathered plans, cost-sharing based on tier for grandfathered plans
QL: Quantity Limit Applies
RM: Available Via Retail and Mail Order
RO: Available Via Retail Only
SP: Available Via Specialty Pharmacy Only
ST: Step Therapy Required
*: Discount List

Florida Health Care Plans

2019 Commercial Formulary

Table of Contents

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

DL: Max 31-day supply **FHCP**: Must be filled at FHCP pharmacy *: On discount list

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

Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
Neomycin Sulfate Oral Tablet 500 MG	2	RO; DL
Paromomycin Sulfate Oral Capsule 250 MG	3	RO; DL
Tobramycin Sulfate Injection Solution 10 MG/ML, 80 MG/2ML	2	RO
Analgesics - Anti-Inflammatory		
Arcalyst Subcutaneous Solution Reconstituted 220 MG	5	PA; SP; DL
Celecoxib Oral Capsule 100 MG, 200 MG, 400 MG, 50 MG	2	RM; FHCP
Diclofenac Sodium Oral Tablet Delayed Release 25 MG	2	RM
Diclofenac Sodium Oral Tablet Delayed Release 50 MG, 75 MG	2	RM; *
Enbrel Mini Subcutaneous Solution Cartridge 50 MG/ML	5	PA; RO; DL
Enbrel Subcutaneous Solution Prefilled Syringe 25 MG/0.5ML, 50 MG/ML	5	PA; RO; DL
Enbrel Subcutaneous Solution Reconstituted 25 MG	5	PA; RO; DL
Enbrel SureClick Subcutaneous Solution Auto-Injector 50 MG/ML	5	PA; RO; DL
Etodolac ER Oral Tablet Extended Release 24 Hour 400 MG, 500 MG, 600 MG	2	RM
Etodolac Oral Capsule 200 MG, 300 MG	2	RM
Etodolac Oral Tablet 400 MG, 500 MG	2	RM
Fenoprofen Calcium Oral Tablet 600 MG	2	RM
Humira Pediatric Crohns Start Subcutaneous Prefilled Syringe Kit 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	6	PA; RO; DL
Humira Pen Subcutaneous Pen-Injector Kit 40 MG/0.4ML, 40 MG/0.8ML	6	PA; RO; DL
Humira Pen-CD/UC/HS Starter Subcutaneous Pen-Injector Kit 40 MG/0.8ML	6	PA; RO; DL
Humira Pen-Ps/UV/Adol HS Start Subcutaneous Pen-Injector Kit 40 MG/0.8ML	6	PA; RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Humira Subcutaneous Prefilled Syringe Kit 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	6	PA; RO; DL
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	1	RM
Indomethacin ER Oral Capsule Extended Release 75 MG	2	RM
Indomethacin Oral Capsule 25 MG, 50 MG	2	RM
Ketoprofen Oral Capsule 50 MG, 75 MG	2	RM
Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML	3	RM
Ketorolac Tromethamine Oral Tablet 10 MG	2	RM; QL (20 EA per 31 days)
Kineret Subcutaneous Solution Prefilled Syringe 100 MG/0.67ML	5	PA; RO; DL
Leflunomide Oral Tablet 10 MG, 20 MG	1	RM
Meclofenamate Sodium Oral Capsule 100 MG, 50 MG	2	RM
Meloxicam Oral Tablet 15 MG, 7.5 MG	1	RM; *
Nabumetone Oral Tablet 500 MG, 750 MG	2	RM
Naproxen Oral Suspension 125 MG/5ML	2	RO; DL
Naproxen Oral Tablet 250 MG, 375 MG, 500 MG	1	RM; *
Piroxicam Oral Capsule 10 MG, 20 MG	2	RM
Simponi Aria Intravenous Solution 50 MG/4ML	5	PA; RO
Simponi Subcutaneous Solution Auto-Injector 100 MG/ML, 50 MG/0.5ML	5	PA; RO; DL
Simponi Subcutaneous Solution Prefilled Syringe 100 MG/ML, 50 MG/0.5ML	5	PA; RO; DL
Sulindac Oral Tablet 150 MG, 200 MG	2	RM
Xeljanz Oral Tablet 10 MG, 5 MG	5	PA; RO; DL
Xeljanz XR Oral Tablet Extended Release 24 Hour 11 MG	5	PA; RO; DL
Analgesics - Nonnarcotic		
Adult Aspirin EC Low Strength Oral Tablet Delayed Release 81 MG	7	RM; (Prescription Required); PREV; AL (Max 79 Years)
Aspirin Adult Low Strength Oral Tablet Chewable 81 MG	7	RM; (Prescription Required); PREV; AL (Max 79 Years)

DL: Max 31-day supply **FHCP**: Must be filled at FHCP pharmacy *: On discount list

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

Drug Name	Drug Tier	Requirements/Limits
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	2	RM
Butalbital-Aspirin-Caffeine Oral Capsule 50-325-40 MG	2	RM
Salsalate Oral Tablet 500 MG, 750 MG	2	RM
Analgesics - Opioid		
Acetaminophen-Codeine #3 Oral Tablet 300-30 MG	2	RM
Acetaminophen-Codeine Oral Solution 120-12 MG/5ML	2	RO; DL
Acetaminophen-Codeine Oral Tablet 300-15 MG, 300-60 MG	2	RM
Buprenorphine HCl Injection Solution 0.3 MG/ML	2	RO; DL
Buprenorphine HCl Sublingual Tablet Sublingual 2 MG, 8 MG	2	RO; DL
Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG	2	RO; DL
Butalbital-ASA-Caff-Codeine Oral Capsule 50-325-40-30 MG	2	RM
Codeine Sulfate Oral Tablet 15 MG, 30 MG	2	RM
fentaNYL Citrate (PF) Injection Solution 100 MCG/2ML, 250 MCG/5ML	2	RO; DL
FentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	2	PA; RO; DL
HYDROcodone-Acetaminophen Oral Solution 7.5-325 MG/15ML	2	RO; QL (2700 ML per 30 days); DL
HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, 5-325 MG, 7.5-325 MG	2	RM
HYDROmorphone HCl Oral Liquid 1 MG/ML	2	RO; DL
HYDROmorphone HCl Oral Tablet 2 MG, 4 MG, 8 MG	2	RM
Meperidine HCl Oral Tablet 100 MG, 50 MG	2	RM
Methadone HCl Oral Solution 5 MG/5ML	2	RO; DL
Methadone HCl Oral Tablet 10 MG, 5 MG	2	RM
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML	2	RO; DL
Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	2	RM

DL: Max 31-day supply **FHCP**: Must be filled at FHCP pharmacy *: On discount list

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

Drug Name	Drug Tier	Requirements/Limits
Morphine Sulfate Oral Solution 10 MG/5ML, 20 MG/5ML	2	RO; DL
Morphine Sulfate Oral Tablet 15 MG, 30 MG	2	RM
Nalbuphine HCl Injection Solution 10 MG/ML, 20 MG/ML	2	RM
OxyCODONE HCl Oral Solution 5 MG/5ML	2	RO; DL
oxyCODONE HCl Oral Tablet 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	2	RM
Oxycodone-Acetaminophen Oral Solution 5-325 MG/5ML	2	RO; DL
Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	RM
traMADol HCl Oral Tablet 50 MG	2	RM
Androgens-Anabolic		
Anadrol-50 Oral Tablet 50 MG	5	PA; RO; DL
Androxy Oral Tablet 10 MG	4	RM
Danazol Oral Capsule 100 MG, 200 MG, 50 MG	2	RM
Oxandrolone Oral Tablet 10 MG, 2.5 MG	2	PA; RM
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML	2	RM
Testosterone Enanthate Intramuscular Solution 200 MG/ML	4	RM
Testosterone Transdermal Gel 25 MG/2.5GM (1%)	3	RM; QL (75 GM per 30 days)
Testosterone Transdermal Gel 50 MG/5GM (1%)	3	RM; QL (300 GM per 30 days)
Anorectal Agents		
Hydrocortisone Acetate Rectal Suppository 25 MG	2	RO; DL
Hydrocortisone Rectal Enema 100 MG/60ML	2	RO; QL (1680 ML per 28 days); DL
Proctozone-HC Rectal Cream 2.5 %	2	RO; QL (30 GM per 30 days); DL
Anthelmintics		
Albendazole Oral Tablet 200 MG	4	RO; DL
Ivermectin Oral Tablet 3 MG	2	RO; DL
Antianginal Agents		
Isosorbide Dinitrate Oral Tablet 10 MG, 20 MG, 30 MG, 5 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 120 MG, 30 MG, 60 MG	2	RM
Nitro-Bid Transdermal Ointment 2 %	3	RO; DL
Nitroglycerin ER Oral Capsule Extended Release 2.5 MG, 6.5 MG, 9 MG	2	RM
Nitroglycerin Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG	2	RM
Nitroglycerin Transdermal Patch 24 Hour 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	RM
Nitrostat Sublingual Tablet Sublingual 0.3 MG, 0.4 MG, 0.6 MG	3	RM
Ranolazine ER Oral Tablet Extended Release 12 Hour 1000 MG, 500 MG	2	PA; RM; FHCP
Antianxiety Agents		
ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG	2	RM
BusPIRone HCl Oral Tablet 10 MG, 15 MG, 30 MG, 5 MG	2	RM
ChlordiazePOXIDE HCl Oral Capsule 10 MG, 25 MG, 5 MG	2	RM
Clorazepate Dipotassium Oral Tablet 15 MG, 3.75 MG, 7.5 MG	2	RM
DiazePAM Oral Solution 1 MG/ML	2	RO; DL
DiazePAM Oral Tablet 10 MG, 2 MG, 5 MG	2	RM
HydrOXYzine HCl Oral Syrup 10 MG/5ML	2	RO; DL
hydrOXYzine HCl Oral Tablet 10 MG, 25 MG, 50 MG	2	RM
HydrOXYzine Pamoate Oral Capsule 100 MG, 25 MG, 50 MG	2	RM
LORazepam Oral Concentrate 2 MG/ML	2	RO; DL
LORazepam Oral Tablet 0.5 MG, 1 MG, 2 MG	2	RM
Meprobamate Oral Tablet 200 MG, 400 MG	2	RM
Antiarrhythmics		
Amiodarone HCl Oral Tablet 100 MG, 200 MG, 400 MG	2	RM
Disopyramide Phosphate Oral Capsule 100 MG, 150 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Dofetilide Oral Capsule 125 MCG, 250 MCG, 500 MCG	2	RM
Flecainide Acetate Oral Tablet 100 MG, 150 MG, 50 MG	2	RM
Mexiletine HCl Oral Capsule 150 MG, 200 MG, 250 MG	2	RM
Multaq Oral Tablet 400 MG	4	PA; RM
Norpace CR Oral Capsule Extended Release 12 Hour 100 MG, 150 MG	4	RM
Propafenone HCl Oral Tablet 150 MG, 225 MG, 300 MG	2	RM
QuiNIDine Gluconate ER Oral Tablet Extended Release 324 MG	2	RM
QuiNIDine Sulfate Oral Tablet 200 MG, 300 MG	2	RM
Antiasthmatic And Bronchodilator Agents		
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	2	RM
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	2	RM; QL (1 BOX Max Qty Per Fill Retail)
Albuterol Sulfate Oral Syrup 2 MG/5ML	2	RO; DL
Albuterol Sulfate Oral Tablet 2 MG, 4 MG	2	RM
Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/INH	3	RM
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 200 MCG/ACT	3	RM
Arnuity Ellipta Inhalation Aerosol Powder Breath Activated 50 MCG/ACT	3	RM; QL (30 EA per 30 days)
Asmanex (120 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/INH	3	RM; QL (1 EA per 30 days)
Asmanex (30 Metered Doses) Inhalation Aerosol Powder Breath Activated 110 MCG/INH, 220 MCG/INH	3	RM; QL (1 EA per 30 days)
Asmanex (60 Metered Doses) Inhalation Aerosol Powder Breath Activated 220 MCG/INH	3	RM; QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Asmanex HFA Inhalation Aerosol 100 MCG/ACT, 200 MCG/ACT	3	RM; QL (13 GM per 30 days)
Atrovent HFA Inhalation Aerosol Solution 17 MCG/ACT	3	RM
Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/INH, 200-25 MCG/INH	3	RM
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	2	PA; RM; QL (1 box Max Qty Per Fill Retail); AL (Min 6 Months and Max 8 Years)
Cromolyn Sodium Inhalation Nebulization Solution 20 MG/2ML	2	RM; QL (1 BOX Max Qty Per Fill Retail)
Daliresp Oral Tablet 250 MCG, 500 MCG	3	PA; RM; QL (31 EA per 31 days)
Flovent Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	RM
Flovent HFA Inhalation Aerosol 110 MCG/ACT	3	RM; QL (12 GM per 30 days)
Flovent HFA Inhalation Aerosol 220 MCG/ACT	3	RM; QL (24 GM per 30 days)
Flovent HFA Inhalation Aerosol 44 MCG/ACT	3	RM; 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	RM
Incruse Ellipta Inhalation Aerosol Powder Breath Activated 62.5 MCG/INH	3	RM
Ipratropium Bromide Inhalation Solution 0.02 %	2	RM; QL (1 BOX Max Qty Per Fill Retail)
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML	2	RM; QL (1 BOX Max Qty Per Fill Retail)
Metaproterenol Sulfate Oral Syrup 10 MG/5ML	2	RM
Metaproterenol Sulfate Oral Tablet 10 MG, 20 MG	2	RM
Montelukast Sodium Oral Packet 4 MG	2	RM
Montelukast Sodium Oral Tablet 10 MG	1	RM; *
Montelukast Sodium Oral Tablet Chewable 4 MG, 5 MG	1	RM; *

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Drug Name	Drug Tier	Requirements/Limits
Serevent Diskus Inhalation Aerosol Powder Breath Activated 50 MCG/DOSE	3	RM
Striverdi Respimat Inhalation Aerosol Solution 2.5 MCG/ACT	3	RM
Terbutaline Sulfate Oral Tablet 2.5 MG, 5 MG	2	RM
Theophylline ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 300 MG, 450 MG	2	RM
Theophylline ER Oral Tablet Extended Release 24 Hour 400 MG, 600 MG	2	RM
Theophylline Oral Solution 80 MG/15ML	2	RO; DL
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/INH	3	ST; RM
Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	3	RM
Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	RM; FHCP
Xolair Subcutaneous Solution Prefilled Syringe 150 MG/ML, 75 MG/0.5ML	6	PA; RO; DL
Xolair Subcutaneous Solution Reconstituted 150 MG	6	PA; RO; DL
Zileuton ER Oral Tablet Extended Release 12 Hour 600 MG	5	PA; RO; DL
Anticoagulants		
Eliquis Oral Tablet 2.5 MG, 5 MG	3	RM
Eliquis Starter Pack Oral Tablet 5 MG	3	RO; DL
Enoxaparin Sodium Subcutaneous Solution 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	2	RO; DL
Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	4	RO; FHCP; DL
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML	2	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Pradaxa Oral Capsule 110 MG, 150 MG, 75 MG	4	RM
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	RM
Xarelto Oral Tablet 10 MG, 15 MG, 20 MG	3	RM
Xarelto Oral Tablet 2.5 MG	3	RM; QL (60 EA per 30 days)
Xarelto Starter Pack Oral Tablet Therapy Pack 15 & 20 MG	3	RO; DL
Anticonvulsants		
Aptiom Oral Tablet 200 MG, 400 MG, 600 MG, 800 MG	4	PA; RM
Banzel Oral Suspension 40 MG/ML	4	PA; RO; DL
Banzel Oral Tablet 200 MG, 400 MG	4	PA; RM
CarBAMazepine Oral Suspension 100 MG/5ML	2	RO; DL
carBAMazepine Oral Tablet 200 MG	2	RM
CarBAMazepine Oral Tablet Chewable 100 MG	2	RM
Celontin Oral Capsule 300 MG	4	RM
CloBAZam Oral Suspension 2.5 MG/ML	2	PA; RO; DL
CloBAZam Oral Tablet 10 MG, 20 MG	2	PA; RM
ClonazePAM Oral Tablet 0.5 MG, 1 MG, 2 MG	2	RM
ClonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG	2	RM
DiazePAM Rectal Gel 10 MG, 2.5 MG, 20 MG	4	RO; QL (4 EA per 30 days); DL
Dilantin Oral Capsule 30 MG	3	RM
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG, 500 MG	2	RM
Divalproex Sodium Oral Capsule Delayed Release Sprinkle 125 MG	2	RM
Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG, 500 MG	2	RM; *
Ethosuximide Oral Capsule 250 MG	2	RM
Ethosuximide Oral Solution 250 MG/5ML	2	RO; DL
Felbamate Oral Suspension 600 MG/5ML	2	RO; DL
Felbamate Oral Tablet 400 MG, 600 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Fycompa Oral Tablet 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; RO; QL (31 EA per 31 days); DL
Gabapentin Oral Capsule 100 MG, 300 MG, 400 MG	2	RM
Gabapentin Oral Solution 250 MG/5ML	2	RO; DL
Gabapentin Oral Tablet 600 MG, 800 MG	2	RM
LamoTRIgine Oral Tablet 100 MG, 150 MG, 200 MG, 25 MG	2	RM
LamoTRIgine Oral Tablet Chewable 25 MG, 5 MG	2	RM
LevETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	2	RM
LevETIRAcetam Oral Solution 100 MG/ML	2	RO; DL
LevETIRAcetam Oral Tablet 1000 MG, 250 MG, 500 MG, 750 MG	2	RM
OXcarbazepine Oral Suspension 300 MG/5ML	2	RO; DL
OXcarbazepine Oral Tablet 150 MG, 300 MG, 600 MG	2	RM
Phenytoin Oral Suspension 125 MG/5ML	2	RO; DL
Phenytoin Oral Tablet Chewable 50 MG	2	RM
Phenytoin Sodium Extended Oral Capsule 100 MG	2	RM
Phenytoin Sodium Injection Solution 50 MG/ML	2	RO; DL
Potiga Oral Tablet 200 MG, 300 MG, 400 MG, 50 MG	4	SP
Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	ST; RM; QL (93 EA per 31 days)
Primidone Oral Tablet 250 MG, 50 MG	2	RM
TiaGABine HCl Oral Tablet 12 MG, 16 MG, 2 MG, 4 MG	2	RM
Topiramate Oral Capsule Sprinkle 15 MG, 25 MG	2	RM
Topiramate Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG	2	RM
Valproate Sodium Oral Solution 250 MG/5ML	2	RO; DL
Valproic Acid Oral Capsule 250 MG	2	RM
Vimpat Oral Solution 10 MG/ML	5	PA; RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Vimpat Oral Tablet 100 MG, 150 MG, 200 MG, 50 MG	5	PA; RO; DL
Zonisamide Oral Capsule 100 MG, 25 MG, 50 MG	2	RM
Antidepressants		
Amitriptyline HCl Oral Tablet 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	1	RM
Amoxapine Oral Tablet 100 MG, 150 MG, 25 MG, 50 MG	2	RM
BuPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG, 150 MG	2	RM
BuPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG	2	RM
BuPROPion HCl Oral Tablet 100 MG, 75 MG	2	RM
Citalopram Hydrobromide Oral Solution 10 MG/5ML	1	RO; DL
Citalopram Hydrobromide Oral Tablet 10 MG, 20 MG, 40 MG	1	RM; *
ClomiPRAMINE HCl Oral Capsule 25 MG, 50 MG, 75 MG	2	RM
Desipramine HCl Oral Tablet 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	2	RM
Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 25 MG, 50 MG	2	RM
Doxepin HCl Oral Capsule 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	2	RM
Doxepin HCl Oral Concentrate 10 MG/ML	2	RO; DL
DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG	2	RM
Emsam Transdermal Patch 24 Hour 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	4	PA; RM
Escitalopram Oxalate Oral Solution 5 MG/5ML	2	RO; DL
Escitalopram Oxalate Oral Tablet 10 MG, 20 MG, 5 MG	2	RM; *
FLUoxetine HCl Oral Capsule 10 MG, 20 MG	1	RM; *
FLUoxetine HCl Oral Capsule 40 MG	1	RM
FLUoxetine HCl Oral Solution 20 MG/5ML	2	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
FluvoxaMINE Maleate Oral Tablet 100 MG, 25 MG, 50 MG	2	RM
Imipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG	2	RM
Maprotiline HCl Oral Tablet 25 MG, 50 MG, 75 MG	2	RM
Marplan Oral Tablet 10 MG	4	RM
Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG, 7.5 MG	2	RM
Mirtazapine Oral Tablet Dispersible 15 MG, 30 MG, 45 MG	2	RM
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	RM
Nortriptyline HCl Oral Capsule 10 MG, 25 MG, 50 MG, 75 MG	1	RM
Nortriptyline HCl Oral Solution 10 MG/5ML	2	RO; DL
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG, 37.5 MG	2	RM
PARoxetine HCl Oral Tablet 10 MG, 20 MG, 30 MG, 40 MG	1	RM; *
Paxil Oral Suspension 10 MG/5ML	4	RO; DL
Phenelzine Sulfate Oral Tablet 15 MG	2	RM
Protriptyline HCl Oral Tablet 10 MG, 5 MG	2	RM
Sertraline HCl Oral Concentrate 20 MG/ML	2	RO; DL
Sertraline HCl Oral Tablet 100 MG, 25 MG, 50 MG	1	RM; *
Tranylcypromine Sulfate Oral Tablet 10 MG	2	RM
traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG	1	RM
Trimipramine Maleate Oral Capsule 100 MG, 25 MG, 50 MG	2	RM
Trintellix Oral Tablet 10 MG, 20 MG, 5 MG	4	PA; RM
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG	2	RM; *
Venlafaxine HCl Oral Tablet 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG	1	RM; *
Viibryd Oral Tablet 10 MG, 20 MG, 40 MG	4	RM
Viibryd Starter Pack Oral Kit 10 & 20 MG	4	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Antidiabetics		
Acarbose Oral Tablet 100 MG, 25 MG, 50 MG	2	RM
Baqsimi One Pack Nasal Powder 3 MG/DOSE	3	PA; RO
Basaglar KwikPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	4	RM; FHCP
Bydureon BCise Subcutaneous Auto-Injector 2 MG/0.85ML	3	ST; RM
Bydureon Subcutaneous Pen-Injector 2 MG	3	ST; RM
Bydureon Subcutaneous Suspension Reconstituted ER 2 MG	3	ST; RM
Byetta 10 MCG Pen Subcutaneous Solution Pen-Injector 10 MCG/0.04ML	3	ST; RM
Byetta 5 MCG Pen Subcutaneous Solution Pen-Injector 5 MCG/0.02ML	3	ST; RM
chlorproPAMIDE Oral Tablet 100 MG, 250 MG	2	RM
Farxiga Oral Tablet 10 MG, 5 MG	3	ST; RM; QL (31 EA per 31 days)
Fiasp FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML	3	RM
Fiasp Subcutaneous Solution 100 UNIT/ML	3	RM
Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG	1	RM; *
GlipiZIDE Oral Tablet 10 MG, 5 MG	1	RM
Glucagon Emergency Injection Kit 1 MG	3	RO; QL (1 EA per 15 days); DL
GlyBURIDE Micronized Oral Tablet 1.5 MG, 3 MG, 6 MG	2	RM
GlyBURIDE Oral Tablet 1.25 MG, 2.5 MG, 5 MG	2	RM
HumuLIN R U-500 (CONCENTRATED) Subcutaneous Solution 500 UNIT/ML	5	PA; RO
HumuLIN R U-500 KwikPen Subcutaneous Solution Pen-Injector 500 UNIT/ML	5	PA; RO
Januvia Oral Tablet 100 MG, 25 MG, 50 MG	4	PA; RM; QL (31 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
Kombiglyze XR Oral Tablet Extended Release 24 Hour 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	ST; RM
Lantus Subcutaneous Solution 100 UNIT/ML	4	RM
Levemir FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML	3	RM; FHCP
Levemir Subcutaneous Solution 100 UNIT/ML	3	RM
metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG, 750 MG	2	RM; *
MetFORMIN HCl Oral Tablet 1000 MG, 500 MG, 850 MG	1	RM; *
Nateglinide Oral Tablet 120 MG, 60 MG	2	RM
NovoLIN 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	2	RM; FHCP
NovoLIN 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	2	RM
NovoLIN N Subcutaneous Suspension 100 UNIT/ML	2	RM
NovoLIN R Injection Solution 100 UNIT/ML	2	RM
NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 UNIT/ML	3	RM; FHCP
NovoLOG Mix 70/30 FlexPen Subcutaneous Suspension Pen-Injector (70-30) 100 UNIT/ML	3	RM; FHCP
NovoLOG Mix 70/30 Subcutaneous Suspension (70-30) 100 UNIT/ML	3	RM
NovoLOG PenFill Subcutaneous Solution Cartridge 100 UNIT/ML	3	RM
NovoLOG Subcutaneous Solution 100 UNIT/ML	3	RM
Onglyza Oral Tablet 2.5 MG, 5 MG	3	ST; RM; QL (31 EA per 31 days)
Pioglitazone HCl Oral Tablet 15 MG, 30 MG, 45 MG	2	RM; *
Proglycem Oral Suspension 50 MG/ML	4	RO; DL
SymlinPen 120 Subcutaneous Solution Pen-Injector 2700 MCG/2.7ML	3	PA; RM

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Drug Name	Drug Tier	Requirements/Limits
SymlinPen 60 Subcutaneous Solution Pen-Injector 1500 MCG/1.5ML	3	PA; RM
TOLAZamide Oral Tablet 250 MG, 500 MG	2	RM
TOLBUTamide Oral Tablet 500 MG	2	RM
Tresiba FlexTouch Subcutaneous Solution Pen-Injector 100 UNIT/ML, 200 UNIT/ML	3	RM; FHCP
Tresiba Subcutaneous Solution 100 UNIT/ML	3	RM; FHCP
Victoza Subcutaneous Solution Pen-Injector 18 MG/3ML	6	PA; RO; DL
Antidiarrheals		
Diphenoxylate-Atropine Oral Liquid 2.5-0.025 MG/5ML	2	RO; DL
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	2	RM
Loperamide HCl Oral Capsule 2 MG	2	RO; DL
Antidotes		
Deferasirox Oral Tablet Soluble 125 MG, 250 MG, 500 MG	5	PA; RO; DL
Naloxone HCl Injection Solution 0.4 MG/ML	2	RO; DL
Naltrexone HCl Oral Tablet 50 MG	2	RM
Narcan Nasal Liquid 4 MG/0.1ML	4	RM; MAX 2 FILLS PER 365 DAYS; QL (2 EA Max Qty Per Fill Retail)
Antiemetics		
Aprepitant Oral Capsule 125 MG, 40 MG, 80 & 125 MG, 80 MG	3	PA; RO; DL
Dronabinol Oral Capsule 10 MG, 2.5 MG, 5 MG	2	PA; RO; QL (60 EA per 30 days); DL
Ondansetron HCl Oral Solution 4 MG/5ML	2	RO; DL
Ondansetron HCl Oral Tablet 4 MG, 8 MG	2	RM; *; QL (90 EA per 30 days)
Ondansetron Oral Tablet Dispersible 4 MG, 8 MG	2	RM; *; QL (90 EA per 30 days)
Trimethobenzamide HCl Oral Capsule 300 MG	2	RM
Antifungals		
Fluconazole Oral Suspension Reconstituted 10 MG/ML, 40 MG/ML	2	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Fluconazole Oral Tablet 100 MG, 200 MG, 50 MG	2	RM
Fluconazole Oral Tablet 150 MG	2	RO; QL (4 EA per 28 days); DL
Flucytosine Oral Capsule 250 MG, 500 MG	5	RO; DL
Griseofulvin Microsize Oral Suspension 125 MG/5ML	2	RO; DL
Itraconazole Oral Capsule 100 MG	2	PA; RM
Itraconazole Oral Solution 10 MG/ML	4	PA; RO; DL
Ketoconazole Oral Tablet 200 MG	2	RM
Nystatin Oral Tablet 500000 UNIT	2	RM
Terbinafine HCl Oral Tablet 250 MG	2	RM
Voriconazole Oral Suspension Reconstituted 40 MG/ML	5	PA; RO; DL
Voriconazole Oral Tablet 200 MG, 50 MG	5	PA; RO; DL
Antihistamines		
Cyproheptadine HCl Oral Syrup 2 MG/5ML	2	RO; QL (120 ML per 3 days)
Cyproheptadine HCl Oral Tablet 4 MG	2	RM
Levocetirizine Dihydrochloride Oral Tablet 5 MG	2	RM
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	RM
Promethazine HCl Rectal Suppository 12.5 MG, 25 MG, 50 MG	2	RO; QL (12 EA per 2 days); DL
Antihyperlipidemics		
Atorvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG	1	RM; *
Cholestyramine Light Oral Powder 4 GM/DOSE	2	RM
Cholestyramine Oral Powder 4 GM/DOSE	2	RM
Colesevelam HCl Oral Tablet 625 MG	4	PA; RM
Ezetimibe Oral Tablet 10 MG	2	RM
Fenofibrate Oral Tablet 145 MG, 48 MG	2	RM
Fenofibric Acid Oral Capsule Delayed Release 135 MG, 45 MG	2	RM
Gemfibrozil Oral Tablet 600 MG	2	RM; *
Kynamro Subcutaneous Solution Prefilled Syringe 200 MG/ML	5	PA; SP; DL

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Drug Name	Drug Tier	Requirements/Limits
Lovastatin Oral Tablet 10 MG, 20 MG, 40 MG	1	RM; *; PREV
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG, 500 MG, 750 MG	2	RM
Omega-3-acid Ethyl Esters Oral Capsule 1 GM	2	RM
Pravastatin Sodium Oral Tablet 10 MG, 20 MG, 40 MG, 80 MG	1	RM; *
Rosuvastatin Calcium Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	1	RM
Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG, 80 MG	1	RM; *
Antihypertensives		
Aliskiren Fumarate Oral Tablet 150 MG, 300 MG	3	ST; RM
Benazepril HCl Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	1	RM
CloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG, 0.3 MG	1	RM
Doxazosin Mesylate Oral Tablet 1 MG, 2 MG, 4 MG, 8 MG	2	RM
Enalapril Maleate Oral Tablet 10 MG, 2.5 MG, 20 MG, 5 MG	2	RM
Eplerenone Oral Tablet 25 MG, 50 MG	2	RM
Fosinopril Sodium Oral Tablet 10 MG, 20 MG, 40 MG	2	RM
guanFACINE HCl Oral Tablet 1 MG, 2 MG	2	RM
HydrALAZINE HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	2	RM
Lisinopril Oral Tablet 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	1	RM; *
Lisinopril-Hydrochlorothiazide Oral Tablet 10-12.5 MG, 20-12.5 MG, 20-25 MG	1	RM
Losartan Potassium Oral Tablet 100 MG, 25 MG, 50 MG	1	RM; *
Losartan Potassium-HCTZ Oral Tablet 100-12.5 MG, 100-25 MG, 50-12.5 MG	1	RM
Methyldopa Oral Tablet 250 MG, 500 MG	2	RM
Minoxidil Oral Tablet 10 MG, 2.5 MG	2	RM
Olmesartan Medoxomil Oral Tablet 20 MG, 40 MG, 5 MG	1	RM; FHCP

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

Drug Name	Drug Tier	Requirements/Limits
Olmesartan Medoxomil-HCTZ Oral Tablet 20-12.5 MG, 40-12.5 MG, 40-25 MG	1	RM
Prazosin HCl Oral Capsule 1 MG, 2 MG, 5 MG	2	RM
Ramipril Oral Capsule 1.25 MG, 10 MG, 2.5 MG, 5 MG	1	RM
Telmisartan Oral Tablet 20 MG, 40 MG, 80 MG	1	RM
Terazosin HCl Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	1	RM; *
Valsartan Oral Tablet 160 MG, 320 MG, 40 MG, 80 MG	1	RM
Anti-Infective Agents - Misc.		
Alinia Oral Tablet 500 MG	5	RO; DL
Atovaquone Oral Suspension 750 MG/5ML	2	RO; DL
Clindamycin HCl Oral Capsule 150 MG	2	RO; DL
Clindamycin Palmitate HCl Oral Solution Reconstituted 75 MG/5ML	2	RO; DL
Dapsone Oral Tablet 100 MG, 25 MG	2	RM
Linezolid Oral Suspension Reconstituted 100 MG/5ML	2	RO; DL
Linezolid Oral Tablet 600 MG	2	RO; DL
MetroNIDAZOLE Oral Tablet 250 MG, 500 MG	2	RO; DL
Nebupent Inhalation Solution Reconstituted 300 MG	4	PA; RO
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	2	RO; DL
Sulfamethoxazole-Trimethoprim Oral Tablet 400-80 MG, 800-160 MG	2	RM
Trimethoprim Oral Tablet 100 MG	2	RM
Antimalarials		
Atovaquone-Proguanil HCl Oral Tablet 250-100 MG, 62.5-25 MG	2	RM
Chloroquine Phosphate Oral Tablet 250 MG, 500 MG	2	RM
Coartem Oral Tablet 20-120 MG	4	RO; DL
Daraprim Oral Tablet 25 MG	5	PA; RO; DL
Hydroxychloroquine Sulfate Oral Tablet 200 MG	1	RM
Mefloquine HCl Oral Tablet 250 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
QuiNINE Sulfate Oral Capsule 324 MG	2	PA; RM
Antimyasthenic Agents		
Pyridostigmine Bromide ER Oral Tablet Extended Release 180 MG	2	RM
Pyridostigmine Bromide Oral Tablet 60 MG	2	RM
Antimyasthenic/Cholinergic Agents		
Pyridostigmine Bromide ER Oral Tablet Extended Release 180 MG	2	RM
Pyridostigmine Bromide Oral Tablet 60 MG	2	RM
Antimycobacterial Agents		
Ethambutol HCl Oral Tablet 100 MG, 400 MG	2	RM
Isoniazid Oral Tablet 100 MG, 300 MG	2	RM
Paser Oral Packet 4 GM	4	RM
Priftin Oral Tablet 150 MG	4	RM
Pyrazinamide Oral Tablet 500 MG	2	RM
Rifabutin Oral Capsule 150 MG	2	RM
Rifampin Oral Capsule 150 MG, 300 MG	2	RM
Sirturo Oral Tablet 100 MG	4	RM
Trecator Oral Tablet 250 MG	4	RM
Antineoplastic - BCL-2 Inhibitors		
Venclexta Oral Tablet 10 MG, 100 MG, 50 MG	5	PA; RO; DL
Venclexta Starting Pack Oral Tablet Therapy Pack 10 & 50 & 100 MG	5	PA; RO; DL
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors		
Rozlytrek Oral Capsule 100 MG, 200 MG	5	PA; RO; DL
Antineoplastics And Adjunctive Therapies		
Abiraterone Acetate Oral Tablet 250 MG	2	PA; RO; DL
Actimmune Subcutaneous Solution 2000000 UNIT/0.5ML	5	PA; SP; DL
Alecensa Oral Capsule 150 MG	5	PA; RO; DL
Anastrozole Oral Tablet 1 MG	1	RM
Bicalutamide Oral Tablet 50 MG	2	RM
Bosulif Oral Tablet 100 MG, 400 MG, 500 MG	5	PA; RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Capecitabine Oral Tablet 150 MG, 500 MG	2	RM
Caprelsa Oral Tablet 100 MG, 300 MG	5	PA; RO; DL
Cometriq (100 mg Daily Dose) Oral Kit 1 X 80 & 1 X 20 MG	5	PA; RO; DL
Cometriq (140 mg Daily Dose) Oral Kit 1 X 80 & 3 X 20 MG	5	PA; RO; DL
Cometriq (60 mg Daily Dose) Oral Kit 20 MG	5	PA; RO; DL
Cotellic Oral Tablet 20 MG	5	PA; SP; DL
Cyclophosphamide Oral Capsule 25 MG, 50 MG	1	RM
Eligard Subcutaneous Kit 22.5 MG, 7.5 MG	4	RO
Emcyt Oral Capsule 140 MG	5	RO; DL
Erivedge Oral Capsule 150 MG	5	PA; RO; DL
Erlotinib HCl Oral Tablet 100 MG, 150 MG, 25 MG	5	PA; RO; DL
Etoposide Oral Capsule 50 MG	5	RO; DL
Everolimus Oral Tablet 2.5 MG, 5 MG, 7.5 MG	5	PA; RO; DL
Exemestane Oral Tablet 25 MG	2	RM
Farydak Oral Capsule 10 MG, 15 MG, 20 MG	5	PA; RO; DL
Firmagon Subcutaneous Solution Reconstituted 120 MG	6	PA; RO; DL
Firmagon Subcutaneous Solution Reconstituted 80 MG	4	RO; DL
Flutamide Oral Capsule 125 MG	2	RM
Gilotrif Oral Tablet 20 MG, 30 MG, 40 MG	5	PA; RO; DL
Gleostine Oral Capsule 10 MG, 100 MG, 40 MG, 5 MG	5	RO; DL
Hexalen Oral Capsule 50 MG	5	RO; DL
Hydroxyurea Oral Capsule 500 MG	2	RM
Iclusig Oral Tablet 15 MG, 45 MG	5	PA; SP; DL
Imatinib Mesylate Oral Tablet 100 MG, 400 MG	2	RO; FHCP
Imbruvica Oral Capsule 140 MG, 70 MG	5	PA; SP; Diplomat; DL
Imbruvica Oral Tablet 420 MG	5	PA; SP; Diplomat; QL (31 EA per 31 days); DL

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Drug Name	Drug Tier	Requirements/Limits
Imbruvica Oral Tablet 560 MG	5	PA; SP; Diplomat; DL
Inlyta Oral Tablet 1 MG, 5 MG	5	PA; SP; DL
Intron A Injection Solution 10000000 UNIT/ML, 6000000 UNIT/ML	5	RO; DL
Intron A Injection Solution Reconstituted 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	RO; DL
Iressa Oral Tablet 250 MG	5	PA; RO; DL
Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML	2	RO; DL
Jakafi Oral Tablet 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; CVS Caremark; DL
Lenvima (10 MG Daily Dose) Oral Capsule Therapy Pack 10 MG	5	PA; SP; DL
Lenvima (12 MG Daily Dose) Oral Capsule Therapy Pack 3 x 4 MG	5	PA; SP; DL
Lenvima (14 MG Daily Dose) Oral Capsule Therapy Pack 10 & 4 MG	5	PA; SP; DL
Lenvima (18 MG Daily Dose) Oral Capsule Therapy Pack 10 MG & 2 x 4 MG	5	PA; SP; DL
Lenvima (20 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG	5	PA; SP; DL
Lenvima (24 MG Daily Dose) Oral Capsule Therapy Pack 2 x 10 MG & 4 MG	5	PA; SP; DL
Lenvima (4 MG Daily Dose) Oral Capsule Therapy Pack 4 MG	5	PA; SP; DL
Lenvima (8 MG Daily Dose) Oral Capsule Therapy Pack 2 x 4 MG	5	PA; SP; DL
Letrozole Oral Tablet 2.5 MG	2	RM
Leucovorin Calcium Oral Tablet 10 MG, 15 MG, 25 MG, 5 MG	2	RM
Leukeran Oral Tablet 2 MG	3	RM
Leuprolide Acetate Injection Kit 1 MG/0.2ML	5	RO; DL
Lonsurf Oral Tablet 15-6.14 MG, 20-8.19 MG	5	PA; RO; DL
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG, 7.5 MG	5	RO; DL
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG, 22.5 MG	5	RO

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Drug Name	Drug Tier	Requirements/Limits
Lysodren Oral Tablet 500 MG	3	RM
Matulane Oral Capsule 50 MG	3	RM
Megestrol Acetate Oral Suspension 40 MG/ML	2	RO; DL
Megestrol Acetate Oral Tablet 20 MG, 40 MG	2	RM
Mekinist Oral Tablet 0.5 MG, 2 MG	5	PA; RO; DL
Melphalan Oral Tablet 2 MG	5	RO; DL
Mercaptopurine Oral Tablet 50 MG	1	RM
Mesnex Oral Tablet 400 MG	4	RM
Methotrexate Oral Tablet 2.5 MG	1	RM
Methotrexate Sodium (PF) Injection Solution 50 MG/2ML	1	RM
Methotrexate Sodium Injection Solution 250 MG/10ML	1	RM
Nerlynx Oral Tablet 40 MG	5	PA; SP; CVS Caremark; DL
NexAVAR Oral Tablet 200 MG	5	PA; SP; CVS Caremark; DL
Nilutamide Oral Tablet 150 MG	5	RO; DL
Ninlaro Oral Capsule 2.3 MG, 3 MG, 4 MG	5	PA; RO; DL
Odomzo Oral Capsule 200 MG	5	PA; RO; DL
Pomalyst Oral Capsule 1 MG, 2 MG, 3 MG, 4 MG	5	PA; SP; CVS Caremark; QL (21 EA per 28 days); DL
Rydapt Oral Capsule 25 MG	5	PA; RO; DL
Sprycel Oral Tablet 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	6	PA; RO; DL
Stivarga Oral Tablet 40 MG	5	PA; SP; CVS Caremark; DL
Sutent Oral Capsule 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; SP; CVS Caremark; DL
Sylatron Subcutaneous Kit 200 MCG, 300 MCG, 600 MCG	5	PA; RO; DL
Tafinlar Oral Capsule 50 MG, 75 MG	5	PA; RO; DL
Tagrisso Oral Tablet 40 MG, 80 MG	5	PA; RO; DL
Tamoxifen Citrate Oral Tablet 10 MG, 20 MG	2	RM
Tasigna Oral Capsule 150 MG, 200 MG, 50 MG	6	PA; RO; DL
Temozolomide Oral Capsule 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	5	RO; DL
Tretinoin Oral Capsule 10 MG	5	PA; RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Tykerb Oral Tablet 250 MG	5	PA; RO; DL
Votrient Oral Tablet 200 MG	5	PA; RO; DL
Xalkori Oral Capsule 200 MG, 250 MG	5	PA; SP; CVS Caremark; DL
Xtandi Oral Capsule 40 MG	6	PA; RO; DL
Zelboraf Oral Tablet 240 MG	5	PA; SP; CVS Caremark; DL
Zolinza Oral Capsule 100 MG	5	PA; RO; DL
Zykadia Oral Capsule 150 MG	5	PA; RO; DL
Antiparkinson Agents		
Amantadine HCl Oral Capsule 100 MG	2	RM
Amantadine HCl Oral Syrup 50 MG/5ML	2	RM
Benztropine Mesylate Injection Solution 1 MG/ML	2	RO; DL
Benztropine Mesylate Oral Tablet 0.5 MG, 1 MG, 2 MG	2	RM
Bromocriptine Mesylate Oral Capsule 5 MG	2	RM
Bromocriptine Mesylate Oral Tablet 2.5 MG	2	RM
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	2	RM
Carbidopa-Levodopa Oral Tablet 10-100 MG, 25-100 MG, 25-250 MG	2	RM
Entacapone Oral Tablet 200 MG	2	RM
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; RM
Pramipexole Dihydrochloride Oral Tablet 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	2	RM
Rasagiline Mesylate Oral Tablet 0.5 MG, 1 MG	4	PA; RM
ROPINIRole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	RM
ROPINIRole HCl Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	2	RM
Selegiline HCl Oral Capsule 5 MG	2	RM
Selegiline HCl Oral Tablet 5 MG	2	RM
Trihexyphenidyl HCl Oral Elixir 0.4 MG/ML	2	RO; DL
Trihexyphenidyl HCl Oral Tablet 2 MG, 5 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Antipsychotics/Antimanic Agents		
Abilify Maintena Intramuscular Prefilled Syringe 300 MG, 400 MG	5	PA; RO; DL
ARIPiprazole Oral Solution 1 MG/ML	2	RO; FHCP; DL
ARIPiprazole Oral Tablet 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	RM; FHCP
chlorproMAZINE HCl Oral Tablet 10 MG, 100 MG, 200 MG, 25 MG, 50 MG	2	RM
CloZAPine Oral Tablet 100 MG, 200 MG, 25 MG, 50 MG	2	RM
CloZAPine Oral Tablet Dispersible 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	2	RM
Fanapt Oral Tablet 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; RO; QL (60 EA per 30 days); DL
Fanapt Titration Pack Oral Tablet 1 & 2 & 4 & 6 MG	5	PA; RO; DL
FluPHENAZine Decanoate Injection Solution 25 MG/ML	2	RM
FluPHENAZine HCl Injection Solution 2.5 MG/ML	2	RM
FluPHENAZine HCl Oral Concentrate 5 MG/ML	2	RO; DL
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML	2	RO; DL
fluPHENAZine HCl Oral Tablet 1 MG, 10 MG, 2.5 MG, 5 MG	2	RM
Geodon Intramuscular Solution Reconstituted 20 MG	3	PA; RO; DL
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML	2	RM
Haloperidol Lactate Oral Concentrate 2 MG/ML	2	RO; DL
Haloperidol Oral Tablet 0.5 MG, 1 MG, 10 MG, 2 MG, 20 MG, 5 MG	2	RM
Invega Sustenna Intramuscular Suspension 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	6	PA; RO; DL
Latuda Oral Tablet 120 MG, 20 MG, 40 MG, 60 MG	5	PA; RO; QL (30 EA per 30 days); DL
Latuda Oral Tablet 80 MG	5	PA; RO; QL (60 EA per 30 days); DL

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Drug Name	Drug Tier	Requirements/Limits
Lithium Carbonate ER Oral Tablet Extended Release 300 MG, 450 MG	2	RM
Lithium Carbonate Oral Capsule 150 MG, 300 MG	1	RM
Lithium Oral Solution 8 MEQ/5ML	2	RO; DL
Loxapine Succinate Oral Capsule 10 MG, 25 MG, 5 MG, 50 MG	2	RM
OLANZapine Intramuscular Solution Reconstituted 10 MG	2	RO; DL
OLANZapine Oral Tablet 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	1	RM
OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG, 5 MG	2	RM
Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 6 MG, 9 MG	2	RM
Perphenazine Oral Tablet 16 MG, 2 MG, 4 MG, 8 MG	2	RM
Prochlorperazine Maleate Oral Tablet 10 MG, 5 MG	2	RM
Prochlorperazine Rectal Suppository 25 MG	2	RO; DL
QUEtiapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	2	RM; FHCP
QUEtiapine Fumarate Oral Tablet 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	1	RM
RisperDAL Consta Intramuscular Suspension Reconstituted 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; RO; DL
RisperiDONE Oral Solution 1 MG/ML	2	RO; DL
RisperiDONE Oral Tablet 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	RM
RisperiDONE Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	RM
Saphris Sublingual Tablet Sublingual 10 MG, 2.5 MG, 5 MG	5	PA; RO; QL (60 EA per 30 days); DL
Thioridazine HCl Oral Tablet 10 MG, 100 MG, 25 MG, 50 MG	2	RM
Thiothixene Oral Capsule 1 MG, 10 MG, 2 MG, 5 MG	2	RM
Trifluoperazine HCl Oral Tablet 1 MG, 10 MG, 2 MG, 5 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Ziprasidone HCl Oral Capsule 20 MG, 40 MG, 60 MG, 80 MG	2	RM
ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG, 300 MG, 405 MG	6	PA; RO; DL
Antiretrovirals Adjuvants		
Tybost Oral Tablet 150 MG	3	RM
Antivirals		
Abacavir Sulfate Oral Solution 20 MG/ML	2	RO; DL
Abacavir Sulfate Oral Tablet 300 MG	2	RM
Abacavir Sulfate-Lamivudine Oral Tablet 600-300 MG	2	RM
Abacavir-Lamivudine-Zidovudine Oral Tablet 300-150-300 MG	2	RM
Acyclovir Oral Capsule 200 MG	2	RM
Acyclovir Oral Suspension 200 MG/5ML	2	RO; DL
Acyclovir Oral Tablet 400 MG, 800 MG	2	RM
Adefovir Dipivoxil Oral Tablet 10 MG	5	RO; DL
Aptivus Oral Capsule 250 MG	3	RM
Aptivus Oral Solution 100 MG/ML	3	RO; DL
Atazanavir Sulfate Oral Capsule 150 MG, 200 MG, 300 MG	2	RM
Atripla Oral Tablet 600-200-300 MG	3	RM
Biktarvy Oral Tablet 50-200-25 MG	3	RM
Cimduo Oral Tablet 300-300 MG	3	RM
Complera Oral Tablet 200-25-300 MG	3	RM
Crixivan Oral Capsule 200 MG, 400 MG	3	RM
Delstrigo Oral Tablet 100-300-300 MG	3	RM
Descovy Oral Tablet 200-25 MG	3	RM
Didanosine Oral Capsule Delayed Release 200 MG, 250 MG, 400 MG	2	RM
Dovato Oral Tablet 50-300 MG	3	RM
Edurant Oral Tablet 25 MG	3	RM
Efavirenz Oral Capsule 200 MG, 50 MG	2	RM
Efavirenz Oral Tablet 600 MG	2	RM
Emtriva Oral Capsule 200 MG	3	RM
Emtriva Oral Solution 10 MG/ML	3	RO; DL
Entecavir Oral Tablet 0.5 MG, 1 MG	2	RO; DL
Epivir HBV Oral Solution 5 MG/ML	3	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Evotaz Oral Tablet 300-150 MG	3	RM
Fosamprenavir Calcium Oral Tablet 700 MG	2	RM
Fuzeon Subcutaneous Solution Reconstituted 90 MG	5	RO; DL
Genvoya Oral Tablet 150-150-200-10 MG	3	RM
Intelence Oral Tablet 100 MG, 200 MG, 25 MG	3	RM
Invirase Oral Capsule 200 MG	3	RM
Invirase Oral Tablet 500 MG	3	RM
Isentress HD Oral Tablet 600 MG	3	RM
Isentress Oral Packet 100 MG	3	RM
Isentress Oral Tablet 400 MG	3	RM
Isentress Oral Tablet Chewable 100 MG, 25 MG	3	RM
Juluca Oral Tablet 50-25 MG	3	RM
Kaletra Oral Tablet 100-25 MG, 200-50 MG	3	RM
LamiVUDine Oral Solution 10 MG/ML	2	RO; DL
LamiVUDine Oral Tablet 100 MG, 150 MG, 300 MG	2	RM
Lamivudine-Zidovudine Oral Tablet 150-300 MG	2	RM
Lexiva Oral Suspension 50 MG/ML	3	RO; DL
Lopinavir-Ritonavir Oral Solution 400-100 MG/5ML	2	RO; DL
Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG, 400 MG	2	RM
Nevirapine Oral Suspension 50 MG/5ML	2	RO; DL
Nevirapine Oral Tablet 200 MG	2	RM
Norvir Oral Capsule 100 MG	3	RM
Norvir Oral Solution 80 MG/ML	3	RO; DL
Odefsey Oral Tablet 200-25-25 MG	3	RM
Oseltamivir Phosphate Oral Capsule 30 MG, 45 MG, 75 MG	3	RO; DL
Oseltamivir Phosphate Oral Suspension Reconstituted 6 MG/ML	3	RO; DL
Pifeltro Oral Tablet 100 MG	3	RM
Prezcobix Oral Tablet 800-150 MG	3	RM
Prezista Oral Suspension 100 MG/ML	3	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Prezista Oral Tablet 150 MG, 600 MG, 75 MG, 800 MG	3	RM
Relenza Diskhaler Inhalation Aerosol Powder Breath Activated 5 MG/BLISTER	3	RO; DL
Rescriptor Oral Tablet 100 MG, 200 MG	3	RM
Reyataz Oral Packet 50 MG	3	RM
Ribavirin Oral Capsule 200 MG	2	RM
riMANTAdine HCl Oral Tablet 100 MG	2	RM
Ritonavir Oral Tablet 100 MG	2	RM
Selzentry Oral Solution 20 MG/ML	3	RO; DL
Selzentry Oral Tablet 150 MG, 25 MG, 300 MG, 75 MG	3	RM
Stavudine Oral Capsule 15 MG, 20 MG, 30 MG, 40 MG	2	RM
Stribild Oral Tablet 150-150-200-300 MG	3	RM
Symfi Lo Oral Tablet 400-300-300 MG	3	RM
Symfi Oral Tablet 600-300-300 MG	3	RM
Symtuza Oral Tablet 800-150-200-10 MG	3	RM
Tenofovir Disoproxil Fumarate Oral Tablet 300 MG	2	RM
Tivicay Oral Tablet 10 MG, 25 MG, 50 MG	3	RM
Triumeq Oral Tablet 600-50-300 MG	3	RM
Truvada Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	RM
ValACYclovir HCl Oral Tablet 1 GM, 500 MG	2	RM
ValGANciclovir HCl Oral Solution Reconstituted 50 MG/ML	5	RO; DL
ValGANciclovir HCl Oral Tablet 450 MG	5	RO; DL
Videx EC Oral Capsule Delayed Release 125 MG	3	RM
Videx Oral Solution Reconstituted 4 GM	3	RO; DL
Viracept Oral Tablet 250 MG, 625 MG	3	RM
Viread Oral Powder 40 MG/GM	3	RO; DL
Viread Oral Tablet 150 MG, 200 MG, 250 MG	3	RM

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Drug Name	Drug Tier	Requirements/Limits
Zerit Oral Solution Reconstituted 1 MG/ML	3	RO; DL
Zidovudine Oral Capsule 100 MG	2	RM
Zidovudine Oral Syrup 50 MG/5ML	2	RO; DL
Zidovudine Oral Tablet 300 MG	2	RM
Assorted Classes		
azaTHIOprine Oral Tablet 50 MG	1	RM
CycloSPORINE Modified Oral Capsule 100 MG, 25 MG, 50 MG	2	RM
CycloSPORINE Modified Oral Solution 100 MG/ML	2	RO; DL
CycloSPORINE Oral Capsule 100 MG, 25 MG	2	RM
Kionex Oral Powder	2	RO; DL
Lokelma Oral Packet 10 GM, 5 GM	4	PA; RO; DL
Mycophenolate Mofetil Oral Capsule 250 MG	2	RM
Mycophenolate Mofetil Oral Suspension Reconstituted 200 MG/ML	2	RO; DL
Mycophenolate Mofetil Oral Tablet 500 MG	2	RM
Mycophenolate Sodium Oral Tablet Delayed Release 180 MG, 360 MG	2	RM
penicillAMINE Oral Capsule 250 MG	6	PA; RO; DL
Revlimid Oral Capsule 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; CVS Caremark; QL (31 EA per 31 days); DL
Sirolimus Oral Solution 1 MG/ML	5	RO; DL
Sirolimus Oral Tablet 0.5 MG, 1 MG, 2 MG	2	RM; FHCP
Sodium Polystyrene Sulfonate Oral Powder	2	RO; DL
Sodium Polystyrene Sulfonate Oral Suspension 15 GM/60ML	2	RO; DL
Tacrolimus Oral Capsule 0.5 MG, 1 MG, 5 MG	2	RM
Thalomid Oral Capsule 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP; CVS Caremark; DL
Zortress Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; RO; DL
Beta Blockers		
Acebutolol HCl Oral Capsule 200 MG, 400 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Atenolol Oral Tablet 100 MG, 25 MG, 50 MG	1	RM; *
Carvedilol Oral Tablet 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	1	RM; *
Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG	2	RM
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG, 25 MG, 50 MG	2	RM
Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG	1	RM; *
Propranolol HCl Oral Solution 20 MG/5ML, 40 MG/5ML	2	RO; DL
Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	RM
Sotalol HCl Oral Tablet 120 MG, 160 MG, 240 MG, 80 MG	2	RM
Calcium Channel Blockers		
AmLODIPine Besylate Oral Tablet 10 MG, 2.5 MG, 5 MG	1	RM; *
DilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG	2	RM
Diltiazem HCl Oral Tablet 120 MG, 30 MG, 60 MG, 90 MG	2	RM
NIFEdipine ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG, 90 MG	2	RM
NIFEdipine Oral Capsule 10 MG, 20 MG	2	RM
NiMODipine Oral Capsule 30 MG	4	RO; DL
Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG	2	RM
Verapamil HCl Oral Tablet 120 MG, 40 MG, 80 MG	2	RM
Cardiotonics		
Digoxin Oral Solution 0.05 MG/ML	2	RO; DL
Digoxin Oral Tablet 125 MCG, 250 MCG	2	RM
Cardiovascular Agents - Misc.		
Ambrisentan Oral Tablet 10 MG, 5 MG	5	PA; SP; CVS Caremark; DL
Bosentan Oral Tablet 125 MG, 62.5 MG	5	PA; SP; DL
Sildenafil Citrate Oral Tablet 20 MG	2	PA; RM

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Drug Name	Drug Tier	Requirements/Limits
Cephalosporins		
Cefaclor Oral Capsule 250 MG, 500 MG	2	RO; DL
Cefadroxil Oral Suspension Reconstituted 250 MG/5ML, 500 MG/5ML	2	RO; DL
Cefdinir Oral Capsule 300 MG	2	RO; DL
Cefdinir Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; DL
Cefixime Oral Capsule 400 MG	4	RO; DL
Cefixime Oral Suspension Reconstituted 100 MG/5ML, 200 MG/5ML	2	RO; DL
Cefprozil Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; DL
Cefprozil Oral Tablet 250 MG, 500 MG	2	RO; DL
CefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	2	RO; DL
Cefuroxime Axetil Oral Tablet 250 MG, 500 MG	2	RO; DL
Cephalexin Oral Capsule 250 MG, 500 MG	2	RO; DL
Cephalexin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; DL
Contraceptives		
Apri Oral Tablet 0.15-30 MG-MCG	2	RM; PREV
Camila Oral Tablet 0.35 MG	2	RM; PREV
Cryselle-28 Oral Tablet 0.3-30 MG-MCG	2	RM; PREV
Ella Oral Tablet 30 MG	7	RO; (Prescription Required)
Enpresse-28 Oral Tablet 50-30/75-40/125-30 MCG	2	RM; PREV
Ethynodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG	2	RM; PREV
Junel FE 1.5/30 Oral Tablet 1.5-30 MG-MCG	2	RM; PREV
Junel FE 1/20 Oral Tablet 1-20 MG-MCG	2	RM; PREV
Kelnor 1/35 Oral Tablet 1-35 MG-MCG	2	RM; PREV
Kyleena Intrauterine Intrauterine Device 19.5 MG	Medical	SP; CVS Caremark; PREV
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 &0.01 MG	7	RM; PREV
Levonorgestrel Oral Tablet 1.5 MG	7	RO; (Prescription Required)

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Drug Name	Drug Tier	Requirements/Limits
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG	2	RM; PREV
MedroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML	2	RO; PREV
Mirena (52 MG) Intrauterine Intrauterine Device 20 MCG/24HR	Medical	SP; CVS Caremark; PREV
Necon 1/50 (28) Oral Tablet 1-50 MG-MCG	2	RM; PREV
Necon 10/11 (28) Oral Tablet 35 MCG	2	RM; PREV
Nexplanon Subcutaneous Implant 68 MG	Medical	SP; CVS Caremark; PREV
Nikki Oral Tablet 3-0.02 MG	2	RM; PREV
Nortrel 0.5/35 (28) Oral Tablet 0.5-35 MG-MCG	2	RM; PREV
Nortrel 1/35 (28) Oral Tablet 1-35 MG-MCG	2	RM; PREV
NuvaRing Vaginal Ring 0.12-0.015 MG/24HR	7	RM; PREV
Ogestrel Oral Tablet 0.5-50 MG-MCG	2	RM; PREV
Orsythia Oral Tablet 0.1-20 MG-MCG	2	RM; PREV
Paragard Intrauterine Copper Intrauterine Intrauterine Device	Medical	SP; Biologics; PREV
Skyla Intrauterine Intrauterine Device 13.5 MG	Medical	SP; CVS Caremark; PREV
Sprintec 28 Oral Tablet 0.25-35 MG-MCG	2	RM; PREV
Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 MG-25 MCG	2	RM; PREV
Tri-Sprintec Oral Tablet 0.18/0.215/0.25 MG-35 MCG	2	RM; PREV
Xulane Transdermal Patch Weekly 150-35 MCG/24HR	7	RM; PREV
Zovia 1/35E (28) Oral Tablet 1-35 MG-MCG	2	RM; PREV
Corticosteroids		
Budesonide Oral Capsule Delayed Release Particles 3 MG	2	PA; RO
Cortisone Acetate Oral Tablet 25 MG	2	RM
Dexamethasone Intensol Oral Concentrate 1 MG/ML	2	RO; DL
Dexamethasone Oral Elixir 0.5 MG/5ML	2	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Dexamethasone Oral Solution 0.5 MG/5ML	2	RM
Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG	2	RM
Dexamethasone Sodium Phosphate Injection Solution 10 MG/ML, 4 MG/ML	2	RO; DL
Fludrocortisone Acetate Oral Tablet 0.1 MG	2	RM
Hydrocortisone Oral Tablet 10 MG, 20 MG, 5 MG	2	RM
Kenalog Injection Suspension 10 MG/ML	4	RO; DL
MethylPREDNISolone Acetate Injection Suspension 40 MG/ML, 80 MG/ML	2	RO; DL
MethylPREDNISolone Oral Tablet 16 MG, 32 MG, 4 MG, 8 MG	2	RM
methylPREDNISolone Oral Tablet Therapy Pack 4 MG	2	RO; DL
PrednisoLONE Oral Solution 15 MG/5ML	2	RO; DL
PrednisoLONE Sodium Phosphate Oral Solution 15 MG/5ML	2	RO
PrednisoLONE Sodium Phosphate Oral Solution 6.7 (5 Base) MG/5ML	2	RO; DL
PrednisONE Oral Solution 5 MG/5ML	2	RO; DL
PrednisONE Oral Tablet 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG	2	RM
Triamcinolone Acetonide Injection Suspension 40 MG/ML	2	RO; DL
Cough/Cold/Allergy		
Acetylcysteine Inhalation Solution 10 %, 20 %	2	RO
Benzonatate Oral Capsule 100 MG, 200 MG	2	RO; DL
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)

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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)
Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML	2	RO; QL (120 ML per 3 days); AL (Min 2 Years)
Cyclin-Dependent Kinases (CDK) Inhibitors		
Ibrance Oral Capsule 100 MG, 125 MG, 75 MG	5	PA; SP; CVS Caremark; DL
Dermatologicals		
Acitretin Oral Capsule 10 MG, 17.5 MG, 25 MG	2	RO; FHCP; DL
Acyclovir External Ointment 5 %	2	RO; QL (30 GM per 30 days); DL
Adapalene External Gel 0.1 %, 0.3 %	2	RO; QL (45 GM per 30 days); DL
Betamethasone Dipropionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days); DL
Betamethasone Dipropionate External Lotion 0.05 %	2	RO; QL (60 ML per 30 days); DL
Betamethasone Dipropionate External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); DL
Betamethasone Valerate External Cream 0.1 %	2	RO; QL (120 GM per 30 days); DL
Betamethasone Valerate External Lotion 0.1 %	2	RO; QL (60 ML per 30 days); DL
Betamethasone Valerate External Ointment 0.1 %	2	RO; QL (120 GM per 30 days); DL
Calcipotriene External Cream 0.005 %	2	RO; QL (60 GM per 30 days); DL
Calcipotriene External Ointment 0.005 %	2	RO; QL (60 GM per 30 days); DL
Calcipotriene External Solution 0.005 %	2	RO; QL (60 ML per 30 days); DL
Ciclopirox External Gel 0.77 %	2	RO; QL (120 GM per 30 days); DL
Ciclopirox External Solution 8 %	2	RO; DL
Ciclopirox Olamine External Cream 0.77 %	2	RO; QL (120 GM per 30 days); DL
Ciclopirox Olamine External Suspension 0.77 %	2	RO; QL (60 ML per 30 days); DL

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Drug Name	Drug Tier	Requirements/Limits
Clindamycin Phosphate External Gel 1 %	1	RO; DL
Clindamycin Phosphate External Swab 1 %	2	RO; DL
Clobetasol Propionate E External Cream 0.05 %	2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Gel 0.05 %	2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Lotion 0.05 %	2	RO; QL (60 ML per 30 days); DL
Clobetasol Propionate External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); DL
Clobetasol Propionate External Solution 0.05 %	2	RO; QL (60 ML per 30 days); DL
Clotrimazole-Betamethasone External Cream 1-0.05 %	2	RO; QL (120 GM per 30 days); DL
Clotrimazole-Betamethasone External Lotion 1-0.05 %	2	RO; QL (60 ML per 30 days); DL
Cortisporin External Cream 3.5-10000-0.5	3	RO; DL
Cortisporin External Ointment 1 %	3	RO; DL
Desonide External Cream 0.05 %	2	RO; QL (120 GM per 30 days); DL
Desonide External Lotion 0.05 %	2	RO; QL (60 ML per 30 days); DL
Desonide External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); DL
Desoximetasone External Cream 0.05 %, 0.25 %	2	RO; QL (120 GM per 30 days); DL
Desoximetasone External Gel 0.05 %	2	RO; QL (120 GM per 30 days); DL
Desoximetasone External Ointment 0.05 %, 0.25 %	2	RO; QL (120 GM per 30 days); DL
Diclofenac Sodium Transdermal Gel 1 %	2	RO; FHCP; DL
Diclofenac Sodium Transdermal Gel 3 %	2	PA; RO; QL (100 GM per 30 days); DL
Econazole Nitrate External Cream 1 %	2	RO; QL (120 GM per 30 days); DL
Erythromycin External Solution 2 %	2	RO; DL
Fluocinolone Acetonide External Cream 0.01 %, 0.025 %	2	RO; QL (120 GM per 30 days); DL

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Drug Name	Drug Tier	Requirements/Limits
Fluocinolone Acetonide External Ointment 0.025 %	2	RO; QL (120 GM per 30 days); DL
Fluocinolone Acetonide External Solution 0.01 %	2	RO; QL (60 ML per 30 days); DL
Fluocinonide Emulsified Base External Cream 0.05 %	2	RO; QL (120 GM per 30 days); DL
Fluocinonide External Cream 0.05 %	2	RO; QL (120 GM per 30 days); DL
Fluocinonide External Gel 0.05 %	2	RO; QL (120 GM per 30 days); DL
Fluocinonide External Ointment 0.05 %	2	RO; QL (120 GM per 30 days); DL
Fluocinonide External Solution 0.05 %	2	RO; QL (60 ML per 30 days); DL
Fluorouracil External Cream 5 %	2	RO; QL (40 GM per 15 days); DL
Fluorouracil External Solution 2 %	2	RO; QL (60 ML per 30 days); DL
Fluorouracil External Solution 5 %	2	RO; QL (40 ML per 30 days); DL
Fluticasone Propionate External Cream 0.05 %	2	RO; QL (120 GM per 30 days); DL
Fluticasone Propionate External Lotion 0.05 %	2	RO; QL (60 ML per 30 days); DL
Fluticasone Propionate External Ointment 0.005 %	2	RO; QL (120 GM per 30 days); DL
Gentamicin Sulfate External Cream 0.1 %	2	RO; DL
Gentamicin Sulfate External Ointment 0.1 %	2	RO; DL
Hydrocortisone Butyrate External Cream 0.1 %	2	RO; QL (120 GM per 30 days)
Hydrocortisone Butyrate External Ointment 0.1 %	2	RO; QL (120 GM per 30 days)
Hydrocortisone Butyrate External Solution 0.1 %	2	RO; QL (60 ML per 30 days)
Hydrocortisone External Cream 2.5 %	1	RO; DL
Hydrocortisone External Lotion 2.5 %	1	RO; DL
Hydrocortisone External Ointment 2.5 %	1	RO; DL
Imiquimod External Cream 5 %	2	RO; DL
ISOtretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	2	PA; RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Ketoconazole External Cream 2 %	1	RO; DL
Lidocaine External Ointment 5 %	2	RO; QL (120 GM per 30 days); DL
Lidocaine External Patch 5 %	2	PA; RO; DL
Lidocaine-Prilocaine External Cream 2.5-2.5 %	2	RO; QL (30 GM per 30 days); DL
Malathion External Lotion 0.5 %	2	RO; QL (60 ML per 7 days); DL
Methoxsalen Rapid Oral Capsule 10 MG	5	RO; DL
MetroNIDAZOLE External Cream 0.75 %	2	RO; QL (45 GM per 30 days); DL
MetroNIDAZOLE External Gel 0.75 %, 1 %	2	RO; QL (60 GM per 30 days); DL
MetroNIDAZOLE External Lotion 0.75 %	2	RO; QL (60 ML per 30 days); DL
Mometasone Furoate External Cream 0.1 %	2	RO; QL (120 GM per 30 days); DL
Mometasone Furoate External Ointment 0.1 %	2	RO; QL (120 GM per 30 days); DL
Mometasone Furoate External Solution 0.1 %	2	RO; QL (60 ML per 30 days); DL
Mupirocin External Ointment 2 %	2	RO; QL (44 GM per 30 days); DL
Nystatin External Cream 100000 UNIT/GM	1	RO; DL
Nystatin External Ointment 100000 UNIT/GM	1	RO; DL
Nystatin-Triamcinolone External Cream 100000-0.1 UNIT/GM-%	1	RO; DL
Nystatin-Triamcinolone External Ointment 100000-0.1 UNIT/GM-%	1	RO; DL
Panretin External Gel 0.1 %	5	PA; SP; QL (60 GM per 30 days); DL
Permethrin External Cream 5 %	2	RO; QL (60 GM per 7 days); DL
Pimecrolimus External Cream 1 %	4	RO; QL (30 GM per 30 days); DL
Podofilox External Solution 0.5 %	2	RO; DL
Santyl External Ointment 250 UNIT/GM	4	RO; QL (60 GM per 30 days); DL
Selenium Sulfide External Lotion 2.5 %	2	RO; QL (120 ML per 30 days); DL

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Drug Name	Drug Tier	Requirements/Limits
Silver Sulfadiazine External Cream 1 %	2	RO; DL
Stelara Subcutaneous Solution 45 MG/0.5ML	6	PA; RO
Stelara Subcutaneous Solution Prefilled Syringe 45 MG/0.5ML, 90 MG/ML	6	PA; RO
Tacrolimus External Ointment 0.03 %, 0.1 %	2	RO; QL (30 GM per 30 days); DL
Tazarotene External Cream 0.1 %	2	PA; RO; QL (30 GM per 30 days); DL
Tazorac External Cream 0.05 %	4	PA; RO; QL (30 GM per 30 days); DL
Tazorac External Gel 0.05 %, 0.1 %	4	PA; RO; QL (30 GM per 30 days); DL
Tretinoin External Cream 0.025 %, 0.05 %, 0.1 %	2	PA; RO; QL (20 GM per 30 days); AL (Max 30 Years); DL
Tretinoin External Gel 0.01 %, 0.025 %	2	PA; RO; QL (15 GM per 30 days); AL (Max 30 Years); DL
Triamcinolone Acetonide External Cream 0.025 %, 0.1 %, 0.5 %	1	RO; DL
Triamcinolone Acetonide External Lotion 0.025 %, 0.1 %	1	RO; DL
Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %	1	RO; DL
Urea External Cream 40 %	2	RO; QL (85 GM per 30 days); DL
Diagnostic Products		
Accu-Chek Aviva Plus In Vitro Strip	2	PA; RM
Bayer Breeze 2 Test In Vitro Disk	2	RM
Bayer Contour Next Test In Vitro Strip	2	RM
Bayer Contour Test In Vitro Strip	2	RM
FreeStyle Lite Test In Vitro Strip	2	PA; RM
FreeStyle Test In Vitro Strip	2	PA; RM
Nova Max Glucose Test In Vitro Strip	2	PA; RM
OneTouch Ultra Blue In Vitro Strip	2	PA; RM
OneTouch Verio In Vitro Strip	2	PA; RM
Prodigy No Coding Blood Gluc In Vitro Strip	2	PA; RM

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Drug Name	Drug Tier	Requirements/Limits
Digestive Aids		
Creon Oral Capsule Delayed Release Particles 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	RM
Pancreaze Oral Capsule Delayed Release Particles 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT	3	RM
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	RM
Direct-Acting P2Y12 Inhibitors		
Brilinta Oral Tablet 60 MG, 90 MG	4	RM
Diuretics		
AcetaZOLAMIDE ER Oral Capsule Extended Release 12 Hour 500 MG	2	RM
AcetaZOLAMIDE Oral Tablet 125 MG, 250 MG	2	RM
AMILoride HCl Oral Tablet 5 MG	2	RM
Bumetanide Oral Tablet 0.5 MG, 1 MG, 2 MG	2	RM
Chlorothiazide Oral Tablet 250 MG, 500 MG	2	RM
Chlorthalidone Oral Tablet 25 MG, 50 MG	2	RM
Diuril Oral Suspension 250 MG/5ML	4	RO; DL
Ethacrynic Acid Oral Tablet 25 MG	5	RO; DL
Furosemide Oral Solution 10 MG/ML	2	RO; DL
Furosemide Oral Tablet 20 MG, 40 MG, 80 MG	1	RM
HydroCHLOROthiazide Oral Capsule 12.5 MG	1	RM
HydroCHLOROthiazide Oral Tablet 12.5 MG, 25 MG, 50 MG	1	RM; *
Methazolamide Oral Tablet 25 MG, 50 MG	2	RM
Methyclothiazide Oral Tablet 5 MG	2	RM
Metolazone Oral Tablet 10 MG, 2.5 MG, 5 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Spironolactone Oral Tablet 25 MG, 50 MG	2	RM
Spironolactone-HCTZ Oral Tablet 25-25 MG	2	RM
Triamterene-HCTZ Oral Capsule 37.5-25 MG	2	RM
Triamterene-HCTZ Oral Tablet 37.5-25 MG, 75-50 MG	1	RM
Endocrine And Metabolic Agents - Misc.		
Alendronate Sodium Oral Tablet 10 MG, 5 MG	2	RM
Alendronate Sodium Oral Tablet 35 MG, 70 MG	1	RM
Cabergoline Oral Tablet 0.5 MG	2	RM
Calcitonin (Salmon) Nasal Solution 200 UNIT/ACT	2	RM
Calcitriol Oral Capsule 0.25 MCG, 0.5 MCG	2	RM
Calcitriol Oral Solution 1 MCG/ML	2	RO; DL
Cinacalcet HCl Oral Tablet 30 MG, 60 MG, 90 MG	5	PA; RO; DL
Desmopressin Acetate Oral Tablet 0.1 MG, 0.2 MG	2	RM
Desmopressin Acetate Spray Nasal Solution 0.01 %	2	RM
Ibandronate Sodium Oral Tablet 150 MG	2	RM; QL (5 EA per 25 days)
Increlex Subcutaneous Solution 40 MG/4ML	5	PA; RO; DL
Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG, 15 MG, 7.5 MG	5	RO; DL
Lupron Depot-Ped (3-Month) Intramuscular Kit 11.25 MG (Ped), 30 MG (Ped)	5	RO
Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	RO; DL
Omnitrope Subcutaneous Solution 10 MG/1.5ML, 5 MG/1.5ML	5	PA; RO; DL
Omnitrope Subcutaneous Solution Reconstituted 5.8 MG	5	PA; RO; DL
Orilissa Oral Tablet 150 MG, 200 MG	3	PA; SP; DL
Paricalcitol Oral Capsule 1 MCG, 2 MCG, 4 MCG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Prolia Subcutaneous Solution 60 MG/ML	6	PA; RO; DL
Raloxifene HCl Oral Tablet 60 MG	2	RM
Risedronate Sodium Oral Tablet 35 MG	2	ST; RM
Somatuline Depot Subcutaneous Solution 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	6	PA; RO; DL
Stimate Nasal Solution 1.5 MG/ML	5	RO; DL
Synarel Nasal Solution 2 MG/ML	6	PA; RO; DL
Zoledronic Acid Intravenous Solution 5 MG/100ML	5	RO
Estrogens		
Depo-Estradiol Intramuscular Oil 5 MG/ML	4	RO
Est Estrogens-Methyltest HS Oral Tablet 0.625-1.25 MG	2	RM
Est Estrogens-Methyltest Oral Tablet 1.25-2.5 MG	2	RM
Estradiol Oral Tablet 0.5 MG, 1 MG, 2 MG	1	RM
Estradiol Transdermal Patch Twice Weekly 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	RM; QL (8 EA per 28 days)
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	RM; QL (4 EA per 28 days)
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	2	RO
Estropipate Oral Tablet 0.75 MG, 1.5 MG, 3 MG	2	RM
Menest Oral Tablet 0.3 MG, 0.625 MG, 1.25 MG	4	PA; RM
Premarin Oral Tablet 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	RM
Premphase Oral Tablet 0.625-5 MG	3	RM
Prempro Oral Tablet 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	RM
Estrogen-Selective Estrogen Receptor Modulator Comb		
Duavee Oral Tablet 0.45-20 MG	3	RM

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Drug Name	Drug Tier	Requirements/Limits
Fluoroquinolones		
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG	2	RO; DL
LevoFLOXacin Oral Solution 25 MG/ML	2	RO; DL
LevoFLOXacin Oral Tablet 250 MG, 500 MG, 750 MG	2	RO; DL
Gastrointestinal Agents - Misc.		
Alosetron HCl Oral Tablet 0.5 MG, 1 MG	5	PA; RO; DL
Amitiza Oral Capsule 24 MCG, 8 MCG	4	PA; RM
Balsalazide Disodium Oral Capsule 750 MG	1	RM
Calcium Acetate (Phos Binder) Oral Capsule 667 MG	2	RM
Cromolyn Sodium Oral Concentrate 100 MG/5ML	2	RO
Dipentum Oral Capsule 250 MG	4	RM
Fosrenol Oral Packet 1000 MG, 750 MG	5	PA; RO; DL
Lactulose Encephalopathy Oral Solution 10 GM/15ML	2	RM; QL (473 ML per 3 days)
Lanthanum Carbonate Oral Tablet Chewable 1000 MG, 500 MG, 750 MG	5	PA; RO; DL
Linzess Oral Capsule 145 MCG, 290 MCG, 72 MCG	3	PA; RM; QL (31 EA per 31 days)
Mesalamine Oral Tablet Delayed Release 1.2 GM	2	RM; FHCP
Mesalamine Oral Tablet Delayed Release 800 MG	2	RM
Mesalamine Rectal Enema 4 GM	2	RO; QL (1680 ML per 28 days); DL
Mesalamine Rectal Suppository 1000 MG	3	RO; QL (30 EA per 30 days); DL
Metoclopramide HCl Oral Solution 5 MG/5ML	2	RO; DL
Metoclopramide HCl Oral Tablet 10 MG, 5 MG	1	RM
Movantik Oral Tablet 12.5 MG, 25 MG	3	PA; RM; QL (31 EA per 31 days)
Relistor Subcutaneous Solution 12 MG/0.6ML, 8 MG/0.4ML	5	PA; RO; DL
SulfaSALAzine Oral Tablet 500 MG	1	RM
SulfaSALAzine Oral Tablet Delayed Release 500 MG	1	RM

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Drug Name	Drug Tier	Requirements/Limits
Ursodiol Oral Capsule 300 MG	2	RM
Genitourinary Agents - Miscellaneous		
Alfuzosin HCl ER Oral Tablet Extended Release 24 Hour 10 MG	2	RM
Cystagon Oral Capsule 150 MG, 50 MG	5	SP; DL
Cytra K Crystals Oral Packet 3300-1002 MG	2	RM
Dutasteride Oral Capsule 0.5 MG	2	RM
Elmiron Oral Capsule 100 MG	4	RM
Finasteride Oral Tablet 5 MG	2	RM
Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)	2	RM
Potassium Citrate-Citric Acid Oral Solution 1100-334 MG/5ML	2	RM
Tamsulosin HCl Oral Capsule 0.4 MG	1	RM; *
Glycopeptides		
Vancomycin HCl Intravenous Solution Reconstituted 1000 MG, 500 MG	2	RO; DL
Gout Agents		
Allopurinol Oral Tablet 100 MG, 300 MG	1	RM
Colchicine Oral Tablet 0.6 MG	2	RM; QL (120 EA per 30 days)
Colchicine-Probenecid Oral Tablet 0.5-500 MG	1	RM
Probenecid Oral Tablet 500 MG	2	RM
Hematological Agents - Misc.		
Anagrelide HCl Oral Capsule 0.5 MG, 1 MG	2	RM
Aspirin-Dipyridamole ER Oral Capsule Extended Release 12 Hour 25-200 MG	2	RM
Berinert Intravenous Kit 500 UNIT	5	PA; SP; DL
Brilinta Oral Tablet 60 MG, 90 MG	4	RM
Cilostazol Oral Tablet 100 MG, 50 MG	2	RM
Clopidogrel Bisulfate Oral Tablet 75 MG	1	RM; *
Dipyridamole Oral Tablet 25 MG, 50 MG, 75 MG	2	RM
Pentoxifylline ER Oral Tablet Extended Release 400 MG	2	RM
Prasugrel HCl Oral Tablet 10 MG, 5 MG	2	RM

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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; DL
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; DL
Cyanocobalamin Injection Solution 1000 MCG/ML	2	RM
Ferocon Oral Capsule	2	RM
Folic Acid Oral Tablet 1 MG	2	RM
Folic Acid Oral Tablet 400 MCG, 800 MCG	7	RM; (Prescription Required); PREV; AL (Min 11 Years and Max 49 Years)
Neulasta Subcutaneous Solution Prefilled Syringe 6 MG/0.6ML	6	PA; RO; DL
Nivestym Injection Solution 300 MCG/ML, 480 MCG/1.6ML	5	RO; DL
Nivestym Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	5	RO; DL
Procrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	5	PA; RO; DL
Promacta Oral Packet 12.5 MG	5	PA; RO; DL
Promacta Oral Tablet 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; RO; DL
Retacrit Injection Solution 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	5	PA; RO; DL
Zarxio Injection Solution Prefilled Syringe 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; RO; DL
Hemostatics		
Aminocaproic Acid Oral Solution 0.25 GM/ML	5	RO; DL
Aminocaproic Acid Oral Tablet 500 MG	5	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Tranexamic Acid Oral Tablet 650 MG	2	RO; DL
Hepatitis C Agent - Combinations		
Mavyret Oral Tablet 100-40 MG	5	PA; RO; DL
Hypnotics		
Flurazepam HCl Oral Capsule 15 MG, 30 MG	2	RM
PHENobarbital Oral Elixir 20 MG/5ML	2	RO; DL
PHENobarbital Oral Tablet 16.2 MG, 32.4 MG, 64.8 MG, 97.2 MG	2	RM
Ramelteon Oral Tablet 8 MG	3	RM
Temazepam Oral Capsule 15 MG, 30 MG	2	RM
Zaleplon Oral Capsule 10 MG, 5 MG	2	RM
Zolpidem Tartrate Oral Tablet 10 MG, 5 MG	2	RM
Isocitrate Dehydrogenase-2 (IDH2) Inhibitors		
IDHIFA Oral Tablet 100 MG, 50 MG	5	PA; SP; DL
Laxatives		
Lactulose Oral Solution 10 GM/15ML	2	RM
PEG-3350/Electrolytes Oral Solution Reconstituted 236 GM	2	RO; DL
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; DL
Azithromycin Oral Tablet 250 MG, 500 MG, 600 MG	2	RO; DL
Clarithromycin Oral Suspension Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; DL
Clarithromycin Oral Tablet 250 MG, 500 MG	2	RO; DL
Erythrocin Stearate Oral Tablet 250 MG	4	RO
Erythromycin Base Oral Capsule Delayed Release Particles 250 MG	4	RO
Erythromycin Base Oral Tablet Delayed Release 250 MG, 333 MG, 500 MG	4	RM
Erythromycin Ethylsuccinate Oral Tablet 400 MG	3	RM

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Drug Name	Drug Tier	Requirements/Limits
Medical Devices		
Accu-Chek FastClix Lancets	2	PA; RM
Accu-Chek Multiclix Lancets	2	PA; RM
BD Insulin Syringe U-500 31G X 6MM 0.5 ML	3	RM
BD Safety-Lok Insulin Syringe 29G X 1/2" 1 ML	3	RM
Caya Vaginal Diaphragm	7	RO; PREV; QL (1 EA per 1 Year)
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	RM
Leader Unifine Pentips 31G X 5 MM	3	RM
Pen Needles 31G X 6 MM	3	RM
Pen Needles 5/16" 31G X 8 MM	3	RM
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	RM
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	RM
Migraine Products		
Eletriptan Hydrobromide Oral Tablet 20 MG, 40 MG	2	ST; RM; QL (6 EA per 31 days)
Isometheptene-Dichloral-APAP Oral Capsule 65-100-325 MG	2	RM
Migergot Rectal Suppository 2-100 MG	5	RO; QL (12 EA per 14 days); DL
Rizatriptan Benzoate Oral Tablet 10 MG, 5 MG	2	RM; QL (18 EA per 31 days)
Rizatriptan Benzoate Oral Tablet Dispersible 10 MG, 5 MG	2	RM; QL (18 EA per 31 days)
SUMAtriptan Nasal Solution 20 MG/ACT, 5 MG/ACT	2	RM; QL (6 EA per 31 days)
SUMAtriptan Succinate Oral Tablet 100 MG, 25 MG, 50 MG	2	RM; QL (12 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML, 6 MG/0.5ML	2	RM; QL (4 ML per 31 days)
Minerals & Electrolytes		
K-Phos Oral Tablet 500 MG	4	RM
Phospha 250 Neutral Oral Tablet 155-852-130 MG	2	RM
Potassium Bicarbonate Oral Tablet Effervescent 25 MEQ	2	RM
Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ, 8 MEQ	2	RM
Potassium Chloride Oral Packet 20 MEQ	2	RM
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	2	RO
Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML	2	RM; PREV; AL (Min 6 Months and Max 6 Years)
Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	2	RM; PREV; AL (Min 6 Months and Max 6 Years)
Mouth/Throat/Dental Agents		
Chlorhexidine Gluconate Mouth/Throat Solution 0.12 %	2	RM; QL (1 BTL Max Qty Per Fill Retail)
Clotrimazole Mouth/Throat Lozenge 10 MG	2	RO; DL
Lidocaine Viscous Mouth/Throat Solution 2 %	2	RO; DL
Nystatin Mouth/Throat Suspension 100000 UNIT/ML	2	RO; DL
Pilocarpine HCl Oral Tablet 5 MG	2	RM
SF Dental Gel 1.1 %	2	RM; QL (56 GM per 30 days)
Triamcinolone Acetonide Mouth/Throat Paste 0.1 %	2	RO; DL
Multivitamins		
Multi-Vit/Fluoride Oral Solution 0.25 MG/ML, 0.5 MG/ML	2	RM; PREV; AL (Max 12 Months)
Multi-Vit/Fluoride/Iron Oral Solution 0.25-10 MG/ML	2	RM; PREV; AL (Max 12 Months)
Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG	2	RM; PREV; AL (Max 12 Months)
PNV Prenatal Plus Multivitamin Oral Tablet 27-1 MG	2	RM
Trinate Oral Tablet	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Musculoskeletal Therapy Agents		
Baclofen Oral Tablet 10 MG, 20 MG	2	RM
Carisoprodol Oral Tablet 350 MG	2	RM
Cyclobenzaprine HCl Oral Tablet 10 MG	2	RM
Methocarbamol Oral Tablet 500 MG, 750 MG	2	RM
tiZANidine HCl Oral Tablet 2 MG, 4 MG	2	RM
Nasal Agents - Systemic And Topical		
Azelastine HCl Nasal Solution 0.1 %	2	RM
Flunisolide Nasal Solution 25 MCG/ACT (0.025%)	2	RM
Fluticasone Propionate Nasal Suspension 50 MCG/ACT	2	RM; *
Ipratropium Bromide Nasal Solution 0.03 %, 0.06 %	2	RM
Olopatadine HCl Nasal Solution 0.6 %	2	RM
Neuromuscular Agents		
Botox Injection Solution Reconstituted 100 UNIT, 200 UNIT	5	PA; RO
Riluzole Oral Tablet 50 MG	2	PA; RM
Xeomin Intramuscular Solution Reconstituted 100 UNIT, 200 UNIT, 50 UNIT	6	PA; RO
Ophthalmic Agents		
Alomide Ophthalmic Solution 0.1 %	3	RO; DL
Alrex Ophthalmic Suspension 0.2 %	4	RO; DL
Apraclonidine HCl Ophthalmic Solution 0.5 %	2	RM
Atropine Sulfate Ophthalmic Ointment 1 %	2	RO; DL
Atropine Sulfate Ophthalmic Solution 1 %	2	RO; DL
Azelastine HCl Ophthalmic Solution 0.05 %	2	RO; DL
Bacitracin Ophthalmic Ointment 500 UNIT/GM	2	RO; DL
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	2	RO; DL
Bacitra-Neomycin-Polymyxin-HC Ophthalmic Ointment 1 %	2	RO; DL
Betaxolol HCl Ophthalmic Solution 0.5 %	2	RM
Betoptic-S Ophthalmic Suspension 0.25 %	3	RM

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Drug Name	Drug Tier	Requirements/Limits
Blephamide Ophthalmic Suspension 10-0.2 %	3	RO; DL
Blephamide S.O.P. Ophthalmic Ointment 10-0.2 %	3	RO; DL
Brimonidine Tartrate Ophthalmic Solution 0.2 %	2	RM
Carteolol HCl Ophthalmic Solution 1 %	2	RM
Ciloxan Ophthalmic Ointment 0.3 %	3	RO; DL
Ciprofloxacin HCl Ophthalmic Solution 0.3 %	2	RO; DL
Combigan Ophthalmic Solution 0.2-0.5 %	3	RM
Cromolyn Sodium Ophthalmic Solution 4 %	2	RO; DL
Cyclopentolate HCl Ophthalmic Solution 0.5 %, 1 %, 2 %	2	RM
Dexamethasone Sodium Phosphate Ophthalmic Solution 0.1 %	2	RO; DL
Diclofenac Sodium Ophthalmic Solution 0.1 %	2	RO; DL
Dorzolamide HCl Ophthalmic Solution 2 %	2	RM
Dorzolamide HCl-Timolol Mal Ophthalmic Solution 22.3-6.8 MG/ML	2	RM
Erythromycin Ophthalmic Ointment 5 MG/GM	2	RO; DL
Fluorometholone Ophthalmic Suspension 0.1 %	2	RO; DL
Flurbiprofen Sodium Ophthalmic Solution 0.03 %	2	RO; DL
FML Forte Ophthalmic Suspension 0.25 %	3	RO; DL
FML Ophthalmic Ointment 0.1 %	3	RO; DL
Gentak Ophthalmic Ointment 0.3 %	2	RO; DL
Gentamicin Sulfate Ophthalmic Solution 0.3 %	2	RO; DL
Homatropine HBr Ophthalmic Solution 5 %	2	RO; DL
Ilevro Ophthalmic Suspension 0.3 %	3	RO; DL
Ketorolac Tromethamine Ophthalmic Solution 0.4 %, 0.5 %	2	RO; DL
Latanoprost Ophthalmic Solution 0.005 %	2	RM
Levobunolol HCl Ophthalmic Solution 0.5 %	1	RM

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Drug Name	Drug Tier	Requirements/Limits
Levofloxacin Ophthalmic Solution 0.5 %	2	RO; DL
Lotemax Ophthalmic Ointment 0.5 %	4	RO; QL (3.5 GM per 3 days); DL
Loteprednol Etabonate Ophthalmic Suspension 0.5 %	3	RO; DL
Moxifloxacin HCl Ophthalmic Solution 0.5 %	2	RO; DL
Natacyn Ophthalmic Suspension 5 %	3	RO; DL
Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000	2	RO; DL
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment 3.5-10000-0.1	2	RO; DL
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	2	RO; DL
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	2	RO; DL
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	2	RO; DL
Nevanac Ophthalmic Suspension 0.1 %	3	RO; DL
Ofloxacin Ophthalmic Solution 0.3 %	2	RO; DL
Olopatadine HCl Ophthalmic Solution 0.1 %	2	RM; QL (5 ML per 25 days)
Phospholine Iodide Ophthalmic Solution Reconstituted 0.125 %	3	RO; DL
Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %	2	RM
Polymyxin B-Trimethoprim Ophthalmic Solution 10000-0.1 UNIT/ML-%	2	RO; DL
Pred Mild Ophthalmic Suspension 0.12 %	3	RO; DL
Pred-G Ophthalmic Suspension 0.3-1 %	3	RO; DL
Pred-G S.O.P. Ophthalmic Ointment 0.3-0.6 %	3	RO; DL
prednisoLONE Acetate Ophthalmic Suspension 1 %	2	RO; DL
PrednisoLONE Sodium Phosphate Ophthalmic Solution 1 %	2	RO; DL
Proparacaine HCl Ophthalmic Solution 0.5 %	2	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Restasis Ophthalmic Emulsion 0.05 %	3	RO; QL (30 EA per 15 days); DL
Sulfacetamide Sodium Ophthalmic Solution 10 %	2	RO; DL
Sulfacetamide-Prednisolone Ophthalmic Solution 10-0.23 %	2	RO; DL
Tetracaine HCl Ophthalmic Solution 0.5 %	2	RO; DL
Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %	1	RM
TobraDex Ophthalmic Ointment 0.3-0.1 %	3	RO; DL
Tobramycin Ophthalmic Solution 0.3 %	2	RO; DL
Tobramycin-Dexamethasone Ophthalmic Suspension 0.3-0.1 %	2	RO; DL
Tobrex Ophthalmic Ointment 0.3 %	3	RO; DL
Travatan Z Ophthalmic Solution 0.004 %	3	RM
Trifluridine Ophthalmic Solution 1 %	2	RO; DL
Tropicamide Ophthalmic Solution 0.5 %, 1 %	2	RO; DL
Zirgan Ophthalmic Gel 0.15 %	4	RO; DL
Otic Agents		
Acetic Acid Otic Solution 2 %	2	RO; DL
Acetic Acid-Aluminum Acetate Otic Solution 2 %	2	RO
Ciprodex Otic Suspension 0.3-0.1 %	3	RO; DL
Ciprofloxacin HCl Otic Solution 0.2 %	2	RO; DL
Fluocinolone Acetonide Otic Oil 0.01 %	2	RO; DL
Neomycin-Polymyxin-HC Otic Solution 1 %	2	RO; DL
Neomycin-Polymyxin-HC Otic Suspension 3.5-10000-1	2	RO; DL
Ofloxacin Otic Solution 0.3 %	2	RO; DL
Oxytocics		
Methergine Oral Tablet 0.2 MG	5	RO; DL
Penicillins		
Amoxicillin Oral Capsule 250 MG, 500 MG	2	RO; DL
Amoxicillin Oral Suspension Reconstituted 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML	2	RO; DL
Amoxicillin Oral Tablet 875 MG	2	RO; DL

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Drug Name	Drug Tier	Requirements/Limits
Amoxicillin Oral Tablet Chewable 125 MG, 250 MG	2	RO; DL
Amoxicillin-Pot Clavulanate ER Oral Tablet Extended Release 12 Hour 1000-62.5 MG	2	RO; DL
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; DL
Amoxicillin-Pot Clavulanate Oral Tablet 250-125 MG, 500-125 MG, 875-125 MG	2	RO; DL
Amoxicillin-Pot Clavulanate Oral Tablet Chewable 200-28.5 MG, 400-57 MG	2	RO; DL
Ampicillin Oral Capsule 500 MG	2	RO; DL
Dicloxacillin Sodium Oral Capsule 250 MG, 500 MG	2	RO; DL
Penicillin V Potassium Oral Solution Reconstituted 125 MG/5ML, 250 MG/5ML	2	RO; DL
Penicillin V Potassium Oral Tablet 250 MG, 500 MG	2	RO; DL
Pharmaceutical Adjuvants		
Simple Syrup Oral Syrup	2	RM
Phosphatidylinositol 3-Kinase (PI3K) Inhibitors		
Zydelig Oral Tablet 100 MG, 150 MG	5	PA; RO; DL
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
Eucrisa External Ointment 2 %	3	ST; RM; QL (60 GM per 30 days)
Poly (ADP-ribose) Polymerase (PARP) Inhibitors		
Lynparza Oral Capsule 50 MG	5	PA; RO; DL
Lynparza Oral Tablet 100 MG, 150 MG	5	PA; RO; DL
Zejula Oral Capsule 100 MG	5	PA; RO; DL
Potassium Removing Agents		
Kionex Oral Powder	2	RO; DL
Sodium Polystyrene Sulfonate Oral Powder	2	RO; DL
Sodium Polystyrene Sulfonate Oral Suspension 15 GM/60ML	2	RO; DL
Progestins		
MedroxyPROGESTERone Acetate Oral Tablet 10 MG, 2.5 MG, 5 MG	1	RM

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Drug Name	Drug Tier	Requirements/Limits
Norethindrone Acetate Oral Tablet 5 MG	2	RM
Progesterone Intramuscular Oil 50 MG/ML	2	RO; DL
Progesterone Micronized Oral Capsule 100 MG, 200 MG	2	RM
Psychotherapeutic And Neurological Agents - Misc.		
Acamprosate Calcium Oral Tablet Delayed Release 333 MG	2	RM
Avonex Intramuscular Kit 30 MCG	5	PA; RO; DL
Avonex Pen Intramuscular Auto-Injector Kit 30 MCG/0.5ML	5	PA; RO; DL
Avonex Prefilled Intramuscular Prefilled Syringe Kit 30 MCG/0.5ML	5	PA; RO; DL
Betaseron Subcutaneous Kit 0.3 MG	5	PA; RO; DL
BuPROPion HCl ER (Smoking Det) Oral Tablet Extended Release 12 Hour 150 MG	2	RM; PREV; QL (90 DAYS per 1 Year)
Chantix Continuing Month Pak Oral Tablet 1 MG	4	RO; DL
Chantix Oral Tablet 0.5 MG, 1 MG	4	RM
Chantix Starting Month Pak Oral Tablet 0.5 MG X 11 & 1 MG X 42	4	RO; DL
Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG	2	PA; RO; FHCP
Disulfiram Oral Tablet 250 MG, 500 MG	2	RM
Donepezil HCl Oral Tablet 10 MG, 5 MG	1	RM
Donepezil HCl Oral Tablet Dispersible 10 MG, 5 MG	2	RM
Ergoloid Mesylates Oral Tablet 1 MG	2	RM
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG, 24 MG, 8 MG	2	RM
Galantamine Hydrobromide Oral Solution 4 MG/ML	2	RM
Galantamine Hydrobromide Oral Tablet 12 MG, 4 MG, 8 MG	2	RM
Gilenya Oral Capsule 0.5 MG	5	PA; RO; QL (28 EA per 28 days); DL
Glatopa Subcutaneous Solution Prefilled Syringe 20 MG/ML, 40 MG/ML	5	RO; DL
Memantine HCl Oral Solution 2 MG/ML	2	RO; DL
Memantine HCl Oral Tablet 10 MG, 5 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
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; RO; QL (168 EA per 10 days); DL
Nuedexta Oral Capsule 20-10 MG	5	PA; RO; DL
Ocrevus Intravenous Solution 300 MG/10ML	6	PA; RO
Pimozide Oral Tablet 1 MG, 2 MG	2	RM
Rebif Rebidose Subcutaneous Solution Auto-Injector 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; RO; DL
Rebif Rebidose Titration Pack Subcutaneous Solution Auto-Injector 6X8.8 & 6X22 MCG	5	PA; RO; DL
Rebif Subcutaneous Solution Prefilled Syringe 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; RO; DL
Rebif Titration Pack Subcutaneous Solution Prefilled Syringe 6X8.8 & 6X22 MCG	5	PA; RO; DL
Savella Oral Tablet 100 MG, 12.5 MG, 25 MG, 50 MG	3	RM
Savella Titration Pack Oral 12.5 & 25 & 50 MG	3	RO; DL
Tetrabenazine Oral Tablet 12.5 MG, 25 MG	2	PA; RO; DL
Xyrem Oral Solution 500 MG/ML	5	PA; SP; Express Scripts; DL
Zinbryta Subcutaneous Solution Prefilled Syringe 150 MG/ML	5	RO; DL
Respiratory Agents - Misc.		
Kalydeco Oral Tablet 150 MG	5	PA; SP; DL
Pulmozyme Inhalation Solution 1 MG/ML	5	PA; RO; QL (150 ML per 28 days); DL
Serotonin Modulators		
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	RM

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Drug Name	Drug Tier	Requirements/Limits
traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG	1	RM
Trintellix Oral Tablet 10 MG, 20 MG, 5 MG	4	PA; RM
Viibryd Oral Tablet 10 MG, 20 MG, 40 MG	4	RM
Viibryd Starter Pack Oral Kit 10 & 20 MG	4	RO; DL
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations		
Qtern Oral Tablet 10-5 MG, 5-5 MG	3	ST; RM; QL (31 EA per 31 days)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb		
Xigduo XR Oral Tablet Extended Release 24 Hour 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	ST; RM
Tetracyclines		
Demeclocycline HCl Oral Tablet 150 MG, 300 MG	2	RM; FHCP
Doxycycline Hyclate Oral Capsule 100 MG, 50 MG	2	RM
Doxycycline Hyclate Oral Tablet 100 MG, 20 MG	2	RM
Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG	2	RM
Minocycline HCl Oral Capsule 100 MG, 50 MG	2	RM
Tetracycline HCl Oral Capsule 250 MG, 500 MG	2	RM
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	RM
Liothyronine Sodium Oral Tablet 25 MCG, 5 MCG, 50 MCG	2	RM
MethIMAzole Oral Tablet 10 MG, 5 MG	2	RM
Propylthiouracil Oral Tablet 50 MG	2	RM

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

Drug Name	Drug Tier	Requirements/Limits
Toxoids		
Adacel Intramuscular Suspension 5-2-15.5 LF-MCG/0.5	3	RO
Boostrix Intramuscular Suspension 5-2.5-18.5 , 5-2.5-18.5 LF-MCG/0.5	3	RO
Tetanus-Diphtheria Toxoids Td Intramuscular Suspension 2-2 LF/0.5ML	3	RM
Ulcer Drugs		
Carafate Oral Suspension 1 GM/10ML	3	RO; DL
Chlordiazepoxide-Clidinium Oral Capsule 5-2.5 MG	2	RM
Cimetidine HCl Oral Solution 300 MG/5ML	2	RO; DL
Cimetidine Oral Tablet 300 MG, 400 MG, 800 MG	2	RM
Dicyclomine HCl Oral Capsule 10 MG	2	RM
Dicyclomine HCl Oral Solution 10 MG/5ML	2	RO; DL
Dicyclomine HCl Oral Tablet 20 MG	2	RM
Famotidine Oral Tablet 20 MG, 40 MG	2	RM
Glycopyrrolate Oral Tablet 1 MG, 2 MG	2	RM
Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour 0.375 MG	2	RM
Hyoscyamine Sulfate Oral Elixir 0.125 MG/5ML	2	RM
Hyoscyamine Sulfate Oral Solution 0.125 MG/ML	2	RM
Hyoscyamine Sulfate Oral Tablet 0.125 MG	2	RM
Hyoscyamine Sulfate Sublingual Tablet Sublingual 0.125 MG	2	RM
Lansoprazole Oral Capsule Delayed Release 15 MG, 30 MG	2	RM
Misoprostol Oral Tablet 100 MCG, 200 MCG	2	RM
Omeprazole Oral Capsule Delayed Release 10 MG, 20 MG	2	RM; *
Pantoprazole Sodium Oral Tablet Delayed Release 20 MG, 40 MG	2	RM; *
Propantheline Bromide Oral Tablet 15 MG	2	RM
Protonix Oral Packet 40 MG	4	RO
Ranitidine HCl Oral Syrup 75 MG/5ML	2	RO; DL
Ranitidine HCl Oral Tablet 150 MG, 300 MG	1	RM
Sucralfate Oral Tablet 1 GM	2	RM

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Drug Name	Drug Tier	Requirements/Limits
Urinary Anti-Infectives		
Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 25 MG, 50 MG	2	RM
Nitrofurantoin Monohyd Macro Oral Capsule 100 MG	2	RM
Urinary Antispasmodics		
Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG, 50 MG	2	RM
FlavoxATE HCl Oral Tablet 100 MG	2	RM
Myrbetriq Oral Tablet Extended Release 24 Hour 25 MG, 50 MG	4	PA; RM
Oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour 10 MG, 15 MG, 5 MG	2	RM
Oxybutynin Chloride Oral Syrup 5 MG/5ML	2	RO; DL
Oxybutynin Chloride Oral Tablet 5 MG	2	RM
Solifenacin Succinate Oral Tablet 10 MG, 5 MG	2	RM; FHCP
Toviaz Oral Tablet Extended Release 24 Hour 4 MG, 8 MG	3	RM
Trospium Chloride Oral Tablet 20 MG	2	RM; FHCP
Vaccines		
Afluria Intramuscular Suspension	7	RO
Afluria Preservative Free Intramuscular Suspension	7	RO
Afluria Preservative Free Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO
Afluria Quadrivalent Intramuscular Suspension	7	RO
Afluria Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO
Bexsero Intramuscular Suspension Prefilled Syringe	3	RO; AL (Max 25 Years)
Engerix-B Injection Suspension 10 MCG/0.5ML	3	RO; AL (Max 19 Years)
Engerix-B Injection Suspension 20 MCG/ML	3	RO; AL (Min 20 Years)
EZ Flu Shot-Flucelvax Quad Intramuscular Prefilled Syringe Kit 0.5 ML	7	RO

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Drug Name	Drug Tier	Requirements/Limits
Fluad Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO; AL (Min 65 Years)
Fluarix Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO
Flublok Intramuscular Solution	7	RO
Flublok Quadrivalent Intramuscular Solution Prefilled Syringe 0.5 ML	7	RO
Flucelvax Quadrivalent Intramuscular Suspension	7	RO
Flucelvax Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO
Flulaval Quadrivalent Intramuscular Suspension	7	RO
Flulaval Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO
Fluzone High-Dose Intramuscular Suspension	7	RO; AL (Min 65 Years)
Fluzone High-Dose Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO; AL (Min 65 Years)
Fluzone Intramuscular Injectable	7	RO
Fluzone Intramuscular Suspension	7	RO
Fluzone Preservative Free Intramuscular Suspension	7	RO
Fluzone Preservative Free Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO
Fluzone Quadrivalent Intramuscular Suspension , 0.5 ML	7	RO
Fluzone Quadrivalent Intramuscular Suspension Prefilled Syringe 0.5 ML	7	RO
Gardasil 9 Intramuscular Suspension	3	RO; AL (Max 46 Years)
Gardasil 9 Intramuscular Suspension Prefilled Syringe	3	RO; AL (Max 46 Years)
Havrix Intramuscular Suspension 1440 EL U/ML	3	RO; AL (Min 19 Years)
Havrix Intramuscular Suspension 720 EL U/0.5ML	3	RO; AL (Max 18 Years)
Menactra Intramuscular Injectable	3	RO
Menveo Intramuscular Solution Reconstituted	3	RO
Pneumovax 23 Injection Injectable 25 MCG/0.5ML	3	RO

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Drug Name	Drug Tier	Requirements/Limits
Prevnar 13 Intramuscular Suspension	3	RO; AL (Min 65 Years)
Recombivax HB Injection Suspension 10 MCG/ML	3	RO; AL (Min 20 Years)
Recombivax HB Injection Suspension 5 MCG/0.5ML	3	RO; AL (Max 19 Years)
Shingrix Intramuscular Suspension Reconstituted 50 MCG/0.5ML	3	RO; AL (Min 50 Years)
Trumenba Intramuscular Suspension Prefilled Syringe	3	RO; AL (Max 25 Years)
Vaqta Intramuscular Suspension 25 UNIT/0.5ML	3	RO; AL (Max 18 Years)
Vaqta Intramuscular Suspension 50 UNIT/ML	3	RO; AL (Min 19 Years)
Vaginal Products		
Clindamycin Phosphate Vaginal Cream 2 %	2	RO; DL
Encare Vaginal Suppository 100 MG	7	RO; (Prescription Required); PREV; QL (12 EA per 30 days)
Estradiol Vaginal Cream 0.1 MG/GM	2	RM
MetroNIDAZOLE Vaginal Gel 0.75 %	2	RO; QL (70 GM per 10 days); DL
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	RM
Terconazole Vaginal Cream 0.4 %, 0.8 %	2	RO; DL
Terconazole Vaginal Suppository 80 MG	2	RO; DL
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)
VCF Vaginal Contraceptive Vaginal Gel 4 %	7	RO; (Prescription Required); PREV; QL (2.55 GM per 30 days)
Vasopressors		
EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.3ML, 0.3 MG/0.3ML	3	RO; QL (2 EA per 30 days); DL
Midodrine HCl Oral Tablet 10 MG, 2.5 MG, 5 MG	2	RM
Symjepi Injection Solution Prefilled Syringe 0.15 MG/0.3ML, 0.3 MG/0.3ML	4	RO; QL (2 EA per 30 days); DL

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Drug Name	Drug Tier	Requirements/Limits
Vitamins		
Phytonadione Oral Tablet 5 MG	3	RO
Vitamin D (Ergocalciferol) Oral Capsule 1.25 MG (50000 UT)	2	RM
Vitamin D3 Oral Capsule 10 MCG (400 UNIT), 25 MCG (1000 UT)	7	RM; (Prescription Required); PREV; AL (Min 65 Years)

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FHCP Medical Formulary

The following medications are covered by FHCP under the medical benefit when furnished and administered by a physician or infusion clinic incidental to a visit. Some medications require prior authorization or clinical review by AIM medical oncology which must be obtained prior to administration.

Medications not specifically listed or not yet assigned a J or Q code, must receive authorization prior to administration for reimbursement.

List of Abbreviations

PA: Prior Authorization Required

ST: Step Therapy Required

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Drug	Notes
ALS Agents - Miscellaneous	
Radicava	PA; J3490
Aminoglycosides	
Amikacin Sulfate	J0278
Gentamicin Sulfate	J1580
Tobramycin Sulfate	J3260
Analgesics - Anti-Inflammatory	
Actemra	PA; J3262
Ketorolac Tromethamine	J1885
Orencia	PA; J0129
Simponi Aria	PA; J1602
Analgesics - Nonnarcotic	
CloNIDine HCl (Analgesia)	J0735
Analgesics - Opioid	
Buprenorphine HCl	J0592
Butorphanol Tartrate	J0595
FentaNYL Citrate (PF)	J3010
HYDROmorphone HCl	J1170
HYDROmorphone HCl PF	J1170
Meperidine HCl	J2175
Methadone HCl	J1230
Morphine Sulfate	J2270
Morphine Sulfate (PF)	J2274
Nalbuphine HCl	J2300
Talwin	J3070
Androgens-Anabolic	
Depo-Testosterone	J1071
Testone CIK	J1071
Testosterone Cypionate	J1071
Testosterone Enanthate	J3121
Antianxiety Agents	
diazePAM	J3360
HydrOXYzine HCl	J3410
LORazepam	J2060
Antiarrhythmics	
Adenosine	J0153

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Drug	Notes
Lidocaine in D5W	J2001
Procainamide HCl	J2690
Antiasthmatic And Bronchodilator Agents	
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%	J7613
Albuterol Sulfate Inhalation Nebulization Solution (5 MG/ML) 0.5%	J7611
Aminophylline	J0280
Budesonide	J7626
EPINEPHrine HCl	J0171
Ipratropium Bromide	J7644
Ipratropium-Albuterol	J7620
Terbutaline Sulfate	J3105
Theophylline in D5W	J2810
Xolair	PA; J2357
Anticoagulants	
Bivalirudin	J0583
Enoxaparin Sodium	J1650
Fondaparinux Sodium	J1652
Heparin Lock Flush	J1642
Heparin Sodium (Porcine)	J1644
Anticonvulsants	
LevETIRAcetam in NaCl	J1953
Phenytoin Sodium	J1165
Antidiabetics	
NovoLIN R	J1815
Antidotes	
Acetylcysteine	J0132
Bal in Oil	J0470
Calcium Disodium Versenate	J0600
Deferoxamine Mesylate	J0895
Naloxone HCl	J2310
Antidotes And Specific Antagonists	
Acetylcysteine	J0132
Bal in Oil	J0470
Calcium Disodium Versenate	J0600
Deferoxamine Mesylate	J0895

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Drug	Notes
Antiemetics	
Aloxi	J2469
Aprepitant	PA; J8501
DimenhyDRINATE	J1240
Granisetron HCl	J1626
Ondansetron HCl Injection	J2405
Ondansetron HCl Oral	Q0162
Tigan	J3250
Antifungals	
Amphotericin B	J0285
Cresemba	PA; J1833
Fluconazole in Dextrose	J1450
Fluconazole in Sodium Chloride	J1450
Mycamine	J2248
Antihistamines	
DiphenhydrAMINE HCl Injection	J1200
DiphenhydrAMINE HCl Oral	Q0163
KP DiphenhydrAMINE HCl	Q0163
Promethazine HCl Injection	J2550
Promethazine HCl Oral	Q0169
Antihypertensives	
HydrALAZINE HCl	J0360
Anti-Infective Agents - Misc.	
Chloramphenicol Sod Succinate	J0720
Colistimethate Sodium	J0770
DAPTOmycin	PA; J0878
Doribax	J1267
Imipenem-Cilastatin	J0743
INVanz	J1335
Lincomycin HCl	J2010
Linezolid	J2020
Meropenem	J2185
Tigecycline	J3243
Vancomycin HCl	J3370
Antineoplastic - Bispecific T-Cell Engagers	
Blincyto	PA; J9039; AIM
Antineoplastics And Adjunctive Therapies	
Abraxane	PA; J9264; AIM

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Drug	Notes
Adcetris	PA; J9042; AIM
Alimta	J9305
Arranon	J9261
Arzerra	PA; J9303; AIM
Avastin	PA; J9035; AIM
AzaCITIDine	J9025
Bavencio	PA; J9023; AIM
Bendeka	J9034; AIM
BiCNU	J9050
Bleomycin Sulfate Injection Solution Reconstituted 15 UNIT	J9040
Bleomycin Sulfate Injection Solution Reconstituted 30 UNIT	PA; J9040
Busulfan	J0594
Capecitabine	J8521
CARBOplatin	J9045
CISplatin	J9060
Cladribine	J9065
Clofarabine	J9027
Cyclophosphamide	J9070
Cyramza	PA; J9308; AIM
Dacarbazine	J9130
Darzalex	PA; J9145; AIM
DAUNOrubicin HCl	J9150; AIM
Decitabine	J0894
DepoCyt	J9098
DOCEtaxel	J9171
DOXOrubicin HCl Intravenous Solution	J9000
DOXOrubicin HCl Intravenous Solution Reconstituted	Q2050
DOXOrubicin HCl Liposomal	Q2050
Eligard	J9217
Empliciti	PA; J9176; AIM
EpiRUBicin HCl	J9178
Erbitux	PA; J9055; AIM
Etoposide	J9181
Faslodex	J9395
Firmagon	J9155
Floxuridine	J9200
Fludarabine Phosphate	J9185
Fluorouracil	J9190

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Drug	Notes
Gazyva	J9301
Gemcitabine HCl	J9201
Halaven	PA; J9179; AIM
Herceptin	J9355
IDArubicin HCl	J9211
Ifosfamide	J9208
Imfinzi	PA
Intron A	J9214
Irinotecan HCl	J9206
Ixempra Kit	PA; J9207; AIM
Jevtana	PA; J9043; AIM
Kadcyla	PA; J9354; AIM
Keytruda	PA; J9271; AIM
Kyprolis	PA; J9047; AIM
Lartruvo	PA; J9285
Leucovorin Calcium	J0640
Leuprolide Acetate	J9218
Lupron Depot (1-Month) Intramuscular Kit 3.75 MG	J1950
Lupron Depot (1-Month) Intramuscular Kit 7.5 MG	J9217
Lupron Depot (3-Month) Intramuscular Kit 11.25 MG	J1950
Lupron Depot (3-Month) Intramuscular Kit 22.5 MG	J9217
Melphalan HCl	J9245
Mesna	J9209
Methotrexate	J8610
Methotrexate Sodium (PF)	J9260; AIM
Methotrexate Sodium Injection	J9260; AIM
Methotrexate Sodium Oral	J8610
Mitomycin	J9280
Mitoxantrone HCl	J9293
Mustargen	J9230
Oncaspar	J9266; AIM
Opdivo	PA; J9299; AIM
Oxaliplatin	J9263
PACLitaxel	J9267
Perjeta	PA; J9306; AIM
Rituxan	PA; J9312; AIM
Tecentriq	PA; C9483; AIM
Temodar	J9328

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Drug	Notes
TheraCys	J9031
Topotecan HCl	J9351
Treanda	J9033
Trelstar Mixject	J3315
Trexall	J9250
Trisenox	J9017
Vectibix	PA; J9303
Velcade	PA; J9041; AIM
VinBLAStine Sulfate	J9360
VinCRIStine Sulfate	J9370
Vinorelbine Tartrate	J9390
Xofigo	PA; A9606
Yervoy	PA; J9228; AIM
Zaltrap	PA; J9400; AIM
Zoladex	J9202
Antiparkinson Agents	
Benztropine Mesylate	J0515
Antipsychotics/Antimanic Agents	
Abilify Maintena	PA; J0401
ChlorproMAZINE HCl	J3230
FluPHENAZine Decanoate	J2680
Geodon	PA; J3486
Haloperidol Decanoate	J1631
Haloperidol Lactate	J1630
Invega Sustenna	J2426
Prochlorperazine Edisylate	J0780
Prochlorperazine Maleate	Q0164
RisperDAL Consta	J2794
ZyPREXA Relprevv	J2358
Antivirals	
Acyclovir Sodium	J0133
Ganciclovir Sodium	J1570
Retrovir	J3485
Assorted Classes	
azaTHIOprine	J7500
Benlysta	PA; J0490
CycloSPORINE	J7516
Ethamolin	J1410

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Drug	Notes
Nulojix	PA; J0485
Simulect	J0480
Vitrase	J3471
Beta Blockers	
Propranolol HCl	J1800
Cardiotonics	
Digoxin	J1160
Cardiovascular Agents - Misc.	
Epoprostenol Sodium	PA; J1325
Remodulin	PA; J3285
Cephalosporins	
CeFAZolin Sodium	J0690
Cefepime HCl	J0692
Cefotaxime Sodium	J0698
CefOXitin Sodium	J0694
CefTAZidime	J0713
CefTRIAXone Sodium	J0696
Cefuroxime Sodium	J0697
Teflaro	J0712
Contraceptives	
Kyleena	Q9984
MedroxyPROGESTERone Acetate	J1050
Mirena (52 MG)	J7298
Nexplanon	J7307
Paragard Intrauterine Copper	J7300
Skyla	J7301
Corticosteroids	
Betamethasone Sod Phos & Acet	J0702
Depo-Medrol	J1020
Dexamethasone	J8540
Dexamethasone Sodium Phosphate	J1100
Kenalog	J3301
MethylPREDNISolone	J7509
MethylPREDNISolone Acetate Injection Suspension 40 MG/ML	J1030
MethylPREDNISolone Acetate Injection Suspension 80 MG/ML	J1040
MethylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG	J2930

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Drug	Notes
MethylPREDNISolone Sodium Succ Injection Solution Reconstituted 40 MG	J2920
PrednisoLONE Sodium Phosphate	J7510
PredniSONE	J7512
Rayos	J7512
Solu-CORTEF	J1720
Triamcinolone Acetonide	J3301
Dermatologicals	
Ameluz	PA; J7345
Levulan Kerastick	PA; J7308
Stelara	PA; J3357
Diagnostic Products	
ChiRhoStim	J2850
Cortrosyn	J0834
Cosyntropin	J0834
Dipyridamole	J1245
Glucagon HCl (Diagnostic)	J1610
Lexiscan	J2785
Provocholine	J7674
Thyrogen	PA; J3240
Diuretics	
AcetaZOLAMIDE Sodium	J1120
Chlorothiazide Sodium	J1205
Furosemide	J1940
Mannitol	J2150
Endocrine And Metabolic Agents - Misc.	
Calcitriol	J0636
Desmopressin Acetate	J2597
Doxercalciferol	J1270
Elaprase	PA; J1743
Lupron Depot-Ped (1-Month) Intramuscular Kit 11.25 MG	J1950
Lupron Depot-Ped (1-Month) Intramuscular Kit 15 MG, 7.5 MG	J9217
Lupron Depot-Ped (3-Month)	J1950
Miacalcin	J0630
Pamidronate Disodium	J2430
Paricalcitol	J2501

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Drug	Notes
Prolia	PA; J0897
SandoSTATIN LAR Depot	PA; J2353
Somatuline Depot	PA; J1930
Zoledronic Acid	J3489
Estrogens	
Delestrogen	J1380
Depo-Estradiol	J1000
Estradiol Valerate	J1380
Fluoroquinolones	
Ciprofloxacin	J0744
LevoFLOXacin	J1956
Moxifloxacin HCl	J2280
Gastrointestinal Agents - Misc.	
Metoclopramide HCl	J2765
Renflexis	PA; Q5104
General Anesthetics	
Diprivan	J2704
Genitourinary Agents - Miscellaneous	
Rimso-50	J1212
Glycopeptides	
Vancomycin HCl	J3370
Hematological Agents - Misc.	
Activase	J2997
Albumin Human	J9041
Cathflo Activase	J2997
Ceprotin	J2724
Cinryze	PA; J0598
Protamine Sulfate	J2720
Hematopoietic Agents	
Aranesp (Albumin Free)	J0881, J0882
Cerezyme	PA; J1786
Cyanocobalamin	J3420
Epogen	J0885, Q4081
Fulphila	Q5108; AIM
Granix	J1447
Infed	J1750
Leukine	PA; J2820; AIM
Mircera Injection Solution	J0887

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Drug	Notes
Mircera Injection Solution Prefilled Syringe 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	J0887
Mircera Injection Solution Prefilled Syringe 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	J0888
Mozobil	PA; J2562; AIM
Neulasta	PA; J2505
Neupogen	J1442; AIM
Nivestym	Q5110
Procrit	J0885, Q4081
Retacrit	Q5105, Q5106
Venofer	J1756
Zarxio	PA; Q5101; AIM
Hypnotics	
Midazolam HCl	J2250
PENTobarbital Sodium	J2515
PHENobarbital Sodium	J2560
Integrin Receptor Antagonists	
Entyvio	PA; J3380
Interleukin-6 (IL-6) Antagonists	
Sylvant	PA; J2860
Local Anesthetics-Parenteral	
Carbocaine	J0670
Nesacaine	J2400
Ropivacaine HCl	J2795
Macrolides	
Azithromycin	J0456
Erythrocin Lactobionate	J1364
Migraine Products	
Dihydroergotamine Mesylate	J1110
Minerals & Electrolytes	
Calcium Gluconate	J0610
Dextrose-NaCl	J7042
Lactated Ringers	J7120
Magnesium Sulfate	J3475
Potassium Chloride	J3480
Sodium Chloride	J7050

AIM = Authorization requests should be directed to AIM Specialty Health through their secure web portal located at **www.providerportal.com** or by telephone at **844-423-0881**

Drug	Notes
Monobactams	
Aztreonam	
Musculoskeletal Therapy Agents	
Gablofen	J0475
Methocarbamol	J2800
Orphenadrine Citrate	J2360
Neuromuscular Agents	
Botox	PA; J0585
Xeomin	PA; J0588
Nutrients	
Dextrose	J7060
Oncolytic Viral Agents - HSV1	
Imlygic	PA; J9325; AIM
Ophthalmic Agents	
Triesence	J3300
Visudyne	PA; J3396
Oxytocics	
Methylergonovine Maleate	J2210
Passive Immunizing Agents	
Gammagard	PA; J1569
Gamunex-C	PA; J1561
HepaGam B	J1571
HyperRHO S/D Intramuscular Solution Prefilled Syringe 1500 UNIT	J2790
HyperRHO S/D Intramuscular Solution Prefilled Syringe 250 UNIT	J2788
HyperTET S/D	J1670
Rhophylac	J2791
Synagis	PA
WinRho SDF	J2792
Penicillins	
Ampicillin Sodium	J0290
Ampicillin-Sulbactam Sodium	J0295
Bicillin C-R	J0558
Bicillin C-R 900/300	J0558
Bicillin L-A	J0561
Oxacillin Sodium	J2700
Penicillin G Potassium	J2515

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Drug	Notes
Penicillin G Procaine	J2540
Piperacillin Sod-Tazobactam So	J2543
Progestins	
Progesterone	J2675
Psychotherapeutic And Neurological Agents - Misc.	
Ocrevus	PA; J2350
Tysabri	PA; J2323
Respiratory Agents - Misc.	
Prolastin-C	PA; J0256
Ulcer Drugs	
Atropine Sulfate	J0461
Dicyclomine HCl	J0500
Esomeprazole Sodium	
Levsin	J1980
RaNITidine HCl	J2780
Vaccines	
Afluria	Q2035
Afluria Preservative Free	Q2035
Afluria Quadrivalent	Q2035
Fluvirin	Q2037
Fluvirin Preservative Free	Q2037
Vasopressors	
DOBUTamine HCl	J1250
DOPamine HCl	J1265
Vitamins	
Pyridoxine HCl	J3415
Thiamine HCl	J3411
Vitamin K1	J3430

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Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

Discrimination is Against the Law

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

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters
  - Information written in other languages

If you need these services, contact:

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

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

Florida Health Care Plans
Civil Rights Coordinator
1340 Ridgewood Avenue,
Holly Hill, FL 32117.
Phone: 1-844-219-6137,
TTY: 1-800-955-8770
Fax: 386-676-7149,
Email: rights@fhcp.com.

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 nenhumas 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)

ذا كان لديك أو الشخص الذي تساعده 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 분이Florida Health Care Plans에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역으로 전화 연결되려면1-877-615-4022. (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 કોઇ પણ ખર્ચ વિના મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-615-4022. (TTY: TRS Relay 711) પર ફોન કરો.

หากคุณ หรือคนที่คุณกำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ **Florida Health Care Plans** คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร.
1-877-615-4022. (TTY: TRS Relay 711)

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.