

Fidelis Care
2017 Formulary
(List of Covered Drugs)

Fidelis Dual Advantage, Fidelis Medicaid Advantage Plus and Fidelis Dual Advantage Flex

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

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

This formulary is for Fidelis Dual Advantage, Fidelis Medicaid Advantage Plus and Fidelis Dual Advantage Flex members.

This document includes the list of the drugs (formulary) for our plan which is current as of 08/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

Fidelis Care is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Care depends on contract renewal.

This information is available for free in other languages. Please contact our Member Services number at 1-800-247-1447 for additional information. (TTY users should call 1-800-695-8544). Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 to February 14, and Monday through Friday, 8:00 a.m. to 8:00 p.m. from February 15 through September 30. Member Services also has free language interpreter services available for non-English speakers.

Esta información está disponible de forma gratuita en otros idiomas. Por favor comuníquese con nuestro número de Servicios al Socio al 1-800-247-1447 para obtener información adicional. Los usuarios con deficiencia auditiva (TTY) deberán llamar al 1-800-695-8544. El horario de atención es de 8:00 a.m. a 8:00 p.m. los siete días de la semana desde el 1 de octubre hasta el 14 de febrero, y de lunes a viernes, de 8:a.m. hasta las 8:00 p.m. desde el 15 de febrero hasta el 30 de septiembre. Servicios al Socio también tiene servicios gratuitos de intérprete disponibles para personas que no hablan inglés.

What is the Fidelis Care Formulary?

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

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/01/2017. To get updated information about the drugs covered by Fidelis Care, please contact us. Our contact information appears on the front and back cover pages. To get updated information about the drugs covered by Fidelis Care, please visit our Web site at www.fideliscare.org or call Member Services at 1-800-247-1447. Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 to February 14, and Monday through Friday, 8:00 a.m. to 8:00 p.m. from February 15 through September 30. TTY/TDD users should call 1-800-695-8544.

We will mail you updated information about our formulary in the event that there are mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs

used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page number 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 58. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fidelis Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Fidelis Care before you fill your prescriptions. If you don't get approval, Fidelis Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Fidelis Care limits the amount of the drug that Fidelis Care will cover. For example, Fidelis Care provides 30 pills per prescription for Pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Fidelis Care 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, Fidelis Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fidelis Care will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

You can ask Fidelis Care 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.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand or specialty tier you can ask us to cover it at the cost-sharing amount that applies to drugs in our preferred brand tier. If your drug is in our non-preferred generic tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our preferred generic tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Fidelis Care 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, Fidelis Care will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

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

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

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

Fidelis Care's Formulary

The formulary below provides coverage information about the drugs covered by Fidelis Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 58.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BICILLIN) and generic drugs are listed in lower-case italics (e.g., *ampicillin*).

The information in the Requirements/Limits column tells you if Fidelis Care has any special requirements for coverage of your drug. For example, "PA" means prior authorization is required. (This means that you will need to get approval from Fidelis Care before you fill your prescriptions); "ST" means that step therapy is required. (This means you may be required to try certain drugs for your medical condition before we will cover another drug for that condition); "QL" means that quantity limits apply (Fidelis Care limits the amount of the drug that Fidelis Care will cover); "B/D" means that the drug is covered under Part B and Part D of Medicare (Fidelis Care will determine whether a particular prescription is covered under Part B or Part D).

CY17_5T_STANDARD eff 08/01/2017

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
NSAIDS		
<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24</i>	2	
<i>diclofenac sodium TBEC</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS</i>	2	
MELOXICAM SUSP	2	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen SUSP</i>	2	
<i>naproxen TABS; TBEC</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	1	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	2	
<i>nalbuphine hcl SOLN</i>	2	
<i>tramadol hcl TABS</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
DURAMORPH	2	B/D
<i>endocet</i>	2	QL (360 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	2	
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	2	B/D
<i>hydromorphone hcl TABS</i>	2	QL (270 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl CONC</i>	2	QL (120 mL / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	2	QL (600 mL / 30 days)
<i>methadone hcl 5mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl 10mg</i>	2	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	2	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	2	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1MG/ML	2	B/D
MORPHINE SUL INJ 4MG/ML	2	B/D
MORPHINE SUL INJ 10MG/ML	2	B/D
MORPHINE SUL INJ 15MG/ML	2	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	2	B/D
<i>morphine sulfate SOLN .5mg/ml, 1mg/ml, 2 4mg/ml, 8mg/ml</i>	2	B/D
MORPHINE SULFATE TABS	2	QL (180 tabs / 30 days)
MORPHINE SULFATE ORAL SOL	2	
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HCL SOLN	2	
<i>oxycodone hcl</i> TABS	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	2	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5%</i>	2	B/D
<i>lidocaine inj 2%</i>	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>gentamicin sulfate/0.9% s</i>	2	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	2	
<i>sulfadiazine</i> TABS	4	
<i>tobramycin</i> NEBU	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 40mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	4	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	2	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate</i> SOLN	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin sol 75mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i> SOLR	2	
CUBICIN	5	
<i>dapsone</i> TABS	2	
<i>daptomycin</i>	5	
<i>emverm</i>	4	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i> TABS	2	
<i>linezolid</i> SOLN	5	
LINEZOLID SUSR; TABS	5	
LINEZOLID IN SODIUM CHLORIDE	5	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim</i> SUSP	2	
<i>sulfamethoxazole-trimethoprim</i> TABS	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim</i> TABS	1	
TYGACIL	5	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR	2	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	2	B/D
CANCIDAS	5	
<i>fluconazole</i> SUSR	2	
<i>fluconazole</i> TABS	1	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole inj nacl 100</i>	2	
<i>fluconazole inj nacl 200</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole CAPS</i>	2	PA
<i>ketoconazole TABS</i>	2	PA
MYCAMINE	5	
NOXAFIL SUSP; TBEC	5	
<i>nystatin TABS</i>	2	
<i>terbinafine hcl TABS</i>	1	QL (90 tabs / 365 days)
<i>voriconazole SOLR</i>	2	
<i>voriconazole SUSR; TABS</i>	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate TABS</i>	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate CAPS</i>	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	2	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	2	
EDURANT	5	
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	5	
ISENTRESS TABS	5	
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	2	
<i>nevirapine TABS; TB24</i>	2	
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	
REYATAZ	5	

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	
SUSTIVA CAPS 50mg	3	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIREAD	5	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine</i>	2	

ANTIRETROVIRAL COMBINATION AGENTS

ABACAIVIR SULFATE-LAMIVUDINE	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	2	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syp 50mg/5ml</i>	2	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	2	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir</i> TABS	1	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	2	
<i>ganciclovir inj 500mg</i>	2	B/D
<i>lamivudine (hbv)</i>	2	
<i>moderiba tab 200mg</i>	2	NM
<i>oseltamivir phosphate</i>	2	
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribasphere</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg	2	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	
TYZEKA	5	
<i>valacyclovir hcl</i> TABS	2	
VALCYTE SOLR	5	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
ZEPATIER	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	
<i>cefaclor monohydrate er</i>	3	
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR; TABS	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	2	
<i>cefazolin sodium 1 gm/50ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i> SOLR	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	2	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	2	
<i>tazicef vial</i>	2	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	2	
<i>azithromycin</i> SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin for susp</i>	2	
DIFICID	5	
<i>e.e.s 400</i>	2	
<i>ery-tab</i>	2	
<i>erythrocin lactobionate</i>	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i> TABS	2	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	2	
<i>ciprofloxacin inj</i>	2	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	2	
<i>ampicillin for susp 250 mg/5ml</i>	2	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium 1gm, 2gm</i>	2	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pfizerpen-g</i>	2	
<i>piperacillin sodium-tazobactam sodium</i>	2	
<i>piperacillin/tazobactam</i>	2	
TETRACYCLINES		
<i>doxy</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	2	
<i>doxycycline hyclate CAPS</i>	2	
<i>doxycycline hyclate SOLR</i>	2	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS</i>	2	
<i>morgidox cap 1x50mg</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
BICNU	5	B/D
<i>busulfan</i>	5	B/D
BUSULFEX	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	

Drug Name	Drug Tier	Requirements/Limits
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	2	B/D
<i>ifosfamide inj 1gm/20ml</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
TREANDA	5	B/D, NM
ANTHRACYCLINES		
<i>adriamycin</i>	2	B/D
<i>daunorubicin hcl</i>	2	B/D
<i>doxorubicin hcl 50mg</i>	2	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	2	B/D
<i>epirubicin hcl</i>	2	B/D
<i>idarubicin hcl</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	2	B/D
<i>fludarabine phosphate</i>	2	B/D
<i>fluorouracil SOLN</i>	2	B/D
GEMCITABINE HCL SOLN	5	B/D
<i>gemcitabine hcl SOLR</i>	5	B/D
<i>mercaptopurine TABS</i>	2	
METHOTREXATE SODIUM 50mg/2ml	2	B/D
<i>methotrexate sodium 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml</i>	2	B/D
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCEFREZ	5	B/D
DOCETAXEL 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
<i>docetaxel 80mg/4ml, 200mg/10ml</i>	5	B/D
DOCETAXEL 20MG/2ML	5	B/D
DOCETAXEL 160MG/16ML	5	B/D

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL SOLN 80MG/8ML	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
ISTODAX (OVERFILL)	5	B/D, NM
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
NINLARO	5	NM, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate</i> KIT	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus</i> 40mg/ml	4	PA; PA if 65 years and older
<i>megestrol ac tab</i> 20mg	4	PA; PA if 65 years and older
<i>megestrol ac tab</i> 40mg	4	PA; PA if 65 years and older
MEGESTROL SUS 625MG/5ML	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA

KINASE INHIBITORS

AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA	5	NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSE	5	NM, LA, PA
TARCEVA	5	NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

MISCELLANEOUS

<i>bexarotene</i>	5	NM, PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	2	B/D, NM
ODOMZO	5	NM, LA, PA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
<i>oxaliplatin</i>	2	B/D

PROTECTIVE AGENTS

AMIFOSTINE	5	B/D
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
FUSILEV	5	B/D, NM
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
<i>leucovorin calcium for inj 500 mg</i>	2	B/D
<i>levoleucovorin calcium</i> SOLN	5	B/D, NM
<i>levoleucovorin calcium</i> SOLR 50mg	5	B/D, NM
LEVOLEUCOVORIN CALCIUM SOLR 175mg	5	B/D, NM
<i>mesna</i>	2	B/D
MESNEX TABS	5	

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	2	B/D
<i>irinotecan inj 40mg/2ml</i>	2	B/D
<i>irinotecan inj 100/5ml</i>	2	B/D
<i>irinotecan inj 500mg/25ml</i>	2	B/D
<i>toposar</i>	2	B/D
TOPOTECAN HCL SOLN	5	B/D
<i>topotecan hcl SOLR</i>	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	2	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	2	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan & hctz tab 80-12.5mg</i>	1	
<i>valsartan & hctz tab 160-12.5mg</i>	1	
<i>valsartan & hctz tab 160-25mg</i>	1	
<i>valsartan & hctz tab 320-12.5mg</i>	1	
<i>valsartan & hctz tab 320-25mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
DOFETILIDE	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl 12hr</i>	2	
<i>quinidine gluconate</i> TBCR	2	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	2	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	5	NM, PA
<i>prevalite</i>	2	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hctz tab 50-25mg</i>	2	
<i>metoprolol & hctz tab 100-25mg</i>	2	
<i>metoprolol & hctz tab 100-50mg</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol cap er</i>	2	
<i>propranolol hcl</i> SOLN; TABS	2	
<i>propranolol oral sol</i>	2	
<i>timolol maleate</i> TABS	2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg cd</i>	2	
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 300mg cd</i>	2	
DILTIAZEM CAP 360MG CD	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl</i> SOLN; TABS	2	
<i>diltiazem hcl cap sr 24hr</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl</i> CAPS	2	
<i>nifedical xl</i>	2	
<i>nifedipine</i> TB24	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia</i>	2	
<i>verapamil cap er</i> 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	2	
VERAPAMIL CAP ER 360mg	2	
<i>verapamil hcl</i> SOLN	2	
<i>verapamil hcl</i> TABS; TBCR	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil tab er</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	2	PA; PA if 65 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 65 years and older
<i>digoxin TABS 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	PA; PA if 65 years and older
<i>digoxin inj</i>	2	
DIGOXIN SOL 50MCG/ML	2	PA; PA if 65 years and older
DIURETICS		
<i>acetazolamide CP12; TABS</i>	2	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
<i>furosemide SOLN; TABS</i>	1	
<i>furosemide inj 10mg/ml</i>	2	
FUROSEMIDE INJ 10mg/ml	2	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene & hydrochlorothiazide TABS</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl PTWK</i>	2	
<i>clonidine hcl TABS</i>	1	
DEMSE	5	
<i>hydralazine hcl SOLN; TABS</i>	2	
<i>midodrine hcl</i>	2	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
NITRATES		
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin SUBL</i>	2	
<i>nitroglycerin td patch</i>	2	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR	5	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 200mcg	5	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 400mcg	5	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 600mcg	5	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 800mcg	5	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1000mcg	5	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TBPK	5	NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	2	
<i>lorazepam</i> CONC	2	QL (150 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
ANTICONVULSANTS		
APTIOM 200mg	4	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	2	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	2	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	2	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	2	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam</i> CONC	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 1mg/ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
DIAZEPAM GEL	2	
<i>dilantin</i>	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium</i>	2	
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	4	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW; TB24	2	
<i>lamotrigine</i> TABS	1	
<i>levetiracetam</i> SOLN; TABS; TB24	2	
<i>levetiracetam in sodium chloride</i>	2	
LEVETIRACETAM IV	4	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
<i>phenytek</i>	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium</i> SOLN	2	
<i>phenytoin sodium extended</i>	2	
POTIGA 50mg	4	
POTIGA 200mg	5	QL (180 tabs / 30 days)
POTIGA 300mg, 400mg	5	QL (90 tabs / 30 days)
<i>primidone</i> TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>roweepra</i>	2	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> TABS	1	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	2	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	2	
<i>galantamine hydrobromide</i> TABS 4mg	2	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	2	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	2	
<i>galantamine hydrobromide er</i> 8mg, 16mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	2	
<i>memantine hcl</i> SOLN	2	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg	2	PA; PA if < 30 yrs
MEMANTINE HCL TABS 10mg	2	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine tab 25mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tab 50mg</i>	2	
<i>amoxapine tab 100mg</i>	2	
<i>amoxapine tab 150mg</i>	2	
<i>bupropion hcl</i> TABS	2	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg	2	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	2	
<i>desvenlafaxine succinate</i>	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	2	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	2	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine cap 20mg</i>	1	QL (120 caps / 30 days)
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg	2	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	2	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	1	
<i>mirtazapine</i> TBDP 15mg	2	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	2	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tabs</i> 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	2	
PRISTIQ	3	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	
APOKYN	5	NM, LA, PA
BENZTROPINE MESYLATE SOLN	2	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa-levodopa</i>	2	
CARBIDOPA/LEVODOPA/ENTACAPONE	2	
ENTACAPONE	2	
NEUPRO	4	
<i>pramipexole tab</i> 0.5mg	2	
<i>pramipexole tab</i> 0.25mg	2	
<i>pramipexole tab</i> 0.75mg	2	
<i>pramipexole tab</i> 0.125mg	2	
<i>pramipexole tab</i> 1.5mg	2	
<i>pramipexole tab</i> 1mg	2	
<i>rasagiline mesylate</i> TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS; TABS</i>	2	

ANTIPSYCHOTICS

ABILIFY MAINTENA 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA 300mg, 400mg	5	QL (1 vial / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
<i>chlorpromazine hcl TABS</i>	2	
<i>chlorpromazine inj</i>	4	
CLOZAPINE ODT 12.5mg, 25mg	2	PA
CLOZAPINE ODT 100mg	2	QL (270 tabs / 30 days), PA
CLOZAPINE ODT 150mg	2	QL (180 tabs / 30 days), PA
CLOZAPINE ODT 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	QL (135 tabs / 30 days)
FANAPT 1mg, 2mg, 4mg	4	QL (60 tabs / 30 days)
FANAPT 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	2	
<i>haloperidol decanoate SOLN</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 syringe / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	2	
<i>molindone hcl</i>	2	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	2	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg, 15mg, 20mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg, 15mg, 20mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate TABS</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate TB24 50mg</i>	2	QL (120 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate TB24 300mg, 400mg</i>	2	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	2	QL (240 mL / 30 days)
<i>risperidone TABS 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TABS 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone TABS .25mg, .5mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone TBDP 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TBDP 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone TBDP .25mg, .5mg</i>	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days)
VRAYLAR 3mg	5	QL (60 caps / 30 days)
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR THERAPY PACK	4	
<i>ziprasidone hcl</i> 20mg, 40mg	2	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	2	QL (90 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 5 mg	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 10 mg	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	2	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 15 mg	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 20 mg	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 30 mg	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl</i> 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab</i> 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	2	QL (900 mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
STRATTERA 40mg	4	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)

HYPNOTICS

HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate</i> 1mg/ml	2	
<i>ergotamine w/ caffeine</i>	2	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
RELPAK	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
SUMATRIPTAN SOLN 5mg/act	2	QL (24 inhalers / 30 days)
SUMATRIPTAN SOLN 20mg/act	2	QL (12 inhalers / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	2	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	2	
<i>riluzole</i>	2	
TETRABENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine hcl</i> TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	2	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	2	QL (60 tabs / 30 days), PA
ARMODAFINIL 200mg	2	QL (30 tabs / 30 days), PA
<i>armodafinil</i> 250mg	2	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl</i> SUBL	2	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (120 tabs / 30 days), PA
<i>buproban tab 150mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram TABS</i>	2	
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl TABS</i>	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>oxandrolone TABS</i>	2	PA
<i>testosterone cypionate SOLN</i>	2	PA
<i>testosterone enanthate SOLN</i>	2	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60	5	QL (8 pens / 30 days), PA
SYMLINPEN 120	5	QL (4 pens / 30 days), PA
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose</i>	2	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250m</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500m</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TB24 2.5MG	1	QL (240 tabs / 30 days)
GLIPIZIDE XL TB24 5MG	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)

BISPHOSPHONATES

<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>pamidronate disodium</i>	2	B/D
<i>zoledronic acid</i> SOLN 5mg/100ml	2	B/D, NM
<i>zoledronic acid</i> SOLR	2	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	2	B/D, NM

CALCIUM RECEPTOR AGONISTS

SENSIPAR 30mg	3	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	QL (60 tabs / 30 days), NM
SENSIPAR 90mg	5	QL (120 tabs / 30 days), NM

CHELATING AGENTS

CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps susp</i> 15gm/60ml	2	
SYPRINE	5	

ENDOMETRIOSIS

<i>danazol</i> CAPS	2	
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Drug Name	Drug Tier	Requirements/Limits
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ZAVESCA	5	NM, LA, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estrace CREA</i>	4	
<i>estradiol PTWK</i>	4	PA; PA if 65 years and older
<i>estradiol TABS</i>	4	PA; PA if 65 years and older
<i>estradiol valerate OIL</i>	2	
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol</i>	4	PA; PA if 65 years and older
<i>yuvaferm vaginal tablet 10 mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	2	
<i>dexamethasone CONC; ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	2	B/D
<i>methylpr ss inj 40mg</i>	2	B/D
<i>methylpr ss inj 125 mg</i>	2	B/D
<i>methylpred pak 4mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
<i>prednisolone syp 15mg/5ml</i>	2	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	B/D
FORTICAL	3	B/D
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
<i>methergine 0.2 mg tab</i>	2	
<i>methylergonovine maleate TABS</i>	2	
MIACALCIN 200 UNIT/ML	5	B/D
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PARATHYROID HORMONES		
FORTEO	5	QL (1 pen / 28 days), NM, PA
NATPARA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	2	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate TABS</i>	2	
THYROID AGENTS		
<i>levothyroxine sodium TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	2	
LEVOXYL	2	
<i>liothyronine sodium TABS</i>	2	
<i>methimazole TABS</i>	1	
<i>propylthiouracil TABS</i>	2	
SYNTHROID	4	
UNITHROID	2	
VASOPRESSINS		
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj 4mcg/ml</i>	2	
DESMOPRESSIN SOL 0.01%	2	
STIMATE	4	NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl</i> SOLN	2	
<i>granisetron hcl</i> TABS	2	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide inj</i>	2	
<i>ondansetron hcl</i> TABS	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan</i> SUPP	4	PA; PA if 65 years and older
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl</i> SOLN; SUPP; SYRP; TABS	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	2	
<i>dicyclomine hcl</i> TABS	1	
<i>glycopyrrolate</i> TABS	2	
<i>glycopyrrolate inj</i>	2	

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN	2	
<i>famotidine</i> SUSR	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	2	
<i>ranitidine syrup</i>	2	

INFLAMMATORY BOWEL DISEASE

APRISO	3	
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	5	
CANASA	5	
<i>colocort enema 100mg</i>	2	
DELZICOL	4	

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM	5	
HYDROCORTISONE (ENEMA)	2	
MESALAMINE TBEC	2	
<i>mesalamine enema</i>	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine</i> TABS	2	
<i>sulfasalazine ec</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
PEG 3350/ELECTROLYTES	1	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	2	
GATTEX	5	NM, LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)
LINZESS 145mcg	3	QL (60 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
SUCRAID	5	LA
<i>sucralfate</i> TABS	2	
<i>ursodiol</i> CAPS; TABS	2	
XIFAXAN 550mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole cap 10mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	
<i>tamsulosin hcl</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride TABS</i>	2	
ELMIRON	4	
<i>potassium citrate (alkalinizer) 15meq</i>	2	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	1	
<i>oxybutynin chloride TABS</i>	2	
<i>oxybutynin chloride TB24 5mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days)
<i>tolterodine tartrate tabs</i>	2	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	2	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
VANDAZOLE	2	
ZAZOLE CREAM 0.8%	2	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	4	
ELIQUIS	4	PA
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
ENOXAPARIN SODIUM 300mg/3ml	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
HEPARIN SOD (PORCINE) IN D5W	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA
FIRAZYR	5	NM, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	2	

PLATELET AGGREGATION INHIBITORS

ASPIRIN-DIPYRIDAMOLE	2	
BRILINTA	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
EFFIENT	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS STAR	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i> TABS	2	
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM, PA
PRIVIGEN	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> SOLR; TABS	2	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
<i>gengraf</i>	2	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	2	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	2	B/D
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D
<i>tacrolimus</i> CAPS	2	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	2	
KLOR-CON 10	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con spr cap 8meq</i>	2	
<i>klor-con spr cap 10meq</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate</i> SOLN 2gm/50ml, 50%2		
MAGNESIUM SULFATE SOLN 50%	2	
<i>magnesium sulfate in d5w</i>	2	
MAGNESIUM SULFATE IN D5W	3	
<i>potassium chloride</i> CPCR	2	
POTASSIUM CHLORIDE PACK	2	
POTASSIUM CHLORIDE SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride microencapsulated crystals cr</i>	2	
SODIUM CHLORIDE SOLN 2.5meq/ml	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROLYTES	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II 8.5%	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN II 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol sol 6%</i>	2	B/D
<i>premasol sol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
IV REPLACEMENT SOLUTIONS		
DEXTROSE 2.5%/NAACL 0.45%	2	
DEXTROSE 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	
DEXTROSE 5%/NAACL 0.2%	2	
DEXTROSE 5%/NAACL 0.3%	2	
DEXTROSE 5%/NAACL 0.9%	2	
DEXTROSE 5%/NAACL 0.33%	2	
DEXTROSE 5%/NAACL 0.45%	2	
DEXTROSE 5%/NAACL 0.225%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
DEXTROSE 10% FLEX CONTAIN	2	
DEXTROSE 10%/NAACL 0.2%	3	
DEXTROSE 10%/NAACL 0.45%	2	
DEXTROSE 50%	2	
DEXTROSE INJ 70%	2	
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
KCL0.15%/D5W/NAACL0.2%	2	
KCL0.15%/D5W/NAACL0.225%	3	
KCL 0.3%/D5W/NAACL 0.9%	2	
KCL 0.3%/D5W/NAACL 0.45%	2	
KCL 0.15%/D5W/NAACL 0.9%	2	
KCL 0.075%/D5W/NAACL 0.45%	2	
KCL IN NAACL INJ .15-0.45	2	
KCL/D5W INJ 0.3%	2	
KCL/D5W/NAACL INJ 0.22%/0.45%	2	
KCL/D5W/NAACL INJ .15/.33%	2	
KCL/D5W/NAACL INJ .15/.45%	2	
KCL/NAACL INJ 0.3-0.9	2	
KCL/NAACL INJ 0.15%-0.9%	2	
LACTATED RINGER'S INJ	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN 3%, 5%	2	

Drug Name	Drug Tier	Requirements/Limits
SODIUM CHLORIDE 0.45% VIA	2	
SODIUM CHLORIDE INJ 0.9%	2	
VITAMINS		
<i>calcitriol</i> CAPS	2	B/D
<i>calcitriol inj</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
<i>paricalcitol</i> CAPS	2	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	2	
<i>blephamide</i> OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
MOXEZA	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
TOBEX OINT	4	
<i>trifluridine SOLN</i>	2	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
FLUOROMETHOLONE	2	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	
MAXIDEX	3	
PREDNISOLONE ACETATE (OPHTH)	2	
<i>prednisolone sodium phosphate (ophth)</i>	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	4	
<i>olopatadine hcl .2%</i>	2	
PATADAY	3	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
ISTALOL	3	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	2	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
TIMOLOL MALEATE GEL	2	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
<i>naphazoline hcl SOLN</i>	1	
PROLENSA	3	

Drug Name	Drug Tier	Requirements/Limits
<i>proparacaine hcl</i> SOLN	2	
RESTASIS	3	QL (64 vials / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	2	B/D

ANTICHOLINERGICS

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	2	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>diphenhydramine inj</i>	2	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate</i> CAPS	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride</i>	2	

BETA AGONISTS

<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS; TB12	2	
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	B/D
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml	2	B/D
LEVALBUTEROL TARTRATE HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW; PACK; TABS	2	
<i>zafirlukast</i>	2	

MAST CELL STABILIZERS

<i>cromolyn sodium nebu</i>	2	B/D
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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
XANTHINES		
<i>aminophylline inj</i>	2	
<i>elixophyllin</i>	4	
<i>theo-24</i>	4	
<i>theophylline</i>	2	
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene</i> CREA	2	
<i>adapalene</i> GEL .1%	2	

Drug Name	Drug Tier	Requirements/Limits
AVITA	2	PA
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
<i>clindacin-p pad 1%</i>	2	
<i>clindamax</i>	2	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	2	
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>myorisan</i>	2	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i> CREA	2	PA
TRETINOIN GEL .01%	2	PA
<i>tretinoin</i> GEL .025%	2	PA
<i>zenatane</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin</i> OINT	1	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> CREA; GEL; SUSP	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>clotrimazole (topical)</i>	2	
<i>ketoconazole cream</i>	2	
<i>nyamyc</i>	2	
<i>nyata</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystop</i>	2	
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL (ANTIPRURITIC)	2	
<i>procto-med</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone hc</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA	2	
<i>calcipotriene</i> SOLN	2	
8-MOP	4	
<i>tazarotene</i> CREA	2	PA
TAZORAC CREA	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i> CREA; GEL; LOTN	2	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	2	
<i>betamethasone valerate</i> CREA	2	
<i>betamethasone valerate</i> LOTN	2	
<i>betamethasone valerate</i> OINT	2	
<i>desoximetasone</i> CREA	2	
<i>desoximetasone</i> GEL	2	
DESOXIMETASONE OINT .05%	2	
<i>desoximetasone</i> OINT .25%	2	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	
<i>fluocinonide</i> CREA .05%	2	
<i>fluocinonide</i> GEL	2	
<i>fluocinonide</i> SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i> CREA	2	
<i>fluticasone propionate</i> OINT	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone (topical)</i> CREA; OINT	1	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT	2	
<i>mometasone furoate</i> SOLN	2	
<i>texacort soln</i> 2.5%	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	
<i>triamcinolone acetonide (topical)</i> LOTN	2	
<i>triderm</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> PTCH	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	2	PA
<i>lidocaine hcl</i> SOLN 4%	1	PA
<i>lidocaine oint</i> 5%	2	PA
<i>lidocaine-prilocaine</i>	2	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA; LOTN	2	
<i>diclofenac sodium (topical)</i> 1% gel	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> CREA 5%	2	
<i>fluorouracil (topical)</i> SOLN	2	
<i>imiquimod</i> CREA	2	
<i>metronidazole (topical)</i> CREA; LOTN	2	
<i>metronidazole gel 0.75%</i>	2	
PANRETIN	5	
<i>podofilox</i> SOLN	2	
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

EURAX	4	
<i>malathion</i>	2	
<i>permethrin</i>	2	

DERMATOLOGY, WOUND CARE AGENTS

ACETIC ACID .25%	1	
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole</i> TROC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	2	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
PILOCARPINE HCL (ORAL) 5mg	2	
<i>pilocarpine hcl (oral)</i> 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i>	2	

OTIC

ACETIC ACID (OTIC)	2	
<i>acetic acid-aluminum acetate</i>	2	
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<i>fluocinolone acetonide (otic)</i>	2	
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<i>metoclopramide hcl</i>	42	<i>mycophenolate mofetil</i>	47
<i>metoclopramide inj</i>	42	<i>mycophenolate sodium</i>	47
<i>metolazone</i>	24	<i>myorisan</i>	55
<i>metoprolol & hctz tab 100-25mg</i>	22	MYRBETRIQ	44
<i>metoprolol & hctz tab 100-50mg</i>	22	N	
<i>metoprolol & hctz tab 50-25mg</i>	22	<i>nabumetone</i>	7
<i>metoprolol succinate</i>	23	<i>nadolol</i>	23
<i>metoprolol tartrate</i>	23	<i>nafcillin sodium</i>	15
<i>metronidazole</i>	10	NAGLAZYME	39
<i>metronidazole (topical)</i>	57	<i>nalbuphine hcl</i>	7
<i>metronidazole gel 0.75%</i>	57	<i>naloxone inj 0.4mg/ml</i>	36
<i>metronidazole in nacl</i>	10	<i>naloxone inj 1mg/ml</i>	36
<i>metronidazole vaginal</i>	45	<i>naltrexone hcl</i>	36
<i>mexiletine hcl</i>	21	NAMENDA XR	28
MIACALCIN 200 UNIT/ML	40	NAMENDA XR TITRATION PACK	28
<i>midodrine hcl</i>	24	NAMZARIC	28
<i>migergot</i>	34	<i>naphazoline hcl</i>	52
<i>minitran</i>	25	<i>naproxen</i>	7
<i>minocycline hcl</i>	15	<i>naproxen sodium</i>	7
<i>minoxidil</i>	24	<i>naratriptan hcl</i>	34
<i>mirtazapine</i>	29	NATACYN	51
<i>misoprostol</i>	43	<i>nateglinide</i>	38
<i>mitomycin</i>	16	NATPARA	41
<i>mitoxantrone hcl</i>	19	NEBUPENT	10
M-M-R II	48	<i>nefazodone hcl</i>	29
<i>moderiba tab 200mg</i>	13	<i>neomycin sulfate</i>	9
<i>moexipril hcl</i>	20	<i>neomycin-bacitracin zn-polymyxin</i>	51
<i>moexipril-hydrochlorothiazide</i>	20	<i>neomycin-polymy-dexameth</i>	51
<i>molindone hcl</i>	32	<i>neomycin-polymyxin-gramicidin</i>	51
<i>mometasone furoate</i>	56	<i>neomycin-polymyxin-hc (ophth)</i>	51
<i>montelukast sodium</i>	53	<i>neomycin-polymyxin-hc (otic)</i>	57
<i>morgidox cap 1x50mg</i>	15	NEORAL	47
<i>morphine ext-rel tab</i>	8	NEPHRAMINE	49
MORPHINE SUL INJ 10MG/ML	8	NEUPOGEN	45
MORPHINE SUL INJ 15MG/ML	8	NEUPRO	30
MORPHINE SUL INJ 1MG/ML	8	<i>nevirapine</i>	11

NEVIRAPINE	11	NUPLAZID	32
NEXAVAR	19	<i>nutrilipid inj 20%</i>	49
NEXIUM GRA 10MG DR	44	<i>nyamyc</i>	55
NEXIUM GRA 2.5MG DR	44	<i>nyata</i>	55
NEXIUM GRA 20MG DR	44	NYMALIZE	23
NEXIUM GRA 40MG DR	44	<i>nystatin</i>	11
NEXIUM GRA 5MG DR.....	44	<i>nystatin (mouth-throat)</i>	57
<i>niacin er (antihyperlipidemic)</i>	22	<i>nystatin (topical)</i>	55
<i>niacor</i>	22	<i>nystop</i>	55
<i>nicardipine hcl</i>	23	o	
NICOTROL INHALER	36	OCTAGAM	47
NICOTROL NS	36	<i>octreotide acetate</i>	40
<i>nifedical xl</i>	23	ODEFSEY	12
<i>nifedipine</i>	23	ODOMZO.....	19
<i>nifedipine er</i>	23	OFEV	54
<i>nilutamide</i>	18	<i>ofloxacin (ophth)</i>	51
<i>nimodipine</i>	23	<i>ofloxacin (otic)</i>	57
NINLARO	17	<i>olanzapine</i>	32
NIPENT	16	<i>olmesartan medoxomil</i>	21
<i>nitro-bid</i>	25	<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i>	21
NITRO-DUR DIS 0.3MG/HR	25	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	21
NITRO-DUR DIS 0.8MG/HR	25	<i>olopatadine hcl</i>	52
<i>nitrofurantoin macrocrystal</i>	10	<i>omega-3-acid ethyl esters</i>	22
<i>nitrofurantoin monohyd macro</i>	10	<i>omeprazole cap 10mg</i>	44
<i>nitroglycerin</i>	25	<i>omeprazole cap 20mg</i>	44
<i>nitroglycerin td patch</i>	25	<i>omeprazole cap 40mg</i>	44
NORDITROPIN FLEXPRO	40	<i>ondansetron hcl</i>	42
<i>norethindrone acetate</i>	41	<i>ondansetron hcl inj</i>	42
<i>norethindrone acetate-ethinyl estradiol</i>	39	<i>ondansetron hcl oral soln</i>	42
NORMOSOL-M IN D5W	50	<i>ondansetron odt</i>	42
NORMOSOL-R.....	50	ONFI	27
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NORTHERA.....	24	ORKAMBI	54
<i>nortriptyline hcl</i>	29	<i>oseltamivir phosphate</i>	13
NORVIR	11	<i>oxacillin sodium</i>	15
NOVOLIN 70/30	36	<i>oxaliplatin</i>	19
NOVOLIN N	36	<i>oxandrolone</i>	36
NOVOLIN R	37	<i>oxcarbazepine</i>	27
NOVOLOG	37	<i>oxybutynin chloride</i>	44
NOVOLOG FLEXPEN.....	37	<i>oxycodone hcl</i>	8, 9
NOVOLOG MIX 70/30	37	OXYCODONE HCL.....	9
NOVOLOG MIX 70/30 PREFILL	37	<i>oxycodone w/ acetaminophen 10-325mg</i>	9
NOVOLOG PENFILL.....	37	<i>oxycodone w/ acetaminophen 2.5-325mg</i>	9
NOXAFIL.....	11		
NUEDEXTA	35		
NULOJIX	47		
NULYTELY/FLAVOR PACKS	43		

<i>oxycodone w/ acetaminophen 5-325mg</i>	9
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9
<i>oxycodone w/ acetaminophen soln</i>	9
P	
<i>pacerone</i>	21
<i>paclitaxel</i>	17
<i>paliperidone</i>	32
<i>pamidronate disodium</i>	38
PANRETIN	57
<i>pantoprazole sodium tbec</i>	44
<i>paricalcitol</i>	51
<i>paroex sol 0.12%</i>	57
<i>paromomycin sulfate</i>	9
<i>paroxetine hcl tabs</i>	29, 30
<i>paser d/r</i>	12
PATADAY	52
PAXIL	30
PAZEO	52
PEDIARIX	48
PEDVAX HIB	48
PEG 3350/ELECTROLYTES	43
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	43
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	43
PEGANONE	27
PEGASYS	13
PEGASYS PROCLICK	13
PENICILLIN G POT IN DEXTROSE	15
<i>penicillin g procaine</i>	15
<i>penicillin g sodium</i>	15
<i>penicillin v potassium</i>	15
<i>penicillin gk inj 20mu</i>	15
<i>penicillin gk inj 5mu</i>	15
PENTACEL	48
PENTAM 300	10
<i>pentoxifylline</i>	45
<i>perindopril erbumine</i>	20
<i>perio gard</i>	57
<i>permethrin</i>	57
<i>perphenazine</i>	32
<i>pfizerpen-g</i>	15
<i>phenadoz</i>	42
<i>phenelzine sulfate</i>	30
<i>phenergan</i>	42
<i>phenobarbital</i>	27
<i>phenobarbital sodium</i>	27

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<i>phenytek</i>	27
<i>phenytoin</i>	27
<i>phenytoin sodium</i>	27
<i>phenytoin sodium extended</i>	27
PHOSPHOLINE IODIDE	52
PILOCARPINE HCL	52
<i>pilocarpine hcl (oral)</i>	57
PILOCARPINE HCL (ORAL)	57
<i>pimozide</i>	32
<i>pindolol</i>	23
<i>pioglitazone hcl</i>	38
<i>piperacillin sodium-tazobactam sodium</i>	15
<i>piperacillin/tazobactam</i>	15
<i>piroxicam</i>	7
PLASMA-LYTE A	50
PLASMA-LYTE-148	50
<i>podofilox</i>	57
<i>polyethylene glycol 3350</i>	43
<i>polymyxin b-trimethoprim</i>	51
POMALYST CAP 1MG	47
POMALYST CAP 2MG	47
POMALYST CAP 3MG	47
POMALYST CAP 4MG	47
<i>pot chloride inj 2meq/ml</i>	50
<i>potassium chloride</i>	49
POTASSIUM CHLORIDE	49, 50
<i>potassium chloride in nacl</i>	50
<i>potassium chloride microencapsulated crystals cr</i>	49
<i>potassium citrate (alkalinizer)</i>	44
POTASSIUM CITRATE (ALKALINIZER)	44
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PRADAXA	45
PRALUENT	22
<i>pramipexole tab 0.125mg</i>	30
<i>pramipexole tab 0.25mg</i>	30
<i>pramipexole tab 0.5mg</i>	30
<i>pramipexole tab 0.75mg</i>	30
<i>pramipexole tab 1.5mg</i>	30
<i>pramipexole tab 1mg</i>	30
<i>pravastatin sodium</i>	22
<i>prazosin hcl</i>	20
<i>pred sod pho sol 5mg/5ml</i>	40
PREDNISOLONE ACETATE (OPHTH)	52
<i>prednisolone sodium phosphate (ophth)</i>	52
<i>prednisolone sol 15mg/5ml</i>	40

<i>prednisolone sol 25mg/5ml</i>	40	<i>propranolol hcl</i>	23
<i>prednisolone syp 15mg/5ml</i>	40	<i>propranolol oral sol</i>	23
<i>prednisone con 5mg/ml</i>	40	<i>propylthiouracil</i>	41
<i>prednisone pak 10mg</i>	40	PROQUAD	48
<i>prednisone pak 5mg</i>	40	PROSOL	49
<i>prednisone sol 5mg/5ml</i>	40	<i>protriptyline hcl</i>	30
<i>prednisone tab 10mg</i>	40	PULMICORT FLEXHALER	54
<i>prednisone tab 1mg</i>	40	PULMOZYME	54
<i>prednisone tab 2.5mg</i>	40	PURIXAN	16
<i>prednisone tab 20mg</i>	40	<i>pyrazinamide</i>	12
<i>prednisone tab 50mg</i>	40	<i>pyridostigmine tab 60mg</i>	35
<i>prednisone tab 5mg</i>	40	Q	
<i>premasol sol 10%</i>	49	QUADRACEL	48
<i>premasol sol 6%</i>	49	<i>quetiapine fumarate</i>	32
<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic)	51	<i>quinapril hcl</i>	20
<i>prevalite</i>	22	<i>quinapril-hydrochlorothiazide</i>	20
PREZCOBIX.....	12	<i>quinidine gluconate</i>	22
PREZISTA	11	<i>quinidine sulfate</i>	22
PRIFTIN	12	<i>quinine sulfate</i>	11
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PRIVIGEN	47	<i>ramipril</i>	20
<i>probenecid</i>	7	RANEXA	24
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<i>prochlorperazine inj</i>	42	<i>ranitidine hcl inj</i>	42
<i>prochlorperazine maleate</i>	42	<i>ranitidine syrup</i>	42
<i>prochlorperazine supp</i>	42	RAPAMUNE	47
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<i>procto-med</i>	55	RAVICTI	39
<i>procto-pak</i>	55	REBETOL SOLN	13
<i>proctosol hc cre 2.5%</i>	55	RECOMBIVAX HB.....	48
<i>proctozone hc</i>	55	REGRANEX	57
PROGLYCEM SUS 50MG/ML	40	RELENZA DISKHALER	13
PROGRAF.....	47	RELISTOR	43
PROLASTIN-C.....	54	RELPAK.....	34
PROLENSA	52	REMICADE.....	46
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PROLIA	40	RENVELA PAK 0.8GM	41
PROMACTA.....	45, 46	RENVELA PAK 2.4GM	41
<i>promethazine hcl</i>	42	RENVELA TAB 800MG	41
<i>promethegan</i>	42	<i>repaglinide</i>	38
<i>propafenone hcl</i>	21	RESCRIPTOR	11
<i>propafenone hcl 12hr</i>	22	RESTASIS	53
<i>proparacaine hcl</i>	53	RETROVIR IV INFUSION.....	11
<i>propranolol & hydrochlorothiazide</i>	22	REVATIO	25
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<i>ribasphere</i>	13	SIGNIFOR	41
<i>ribavirin 200mg</i>	13	<i>sildenafil citrate (pulmonary</i>	
<i>rifabutin</i>	13	<i>hypertension)</i>	25
<i>rifampin</i>	13	SILENOR	34
RIFATER	13	SILVER SULFADIAZINE	55
<i>riluzole</i>	35	SIMBRINZA	52
<i>rimantadine hydrochloride</i>	13	<i>simvastatin</i>	22
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RISPERDAL INJ 25MG.....	32	SIVEXTRO	10
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<i>risperidone</i>	32	SODIUM CHLORIDE 0.9%.....	57
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<i>rivastigmine tartrate</i>	28	sodium fluoride chew; tab; 1.1 (0.5 f)	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>		mg/ml soln.....	49
.....	28	<i>sodium phenylbutyrate</i>	39
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>		<i>sodium polystyrene sulfonate</i>	38
.....	28	SOLTAMOX.....	18
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>		SOLU-CORTEF	40
.....	28	SOMATULINE DEPOT	41
<i>rizatriptan benzoate</i>	34	SOMAVERT	41
<i>ropinirole tab 0.25mg</i>	31	<i>sorine</i>	22
<i>ropinirole tab 0.5mg</i>	31	<i>sotalol hcl</i>	22
<i>ropinirole tab 1mg</i>	31	<i>sotalol hcl (afib/afl)</i>	22
<i>ropinirole tab 2mg</i>	31	SOVALDI.....	13
<i>ropinirole tab 3mg</i>	31	<i>spironolactone</i>	20
<i>ropinirole tab 4mg</i>	31	<i>spironolactone & hydrochlorothiazide</i> ..	24
<i>ropinirole tab 5mg</i>	31	SPRITAM	28
<i>rosadan cre 0.75%</i>	57	SPRYCEL	19
<i>rosuvastatin calcium</i>	22	<i>sps susp 15gm/60ml</i>	38
ROTARIX	48	SSD.....	55
ROTATEQ.....	48	<i>stavudine</i>	12
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SAPHRIS.....	33	SUBOXONE MIS 4-1MG	36
<i>selegiline hcl</i>	31	SUBOXONE MIS 8-2MG	36
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<i>sulfacetamide sodium (ophth)</i>	51	<i>taztia</i>	23
<i>sulfacetamide sod-prednisolone</i>	51	TECENTRIQ	17
<i>sulfadiazine</i>	9	TEFLARO	14
<i>sulfamethoxazole-trimethop ds</i>	10	TEGRETOL	28
<i>sulfamethoxazole-trimethoprim</i>	10	TEGRETOL-XR	28
<i>sulfamethoxazole-trimethoprim inj</i>	10	<i>temazepam</i>	34
SULFAMYLON	55	TENIVAC	48
<i>sulfasalazine</i>	43	<i>terazosin hcl</i>	20
<i>sulfasalazine ec</i>	43	<i>terbinafine hcl</i>	11
<i>sulindac</i>	7	<i>terbutaline sulfate</i>	53
SUMATRIPTAN	34	<i>terconazole vaginal</i>	45
SUMATRIPTAN INJ 4MG/0.5ML	34	<i>testosterone cypionate</i>	36
<i>sumatriptan inj 6mg/0.5ml</i>	34	<i>testosterone enanthate</i>	36
<i>sumatriptan succinate</i>	34	TETANUS/DIPHThERIA TOXOID	48
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SYLATRON KIT 300MCG	19	<i>thiothixene</i>	33
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SYNTHROID	41	TOBRADEX ST	51
SYPRINE	38	<i>tobramycin</i>	9
T		<i>tobramycin (ophth)</i>	51
TABLOID	16	<i>tobramycin inj 1.2 gm/30ml</i>	9
<i>tacrolimus</i>	47	<i>tobramycin inj 1.2gm</i>	9
<i>tacrolimus (topical)</i>	57	<i>tobramycin inj 10mg/ml</i>	9
TAFINLAR	19	<i>tobramycin inj 40mg/ml</i>	9
TAGRISSO	19	<i>tobramycin inj 80mg/2ml</i>	9
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<i>tamoxifen citrate</i>	18	TOBEX	51
<i>tamsulosin hcl</i>	44	<i>tolterodine tartrate cap er</i>	44
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TASIGNA	19	<i>toposar</i>	20
TAXOTERE	17	<i>topotecan hcl</i>	20
<i>tazarotene</i>	55	TOPOTECAN HCL	20
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<i>tramadol-acetaminophen</i>	7	UPTRAVI	25
<i>trandolapril</i>	20	<i>ursodiol</i>	43
<i>tranexamic acid</i>	46	V	
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TRELSTAR LA INJ 11.25MG	18	<i>valsartan & hctz tab 160-25mg</i>	21
TRESIBA FLEXTOUCH	37	<i>valsartan & hctz tab 320-12.5mg</i>	21
<i>tretinoin</i>	55	<i>valsartan & hctz tab 320-25mg</i>	21
TRETINOIN	55	<i>valsartan & hctz tab 80-12.5mg</i>	21
<i>tretinoin (chemotherapy)</i>	19	<i>vancomycin hcl</i>	10
<i>triamcinolone acetonide (mouth)</i>	57	VANCOMYCIN IN NACL.....	10
<i>triamcinolone acetonide (topical)</i>	56	VANDAZOLE	45
<i>triamterene & hydrochlorothiazide</i>	24	VAQTA.....	48
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TYKERB	19	<i>vinblastine sulfate</i>	17
TYPHIM VI	48	<i>vincasar</i>	17
TYSABRI	35	<i>vincristine sulfate</i>	17
		<i>vinorelbine tartrate</i>	17

VIRACEPT	12	<i>zolmitriptan odt</i>	35
VIREAD	12	<i>zolpidem tartrate</i>	34
<i>voriconazole</i>	11	<i>zonisamide</i>	28
VOTRIENT	19	ZONTIVITY	46
VRAYLAR	33	ZORTRESS TAB 0.25MG	47
VRAYLAR THERAPY PACK	33	ZORTRESS TAB 0.5MG	47
W		ZORTRESS TAB 0.75MG	47
<i>warfarin sodium</i>	45	ZOSTAVAX	48
WELCHOL	22	ZYDELIG	19
X		ZYKADIA	19
XALKORI	19	ZYLET	51
XARELTO	45	ZYPREXA RELPREVV	33
XARELTO STARTER PACK	45	ZYPREXA RELPREVV INJ 210MG	33
XATMEP	46	ZYTIGA	18
XELJANZ	46		
XELJANZ XR	46		
XGEVA	41		
XIFAXAN	43		
XIGDUO XR TAB 10-1000MG	38		
XIGDUO XR TAB 10-500MG	38		
XIGDUO XR TAB 5-1000MG	38		
XIGDUO XR TAB 5-500MG	38		
XOLAIR	54		
XTANDI	18		
XYREM	35		
Y			
YERVOY	17		
YF-VAX	48		
<i>yuvaferm vaginal tablet 10 mcg</i>	39		
Z			
<i>zafirlukast</i>	53		
ZAVESCA	39		
ZAZOLE CREAM 0.8%	45		
ZEJULA	17		
ZELBORAF	19		
ZEMAIRA	54		
<i>zenatane</i>	55		
ZENPEP	44		
ZEPATIER	13		
ZERIT	12		
ZIAGEN	12		
<i>zidovudine</i>	12		
<i>ziprasidone hcl</i>	33		
ZIRGAN	51		
<i>zoledronic acid</i>	38		
<i>zoledronic inj 4mg/5ml</i>	38		
ZOLINZA	17		
<i>zolmitriptan</i>	35		

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

Fidelis Care:

- 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 Fidelis Care Member Services Department at 1-800-247-1447 (TTY: 1-800-695-8544).

If you believe that Fidelis Care 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:

Fidelis Care New York
Member Services Department - Nondiscrimination
95-25 Queens Boulevard
Rego Park, NY 11374
Phone: 1-800-247-1447 (TTY: 1-800-695-8544)
Fax: 1-315-849-3885
Email: nondiscrimination@fideliscare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Fidelis Care Member Services at 1-800-247-1447 (TTY: 1-800-695-8544) 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>.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-247-1447 (TTY: 1-800-695-8544).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-247-1447 (TTY: 1-800-695-8544).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-247-1447 (TTY: 1-800-695-8544)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-247-1447 (телетайп: 1-800-695-8544).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-247-1447 (TTY: 1-800-695-8544).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-247-1447 (TTY: 1-800-695-8544)번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-247-1447 (TTY: 1-800-695-8544).

Yiddish: אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופ 1-800-247-1447 (TTY: 1-800-695-8544)

Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-247-1447 (TTY: 1-800-695-8544)।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-247-1447 (TTY: 1-800-695-8544).

Arabic: رقم هاتف 1-800-247-1447 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-247-1447 (TTY: 1-800-695-8544). الصم والبكم:-.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-247-1447 (ATS: 1-800-695-8544).

Urdu: 1-800-247-1447 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-695-8544)۔

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-247-1447 (TTY: 1-800-695-8544).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-247-1447 (TTY: 1-800-695-8544).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-247-1447 (TTY: 1-800-695-8544).

This information is available for free in other languages. Please contact our Member Services number at 1-800-247-1447 for additional information. (TTY users should call 1-800-695-8544). Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 to February 14, and Monday through Friday, 8:00 a.m. to 8:00 p.m. from February 15 through September 30. Member Services also has free language interpreter services available for non-English speakers.

Esta información está disponible de forma gratuita en otros idiomas. Por favor comuníquese con nuestro número de Servicios al Socio al 1-800-247-1447 para obtener información adicional. Los usuarios con deficiencia auditiva (TTY) deberán llamar al 1-800-695-8544. El horario de atención es de 8:00 a.m. a 8:00 p.m. los siete días de la semana desde el 1 de octubre hasta el 14 de febrero, y de lunes a viernes, de 8:a.m. hasta las 8:00 p.m. desde el 15 de febrero hasta el 30 de septiembre. Servicios al Socio también tiene servicios gratuitos de intérprete disponibles para personas que no hablan inglés.

Fidelis Care is an HMO plan with a Medicare contract. Enrollment in Fidelis Care depends on contract renewal.

Fidelis Care is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Care depends on contract renewal.

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