

Fidelis Care
2017 Formulary
(List of Covered Drugs)

Fidelis Medicare Advantage Flex and Fidelis Medicare \$0 Premium

**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 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.

This formulary is for Fidelis Medicare Advantage Flex and Fidelis Medicare \$0 Premium members.

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 an HMO plan with a Medicare contract. 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 92. 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 92.

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_EXPANDED eff 08/01/2017

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol sodium</i>	2	
<i>allopurinol tab</i>	1	
ALOPRIM	4	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
ZURAMPIC	4	PA
ZYLOPRIM	4	
MISCELLANEOUS		
ARTHROTEC 50	4	
ARTHROTEC 75	4	
<i>diclofenac w/ misoprostol</i>	2	
DUEXIS	5	
VIMOVO	5	
NSAIDS		
ANAPROX DS	4	
CELEBREX CAP 50MG	4	QL (240 caps / 30 days)
CELEBREX CAP 100MG	4	QL (120 caps / 30 days)
CELEBREX CAP 200MG	4	QL (60 caps / 30 days)
CELEBREX CAP 400MG	4	QL (30 caps / 30 days)
<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)
DAYPRO	4	
<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	
EC-NAPROSYN	4	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FELDENE	4	
FENOPROFEN CALCIUM CAPS 400mg	2	
<i>fenoprofen calcium TABS</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS; CP24</i>	2	
<i>mefenamic acid CAPS</i>	2	
MELOXICAM SUSP	2	

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tabs</i>	1	
MOBIC	4	
<i>nabumetone TABS</i>	2	
NALFON	4	
NAPRELAN 375mg, 500mg	5	
NAPRELAN 750mg	4	
NAPROSYN TABS	4	
<i>naproxen SUSP</i>	2	
<i>naproxen TABS; TBEC</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
NAPROXEN SODIUM TB24	5	
<i>oxaprozin</i>	2	
<i>piroxicam CAPS</i>	2	
PONSTEL	5	
<i>sulindac TABS</i>	1	
<i>tolmetin sodium</i>	2	
VIVLODEX	4	

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>acetaminophen-caff-dihydrocod</i>	2	QL (360 caps / 30 days)
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAP2 356.4-30-16 MG	2	QL (360 caps / 30 days)
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	4	QL (120 buccal films / 30 days), PA
BELBUCA 600mcg, 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>butorphanol nasal spray</i>	2	QL (10 mL / 30 days)
<i>butorphanol tartrate SOLN</i>	2	
BUTRANS 5mcg/hr	3	QL (16 patches / 28 days)
BUTRANS 7.5mcg/hr, 10mcg/hr	3	QL (8 patches / 28 days)
BUTRANS 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
CONZIP 100mg	4	QL (90 caps / 30 days)
CONZIP 200mg	4	QL (60 caps / 30 days)
CONZIP 300mg	4	QL (30 caps / 30 days)
<i>nalbuphine hcl SOLN</i>	2	
SYNALGOS-DC	4	QL (360 caps / 30 days)
TRAMADOL HCL CP24 100mg	2	QL (90 caps / 30 days)
TRAMADOL HCL CP24 200mg	2	QL (60 caps / 30 days)
TRAMADOL HCL CP24 300mg	2	QL (30 caps / 30 days)
<i>tramadol hcl er TB24 100mg</i>	2	QL (90 tabs / 30 days)
<i>tramadol hcl er TB24 200mg</i>	2	QL (30 tabs / 30 days)
TRAMADOL HCL ER TB24 300mg	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 100mg</i>	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl er (biphasic) 200mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 300mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
<i>trezix</i>	4	QL (360 caps / 30 days)
<i>tylenol with codeine</i>	4	QL (400 tabs / 30 days)
ULTRACET	4	QL (240 tabs / 30 days)
ULTRAM	4	QL (240 tabs / 30 days)
ULTRAM ER	4	QL (30 tabs / 30 days)

OPIOID ANALGESICS, CII

ABSTRAL	5	QL (120 tabs / 30 days), PA
ACTIQ	5	QL (120 lozenges / 30 days), PA
CODEINE SULFATE 15mg	2	QL (720 tabs / 30 days)
CODEINE SULFATE 30mg	2	QL (360 tabs / 30 days)
CODEINE SULFATE 60mg	2	QL (180 tabs / 30 days)
DILAUDID LIQD	4	
DILAUDID TABS	4	QL (270 tabs / 30 days)
DOLOPHINE	4	QL (240 tabs / 30 days)
DURAGESIC 12mcg/hr, 25mcg/hr	4	QL (10 patches / 30 days)
DURAGESIC 50mcg/hr	4	QL (10 patches / 30 days), PA
DURAGESIC 75mcg/hr, 100mcg/hr	5	QL (10 patches / 30 days), PA
DURAMORPH	2	B/D
EMBEDA	4	QL (60 caps / 30 days)
<i>endocet</i>	2	QL (360 tabs / 30 days)
EXALGO 8mg, 12mg	4	QL (60 tabs / 30 days)
EXALGO 16mg, 32mg	5	QL (60 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<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>hycet</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-300mg</i>	2	QL (400 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 10-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	2	
HYDROMORPHONE HCL SOLN 1mg/ml, 2mg/ml, 4mg/ml	2	B/D
<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>hydromorphone tab 8mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 12mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 16mg er</i>	5	QL (60 tabs / 30 days)
HYDROMORPHONE TABS 32MG	5	QL (60 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	4	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	5	QL (30 tabs / 30 days)
<i>ibudone tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>ibudone tab 10-200mg</i>	2	QL (150 tabs / 30 days)
INFUMORPH 200	4	B/D
INFUMORPH 500	4	B/D
KADIAN 10mg, 20mg, 30mg, 40mg	4	QL (60 caps / 30 days)
KADIAN 50mg, 60mg, 80mg, 100mg, 200mg	5	QL (60 caps / 30 days)
LAZANDA 100mcg/act, 400mcg/act	5	QL (30 bottles / 30 days), PA
LAZANDA 300mcg/act	5	QL (30 boxes / 30 days), PA
<i>levorphanol tartrate TABS</i>	5	QL (180 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</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)
METHADONE INJ 10MG/ML	4	
MORPHINE SUL 20MG/ML ORAL SOL	2	

Drug Name	Drug Tier	Requirements/Limits
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
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>morphine sulfate</i> CP24 100mg	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	2	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	2	
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml, 2 4mg/ml, 8mg/ml		B/D
MORPHINE SULFATE TABS	2	QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	2	QL (60 caps / 30 days)
<i>morphine sulfate ext-rel tab</i> 15mg, 30mg, 2 60mg, 100mg		QL (90 tabs / 30 days)
<i>morphine sulfate ext-rel tab</i> 200mg	2	QL (60 tabs / 30 days)
MS CONTIN 15mg, 30mg	4	QL (90 tabs / 30 days)
MS CONTIN 60mg, 100mg	5	QL (90 tabs / 30 days)
MS CONTIN 200mg	5	QL (60 tabs / 30 days)
<i>norco</i>	4	QL (360 tabs / 30 days)
NUCYNTA 50mg	4	QL (360 tabs / 30 days)
NUCYNTA 75mg	4	QL (240 tabs / 30 days)
NUCYNTA 100mg	4	QL (180 tabs / 30 days)
NUCYNTA ER 50mg, 100mg	4	QL (120 tabs / 30 days)
NUCYNTA ER 150mg	4	QL (60 tabs / 30 days)
NUCYNTA ER 200mg, 250mg	5	QL (60 tabs / 30 days)
OPANA TABS	4	QL (180 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (120 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 30mg, 40mg	5	QL (120 tabs / 30 days)
<i>oxycodone hcl</i> CAPS	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	2	
OXYCODONE HCL SOLN	2	
<i>oxycodone hcl</i> TABS	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 7.5-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen</i> 10-325mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	2	QL (1800 mL / 30 days)
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	4	QL (120 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl</i> TABS	2	QL (180 tabs / 30 days)
<i>percocet 2.5/325</i>	4	QL (360 tabs / 30 days)
<i>percocet 7.5/325</i>	5	QL (360 tabs / 30 days)
<i>percocet 10/325</i>	5	QL (360 tabs / 30 days)
<i>percocet tab 5-325mg</i>	5	QL (360 tabs / 30 days)
<i>reprexain tab 5-200mg</i>	4	QL (150 tabs / 30 days)
<i>reprexain tab 10-200mg</i>	2	QL (150 tabs / 30 days)
ROXICODONE 5mg, 15mg	4	QL (180 tabs / 30 days)
ROXICODONE 30mg	5	QL (180 tabs / 30 days)
SUBSYS	5	QL (120 sprays / 30 days), PA
<i>vicodin</i>	2	QL (400 tabs / 30 days)
<i>vicodin es</i>	2	QL (400 tabs / 30 days)
<i>vicodin hp</i>	2	QL (400 tabs / 30 days)
XARTEMIS XR	4	QL (120 tabs / 30 days)
<i>xodol tab 5-300mg</i>	4	QL (400 tabs / 30 days)
<i>xodol tab 7.5-300</i>	4	QL (400 tabs / 30 days)
<i>xodol tab 10-300mg</i>	4	QL (400 tabs / 30 days)
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg	4	QL (120 caps / 30 days)
XTAMPZA ER 36mg	4	QL (240 caps / 30 days)
<i>xylon tab 10-200mg</i>	2	QL (150 tabs / 30 days)
<i>zamicet</i>	2	QL (5400 mL / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg	4	QL (120 caps / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> 4%	2	
<i>lidocaine hcl (local anesth.)</i> .5%, 1%	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
XYLOCAINE .5%, 1%, 2%	4	B/D
XYLOCAINE-MPF 4%	4	
XYLOCAINE-MPF .5%, 1%, 1.5%, 2%	4	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	2	
BETHKIS	5	NM, PA
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>gentamicin sulfate/0.9% s</i>	2	
KITABIS PAK	5	NM, PA
<i>neomycin sulfate</i> TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	2	
<i>sulfadiazine</i> TABS	4	
TOBI NEB	5	NM, PA
TOBI PODHALER	5	NM, LA, PA
<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	4	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	2	
BACTRIM	4	
BACTRIM DS	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>cleocin</i> SOLR	4	
CLEOCIN CAP 75MG	4	
CLEOCIN CAP 150MG	4	
CLEOCIN CAP 300MG	4	
CLEOCIN IN D5W	4	
CLEOCIN INJ	4	
CLEOCIN PHOSPHATE 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
<i>cleocin phosphate</i> 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
<i>clindamycin hcl</i> CAPS	1	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i> SOLN	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>colistimethate sodium</i> SOLR	2	
COLY-MYCIN M	4	
CUBICIN	5	
DALVANCE	5	
<i>dapsone</i> TABS	2	
<i>daptomycin</i>	5	
DARAPRIM	5	PA
DORIBAX	4	
DORIPENEM	2	
<i>emverm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
FLAGYL	4	
FURADANTIN	5	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HIPREX	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	
MACROBID	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MACRODANTIN	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MEPRON	5	
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE	2	
MERREM	4	
<i>methenamine hippurate</i>	2	
METRO IV	3	
<i>metronidazole</i> CAPS	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole inj</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin</i> SUSP	2	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystal</i>	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
ORBACTIV	5	
PENTAM 300	4	
<i>polymyxin b sulfate</i> SOLR	2	
PRIMAXIN	4	
PRIMSOL	4	
SIVEXTRO	5	

Drug Name	Drug Tier	Requirements/Limits
STROMECTOL	4	
<i>sulfamethoxazole-trimethop</i> SUSP	2	
<i>sulfamethoxazole-trimethop</i> TABS	1	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim</i> TABS	1	
TYGACIL	5	
VANCOCIN HCL	5	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR	2	
VANCOMYCIN IN NAACL	4	
VIBATIV	5	
XIFAXAN TAB 200MG	5	
ZYVOX	5	

ANTIFUNGALS

ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	2	B/D
ANCOBON	5	
CANCIDAS	5	
CRESEMBA	5	
DIFLUCAN	4	
ERAXIS	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	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine</i> CAPS	5	
GRIS-PEG	4	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i> CAPS	2	PA
<i>ketoconazole</i> TABS	2	PA
LAMISIL PACK	4	
LAMISIL TABS	4	QL (90 tabs / 365 days)
MYCAMINE	5	
NOXAFIL	5	
<i>nystatin</i> TABS	2	
ONMEL	5	PA
SPORANOX	5	PA
SPORANOX PULSEPAK	5	PA
SPORANOX SOL 10MG/ML	5	

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / 365 days)
VFEND IV	4	
VFEND SUS 40MG/ML	5	
VFEND TAB	5	
<i>voriconazole</i> SUSR; TABS	5	
<i>voriconazole inj</i> 200mg	2	

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
MALARONE	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	4	PA
<i>quinine sulfate</i> CAPS	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	2	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	2	
EDURANT	5	
EMTRIVA	3	
EPIVIR SOL 10MG/ML	4	
EPIVIR TABS	4	
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</i> TABS; TB24	2	
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR CAPS	4	
RETROVIR IV INFUSION	3	
RETROVIR SYRP	4	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ	5	
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 EC	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIRAMUNE TABS	5	
VIRAMUNE XR 100mg	4	
VIRAMUNE XR 400mg	5	
VIREAD	5	
ZERIT CAPS	4	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
ZIAGEN TABS	4	
<i>zidovudine</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
ABACAVIR SULFATE-LAMIVUDINE	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMBIVIR	5	
COMPLERA	5	
DESCOVY	5	
EPZICOM	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	
TRIZIVIR	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)

Drug Name	Drug Tier	Requirements/Limits
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> SOLN; SYRP	2	
<i>isoniazid tabs</i>	1	
MYAMBUTOL	4	
MYCOBUTIN	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
<i>rifadin</i> CAPS	4	
RIFADIN SOLR	4	
<i>rifamate</i>	4	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE	5	
<i>cidofovir</i>	5	
COPEGUS	4	NM
CYTOVENE	4	B/D
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPIVIR HBV	4	
<i>famciclovir</i> TABS	2	
FAMVIR 125mg, 250mg	4	
FAMVIR 500mg	5	
FLUMADINE	4	
<i>ganciclovir inj 500mg</i>	2	B/D
HEPSERA	5	
<i>lamivudine (hbv)</i>	2	
<i>moderiba pak</i>	5	NM
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>ribapak mis 600/day</i>	5	NM
<i>ribasphere CAPS</i>	2	NM
<i>ribasphere TABS 200mg</i>	2	NM
<i>ribasphere TABS 400mg, 600mg</i>	5	NM
<i>ribasphere ribapak 800</i>	5	NM
<i>ribasphere ribapak 1000</i>	5	NM
<i>ribasphere ribapak 1200</i>	5	NM
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA
TAMIFLU CAPS	4	
TAMIFLU SUSR	3	
TYZEKA	5	
<i>valacyclovir hcl TABS</i>	2	
VALCYTE	5	
<i>valganciclovir hcl</i>	5	
VALTREX	4	
VEMLIDY	5	
ZEPATIER	5	NM, PA
ZOVIRAX CAPS; SUSP; TABS	4	

CEPHALOSPORINS

AVYCAZ	5	
CEDAX	4	
<i>cefaclor</i>	2	
<i>cefaclor er tab 500mg</i>	3	
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR; TABS</i>	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium SOLR 1gm, 20gm</i>	2	
<i>cefazolin sodium 1 gm/50ml</i>	3	
<i>cefdinir</i>	2	
CEFEPIME 1GM SOLN	4	
CEFEPIME 2GM SOLN	4	
<i>cefepime inj 1gm</i>	2	
<i>cefepime inj 2gm</i>	2	
CEFEPIME/DEXTROSE	4	
<i>cefixime</i>	2	
CEFOTAN	4	
<i>cefotaxime sodium 1gm, 2gm, 500mg</i>	2	
<i>cefotetan disodium</i>	2	
CEFOXITIN SODIUM	4	
<i>cefoxitin sodium 1gm, 2gm, 10gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime SOLR</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CEFTAZIDIME/DEXTROSE	4	
CEFTIBUTEN	2	
CEFTIN SUSP	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> CAPS 750mg	2	
<i>cephalexin</i> SUSR	2	
<i>cephalexin</i> TABS	2	
FORTAZ	4	
MAXIPIME	4	
<i>rocephin</i>	4	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	2	
<i>tazicef vial</i>	2	
TEFLARO	5	
ZERBAXA	5	
ZINACEF SOLR	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	2	
<i>azithromycin</i> SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> SUSR; TABS; TB24	2	
DIFICID	5	
<i>e.e.s 400</i>	2	
E.E.S. GRANULES	4	
<i>ery-tab</i>	2	
ERYPED 200	4	
ERYPED 400	4	
<i>erythrocin</i>	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
PCE	4	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZMAX	4	
FLUOROQUINOLONES		
AVELOX	4	

Drug Name	Drug Tier	Requirements/Limits
CIPRO SUSP	4	
CIPRO TABS	4	
CIPRO XR	4	
<i>ciprofloxacin SOLN 200mg/20ml</i>	2	
<i>ciprofloxacin SUSR</i>	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin in d5w</i>	2	
<i>ciprofloxacin inj</i>	2	
LEVAQUIN	4	
<i>levofloxacin SOLN</i>	2	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	2	
MOXIFLOXACIN HCL SOLN 400mg/250ml	4	
<i>moxifloxacin hcl TABS</i>	2	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
<i>ampicillin susp</i>	2	
AUGMENTIN SUSR	4	
AUGMENTIN TABS	5	
AUGMENTIN ES-600	4	
AUGMENTIN XR	5	
BACTOCILL INJ DEX 1GM	4	
BACTOCILL INJ DEX 2GM	5	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN IN DEXTROSE	4	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium 1gm, 2gm</i>	2	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE	4	
PENICILLIN G POTASSIUM IN	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 inj 5mu</i>	2	
<i>pfizerpen-g inj 20mu</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium-tazobactam sodium</i>	2	
<i>piperacillin/tazobactam</i>	2	
UNASYN	4	
UNASYN BULK PACK	4	
ZOSYN	4	

TETRACYCLINES

<i>demeclocycline hcl</i>	2	
<i>doxy</i>	2	
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> SOLR	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>doxycycline hyclate</i> TBEC	2	
<i>doxycycline hyclate tab 75 mg dr</i>	2	
<i>doxycycline hyclate tab 100 mg dr</i>	2	
<i>doxycycline hyclate tab 150 mg dr</i>	2	
<i>minocycline hcl</i> CAPS; TABS; TB24	2	
<i>morgidox cap 1x50mg</i>	2	
TETRACYCLINE HCL CAPS	2	
VIBRAMYCIN	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN SOLR	4	B/D
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</i> SOLR	5	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 1GM	4	B/D
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj</i>	2	B/D
<i>ifosfamide inj 1gm</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
<i>thiotepa</i> SOLR	5	B/D, NM
TREANDA	5	B/D, NM
ZANOSAR	4	B/D

ANTHRACYCLINES

<i>adriamycin</i>	2	B/D
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Drug Name	Drug Tier	Requirements/Limits
<i>daunorubicin hcl</i>	2	B/D
DOXIL	5	B/D
<i>doxorubicin hcl 50mg</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	2	B/D
ELLECE	5	B/D
<i>epirubicin hcl</i>	2	B/D
<i>epirubicin inj 200mg</i>	2	B/D
IDAMYCIN PFS	4	B/D
<i>idarubicin hcl</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	5	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
ARRANON	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	B/D
CLOLAR	5	B/D
<i>cytarabine inj</i>	2	B/D
DACOGEN	5	B/D, NM
<i>decitabine</i>	5	B/D, NM
<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
GEMZAR 1gm	4	B/D
GEMZAR 200mg	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	
VIDAZA	5	B/D, NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCEFREZ	5	B/D
DOCETAXEL 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel</i> 80mg/4ml, 200mg/10ml	5	B/D
DOCETAXEL 20MG/2ML	5	B/D
DOCETAXEL 160MG/16ML	5	B/D
DOCETAXEL SOLN 80MG/8ML	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE	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		
ARZERRA	5	B/D, NM
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
ERBITUX	5	B/D, NM
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
PERJETA	5	NM, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TORISEL	5	B/D, NM
VECTIBIX	5	B/D, NM
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	
ARIMIDEX	4	

Drug Name	Drug Tier	Requirements/Limits
AROMASIN	5	
<i>bicalutamide</i>	2	
CASODEX	4	
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
FEMARA	5	
FIRMAGON 80mg	4	B/D, NM
FIRMAGON 120mg	5	B/D, NM
<i>flutamide</i>	2	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide acetate</i> KIT	2	NM, PA
LUPRON DEPOT (1-MONTH)	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 30MG (4-MONTH)	5	NM, PA
LYSODREN	3	
MEGACE ES	5	PA
MEGACE ORAL	4	PA; PA if 65 years and older
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
MEGESTROL SUS 625MG/5ML	4	PA
NILANDRON	5	
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR MIXJECT	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

Drug Name	Drug Tier	Requirements/Limits
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
GLEEVEC 100mg	5	QL (90 tabs / 30 days), NM, PA
GLEEVEC 400mg	5	QL (60 tabs / 30 days), NM, 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
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
TAGRISO	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	
HALAVEN	5	B/D, NM
HYDREA	4	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT	5	B/D, NM
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
TARGRETIN CAPS	5	NM, PA
<i>tretinoin</i> CAPS	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
KEPIVANCE	5	B/D
<i>leucovor ca inj</i>	2	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
<i>leucovorin calcium 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 SOLN	4	B/D
MESNEX TABS	5	
ZINECARD	4	B/D
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide</i> SOLN	2	B/D
HYCAMTIN SOLR	5	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
ONIVYDE	5	B/D, NM
<i>toposar</i>	2	B/D
TOPOTECAN HCL SOLN	5	B/D
<i>topotecan hcl</i> SOLR	5	B/D

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	4	
<i>amlodipine besylate-benazepril hcl</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	
LOTREL	4	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
TARKA	4	
<i>trandolapril-verapamil hcl</i>	1	
VASERETIC	4	
ZESTORETIC	4	
ACE INHIBITORS		
ACCUPRIL	4	
ALTACE	4	
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
EPANED	4	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL	4	
QBRELIS	5	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC 2.5mg, 5mg, 10mg	4	
VASOTEC 20mg	5	
ZESTRIL	4	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	4	
<i>eplerenone</i>	2	
INSPRA	4	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
CARDURA	4	
<i>doxazosin mesylate</i>	2	
MINIPRESS	4	
<i>prazosin hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
ATACAND HCT	4	
AVALIDE	4	
AZOR	4	
BENICAR HCT	4	
BYVALSON	4	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
DIOVAN HCT	4	
EDARBYCLOR	4	
ENTRESTO	3	
EXFORGE	4	
EXFORGE HCT	4	
HYZAAR	4	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
MICARDIS HCT	4	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TRIBENZOR	4	
TWYNSTA	4	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	4	
AVAPRO	4	

Drug Name	Drug Tier	Requirements/Limits
BENICAR	4	
<i>candesartan cilexetil</i>	1	
COZAAR	4	
DIOVAN	4	
EDARBI	4	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS	4	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</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>amiodarone inj 50mg/ml</i>	2	
BETAPACE	4	
BETAPACE AF	4	
<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	4	PA; PA if 65 years and older
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	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine gluconate TBCR</i>	2	
<i>quinidine sulfate TABS</i>	2	
RYTHMOL SR 225mg	4	
RYTHMOL SR 325mg, 425mg	5	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
TIKOSYN	4	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	4	
<i>atorvastatin calcium TABS</i>	1	
CRESTOR	4	
<i>fluvastatin sodium cap 20 mg</i>	1	
<i>fluvastatin sodium cap 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FLUVASTATIN SODIUM TAB SR 24 HR 80 MG	1	
LESCOL XL	4	
LIPITOR	4	
LIVALO	4	
<i>lovastatin</i>	1	
PRAVACHOL	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ZOCOR 5mg, 10mg, 20mg, 40mg	4	
ZOCOR 80mg	4	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>choline fenofibrate</i>	2	
COLESTID	4	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	1	
FENOFIBRATE CAPS	2	
FENOFIBRATE TABS 40mg, 120mg	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i>	2	
FENOFIBRIC ACID	2	
FENOGLIDE 40mg	4	
FENOGLIDE 120mg	5	
FIBRICOR	4	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
LIPOFEN	4	
LOPID	4	
LOVAZA CAP 1GM	4	
<i>niacin er (antihyperlipidemic)</i>	2	
<i>niacor</i>	2	
NIASPAN	4	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	5	NM, PA
<i>prevalite</i>	2	
<i>questran</i>	4	
<i>questran light</i>	4	
TRICOR	4	

Drug Name	Drug Tier	Requirements/Limits
TRIGLIDE	4	
TRILIPIX	4	
VASCEPA	4	
VYTORIN	4	
WELCHOL	3	
ZETIA TAB 10MG	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
CORZIDE	4	
DUTOPROL	4	
LOPRESSOR HCT	4	
<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>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
TENORETIC 50	4	
TENORETIC 100	4	
ZIAC	4	

BETA-BLOCKERS

<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
COREG	4	
COREG CR	4	
CORGARD	4	
INDERAL LA	4	
<i>labetalol hcl SOLN; TABS</i>	2	
LOPRESSOR	4	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	2	
<i>metoprolol tartrate SOLN</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol inj 1mg/ml</i>	2	
<i>propranolol oral sol</i>	2	
<i>propranolol tab</i>	2	
SOTYLIZE	4	
TENORMIN	4	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate</i> TABS	2	
TOPROL XL	4	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate/atorv</i>	1	
CADUET	4	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	4	
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i> TABS	1	
CALAN	4	
CALAN SR	4	
CARDIZEM	4	
CARDIZEM CD 120mg, 240mg, 360mg	5	
CARDIZEM CD 180mg	4	
CARDIZEM LA	4	
<i>cartia xt</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	
DILTIAZEM ER TAB 180MG	2	
DILTIAZEM ER TAB 240MG	2	
DILTIAZEM ER TAB 300MG	2	
DILTIAZEM ER TAB 360MG	2	
DILTIAZEM ER TAB 420MG	2	
<i>diltiazem hcl</i> 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>diltiazem inj 25mg/5ml</i>	2	
<i>diltiazem inj 50/10ml</i>	2	
<i>diltiazem inj 100mg</i>	4	
<i>diltiazem inj 125/25ml</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</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	
<i>nisoldipine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NORVASC	4	
NYMALIZE	5	
PROCARDIA XL	4	
SULAR	4	
<i>taztia xt</i>	2	
TIAZAC	4	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	2	
VERAPAMIL HCL CP24 360mg	2	
<i>verapamil hcl</i> SOLN	2	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl</i> TBCR	1	
VERELAN	4	
VERELAN PM	4	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek</i> .25mg	2	PA; PA if 65 years and older
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	2	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	2	PA; PA if 65 years and older
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	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
LANOXIN 62.5mcg	4	QL (60 tabs / 30 days)
LANOXIN 187.5mcg	4	PA; PA if 65 years and older
LANOXIN INJ 0.25MG/ML	4	
LANOXIN PEDIATRIC	4	
LANOXIN TAB 125mcg	4	QL (30 tabs / 30 days)
LANOXIN TAB 250mcg	4	PA; PA if 65 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA	4	
TEKTURNA HCT	4	
<i>DIURETICS</i>		
<i>acetazolamide</i> CP12; TABS	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE	4	
ALDACTAZIDE TAB 50/50	4	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone</i>	2	
DEMADEX TAB 5MG	4	
DEMADEX TAB 10MG	4	
DEMADEX TAB 20MG	4	
DIAMOX	4	
DIURIL SUS 250/5ML	4	
DYAZIDE	4	
DYRENIUM	4	
EDECRIN	5	
<i>ethacrynic acid</i>	2	
<i>furosemide SOLN; TABS</i>	1	
<i>furosemide inj 10mg/ml</i>	2	
FUROSEMIDE INJ 10mg/ml	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
LASIX	4	
MAXZIDE	4	
MAXZIDE-25	4	
<i>methazolamide TABS</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
MICROZIDE	4	
<i>neptazane</i>	4	
SODIUM DIURIL	4	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	2	
<i>triamt/hctz cap 37.5-25</i>	1	
<i>triamt/hctz cap 50-25mg</i>	1	
<i>triamt/hctz tab 37.5-25</i>	1	
<i>triamt/hctz tab 75-50mg</i>	1	
MISCELLANEOUS		
BIDIL	3	
CATAPRES TAB	4	
CATAPRES-TTS DIS 0.1/24HR	4	
CATAPRES-TTS DIS 0.2/24HR	4	
CATAPRES-TTS DIS 0.3/24HR	4	
<i>clonidine hcl PTWK</i>	2	
<i>clonidine hcl TABS</i>	1	
<i>clorpres</i>	2	
CORLANOR	4	
DEMSER	5	
DIBENZYLINE	5	
<i>hydralazine hcl SOLN; TABS</i>	2	
KEVEYIS	5	NM, PA
<i>midodrine hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
PHENOXYBENZAMINE HCL CAPS	5	
RANEXA	3	

NITRATES

DILATRATE SR	4	
GONITRO	4	
ISORDIL TITRADOSE 5mg	4	
ISORDIL TITRADOSE 40mg	5	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
<i>nitro-bid</i>	3	
NITRO-DUR	4	
<i>nitroglycerin</i> SOLN .4mg/spray	2	
<i>nitroglycerin</i> SUBL	2	
NITROGLYCERIN LINGUAL	2	
<i>nitroglycerin td patch</i>	2	
NITROLINGUAL PUMPSPRAY	4	
NITROMIST	4	
NITROSTAT	4	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	NM, PA
ADEMPAS	5	NM, LA, PA
LETAIRIS	5	NM, LA, PA
OPSUMIT	5	NM, LA, PA
ORENITRAM TAB 0.25MG	5	NM, LA, PA
ORENITRAM TAB 0.125MG	4	NM, LA, PA
ORENITRAM TAB 1MG	5	NM, LA, PA
ORENITRAM TAB 2.5MG	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR; TABS	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	NM, PA
TRACLEER	5	NM, LA, PA
TYVASO	5	NM, PA
UPTRAVI	5	NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> CONC	2	QL (300 mL / 30 days)
<i>alprazolam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .5mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam</i> TABS .25mg	1	QL (480 tabs / 30 days)
ATIVAN SOLN	4	
ATIVAN TABS	5	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> 100mg	2	
<i>fluvoxamine maleate er</i> 100mg	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate er</i> 150mg	2	QL (60 caps / 30 days)
<i>lorazepam</i> CONC	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
XANAX TAB 0.5MG	4	QL (240 tabs / 30 days)
XANAX TAB 0.25MG	4	QL (480 tabs / 30 days)
XANAX TAB 1MG	4	QL (120 tabs / 30 days)
XANAX TAB 2MG	4	QL (150 tabs / 30 days)

ANTICONSULSANTS

APTIOM 200mg	4	
APTIOM 400mg, 600mg, 800mg	5	
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	
CARBATROL	4	
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	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 7.5mg	2	QL (360 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
DEPACON	5	
DEPAKENE	4	

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<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 (ANTICONVULSANT)	2	
<i>dilantin</i>	3	
DILANTIN-125	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	
FELBATOL	5	
FYCOMPA	4	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	4	
KEPPRA SOLN	5	
KEPPRA TABS 250mg, 500mg	4	
KEPPRA TABS 750mg, 1000mg	5	
KEPPRA XR	5	
KLONOPIN 1mg	4	QL (120 tabs / 30 days)
KLONOPIN 2mg	4	QL (300 tabs / 30 days)
KLONOPIN .5mg	4	QL (240 tabs / 30 days)
LAMICTAL CHEWABLE DISPERS 5mg	4	
LAMICTAL CHEWABLE DISPERS 25mg	5	
LAMICTAL ODT	4	
LAMICTAL STARTER	4	
LAMICTAL TABS	5	
LAMICTAL XR KIT	4	
LAMICTAL XR TB24 25mg, 50mg	4	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TB24 100mg, 200mg, 250mg, 300mg	5	
<i>lamotrigine</i> CHEW; KIT; TB24; TBDP	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)
MYSOLINE	5	
NEURONTIN CAPS 100mg	4	QL (1080 caps / 30 days)
NEURONTIN CAPS 300mg	4	QL (360 caps / 30 days)
NEURONTIN CAPS 400mg	4	QL (270 caps / 30 days)
NEURONTIN SOLN	4	QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	4	QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	4	QL (120 tabs / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	
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 inj 50mg/ml</i>	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	
QUDEXY XR	4	
<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

Drug Name	Drug Tier	Requirements/Limits
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	2	
TOPAMAX 25mg, 50mg	4	
TOPAMAX 100mg, 200mg	5	
TOPAMAX SPRINKLE 15mg	4	
TOPAMAX SPRINKLE 25mg	5	
<i>topiramate</i> CPSP	2	
TOPIRAMATE CS24	2	
<i>topiramate</i> TABS	1	
TRANXENE T TAB 7.5MG	4	QL (360 tabs / 30 days), PA; PA if 65 years and older
TRILEPTAL SUSP	4	
TRILEPTAL TABS	4	
TROKENDI XR 25mg, 50mg, 100mg	4	
TROKENDI XR 200mg	5	
VALIUM	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
VIMPAT	4	
ZARONTIN CAPS	4	
<i>zarontin</i> SOLN	4	
ZONEGRAN 25mg	4	
ZONEGRAN 100mg	5	
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
ARICEPT	4	
<i>donepezil odt 5mg</i>	2	
<i>donepezil odt 10mg</i>	2	
<i>donepezil tab hcl 23mg</i>	2	
<i>donepezil tabs 5mg</i>	2	
<i>donepezil tabs 10mg</i>	2	
EXELON PATCHES	4	
<i>galantamine hydrobromide</i>	2	
<i>galantamine hydrobromide er</i>	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 SOL 10MG/5ML	4	PA; PA if < 30 yrs
NAMENDA TAB	4	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	

Drug Name	Drug Tier	Requirements/Limits
RAZADYNE	4	
RAZADYNE ER	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	2	
ANAFRANIL	5	PA; PA if 65 years and older
APLENZIN	5	
<i>bupropion hcl</i> TABS; TB12; TB24	2	
CELEXA	4	
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
CYMBALTA 20mg	4	QL (180 caps / 30 days)
CYMBALTA 30mg	4	QL (120 caps / 30 days)
CYMBALTA 60mg	4	QL (60 caps / 30 days)
<i>desipramine hcl</i> TABS	2	
<i>desvenlafaxine succinate</i>	2	
<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)
EFFEXOR XR	4	
EMSAM	5	PA
<i>escitalopram oxalate</i>	2	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl</i> CPDR	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	2	
FLUOXETINE HCL TABS 60mg	4	
FORFIVO XL	4	QL (30 tabs / 30 days)
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>imipramine pamoate</i>	4	PA; PA if 65 years and older
LEXAPRO	4	

Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	2	
NARDIL	4	
<i>nefazodone hcl</i>	2	
NORPRAMIN	4	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	2	
PAMELOR	5	
PARNATE	5	
<i>paroxetine er tab</i>	2	
<i>paroxetine hcl tabs</i>	1	
PAXIL	4	
PAXIL CR	4	
PEXEVA	4	
<i>phenelzine sulfate TABS</i>	2	
PRISTIQ	3	
<i>protriptyline hcl</i>	2	
PROZAC	4	
PROZAC WEEKLY	4	
REMERON	4	
REMERON SOLTAB	4	
<i>sertraline hcl CONC</i>	2	
<i>sertraline hcl TABS</i>	1	
SURMONTIL	4	PA; PA if 65 years and older
<i>tofranil</i>	4	PA; PA if 65 years and older
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl TABS 50mg, 100mg, 150mg</i>	1	
<i>trazodone hcl TABS 300mg</i>	2	
<i>trimipramine maleate CAPS</i>	4	PA; PA if 65 years and older
TRINTELLIX	4	
<i>venlafaxine cap er</i>	2	
<i>venlafaxine tab</i>	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	
WELLBUTRIN SR	4	
WELLBUTRIN XL	5	
ZOLOFT	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl CAPS</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl SYRP; TABS</i>	2	
APOKYN	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
AZILECT	4	
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</i> TABS	5	
<i>carbidopa-levodopa</i>	2	
CARBIDOPA/LEVODOPA/ENTACAPONE	2	
COGENTIN	4	
COMTAN	4	
DUOPA	4	B/D, NM
ELDEPRYL	4	
ENTACAPONE	2	
LODOSYN	5	
MIRAPEX	4	
MIRAPEX ER	4	
NEUPRO	4	
PARLODEL CAP 5MG	4	
PARLODEL TAB 2.5MG	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75 er</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 0.375mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1.5mg er</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>pramipexole tab 2.25mg</i>	2	
<i>pramipexole tab 3mg</i>	2	
<i>pramipexole tab 4.5mg</i>	2	
<i>rasagiline mesylate</i> TABS	2	
REQUIP	4	
REQUIP XL	4	
<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 2mg er</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 4mg er</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>ropinirole tab 6mg er</i>	2	
<i>ropinirole tab 8mg er</i>	2	
<i>ropinirole tab 12mg er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
RYTARY	4	
<i>selegiline hcl</i> CAPS; TABS	2	
SINEMET	4	
SINEMET CR	4	
STALEVO	4	
ZELAPAR	5	

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
ABILIFY TABS	5	QL (30 tabs / 30 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</i> 2mg, 5mg, 10mg, 15mg	2	QL (30 tabs / 30 days)
<i>aripiprazole tab</i> 20mg, 30mg	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</i> TABS	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)
CLOZARIL 25mg	4	
CLOZARIL 100mg	5	QL (270 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	
FAZACLO 12.5mg, 25mg	4	PA
FAZACLO 100mg	5	QL (270 tabs / 30 days), PA
FAZACLO 150mg	5	QL (180 tabs / 30 days), PA
FAZACLO 200mg	5	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON 20mg, 40mg	5	QL (60 caps / 30 days)
GEODON 60mg, 80mg	5	QL (90 caps / 30 days)
GEODON INJ	4	QL (6 mL / 3 days)
HALDOL	4	

Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 50	4	
HALDOL DECANOATE 100	4	
<i>haloperidol</i> TABS	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
INVEGA 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
INVEGA 6mg	5	QL (60 tabs / 30 days)
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)
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</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	2	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
<i>olanzapine odt</i> 5mg	2	QL (30 tabs / 30 days)
<i>olanzapine odt</i> 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
ORAP	4	
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate</i> TABS	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	2	QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	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)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOLN	4	QL (240 mL / 30 days)
RISPERDAL TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL TABS 3mg	5	QL (60 tabs / 30 days)
RISPERDAL TABS 4mg	5	QL (120 tabs / 30 days)
RISPERDAL TABS .25mg, .5mg	4	QL (90 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)
RISPERDAL M-TAB 1mg	4	QL (60 tabs / 30 days)
RISPERDAL M-TAB 2mg, 3mg	5	QL (60 tabs / 30 days)
RISPERDAL M-TAB 4mg	5	QL (120 tabs / 30 days)
RISPERDAL M-TAB .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> SOLN	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone odt</i> 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone odt</i> 4mg	2	QL (120 tabs / 30 days)
<i>risperidone odt</i> .25mg, .5mg	2	QL (90 tabs / 30 days)
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)
SEROQUEL	4	QL (90 tabs / 30 days)
SEROQUEL XR 50mg	4	QL (120 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	4	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	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 SOLR	4	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg	4	QL (240 tabs / 30 days)
ZYPREXA TABS 5mg	4	QL (120 tabs / 30 days)
ZYPREXA TABS 7.5mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 10mg	4	QL (60 tabs / 30 days)
ZYPREXA TABS 15mg, 20mg	5	QL (60 tabs / 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
ZYPREXA ZYDI TAB 10MG	4	QL (60 tabs / 30 days)
ZYPREXA ZYDIS 5mg	4	QL (30 tabs / 30 days)
ZYPREXA ZYDIS 15mg, 20mg	5	QL (60 tabs / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>adderall tab 5mg</i>	4	QL (360 tabs / 30 days)
<i>adderall tab 7.5mg</i>	4	QL (240 tabs / 30 days)
<i>adderall tab 10mg</i>	4	QL (180 tabs / 30 days)
<i>adderall tab 12.5mg</i>	4	QL (144 tabs / 30 days)
<i>adderall tab 15mg</i>	4	QL (120 tabs / 30 days)
<i>adderall tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>adderall tab 30mg</i>	4	QL (60 tabs / 30 days)
ADDERALL XR CAP 5MG	4	QL (90 caps / 30 days)
ADDERALL XR CAP 10MG	4	QL (90 caps / 30 days)
ADDERALL XR CAP 15MG	4	QL (30 caps / 30 days)
ADDERALL XR CAP 20MG	4	QL (30 caps / 30 days)
ADDERALL XR CAP 25MG	4	QL (30 caps / 30 days)
ADDERALL XR CAP 30MG	4	QL (30 caps / 30 days)
<i>amphetamine cap 10mg er</i>	2	QL (90 caps / 30 days)
<i>amphetamine cap 15mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 20mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 25mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 30mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
APTENSIO XR 10mg, 15mg, 20mg, 30mg	4	QL (60 caps / 30 days)
APTENSIO XR 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)
atomoxetine hcl 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)
CONCERTA 18mg, 27mg, 36mg	4	QL (60 tabs / 30 days)
CONCERTA 54mg	4	QL (30 tabs / 30 days)
DAYTRANA	4	QL (30 patches / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
INTUNIV	4	PA; PA if 65 years and older
METADATE CD 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
METADATE CD 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
METHYLIN 5mg/5ml	4	QL (1800 mL / 30 days)
METHYLIN 10mg/5ml	4	QL (900 mL / 30 days)
<i>methylphenidate hcl</i> CHEW	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> CP24 20mg	2	QL (60 caps / 30 days)
METHYLPHENIDATE HCL CP24 30mg	2	QL (60 caps / 30 days)
<i>methylphenidate hcl</i> CP24 40mg, 60mg	2	QL (30 caps / 30 days)
<i>methylphenidate hcl</i> CPR 10mg, 20mg	2	QL (60 caps / 30 days)
METHYLPHENIDATE HCL CPR 30mg	2	QL (60 caps / 30 days)
<i>methylphenidate hcl</i> CPR 40mg, 50mg, 60mg	2	QL (30 caps / 30 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 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> TB24	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	2	QL (90 tabs / 30 days)
METHYLPHENIDATE HCL TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 30 days)
METHYLPHENIDATE HCL TBCR 54mg	2	QL (30 tabs / 30 days)
<i>methylphenidate hcl er</i> 27mg, 36mg	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er</i> 54mg	2	QL (30 tabs / 30 days)
QUILLICHEW ER 20mg	4	QL (90 tabs / 30 days)
QUILLICHEW ER 30mg	4	QL (60 tabs / 30 days)
QUILLICHEW ER 40mg	4	QL (30 tabs / 30 days)
QUILLIVANT XR	4	QL (360 mL / 30 days)
RITALIN 5mg, 10mg	4	QL (180 tabs / 30 days)
RITALIN 20mg	4	QL (90 tabs / 30 days)
RITALIN LA 10mg	4	QL (180 tabs / 30 days)
RITALIN LA 20mg, 30mg	4	QL (60 caps / 30 days)
RITALIN LA 40mg, 60mg	4	QL (30 caps / 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)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)

HYPNOTICS

AMBIEN	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ	5	NM, LA, PA
RESTORIL 7.5mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
RESTORIL 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
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>almotriptan malate</i>	2	QL (12 tabs / 30 days)
AMERGE	4	QL (12 tabs / 30 days)
AXERT	4	QL (12 tabs / 30 days)
<i>cafergot tab 1-100mg</i>	4	
D.H.E. 45	5	
<i>dihydroergotamine mesylate</i> 1mg/ml	2	
DIHYDROERGOTAMINE MESYLATE 4mg/ml	5	QL (8 mL / 30 days)
<i>ergomar</i>	4	
<i>ergotamine w/ caffeine</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FROVA TAB 2.5MG	4	QL (18 tabs / 30 days)
<i>frovatriptan succinate</i>	2	QL (18 tabs / 30 days)
IMITREX SOLN 5mg/act	4	QL (24 inhalers / 30 days)
IMITREX SOLN 20mg/act	4	QL (12 inhalers / 30 days)
IMITREX TABS	4	QL (12 tabs / 30 days)
IMITREX STATDOSE REFILL 4mg/0.5ml	5	QL (18 injections / 30 days)
IMITREX STATDOSE REFILL 6mg/0.5ml	5	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	5	QL (18 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	5	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOLN	5	QL (6 mL / 30 days)
MAXALT	4	QL (18 tabs / 30 days)
MAXALT-MLT	4	QL (18 tabs / 30 days)
<i>migergot</i>	5	
MIGRANAL	5	QL (8 mL / 30 days)
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
ONZETRA XSAIL	4	QL (8 boxes / 30 days)
RELPAK	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	2	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLN 5mg/act2	2	QL (24 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOLN 20mg/act	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
SUMAVEL DOSEPRO 4mg/0.5ml	5	QL (18 injections / 30 days)
SUMAVEL DOSEPRO 6mg/0.5ml	5	QL (12 injections / 30 days)
TREXIMET TAB 10-60MG	4	QL (9 tabs / 30 days)
TREXIMET TAB 85-500MG	5	QL (9 tabs / 30 days)
ZEMBRACE SYMTOUCH	4	QL (24 pens / 30 days)
<i>zolmitriptan</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
ZOMIG SOLN	4	QL (12 inhalers / 30 days)
ZOMIG TABS	4	QL (12 tabs / 30 days)
ZOMIG NASAL SPRAY	4	QL (18 inhalers / 30 days)
ZOMIG ZMT	4	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
BRISDELLE	4	
EQUETRO	4	
GRALISE 300mg	3	QL (180 tabs / 30 days)
GRALISE 600mg	3	QL (90 tabs / 30 days)
GRALISE STARTER	3	
HORIZANT	4	
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate</i> TBCR	2	
LITHIUM SOLN 8MEQ/5ML	3	
LITHOBID	4	
MESTINON	5	
MESTINON SYRUP	5	
MESTINON TIMESPAN	5	
NUEDEXTA	4	PA
<i>pyridostigmine bromide</i> TBCR	2	
<i>pyridostigmine tab 60mg</i>	2	
RILUTEK	5	
<i>riluzole</i>	2	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
TETRABENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE 25mg	5	QL (120 tabs / 30 days), NM, PA
XENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	5	QL (120 tabs / 30 days), NM, LA, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM, LA, PA
AUBAGIO	5	QL (30 tabs / 30 days), NM, LA, PA
AVONEX	5	QL (4 injections / 28 days), NM, PA
AVONEX PEN	5	QL (4 injections / 28 days), NM, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
COPAXONE KIT 20MG/ML	5	QL (30 syringes / 30 days), NM, PA
EXTAVIA	5	QL (15 syringes / 30 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
LEMTRADA	5	NM, LA, PA
PLEGRIDY SOPN	5	QL (2 pens / 28 days), NM, PA
PLEGRIDY SOSY	5	QL (2 syringes / 28 days), NM, PA
PLEGRIDY STARTER PACK SOPN	5	QL (2 pens / 28 days), NM, PA
PLEGRIDY STARTER PACK SOSY	5	QL (2 syringes / 28 days), NM, PA
REBIF	5	QL (6 mL / 28 days), NM, PA
REBIF REBIDOSE	5	QL (6 mL / 28 days), NM, PA
REBIF REBIDOSE TITRATION	5	QL (6 mL / 28 days), NM, PA
REBIF TITRATION PACK	5	QL (6 mL / 30 days), NM, PA
TECFIDERA CAP 120MG	5	QL (14 caps / 7 days), NM, LA, PA
TECFIDERA CAP 240MG	5	QL (60 caps / 30 days), NM, LA, PA
TECFIDERA MIS STARTER	5	NM, LA, PA
TYSABRI	5	NM, LA, PA
ZINBRYTA	5	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS	2	
BOTOX INJ 100UNIT	5	NM, PA
BOTOX INJ 200UNIT	5	NM, PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
DANTRIUM	4	
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine</i>	2	
XEOMIN 50unit	4	NM, PA
XEOMIN 100unit, 200unit	5	NM, PA
ZANAFLEX	4	

NARCOLEPSY/CATAPLEXY

Drug Name	Drug Tier	Requirements/Limits
<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
<i>modafinil</i> 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	QL (60 tabs / 30 days), PA
NUVIGIL 50mg	4	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	4	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	4	QL (30 tabs / 30 days), PA
PROVIGIL 100mg	5	QL (30 tabs / 30 days), PA
PROVIGIL 200mg	5	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	2	
<i>antabuse</i>	4	
BUNAVAIL MIS 2.1-0.3MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 4.2-0.7MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 6.3-1MG	4	QL (60 buccal films / 30 days), PA
<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	
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	
<i>fluoxetine hcl (pmd)</i>	2	(generic of SARAFEM)
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	2	
NICOTROL INHALER	4	
NICOTROL NS	4	

Drug Name	Drug Tier	Requirements/Limits
SARAFEM	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
VIVITROL	5	NM
ZUBSOLV SUB 0.7-0.18MG	4	QL (90 tabs / 30 days), PA
ZUBSOLV SUB 1.4-0.36MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 2.9-0.71MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 5.7-1.4MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 8.6-2.1MG	4	QL (60 tabs / 30 days), PA
ZUBSOLV SUB 11.4-2.9MG	4	QL (60 tabs / 30 days), PA
ZYBAN	4	

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm	4	QL (150 grams / 30 days), PA
ANDROGEL 25mg/2.5gm	4	QL (300 grams / 30 days), PA
ANDROGEL 1%	4	QL (300 grams / 30 days), PA
ANDROGEL 1.62%	4	QL (150 grams / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>depo-testosterone</i>	4	PA
FORTESTA	4	QL (120 grams / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
STRIANT	4	QL (60 buccal systems / 30 days), PA
TESTIM	4	QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 1%	2	QL (300 grams / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE GEL 1%, 25mg/2.5gm	2	QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	QL (120 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA
VOGELXO	4	QL (300 grams / 30 days), PA
VOGELXO PUMP	4	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE

ADLYXIN	4	QL (2 pens / 28 days)
ADLYXIN STARTER PACK	4	QL (2 pens / 28 days)
ALCOHOL SWABS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
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 2X2	3	
HUMALOG	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 KWIKPEN	4	
HUMULIN N	4	
HUMULIN N KWIKPEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	
NOVOLOG	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SOLIQUA 100/33	4	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TANZEUM	4	QL (4 pens / 28 days)
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	
ACTOPLUS MET TAB 15-500MG	4	QL (90 tabs / 30 days)
ACTOPLUS MET TAB 15-850MG	4	QL (90 tabs / 30 days)
ACTOPLUS MET XR 15-1000MG	4	QL (60 tabs / 30 days)
ACTOPLUS MET XR 30-1000MG	4	QL (30 tabs / 30 days)
ACTOS	4	QL (30 tabs / 30 days)
ALOGLIPTIN BENZOATE 6.25mg	1	QL (120 tabs / 30 days)
ALOGLIPTIN BENZOATE 12.5mg	1	QL (60 tabs / 30 days)
ALOGLIPTIN BENZOATE 25mg	1	QL (30 tabs / 30 days)
ALOGLIPTIN-METFORMIN HCL	1	QL (60 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG	1	QL (60 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	1	QL (30 tabs / 30 days)
AMARYL 1mg	4	QL (240 tabs / 30 days)
AMARYL 2mg	4	QL (120 tabs / 30 days)
AMARYL 4mg	4	QL (60 tabs / 30 days)
DUETACT	4	QL (30 tabs / 30 days)
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
FORTAMET 500mg	5	QL (150 tabs / 30 days)
FORTAMET 1000mg	5	QL (75 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>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide er</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide er</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide er</i> 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)
<i>glipizide-metformin</i> 2.5-250 mg	1	QL (240 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-500 mg	1	QL (120 tabs / 30 days)
<i>glipizide-metformin</i> 5-500mg	1	QL (120 tabs / 30 days)
GLUCOPHAGE 500mg	4	QL (150 tabs / 30 days)
GLUCOPHAGE 850mg	4	QL (90 tabs / 30 days)
GLUCOPHAGE 1000mg	4	QL (75 tabs / 30 days)
GLUCOPHAGE XR 500mg	4	QL (120 tabs / 30 days)
GLUCOPHAGE XR 750mg	4	QL (60 tabs / 30 days)
GLUCOTROL 5mg	4	QL (240 tabs / 30 days)
GLUCOTROL 10mg	4	QL (120 tabs / 30 days)
GLUCOTROL XL 2.5mg	4	QL (240 tabs / 30 days)
GLUCOTROL XL 5mg	4	QL (120 tabs / 30 days)
GLUCOTROL XL 10mg	4	QL (60 tabs / 30 days)
GLYSET	4	
GLYXAMBI	4	QL (30 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 TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 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)
JARDIANCE 10mg	4	QL (60 tabs / 30 days)
JARDIANCE 25mg	4	QL (30 tabs / 30 days)
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)
KAZANO	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 2.5-1000MG	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 5-500MG	4	QL (30 tabs / 30 days)
KOMBIGLYZE XR 5-1000MG	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>metformin hcl</i> TB24 500mg	1	QL (150 tabs / 30 days); (generic of FORTAMET)
<i>metformin hcl</i> TB24 1000mg	1	QL (75 tabs / 30 days); (generic of FORTAMET)
<i>miglitol</i>	2	
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
NESINA 6.25mg	4	QL (120 tabs / 30 days)
NESINA 12.5mg	4	QL (60 tabs / 30 days)
NESINA 25mg	4	QL (30 tabs / 30 days)
ONGLYZA	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-15MG	4	QL (60 tabs / 30 days)
OSENI TAB 12.5-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-45MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-15MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-45MG	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
PRANDIN 2mg	4	QL (240 tabs / 30 days)
PRANDIN .5mg, 1mg	4	QL (120 tabs / 30 days)
PRECOSE	4	
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
<i>repaglinide-metformin hcl</i>	1	QL (150 tabs / 30 days)
RIOMET	4	QL (946 mL / 30 days)
STARLIX	4	QL (90 tabs / 30 days)
SYNJARDY TAB 5-500MG	4	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000 MG	4	QL (30 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)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
ACTONEL	4	
<i>alendronate sodium</i> SOLN	2	
<i>alendronate sodium</i> TABS	1	
AELVIA	4	
BINOSTO	4	
BONIVA SOLN	4	B/D, QL (1 injection / 90 days)
BONIVA TABS	4	B/D
FOSAMAX	4	
FOSAMAX PLUS D	4	
<i>ibandronate sodium</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate tab 150mg</i>	2	B/D
<i>pamidronate disodium</i>	2	B/D
RECLAST	4	B/D, NM
<i>risedronate sodium</i>	2	
<i>zoledronic acid</i> SOLR	2	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
<i>zoledronic inj 5/100ml</i>	2	B/D, NM
ZOMETA	5	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	3	NM
SENSIPAR 60mg, 90mg	5	NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
JADENU	5	NM, PA
KAYEXALATE	4	
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps susp 15gm/60ml</i>	2	
SYPRINE	5	
VELTASSA	4	NM, LA
ENDOMETRIOSIS		
<i>danazol</i> CAPS	2	
LUPANETA PACK	5	NM, PA
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL POWD	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CARNITOR	4	B/D
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
ELAPRASE	5	NM, LA, PA
ELELYSO	5	NM, 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
PROCYSBI	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
VIMIZIM	5	NM, PA
VPRIV	5	NM, PA
ZAVESCA	5	NM, LA, PA

ESTROGENS

ALORA	4	PA; PA if 65 years and older
CLIMARA	4	PA; PA if 65 years and older
DELESTROGEN	4	
<i>depo-estradiol</i>	4	
<i>estrace</i> CREA	4	
<i>estrace</i> TABS	4	PA; PA if 65 years and older
<i>estradiol</i> PTTW; PTWK; TABS	4	PA; PA if 65 years and older
<i>estradiol valerate</i> OIL	2	
ESTRING	4	
FEMRING	4	
<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
MENOSTAR	4	PA; PA if 65 years and older
MINIVELLE	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol</i>	4	PA; PA if 65 years and older
PREMARIN CREAM	4	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN INJ	4	
VAGIFEM	4	
VIVELLE-DOT	4	PA; PA if 65 years and older
<i>yuvaferm vaginal tablet 10 mcg</i>	2	

GLUCOCORTICOIDS

CORTEF	4	
<i>cortisone acetate TABS</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEPO-MEDROL INJ 40MG/ML	4	B/D
DEPO-MEDROL INJ 80MG/ML	4	B/D
<i>dexamethasone CONC; ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>dexpak 6 day</i>	4	
<i>dexpak 10 day</i>	4	
<i>dexpak taperpak 13 day</i>	4	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
MEDROL PAK 4MG	4	
MEDROL TAB 2MG	4	B/D
MEDROL TAB 4MG	4	B/D
MEDROL TAB 8MG	4	B/D
MEDROL TAB 16MG	4	B/D
MEDROL TAB 32MG	4	B/D
<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	
<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>millipred</i>	4	B/D
<i>millipred dp</i>	4	
ORAPRED ODT TAB 10MG	4	B/D
ORAPRED ODT TAB 15MG	4	B/D
ORAPRED ODT TAB 30MG	4	B/D
<i>pediapred sol 6.7/5ml</i>	4	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate</i>	2	B/D
<i>prednisolone sol 10mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 20mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone syrup 15 mg/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
RAYOS TAB 1MG	5	B/D
RAYOS TAB 2MG	5	B/D
RAYOS TAB 5MG	5	B/D
SOLU-CORTEF 100MG	4	
SOLU-CORTEF 250MG	4	
SOLU-CORTEF 500MG	4	
SOLU-CORTEF 1000MG	4	
SOLU-MEDROL INJ 1GM	4	B/D
SOLU-MEDROL INJ 2GM	4	B/D
SOLU-MEDROL INJ 40MG	4	B/D
SOLU-MEDROL INJ 125MG	4	B/D
SOLU-MEDROL INJ 500MG	4	B/D
<i>veripred</i>	4	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
HUMATROPE	5	NM, PA
HUMATROPE COMBO PACK	5	NM, PA
NORDITROPIN FLEXPRO	5	NM, PA
NUTROPIN AQ NUSPIN 5	5	NM, LA, PA
NUTROPIN AQ NUSPIN 10	5	NM, LA, PA
NUTROPIN AQ NUSPIN 20	5	NM, LA, PA
OMNITROPE 5.8MG	5	NM, LA, PA
OMNITROPE 5MG	5	NM, LA, PA
OMNITROPE 10MG	5	NM, LA, PA
SAIZEN	5	NM, LA, PA
SAIZEN CLICK.EASY	5	NM, LA, PA
SEROSTIM	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON 5mg	4	NM, PA
ZOMACTON 10mg	5	NM, PA
ZORBTIVE	5	NM, PA
MISCELLANEOUS		
AFREZZA	4	
AFREZZA POW 4UNIT	4	
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal spray</i>	2	B/D
CHORIONIC GONADOTROPIN SOLR	2	NM, PA
EGRIFTA 1mg	5	NM, LA, PA
EVISTA	4	
FORTICAL	3	B/D
H.P. ACTHAR	5	QL (1.5 ml / 1 day), NM, LA, PA
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
NOVAREL INJ 10000UNT	2	NM, PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
PREGNYL W/DILUENT BENZYL	2	NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl</i>	2	
SAMSCA	5	NM, PA
SANDOSTATIN	5	NM, PA
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SIGNIFOR LAR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PARATHYROID HORMONES		
FORTEO	5	NM, PA
NATPARA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>eliphos</i>	4	
FOSRENOL	5	
PHOSLYRA	4	
RENAGEL 400mg	4	
RENAGEL 800mg	5	
REVELA PAK	3	
REVELA TAB 800MG	3	
VELPHORO	5	
PROGESTINS		
<i>aygestin</i>	4	
CRINONE	4	PA
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	
PROMETRIUM	4	
PROVERA	4	
THYROID AGENTS		
CYTOMEL	4	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	2	
LEVOXYL	2	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>tapazole</i>	4	
TIROSINT	4	
TRIOSTAT	4	
UNITHROID	2	
VASOPRESSINS		
DDAVP SOLN 4mcg/ml	5	
DDAVP SOLN .01%	4	
DDAVP TABS	4	
DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	4	NM
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO	4	B/D

Drug Name	Drug Tier	Requirements/Limits
ALOXI	5	
<i>aprepitant</i>	2	B/D
CESAMET	5	B/D, QL (60 caps / 30 days)
<i>compro supp</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SOLR	4	
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl SOLN</i>	2	
<i>granisetron hcl TABS</i>	2	B/D
MARINOL 2.5mg	4	B/D, QL (60 caps / 30 days)
MARINOL 5mg, 10mg	5	B/D, QL (60 caps / 30 days)
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN; TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	2	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
<i>metoclopramide odt</i>	2	
<i>ondansetron hcl TABS</i>	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>	4	PA; PA if 65 years and older
<i>phenergan inj</i>	4	PA; PA if 65 years and older
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SOLN; SUPP; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
REGLAN	4	
SANCUSO	5	QL (4 patches / 30 days)
SUSTOL	4	
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
VARUBI	4	B/D
ZOFRAN ODT 4mg	4	B/D
ZOFRAN ODT 8mg	5	B/D
ZOFRAN SOL 4MG/5ML	5	B/D
ZOFRAN TAB 4MG	5	B/D
ZOFRAN TAB 8MG	5	B/D
ZUPLENZ	4	B/D
ANTISPASMODICS		
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	2	
BENTYL	4	
CUVPOSA	4	
<i>dicyclomine hcl</i> CAPS; TABS	1	
<i>dicyclomine hcl</i> SOLN	2	
<i>glycopyrrolate</i> SOLN; TABS	2	
<i>methscopolamine bromide</i> TABS	2	
PAMINE	4	
PAMINE FORTE	4	
ROBINUL	4	
ROBINUL FORTE	4	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	2	
<i>cimetidine sol</i> 300/5ml	2	
<i>famotidine</i> SOLN	2	
<i>famotidine</i> SUSR	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>nizatidine</i>	2	
<i>pepcid</i>	4	
PEPCID SUSP	4	
<i>ranitidine hcl</i> CAPS	2	
<i>ranitidine hcl</i> SYRP	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	2	
ZANTAC	4	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
ASACOL HD	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide disodium</i>	2	
<i>budesonide</i> CPEP	5	
CANASA	5	
COLAZAL	5	
<i>colocort</i>	2	
CORTENEMA	4	

Drug Name	Drug Tier	Requirements/Limits
DELZICOL	4	
DIPENTUM	5	
ENTOCORT EC	5	
ENTYVIO	5	NM, PA
GIAZO	5	
HYDROCORTISONE (ENEMA)	2	
LIALDA	4	
MESALAMINE TBEC	2	
<i>mesalamine enema</i>	2	
PENTASA	4	
ROWASA	5	
SF-ROWASA	5	
<i>sulfasalazine dr</i>	2	
<i>sulfasalazine ir</i>	2	
UCERIS FOAM	4	
UCERIS TAB	5	
LAXATIVES		
COLYTE-FLAVOR PACKS	4	
<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>kristalose</i>	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
PREPOPIK	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
ACTIGALL	4	
<i>alosetron hcl</i>	5	PA
AMITIZA	3	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
CARAFATE	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (mastocytosis)</i>	5	
CYTOTEC	4	
<i>diphenoxylate w/ atropine</i>	2	
GASTROCROM	5	
GATTEX	5	NM, LA, PA
LINZESS	3	
LOMOTIL	4	
<i>loperamide hcl CAPS</i>	2	
LOTRONEX	5	PA
<i>misoprostol TABS</i>	2	
MOVANTIK	3	
PREVPAC	5	
PYLERA	5	
RELISTOR	5	PA
SUCRAID	5	LA
<i>sucralfate TABS</i>	2	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol CAPS; TABS</i>	2	
VIBERZI	5	PA
XIFAXAN TAB 550MG	5	PA
PANCREATIC ENZYMES		
CREON	3	
PANCREAZE	4	
PERTZYE	4	
VIOKACE 10	4	
VIOKACE 20	5	
ZENPEP	4	
PROTON PUMP INHIBITORS		
ACIPHEX	4	QL (30 tabs / 30 days)
ACIPHEX SPR CAP 5MG	4	
ACIPHEX SPR CAP 10MG	4	QL (60 caps / 30 days)
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole CPDR</i>	2	QL (30 caps / 30 days)
NEXIUM CAP 20MG	4	QL (30 caps / 30 days)
NEXIUM CAP 40MG	4	QL (30 caps / 30 days)
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)
NEXIUM I.V.	4	

Drug Name	Drug Tier	Requirements/Limits
<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 SOLR</i>	2	
<i>pantoprazole sodium TBEC</i>	1	QL (30 tabs / 30 days)
PREVACID	4	QL (30 caps / 30 days)
PREVACID SOLUTAB	4	QL (30 tabs / 30 days)
PRILOSEC	3	
PROTONIX PACK	4	QL (30 packets / 30 days)
PROTONIX TBEC	4	QL (30 tabs / 30 days)
PROTONIX INJ	4	
<i>rabeprazole sodium</i>	2	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	
AVODART	4	
CARDURA XL	4	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride TABS 5mg</i>	1	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
<i>tamsulosin hcl</i>	2	
UROXATRAL	4	

MISCELLANEOUS

<i>bethanechol chloride TABS</i>	2	
ELMIRON	4	
<i>potassium citrate (alkalinizer) 15meq</i>	2	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	2	
<i>urecholine</i>	4	
UROCIT-K	4	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i>	2	
DETROL	4	
DETROL LA	4	
DITROPAN XL	4	
ENABLEX	4	
GELNIQUE	4	
MYRBETRIQ	4	
<i>oxybutynin chloride SYRP</i>	1	
<i>oxybutynin chloride TABS; TB24</i>	2	
OXYTROL	4	

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
TOVIAZ	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
VESICARE	4	

VAGINAL ANTI-INFECTIVES

AVC	4	
CLEOCIN CREA	4	
CLEOCIN VAG SUPP 100MG	4	
<i>clindamycin cre 2% vag</i>	2	
CLINDESSE	4	
METROGEL-VAGINAL	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 sup 200mg</i>	2	
NUVESSA	4	
TERAZOL 3	4	
TERAZOL 7	4	
<i>terconazole vaginal</i>	2	
VANDAZOLE	2	
ZAZOLE CREAM 0.8%	2	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA	5	
COUMADIN	4	
ELIQUIS TAB 2.5MG	4	
ELIQUIS TAB 5MG	4	
<i>enoxaparin sodium 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
ENOXAPARIN SODIUM 300mg/3ml	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
HEP SOD/NACL INJ 25000	3	
<i>heparin (porcine) in sodium chloride 100u/ml</i>	3	
<i>heparin sod inj 1000u/ml</i>	2	B/D
<i>heparin sod inj 5000u/0.5ml</i>	2	B/D
<i>heparin sod inj 5000u/ml</i>	2	B/D
<i>heparin sod inj 10000u/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sod inj 20000u/ml</i>	2	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 300mg/3ml	4	
LOVENOX 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	5	
PRADAXA	3	
SAVAYSA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml	3	NM, PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml, 300mcg/ml	5	NM, PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml	3	NM, PA
ARANESP ALBUMIN FREE SOSY 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN 20000unit/ml	5	NM, PA
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MIRCERA 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 200mcg/0.3ml	4	NM, PA
MOZOBIL	5	NM, PA
NEULASTA	5	NM, PA
NEULASTA ONPRO KIT	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		
AGRYLIN	4	
<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA
CYKLOKAPRON	4	
FIRAZYR	5	NM, PA
LYSTEDA	4	
<i>pentoxifylline TBCR</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
RUCONEST	5	NM, PA
<i>tranexamic acid</i> SOLN; TABS	2	

PLATELET AGGREGATION INHIBITORS

AGGRENOX	4	
ASPIRIN-DIPYRIDAMOLE	2	
BRILINTA	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	2	
DURLAZA	4	
EFFIENT	4	
PLAVIX	4	
YOSPRALA	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	5	NM, PA
ARAVA	5	
CIMZIA 200mg	5	QL (6 vials / 28 days), NM, PA
CIMZIA 200mg/ml	5	QL (6 syringes / 28 days), NM, PA
CIMZIA STARTER KIT	5	NM, PA
ENBREL	5	NM, PA
ENBREL SURECLICK	5	NM, PA
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 STARTER KIT	5	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
KINERET	5	NM, PA
<i>leflunomide</i> TABS	2	
<i>methotrexate sodium tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ORENCIA	5	NM, PA
ORENCIA CLICKJECT	5	NM, PA
OTEZLA	5	NM, PA
PLAQUENIL	4	
REMICADE	5	NM, PA
RHEUMATREX	4	
SIMPONI	5	NM, PA
SIMPONI ARIA	5	NM, PA
<i>trexall</i>	4	B/D
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
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
GRASTEK	4	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
ORALAIR	4	NM, PA
POMALYST	5	NM, LA, PA
RAGWITEK	4	PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL 5mg	5	B/D
ASTAGRAF XL .5mg, 1mg	4	B/D
ATGAM	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>azasan</i>	4	B/D
<i>azathioprine</i> SOLR; TABS	2	B/D
BENLYSTA	5	NM, PA
CELLCEPT CAP	5	B/D
CELLCEPT INTRAVENOUS	4	B/D
CELLCEPT SUSP	5	B/D
CELLCEPT TAB	5	B/D
<i>cyclosporine</i> CAPS; SOLN	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
ENVARUSUS XR	4	B/D
<i>gengraf</i>	2	B/D
IMURAN	4	B/D
<i>mycophenolate inj 500mg</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
MYFORTIC 180mg	4	B/D
MYFORTIC 360mg	5	B/D
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
PROGRAF SOLN	4	B/D
RAPAMUNE SOLN	5	B/D
RAPAMUNE TABS 1mg, 2mg	5	B/D
RAPAMUNE TABS .5mg	4	B/D
SANDIMMUNE CAPS 25mg	4	B/D
SANDIMMUNE CAPS 100mg	5	B/D
SANDIMMUNE INJ	4	B/D
SANDIMMUNE SOLN	3	B/D
SIMULECT 10mg	4	B/D
SIMULECT 20mg	5	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
THYMOGLOBULIN	5	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	

Drug Name	Drug Tier	Requirements/Limits
DIPHtheria/TETANUS TOXOID	3	B/D
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	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

K-TAB	4	
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	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 50%2		
<i>magnesium sulfate in d5w</i>	2	
MAGNESIUM SULFATE IN D5W	3	
MAGNESIUM SULFATE INJ 50%	2	
MICRO-K	4	
POTASSIUM CHLORIDE PACK	2	
POTASSIUM CHLORIDE SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride caps er</i>	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 II 8.5%	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN II 10%	4	B/D
AMINOSYN II 15%	4	B/D
AMINOSYN INJ 8.5/LYTE	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 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	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 E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/D10	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>clinisol 15</i>	2	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>plenamine</i>	2	B/D
<i>premasol 6%</i>	2	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
SMOFLIPID	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 6%	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

DEXTROSE SOLN	2	
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% W/ SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/NAACL 0.45%	2	
ELECTROLYTE-R IN DEXTROSE	4	
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/LR	4	
KCL 0.3%/D5W/NAACL 0.9%	2	
KCL 0.3%/D5W/NAACL 0.45%	2	
KCL 0.15%/D5W/LR	4	
KCL 0.15%/D5W/NAACL 0.9%	2	
KCL 0.075%/D5W/NAACL 0.45%	2	

Drug Name	Drug Tier	Requirements/Limits
KCL IN NAACL INJ .15-0.45	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 0.15%-0.9%	2	
LACTATED RINGERS VIAFLEX	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	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	
POTASSIUM CHLORIDE 0.3%/D	2	
<i>potassium chloride in nacl</i>	2	
POTASSIUM CHLORIDE IN NAACL	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN .9%, 3%, 5%	2	
SODIUM CHLORIDE 0.45% VIA	2	

VITAMINS

<i>calcitriol</i> CAPS; SOLN	2	B/D
<i>doxercalciferol</i> CAPS 1mcg, 2.5mcg	5	B/D
<i>doxercalciferol</i> CAPS .5mcg	2	B/D
<i>doxercalciferol</i> SOLN	2	B/D
HECTOROL CAPS 1mcg, 2.5mcg	5	B/D
HECTOROL CAPS .5mcg	4	B/D
HECTOROL SOLN	4	B/D
<i>paricalcitol</i> CAPS	2	B/D
PARICALCITOL SOLN	2	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
RAYALDEE	4	
ROCALTROL	4	B/D
ZEMPLAR CAPS 1mcg	4	B/D
ZEMPLAR CAPS 2mcg	5	B/D
ZEMPLAR SOLN	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	
<i>blephamide</i> OINT	4	
BLEPHAMIDE SUSP	4	
MAXITROL	4	
<i>neomycin-polymyx-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
PRED-G	4	

Drug Name	Drug Tier	Requirements/Limits
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX SUSP	4	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
BLEPH-10	4	
CILOXAN OIN 0.3% OP	3	
CILOXAN SOL 0.3% OP	4	
<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	
<i>levofloxacin (ophth)</i>	2	
MOXEZA	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neosporin solution</i>	4	
OCUFLOX	4	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	4	
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
TOBEX OINT 0.3%	4	
TOBEX SOL 0.3% OP	4	
<i>trifluridine SOLN</i>	2	
VIGAMOX	3	
VIROPTIC	4	
ZIRGAN	4	
ZYMAXID	4	
ANTI-INFLAMMATORIES		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
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	
FLAREX	4	
FLUOROMETHOLONE (OPHTH)	2	
<i>flurbiprofen sodium</i>	1	
FML	4	
FML FORTE	4	
FML LIQUIFILM	4	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	
MAXIDEX	3	
OCUFEN	4	
OMNIPRED	4	
PRED FORTE	4	
PRED MILD	4	
PREDNISOLONE ACETATE (OPHTH)	2	
<i>prednisolone sodium phosphate (ophth)</i>	3	
VEXOL	4	
ANTIALLERGICS		
ALOCRIAL	4	
ALOMIDE	4	
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
ELESTAT	4	
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACAFT	4	
<i>olopatadine hcl</i>	2	
PATADAY	3	
PATANOL	4	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P 0.1%	3	
ALPHAGAN P 0.15%	4	
AZOPT	3	
BETAGAN	4	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	2	
<i>carteolol hcl (ophth)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN	3	
COSOPT	4	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
ISOPTO CARPINE	4	
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 SUS 1-0.2%	3	
<i>timolol maleate (ophth) soln</i>	1	
TIMOLOL MALEATE GEL	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
TIMOPTIC-XE	4	
TRAVATAN Z	3	
TRUSOPT	4	
XALATAN	4	
ZIOPTAN	4	

MISCELLANEOUS

CYSTARAN	5	NM, LA, PA
LACRISERT	4	
<i>naphazoline hcl SOLN</i>	1	
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	
XIIDRA	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	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</i>	2	B/D
STIOLTO RESPIMAT	4	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium sol inhal</i>	2	B/D
SPIRIVA HANDIHALER	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	4	QL (2 inhalers / 30 days)
ANTIHISTAMINE COMBINATIONS		
CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
SEMPREX-D	4	
ANTIHISTAMINES		
ASTEPRO	4	
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	2	
CLARINEX	4	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>desloratadine</i>	2	
<i>diphenhydram inj 50mg/ml</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 soln 2.5mg/5ml</i>	2	
<i>levocetirizine tab 5 mg</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
PATANASE	4	
XYZAL	4	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate er</i>	2	
ARCAPTA NEOHALER	4	QL (30 caps / 30 days)
BROVANA	4	B/D
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	B/D
<i>levalbuterol hcl</i> NEBU	2	B/D
LEVALBUTEROL TARTRATE HFA	2	QL (2 inhalers / 30 days)
PERFOROMIST	4	B/D
PROAIR HFA	4	QL (2 inhalers / 30 days)
PROAIR RESPICLICK	4	QL (2 inhalers / 30 days)
PROVENTIL HFA	4	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
XOPENEX	4	B/D
XOPENEX CONCENTRATE	4	B/D
XOPENEX HFA	4	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

ACCOLATE	4	
<i>montelukast sodium</i> CHEW; PACK; TABS	2	
SINGULAIR	4	
<i>zafirlukast</i>	2	
<i>zileuton</i>	5	
ZYFLO CR	5	

MAST CELL STABILIZERS

<i>cromolyn sodium</i> NEBU	2	B/D
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MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
CINQAIR	5	NM, LA, PA
DALIRESP	4	
EPINEPHRINE (ANAPHYLAXIS) .15mg/0.15ml, .3mg/0.3ml	2	(generic of ADRENACLICK)
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
GLASSIA	5	NM, LA, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, 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

BECONASE AQ	4	QL (2 inhalers / 30 days)
<i>budesonide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>flunisolide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	2	QL (2 bottles / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NASONEX	4	QL (2 inhalers / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
QNASL	4	QL (1 inhaler / 30 days)
QNASL CHILDRENS	4	QL (1 inhaler / 30 days)
VERAMYST	4	QL (1 bottle / 30 days)
ZETONNA	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
AEROSPAN	4	QL (2 inhalers / 30 days)
ALVESCO	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
ASMANEX	4	QL (2 inhalers / 30 days)
ASMANEX HFA 100mcg/act	4	QL (2 inhalers / 30 days)
ASMANEX HFA 200mcg/act	4	QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i>	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)
PULMICORT INH SUSP 0.5MG/2 ML	4	B/D
PULMICORT INH SUSP 0.25MG/2 ML	4	B/D
PULMICORT INH SUSP 1MG/2ML	4	B/D
QVAR 40mcg/act	4	QL (1 inhaler / 30 days)
QVAR 80mcg/act	4	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)
DULERA	4	QL (1 inhaler / 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	

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
ACANYA	4	
ACZONE	4	
<i>adapalene</i> CREA; GEL	2	
AVITA	2	PA
AZELEX	4	
BENZACLIN	4	
BENZAMYCIN	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
CLEOCIN-T	4	
<i>clindacin-p pad 1%</i>	2	
CLINDAGEL	5	
<i>clindamax</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
<i>clindamycin phosphate-tretinoin</i>	2	
DIFFERIN	4	
DUAC	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>ery pad 2%</i>	2	
ERYGEL	4	
<i>erythromycin (acne aid)</i>	2	
EVOCLIN	4	
FABIOR	4	
KLARON	4	
<i>myorisan</i>	2	PA
<i>neuac gel 1.2-5%</i>	2	
ONEXTON	4	
RETIN-A	4	PA
RETIN-A MICRO	4	PA
RETIN-A MICRO PUMP	4	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretin-x cre 0.075%</i>	4	PA
<i>tretinoin</i> CREA	2	PA
TRETINOIN GEL .01%, .05%	2	PA
<i>tretinoin</i> GEL .025%	2	PA
<i>tretinoin microsphere .1%</i>	2	PA
TRETINOIN MICROSPHERE .04%	2	PA
<i>zenatane</i>	2	PA
ZIANA	4	

DERMATOLOGY, ANTIBIOTICS

Drug Name	Drug Tier	Requirements/Limits
BACTROBAN	4	
BACTROBAN NASAL	4	
CENTANY	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin OINT</i>	1	
<i>mupirocin calcium (topical)</i>	2	
SILVADENE	4	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox GEL</i>	2	
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox sus 0.77%</i>	2	
<i>clotrimazole (topical)</i>	2	
ERTACZO	5	
EXELDERM	4	
EXTINA	4	
<i>ketconazole (topical)</i>	2	
<i>ketodan aer 2%</i>	2	
LOPROX CREA; SUSP	4	
LOPROX SHAMPOO	5	
LUZU	4	
MENTAX	4	
NAFTIFINE HCL	2	
NAFTIN	4	
<i>nyamyc</i>	2	
<i>nyata</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop</i>	2	
OXICONAZOLE NITRATE	2	
OXISTAT	4	
DERMATOLOGY, ANTIPRURITIC		
<i>anusol hc</i>	4	
CORTIFOAM	4	
DOXEPIN HCL (ANTIPRURITIC)	2	
<i>procto-med</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc 2.5 %</i>	2	
<i>proctozone hc</i>	2	
PRUDOXIN CRE 5%	4	
ZONALON	4	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA	2	
<i>calcipotriene</i> SOLN	2	
CALCITRIOL OINT	2	
DOVONEX CRE 0.005%	4	
<i>methoxsalen rapid</i>	5	
8-MOP	4	
OXSORALEN ULTRA	5	
SORIATANE	5	PA
SORILUX	4	
<i>tazarotene</i> CREA	2	PA
TAZORAC	4	PA
VECTICAL	5	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
NIZORAL	4	
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>aclovate</i>	4	
<i>ala-cort</i>	1	
<i>ala-scalp</i>	4	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i> CREA; LOTN	2	
<i>amcinonide</i> OINT	4	
<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; FOAM; LOTN; OINT	2	
<i>calcipotriene/betamethasone</i>	2	
CAPEX	4	
CLOCORTOLONE PIVALATE	2	
CLODERM PUMP	4	
CORDRAN TAPE	4	
CUTIVATE CREA	4	
CUTIVATE LOTN	5	
DERMA-SMOOTH/FS BODY	4	
DERMA-SMOOTH/FS SCALP	4	
DERMATOP CREAM 0.1%	4	
DERMATOP OIN 0.1%	4	
DESONATE	4	
DESONIDE CREA	2	
<i>desonide</i> LOTN; OINT	2	

Drug Name	Drug Tier	Requirements/Limits
DESOWEN CREA	4	
<i>desowen</i> LOTN	4	
<i>desoximetasone</i> CREA	2	
<i>desoximetasone</i> GEL	2	
DESOXIMETASONE OINT .05%	2	
<i>desoximetasone</i> OINT .25%	2	
DIPROLENE OINT	4	
DIPROLENE AF	4	
ELOCON	4	
ENSTILAR	5	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	
<i>fluocinonide</i> CREA; GEL; OINT; SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>flurandrenolide</i> CREA; OINT	2	
FLURANDRENOLIDE LOTN	2	
<i>fluticasone propionate</i> CREA	2	
<i>fluticasone propionate</i> LOTN	2	
<i>fluticasone propionate</i> OINT	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i> CREA; OINT	1	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	
LOCOID	4	
LOCOID LIPOCREAM	4	
<i>lokara</i>	2	
<i>micort-hc</i>	4	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
PANDEL	4	
PREDNICARBATE CREA	2	
<i>prednicarbate</i> OINT	2	
SERNIVO	5	
SYNALAR	4	
TACLONEX	5	
<i>texacort</i>	4	
<i>topicort</i> CREA	4	
<i>topicort</i> GEL	4	
TOPICORT OINT .05%	4	
<i>topicort</i> OINT .25%	4	
TOPICORT SPRAY 0.25%	4	
<i>triamcinolone acetonide (topical)</i> AERS; LOTN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	
<i>trianex</i>	4	
<i>triderm</i>	1	
TRIDESILON	4	
ULTRAVATE	4	
VANOS	5	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT; PTCH	2	PA
<i>lidocaine hcl</i> GEL	2	PA
<i>lidocaine hcl</i> SOLN 4%	1	PA
<i>lidocaine-prilocaine</i>	2	PA
LIDODERM	4	PA
SYNERA	4	PA
XYLOCAINE 4%	4	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	2	
ALDARA	5	
<i>ammonium lactate</i> CREA; LOTN	2	
CARAC	5	
CONDYLOX	4	
DENAVIR	5	
<i>diclofenac sodium (topical) 1% gel</i>	2	PA
<i>diclofenac sodium (topical) 1.5% soln</i>	2	
DOXYCYCLINE (ROSACEA)	2	
EFUDEX	4	
EUCRISA	4	PA
FINACEA AER 15%	4	
FINACEA GEL 15%	4	
<i>fluorouracil (topical)</i> CREA 5%	2	
FLUOROURACIL (TOPICAL) CREA .5%	5	
<i>fluorouracil (topical)</i> SOLN	2	
<i>imiquimod</i> CREA	2	
LAC-HYDRIN	4	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole (topical)</i>	2	
NORITATE	5	
ORACEA	4	
PANRETIN	5	
PENNSAID	5	
PICATO	5	
<i>podofilox</i> SOLN	2	
PROTOPIC	4	
RECTIV	4	

Drug Name	Drug Tier	Requirements/Limits
<i>rosadan cre 0.75%</i>	2	
SOOLANTRA	4	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA
TOLAK	4	
VALCHLOR	5	NM, LA, PA
VOLTAREN GEL 1%	4	PA
XERESE	5	
ZOVIRAX CREA; OINT	5	
ZYCLARA	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
ELIMITE	4	
EURAX	4	
<i>malathion</i>	2	
<i>ovide</i>	4	
<i>permethrin</i>	2	
SKLICE	4	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID .25%	1	
<i>neomycin/polymyxin b gu</i>	2	
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 TROC</i>	2	
EVOXAC	4	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	2	
ORAVIG	5	
<i>paroex sol 0.12%</i>	1	
<i>periogard soln 0.12%</i>	1	
PILOCARPINE HCL (ORAL) 5mg	2	
<i>pilocarpine hcl (oral) 7.5mg</i>	2	
SALAGEN	4	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetasol hc</i>	2	
ACETIC ACID (OTIC)	2	
<i>acetic acid sol/hc</i>	2	
<i>acetic acid-aluminum acetate</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	

Drug Name	Drug Tier	Requirements/Limits
DERMOTIC	4	
<i>floxin</i>	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	
OTOVEL	4	

PART B DIABETIC METERS AND TEST STRIPS

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FREESTYLE LITE KITS,STRIPS

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<i>aztreonam</i>	13	<i>betaxolol hcl (ophth)</i>	80
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<i>cefazolin inj</i>	19	<i>chloroquine phosphate</i>	16
<i>cefazolin sodium</i>	19	<i>chlorothiazide tabs</i>	34
<i>cefazolin sodium 1 gm/50ml</i>	19	<i>chlorpromazine hcl</i>	44
<i>cefdinir</i>	19	<i>chlorpromazine inj</i>	44
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CEFEPIME 2GM SOLN	19	<i>cholestyramine</i>	31
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<i>cefotaxime sodium</i>	19	<i>ciclopirox shampoo 1%</i>	86
<i>cefotetan disodium</i>	19	<i>ciclopirox sus 0.77%</i>	86
<i>cefoxitin sodium</i>	19	<i>cidofovir</i>	18
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CREON	68	DELESTROGEN.....	60
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<i>desvenlafaxine succinate</i>	41	<i>digox</i>	34
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<i>dexpak 6 day</i>	61	DILATRATE SR.....	36
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<i>dexrazoxane</i>	27	<i>diltiazem cap 120mg cd</i>	33
DEXTROSE	77	<i>diltiazem cap 180mg cd</i>	33
DEXTROSE 10% FLEX CONTAIN.....	77	<i>diltiazem cap 240mg cd</i>	33
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%.....	77	<i>diltiazem cap 300mg cd</i>	33
DEXTROSE 10%/NACL 0.45%	77	DILTIAZEM CAP 360MG CD.....	33
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DIASTAT PEDIATRIC	38	<i>diltiazem inj 50/10ml</i>	33
<i>diazepam</i>	38	<i>dilt-xr cap</i>	33
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<i>diclofenac sodium</i>	7	<i>diphenhydram inj 50mg/ml</i>	82
<i>diclofenac sodium (ophth)</i>	79	<i>diphenoxylate w/ atropine</i>	68
<i>diclofenac sodium (topical) 1% gel</i>	89	DIPHThERIA/TETANUS TOXOID	74
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<i>divalproex sodium</i>	38	<i>dutasteride-tamsulosin hcl</i>	69
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<i>donepezil odt 10mg</i>	40	EDARBI.....	30
<i>donepezil odt 5mg</i>	40	EDARBYCLOR.....	29
<i>donepezil tab hcl 23mg</i>	40	EDECIN.....	35
<i>donepezil tabs 10mg</i>	40	EDURANT	16
<i>donepezil tabs 5mg</i>	40	EFFEXOR XR.....	41
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DORIPENEM	13	EFUDEX	89
<i>dorzolamide hcl</i>	81	EGRIFTA	63
<i>dorzolamide hcl-timolol maleate</i>	81	ELAPRASE	60
DOVONEX CRE 0.005%	87	ELDEPRYL	43
<i>doxazosin mesylate</i>	28	ELECTROLYTE-R IN DEXTROSE	77
<i>doxepin hcl</i>	41	ELELYSO	60
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<i>doxercalciferol</i>	78	ELIGARD INJ 22.5MG.....	25
DOXIL	23	ELIGARD INJ 30MG	25
<i>doxorubicin hcl</i>	23	ELIGARD INJ 45MG	25
<i>doxorubicin hcl liposomal inj (for iv</i> <i>infusion) 2 mg/ml</i>	23	ELIGARD INJ 7.5MG	25
<i>doxorubicin inj 50mg</i>	23	ELIMITE	90
<i>doxy</i>	22	<i>eliphos</i>	63
<i>doxycycline (monohydrate)</i>	22	ELIQUIS TAB 2.5MG	70
DOXYCYCLINE (ROSACEA)	89	ELIQUIS TAB 5MG	70
<i>doxycycline hyclate</i>	22	ELITEK.....	27
<i>doxycycline hyclate tab 100 mg dr</i>	22	<i>elixophyllin</i>	84
<i>doxycycline hyclate tab 150 mg dr</i>	22	ELLENCÉ	23
<i>doxycycline hyclate tab 75 mg dr</i>	22	ELMIRON.....	69
<i>dronabinol</i>	65	ELOCON.....	88
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DUETACT	56	EMCYT	22
DUEXIS	7	EMEND	65
DULERA.....	84	EMEND CAP 125MG	65
<i>duloxetine hcl</i>	41	EMEND CAP 40MG	65
DUOPA	43	EMEND CAP 80MG	65
DURAGESIC	9	EMEND PAK 80 & 125	65
DURAMORPH	9	EMSAM	41
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<i>emverm</i>	13	<i>erythrocin</i>	20
ENABLEX	69	<i>erythrocin stearate</i>	20
<i>enalapril maleate</i>	28	<i>erythromycin (acne aid)</i>	85
<i>enalapril maleate & hydrochlorothiazide</i>	28	<i>erythromycin (ophth)</i>	79
ENBREL	72	<i>erythromycin base</i>	20
ENBREL SURECLICK	72	<i>erythromycin cap 250mg ec</i>	20
<i>endocet</i>	9	<i>erythromycin ethylsuccinate</i>	20
ENGERIX-B	74	ESBRIET	83
<i>enoxaparin sodium</i>	70	<i>escitalopram oxalate</i>	41
ENOXAPARIN SODIUM	70	<i>esomeprazole magnesium</i>	68
ENSTILAR	88	<i>esomeprazole sodium inj</i>	68
ENTACAPONE	43	<i>estrace</i>	60
<i>entecavir</i>	18	<i>estradiol</i>	60
ENTOCORT EC	67	<i>estradiol valerate</i>	60
ENTRESTO	29	ESTRING	60
ENTYVIO.....	67	<i>ethacrynic acid</i>	35
<i>enulose</i>	67	<i>ethambutol hcl</i>	18
ENVARUSUS XR	74	<i>ethosuximide</i>	38
EPANED	28	<i>etodolac</i>	7
EPIDUO	85	<i>etodolac er</i>	7
EPIDUO FORTE	85	ETOPOPHOS	27
<i>epinastine hcl (ophth)</i>	80	<i>etoposide</i>	27
EPINEPHRINE (ANAPHYLAXIS)	83	EUCRISA	89
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EPIPEN-JR 2-PAK	83	EVISTA	63
<i>epirubicin hcl</i>	23	EVOCLIN	85
<i>epirubicin inj 200mg</i>	23	EVOTAZ	17
<i>epitol</i>	38	EVOXAC	90
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EPIVIR SOL 10MG/ML.....	16	EXELDERM	86
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<i>ergomar</i>	49	<i>ezetimibe-simvastatin</i>	31
<i>ergotamine w/ caffeine</i>	49	F	
ERIVEDGE.....	24	FABIOR.....	85
ERTACZO.....	86	FABRAZYME.....	60
<i>ery pad 2%</i>	85	<i>famciclovir</i>	18
ERYGEL	85	<i>famotidine</i>	66
ERYPED 200	20	<i>famotidine inj</i>	66
ERYPED 400	20	FAMVIR.....	18
<i>ery-tab</i>	20	FANAPT.....	44
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FARXIGA.....	56	<i>fludrocortisone acetate</i>	61
FARYDAK	24	FLUMADINE	18
FASLODEX	25	<i>flunisolide (nasal)</i>	83
FAZACLO	44	<i>fluocinolone acetonide</i>	88
<i>felbamate</i>	38	<i>fluocinolone acetonide (otic)</i>	90
FELBATOL	38	<i>fluocinonide</i>	88
FELDENE.....	7	<i>fluocinonide emulsified base</i>	88
<i>felodipine</i>	33	FLUOROMETHOLONE (OPHTH)	80
FEMARA.....	25	<i>fluorouracil</i>	23
FEMRING	60	<i>fluorouracil (topical)</i>	89
<i>fenofibrate</i>	31	FLUOROURACIL (TOPICAL)	89
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<i>fenofibrate micronized</i>	31	<i>fluoxetine cap 20mg</i>	41
FENOFIBRIC ACID.....	31	<i>fluoxetine cap 40mg</i>	41
FENOGLIDE.....	31	<i>fluoxetine hcl</i>	41
<i>fenoprofen calcium</i>	7	FLUOXETINE HCL	41
FENOPROFEN CALCIUM.....	7	<i>fluoxetine hcl (pmd)</i>	53
<i>fentanyl citrate</i>	9	<i>fluphenazine decanoate</i>	44
<i>fentanyl patch 100 mcg/hr</i>	9	<i>fluphenazine hcl</i>	44
<i>fentanyl patch 12 mcg/hr</i>	9	<i>flurandrenolide</i>	88
<i>fentanyl patch 25 mcg/hr</i>	9	FLURANDRENOLIDE.....	88
<i>fentanyl patch 50 mcg/hr</i>	9	<i>flurbiprofen</i>	7
<i>fentanyl patch 75 mcg/hr</i>	9	<i>flurbiprofen sodium</i>	80
FENTORA	9	<i>flutamide</i>	25
FERRIPROX	59	<i>fluticasone propionate</i>	88
FETZIMA.....	41	<i>fluticasone propionate (nasal)</i>	83
FETZIMA TITRATION PACK.....	41	<i>fluvastatin sodium cap 20 mg</i>	30
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<i>finasteride</i>	69	<i>fluvoxamine maleate</i>	37
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FIRMAGON.....	25	FML	80
FLAGYL.....	14	FML FORTE.....	80
FLAREX.....	80	FML LIQUIFILM	80
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<i>flecainide acetate</i>	30	FORFIVO XL.....	41
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<i>fluconazole inj nacl 100</i>	15	FOSAMAX PLUS D.....	59
<i>fluconazole inj nacl 200</i>	15	<i>fosinopril sodium</i>	28
<i>fluconazole inj nacl 400</i>	15	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>flucytosine</i>	15	.....	28

FOSRENOL	63
FRAGMIN	70
FREAMINE HBC 6.9%	76
FREAMINE III	76
FROVA TAB 2.5MG	50
<i>frovatriptan succinate</i>	50
FURADANTIN	14
<i>furosemide</i>	35
<i>furosemide inj</i>	35
FUROSEMIDE INJ	35
<i>furosemide oral soln 8 mg/ml</i>	35
FUSILEV	27
FUZEON	16
<i>fyavolv tab 1-5mg</i>	60
FYCOMPA	38
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<i>gabapentin</i>	38
GABITRIL	38
<i>galantamine hydrobromide</i>	40
<i>galantamine hydrobromide er</i>	40
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GAMMAGARD S/D	73
GAMMAKED	73
GAMMAPLEX	73
GAMMAPLEX 10GM/100ML	73
GAMUNEX-C	73
<i>ganciclovir inj 500mg</i>	18
GARDASIL	75
GARDASIL 9	75
GASTROCROM	68
<i>gatifloxacin (ophth)</i>	79
GATTEX	68
GAUZE PADS 2X2	55
<i>gavilyte-c</i>	67
<i>gavilyte-g</i>	67
<i>gavilyte-h</i>	67
<i>gavilyte-n</i>	67
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<i>gemcitabine hcl</i>	23
GEMCITABINE HCL	23
<i>gemfibrozil</i>	31
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<i>generlac</i>	67
<i>gengraf</i>	74
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<i>gentak</i>	79

<i>gentamicin in saline</i>	12
<i>gentamicin sulfate</i>	12
<i>gentamicin sulfate (ophth)</i>	79
<i>gentamicin sulfate (topical)</i>	85
<i>gentamicin sulfate/0.9% s</i>	12
GENVOYA	17
GEODON	44
GEODON INJ	44
GIAZO	67
GILENYA CAP 0.5MG	52
GILOTRIF TAB 20MG	26
GILOTRIF TAB 30MG	26
GILOTRIF TAB 40MG	26
GLASSIA	83
<i>glatopa</i>	52
GLEEVEC	26
GLEOSTINE	22
<i>glimepiride</i>	56
<i>glipizide</i>	56
<i>glipizide er</i>	56, 57
GLIPIZIDE XL TB24 2.5MG	57
GLIPIZIDE XL TB24 5MG	57
<i>glipizide-metformin 2.5-250 mg</i>	57
<i>glipizide-metformin 2.5-500 mg</i>	57
<i>glipizide-metformin 5-500mg</i>	57
GLUCAGEN HYPOKIT	62
GLUCAGON EMERGENCY KIT	62
GLUCOPHAGE	57
GLUCOPHAGE XR	57
GLUCOTROL	57
GLUCOTROL XL	57
<i>glycopyrrolate</i>	66
GLYSET	57
GLYXAMBI	57
GOLYTELY	67
GONITRO	36
GRALISE	51
GRALISE STARTER	51
<i>granisetron hcl</i>	65
GRANIX	71
GRASTEK	73
<i>griseofulvin microsize</i>	15
<i>griseofulvin ultramicrosize</i>	15
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<i>guanfacine er (adhd)</i>	48
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<i>halobetasol propionate</i>	88	HYCAMTIN.....	27
HALOG	88	<i>hycet</i>	9
<i>haloperidol</i>	45	<i>hydralazine hcl</i>	35
<i>haloperidol decanoate</i>	45	HYDREA	26
<i>haloperidol lactate</i>	45	<i>hydrochlorothiazide</i>	35
<i>haloperidol lactate inj 5 mg/ml</i>	45	<i>hydrocodone-acetaminophen 10-300mg</i>	
HAVRIX	75	.....	10
HECTOROL.....	78	<i>hydrocodone-acetaminophen 2.5-325mg</i>	
HEP SOD/NACL INJ 25000	70	.....	9
<i>heparin (porcine) in sodium chloride</i>		<i>hydrocodone-acetaminophen 5-300mg</i> .	9
<i>100u/ml</i>	70	<i>hydrocodone-acetaminophen 5-325mg</i>	10
<i>heparin sod inj 10000u/ml</i>	70	<i>hydrocodone-acetaminophen 7.5-300mg</i>	
<i>heparin sod inj 1000u/ml</i>	70	.....	10
<i>heparin sod inj 20000u/ml</i>	70	<i>hydrocodone-acetaminophen 7.5-325</i>	
<i>heparin sod inj 5000u/0.5ml</i>	70	<i>mg/15ml</i>	10
<i>heparin sod inj 5000u/ml</i>	70	<i>hydrocodone-acetaminophen 7.5-325mg</i>	
HEPARIN SODIUM/D5W	70	.....	10
HEPARIN SODIUM/NACL 0.45%.....	71	<i>hydrocodone-acetaminophen tab 10-</i>	
HEPATAMINE.....	77	<i>325mg</i>	10
HEPSERA	18	<i>hydrocodone-ibuprofen tab 10-200mg</i>	10
HERCEPTIN	24	<i>hydrocodone-ibuprofen tab 5-200mg</i> ..	10
HETLIOZ.....	49	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
HEXALEN	22	.....	10
HIBERIX	75	<i>hydrocortisone</i>	61
HIPREX.....	14	HYDROCORTISONE (ENEMA)	67
HORIZANT	51	<i>hydrocortisone (topical)</i>	88
HUMALOG	55	<i>hydrocortisone butyrate</i>	88
HUMALOG KWIKPEN.....	55	<i>hydrocortisone butyrate hydrophilic lipo</i>	
HUMALOG MIX 50/50	55	<i>base</i>	88
HUMALOG MIX 50/50 KWIKPEN	55	<i>hydrocortisone valerate</i>	88
HUMALOG MIX 75/25	55	<i>hydromorphone hcl</i>	10
HUMALOG MIX 75/25 KWIKPEN	55	HYDROMORPHONE HCL.....	10
HUMATROPE.....	62	<i>hydromorphone tab 12mg er</i>	10
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HUMIRA INJ 10MG/0.2ML.....	72	<i>hydromorphone tab 8mg er</i>	10
HUMIRA KIT 20MG/0.4ML	72	HYDROMORPHONE TABS 32MG	10
HUMIRA KIT 40MG/0.8ML	72	<i>hydroxychloroquine sulfate</i>	72
HUMIRA PEDIATRIC CROHNS DISEASE	72	<i>hydroxyprogesterone caproate</i>	
HUMIRA PEN	72	<i>(antineoplastic)</i>	25
HUMIRA PEN-CROHNS STARTER KIT ...	72	<i>hydroxyurea</i>	27
HUMIRA PEN-PSORIASIS STARTER KIT	72	<i>hydroxyzine hcl</i>	82
HUMULIN 70/30.....	55	<i>hydroxyzine pamoate</i>	82
HUMULIN 70/30 KWIKPEN	55	HYSINGLA ER	10
HUMULIN N.....	55	HYZAAR	29
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<i>ibandronate tab 150mg</i>	59
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<i>ibudone tab 10-200mg</i>	10
<i>ibudone tab 5-200mg</i>	10
<i>ibuprofen</i>	7
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IDAMYCIN PFS.....	23
<i>idarubicin hcl</i>	23
IFEX INJ 1GM	22
IFEX INJ 3GM	22
<i>ifosfamide inj</i>	22
<i>ifosfamide inj 1gm</i>	22
IFOSFAMIDE INJ 3GM.....	22
ILEVRO	80
<i>imatinib mesylate</i>	26
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<i>imipenem-cilastatin</i>	14
<i>imipramine hcl</i>	41
<i>imipramine pamoate</i>	41
<i>imiquimod</i>	89
IMITREX	50
IMITREX STATDOSE REFILL	50
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INVEGA SUST INJ 117 MG/0.75 ML	45
INVEGA SUST INJ 156MG/ML.....	45
INVEGA SUST INJ 234 MG/1.5 ML	45
INVEGA SUST INJ 39 MG/0.25 ML	45
INVEGA SUST INJ 78 MG/0.5 ML.....	45
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<i>ipratropium sol inhal</i>	81
<i>ipratropium-albuterol</i>	81
<i>irbesartan</i>	30
<i>irbesartan-hydrochlorothiazide</i>	29
IRESSA	26
<i>irinotecan inj 100/5ml</i>	27
<i>irinotecan inj 40mg/2ml</i>	27
<i>irinotecan inj 500mg/25ml</i>	27
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<i>isosorbide dinitrate er</i>	36
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<i>penicillin g sodium</i>	21	<i>piperacillin sodium-tazobactam sodium</i>	22
<i>penicillin v potassium</i>	21	<i>piperacillin/tazobactam</i>	22
<i>penicillin gk inj 20mu</i>	21	<i>piroxicam</i>	8
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<i>pepcid</i>	66	<i>plenamine</i>	77
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<i>percocet 2.5/325</i>	12	<i>polymyxin b sulfate</i>	14
<i>percocet 7.5/325</i>	12	<i>polymyxin b-trimethoprim</i>	79
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<i>pfizerpen-g inj 20mu</i>	21	<i>potassium chloride microencapsulated</i>	
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<i>phenytek</i>	39	<i>pramipexole tab 0.25mg</i>	43
<i>phenytoin</i>	39	<i>pramipexole tab 0.375mg</i>	43
<i>phenytoin inj 50mg/ml</i>	39	<i>pramipexole tab 0.5mg</i>	43
<i>phenytoin sodium extended</i>	39	<i>pramipexole tab 0.75 er</i>	43
PHOSLYRA	63	<i>pramipexole tab 0.75mg</i>	43
PHOSPHOLINE IODIDE	81	<i>pramipexole tab 1.5mg</i>	43
PICATO.....	89	<i>pramipexole tab 1.5mg er</i>	43
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<i>pilocarpine hcl (oral)</i>	90	<i>pramipexole tab 2.25mg</i>	43

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<i>pramipexole tab 4.5mg</i>	43	PRIMAQUINE PHOSPHATE	16
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PRED-G S.O.P.	78	PROCALAMINE	77
<i>prednicarbate</i>	88	PROCARDIA XL	34
PREDNICARBATE	88	<i>prochlorperazine inj 5 mg/ml</i>	65
PREDNISOLONE ACETATE (OPHTH)	80	<i>prochlorperazine maleate</i>	65
<i>prednisolone sodium phosphate</i>	61	<i>prochlorperazine supp</i>	65
<i>prednisolone sodium phosphate (ophth)</i>	80	PROCRIT	71
<i>prednisolone sol 10mg/5ml</i>	61	<i>procto-med</i>	86
<i>prednisolone sol 15mg/5ml</i>	61	<i>procto-pak</i>	86
<i>prednisolone sol 20mg/5ml</i>	61	<i>proctosol hc 2.5 %</i>	86
<i>prednisolone sol 25mg/5ml</i>	61	<i>proctozone hc</i>	86
<i>prednisolone syrup 15 mg/5ml</i>	61	PROCYSBI	60
<i>prednisone con 5mg/ml</i>	61	<i>progesterone micronized</i>	64
<i>prednisone pak 10mg</i>	62	PROGLYCEM SUS 50MG/ML	62
<i>prednisone pak 5mg</i>	61	PROGRAF	74
<i>prednisone sol 5mg/5ml</i>	62	PROLASTIN-C	83
<i>prednisone tab 10mg</i>	62	PROLENSA.....	81
<i>prednisone tab 1mg</i>	62	PROLEUKIN	24
<i>prednisone tab 2.5mg</i>	62	PROLIA	63
<i>prednisone tab 20mg</i>	62	PROMACTA	71, 72
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<i>prednisone tab 5mg</i>	62	<i>promethegan</i>	65
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PREMARIN INJ	60	<i>propafenone hcl 12hr</i>	30
<i>premasol 10%</i>	77	<i>proparacaine hcl</i>	81
<i>premasol 6%</i>	77	<i>propranolol & hydrochlorothiazide</i>	32
<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic)	78	<i>propranolol hcl er</i>	32
PREPOPIK	67	<i>propranolol inj 1mg/ml</i>	32
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PROVIGIL	53	RAYOS TAB 5MG	62
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PULMICORT INH SUSP 0.5MG/2 ML	84	REBIF REBIDOSE TITRATION	52
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<i>pyrazinamide</i>	18	REGLAN	65
<i>pyridostigmine bromide</i>	51	REGRANEX	90
<i>pyridostigmine tab 60mg</i>	51	RELENZA DISKHALER	18
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QUDEXY XR.....	39	RENAGEL	64
<i>questran</i>	31	REVELA PAK	64
<i>questran light</i>	31	REVELA TAB 800MG	64
<i>quetiapine fumarate</i>	45	<i>repaglinide</i>	58
QUILLICHEW ER	48	<i>repaglinide-metformin hcl</i>	58
QUILLIVANT XR	48	<i>reprexain tab 10-200mg</i>	12
<i>quinapril hcl</i>	28	<i>reprexain tab 5-200mg</i>	12
<i>quinapril-hydrochlorothiazide</i>	28	REQUIP.....	43
<i>quinidine gluconate</i>	30	REQUIP XL	43
<i>quinidine sulfate</i>	30	RESCRIPTOR	16
<i>quinine sulfate</i>	16	RESTASIS	81
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<i>ramipril</i>	28	RETROVIR SYRP.....	16
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<i>ranitidine hcl inj</i>	66	REXULTI	45
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<i>rasagiline mesylate</i>	43	<i>ribapak mis 600/day</i>	19
RAVICTI	60	<i>ribasphere</i>	19

<i>ribasphere ribapak 1000</i>	19	<i>ropinirole tab 5mg</i>	43
<i>ribasphere ribapak 1200</i>	19	<i>ropinirole tab 6mg er</i>	43
<i>ribasphere ribapak 800</i>	19	<i>ropinirole tab 8mg er</i>	43
<i>ribavirin 200mg</i>	19	<i>rosadan cre 0.75%</i>	89
<i>rifabutin</i>	18	<i>rosuvastatin calcium</i>	31
<i>rifadin</i>	18	ROTARIX	75
RIFADIN	18	ROTATEQ	75
<i>rifamate</i>	18	ROWASA	67
<i>rifampin</i>	18	<i>roweepra</i>	39
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<i>riluzole</i>	51	RUCONEST	72
<i>rimantadine hydrochloride</i>	19	RYDAPT	26
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RISPERDAL INJ 12.5MG	46	SAIZEN	62
RISPERDAL INJ 25MG	46	SAIZEN CLICK.EASY	62
RISPERDAL INJ 37.5MG	46	SALAGEN	90
RISPERDAL INJ 50MG	46	SAMSCA	63
RISPERDAL M-TAB	46	SANCUSO	65
<i>risperidone</i>	46	SANDIMMUNE CAPS	74
<i>risperidone odt</i>	46	SANDIMMUNE INJ	74
RITALIN	48	SANDIMMUNE SOLN	74
RITALIN LA	48	SANDOSTATIN	63
RITUXAN	24	SANDOSTATIN LAR DEPOT	63
<i>rivastigmine tartrate</i>	41	SANTYL	90
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	41	SAPHRIS	46
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	41	SARAFEM	53
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	41	SAVAYSA	71
<i>rizatriptan benzoate</i>	50	SAVELLA	51
ROBINUL	66	SAVELLA TITRATION PACK	51
ROBINUL FORTE	66	<i>selegiline hcl</i>	44
ROCALTROL	78	<i>selenium sulfide</i>	87
<i>rocephin</i>	20	SELZENTRY	17
<i>ropinirole tab 0.25mg</i>	43	SEMPREX-D	82
<i>ropinirole tab 0.5mg</i>	43	SENSIPAR	59
<i>ropinirole tab 12mg er</i>	43	SEREVENT DISKUS	82
<i>ropinirole tab 1mg</i>	43	SERNIVO	88
<i>ropinirole tab 2mg</i>	43	SEROQUEL	46
<i>ropinirole tab 2mg er</i>	43	SEROQUEL XR	46
<i>ropinirole tab 3mg</i>	43	SEROSTIM	62
<i>ropinirole tab 4mg</i>	43	<i>sertraline hcl</i>	42
<i>ropinirole tab 4mg er</i>	43	SF-ROWASA	67
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SIMPONI ARIA.....	73	SPRYCEL	26
SIMULECT.....	74	<i>sps susp 15gm/60ml</i>	59
<i>simvastatin</i>	31	SSD.....	86
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<i>sirolimus</i>	74	STERILE WATER IRRIGATION	90
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SODIUM CHLORIDE 0.9%	90	STRIBILD	17
SODIUM DIURIL	35	STRIVERDI RESPIMAT.....	82
sodium fluoride chew; tab; 1.1 (0.5 f)		STROMECTOL	15
mg/ml soln	76	SUBOXONE MIS 12-3MG	54
<i>sodium phenylbutyrate</i>	60	SUBOXONE MIS 2-0.5MG	54
<i>sodium polystyrene sulfonate</i>	59	SUBOXONE MIS 4-1MG	54
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SOLU-CORTEF 500MG	62	<i>sulfacet sod oin 10% op</i>	79
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SOLU-MEDROL INJ 1GM.....	62	<i>sulfacetamide sodium (ophth)</i>	79
SOLU-MEDROL INJ 2GM.....	62	<i>sulfacetamide sod-prednisolone</i>	78
SOLU-MEDROL INJ 40MG	62	<i>sulfadiazine</i>	13
SOLU-MEDROL INJ 500MG	62	<i>sulfamethoxazole-trimethop</i>	15
SOMATULINE DEPOT	63	<i>sulfamethoxazole-trimethop ds</i>	15
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SORILUX.....	87	<i>sulfasalazine ir</i>	67
<i>sorine</i>	30	<i>sulindac</i>	8
<i>sotalol hcl</i>	30	SUMATRIPTAN INJ 4MG/0.5ML.....	50
<i>sotalol hcl (afib/af)</i>	30	<i>sumatriptan inj 6mg/0.5ml</i>	50
SOTYLIZE	32	<i>sumatriptan succinate</i>	50
SOVALDI	19	SUMATRIPTAN SUCCINATE.....	50
SPIRIVA HANDIHALER	81	SUMAVEL DOSEPRO	50
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TACLONEX	88
<i>tacrolimus</i>	74
<i>tacrolimus (topical)</i>	89
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TAMIFLU SUSR	19
<i>tamoxifen citrate</i>	25
<i>tamsulosin hcl</i>	69
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<i>telmisartan</i>	30
<i>telmisartan-amlodipine</i>	29
<i>telmisartan-hydrochlorothiazide</i>	29
<i>temazepam</i>	49
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TERAZOL 3.....	70
TERAZOL 7.....	70
<i>terazosin hcl</i>	29
<i>terbinafine hcl</i>	16
<i>terbutaline sulfate</i>	83
<i>terconazole vaginal</i>	70
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<i>theo-24</i>	84
<i>theophylline</i>	84
<i>thioridazine hcl</i>	46
<i>thiotepa</i>	22
<i>thiothixene</i>	46
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<i>tiagabine hcl</i>	40
TIAZAC	34
TIGECYCLINE.....	15
TIKOSYN.....	30
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<i>timolol maleate (ophth) soln</i>	81	TRAMADOL HCL ER.....	8
TIMOLOL MALEATE GEL	81	<i>tramadol hcl er (biphasic) 100mg</i>	8
TIMOPTIC	81	<i>tramadol hcl er (biphasic) 200mg</i>	9
TIMOPTIC OCUDOSE	81	<i>tramadol hcl er (biphasic) 300mg</i>	9
TIMOPTIC-XE	81	<i>tramadol hcl tab 50 mg</i>	9
TIROSINT	64	<i>tramadol-acetaminophen</i>	9
TIVICAY.....	17	<i>trandolapril</i>	28
<i>tizanidine</i>	52	<i>trandolapril-verapamil hcl</i>	28
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<i>tobramycin (ophth)</i>	79	TRAVATAN Z.....	81
<i>tobramycin inj 1.2 gm/30ml</i>	13	<i>trazodone hcl</i>	42
<i>tobramycin inj 1.2gm</i>	13	TREANDA	22
<i>tobramycin inj 10mg/ml</i>	13	TRECATOR	18
<i>tobramycin inj 40mg/ml</i>	13	TRELSTAR MIXJECT	25
<i>tobramycin inj 80mg/2ml</i>	13	TRESIBA FLEXTOUCH.....	56
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TOBEX SOL 0.3% OP.....	79	<i>tretinoin microsphere</i>	85
<i>tofranil</i>	42	TRETINOIN MICROSPHERE	85
TOLAK.....	89	<i>tretin-x cre 0.075%</i>	85
<i>tolmetin sodium</i>	8	<i>trexall</i>	73
<i>tolterodine tartrate er</i>	69	TREXIMET TAB 10-60MG	50
<i>tolterodine tartrate tab 1 mg</i>	69	TREXIMET TAB 85-500MG	50
<i>tolterodine tartrate tab 2 mg</i>	70	<i>trezix</i>	9
TOPAMAX.....	40	<i>triamcinolone acetonide (mouth)</i>	90
TOPAMAX SPRINKLE.....	40	<i>triamcinolone acetonide (topical)</i>	88
<i>topicort</i>	88	<i>triamt/hctz cap 37.5-25</i>	35
TOPICORT.....	88	<i>triamt/hctz cap 50-25mg</i>	35
TOPICORT SPRAY 0.25%	88	<i>triamt/hctz tab 37.5-25</i>	35
<i>topiramate</i>	40	<i>triamt/hctz tab 75-50mg</i>	35
TOPIRAMATE	40	<i>trianex</i>	88
<i>toposar</i>	27	TRIBENZOR.....	29
<i>topotecan hcl</i>	27	TRICOR.....	31
TOPOTECAN HCL	27	<i>triderm</i>	88
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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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