



An Affiliate of Florida Blue

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



FHCP Medicare Rx Plus (HMO-POS)
FHCP Medicare Rx (HMO)
FHCP Medicare Rx Savings (HMO)
FHCP Medicare Premier Plus (HMO)
FHCP Medicare Flagler Advantage (HMO)
FHCP Medicare Premier Advantage (HMO)

2020 PRESCRIPTION DRUG FORMULARY (LIST OF COVERED DRUGS)

FHCP Medicare is an HMO plan with a Medicare contract. Enrollment in FHCP Medicare depends on contract renewal. This information is not a complete description of benefits. HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an affiliate of Florida Blue and an Independent Licensee of the Blue Cross and Blue Shield Association.

This formulary was updated on 07/31/2019.
For more recent information or other questions, please contact us at 1-833-866-6559 or, for TTY users, 1-800-955-8770. Hours are 8:00 a.m. - 8:00 p.m. local time, seven days a week from October 1 – March 31, except for Thanksgiving Day and Christmas Day. However, from April 1 - September 30, our hours are 8:00 a.m. -8:00 p.m. local time, five days a week. You will have to leave a message on Saturdays, Sundays and Federal holidays. We will return your call within one business day. Or visit www.fhcpmedicare.com.

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.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means FHCP Medicare. When it refers to “plan” or “our plan,” it means FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 07/31/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage Formulary?

A formulary is a list of covered drugs selected by us 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage’s Formulary?”
- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 30 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 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section on page iv entitled “How do I request an exception to the FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 07/31/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Our plan issues monthly formulary updates to our website (www.fhcpmedicare.com) and in print by request.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. 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 Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 71. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 31 tablets per prescription for Januvia 50mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain 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 us 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 FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage's formulary?" below 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 we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us 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 FHCP Medicare Rx, FHCP Medicare Rx Plus, FHCP Medicare Rx Savings, FHCP Medicare Premier Plus, FHCP Medicare Flagler Advantage, and FHCP Medicare Premier Advantage's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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, we 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, or utilization restriction exception. **When you request a formulary or utilization restriction 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 believes 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and 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 31-day emergency supply of that drug while you pursue a formulary exception.

Note: Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use the exceptions and appeals processes. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Medicare Part A covered stay.

When a member is admitted to or discharged from an LTC facility and does not have access to the remainder of the previously dispensed prescription, a one-time override of the "refill too soon" edit will be provided for each medication. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

For more information

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

If you have questions about our plan, 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>.

Our Plan's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by us.

If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Usage Rules

- **75% Usage Rule:** Prescription refills will not be covered unless at least 75% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).
- **90% Usage Rule:** Prescription refills for narcotics or controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

List of Abbreviations

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty

(DL) Dispensing Limit: Cannot be dispensed for more than a 31-day supply.

(LA) Limited Access: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-833-866-6559, From October 1 through March 31, we are open 8 a.m. – 8 p.m. local time, seven days a week. From April 1 through September 30, we are open 8 a.m. – 8 p.m. local time, Monday – Friday. TTY users should call 1-800-955-8770.

(B/D) Part B vs. Part D Prior Authorization Required: Part B vs. Part D administrative prior authorization required. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Part B medications must be obtained from FHCP Pharmacies.

(PA) Prior Authorization: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

(QL) Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 31 tablets per prescription for Januvia 50mg. This appears on the formulary as "31 EA per 31 days" which means coverage is limited to 31 tablets every 31 days, or 1 tablet per day.

(ST) Step Therapy: In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

Distribution Types

- **(RO) Retail Only:** Must be filled at a retail pharmacy. Mail order delivery not available.
- **(RM) Retail and Mail:** May be filled at a retail pharmacy or the FHCP mail order pharmacy.
- **(SP) Specialty Pharmacy Only:** Certain drugs can only be filled via specialty pharmacies.

Deductible, Initial Coverage, and Coverage Gap Stages

The copayment/coinsurance amounts that you pay in each drug tier at a Preferred Retail (31-day supply), Standard Retail (31-day supply), or through FHCP's Mail Order pharmacy (93-day supply) are listed below

FHCP Medicare Rx Plus (HMO-POS)							
Deductible	Pharmacy Type/ Day Supply	Initial Coverage					Coverage Gap
		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
None	Preferred Retail 1 Month Supply	\$0	\$3	\$42	\$92	33%	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
	Standard Retail 1 Month Supply	\$17	\$20	\$47	\$100	33%	
	Mail Order 3 Month Supply	\$0	\$6	\$123	\$273	Not Covered	

FHCP Medicare Rx (HMO)							
Deductible	Pharmacy Type/ Day Supply	Initial Coverage					Coverage Gap
		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
\$295 – Only applies to drugs in Tiers 3, 4, and 5	Preferred Retail 1 Month Supply	\$0	\$7	\$44	\$95	26%	Standard Coverage
	Standard Retail 1 Month Supply	\$17	\$20	\$47	\$100	26%	
	Mail Order 3 Month Supply	\$0	\$18	\$129	\$282	Not Covered	

Deductible, Initial Coverage, and Coverage Gap Stages (Continued)

FHCP Medicare Premier Plus (HMO)							
Deductible	Pharmacy Type/ Day Supply	Initial Coverage					Coverage Gap
		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
None	Preferred Retail 1 Month Supply	\$0	\$7	\$45	\$98	33%	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
	Standard Retail 1 Month Supply	\$17	\$20	\$47	\$100	33%	
	Mail Order 3 Month Supply	\$0	\$18	\$132	\$291	Not Covered	

FHCP Medicare Rx Savings (HMO)							
Deductible	Pharmacy Type/ Day Supply	Initial Coverage					Coverage Gap
		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
\$395 – Only applies to drugs in Tiers 3, 4, and 5	Preferred Retail 1 Month Supply	\$4	\$10	\$45	\$98	25%	Standard Coverage
	Standard Retail 1 Month Supply	\$17	\$20	\$47	\$100	25%	
	Mail Order 3 Month Supply	\$9	\$27	\$132	\$291	Not Covered	

Deductible, Initial Coverage, and Coverage Gap Stages (Continued)

FHCP Medicare Flagler Advantage (HMO)							
Deductible	Pharmacy Type/ Day Supply	Initial Coverage					Coverage Gap
		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
None	Preferred Retail 1 Month Supply	\$0	\$5	\$44	\$95	33%	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
	Standard Retail 1 Month Supply	\$17	\$20	\$47	\$100	33%	
	Mail Order 3 Month Supply	\$0	\$12	\$129	\$282	Not Covered	

Deductible, Initial Coverage, and Coverage Gap Stages (Continued)

FHCP Medicare Premier Advantage (HMO)							
Deductible	Pharmacy Type/ Day Supply	Initial Coverage					Coverage Gap
		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
None	Preferred Retail 1 Month Supply	\$0	\$5	\$44	\$95	33%	We provide additional coverage for prescription drugs on Tiers 1 and 2 while in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
	Standard Retail 1 Month Supply	\$17	\$20	\$47	\$100	33%	
	Mail Order 3 Month Supply	\$0	\$12	\$129	\$282	Not Covered	

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Drug Name	Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 2	RM
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 2	RO; DL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Tier 2	RM
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 2	RM
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	RM
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 2	RM
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 4	B/D; RO; DL
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 2	RM
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	RM
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 2	RM
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 4	PA; RO; QL (120 EA per 30 days); DL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	PA; RO; DL
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 2	RO; QL (2700 ML per 30 days); DL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	RM
<i>hydromorphone hcl injection solution 2 mg/ml</i>	Tier 4	B/D; RO; DL
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 2	RO; DL
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 2	RM
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	RM
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 2	RM; QL (20 EA per 31 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 2	RM
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	RM
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	Tier 2	RM
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 2	RO; DL
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	RM
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 2	RO; DL
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	RM
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	RM
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 2	RO; DL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	RM
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	RM
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 2	RM
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	RM
<i>tramadol hcl oral tablet 50 mg</i>	Tier 2	RM
Anesthetics		
<i>lidocaine external ointment 5 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>lidocaine external patch 5 %</i>	Tier 2	PA; RO; DL
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 2	RO; DL
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 2	RO; QL (30 GM per 30 days); DL
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 2	RM
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 2	RO; DL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 2	RO; DL
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 2	RM
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Tier 4	RO; DL
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 4	RM
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	Tier 4	RO; DL
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	RM
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 2	RO; DL
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 2	RM
NARCAN NASAL LIQUID 4 MG/0.1ML	Tier 3	RM; QL (2 EA per 31 days)
NICOTROL INHALATION INHALER 10 MG	Tier 3	RO; QL (168 EA per 10 days); DL
Antibacterials		
<i>acetic acid otic solution 2 %</i>	Tier 2	RO; DL
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 2	RO; DL
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 2	RO; DL
<i>amoxicillin oral tablet 875 mg</i>	Tier 2	RO; DL

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2	RO; DL
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	RO; DL
<i>ampicillin oral capsule 500 mg</i>	Tier 2	RO; DL
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	Tier 2	RO; DL
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	Tier 2	RO; DL
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 2	RO; DL
AZASITE OPHTHALMIC SOLUTION 1 %	Tier 4	RO; DL
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Tier 2	RO; DL
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	RO; DL
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	Tier 2	RO; DL
<i>aztreonam injection solution reconstituted 1 gm</i>	Tier 2	RO; DL
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 2	RO; DL
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	Tier 4	RO; DL
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Tier 4	RO; DL

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 4	RO; DL
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 2	RO; DL
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 2	RO; DL
<i>cefdinir oral capsule 300 mg</i>	Tier 2	RO; DL
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	Tier 2	RO; DL
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	RO; DL
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	Tier 2	RO; DL
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	Tier 2	RO; DL
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 2	RO; DL
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 2	RO; DL
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	Tier 2	RO; DL
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	Tier 2	RO; DL
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 2	RO; DL
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 3	RO; DL
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	RO; DL
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 2	RO; DL
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>clindamycin hcl oral capsule 150 mg</i>	Tier 2	RO; DL
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 2	RO; DL
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	RM
<i>clindamycin phosphate external swab 1 %</i>	Tier 2	RO; DL
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	Tier 2	RO; DL
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	RO; DL
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Tier 2	RO; DL
<i>daptomycin intravenous solution reconstituted 500 mg</i>	Tier 5	PA; RO; DL
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 2	RO; DL
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	RO; DL
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 2	RM
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	RM
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 2	RO; DL
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	Tier 5	RO; DL
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 4	RO; DL
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 4	RO
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG	Tier 4	RO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 3	RM
<i>erythromycin external solution 2 %</i>	Tier 2	RO; DL
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 2	RO; DL
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Tier 4	RO; DL
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 2	RO; DL
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 2	RO; DL
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 2	RO; DL
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
<i>global alcohol prep ease pad 70 %</i>	Tier 2	RM
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 2	RO; DL
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	RO; DL
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 2	RO; DL
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	RO; DL
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 5	RO; DL
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>linezolid oral tablet 600 mg</i>	Tier 2	RO; DL
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 2	RO; DL
<i>metronidazole external cream 0.75 %</i>	Tier 2	RO; DL
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 2	RO; DL
<i>metronidazole external lotion 0.75 %</i>	Tier 2	RO; DL
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	Tier 2	RO; DL
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>metronidazole vaginal gel 0.75 %</i>	Tier 2	RO; DL
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Tier 2	RM
MOXEZA OPHTHALMIC SOLUTION 0.5 %	Tier 3	RO; DL
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	Tier 2	RO; DL
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 2	RO; DL
<i>mupirocin external ointment 2 %</i>	Tier 2	RO; QL (44 GM per 30 days); DL
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 2	RO; DL
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 2	RM
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
<i>ofloxacin otic solution 0.3 %</i>	Tier 2	RO; DL
<i>oxacillin sodium injection solution reconstituted 10 gm, 2 gm</i>	Tier 2	RO; DL
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG	Tier 3	RO; DL
<i>penicillin g potassium injection solution reconstituted 2000000 unit</i>	Tier 4	RO; DL
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	Tier 4	RO; DL
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	RO; DL
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	Tier 2	RO; DL
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	Tier 2	RO; DL
<i>silver sulfadiazine external cream 1 %</i>	Tier 2	RO; DL
SSD EXTERNAL CREAM 1 %	Tier 2	RO; DL
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 2	RO; DL
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	RM
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	RO; DL
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	RM
SUPRAX ORAL CAPSULE 400 MG	Tier 4	RO; DL
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	Tier 5	RO; DL
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tier 5	RO; DL
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 5	PA; RO; DL
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3	RO; DL
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 2	RO; DL
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 2	RO
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 3	RO; DL
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	RM
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 2	RO; DL
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 4	PA; RO; DL
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 5	PA; RO; DL
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 4	PA; RM

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Drug Name	Tier	Requirements/Limits
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 4	PA; RO; DL
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 4	PA; RM
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 5	PA; RO; DL
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; RO; DL
CELONTIN ORAL CAPSULE 300 MG	Tier 4	RM
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 2	PA; RO; DL
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 2	PA; RM
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	Tier 4	RO; QL (10 EA per 30 days); DL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	Tier 4	RO; QL (10 EA per 30 days); DL
DILANTIN ORAL CAPSULE 30 MG	Tier 3	RM
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	PA; RO; DL
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	RM
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 2	RO; DL
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 2	RO; DL
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	RM
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 5	PA; RO; DL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA; RO; QL (31 EA per 31 days); DL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 2	RM
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	RO; DL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	RM
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	RM
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 2	RM
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 2	RO; DL
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 2	RO; DL
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 2	RM
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 2	RO; DL
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	RM
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 2	RO; DL
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 2	RM
PEGANONE ORAL TABLET 250 MG	Tier 4	RM
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 2	RO; DL
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 2	RM
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 2	RO; DL
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 2	RM
<i>phenytoin sodium extended oral capsule 100 mg</i>	Tier 2	RM
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	RM
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	Tier 4	RM
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 5	PA; RO; DL
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 2	RM
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 2	RM
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>vigabatrin oral packet 500 mg</i>	Tier 5	PA; RO; DL
<i>vigabatrin oral tablet 500 mg</i>	Tier 5	PA; SP; LA; DL
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 5	PA; RO; DL
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA; RO; DL
VIMPAT ORAL TABLET 50 MG	Tier 4	PA; RO; DL
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	RM
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 2	RM
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 2	RM
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 2	RM
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	RO; DL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	Tier 2	RO; DL
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 4	PA; RM
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	RM
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	Tier 2	RM
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 2	RM
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	RM
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	RO; DL
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	RM
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 2	RO; DL
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	RM
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 4	PA; RM
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	RM
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	PA; RM
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	Tier 1	RM
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 2	RO; DL
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
MARPLAN ORAL TABLET 10 MG	Tier 4	RM
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 2	RM
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 2	RM
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	RM
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	RM
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 2	RM
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	RM
PAXIL ORAL SUSPENSION 10 MG/5ML	Tier 4	RO; DL
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 2	RM
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 2	RO; DL
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 2	RM
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	RM
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	PA; RM
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 2	RM
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	RM
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	RM
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 4	RO; DL
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Tier 3	PA; RO; DL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	PA; RO; QL (60 EA per 30 days); DL
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	Tier 4	PA; RO; DL
<i>meclizine hcl oral tablet 25 mg</i>	Tier 1	RM
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 2	B/D; RO; DL

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Drug Name	Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	B/D; RM; QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	B/D; RM; QL (90 EA per 30 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 2	RO; DL
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 2	RO; DL
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 2	RO; QL (12 EA per 2 days); DL
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	Tier 4	RM; QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 2	RM
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	Tier 4	B/D; RO; DL
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	Tier 5	RO; DL
<i>ciclopirox external gel 0.77 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>ciclopirox external solution 8 %</i>	Tier 2	RO; DL
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 2	RO; DL
<i>econazole nitrate external cream 1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	RO; DL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 2	RO; DL
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 2	RO; DL
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 2	RM
<i>fluconazole oral tablet 150 mg</i>	Tier 2	RO; QL (4 EA per 28 days); DL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 5	RM; DL
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 2	RO; DL
<i>itraconazole oral capsule 100 mg</i>	Tier 2	PA; RM
<i>itraconazole oral solution 10 mg/ml</i>	Tier 4	PA; RO; DL
<i>ketoconazole external cream 2 %</i>	Tier 1	RO; DL
<i>ketoconazole external shampoo 2 %</i>	Tier 2	RO; DL
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	RM
<i>mycamine intravenous solution reconstituted 100 mg, 50 mg</i>	Tier 5	RO; DL
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 3	RO; DL
NOXAFIL ORAL SUSPENSION 40 MG/ML	Tier 5	PA; RO; DL
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Tier 5	PA; RO; DL
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 2	RO; DL
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	RO; DL
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	RO; DL
<i>nystatin external powder 100000 unit/gm</i>	Tier 2	RO; DL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 2	RO; DL
<i>nystatin oral tablet 500000 unit</i>	Tier 2	RM
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 2	RO; DL
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	RO; DL
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	RO; DL
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Tier 5	PA; RO; DL
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 5	PA; RO; DL
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 5	PA; RO; DL
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	RM
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	RM; QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	RM
<i>probenecid oral tablet 500 mg</i>	Tier 2	RM
Anti-inflammatory Agents		
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>betamethasone valerate external cream 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	Tier 2	RO; DL
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 2	RO; DL
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 2	RM
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Tier 3	RO; DL
<i>prednisone oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	RM
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
Antimigraine Agents		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 5	RO; DL
<i>migergot rectal suppository 2-100 mg</i>	Tier 5	RO; QL (12 EA per 14 days); DL
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 2	RM; QL (12 EA per 31 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 2	RM; QL (18 EA per 31 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 2	RM; QL (18 EA per 31 days)
<i>sumatriptan nasal solution 20 mg/act</i>	Tier 2	RM; QL (12 EA per 31 days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier 2	RM; QL (6 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	RM; QL (12 EA per 31 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 2	RM; QL (6 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 2	RM; QL (4 ML per 31 days)
Antimyasthenic Agents		
<i>guanidine hcl oral tablet 125 mg</i>	Tier 2	RM
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 2	RM
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	RM
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	RM
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 2	RM
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	RM
PASER ORAL PACKET 4 GM	Tier 4	RM
PRIFTIN ORAL TABLET 150 MG	Tier 4	RM
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	RM
<i>rifabutin oral capsule 150 mg</i>	Tier 2	RM
<i>rifampin intravenous solution reconstituted 600 mg</i>	Tier 5	RO; DL
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
SIRTURO ORAL TABLET 100 MG	Tier 4	RM
TRECTOR ORAL TABLET 250 MG	Tier 4	RM
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA; RO; DL
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	PA; RO; DL
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; RO; DL
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA; RO; DL
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 5	PA; RO; DL
<i>anastrozole oral tablet 1 mg</i>	Tier 1	RM
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA; RO
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; RO; DL
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	RM
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA; RO; DL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; RO; DL
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; RO; DL
CALQUENCE ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 5	PA; RO; DL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	Tier 5	PA; RO; DL
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	Tier 5	PA; RO; DL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 5	PA; RO; DL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA; RO; DL
COTELLIC ORAL TABLET 20 MG	Tier 5	PA; SP; LA; DL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	B/D; RM
DAURISMO ORAL TABLET 100 MG	Tier 5	PA; SP; LA; QL (30 EA per 30 days); DL

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Drug Name	Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	Tier 5	PA; SP; LA; QL (90 EA per 30 days); DL
EMCYT ORAL CAPSULE 140 MG	Tier 5	RO; DL
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA; RO; DL
ERLEADA ORAL TABLET 60 MG	Tier 5	PA; RO; DL
<i>exemestane oral tablet 25 mg</i>	Tier 2	RM
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 5	PA; RO; DL
<i>flutamide oral capsule 125 mg</i>	Tier 2	RM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; RO; DL
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	Tier 4	RO; DL
GLEOSTINE ORAL CAPSULE 100 MG	Tier 5	RO; DL
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	RM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; LA; DL
ICLUSIG ORAL TABLET 15 MG, 45 MG	Tier 5	PA; SP; LA; DL
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; SP; LA; DL
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 2	RO
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; SP; LA; DL
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA; SP; LA; QL (31 EA per 31 days); DL
IMBRUVICA ORAL TABLET 560 MG	Tier 5	PA; SP; LA; DL
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP; LA; DL
IRESSA ORAL TABLET 250 MG	Tier 5	PA; RO; DL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; SP; LA; DL
KISQALI 200 DOSE ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; RO; DL
KISQALI 400 DOSE ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; RO; DL
KISQALI 600 DOSE ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; RO; DL
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 5	PA; RO; DL
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 5	PA; RO; DL
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	Tier 5	PA; SP; LA; DL
LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5	PA; SP; LA; DL
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 MG	Tier 5	PA; SP; LA; DL
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5	PA; SP; LA; DL
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	RM
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	RM
LEUKERAN ORAL TABLET 2 MG	Tier 3	RM
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA; RO; DL
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA; SP; LA; DL
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA; RO; LA; DL
MATULANE ORAL CAPSULE 50 MG	Tier 3	RM
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA; RO; LA; DL
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA; RO; DL
MESNEX ORAL TABLET 400 MG	Tier 4	RM
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; SP; LA; DL
NEXAVAR ORAL TABLET 200 MG	Tier 5	PA; SP; LA; DL
<i>nilutamide oral tablet 150 mg</i>	Tier 5	RO; DL

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Drug Name	Tier	Requirements/Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA; RO; DL
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA; RO; LA; DL
PANRETIN EXTERNAL GEL 0.1 %	Tier 5	PA; SP; QL (60 GM per 30 days); DL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; SP; LA; QL (21 EA per 28 days); DL
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Tier 5	SP; LA; DL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; SP; LA; QL (31 EA per 31 days); DL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA; RO; LA; DL
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; RO; DL
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 3	RO; DL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; RO; DL
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; SP; LA; DL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 5	PA; SP; DL
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 5	PA; RO; DL
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5	RO; DL
TABLOID ORAL TABLET 40 MG	Tier 3	RM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; RO; DL
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 5	PA; RO; DL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 5	PA; RO; DL
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 2	RM
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 5	PA; RO; DL
TARGRETIN EXTERNAL GEL 1 %	Tier 5	PA; RO; QL (60 GM per 30 days); DL
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP; DL
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA; RO; DL
<i>toremifene citrate oral tablet 60 mg</i>	Tier 5	RO; DL
TRETINOIN ORAL CAPSULE 10 MG	Tier 5	RO; DL
TYKERB ORAL TABLET 250 MG	Tier 5	PA; RO; DL
VALCHLOR EXTERNAL GEL 0.016 %	Tier 5	PA; RO; DL
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier 4	PA; RO; DL
VENCLEXTA ORAL TABLET 100 MG	Tier 5	PA; RO; DL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 5	PA; RO; DL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; RO; DL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; SP; DL
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA; SP; DL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA; RO; DL
VOTRIENT ORAL TABLET 200 MG	Tier 5	PA; RO; DL
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; SP; LA; DL
XOSPATA ORAL TABLET 40 MG	Tier 5	PA; RO; QL (90 EA per 30 days); DL
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA; SP; LA; DL
ZEJULA ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA; SP; LA; DL
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	PA; RO; DL
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; RO; DL
ZYKADIA ORAL CAPSULE 150 MG	Tier 5	PA; RO; DL
Antiparasitics		
<i>albendazole oral tablet 200 mg</i>	Tier 4	RO; DL
ALINIA ORAL TABLET 500 MG	Tier 5	RO; DL
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	RM
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 4	RO; DL
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 2	RM
COARTEM ORAL TABLET 20-120 MG	Tier 4	RO; DL
DARAPRIM ORAL TABLET 25 MG	Tier 5	PA; RO; DL
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	RM
<i>ivermectin oral tablet 3 mg</i>	Tier 2	RO; DL
<i>lindane external shampoo 1 %</i>	Tier 2	RO; DL
<i>malathion external lotion 0.5 %</i>	Tier 2	RO; DL
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 2	RM
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	Tier 4	B/D; RO
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	Tier 4	B/D; RO; DL
<i>permethrin external cream 5 %</i>	Tier 2	RO; DL
<i>primaquine phosphate oral tablet 26.3 mg</i>	Tier 2	RO; DL
<i>quinine sulfate oral capsule 324 mg</i>	Tier 2	PA; RM
Antiparkinson Agents		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	RM
<i>amantadine hcl oral syrup 50 mg/5ml</i>	Tier 2	RM
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 5	PA; SP; LA; DL
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 2	RM
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 2	RM
<i>carbidopa oral tablet 25 mg</i>	Tier 5	RO; DL
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	RM
<i>entacapone oral tablet 200 mg</i>	Tier 2	RM
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 4	PA; RM
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	RM
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 4	RM
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	RM
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	RM
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	RM
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	RM
<i>tolcapone oral tablet 100 mg</i>	Tier 5	RO; DL
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	Tier 2	RO; DL
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 2	RM
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 5	PA; RO; DL
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	RO; DL
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 2	RM
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA; RO; QL (60 EA per 30 days); DL
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 4	PA; RO; DL
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 2	RM
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 2	RM
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 2	RO; DL
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 3	PA; RO; DL
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 2	RM
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 2	RM
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	RO; DL
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	RM
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	PA; RO; DL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	PA; RO; DL
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	RM
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 3	RM
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL

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Drug Name	Tier	Requirements/Limits
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 2	PA; RO; DL
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	RM
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	RM
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 2	RM
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	RM
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	RM
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	RM
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG	Tier 4	PA; RO; DL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MG	Tier 5	PA; RO; DL
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	RO; DL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	RM
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	RM
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Tier 5	PA; RO; QL (60 EA per 30 days); DL
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	RM
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	RM
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 5	RO; DL

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Drug Name	Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5	PA; RO; QL (30 EA per 30 days); DL
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 4	PA; RO; DL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	RM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	PA; RO; DL
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 2	RM
<i>dantrolene sodium oral capsule 50 mg</i>	Tier 2	RM
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 2	RM
Antivirals		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 2	RO; DL
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 2	RM
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 2	RM
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 2	RM
<i>acyclovir external ointment 5 %</i>	Tier 2	RO; QL (30 GM per 30 days); DL
<i>acyclovir oral capsule 200 mg</i>	Tier 2	RM
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 2	RO; DL
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	RM
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 2	B/D; RO; DL
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 5	RO; DL
APTIVUS ORAL CAPSULE 250 MG	Tier 3	RM
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 3	RO; DL
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 2	RM
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 3	RM
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3	RM
CIMDUO ORAL TABLET 300-300 MG	Tier 3	RM
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 3	RM
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	RM
DESCOVY ORAL TABLET 200-25 MG	Tier 3	RM
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	Tier 2	RM
DOVATO ORAL TABLET 50-300 MG	Tier 3	RO
EDURANT ORAL TABLET 25 MG	Tier 3	RM
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 2	RM
<i>efavirenz oral tablet 600 mg</i>	Tier 2	RM
EMTRIVA ORAL CAPSULE 200 MG	Tier 3	RM
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	RO; DL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	RO; DL
EVOTAZ ORAL TABLET 300-150 MG	Tier 3	RM
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	RM
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 2	RM
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 5	RO; DL
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	RM
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 3	RM
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 5	RO; DL
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	Tier 4	RO; DL
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	Tier 5	RO; DL
INVIRASE ORAL TABLET 500 MG	Tier 3	RM
ISENTRESS HD ORAL TABLET 600 MG	Tier 3	RM
ISENTRESS ORAL PACKET 100 MG	Tier 3	RM
ISENTRESS ORAL TABLET 400 MG	Tier 3	RM
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 3	RM

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Drug Name	Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	Tier 3	RM
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 3	RM
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	RO; DL
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	Tier 2	RM
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2	RM
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 3	RO; DL
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 2	RO; DL
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA; RO; DL
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	Tier 2	RM
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 2	RO; DL
<i>nevirapine oral tablet 200 mg</i>	Tier 2	RM
NORVIR ORAL PACKET 100 MG	Tier 3	RM
NORVIR ORAL SOLUTION 80 MG/ML	Tier 3	RO; DL
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	RM
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 3	RO; DL
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 3	RO; DL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	Tier 5	RO; DL
PIFELTRO ORAL TABLET 100 MG	Tier 3	RM
PREZCOBIX ORAL TABLET 800-150 MG	Tier 3	RM
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	RO; DL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 3	RM
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Tier 3	RO; DL
RESCRIPTOR ORAL TABLET 200 MG	Tier 3	RM
REYATAZ ORAL PACKET 50 MG	Tier 3	RM
<i>ribavirin oral capsule 200 mg</i>	Tier 2	RM
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 2	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>ritonavir oral tablet 100 mg</i>	Tier 2	RM
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	RO; DL
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 3	RM
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	RM
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	RM
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 3	RM
SYMFI ORAL TABLET 600-300-300 MG	Tier 3	RM
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3	RM
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	RM
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 3	RM
<i>trifluridine ophthalmic solution 1 %</i>	Tier 2	RO; DL
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3	RM
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 3	RM
TYBOST ORAL TABLET 150 MG	Tier 3	RM
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 2	RM
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 5	RO; DL
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 5	RO; DL
VEMLIDY ORAL TABLET 25 MG	Tier 3	RM
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	Tier 3	RM
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	Tier 3	RO; DL
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 3	RM
VIREAD ORAL POWDER 40 MG/GM	Tier 3	RO; DL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA; RO
<i>zidovudine oral capsule 100 mg</i>	Tier 2	RM
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 2	RO; DL
<i>zidovudine oral tablet 300 mg</i>	Tier 2	RM
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 4	RO; DL
Anxiolytics		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2	RM
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 2	RM
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 2	RO; DL
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	RM
Bipolar Agents		
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 2	RO; DL
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	RM
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 2	RM
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 2	RM
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 2	RM
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 2	RM
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Tier 1	RM
<i>lithium oral solution 8 meq/5ml</i>	Tier 2	RO; DL
<i>valproic acid oral capsule 250 mg</i>	Tier 2	RM
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 2	RO; DL
Blood Glucose Regulators		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	Tier 2	RM
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 4	RM
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 3	ST; RM
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	Tier 3	ST; RM
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 3	ST; RM
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 3	ST; RM
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	Tier 2	RM
<i>cvs gauze sterile pad 2"x2"</i>	Tier 2	RM
<i>exel comfort point pen needle 29g x 12mm</i>	Tier 2	RM
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	ST; RM
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	RM
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	RM
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	RM
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	RM
GLUCAGON EMERGENCY INJECTION KIT 1 MG	Tier 3	RO; QL (4 EA per 30 days); DL

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Drug Name	Tier	Requirements/Limits
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 2	PA; RM; HRM
<i>glyburide oral tablet 1.25 mg</i>	Tier 2	PA; RM; HRM
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; RM; HRM
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 5	B/D; RO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 5	PA; RO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	PA; RM; QL (31 EA per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 3	ST; RM
KORLYM ORAL TABLET 300 MG	Tier 5	PA; SP; LA; DL
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	RM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	RM
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 2	RM
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	RM
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2	RM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	RM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	RM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3	RM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	RM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	RM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	RM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3	RM

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Drug Name	Tier	Requirements/Limits
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	RM
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 3	ST; RM; QL (31 EA per 31 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	RM
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	Tier 2	RM
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 4	RO; DL
QTERN ORAL TABLET 10-5 MG	Tier 3	ST; RM
<i>reli-on insulin syringe 29g 0.3 ml</i>	Tier 2	RM
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Tier 3	PA; RM
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 3	PA; RM
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 2	RM
<i>tolbutamide oral tablet 500 mg</i>	Tier 2	RM
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3	RM
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	RM
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 5	PA; RM
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 3	ST; RM
Blood Products/ Modifiers/ Volume Expanders		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 2	RM
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 4	RM
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	RM
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	RM
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	RM
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	RM
ELIQUIS STARTER PACK ORAL TABLET 5 MG	Tier 3	RO; DL
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 2	RO; DL
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 4	RO; DL
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5	RO; DL
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	RO; DL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	RO; DL
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5	RO; DL
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	RO; DL
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 4	RM
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 2	RM
PROMACTA ORAL PACKET 12.5 MG	Tier 5	PA; RO; DL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; RO; DL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA; RO; DL
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; RO; DL
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	RM
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 3	RM
XARELTO ORAL TABLET 2.5 MG	Tier 3	RM; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 3	RM; DL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	RO; DL
Cardiovascular Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 2	RM
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 2	RM
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	RM
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 2	ST; RM
<i>amiloride hcl oral tablet 5 mg</i>	Tier 2	RM
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	RM
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	RM
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 2	RO; DL
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	RM
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	RM
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 2	RM
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	RM
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 2	RM
<i>cholestyramine oral packet 4 gm</i>	Tier 2	RM
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	RM
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 2	RM
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 4	RM
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 4	PA; RM; QL (60 EA per 30 days)
DEMSER ORAL CAPSULE 250 MG	Tier 5	RO; DL
DIGOX ORAL TABLET 125 MCG, 250 MCG	Tier 2	RM
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 2	RO; DL
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 2	RM
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 2	RM
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	RM
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 2	RM
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 4	RO; DL
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 2	RM
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	RM
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	RM
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 4	PA; RM
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 2	RM
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 5	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	RM
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tier 2	RM
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 2	RM
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	RM
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	RM
<i>furosemide injection solution 10 mg/ml</i>	Tier 2	RO; DL
<i>furosemide oral solution 10 mg/ml</i>	Tier 2	RO; DL
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	RM
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 2	RM
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	RM
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	RM
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	RM
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 2	RM
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 5	PA; SP; LA; DL
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	RM
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	RM
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	RM
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	RM

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Drug Name	Tier	Requirements/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	RM
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	RM
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	RM
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	RM
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	RM
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	RM
MULTAQ ORAL TABLET 400 MG	Tier 4	PA; RM
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 2	RM
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 2	RM
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 2	RM
<i>nimodipine oral capsule 30 mg</i>	Tier 4	RO; DL
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	RO; DL
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	RM
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 2	RM
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	Tier 3	RM
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 4	RM
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 5	PA; SP; LA; DL
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	RM
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 2	RM
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 2	RM
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 5	PA; RO; DL
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	RM
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	RM
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 2	RO; DL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	RM
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 2	RM
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	RM
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	RM
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 2	PA; RM
RECTIV RECTAL OINTMENT 0.4 %	Tier 4	RO; QL (30 GM per 30 days); DL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 4	PA; RO; DL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 4	PA; RO; DL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 4	PA; RO; DL
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	RM
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	RM

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Drug Name	Tier	Requirements/Limits
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	RM
<i>spironolactone oral tablet 25 mg, 50 mg</i>	Tier 2	RM
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 2	RM
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	RM
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	RM
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	RM
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	RM
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA; SP; LA; DL
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 5	PA; SP; LA; DL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	RM
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	RM
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	RM
Central Nervous System Agents		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 2	RM; QL (62 EA per 31 days)
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	RM
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 5	PA; SP; LA; DL
AVONEX INTRAMUSCULAR KIT 30 MCG	Tier 5	PA; RO; DL

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5	PA; RO; DL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5	PA; RO; DL
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; RO; DL
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 2	PA; RO; DL
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	RM; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	RM
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	RM
GILENYA ORAL CAPSULE 0.5 MG	Tier 5	PA; RO; QL (28 EA per 28 days); DL
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 5	RO; DL
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	RO; DL
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	RM
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 4	RM; QL (93 EA per 31 days)
LYRICA ORAL SOLUTION 20 MG/ML	Tier 4	RO; DL
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 2	RM; QL (93 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 2	RM; QL (62 EA per 31 days)

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Drug Name	Tier	Requirements/Limits
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 2	RO; DL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	RM
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 5	PA; RO; DL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; RO; DL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 5	PA; RO; DL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; RO; DL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 5	PA; RO; DL
<i>riluzole oral tablet 50 mg</i>	Tier 2	PA; RM
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	RM
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3	RO; DL
TECFIDERA ORAL 120 & 240 MG	Tier 5	PA; SP; LA; DL
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	Tier 5	PA; SP; LA; DL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	PA; RO; DL
Dental and Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 2	RM
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 2	RM
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 2	RO; DL
Dermatological Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 2	RO; DL
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 2	RO; DL
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL

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Drug Name	Tier	Requirements/Limits
<i>calcipotriene external cream 0.005 %</i>	Tier 2	RO; QL (60 GM per 30 days); DL
<i>calcipotriene external ointment 0.005 %</i>	Tier 2	RO; QL (60 GM per 30 days); DL
<i>calcipotriene external solution 0.005 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	Tier 3	RO; DL
CORTISPORIN EXTERNAL OINTMENT 1 %	Tier 3	RO; DL
<i>diclofenac sodium transdermal gel 1 %</i>	Tier 2	RO; DL
<i>diclofenac sodium transdermal gel 3 %</i>	Tier 2	PA; RO; QL (100 GM per 30 days); DL
EUCRISA EXTERNAL OINTMENT 2 %	Tier 3	ST; RM; QL (60 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	Tier 2	RO; QL (40 GM per 15 days); DL
<i>fluorouracil external solution 5 %</i>	Tier 2	RO; QL (40 ML per 30 days); DL
<i>fluticasone propionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>imiquimod external cream 5 %</i>	Tier 2	RO; DL
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA; RO; DL
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 5	RO; DL
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	RO; DL
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	RO; DL
<i>pimecrolimus external cream 1 %</i>	Tier 4	RO; QL (30 GM per 30 days); DL

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Drug Name	Tier	Requirements/Limits
<i>podofilox external solution 0.5 %</i>	Tier 2	RO; DL
<i>prednicarbate external cream 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 4	RO; QL (60 GM per 30 days); DL
<i>selenium sulfide external lotion 2.5 %</i>	Tier 2	RO; DL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; RO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 5	PA; RO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 2	RO; QL (30 GM per 30 days); DL
<i>tazarotene external cream 0.1 %</i>	Tier 2	PA; RO; QL (30 GM per 30 days); DL
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	PA; RO; QL (30 GM per 30 days); DL
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Tier 4	PA; RO; QL (30 GM per 30 days); DL
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	PA; RO; QL (20 GM per 30 days); DL
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 2	PA; RO; QL (15 GM per 30 days); DL
Electrolytes/Minerals/Metals/Vitamins		
CARBAGLU ORAL TABLET 200 MG	Tier 5	PA; RO; DL
CHEMET ORAL CAPSULE 100 MG	Tier 3	RO
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 5	PA; RO; DL
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 2	RO; DL
<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	Tier 2	RO; DL
FERRIPROX ORAL TABLET 500 MG	Tier 5	PA; RO; DL
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 4	B/D; RO; DL
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L	Tier 2	RO; DL
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 4	PA; RO
<i>magnesium sulfate injection solution 50 %</i>	Tier 4	B/D; RO; DL
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	RM
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 4	B/D; RO; DL
<i>potassium chloride oral packet 20 meq</i>	Tier 2	RM
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	RO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	Tier 4	RO; DL
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	RO; DL
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 2	RO; DL
SPS ORAL SUSPENSION 15 GM/60ML	Tier 2	RO; DL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Tier 4	RO
<i>trientine hcl oral capsule 250 mg</i>	Tier 5	RO; DL
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 5	PA; RO; DL
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 4	RM
CARAFATE ORAL SUSPENSION 1 GM/10ML	Tier 3	RO; DL
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	RO; DL
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	RM
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 2	RM
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 2	RO; DL
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 2	RM
<i>diphenoxylate-atropine oral liquid 2.5- 0.025 mg/5ml</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	RM
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5	PA; SP; LA; DL
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	RM
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	Tier 2	RO; DL
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	RM
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 2	RM
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	RM; QL (31 EA per 31 days)
<i>loperamide hcl oral capsule 2 mg</i>	Tier 2	RO; DL
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	RO; DL
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	RM
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 2	RM
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	PA; RM; QL (31 EA per 31 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	Tier 2	RM
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 2	RM
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 2	RO; DL
<i>proctozone-hc rectal cream 2.5 %</i>	Tier 2	RO; DL
<i>propantheline bromide oral tablet 15 mg</i>	Tier 2	RM
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	Tier 2	RO; DL
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	RM
<i>sucralfate oral tablet 1 gm</i>	Tier 2	RM
<i>ursodiol oral capsule 300 mg</i>	Tier 2	RM
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	Tier 3	RM
CYSTADANE ORAL POWDER	Tier 4	SP; LA; DL
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	SP; LA; DL
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 5	PA; SP; LA; DL
KUVAN ORAL TABLET SOLUBLE 100 MG	Tier 5	PA; SP; LA; DL
<i>miglustat oral capsule 100 mg</i>	Tier 5	PA; SP; LA; DL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT	Tier 3	RM
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 5	PA; SP; LA; DL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	PA; RO; DL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 4	RM
Genitourinary Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 2	RM
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	RM
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 2	RM
CUPRIMINE ORAL CAPSULE 250 MG	Tier 5	PA; RO; DL
<i>dutasteride oral capsule 0.5 mg</i>	Tier 2	RM
ELMIRON ORAL CAPSULE 100 MG	Tier 4	RM
<i>finasteride oral tablet 5 mg</i>	Tier 2	RM
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 5	PA; RO; DL
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 5	PA; RO; DL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 4	PA; RM
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	RM
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 2	RM
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	RM
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 2	RM
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	RM
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	RM
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	RM
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clobetasol propionate external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clobetasol propionate external gel 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>clobetasol propionate external solution 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL

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Drug Name	Tier	Requirements/Limits
<i>cortisone acetate oral tablet 25 mg</i>	Tier 2	RM
<i>desonide external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desonide external lotion 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>desonide external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desoximetasone external gel 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 2	RM
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 2	RO; DL
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinonide external gel 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinonide external ointment 0.05 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>fluocinonide external solution 0.05 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>hydrocortisone external cream 2.5 %</i>	Tier 1	RO; DL
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	RO; DL
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1	RO; DL
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	RM
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 2	RM

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Drug Name	Tier	Requirements/Limits
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 2	RO; DL
<i>mometasone furoate external cream 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>mometasone furoate external ointment 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days); DL
<i>mometasone furoate external solution 0.1 %</i>	Tier 2	RO; QL (60 ML per 30 days); DL
<i>prednicarbate external ointment 0.1 %</i>	Tier 2	RO; QL (120 GM per 30 days)
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 2	RO; DL
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Tier 2	RO; DL
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	RO; DL
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	RO; DL
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	RO; DL
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 2	RM
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	RM
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 5	PA; RO; DL
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	Tier 5	PA; RO; DL
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 5	PA; RO; DL
STIMATE NASAL SOLUTION 1.5 MG/ML	Tier 5	RO; DL
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ANADROL-50 ORAL TABLET 50 MG	Tier 5	PA; RO; DL
<i>apri oral tablet 0.15-30 mg-mcg</i>	Tier 2	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	Tier 2	RM
<i>danazol oral capsule 100 mg, 200 mg</i>	Tier 2	RM
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 4	RO
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 4	RO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Tier 2	RM
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	RM
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	RM
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 2	RM; QL (8 EA per 30 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 2	RM; QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 2	RM
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	RO
<i>gianvi oral tablet 3-0.02 mg</i>	Tier 2	RM
<i>junel fe 1.5/30 oral tablet 1.5-30 mg- mcg</i>	Tier 2	RM
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	Tier 2	RM
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	Tier 2	RM
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Tier 2	RM
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 2	RM
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	Tier 2	RM
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 2	RO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	RM
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 2	RM
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 4	PA; RM
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 2	RM
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	RM
<i>norethindrone oral tablet 0.35 mg</i>	Tier 2	RM
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	RM
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tier 2	RM
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 2	RM
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 2	RM
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	Tier 4	RM
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	Tier 2	RM
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	PA; RM
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	Tier 2	RM
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3	RM
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3	RM
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 3	RM
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	RM
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	RM
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 2	RM
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 2	RM
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 4	RM
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 3	RM; QL (150 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Tier 3	RM; QL (300 GM per 30 days)
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	Tier 2	RM
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	RM
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	RM
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	Tier 3	RM
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	RM
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	Tier 3	RO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	Tier 5	RO; DL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	RO; DL
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 5	RO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5	RO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 5	RO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 4	RO; DL
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	RO; DL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	Tier 5	PA; RO; DL
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	PA; RO; DL
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 5	PA; RO; DL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	Tier 5	RO
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	RM
Immunological Agents		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	RO; DL
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 5	PA; SP; LA; DL
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 3	RO; DL
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Tier 5	PA; RO; DL
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 5	PA; SP; LA; DL
<i>azathioprine oral tablet 50 mg</i>	Tier 1	B/D; RM
BCG VACCINE INJECTION INJECTABLE	Tier 3	B/D; RO; DL
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 5	PA; RO; DL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 5	PA; RO; DL
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 3	RO; DL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	Tier 3	RO; DL
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5	PA; RO; DL

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	B/D; RM
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	B/D; RO; DL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 2	B/D; RM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 3	RO; DL
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 Iu/0.5ml</i>	Tier 3	RO; DL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5	PA; RO; DL
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 5	PA; RO; DL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5	PA; RO; DL
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	Tier 3	B/D; RO; DL
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	Tier 5	PA; RO; DL
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 5	PA; RO; DL
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 5	PA; RO; DL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 3	RO; DL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 3	RO; DL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	Tier 3	RO; DL
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 3	RO; DL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 5	PA; RO; DL

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Drug Name	Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; RO; DL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5	PA; RO; DL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 5	PA; RO; DL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; RO; DL
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	Tier 3	B/D; RO; DL
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 3	RO; DL
IPOL INJECTION INJECTABLE	Tier 3	RO; DL
IXIARO INTRAMUSCULAR SUSPENSION	Tier 3	RO; DL
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; RO; DL
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	Tier 3	RO; DL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	RM
MENACTRA INTRAMUSCULAR INJECTABLE	Tier 3	RO; DL
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	RO; DL
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	RM
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	RM
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	Tier 1	RM
<i>methotrexate sodium injection solution 50 mg/2ml</i>	Tier 1	RM
M-M-R II SUBCUTANEOUS INJECTABLE	Tier 3	RO; DL
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	B/D; RM
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 2	B/D; RO; DL

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Drug Name	Tier	Requirements/Limits
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	B/D; RM
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 2	B/D; RM
OTEZLA ORAL TABLET 30 MG	Tier 5	PA; RO; DL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 5	PA; RO; DL
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 3	RO; DL
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 3	RO; DL
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 3	RO; DL
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 3	RO; DL
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	B/D; RO; DL
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	Tier 3	B/D; RO; DL
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 3	RO; DL
ROTATEQ ORAL SOLUTION	Tier 3	RO; DL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 3	RO; DL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 5	PA; RO; DL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	Tier 5	PA; RO; DL
<i>sirolimus oral solution 1 mg/ml</i>	Tier 5	B/D; RO; DL
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	B/D; RM
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	B/D; RM
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Tier 3	RO; DL

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Drug Name	Tier	Requirements/Limits
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 3	RO; DL
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 3	RO; DL
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 3	RO; DL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	Tier 3	RO; DL
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	Tier 3	RO; DL
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 3	RO; DL
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA; RO; DL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Tier 5	PA; RO; DL
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 3	RO; DL
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	B/D; RO; DL
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	Tier 3	RO; DL

Inflammatory Bowel Disease Agents

<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	RM
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 2	RM
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	RM
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 2	RO; DL
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	RM
<i>mesalamine rectal enema 4 gm</i>	Tier 2	RO; QL (1680 ML per 28 days); DL
<i>mesalamine rectal suppository 1000 mg</i>	Tier 2	RO; DL

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	RM
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	RM
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 2	RM
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	RM
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 2	RM
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	RM
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 2	RO; DL
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 4	RO; DL
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 2	RM; QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Tier 5	PA; SP; LA; DL
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 2	PA; RM
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4	PA; RO; DL
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 5	PA; RO; DL
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 5	PA; RO; DL
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 5	PA; SP; DL
Ophthalmic Agents		
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 3	RO; DL
ALREX OPHTHALMIC SUSPENSION 0.2 %	Tier 4	RO; DL
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 2	RM
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 2	RO; DL
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	RO; DL
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 2	RO; DL
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 2	RM
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	RM
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	Tier 3	RO; DL
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 3	RO; DL
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 2	RM
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 2	RM
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 3	RM
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 2	RO; DL
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5	RO; DL
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 2	RO; DL
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 2	RO; DL
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 2	RM
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 2	RM
DUREZOL OPHTHALMIC EMULSION 0.05 %	Tier 4	RO; DL
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 2	RO; DL
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 2	RO; DL
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	Tier 3	RO; DL
FML OPHTHALMIC OINTMENT 0.1 %	Tier 3	RO; DL

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Drug Name	Tier	Requirements/Limits
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 3	RO; DL
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 2	RO; DL
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 2	RM
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	RM
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 4	RO; QL (3.5 GM per 3 days); DL
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Tier 4	RO; DL
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	RO; DL
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	RO; DL
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	Tier 3	RO; DL
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 3	RO; DL
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	RM
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 2	RO; DL
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	Tier 3	RO; DL
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	Tier 3	RO; DL
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 2	RO; DL
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 2	RO; DL
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 2	RO; DL

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Drug Name	Tier	Requirements/Limits
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 3	RO; QL (60 EA per 30 days); DL
<i>timolol maleate ophthalmic solution</i> 0.25 %, 0.5 %	Tier 1	RM
<i>tobramycin-dexamethasone ophthalmic suspension</i> 0.3-0.1 %	Tier 2	RO; DL
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Tier 3	RM
Otic Agents		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	Tier 3	RO; DL
<i>neomycin-polymyxin-hc otic solution</i> 1 %	Tier 2	RO; DL
<i>neomycin-polymyxin-hc otic suspension</i> 3.5-10000-1	Tier 2	RO; DL
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation solution</i> 10 %, 20 %	Tier 2	B/D; RO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; SP; LA; DL
<i>albuterol sulfate hfa inhalation aerosol solution</i> 108 (90 base) mcg/act (nda020983)	Tier 2	RM
<i>albuterol sulfate inhalation nebulization solution</i> (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	Tier 2	B/D; RM
<i>albuterol sulfate oral syrup</i> 2 mg/5ml	Tier 2	RO; DL
<i>albuterol sulfate oral tablet</i> 2 mg, 4 mg	Tier 2	RM
<i>ambrisentan oral tablet</i> 10 mg, 5 mg	Tier 5	PA; RO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	Tier 3	RM
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 3	RM; QL (1 EA per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	Tier 3	RM; QL (1 EA per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	Tier 3	RM; QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	Tier 3	RM; QL (13 GM per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3	RM
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	RM
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Tier 3	RM
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 2	B/D; RM
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 5	PA; SP; LA; DL
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 2	B/D; RM
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 2	RO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 2	RO; DL
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 2	RM
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 3	PA; RM; QL (31 EA per 31 days)
<i>epinephrine injection solution auto- injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 3	RO; QL (2 EA per 30 days); DL
ESBRIET ORAL CAPSULE 267 MG	Tier 5	PA; RO; DL
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 5	PA; RO; DL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	Tier 3	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	Tier 3	RM; QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	Tier 3	RM; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	Tier 3	RM; QL (10.6 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	RM
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 2	RM
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act</i>	Tier 2	RM
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 2	RO; DL
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	RM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	RM
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	Tier 3	RM
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	B/D; RM
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 2	RM
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	B/D; RM
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; SP; LA; DL
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 2	RM
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	Tier 2	RM
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	Tier 2	RM
<i>montelukast sodium oral packet 4 mg</i>	Tier 2	RM
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	RM
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA; RO; DL
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 2	RM
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; SP; LA; DL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; SP; LA; DL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; SP; LA; DL
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 5	PA; SP; LA; DL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; SP; LA; DL
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5	PA; SP; LA; DL
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA; RO; QL (150 ML per 28 days); DL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	Tier 3	RM
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; RM
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	RM
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 2	PA; RM; DL
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 2	RM
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 2	RM
<i>theophylline oral solution 80 mg/15ml</i>	Tier 2	RO; DL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 5	PA; SP; LA; DL
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 5	PA; SP; LA; DL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	Tier 3	ST; RM
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Tier 3	RM

You can find information on what the symbols and abbreviations on this table mean by going to page viii

Drug Name	Tier	Requirements/Limits
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	RM
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 5	PA; RO; DL
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 5	PA; RO; DL
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	Tier 2	PA; RM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	RM
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 2	RM
HETLIOZ ORAL CAPSULE 20 MG	Tier 5	PA; RO; DL
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 2	RM; QL (31 EA per 31 days)
ROZEREM ORAL TABLET 8 MG	Tier 4	PA; RM
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	RM
XYREM ORAL SOLUTION 500 MG/ML	Tier 5	PA; SP; LA; DL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	RM
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 2	RM

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Section 1557 Notification: Discrimination is Against the Law

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

FHCP Medicare:

- 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:

- FHCP Medicare : 1-833-866-6559

If you believe that FHCP Medicare 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:

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

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-833-866-6559. (TTY: 1-800-955-8770)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-866-6559 (TTY: 1-800-955-8770).**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-866-6559 (TTY: 1-800-955-8770).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-866-6559 (TTY: 1-800-955-8770).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-833-866-6559 (TTY: 1-800-955-8770).

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 1-833-866-6559 (TTY: 1-800-955-8770)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-866-6559 (ATS : 1-800-955-8770).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-866-6559 (TTY: 1-800-955-8770).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-866-6559 (телетайп: 1-800-955-8770).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-833-866-6559 (رقم هاتف الصم والبكم: 1-800-955-8770).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-833-866-6559 (TTY: 1-800-955-8770).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-866-6559 (TTY: 1-800-955-8770).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-866-6559 (TTY: 1-800-955-8770)번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-833-866-6559 (TTY: 1-800-955-8770).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-866-6559 (TTY: 1-800-955-8770).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-833-866-6559 (TTY: 1-800-955-8770).

This formulary was updated on 07/31/2019. For more recent information or other questions, please contact us at 1-833-866-6559 or, for TTY users, 1-800-955-8770. Hours are 8:00 a.m. - 8:00 p.m. local time, seven days a week from October 1 – March 31, except for Thanksgiving Day and Christmas Day. However, from April 1 - September 30, our hours are 8:00 a.m. -8:00 p.m. local time, five days a week. You will have to leave a message on Saturdays, Sundays and Federal holidays. We will return your call within one business day. Or visit www.FHCPMedicare.com.