



**BlueShield
of Northeastern New York**

BlueShield of Northeastern New York

2019 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 0019341, Version Number 4

This formulary was updated on 8/23/2018. For more recent information or other questions, please contact BlueShield of Northeastern New York at 1-800-329-2792 or, for TTY users, (TTY 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week and April 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday, or visit www.bsneny.com/medicare.

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 BlueShield of Northeastern New York. When it refers to “plan” or “our plan,” it means BlueShield Senior Blue 652 (HMO), BlueShield Freedom Value (HMO-POS), BlueShield Freedom Plus (HMO-POS), BlueShield Freedom Premier (HMO-POS), BlueShield Forever Blue 770 (PPO).

This document includes list of the drugs (formulary) for our plan which is current as of 8/23/2018. 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, 2020 and from time to time during the year.

What is the BlueShield of Northeastern New York Formulary?

A formulary is a list of covered drugs selected by BlueShield of Northeastern New York 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. BlueShield of Northeastern New York will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueShield of Northeastern New York network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 new generic drug 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 60 day supply of the drug.

The enclosed formulary is current as of 8/23/2018. To get updated information about the drugs covered by BlueShield of Northeastern New York please contact us. Our contact information appears on the front and back cover pages. In the event our plan makes a mid-year, non-maintenance change to the formulary we will notify you directly by mail. We will send you a written notification explaining the change and a new formulary page reflecting the correct text and benefit.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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, “Anti-hypertensive Therapy”. If you know what your drug is used for, look for the category name in the list that begins on page number 2. 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 64. 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?

BlueShield of Northeastern New York 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:** BlueShield of Northeastern New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueShield

of Northeastern New York before you fill your prescriptions. If you don't get approval, BlueShield of Northeastern New York may not cover the drug.

- **Quantity Limits:** For certain drugs, BlueShield of Northeastern New York limits the amount of the drug that BlueShield of Northeastern New York will cover. For example, BlueShield of Northeastern New York provides 30 units per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueShield of Northeastern New York 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, BlueShield of Northeastern New York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueShield of Northeastern New York 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 2. 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 BlueShield of Northeastern New York 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 BlueShield of Northeastern New York formulary?" on page V 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. For more information, 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 learn that BlueShield of Northeastern New York does not cover your drug, you have two options:

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

You can ask BlueShield of Northeastern New York 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, BlueShield of Northeastern New York limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, BlueShield of Northeastern New York 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 believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility 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.

If you submit a prescription for a transition eligible drug and it is rejected at Point of Sale, a message will be relayed to the pharmacists to call for additional instructions if you underwent a recent level of care change. After confirming that you had a level of care change, the pharmacist will be instructed to enter a series of override codes to allow you to receive a one-time transition supply of your prescription. At that time, all transition supply procedures will apply including member notifications for transition supply fills.

For more information

For more detailed information about your BlueShield of Northeastern New York prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueShield of Northeastern New York, 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>.

BlueShield of Northeastern New York Formulary

The formulary below provides coverage information about the drugs covered by BlueShield of Northeastern New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

The information in the Requirements/Limits column tells you if BlueShield of Northeastern New York has any special requirements for coverage of your drug.

BlueShield of Northeastern New York is a Medicare Advantage Plan with a Medicare contract and enrollment depends on contract renewal. A division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association. Enrollees can get prescription drugs shipped to their homes through the network mail order delivery program. Enrollees should expect to receive their mail order prescriptions 14-21 calendar days after the pharmacy initially receives the order. Please call the Pharmacy Services number located on the back of your member ID card if you do not receive your prescription within the appropriate amount of days.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

*****: Diabetic test strips are not covered under Medicare Part D. The test strips listed in this document are those that may be covered under Medicare Part B if your Plan includes Part B coverage.

+: We provide additional coverage of this prescription drug in the coverage gap for Senior 652 (HMO) , Freedom Value (HMO-POS), Freedom Plus (HMO-POS), Freedom Premier (HMO-POS) and Forever Blue 770 (PPO). Please refer to your evidence of coverage for more information about this coverage.

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-pay in this drug list. Please refer to chapter 4 of your evidence of coverage for the cost of Part B drugs or contact customer service.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the 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.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>casprofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	MO
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	2	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole oral</i>	2	MO
MYCAMINE	5	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
SPORANOX ORAL SOLUTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	2	MO
<i>voriconazole oral</i>	5	MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	5	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS ORAL CAPSULE	5	MO
APTIVUS ORAL SOLUTION	5	
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO
<i>atazanavir oral capsule 300 mg</i>	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
COMPLERA	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. +We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements /Limits
CRIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	2	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	5	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
GENVOYA	5	MO
HARVONI	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>lopinavir-ritonavir</i>	2	MO
<i>moderiba</i>	2	MO
<i>moderiba dose pack oral tablets, dose pack 400-400 mg (28)-mg (28)</i>	2	MO
<i>moderiba dose pack oral tablets, dose pack 600-600 mg (28)-mg (28)</i>	5	MO
<i>nevirapine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL CAPSULE	3	
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribasphere oral capsule</i>	2	MO
<i>ribasphere oral tablet 200 mg, 400 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ribasphere oral tablet 600 mg</i>	5	MO
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)-400 mg (7)</i>	2	
<i>ribasphere ribapak oral tablets, dose pack 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
SELZENTRY	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
<i>tenofovir disoproxil fumarate</i>	5	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TRUVADA	5	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. +We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements /Limits
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIDEX 4 GRAM PEDIATRIC	3	MO
VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG	4	MO
VIRACEPT ORAL TABLET	5	MO
VIRAMUNE ORAL SUSPENSION	4	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
ZERIT ORAL RECON SOLN	4	MO
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	MO
<i>cefazolin injection recon soln 10 gram</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	2	
<i>cefotetan injection</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	
<i>cephalexin</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
TEFLARO	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin</i>	2	MO
<i>clarithromycin</i>	2	MO
<i>e.e.s. 400 oral tablet</i>	2	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	2	MO
<i>erythromycin oral tablet</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 500 mg/2 ml</i>	2	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	2	MO
BENZNIDAZOLE	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. +We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements /Limits
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin phosphate injection</i>	2	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	2	MO
<i>dapsone oral</i>	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	2	MO
INVANZ INJECTION	4	MO
<i>isoniazid oral</i>	2	MO
<i>ivermectin</i>	2	MO
<i>linezolid</i>	5	MO
<i>linezolid in dextrose 5%</i>	5	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	2	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
<i>polymyxin b sulfate</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>rifampin</i>	2	MO
SIRTURO	5	MO; LA
STREPTOMYCIN	3	MO
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution</i>	2	MO
TRECTOR	3	MO
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	2	MO
<i>vancomycin oral capsule 125 mg</i>	2	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin injection recon soln 1 gram</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>oxacillin injection recon soln 1 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	2	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	MO
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g sodium</i>	2	MO
<i>penicillin v potassium</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	MO
QUINOLONES		
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin (mixture)</i>	2	MO
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	MO
<i>levofloxacin intravenous</i>	2	MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>ofloxacin oral tablet 300 mg</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral</i>	2	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>morgidox oral capsule 50 mg</i>	2	MO
<i>tetracycline</i>	2	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>nitrofurantoin</i>	2	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
AFINITOR	5	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	5	PA; MO
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
<i>azathioprine</i>	2	B/D PA; MO
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
COMETRIQ	5	PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified</i>	2	B/D PA; MO
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
DROXIA	3	MO
EMCYT	5	MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO
<i>exemestane</i>	2	MO
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; MO
<i>flutamide</i>	2	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (30 per 30 days)
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
JAKAFI	5	PA; MO; QL (60 per 30 days)
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	MO
LONSURF	5	PA; MO
LUPRON DEPOT	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LYNPARZA ORAL CAPSULE	5	PA; MO; QL (480 per 30 days)
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MATULANE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
POMALYST	5	PA; MO; LA
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RYDAPT	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SIGNIFOR	5	MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	5	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	B/D PA; MO
TABLOID	3	MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSE	5	PA; MO; LA; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
THALOMID	5	PA; MO
TRELSTAR INTRAMUSCULAR SYRINGE	5	B/D PA; MO
<i>tretinoin (chemotherapy)</i>	5	MO
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	5	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XTANDI	5	PA; MO; QL (120 per 30 days)
YONSA	5	PA; QL (120 per 30 days)
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	5	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH**

ANTICONVULSANTS

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Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL	5	MO
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO; +
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO; +
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PA; MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	PA; MO; QL (300 per 30 days)
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO

Drug Name	Drug Tier	Requirements /Limits
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO; +
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET	3	MO
<i>gabapentin oral capsule 100 mg</i>	1	PA; MO; QL (1080 per 30 days); +
<i>gabapentin oral capsule 300 mg</i>	1	PA; MO; QL (360 per 30 days); +
<i>gabapentin oral capsule 400 mg</i>	1	PA; MO; QL (270 per 30 days); +
<i>gabapentin oral solution 250 mg/5 ml</i>	2	PA; MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	PA; MO; QL (180 per 30 days); +
<i>gabapentin oral tablet 800 mg</i>	1	PA; MO; QL (120 per 30 days); +

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Drug Name	Drug Tier	Requirements /Limits
GRALISE 30-DAY STARTER PACK	3	PA; MO; QL (78 per 180 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO; +
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	PA; MO; QL (900 per 30 days)
ONFI ORAL SUSPENSION	5	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	2	MO
PEGANONE	3	MO
<i>phenobarbital</i>	2	PA; MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>roweepra xr</i>	2	
SABRIL ORAL TABLET	5	MO; LA
SPRITAM	4	MO
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO; +
<i>valproic acid</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>vigabatrin</i>	5	MO; LA
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
<i>zonisamide</i>	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
NEUPRO	3	MO
<i>pramipexole</i>	2	MO
<i>rasagiline</i>	2	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine nasal</i>	2	MO; QL (8 per 28 days)
<i>eletriptan</i>	2	MO; QL (18 per 28 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	2	MO; QL (18 per 28 days)
<i>zolmitriptan</i>	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA
AUBAGIO	5	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; +

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Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO; +
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	PA; MO
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA	5	PA; MO; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene</i>	2	MO
MESTINON ORAL SYRUP	5	MO
<i>pyridostigmine bromide</i>	2	MO
<i>tizanidine</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PA; MO; QL (4 per 28 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	2	MO; QL (28 per 30 days)
<i>levorphanol tartrate</i>	2	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone)</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine injection syringe 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	2	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	2	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>vicodin</i>	2	MO; QL (390 per 30 days)
<i>vicodin es</i>	2	MO; QL (390 per 30 days)
<i>vicodin hp</i>	2	MO; QL (390 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>celecoxib</i>	2	MO
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
FLECTOR	4	PA; MO; QL (60 per 30 days)
<i>flurbiprofen</i>	2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO; +
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; +
<i>ketoprofen oral capsule 75 mg</i>	2	MO
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	MO
<i>meclofenamate</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO; +
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days); +

Drug Name	Drug Tier	Requirements /Limits
<i>nabumetone</i>	2	MO
<i>naloxone</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO; +
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO; QL (2 per 28 days)
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>profeno</i>	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac</i>	1	MO; +
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tramadol oral tablet</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
<i>alprazolam oral tablet</i>	2	PA; MO
<i>amitriptyline</i>	2	PA; MO
<i>amoxapine</i>	2	PA; MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
<i>armodafinil</i>	4	PA; MO
<i>atomoxetine</i>	2	MO
<i>bupropion hcl oral tablet</i>	1	MO; +
<i>bupropion hcl oral tablet extended release 12 hr</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupirone</i>	2	MO
<i>chlorpromazine oral</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days); +
<i>clomipramine</i>	4	PA; MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	
<i>desipramine</i>	2	PA; MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral</i>	4	PA; MO
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days); +
<i>eszopiclone</i>	4	ST; MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days); +
<i>fluoxetine oral capsule 20 mg</i>	1	MO; +
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days); +
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GEODON INTRAMUSCULAR	4	MO
<i>guanidine</i>	2	MO
<i>haloperidol</i>	1	MO; +
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	PA; MO
<i>imipramine pamoate</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lithium carbonate</i>	1	MO; +
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>metadate er</i>	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	2	MO
<i>methylphenidate hcl oral tablet,chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO; +
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
NUPLAZID ORAL TABLET 17 MG	5	PA; MO
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	2	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days); +
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days); +
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	2	MO; QL (30 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days); +
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days); +
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS (BLACK CHERRY)	3	MO; QL (60 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days); +
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days); +
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	1	MO; +
<i>tranylcypramine</i>	4	MO
<i>trazodone</i>	1	MO; +
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	PA; MO
TRINTELLIX	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA
<i>zaleplon oral capsule 10 mg</i>	4	ST; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	ST; MO; QL (30 per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	MO
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>zolpidem oral tablet</i>	2	ST; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>flecainide</i>	2	MO
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet</i> 100 mg, 200 mg, 400 mg	2	MO
<i>propafenone</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet</i> 120 mg, 160 mg, 80 mg	2	MO
<i>sorine oral tablet</i> 240 mg	2	
<i>sotalol af oral tablet</i> 120 mg	2	MO
<i>sotalol oral tablet</i> 160 mg, 240 mg, 80 mg	2	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>afeditab cr</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO; +
<i>amlodipine-benazepril</i>	1	MO; +
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan-hctiazid</i>	2	MO
<i>atenolol</i>	1	MO; +
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO; +
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO; +
<i>bumetanide</i>	2	MO
BYSTOLIC	3	MO
BYVALSON	3	MO
<i>candesartan</i>	2	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO; +
<i>carvedilol phosphate</i>	2	MO
<i>chlorothiazide</i>	2	MO
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	1	MO; +
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO; +
DEMSER	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	1	MO; +
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days); +
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days); +
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate</i>	1	MO; +
<i>enalapril-hydrochlorothiazide</i>	1	MO; +
<i>eplerenone</i>	2	MO
<i>eprosartan</i>	2	MO
<i>ethacrynic acid</i>	5	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO; +
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral tablet</i>	1	MO; +
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO; +
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO; +
<i>irbesartan-hydrochlorothiazide</i>	1	MO; +
<i>isradipine</i>	2	MO
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO; +
<i>lisinopril-hydrochlorothiazide</i>	1	MO; +
<i>losartan</i>	1	MO; +
<i>losartan-hydrochlorothiazide</i>	1	MO; +
<i>matzim la</i>	2	MO
<i>methyclothiazide</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO; +
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; +
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO; +
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	2	MO
<i>nisoldipine</i>	2	MO
<i>olmesartan</i>	1	MO; +
<i>olmesartan-amlodipin-hcthiazyd</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO; +
<i>perindopril erbumine</i>	1	MO; +
<i>phenoxybenzamine</i>	5	PA; MO
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO; +
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO; +
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO; +
<i>spironolactone</i>	1	MO; +
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days); +
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days); +
<i>timolol maleate oral</i>	2	MO
<i>toremide oral</i>	2	MO
<i>trandolapril</i>	1	MO; +
<i>trandolapril-verapamil</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO; +
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO; +
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	1	MO; +
<i>valsartan-hydrochlorothiazide</i>	1	MO; +
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	1	MO; +
<i>verapamil oral tablet</i>	1	MO; +
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aspirin-dipyridamole</i>	2	MO
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; +
<i>dipyridamole oral</i>	2	MO
DOPTELET	5	PA; MO; LA
ELIQUIS	3	MO
<i>enoxaparin subcutaneous syringe</i>	2	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>jantoven</i>	1	MO; +
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>warfarin</i>	1	MO; +

Drug Name	Drug Tier	Requirements /Limits
XARELTO	3	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days); +
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	MO
<i>colesevelam oral tablet</i>	2	MO
<i>colestipol oral packet</i>	2	MO
<i>colestipol oral tablet</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO; +
JUXTAPID	5	PA; MO; LA
LIVALO	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days); +
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days); +
<i>niacin oral tablet extended release 24 hr</i>	2	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days); +
<i>prevalite oral powder in packet</i>	2	MO
REPATHA	5	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	5	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days); +
<i>simvastatin</i>	1	MO; QL (30 per 30 days); +

Drug Name	Drug Tier	Requirements /Limits
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	3	PA; MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
RANEXA	3	MO
VECAMYL	5	
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	2	
<i>isosorbide mononitrate</i>	1	MO; +
<i>nitro-bid</i>	2	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO

DERMATOLOGICAL/TOPICAL THERAPY

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Drug Name	Drug Tier	Requirements /Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg</i>	2	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	2	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	MO
COSENTYX (2 SYRINGES)	5	PA; MO
COSENTYX PEN (2 PENS)	5	PA; MO
<i>selenium sulfide topical lotion</i>	2	MO
STELARA SUBCUTANEOUS	5	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
CARAC	5	MO
CONDYLOX TOPICAL GEL	3	MO
<i>diclofenac sodium topical gel 3 %</i>	5	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	5	MO; QL (45 per 30 days)
DUPIXENT	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
FLUOROURACIL TOPICAL CREAM 0.5 %	5	ST; MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>imiquimod</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
PICATO	5	MO
<i>podofilox</i>	2	MO
<i>prudoxin</i>	2	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
TOLAK	4	MO

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Drug Name	Drug Tier	Requirements /Limits
VALCHLOR	5	MO
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP	5	ST; MO
THERAPY FOR ACNE		
<i>amnesteem</i>	2	MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO
<i>clindamycin phosphate topical lotion</i>	2	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>dapsone topical</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	2	
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel</i>	2	MO
<i>metronidazole topical lotion</i>	2	MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	2	MO
<i>myorisan oral capsule 30 mg</i>	2	
<i>tazarotene</i>	2	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<i>zenatane</i>	4	MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mupirocin</i>	2	MO
<i>mupirocin calcium</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
SULFAMYLON TOPICAL PACKET	5	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole- betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>econazole</i>	2	MO; QL (85 per 28 days)
KERYDIN	4	MO
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine</i>	2	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	2	MO; QL (60 per 28 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	5	PA; MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		

Drug Name	Drug Tier	Requirements /Limits
<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
CAPEX	3	MO
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinolone topical cream</i>	2	MO
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical cream 0.1 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>halobetasol propionate</i>	2	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>nolix topical cream</i>	2	
<i>prednicarbate</i>	2	MO
<i>triamcinolone acetonide topical aerosol</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>trianex</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triderm topical cream 0.1 %</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
SKLICE	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>alendronate oral tablet 40 mg</i>	1	MO; QL (30 per 30 days); +
<i>anagrelide</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	MO; LA
CARBAGLU	5	MO; LA
<i>cevimeline</i>	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	2	MO
<i>etidronate disodium oral tablet 400 mg</i>	2	MO
EXJADE	5	PA; MO; LA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	MO; LA
<i>kionex (with sorbitol)</i>	2	MO
<i>lanthanum</i>	2	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>midodrine</i>	2	MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA

Drug Name	Drug Tier	Requirements /Limits
ORFADIN ORAL CAPSULE 20 MG	5	MO; LA
ORFADIN ORAL SUSPENSION	5	MO; LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
RAVICTI	5	MO
<i>riluzole</i>	2	MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral</i>	2	MO
THIOLA	5	MO
<i>trientine</i>	5	PA; MO
VELTASSA	3	MO
XURIDEN	5	MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	2	MO; QL (60 per 30 days)
BACTROBAN NASAL	3	
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	2	MO; QL (30.5 per 30 days)
<i>periogard</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	2	MO
<i>floxin otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone-acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
OTOVEL	3	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>cortisone</i>	2	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO; +
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	2	B/D PA; MO
<i>prednisone intensol</i>	2	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO; +
<i>prednisone oral tablets, dose pack</i>	1	MO; +
<i>veripred 20</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	3	MO; *
ACCU-CHEK COMPACT PLUS TEST	3	MO; *
ACCU-CHEK GUIDE	3	MO; *
ACCU-CHEK SMARTVIEW TEST STRIP	3	MO; *
ACCUTREND GLUCOSE	3	MO; *
ALCOHOL PADS	3	MO

Drug Name	Drug Tier	Requirements /Limits
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO
APIDRA U-100 INSULIN	4	ST; MO
BYDUREON	3	PA; MO; QL (4 per 28 days)
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
FARXIGA ORAL TABLET 10 MG	4	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	4	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days); +
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days); +
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days); +
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days); +
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days); +

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Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days); +
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days); +
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days); +
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days); +
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days); +
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GLYXAMBI	3	MO; QL (30 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INSULIN PEN NEEDLE 29 GAUGE X 1/2"	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	MO; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	MO; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
KAZANO	4	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days); +
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days); +
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days); +
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days); +
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (75 per 30 days); +
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
ONETOUCH ULTRA BLUE TEST STRIP	3	MO; *
ONETOUCH VERIO	3	MO; *
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/0.75 ML (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days); +

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone-glimepiride</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	2	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>repaglinide-metformin</i>	2	MO; QL (150 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)
SOLIQUA 100/33	3	MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	MO; QL (120 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tolazamide oral tablet 250 mg</i>	2	MO; QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>tolbutamide</i>	2	MO; QL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRULICITY	4	PA; MO; QL (2 per 28 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	4	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	4	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ANDRODERM	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol oral</i>	2	MO
CERDELGA	5	MO
<i>danazol</i>	4	MO
<i>desmopressin nasal spray, non-aerosol</i>	2	MO
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol oral</i>	2	MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
<i>methyltestosterone oral capsule</i>	5	MO
<i>miglustat</i>	5	MO; LA
MYALEPT	5	PA; MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>paricalcitol oral</i>	4	MO
SAMSCA	5	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	MO
SOMAVERT	5	MO
STIMATE	3	MO
SYNAREL	5	MO
<i>testosterone cypionate</i>	2	PA; MO
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet</i>	2	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)

THYROID HORMONES

<i>levothyroxine oral</i>	1	MO; +
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; +
<i>liothyronine oral</i>	2	MO
SYNTHROID	3	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; +

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>difenoxylate-atropine</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

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Drug Name	Drug Tier	Requirements /Limits
<i>alosetron</i>	5	MO
AMITIZA	3	MO
<i>aprepitant</i>	2	B/D PA; MO
APRISO	4	MO
ASACOL HD	3	MO
<i>balsalazide</i>	2	MO
<i>budesonide oral</i>	5	MO
CANASA	3	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CIMZIA	5	PA; MO
CIMZIA POWDER FOR RECONST	5	PA; MO
<i>colocort</i>	2	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 36,000-114,000-180,000 UNIT	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cromolyn oral</i>	2	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DIPENTUM	5	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LINZESS	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	MO
<i>mesalamine rectal</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO; +
<i>metoclopramide hcl oral tablet, disintegrating</i>	2	MO
MOVANTI ^K	3	MO
MOVIPREP	4	MO
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	2	

Drug Name	Drug Tier	Requirements /Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO; +
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
SYMPROIC	3	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol</i>	2	MO
VARUBI ORAL	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
VIBERZI	5	MO
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 5,000- 17,000 -27,000 UNIT, 5,000- 17,000- 24,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-126,000- 168,000 UNIT	5	MO
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	MO; QL (112 per 30 days)
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO; +
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
<i>nizatidine</i>	2	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days); +

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Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; +
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days); +
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; +
PYLERA	3	MO
<i>ranitidine hcl oral capsule</i>	1	MO; +
<i>ranitidine hcl oral syrup</i>	2	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO; +
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX (WITH ALBUMIN)	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
EXTAVIA SUBCUTANEOUS KIT	5	PA; MO; QL (15 per 28 days)
GRANIX	5	PA; MO
INTRON A INJECTION RECON SOLN	5	B/D PA; MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	B/D PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	MO
NEULASTA SUBCUTANEOUS SYRINGE	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPRO	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
SYLATRON	5	MO
ZARXIO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO

Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHTEIRIA TOX PED(PF)	3	MO
TETANUS-DIPHTEIRIA TOXOIDS-TD	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO; +
COLCRYS	3	MO
MITIGARE	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	ST; MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days); +
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days); +
FORTEO	5	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO
<i>raloxifene</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

ACTEMRA SUBCUTANEOUS	5	PA; MO
BENLYSTA SUBCUTANEOUS	5	PA; MO
CUPRIMINE	5	MO
DEPEN TITRATABS	5	MO
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
OTEZLA	5	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	MO
RIDAURA	5	MO
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI	5	PA; MO
XELJANZ ORAL TABLET 5 MG	5	PA; MO
XELJANZ XR	5	PA; MO
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	4	MO
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyroc</i>	2	
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	2	MO
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	MO
<i>aviane</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>delyla (28)</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	MO
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>femynor</i>	2	MO
<i>gianvi (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>juleber</i>	2	MO
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kimidess (28)</i>	2	MO
<i>kurvelo</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutura (28)</i>	2	MO
<i>marlissa</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ogestrel (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia</i>	2	MO
<i>previfem</i>	2	MO
<i>quasense</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>trinessa (28)</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	MO

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye)</i>	2	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin</i>	2	MO

ANTIVIRALS

<i>trifluridine</i>	2	MO
ZIRGAN	4	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>metipranolol</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; +
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO

MISCELLANEOUS OPTHALMOLOGICS

<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
BEPREVE	4	MO

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Drug Name	Drug Tier	Requirements /Limits
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	2	MO
LASTACAFT	4	MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>methazolamide</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
ZIOPTAN (PF)	4	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>tobramycin-dexamethasone</i>	2	MO
ZYLET	3	MO
STERIODS		
ALREX	4	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	2	MO
LOTEMAX	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine</i>	2	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	MO; QL (4 per 30 days)
EPIPEN 2-PAK	3	MO; QL (4 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (4 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (2 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation</i>	2	B/D PA; MO
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
DULERA	3	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone-salmeterol</i>	1	MO; QL (60 per 30 days); +
HAEGARDA	5	PA; MO; LA
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO
<i>metaproterenol</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR	3	MO; QL (17.4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>terbutaline oral</i>	2	MO
THEO-24	3	MO
<i>theophylline oral solution</i>	2	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>triamcinolone acetonide nasal</i>	2	MO; QL (16.5 per 30 days)
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO
ZYFLO	5	MO

Drug Name	Drug Tier	Requirements /Limits
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate</i>	2	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
VESICARE	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
RAPAFLO	3	ST; MO
<i>tamsulosin</i>	1	MO; +
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	2	MO
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>potassium citrate</i>	2	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle</i>	2	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	MO
<i>k-tab oral tablet extended release 8 meq</i>	2	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	1	MO; +
<i>potassium chloride oral liquid</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	1	MO; +
<i>potassium chloride oral tablet,er particles/crystals</i>	1	MO; +
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 %</i>	2	MO
<i>sodium chloride 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	2	MO
<i>sodium lactate intravenous</i>	2	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II 8.5 %	3	B/D PA
AMINOSYN II 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 5%/D25W SULFITE-FREE	3	B/D PA
CLINIMIX 2.75%/D5W SULFIT FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 4.25%-D20W SULF-FREE	3	B/D PA
CLINIMIX 4.25%-D25W SULF-FREE	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
IONOSOL-MB IN D5W	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	B/D PA
NORMOSOL-R PH 7.4	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	

Drug Name	Drug Tier	Requirements /Limits
<i>plenamine</i>	2	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	4	MO
<i>prenatal vitamin oral tablet</i>	4	MO

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clomipramine.....	22	cyclobenzaprine.....	18	36
clonazepam.....	15	cyclophosphamide	11	dextrose 10 % in water (d10w)	36
clonidine	27	CYCLOSET	38	36
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clopidogrel.....	30	cyclosporine modified	11	dextrose 5%-0.2 % sod chloride	36
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COARTEM	7	d10 %-0.45 % sodium chloride	35	diazepam.....	23
COLCRYS	50	d2.5 %-0.45 % sodium chloride	35	diazepam intensol	22
colesevelam	30	d5 % and 0.9 % sodium chloride	35	diclofenac potassium	21
colestipol	30	d5 %-0.45 % sodium chloride	35	diclofenac sodium.....	21, 32, 56
		DALIRESP.....	58	diclofenac-misoprostol	21
		danazol.....	42	dicloxacillin	8
		dantrolene	18	dicyclomine	43
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dorzolamide-timolol	56	ENTRESTO.....	31	famciclovir.....	3
doxazosin.....	28	enulose.....	44	famotidine.....	46
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doxercalciferol.....	42	epinastine.....	56	FARESTON	11
doxy-100	9	EPINEPHRINE	57	FARXIGA	38
doxycycline hyclate.....	10	EPIPEN 2-PAK	57	FARYDAK.....	11
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DUAVEE	52	EPOGEN	47	femynor.....	53
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DUPIXENT.....	32	ergotamine-caffeine.....	17	fenofibrate nanocrystallized	30
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dutasteride	60	ERLEADA	11	fenofibric acid (choline)	30
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E		ERY-TAB.....	6	fentanyl citrate	19
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EDARBYCLOR.....	28	erythromycin ethylsuccinate...6		FIRAZYR	58
EDURANT.....	3	erythromycin with ethanol....33		FIRMAGON KIT W	
efavirenz	3	ESBRIET.....	58	DILUENT SYRINGE	11
eletriptan.....	17	escitalopram oxalate	23	flavoxate	60
ELIQUIS	30	esomeprazole magnesium....46		flecainide	27
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.....28	haloperidol decanoate.....24	hydrocodone-acetaminophen 19
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imatinib	12	IXIARO (PF).....	49	lamivudine-zidovudine	3
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imipenem-cilastatin	7	JAKAFI	12	LANOXIN.....	31
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imipramine pamoate.....	24	JANUMET	40	lanthanum	36
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IMOVAX RABIES VACCINE		JANUVIA.....	40	INSULIN	40
(PF).....	49	JARDIANCE.....	40	LANTUS U-100 INSULIN ..	40
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introvale.....	53	KAZANO	40	lessina	54
INVANZ.....	7	kelnor 1/35 (28).....	53	letrozole	12
INVEGA SUSTENNA.....	24	KERYDIN	34	leucovorin calcium	10
INVEGA TRINZA.....	24	ketoconazole.....	2, 34	LEUKERAN.....	12
INVIRASE	3	ketoprofen.....	21	LEUKINE.....	48
INVOKAMET.....	39	ketorolac	56	leuprolide.....	12
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IONOSOL-MB IN D5W.....	63	kionex (with sorbitol).....	36	levobunolol	55
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irbesartan-hydrochlorothiazide		klor-con 8	61	levonest (28).....	54
.....	28	klor-con m10	61	levonorgestrel-ethinyl estrad	54
IRESSA	12	klor-con m15	61	levonorg-eth estrad triphasic	54
ISENTRESS	3	klor-con m20	61	levora-28.....	54
ISENTRESS HD	3	klor-con sprinkle.....	61	levorphanol tartrate.....	19
isibloom.....	53	KOMBIGLYZE XR.....	40	levothyroxine.....	43
ISOLYTE-P IN 5 %		KORLYM.....	42	levoxyl	43
DEXTROSE.....	63	k-tab.....	61	LEXIVA	3
ISOLYTE-S.....	63	K-TAB.....	61	lidocaine	32
isoniazid	7	kurvelo.....	53	lidocaine hcl.....	32
isosorbide dinitrate	31	KUVAN.....	42	lidocaine viscous	32
isosorbide mononitrate	31	L		lidocaine-prilocaine	32
isotretinoin.....	33	l norgest/e.estradiol-e.estrad.	54	lindane	35
isradipine	28	labetalol	28	linezolid	7
itraconazole	2	lactulose.....	44	linezolid in dextrose 5%	7

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LINZESS.....	44	megestrol.....	12	millipred.....	37
liothyronine.....	43	MEKINIST.....	12	minocycline.....	10
lisinopril.....	28	meloxicam.....	21	minoxidil.....	28
lisinopril-hydrochlorothiazide		memantine.....	18	mirtazapine.....	24
.....	28	MENACTRA (PF).....	49	misoprostol.....	46
lithium carbonate.....	24	MENEST.....	52	MITIGARE.....	50
lithium citrate.....	24	MENVEO A-C-Y-W-135-DIP		M-M-R II (PF).....	49
LIVALO.....	31	(PF).....	49	modafinil.....	24
LONSURF.....	12	mercaptopurine.....	12	moderiba.....	3
loperamide.....	43	meropenem.....	7	moderiba dose pack.....	3
lopinavir-ritonavir.....	3	mesalamine.....	45	moexipril.....	28
lorazepam.....	24	MESNEX.....	10	moexipril-hydrochlorothiazide	
lorcet (hydrocodone).....	19	MESTINON.....	18	.....	28
lorcet hd.....	19	metadate er.....	24	mometasone.....	35, 59
lorcet plus.....	19	metaproterenol.....	59	montelukast.....	59
loryna (28).....	54	metformin.....	40	morgidox.....	10
losartan.....	28	methadone.....	19	morphine.....	20
losartan-hydrochlorothiazide	28	methazolamide.....	56	morphine concentrate.....	19
LOTEMAX.....	56	methenamine hippurate.....	10	MOVANTIK.....	45
lovastatin.....	31	methimazole.....	38	MOVIPREP.....	45
low-ogestrel (28).....	54	methotrexate sodium.....	12	moxifloxacin.....	9, 55
loxapine succinate.....	24	methotrexate sodium (pf).....	12	mupirocin.....	33
LUMIGAN.....	56	methoxsalen.....	32	mupirocin calcium.....	33
LUPRON DEPOT.....	12	methylclothiazide.....	28	MYALEPT.....	42
LUPRON DEPOT (3		methylidopa.....	28	MYCAMINE.....	2
MONTH).....	12	methylphenidate hcl.....	24	mycophenolate mofetil...12, 13	
LUPRON DEPOT (4		methylprednisolone.....	37	mycophenolate sodium.....	13
MONTH).....	12	methyltestosterone.....	42	myorisan.....	33
LUPRON DEPOT (6		metipranolol.....	55	MYRBETRIQ.....	60
MONTH).....	12	metoclopramide hcl.....	45	N	
lutera (28).....	54	metolazone.....	28	nabumetone.....	21
LYNPARZA.....	12	metoprolol succinate.....	28	nadolol.....	28
LYRICA.....	16	metoprolol ta-hydrochlorothiaz		nadolol-bendroflumethiazide	28
LYSODREN.....	12	.....	28	nafcillin.....	8
lyza.....	52	metoprolol tartrate.....	28	naftifine.....	34
M		metronidazole.....	7, 33, 53	NAFTIN.....	34
magnesium sulfate.....	61	metronidazole in nacl (iso-os)	7	naloxone.....	21
malathion.....	35	mexiletine.....	27	naltrexone.....	21
maprotiline.....	24	miconazole-3.....	53	NAMZARIC.....	18
marlissa.....	54	microgestin 1.5/30 (21).....	54	naproxen.....	21
MARPLAN.....	24	microgestin 1/20 (21).....	54	naproxen sodium.....	21
MATULANE.....	12	microgestin fe 1.5/30 (28)....	54	naratriptan.....	17
matzim la.....	28	microgestin fe 1/20 (28).....	54	NARCAN.....	21
meclizine.....	44	midodrine.....	36	NATACYN.....	55
meclofenamate.....	21	migergot.....	17	nateglinide.....	40
medroxyprogesterone.....	52	miglitol.....	40	NATPARA.....	42
mefenamic acid.....	21	miglustat.....	42	NEBUPENT.....	7
mefloquine.....	7	mili.....	54		

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NEEDLES, INSULIN	norlyroc	53	ONETOUCH ULTRA BLUE
DISP.,SAFETY	NORMOSOL-R IN 5 %		TEST STRIP.....
nefazodone	DEXTROSE	61	ONETOUCH VERIO
neomycin	NORMOSOL-R PH 7.4	63	ONFI.....
neomycin-bacitracin-poly-hc	NORTHERA	36	ONGLYZA.....
56	nortrel 0.5/35 (28).....	54	OPSUMIT.....
polymyxin	nortrel 1/35 (21).....	54	ORENCIA
55	nortrel 1/35 (28).....	54	ORENCIA CLICKJECT
neomycin-polymyxin b-	nortrel 7/7/7 (28)	54	ORFADIN
dexameth	nortriptyline	24	ORKAMBI
56	NORVIR.....	4	orsythia
neomycin-polymyxin-	NOVOLOG FLEXPEN U-100		oseltamivir
gramicidin.....	INSULIN	41	4
55	NOVOLOG MIX 70-30 U-100		OTEZLA.....
neomycin-polymyxin-hc	INSULN	41	OTEZLA STARTER.....
37, 56	NOVOLOG MIX 70-		OTOVEL
NEPHRAMINE 5.4 %	30FLEXPEN U-100	41	oxacillin
63	NOVOLOG PENFILL U-100		9
NERLYNX.....	INSULIN	41	oxacillin in dextrose(iso-osm)
NEFINA	NOVOLOG U-100 INSULIN		.....
41	ASPART.....	41	8, 9
NEULASTA.....	NOXAFIL	2	oxandrolone
48	NUEDEXTA	18	42, 43
NEUPOGEN	NUPLAZID	25	oxaprozin
48	nyamyc	34	21
NEUPRO.....	nystatin	2, 34	oxcarbazepine
17	nystatin-triamcinolone.....	34	16
nevirapine	nystop	34	oxiconazole.....
3, 4	O		34
NEXAVAR	OCALIVA	45	oxybutynin chloride.....
13	octreotide acetate	13	60
NEXIUM PACKET	ODEFSEY	4	oxycodone.....
46	ODOMZO	13	20
niacin	OFEV.....	59	oxycodone-acetaminophen ...
31	ofloxacin	9, 37, 55	20
nicardipine.....	ogestrel (28).....	54	oxycodone-aspirin
29	olanzapine.....	25	20
NICOTROL.....	olanzapine-fluoxetine	25	20
37	olmesartan	29	OXYCONTIN
NICOTROL NS	olmesartan-amlodipin-		20
37	hcthiamid	29	oxymorphone.....
nifedipine.....	olmesartan-		20
29	hydrochlorothiazide.....	29	OZEMPIC.....
nikki (28).....	olopatadine	37, 56	41
54	omeprazole	46, 47	P
nilutamide.....	OMNITROPE.....	48	pacerone.....
13	ondansetron	45	27
nimodipine.....	ondansetron hcl.....	45	paliperidone
29			25
NINLARO.....			PALYNZIQ
13			43
nisoldipine			PANRETIN
29			32
nitro-bid.....			pantoprazole
31			47
nitrofurantoin.....			paricalcitol
10			43
nitrofurantoin macrocrystal ..			paromomycin.....
10			7
nitrofurantoin monohyd/m-			paroxetine hcl
cryst			25
10			paroxetine
nitroglycerin			mesylate(menop.sym).....
31			25
nizatidine			PASER.....
46			7
nolix.....			PAXIL
35			25
nora-be.....			PAZEO
53			56
NORDITROPIN FLEXPRO			PEDIARIX (PF)
48			49
norethindrone (contraceptive)			PEDVAX HIB (PF).....
.....			49
53			peg 3350-electrolytes.....
norethindrone acetate			45
53			PEGANONE.....
norethindrone ac-eth estradiol			16
.....			PEGASYS
53, 54			48
norgestimate-ethinyl estradiol			
.....			
54			

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PEGASYS PROCLICK	48	potassium chloride in 0.9% nacl	61	prochlorperazine maleate oral	45
peg-electrolyte.....	45	.....	61	PROCRIT	48
PENICILLIN G POT IN		potassium chloride in 5 % dex	61	procto-med hc.....	45
DEXTROSE.....	9	.....	61	procto-pak.....	45
penicillin g potassium.....	9	potassium chloride in lr-d5...	61	proctosol hc	45
penicillin g procaine.....	9	potassium chloride in water..	61	proctozone-hc	45
penicillin g sodium.....	9	potassium chloride-0.45 % nacl	61	profeno.....	21
penicillin v potassium.....	9	.....	61	progesterone micronized	53
PENTAM	7	potassium chloride-d5-		PROGLYCEM	41
PENTASA.....	45	0.2% nacl.....	61	PROLASTIN-C	36
pentoxifylline	30	potassium chloride-d5-		PROLENSA	56
PERFOROMIST	59	0.3% nacl.....	62	PROLIA.....	50
perindopril erbumine.....	29	potassium chloride-d5-		PROMACTA.....	30
perio gard.....	37	0.9% nacl.....	62	promethazine	57
permethrin	35	potassium citrate.....	60	propafenone	27
perphenazine.....	25	PRADAXA.....	30	propranolol	29
phenelzine.....	25	PRALUENT PEN.....	31	propranolol-hydrochlorothiazid	
phenobarbital.....	16	pramipexole	17	.....	29
phenoxybenzamine.....	29	prasugrel	30	propylthiouracil	38
phenytoin.....	16	pravastatin	31	PROQUAD (PF).....	49
phenytoin sodium extended..	16	prazosin	29	protriptyline	25
PHOSPHOLINE IODIDE....	56	prednicarbate	35	prudoxin.....	32
PICATO	32	prednisolone	37	PULMICORT FLEXHALER	
pilocarpine hcl.....	36, 56	prednisolone acetate	57	.....	59
pimozide.....	25	prednisolone sodium phosphate		PULMOZYME.....	59
pimtreea (28).....	54	.....	37, 38, 57	PURIXAN	13
pindolol	29	prednisone	38	PYLERA.....	47
pioglitazone	41	prednisone intensol.....	38	pyrazinamide	7
pioglitazone-glimepiride	41	PREMARIN	53	pyridostigmine bromide.....	18
pioglitazone-metformin.....	41	premasol 10 %	63	Q	
piperacillin-tazobactam.....	9	PREMASOL 6 %	63	QNASL.....	59
pirmella.....	54	prenatal vitamin oral tablet..	63	QUADRACEL (PF)	49
piroxicam.....	21	prevalite.....	31	quasense.....	54
PLASMA-LYTE 148	63	previfem.....	54	quetiapine	25
PLASMA-LYTE A	63	PREVYMIS.....	4	quinapril.....	29
PLEGRIDY	48	PREZCOBIX.....	4	quinapril-hydrochlorothiazide	
plenamine	63	PREZISTA	4	.....	29
podofilox	32	PRIFTIN.....	7	quinidine gluconate	27
polyethylene glycol 3350	45	PRIMAQUINE.....	7	quinidine sulfate	27
polymyxin b sulfate.....	7	primidone.....	16	quinine sulfate	7
polymyxin b sulf-trimethoprim		PRIVIGEN	49	QVAR.....	59
.....	55	PROAIR HFA	59	QVAR REDIHALER	59
POMALYST	13	PROAIR RESPICLICK	59	R	
portia.....	54	probenecid	50	RABAVERT (PF)	49
potassium chlorid-d5-		probenecid-colchicine	50	raloxifene.....	50
0.45% nacl.....	61	procentra.....	25	ramipril	29
potassium chloride.....	61	prochlorperazine.....	45	RANEXA	31

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ranitidine hcl.....	47	roweepra xr.....	16	sotalol	27
RAPAFLO.....	60	ROZEREM.....	26	sotalol af	27
RAPAMUNE	13	RUBRACA.....	13	SOTYLIZE	27
rasagiline	17	RYDAPT	13	SPIRIVA RESPIMAT.....	60
RASUVO (PF)	52	S		SPIRIVA WITH	
RAVICTI.....	36	SABRIL.....	16	HANDIHALER.....	60
REBETOL.....	4	SAMSCA	43	spironolactone.....	29
REBIF (WITH ALBUMIN).48		SANCUSO	45	spironolacton-hydrochlorothiaz	
REBIF REBIDOSE.....	48, 49	SANDIMMUNE	13	.....	29
REBIF TITRATION PACK	49	SANTYL	32	SPORANOX.....	2
reclipsen (28).....	54	SAPHRIS (BLACK		sprintec (28).....	54
RECOMBIVAX HB (PF) ...	50	CHERRY)	26	SPRITAM.....	16
RECTIV	45	SAVELLA.....	52	SPRYCEL.....	13
REGRANEX	32	scopolamine base.....	45	sps (with sorbitol).....	36
RELENZA DISKHALER.....	4	selegiline hcl.....	17	sronyx	54
RELISTOR.....	45	selenium sulfide.....	32	ssd.....	32
repaglinide.....	41	SELZENTRY	4	stavudine.....	4
repaglinide-metformin.....	41	SENSIPAR	43	STELARA	32
REPATHA	31	SEREVENT DISKUS	59	STIMATE.....	43
REPATHA PUSHTRONEX	31	sertraline	26	STIOLTO RESPIMAT.....	60
REPATHA SURECLICK ...	31	setlakin.....	54	STIVARGA.....	13
RESCRIPTOR.....	4	sevelamer carbonate	36	STREPTOMYCIN	8
RESTASIS	56	sharobel	53	STRIBILD	4
REVLIMID	13	SHINGRIX (PF).....	50	STRIVERDI RESPIMAT ...	60
REXULTI.....	25	SIGNIFOR.....	13	SUBOXONE	21
REYATAZ	4	sildenafil (pulmonary arterial		SUCRAID.....	45
RHOPRESSA.....	56	hypertension).....	60	sucralfate.....	47
ribasphere	4	silver sulfadiazine.....	32	sulfacetamide sodium	56
ribasphere ribapak	4	SIMBRINZA	56	sulfacetamide sodium (acne)	33
ribavirin	4	SIMPONI.....	52	sulfacetamide-prednisolone ..	56
RIDAURA.....	52	simvastatin.....	31	sulfadiazine.....	9
rifabutin	7	sirolimus	13	sulfamethoxazole-trimethoprim	
rifampin	8	SIRTURO.....	8	.....	9
riluzole.....	36	SKLICE	35	SULFAMYLON.....	33
rimantadine.....	4	sodium chloride	36, 62	sulfasalazine	45
RIOMET	41	sodium chloride 0.45 %	62	sulindac.....	21
risedronate	36, 51	sodium chloride 0.9 %	36	sumatriptan	17
RISPERDAL CONSTA	25	sodium chloride 3 %	62	sumatriptan succinate	17
risperidone.....	25, 26	sodium chloride 5 %	62	sumatriptan-naproxen	17
ritonavir	4	sodium lactate intravenous ...	62	SUPRAX	6
rivastigmine.....	18	sodium phenylbutyrate	36	SUPREP BOWEL PREP KIT	
rivastigmine tartrate.....	18	sodium polystyrene sulfonate		.....	45
rizatriptan	17	.....	36	SUTENT.....	13
ropinirole	17	SOLQUA 100/33	41	SYLATRON.....	49
rosuvastatin.....	31	SOLTAMOX.....	13	SYMBICORT.....	60
ROTARIX.....	50	SOMATULINE DEPOT	13	SYMDEKO	60
ROTATEQ VACCINE	50	SOMAVERT	43	SYMFI.....	4
roweepra	16	sorine	27	SYMFI LO.....	4

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

SYMLINPEN 120.....	41	THIOLA.....	36	trifluoperazine.....	26
SYMLINPEN 60.....	41	thioridazine.....	26	trifluridine.....	55
SYMPROIC.....	45	thiothixene.....	26	tri-legest fe.....	54
SYNAREL.....	43	tiagabine.....	16	tri-lo-estarylla.....	54
SYNJARDY.....	41	tigecycline.....	8	tri-lo-sprintec.....	54
SYNJARDY XR.....	41	timolol maleate.....	29, 55	trilyte with flavor packets.....	45
SYNRIBO.....	13	tinidazole.....	8	trimethoprim.....	10
SYNTHROID.....	43	TIVICAY.....	4	trimipramine.....	26
T		tizanidine.....	18	trinessa (28).....	54
TABLOID.....	13	TOBI PODHALER.....	8	TRINTELLIX.....	26
tacrolimus.....	13, 32	tobramycin.....	55	tri-previfem (28).....	54
TAFINLAR.....	13	tobramycin in 0.225 % nacl....	8	tri-sprintec (28).....	54
TAGRISSO.....	13	tobramycin sulfate.....	8	TRIUMEQ.....	4
tamoxifen.....	13	tobramycin-dexamethasone..	56	trivora (28).....	55
tamsulosin.....	60	TOLAK.....	32	TROPHAMINE 10 %.....	63
TARCEVA.....	14	tolazamide.....	42	TROPHAMINE 6%.....	63
TARGRETIN.....	14	tolbutamide.....	42	tropium.....	60
tarina fe 1/20 (28).....	54	tolcapone.....	17	TRULICITY.....	42
TASIGNA.....	14	tolmetin.....	21	TRUMENBA.....	50
tazarotene.....	33	tolterodine.....	60	TRUVADA.....	4
TAZORAC.....	33	topiramate.....	16	TUDORZA PRESSAIR.....	60
taztia xt.....	29	torsemide.....	29	TWINRIX (PF).....	50
TECFIDERA.....	18	TOUJEO MAX U-300		TYKERB.....	14
TEFLARO.....	6	SOLOSTAR.....	42	TYMLOS.....	51
TEKURNA.....	29	TOUJEO SOLOSTAR U-300		TYPHIM VI.....	50
TEKURNA HCT.....	29	INSULIN.....	42	U	
telmisartan.....	29	TOVIAZ.....	60	ULORIC.....	50
telmisartan-amlodipine.....	29	TRADJENTA.....	42	unithroid.....	43
telmisartan-hydrochlorothiazid		tramadol.....	22	UPTRAVI.....	29
.....	29	tramadol-acetaminophen.....	22	ursodiol.....	45
TENIVAC (PF).....	50	trandolapril.....	29	V	
tenofovir disoproxil fumarate.	4	trandolapril-verapamil.....	29	valacyclovir.....	4, 5
terazosin.....	29	tranexamic acid.....	53	VALCHLOR.....	33
terbinafine hcl.....	2	tranylcypromine.....	26	valganciclovir.....	5
terbutaline.....	60	travasol 10 %.....	63	valproic acid.....	16
terconazole.....	53	TRAVATAN Z.....	56	valproic acid (as sodium salt)	
testosterone.....	43	trazodone.....	26	.....	17
testosterone cypionate.....	43	TRECTOR.....	8	valsartan.....	29
testosterone enanthate.....	43	TRELSTAR.....	14	valsartan-hydrochlorothiazide	
TETANUS,DIPHThERIA		tretinoin (chemotherapy).....	14	.....	29
TOX PED(PF).....	50	tretinoin topical.....	33	vancomycin.....	8
TETANUS-DIPHThERIA		triamcinolone acetonide 35, 37,		vandazole.....	53
TOXIDS-TD.....	50	60		VAQTA (PF).....	50
tetrabenazine.....	18	triamterene-hydrochlorothiazid		VARIVAX (PF).....	50
tetracycline.....	10	.....	29	VARIZIG.....	50
THALOMID.....	14	trianex.....	35	VARUBI.....	45
THEO-24.....	60	triderm.....	35	VASCEPA.....	31
theophylline.....	60	trientine.....	36	VECAMYL.....	31

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velivet triphasic regimen (28)	VIREAD.....	ZARXIO.....
.....	voriconazole.....	ZEJULA.....
VELTASSA.....	VOTRIENT.....	ZELBORAF.....
VEMLIDY.....	VRAYLAR.....	zenatane.....
VENCLEXTA.....	W	ZENPEP.....
VENCLEXTA STARTING	warfarin.....	ZENZEDI.....
PACK.....	X	ZERIT.....
venlafaxine.....	XALKORI.....	zidovudine.....
verapamil.....	XARELTO.....	ZIOPTAN (PF).....
veripred 20.....	XATMEP.....	ziprasidone hcl.....
VERSACLOZ.....	XELJANZ.....	ZIRGAN.....
VERZENIO.....	XELJANZ XR.....	ZOLINZA.....
VESICARE.....	XERESE.....	zolmitriptan.....
vestura (28).....	XERMELO.....	zolpidem.....
VIBERZI.....	XGEVA.....	zonisamide.....
VIBRAMYCIN.....	XIFAXAN.....	ZONTIVITY.....
vicodin.....	XIGDUO XR.....	ZORTRESS.....
vicodin es.....	XOLAIR.....	ZOSTAVAX (PF).....
vicodin hp.....	XTANDI.....	zovia 1/35e (28).....
VICTOZA 3-PAK.....	xulane.....	ZOVIRAX.....
VIDEX 4 GRAM PEDIATRIC	XURIDEN.....	ZUBSOLV.....
.....	XYREM.....	ZYCLARA.....
VIDEX EC.....	Y	ZYDELIG.....
vienva.....	YF-VAX (PF).....	ZYFLO.....
vigabatrin.....	YONSA.....	ZYKADIA.....
VIIBRYD.....	yuvafem.....	ZYLET.....
VIMPAT.....	Z	ZYPREXA RELPREVV.....
VIOKACE.....	zafirlukast.....	ZYTIGA.....
VIRACEPT.....	zaleplon.....	
VIRAMUNE.....	zarah.....	

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- 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, please call the customer service number on the back of your ID card or contact the Director, Corporate Compliance and Privacy Officer.

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Director, Corporate Compliance and Privacy Officer, 257 West Genesee Street, Buffalo, NY 14202, 1-800-798-1453, (716) 887-6056 (fax), complaint.compliance@bsneny.com. You can file a grievance in person or by mail, fax, or email. 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, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

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

For assistance in English, call customer service at the number listed on your ID card.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لئے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.

This formulary was updated on 8/23/2018. For more recent information or other questions, please contact BlueShield of Northeastern New York at 1-800-329-2792 or, for TTY users, (TTY 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week and April 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday, or visit www.bsneny.com/medicare.