

Stanford Health Care Advantage 2020 年簡明處方藥一覽表 (部分承保藥物清單)



請閱讀：本文件包含 關於部分本計劃承保藥物的資訊

00020019_6

本簡明處方藥一覽表更新於 10/01/2019。本一覽表並非計劃承保藥物的完整清單。如需完整清單或有其他問題，請聯絡 Stanford Health Care Advantage Member Care Services，電話：1-855-996-8422 或聽障專線：711，服務時間為：10 月 1 日至 3 月 31 日期間（感恩節及聖誕節除外），辦公時間為每週七天，上午 8 點至晚上 8 點；4 月 1 日至 9 月 30 日期間（節假日除外），週一至週五，上午 8 點至晚上 8 點，或瀏覽 StanfordHealthCareAdvantage.org。

現有會員請注意：本處方藥一覽表自去年以來已經變更。請閱讀本文件，確保本處方藥一覽表仍然包含您服用的藥物。

本藥物清單（處方藥一覽表）中，凡提述「我們」或「我們的」均指 Stanford Health Care Advantage (HMO)。凡提述「計劃」或「我們的計劃」時，是指 Stanford Health Care Advantage Platinum 或 Stanford Health Care Advantage Gold。

本文件載有我們計劃截至 2019 年 10 月 1 日 的部份藥物清單（處方藥一覽表）。如需完整的最新處方藥一覽表，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

一般而言，您必須使用網絡內藥房才能享受處方藥福利。福利、處方藥一覽表、藥房網絡及/或共付額/共同保險額可能在 2020 年 1 月 1 日有所更改，且可能在此年度中不時更改。

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什麼是 Stanford Health Care Advantage (HMO) 簡明處方藥一覽表？

處方藥一覽表是 Stanford Health Care Advantage (HMO) 透過諮詢醫療提供者團隊所選出的承保藥物清單，是高品質治療計劃中不可或缺的處方藥治療。只要具有醫療必需性，且於 Stanford Health Care Advantage (HMO) 網絡內藥房配藥，並遵守其他計劃規則，Stanford Health Care Advantage (HMO) 通常會承保列於我們處方藥一覽表中的藥物。要瞭解有關如何按您的處方配藥的更多資訊，請查閱您的「承保範圍說明書」。

本文件為處方藥一覽表的一部份，僅載有 Stanford Health Care Advantage (HMO) 的部份承保藥物。如需 Stanford Health Care Advantage (HMO) 所有承保處方藥的完整清單，請瀏覽我們的網站或致電聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

處方藥一覽表（藥物清單）是否會變更？

大多數藥物的承保範圍在 1 月 1 日進行變更，但是我們可能會在一年之中添加或刪除藥物清單上的藥物、更改分攤費用等級或增設限制。

今年可能會影響到您的變更：在下列情況中，您將受到當年承保範圍更改的影響：

- **新的副牌藥。**如果我們計劃以新的副牌藥取代某一原廠藥，而且這種副牌藥將出現在相同或更低的分攤費用等級上，並具有相同或更少的限制，我們可能會立即將該原廠藥從藥物清單上刪除。另外，在納入新副牌藥時，我們可能會決定將該原廠藥保留在藥物清單上，但會立即將其移至其他分攤費用等級或增設限制。如果您正在使用該原廠藥，在作出更改前我們可能不會提前告知您，但是之後我們會向您提供有關我們所作的具體更改的資訊。
 - 如果我們作出更改，您或您的處方醫生可以要求我們作出例外處理並繼續為您承保該原廠藥。我們為您提供的通知將詳細介紹如何申請例外處理，您也可以在後面的「如何申請 Stanford Health Care Advantage (HMO) 的處方藥一覽表例外處理？」章節中查看更多資訊。
- **藥物退出市場。**若美國食品及藥物管理局認為我們處方藥一覽表上的某種藥物不安全，或藥物製造商從市場中撤除該藥物，我們會立即從我們的處方藥一覽表上刪除該藥物，並向使用該藥物的會員發出通知。
- **其他變化。**我們可能會作出影響目前正在使用藥物的會員的其他更改。例如，我們可能會新增一種已上市一段時間的副牌藥以取代處方藥一覽表上現有的原廠藥，或對原廠藥增設新的限制條件，或是將其移至其他費用分攤等級。我們也可能會根據新的臨床指南作出更改。如果我們從處方藥一覽表中移除了某些藥物，對某個藥物增設了事先授權、數量限制和/或階段療法限制，或提高某個藥物的費用分攤等級，則我們必須在該更改生效前至

少 30 天，或在會員要求再次配藥時向受影響的會員發出通知，該名會員將收到 30 天份的藥物。

- 如果我們作出其他更改，您或您的處方醫生可以要求我們作出例外處理並繼續為您承保該原廠藥。我們向您傳送的通知將詳細介紹如何申請例外處理，您也可以在後文的「如何申請 Stanford Health Care Advantage (HMO) 的處方藥一覽表例外處理？」章節中查看更多資訊。

這些變更不會影響您當前正在使用的藥物。一般而言，若您正在使用年初享受承保的 2020 年處方藥一覽表上的藥物，我們不會在 2020 年承保年度中終止或減少此藥物的承保，除非出現上文所述情況。換言之，在承保年度的剩餘時間內，此藥物將以相同的分攤費用向使用此藥物的會員提供，且不設新的限制。

本文件內附的處方藥一覽表最後更新於 2019 年 10

月 1 日。如需獲得有關 Stanford Health Care Advantage (HMO) 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊載於封面和封底。

如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥物：

病症

處方藥一覽表從第 1 頁開始。本處方藥一覽表中的藥物按照其所治療的病症類別分類列出。例如：用來治療心臟病的藥物列在「心血管藥物」類別。若您瞭解藥物的用途，在從第 1 頁開始的清單中查找類別名稱。然後，在此類別名稱下查找所需的藥物。

按字母順序排列的清單

如果您不確定要尋找什麼類別，您可以利用自第 I-1 頁開始的索引來尋找您的藥物。該索引按字母順序列出了一份清單，本文件包含的所有藥物均在其中。該索引中列有原廠藥和副牌藥。請在該索引中查找所需的藥物。藥物旁邊註有頁碼，您可以在該頁查找承保範圍資訊。翻至索引中顯示的頁碼，在清單的第一欄找到您的藥物名稱。

什麼是副牌藥？

Stanford Health Care Advantage (HMO) 同時承保原廠藥和副牌藥。副牌藥是一種由 FDA 核准，具有與原廠藥相同活性成分的藥物。通常情況下，副牌藥的價格比原廠藥更為低廉。

我享受的承保範圍是否有任何限制？

部份承保藥物在承保上可能存在額外要求或限制。這些要求和限制可能包括：

- **事先授權：**Stanford Health Care Advantage (HMO) 要求您或您的醫生為特定藥物取得事先授權。這表示您需要在配藥前取得 Stanford Health Care Advantage (HMO) 的核准。如果您未取得核准，Stanford Health Care Advantage (HMO) 可能不會承保該藥物。
- **數量限制：**對於某些藥物，Stanford Health Care Advantage (HMO) 限制了 Stanford Health Care Advantage (HMO) 承保的藥物數量。例如：Stanford Health Care Advantage (HMO) 對於 SILENOR 的每份處方提供 30 片。這可以另外附加在標準的一個月或三個月的供藥上。
- **階段療法：**在某些情況下，Stanford Health Care Advantage (HMO) 要求您首先試用某些治療您病症的藥物，然後才承保治療該病症的另一種藥物。例如，假設藥物 A 和藥物 B 都能治療您的病症，則在您嘗試使用藥物 A 前，Stanford Health Care Advantage (HMO) 可能不會承保藥物 B。藥物 A 對您無效時，Stanford Health Care Advantage (HMO) 才會承保藥物 B。

您可以透過第 1 頁開始的處方藥一覽表查詢您的藥物是否有額外的要求或限制。您也可以透過瀏覽我們的網站，取得更多關於特定承保藥物限制的資訊。我們已在線上刊載文件，解釋我們事先授權和階段療法的限制。您也可以要求我們寄一份給您。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

您可以要求 Stanford Health Care Advantage (HMO) 對此類限制或限量作出例外處理，或索取可用於治療您的病症的其他相似藥物清單。請參閱第 VII 頁的「如何申請 Stanford Health Care Advantage (HMO) 的處方藥一覽表例外處理？」部份，瞭解如何申請例外處理的相關資訊。

若處方藥一覽表沒有列出我的藥物，該怎麼辦？

若處方藥一覽表（承保藥物清單）沒有列出您的藥物，那麼您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。本文件僅包含承保藥物的部份清單，因此 Stanford Health Care Advantage (HMO) 可能會承保您的藥物。要瞭解更多資訊，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

若您瞭解到 Stanford Health Care Advantage (HMO) 不承保您的藥物，您有兩種選擇：

- 您可以向會員服務部索要一份 Stanford Health Care Advantage (HMO) 承保的相似藥物清單。收到清單後，請將清單拿給您的醫生看，並讓他（她）開具 Stanford Health Care Advantage (HMO) 承保的類似藥物處方。

- 您可以要求 Stanford Health Care Advantage (HMO) 作出例外處理，並承保您的藥物。請查看以下關於如何申請例外處理的資訊。

如何申請 Stanford Health Care Advantage (HMO) 的處方藥一覽表例外處理？

您可以要求 Stanford Health Care Advantage (HMO) 對我們的承保規則作出例外處理。您可要求我們作出數種類型的例外處理。

- 您可以要求我們承保一種藥物，即使它不在我們的處方藥一覽表上。如獲批准，此藥物將按預定分攤費用等級獲得承保，且您不得要求我們以更低的分攤費用等級提供此藥物。
- 如果此藥物在處方藥一覽表上且不屬特殊藥物，您可要求我們按更低的分攤費用等級承保此藥。如獲批准，這會減少您必須為藥物支付的金額。
- 您可以要求我們撤銷對您的藥物的承保限制。例如，對於某些藥物，Stanford Health Care Advantage (HMO) 限制了我們承保的藥物數量。若您的藥物有數量限制，您可以要求我們撤銷限制並承保更多數量。

通常只有在替代藥物包含在計劃的處方藥一覽表中時，或是較低的分攤費用藥物或額外的使用限制對於治療您的病症無法達到相同的效果時，和/或可能造成副作用時，Stanford Health Care Advantage (HMO) 才會批准您的例外處理申請。

您應當與我們聯絡，要求我們做出針對處方藥一覽表、藥物等級或使用限制例外處理的初始承保決定。在提出針對處方藥一覽表藥物等級或使用限制例外處理申請時，您應提交一份處方醫生或醫生的聲明以支持您的申請。通常情況下，我們必須在收到您的處方開具人發出的支持聲明的 72 小時內作出決定。如果您或您的醫生認為等候 72 小時再作出決定會對您的健康造成嚴重傷害，您可以申請加急（快速）例外處理。如果您的加急申請獲得批准，我們必須在收到您的醫生或其他處方開具人的支持文件的 24 小時內告知您我們的決定。

在向醫生提出變更藥物請求或提交例外處理申請之前，我應該做什麼？

無論是本計劃的新會員還是老會員，您可能正在使用我們處方藥一覽表上沒有列出的藥物。或者，您正在使用一種在我們處方藥一覽表上的藥物，但您在獲取該藥物時受到限制。例如，您在配藥之前可能要獲得我們的事先授權。您應當先和您的醫生談談，以決定您是否應該換用我們承保的適當藥物，或提出處方藥一覽表例外處理申請以使我們承保您使用的藥物。在您與醫生討論以確定何種措施適合您時，我們會在您成為計劃會員後的前 90 天內針對某些情況為您的藥物提供承保。

對於您使用的不在處方藥一覽表上的每種藥物，或因受限而難以足量獲取的藥物，我們將為您承保 30 天的藥量。如果為您開具的處方上藥物供應天數較少，我們將允許重複配藥，以提供最多 30 天份的供藥。在提供前 30 天藥量之後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

如果您居住在長期護理機構且需要的藥物不在處方藥一覽表上，或您獲取藥物時受到限制，但您成為我們計劃的會員已超過 90 天，則在您尋求處方藥一覽表例外處理時，我們將會對該藥物承保 31 天份的緊急藥量。

如果您從一種治療環境轉至另一種環境，Stanford Health Care Advantage (HMO) 將確保遵循過渡程序，以核准不在處方藥一覽表中的 D 部份藥物。此程序還適用於要求事先授權或階段療法的處方藥一覽表 D 部份藥物。

護理等級變更的示例包括：您出院回家；您結束專業護理機構 Medicare A 部份住院，並且需要恢復使用 D 部份的計劃處方藥一覽表的藥物；您結束長期護理機構住院，返回社區中；以及，您從精神病院出院，並且使用高度個人化的藥物治療方案。

Stanford Health Care Advantage (HMO) 的藥房福利管理公司將為藥房提供計劃代表，該代表有權解決藥房賠付處理問題。這項服務使得藥房可在銷售點解決處方賠付問題，確保會員獲得可靠的藥物補給。

瞭解更多資訊

要瞭解關於 Stanford Health Care Advantage (HMO) 處方藥承保範圍的更多詳細資訊，請查看您的「承保範圍說明書」或其他計劃資料。

若您對 Stanford Health Care Advantage (HMO) 有任何疑問，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

如果您對 Medicare 處方藥承保範圍有任何疑問，請致電 Medicare，電話：1-800-MEDICARE (1-800-633-4227)（全天候熱線）。聽障人士可致電 1-877-486-2048。或瀏覽 <http://www.medicare.gov>。

Stanford Health Care Advantage (HMO) 處方藥一覽表

以下簡明處方藥一覽表提供由 Stanford Health Care Advantage (HMO) 承保的部份藥物的承保範圍資訊。若您在清單中尋找藥物時遇到困難，請參閱第 I-1 頁開始的索引。

請記住：本處方藥一覽表僅列出 Stanford Health Care Advantage (HMO) 承保的部份藥物。若您的處方藥未列於本簡明一覽表中，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

清單的第一欄列出了藥物名稱。原廠藥用大寫字母表示（例如 ELIQUIS），副牌藥則用小寫斜體字母表示（例如 *doxazosin*）。

要求/限制欄中的資訊表示 Stanford Health Care Advantage (HMO) 對於承保您的藥物是否有任何特殊的要求。

表格的第二欄列出了藥物等級。計劃藥物清單上的每種藥物皆屬於六種分攤費用等級中的一種。下表解釋說明了各個等級。

網絡零售藥房藥物等級共付額等級

等級	最長一個月供藥的共付額	最長三個月供藥的共付額
第 1 級 (首選副牌藥)	\$5	\$15
第 2 級 (非首選副牌藥)	\$15	\$45
第 3 級 (首選原廠藥)	\$47	\$141
第 4 級 (非首選原廠藥)	\$100	\$300
第 5 級 (特殊藥物)	33% 的費用 (Platinum) 28% 的費用 (Gold)	不適用
第 6 級 (選擇性護理)	\$2	\$6

網絡內郵購藥物等級共付額等級

等級	最長一個月供藥的共付額	最長三個月供藥的共付額
第 1 級 (首選副牌藥)	\$5	\$10
第 2 級 (非首選副牌藥)	\$15	\$30
第 3 級 (首選原廠藥)	\$47	\$94
第 4 級 (非首選原廠藥)	\$100	\$200
第 5 級 (特殊藥物)	33% 的費用 (Platinum) 28% 的費用 (Gold)	不適用
第 6 級 (選擇性護理)	\$2	\$4

本文件內文可能包含以下「醫療使用管理」縮寫詞

承保範圍縮寫詞

縮寫詞	描述	說明
醫療使用管理限制		
PA	事先授權限制	在您配取處方藥之前，您（或您的醫生）必須獲得 Stanford Health Care Advantage (HMO) 的事先授權。未經事先批准，Stanford Health Care Advantage (HMO) 可能不會承保此藥物。
PA BvD	針對 B 部份和 D 部份裁決的事先授權限制	該藥物可能符合 Medicare B 部份或 D 部份承保的資格。在您配取此類處方藥之前，您（或您的醫生）必須獲得 Stanford Health Care Advantage (HMO) 的事先授權，以確定該藥物是否由 Medicare D 部份承保。未經事先批准，Stanford Health Care Advantage (HMO) 可能不會承保此藥物。
PA-HRM	針對高風險藥物的事先授權限制	此藥物被 CMS 認為具有潛在危害性，因此，對於 65 歲或以上的 Medicare 受益人屬於高風險藥物。65 歲或以上的會員在配取此處方藥之前，必須獲得 Stanford Health Care Advantage (HMO) 的事先授權。未經事先批准，Stanford Health Care Advantage (HMO) 可能不會承保此藥物。
PA NSO	新會員特有的事先授權限制	如果您是新會員或如果您未使用過此藥物，在配取此處方藥之前，您（或您的醫生）必須獲得

縮寫詞	描述	說明
		Stanford Health Care Advantage (HMO) 的事先授權。 未經事先批准，Stanford Health Care Advantage (HMO) 可能不會承保此藥物。
QL	數量限制	Stanford Health Care Advantage (HMO) 對每份處方或指定時期內承保的藥物數量設有限制。
ST	階段療法限制	Stanford Health Care Advantage (HMO) 承保該藥物之前，您必須先嘗試用其他藥物治療您的疾病。該藥物只有在其他藥物對您無效的情況下才能獲得承保。

**本文件內文可能包含以下其他承保範圍縮寫詞
其他特殊承保要求**

縮寫詞	描述	說明
其他承保範圍縮寫詞		
EX	不承保的 D 部份藥物	本處方藥物通常不由 Medicare 處方藥計劃承保。您在為此藥物取得配藥時所支付的金額不計入您的藥物花費總額（這表示您所支付的金額無法讓您取得重大傷病承保資格）。此外，如果您領取額外補助以支付您的處方藥費用，額外補助無法幫助支付此藥物的費用
LA	有取藥限制的藥物	本處方藥可能僅在某些藥房提供。如需更多資訊，請參閱藥房目錄或致電會員服務部，電話：1-855-996-8422，10月1日至3月31日期間（感恩節及聖誕節除外），服務時間為每週七天，上午8點至晚上8點；4月1日至9月30日期間（節假日除外），週一至週五，上午8點至晚上8點。聽障人士可致電711。
GC	承保缺口	我們在承保缺口為此處方藥提供承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。
NM	非郵購藥物	透過郵購，您可能可以較低的分攤費用，獲得處方藥一覽表上大部份藥物超過1個月份量的供藥。在處方藥一覽表的「需求/限制」欄中，帶有「NM」標記的藥物無法透過郵購獲得。
HI	居家輸液藥物	此處方藥可能由我們的醫療福利承保。如需更多資訊，請致電會員服務部，電話：1-855-996-8422，10月1日至3月31日期間（感恩節及聖誕節除外），服務時間為每週七天，上午8點至晚上8點；4月1日至9月30日期間（節假日除外），週一至週五，上午8點至晚上8點。聽障人士可致電711。

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	GC; NDS; NM; QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	NDS; NM; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	2	NDS; NM; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	2	NDS; NM; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	2	NDS; NM; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	NDS; NM; QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	NDS; NM; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	2	NDS; NM; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	2	NDS; NM; QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	2	NDS; NM; QL (180 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	NDS; NM; QL (240 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	NDS; NM; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	NDS; NM; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	NDS; NM; QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	NDS; NM; QL (180 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	NDS; NM; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10- 325 mg</i>	2	NDS; NM; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	NDS; NM; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	NDS; NM; QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; NDS; NM; QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 28 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i>	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	5	PA; NM; NDS; QL (224 per 28 days)
VOLTAREN TOPICAL GEL 1 %	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; QL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film (Suboxone) 12-3 mg, 8-2 mg</i>	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film (Suboxone) 2-0.5 mg, 4-1 mg</i>	2	QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)</i>	1	GC; NDS; NM; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg (Xanax)</i>	1	GC; NDS; NM; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg (Ativan)</i>	1	GC; NDS; NM; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg (Ativan)</i>	1	GC; NDS; NM; QL (150 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
Aminoglycosides		
<i>neomycin oral tablet 500 mg</i>	1	GC
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)</i>	5	PA BvD; NM; NDS
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)</i>	1	GC
<i>metronidazole oral tablet 250 mg, 500 mg (Flagyl)</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg (Macrodantin)</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)</i>	2	QL (60 per 30 days)
Cephalosporins		
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg (Keflex)</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg (Zithromax)</i>	2	
<i>azithromycin oral packet 1 gram (Zithromax)</i>	4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)</i>	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 mg (Zithromax)</i>	1	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous B-Lactam Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg</i>	1	GC
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	1	GC
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	(Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	(Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	(Bactrim DS)	1	GC
Tetracyclines			
<i>doxy-100 intravenous recon soln 100 mg</i>		2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	(Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		2	
<i>minocycline oral capsule 100 mg, 75 mg</i>		2	
<i>minocycline oral capsule 50 mg</i>	(Minocin)	2	
Anticancer Agents			
Anticancer Agents			
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG		5	PA NSO; NM; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>anastrozole oral tablet 1 mg</i>	(Arimidex)	1	GC
<i>bicalutamide oral tablet 50 mg</i>	(Casodex)	2	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		4	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		4	
<i>exemestane oral tablet 25 mg</i>	(Aromasin)	2	
<i>hydroxyurea oral capsule 500 mg</i>	(Hydrea)	2	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	(Femara)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	5	NM; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TYKERB ORAL TABLET 250 MG	5	PA NSO; NM; NDS
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
Anticonvulsants		
Anticonvulsants		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
<i>epitol oral tablet 200 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet extended release (Keppra XR) 24 hr 500 mg, 750 mg</i>	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 per 30 days)
<i>phenytoin sodium extended oral capsule (Dilantin Extended) 100 mg</i>	2	
<i>phenytoin sodium extended oral capsule (Phenytek) 200 mg, 300 mg</i>	2	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg (Aricept)</i>	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
Antidepressants		
Antidepressants		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release (Wellbutrin XL) 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained- release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	1	GC; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	GC
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	1	GC
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	GC
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
sertraline oral concentrate 20 mg/ml (Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	GC
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	GC
trazodone oral tablet 300 mg	2	
venlafaxine oral capsule, extended release 24hr 150 mg (Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg (Effexor XR)	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
metformin oral tablet 1,000 mg (Glucophage)	6	GC; QL (75 per 30 days)
metformin oral tablet 500 mg (Glucophage)	6	GC; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 850 mg</i> (Glucophage)	6	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	6	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	6	GC; QL (60 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	GC; QL (30 per 30 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
Sulfonylureas			
<i>glimepiride oral tablet 1 mg, 2 mg</i>	(Amaryl)	6	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	(Amaryl)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	(Glucotrol)	6	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	(Glucotrol)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	(Glucotrol XL)	2	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	(Glucotrol XL)	2	QL (30 per 30 days)
Antifungals			
Antifungals			
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	(Lotrisone)	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	(Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	(Diflucan)	2	
<i>ketoconazole oral tablet 200 mg</i>		2	
<i>ketoconazole topical cream 2 %</i>		2	
<i>ketoconazole topical shampoo 2 %</i>	(Nizoral)	2	
<i>nyamyc topical powder 100,000 unit/gram</i>		2	
<i>nystatin oral suspension 100,000 unit/ml</i>		2	
<i>nystatin oral tablet 500,000 unit</i>		2	
<i>nystatin topical cream 100,000 unit/gram</i>		2	
<i>nystatin topical ointment 100,000 unit/gram</i>		2	
<i>nystatin topical powder 100,000 unit/gram</i>	(Nyamyc)	2	
<i>nystop topical powder 100,000 unit/gram</i>		2	
<i>terbinafine hcl oral tablet 250 mg</i>		1	GC
Antigout Agents			
Antigout Agents, Other			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	(Zyloprim)	1	GC
<i>ULORIC ORAL TABLET 40 MG, 80 MG</i>		3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	1	GC; QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	

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Drug Name	Drug Tier	Requirements/Limits
Antinausea Agents		
Antinausea Agents		
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5 mg, (Phenadoz) 25 mg</i>	2	
<i>promethazine rectal suppository 50 mg (Phenergan)</i>	2	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	2	
Antiparasite Agents		
Antiparasite Agents		
<i>atovaquone-proguanil oral tablet 250-100 (Malarone) mg</i>	2	
<i>atovaquone-proguanil oral tablet 62.5-25 (Malarone Pediatric) mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>hydroxychloroquine oral tablet 200 mg (Plaquenil)</i>	2	
<i>mefloquine oral tablet 250 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	GC
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg (Requip)</i>	2	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> (FazaClo)	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i> (FazaClo)	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i> (FazaClo)	5	ST; NM; NDS; QL (120 per 30 days)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	QL (90 per 30 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	GC; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	2	QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>ATRIPLA ORAL TABLET 600-200-300 MG</i>	5	NM; NDS
<i>COMPLERA ORAL TABLET 200-25-300 MG</i>	5	NM; NDS
<i>EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)</i>	4	
<i>INTELENCE ORAL TABLET 100 MG, 200 MG</i>	5	NM; NDS
<i>INTELENCE ORAL TABLET 25 MG</i>	4	
<i>ISENTRESS HD ORAL TABLET 600 MG</i>	5	NM; NDS
<i>ISENTRESS ORAL POWDER IN PACKET 100 MG</i>	4	
<i>ISENTRESS ORAL TABLET 400 MG</i>	5	NM; NDS
<i>ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG</i>	4	
<i>KALETRA ORAL TABLET 100-25 MG</i>	4	
<i>KALETRA ORAL TABLET 200-50 MG</i>	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	2	
<i>PREZISTA ORAL SUSPENSION 100 MG/ML</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM; NDS
PREZISTA ORAL TABLET 75 MG	4	
STRIBILD ORAL TABLET 150-150- 200-300 MG	5	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200- 300 MG	5	NM; NDS
Antivirals, Miscellaneous		
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
Hcv Antivirals		
EPCLUSUSA ORAL TABLET 400-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; NM; NDS; QL (28 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	5	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	5	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; NM; NDS; QL (28 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg (Zovirax)	2	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	2	
acyclovir oral tablet 400 mg, 800 mg (Zovirax)	2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	
Blood Products/Modifiers/Volume		
Expanders		
Anticoagulants		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Coumadin)	1	GC
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	PA; NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
PROCIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; NM; NDS; QL (12 per 28 days)
PROCIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NM; NDS; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (360 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (120 per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
Caloric Agents		
Caloric Agents		
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)</i>	2	
Angiotensin II Receptor Antagonists		
<i>losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)</i>	6	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)</i>	6	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)</i>	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)</i>	6	GC
<i>benazepril oral tablet 5 mg</i>	6	GC
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg (Prinivil)</i>	6	GC
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg (Zestril)</i>	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)</i>	6	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg (Pacerone)</i>	1	GC
<i>amiodarone oral tablet 400 mg (Pacerone)</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>pacerone oral tablet 400 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	GC
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i>	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet 40 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GC
Cardiovascular Agents, Miscellaneous		
<i>digitek oral tablet 125 mcg, 250 mcg</i>	2	
<i>digox oral tablet 125 mcg, 250 mcg</i>	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	2	
Diuretics		
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	GC
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	GC
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>pravastatin oral tablet 10 mg</i>	6	GC
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	6	GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	6	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	6	GC; QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	

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Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	ST
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
Central Nervous System Agents		
Central Nervous System Agents		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
<i>dexmethylphenidate oral tablet 10 mg,</i> (Focalin) <i>2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5</i> (Zenzedi) <i>mg</i>	2	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium carbonate oral tablet extended release 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i>	(Ritalin LA) 2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	(Ritalin LA) 2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg- 30 mcg (21)/75 mg (7)</i>	2	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>cyled oral tablet 0.15-0.03 mg</i>	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>desogestrel-ethynodiol oral tablet (Apr) 0.15-0.03 mg</i>	2	
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estarrylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>introvale oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissa oral tablet 0.1-20 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (Afirmelle)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28))</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91) (Introvale)</i>	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lultera (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	4	
<i>norethindrone-e.estradiol-iron oral tablet (Aurovela 24 Fe) 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet (Ortho Tri-Cyclen (28)) 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet (Estarylla) 0.25-35 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2		
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2		
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2		
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2		
Dental And Oral Agents			
Dental And Oral Agents			
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Oralone)	2	
Dermatological Agents			
Dermatological Agents, Other			
<i>ammonium lactate topical cream 12 %</i>	(Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12 %</i>	(AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i>		2	
<i>calcipotriene topical cream 0.005 %</i>	(Dovonex)	2	
<i>fluorouracil topical cream 0.5 %</i>	(Carac)	5	NM; NDS
<i>fluorouracil topical cream 5 %</i>	(Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>		2	
<i>imiquimod topical cream in packet 5 %</i>	(Aldara)	2	PA NSO; QL (24 per 30 days)
TOLAK TOPICAL CREAM 4 %	4		
Dermatological Antibacterials			
<i>clindamycin phosphate topical solution 1 %</i>	(Cleocin T)	2	
<i>clindamycin phosphate topical swab 1 %</i>	(Clindacin ETZ)	2	
<i>metronidazole topical cream 0.75 %</i>	(MetroCream)	2	
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	2	
<i>metronidazole topical gel 1 %</i>	(Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i>	(MetroLotion)	2	
Dermatological Anti-Inflammatory Agents			
<i>ala-cort topical cream 1 %</i>	1	GC	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2		
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2		

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Drug Name		Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical gel 0.05 %</i>		2	
<i>clobetasol scalp solution 0.05 %</i>	(Cormax)	2	
<i>clobetasol topical cream 0.05 %</i>	(Temovate)	2	
<i>hydrocortisone topical cream 1 %</i>	(Ala-Cort)	1	GC
<i>hydrocortisone topical cream 2.5 %</i>		1	GC
<i>hydrocortisone topical lotion 2.5 %</i>		2	
<i>hydrocortisone topical ointment 1 %</i>	(Anti-Itch (HC))	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>		1	GC
<i>mometasone topical cream 0.1 %</i>	(Elocon)	2	
<i>mometasone topical ointment 0.1 %</i>		2	
<i>mometasone topical solution 0.1 %</i>		2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>		2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>		2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>		2	
<i>triamcinolone acetonide topical cream 0.025 %</i>		1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	(Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		2	
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	2	
<i>adapalene topical gel 0.1 %</i>	(Differin)	2	
<i>ALTRENO TOPICAL LOTION 0.05 %</i>		4	PA
<i>tretinoin topical cream 0.025 %</i>	(Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i>	(Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	2	PA
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>	(Elimite)	2	

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Drug Name	Drug Tier	Requirements/Limits
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	2	
V-GO 40 DISPOSABLE DEVICE	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine ophthalmic (eye) drops 1% (Isopto Atropine)	4	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	2	
cromolyn ophthalmic (eye) drops 4 %	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)</i>	1	GC; QL (16 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	4	
<i>RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %</i>	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>omeprazole oral capsule,delayed release(dr/lec) 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pantoprazole oral tablet,delayed release (dr/lec) 20 mg</i>	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/lec) 40 mg</i>	1	GC; QL (60 per 30 days)
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>ranitidine hcl oral tablet 150 mg</i>	(Acid Control (ranitidine))	1	GC
<i>ranitidine hcl oral tablet 300 mg</i>	(Zantac)	1	GC
Gastrointestinal Agents, Other			
<i>constulose oral solution 10 gram/15 ml</i>		2	
<i>dicyclomine oral capsule 10 mg</i>		2	
<i>dicyclomine oral solution 10 mg/5 ml</i>		2	
<i>dicyclomine oral tablet 20 mg</i>		2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>		2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	(Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i>		2	
<i>generlac oral solution 10 gram/15 ml</i>		2	
<i>tactulose oral solution 10 gram/15 ml</i>	(Constulose)	2	
<i>loperamide oral capsule 2 mg</i>	(Anti-Diarrheal (loperamide))	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>		2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	(Reglan)	1	GC
<i>ursodiol oral capsule 300 mg</i>	(Actigall)	2	
<i>ursodiol oral tablet 250 mg</i>	(URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i>	(URSO Forte)	2	
Laxatives			
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>		2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>		2	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	(Colyte with Flavor Packs)	4	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		3	
Phosphate Binders			
<i>calcium acetate oral capsule 667 mg</i>		2	
<i>calcium acetate oral tablet 667 mg</i>	(Calphron)	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	(Renvela)	5	NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral tablet 800 mg</i>	(Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg</i>		2	
<i>sevelamer hcl oral tablet 800 mg</i>	(Renagel)	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		3	
Genitourinary Agents			
Antispasmodics, Urinary			
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>		2	
<i>oxybutynin chloride oral tablet 5 mg</i>		2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	(Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>		2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		3	
Genitourinary Agents, Miscellaneous			
<i>finasteride oral tablet 5 mg</i>	(Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i>	(Flomax)	1	GC
Heavy Metal Antagonists			
Heavy Metal Antagonists			
DEPEN TITRATABS ORAL TABLET 250 MG		5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; NM; NDS
FERRIPROX ORAL TABLET 500 MG		5	PA; NM; NDS
<i>penicillamine oral capsule 250 mg</i>	(Cuprimine)	5	PA; NM; NDS
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	(Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>		2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>		2	PA; QL (5 per 28 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		3	PA; QL (2 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Estrogens And Antiestrogens		
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)</i>	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Alora)</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr (Dotti)</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)</i>	2	QL (4 per 28 days)
<i>estradiol vaginal tablet 10 mcg (Vagifem)</i>	2	QL (18 per 28 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
Glucocorticoids/Mineralocorticoids		
<i>prednisolone 15 mg/5 ml soln alf, d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablet 20 mg (Deltasone)</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	2	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NM; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NM; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NM; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	5	PA; NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NM; NDS
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NM; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NM; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	QL (10 per 28 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine 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> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
Immunological Agents		
Immunological Agents		
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA; NM; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral tablet, delayed release (dr/lec) 800 mg</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	5	NM; NDS
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/lec) 500 mg</i>	2	
Irrigating Solutions		
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	4	
(Aqua Care Sodium Chloride)		
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i>	1	GC; QL (4 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	GC
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	GC
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	(Carnitor)	2
<i>levocarnitine oral tablet 330 mg</i>	(Carnitor)	2
MESTINON ORAL SYRUP 60 MG/5 ML	5	NM; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	(Mestinon)	2
<i>pyridostigmine bromide oral tablet 30 mg</i>		2
<i>pyridostigmine bromide oral tablet 60 mg</i>	(Mestinon)	2
Ophthalmic Agents		
Antiglaucoma Agents		
<i>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	(Cosopt)	2
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	(Xalatan)	1
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	(Timoptic)	1
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	(Timoptic-XE)	4
Replacement Preparations		
Replacement Preparations		
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq</i>	2	
<i>potassium chloride oral capsule, extended (Klor-Con Sprinkle) release 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended (K-Tab) release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet extended (K-Tab) release 20 meq</i>	4	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 10) release 10 meq (1,080 mg)</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 15) release 15 meq</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 5) release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.9% intravenous parenteral solution</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled		
Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
Antileukotrienes		
montelukast oral tablet 10 mg (Singulair)	1	GC
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	GC
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	2	
Bronchodilators		
albuterol 5 mg/ml solution 5 mg/ml	2	PA BvD
albuterol sulfate inhalation hfa aerosol (ProAir HFA) inhaler 90 mcg/actuation	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	2	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 per 30 days)
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release (Theochron) 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	GC
<i>methocarbamol oral tablet 500 mg</i>	2	
<i>methocarbamol oral tablet 750 mg (Robaxin-750)</i>	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg (Ambien)</i>	1	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (antihypertensive) oral tablet (Revatio) 20 mg</i>	2	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Vitamins And Minerals		
Vitamins And Minerals		
<i>pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg</i>	3	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	3	

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ADVAIR DISKUS	43	<i>benazepril</i>	22	<i>clarithromycin</i>	6
ADVAIR HFA	43	<i>benztropine</i>	16	<i>clindamycin hcl</i>	6
AFINITOR	8	<i>betamethasone dipropionate</i>	29	<i>clindamycin phosphate</i>	29
AFINITOR DISPERZ	8	<i>betamethasone, augmented</i>	30	CLINIMIX E 5%/D15W	
<i>ala-cort</i>	29	<i>bicalutamide</i>	8	SULFIT FREE	21
<i>albuterol sulfate</i>	44	<i>blisovi 24 fe</i>	26	CLINIMIX E 5%/D20W	
<i>alendronate</i>	41	<i>blisovi fe 1.5/30 (28)</i>	26	SULFIT FREE	21
<i>allopurinol</i>	14	BOOSTRIX TDAP	40	<i>clobetasol</i>	30
ALPHAGAN P	42	<i>brimonidine</i>	42	<i>clonidine hcl</i>	21
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Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-996-8422 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-996-8422 (TTY: 711) पर कॉल करें।

Thai: ເຮັດວຽກ: ຕ້າຄຸນພູດກາງຊາໄທຢູ່ຄຸນລາມາດໃຫ້ບໍລິການຊ່ວຍເຫຼືອທາງກາງຊາໄທ໌ພົກ ໂທ 1-855-996-8422 (TTY: 711).



P.O. Box 2336
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StanfordHealthCareAdvantage.org

Stanford Health Care Advantage 是一項簽有 Medicare 合約的 HMO 計劃。能否在 Stanford Health Care Advantage 註冊參保視合約續簽情況而定。

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711)。
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711).

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本簡明處方藥一覽表更新於 10/01/2019。本一覽表並非計劃承保藥物的完整清單。如需完整清單或有其他問題, 請聯絡 Stanford Health Care Advantage Member Care Services, 電話: 1-855-996-8422 或聽障專線: 711, 服務時間為: 10 月 1 日至 3 月 31 日期間 (感恩節及聖誕節除外), 辦公時間為每週七天, 上午 8 點至晚上 8 點; 4 月 1 日至 9 月 30 日期間 (節假日除外), 週一至週五, 上午 8 點至晚上 8 點, 或瀏覽 StanfordHealthCareAdvantage.org。

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