

# Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, and Blue Rx PDP

## 2020 Incentive Formulary

### (List of Covered Drugs)

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

This formulary was updated on 9/4/2019. For more recent information or other questions, please contact

Freedom Blue PPO (PA) Customer Service at  
1-800-550-8722

Freedom Blue PPO (WV) Customer Service at  
1-888-459-4020

Security Blue HMO-POS Customer Service at  
1-800-935-2583

Community Blue Medicare HMO Customer  
Service at 1-888-234-5397

Community Blue Medicare PPO Customer  
Service at 1-888-757-2946

Community Blue Medicare Plus PPO Customer  
Service at 1-888-757-2946

Blue Rx PDP Customer Service at  
1-800-290-3914

For TTY users, *711 National Relay Service*,  
Monday through Sunday, 8:00 a.m. to 8:00 p.m.

Visit [www.highmarkblueshield.com/medicare](http://www.highmarkblueshield.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 Highmark Senior Health Company, Highmark Choice Company, Highmark Senior Solutions Company or HM Health Insurance Company.

When it refers to “plan” or “our plan,” it means Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP.

This document includes a list of the drugs (formulary) for our plan which is current as of 9/4/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

## **What is the Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, and Blue Rx PDP Formulary?**

A formulary is a list of covered drugs selected by Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP 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. Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, and Blue Rx PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the by Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

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

The enclosed formulary is current as of September 4, 2019. To get updated information about the drugs covered by Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, members will be notified by mail and prospective members will receive an update with this formulary. The most up-to-date formulary is available on our website, [www.highmarkblueshield.com/medicare](http://www.highmarkblueshield.com/medicare).

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular – Hypertension & Lipids”. If you know what your drug is used for, look for the category name in the list that begins on page number 9. 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 123. 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?**

Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, and Community Blue Medicare Plus PPO cover 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:** Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP before you fill your prescriptions. If you don't get approval, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP limits the amount of the drug that Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP will cover. For example, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, and Blue Rx PDP provides 9 tablet per prescription for 100mg Imitrex. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, and Blue Rx PDP 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, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online document(s) that explain(s) 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 Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP 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 Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP Formulary?” on page 6 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 Customer Service and ask if your drug is covered.

If you learn that Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, Blue Rx PDP does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP.
- You can ask Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP 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 Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP Formulary?**

You can ask Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP 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, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP 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, Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

The above transition process will be implemented to accommodate you if you have an immediate need for a non-formulary drug or a drug that requires prior authorization due to a change in your level of care while you are waiting for an exception request to be processed.

## For more information

For more detailed information about your Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP, 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>.

## Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

The information in the Requirements/Limits column tells you if Freedom Blue PPO, Security Blue HMO-POS, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO, or Blue Rx PDP has any special requirements for coverage of your drug.

*The following is a Formulary Format Example Only:*

<b>Drug Name</b>	<b>Incentive Drug Tier</b>	<b>Requirements/ Limits</b>
<b>Anti - Infectives</b>		
<i>XYZ DRUG</i>	NF	QL- 28



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## List of Abbreviations

**T1:** Cost-Sharing Tier 1 includes preferred generic drugs. This is the lowest cost-sharing tier.

**T2:** Cost-Sharing Tier 2 includes generic drugs.

**T3:** Cost-Sharing Tier 3 includes preferred brand name drugs and may include some single-sourced drugs (those generic drugs made by a single manufacturer).

**T4:** Cost-Sharing Tier 4 includes non-preferred brand name drugs and may include some single-sourced generic drugs (those generic drugs made by a single manufacturer).

**T5:** Cost-Sharing Tier 5 includes specialty drugs. This is the highest cost-sharing tier.

**LA:** Limited access

**PA:** Prior authorization required

**PA-BvD:** This drug may be covered under Medicare part B or D depending on the circumstance. Information may need to be submitted describing the use and setting of the drug to make the determination.

**PA-NS:** Prior authorization required for new starts only

**QL:** Quantity limit applies. The quantity limit is noted for each drug. For example, if the quantity limit is QL (90 EA per 180 days), the quantity limit would be 90 units per 180-day supply.

**ST:** Step therapy applies

**ST-NS:** Step therapy applies to new starts only

Below is a list of drug name formatting patterns that may appear in the following pages.

## List of Patterns

**lowercase italics:** Generic drugs

**UPPERCASE BOLD:** Brand name drugs

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Anti - Infectives</b>		
<i>abacavir oral solution</i>	T3	
<i>abacavir oral tablet</i>	T2	
<i>abacavir-lamivudine</i>	T5	
<i>abacavir-lamivudine-zidovudine</i>	T5	
<b>ABELCET</b>	T4	PA-BvD
<i>acyclovir oral capsule</i>	T2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T2	
<i>acyclovir oral tablet</i>	T2	
<i>acyclovir sodium intravenous solution</i>	T2	PA-BvD
<i>adefovir</i>	T4	
<i>albendazole</i>	T4	
<b>ALINIA</b>	T4	
<i>amantadine hcl oral capsule</i>	T2	QL (124 EA per 31 days)
<i>amantadine hcl oral solution</i>	T2	
<i>amantadine hcl oral tablet</i>	T2	
<b>AMBISOME</b>	T4	PA-BvD
<i>amikacin injection solution 500 mg/2 ml</i>	T2	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension for reconstitution</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate</i>	T2	
<i>amphotericin b</i>	T4	PA-BvD
<i>ampicillin oral capsule 500 mg</i>	T2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	T2	
<i>ampicillin-sulbactam injection</i>	T2	
<b>ANCOBON</b>	T4	
<b>APTIVUS</b>	T5	
<b>ARIKAYCE</b>	T5	PA
<i>atazanavir</i>	T3	
<i>atovaquone</i>	T5	
<i>atovaquone-proguanil</i>	T2	
<b>ATRIPLA</b>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</b>	T4	
<b>AVELOX</b>	T4	
<b>AVYCAZ</b>	T5	
<b>AZACTAM</b>	T4	
<i>azithromycin</i>	T2	
<i>aztreonam injection recon soln 1 gram</i>	T2	
<b>BACTRIM</b>	T4	
<b>BACTRIM DS</b>	T4	
<b>BARACLUDE ORAL SOLUTION</b>	T3	
<b>BARACLUDE ORAL TABLET</b>	T5	
<b>BAXDELA INTRAVENOUS</b>	T4	
<b>BAXDELA ORAL</b>	T5	
<i>benznidazole</i>	T4	PA
<b>BETHKIS</b>	T4	PA
<b>BICILLIN C-R</b>	T3	
<b>BICILLIN L-A</b>	T3	
<b>BIKTARVY</b>	T5	QL (31 EA per 31 days)
<b>BILTRICIDE</b>	T4	
<b>CANCIDAS</b>	T5	
<i>caspofungin intravenous recon soln 50 mg</i>	T5	
<i>caspofungin intravenous recon soln 70 mg</i>	T4	
<b>CAYSTON</b>	T5	
<i>cefaclor oral capsule</i>	T2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T2	
<i>cefaclor oral tablet extended release 12 hr</i>	T2	
<i>cefadroxil oral capsule</i>	T2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	T2	
<i>cefadroxil oral tablet</i>	T2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	T2	
<i>cefdinir</i>	T2	
<i>cefepime injection</i>	T2	
<i>cefixime oral suspension for reconstitution</i>	T2	
<i>cefotetan injection</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefoxitin</i>	T2	
<i>cefpodoxime</i>	T2	
<i>cefprozil</i>	T2	
<i>ceftazidime</i>	T2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	T2	
<i>cefuroxime axetil oral tablet</i>	T2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	T2	
<i>cefuroxime sodium intravenous</i>	T2	
<i>cephalexin</i>	T2	
<i>chloroquine phosphate</i>	T2	
<b>CIMDUO</b>	T5	QL (31 EA per 31 days)
<b>CIPRO ORAL SUSPENSION, MICROCAPSULE RECON</b>	T3	
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	T4	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	T2	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	T2	
<i>clarithromycin</i>	T2	
<b>CLEOCIN HCL</b>	T4	
<b>CLEOCIN IN 5 % DEXTROSE</b>	T4	
<b>CLEOCIN INJECTION</b>	T4	
<b>CLEOCIN PEDIATRIC</b>	T4	
<i>clindamycin hcl</i>	T2	
<i>clindamycin in 5 % dextrose</i>	T2	
<b>CLINDAMYCIN PEDIATRIC</b>	T2	
<i>clindamycin phosphate injection</i>	T2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	T2	
<i>clotrimazole mucous membrane</i>	T2	
<b>COARTEM</b>	T4	
<i>colistin (colistimethate na)</i>	T4	
<b>COMBIVIR</b>	T5	
<b>COMPLERA</b>	T5	
<b>CRESEMBA ORAL</b>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	T3	
<b>CUBICIN</b>	T5	
<b>DAKLINZA ORAL TABLET 30 MG, 60 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>DALVANCE</b>	T5	
<i>dapsone oral</i>	T3	
<i>daptomycin</i>	T5	
<b>DARAPRIM</b>	T5	
<b>DELSTRIGO</b>	T5	QL (31 EA per 31 days)
<i>demeclocycline</i>	T2	
<b>DESCOVY</b>	T5	QL (31 EA per 31 days)
<i>dicloxacillin</i>	T2	
<i>didanosine oral capsule, delayed release (dr/ec) 250 mg, 400 mg</i>	T2	
<b>DIFICID</b>	T5	QL (20 EA per 10 days)
<b>DIFLUCAN</b>	T4	
<b>DORYX MPC</b>	T4	
<b>DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG</b>	T4	
<b>DOVATO</b>	T5	QL (31 EA per 31 days)
<b>DOXY-100</b>	T2	
<i>doxycycline hyclate oral capsule</i>	T2	
<i>doxycycline hyclate oral tablet 100 mg</i>	T2	
<i>doxycycline hyclate oral tablet 150 mg, 20 mg, 75 mg</i>	T1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 200 mg, 50 mg</i>	T2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg, 75 mg</i>	T1	
<i>doxycycline monohydrate oral capsule</i>	T2	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	T2	
<i>doxycycline monohydrate oral tablet</i>	T2	
<b>E.E.S. 400 ORAL TABLET</b>	T2	
<b>E.E.S. GRANULES</b>	T4	
<b>EDURANT</b>	T5	
<i>efavirenz</i>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>EMTRIVA</b>	T3	
<b>EMVERM</b>	T5	
<i>entecavir</i>	T4	
<b>EPCLUSA</b>	T5	PA; QL (28 EA per 28 days)
<b>EPIVIR</b>	T4	
<b>EPIVIR HBV ORAL SOLUTION</b>	T3	
<b>EPIVIR HBV ORAL TABLET</b>	T4	
<b>EPZICOM</b>	T5	
<b>ERAXIS(WATER DILUENT)</b>	T4	
<i>ertapenem</i>	T4	
<b>ERYPED 200</b>	T4	
<b>ERYPED 400</b>	T4	
<b>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG</b>	T2	
<b>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG</b>	T3	
<b>ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG</b>	T2	
<b>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</b>	T3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	T2	
<i>erythromycin ethylsuccinate oral tablet</i>	T2	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	T2	
<i>erythromycin oral tablet</i>	T2	
<i>ethambutol</i>	T2	
<b>EVOTAZ</b>	T3	
<i>famciclovir</i>	T2	
<b>FIRVANQ</b>	T4	
<b>FLAGYL</b>	T4	
<i>fluconazole</i>	T2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	T2	
<i>flucytosine</i>	T2	
<b>FLUMADINE ORAL TABLET</b>	T4	
<i>fosamprenavir</i>	T3	
<b>FURADANTIN</b>	T4	QL (1800 ML per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FUZEON SUBCUTANEOUS RECON SOLN</b>	T5	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	T2	
<i>gentamicin injection solution 40 mg/ml</i>	T1	
<b>GENVOYA</b>	T5	
<i>griseofulvin microsize</i>	T2	
<i>griseofulvin ultramicrosize</i>	T2	
<b>HARVONI</b>	T5	PA; QL (28 EA per 28 days)
<b>HEPSERA</b>	T5	
<b>HIPREX</b>	T4	
<i>hydroxychloroquine</i>	T2	
<i>imipenem-cilastatin</i>	T2	
<b>INTELENCE ORAL TABLET 100 MG, 200 MG</b>	T5	
<b>INTELENCE ORAL TABLET 25 MG</b>	T4	
<b>INVANZ INJECTION</b>	T4	
<b>INVIRASE ORAL TABLET</b>	T4	
<b>ISENTRESS HD</b>	T3	
<b>ISENTRESS ORAL POWDER IN PACKET</b>	T3	
<b>ISENTRESS ORAL TABLET</b>	T5	
<b>ISENTRESS ORAL TABLET,CHEWABLE 100 MG</b>	T5	
<b>ISENTRESS ORAL TABLET,CHEWABLE 25 MG</b>	T3	
<i>isoniazid oral solution</i>	T2	
<i>isoniazid oral tablet</i>	T1	
<i>itraconazole oral capsule</i>	T2	PA
<i>itraconazole oral solution</i>	T4	PA
<i>ivermectin</i>	T2	
<b>JULUCA</b>	T5	
<b>KALETRA ORAL SOLUTION</b>	T5	
<b>KALETRA ORAL TABLET 100-25 MG</b>	T3	
<b>KALETRA ORAL TABLET 200-50 MG</b>	T5	
<i>ketoconazole oral</i>	T2	
<b>KRINTAFEL</b>	T4	
<i>lamivudine</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine-zidovudine</i>	T2	
<i>ledipasvir-sofosbuvir</i>	T5	PA; QL (28 EA per 28 days)
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	T2	
<i>levofloxacin intravenous</i>	T2	
<i>levofloxacin oral</i>	T2	
<b>LEXIVA ORAL SUSPENSION</b>	T3	
<b>LEXIVA ORAL TABLET</b>	T5	
<i>linezolid in dextrose 5%</i>	T5	
<i>linezolid oral suspension for reconstitution</i>	T5	
<i>linezolid oral tablet</i>	T4	
<i>lopinavir-ritonavir</i>	T5	
<b>MACROBID</b>	T4	QL (90 EA per 365 days)
<b>MACRODANTIN ORAL CAPSULE 100 MG</b>	T4	QL (90 EA per 365 days)
<b>MACRODANTIN ORAL CAPSULE 25 MG</b>	T4	QL (360 EA per 365 days)
<b>MACRODANTIN ORAL CAPSULE 50 MG</b>	T4	QL (180 EA per 365 days)
<b>MALARONE</b>	T4	
<b>MALARONE PEDIATRIC</b>	T4	
<b>MAVYRET</b>	T5	PA; QL (84 EA per 28 days)
<b>MAXIPIME INJECTION RECON SOLN 1 GRAM</b>	T4	
<b>MAXIPIME INTRAVENOUS RECON SOLN 2 GRAM</b>	T4	
<i>mefloquine</i>	T2	
<b>MEPRON</b>	T5	
<i>meropenem</i>	T2	
<b>MERREM INTRAVENOUS RECON SOLN 500 MG</b>	T4	
<i>methenamine hippurate</i>	T2	
<i>metronidazole in nacl (iso-os)</i>	T2	
<i>metronidazole oral</i>	T1	
<b>MINOCIN ORAL CAPSULE 50 MG</b>	T4	
<i>minocycline</i>	T2	
<b>MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG</b>	T2	
<b>MONUROL</b>	T4	
<b>MORGIDOX ORAL CAPSULE 50 MG</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moxifloxacin oral</i>	T3	
<i>moxifloxacin-sod.chloride(iso)</i>	T4	
<b>MYAMBUTOL ORAL TABLET 400 MG</b>	T4	
<b>MYCAMINE INTRAVENOUS RECON SOLN 100 MG</b>	T5	
<b>MYCAMINE INTRAVENOUS RECON SOLN 50 MG</b>	T4	
<b>MYCOBUTIN</b>	T4	
<i>nafcillin injection</i>	T2	
<b>NEBUPENT</b>	T4	PA-BvD
<i>neomycin</i>	T2	
<i>nevirapine</i>	T2	
<i>nitrofurantoin</i>	T2	QL (1800 ML per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	T2	QL (90 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	T2	QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	T2	QL (180 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst</i>	T2	QL (90 EA per 365 days)
<b>NORVIR ORAL POWDER IN PACKET</b>	T3	
<b>NORVIR ORAL SOLUTION</b>	T3	
<b>NORVIR ORAL TABLET</b>	T4	
<b>NOXAFIL ORAL</b>	T5	
<b>NUZYRA</b>	T5	
<b>NUZYRA (7 DAY WITH LOAD DOSE)</b>	T5	
<b>NUZYRA (7 DAY)</b>	T5	
<i>nystatin oral suspension</i>	T2	
<i>nystatin oral tablet</i>	T2	
<b>ODEFSEY</b>	T5	QL (31 EA per 31 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T2	
<b>ORACEA</b>	T4	
<b>ORAVIG</b>	T4	
<i>oseltamivir oral capsule 30 mg</i>	T2	QL (170 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	T2	QL (90 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	T3	QL (1080 ML per 365 days)
<i>oxacillin in dextrose(iso-osm)</i>	T2	
<i>oxacillin injection</i>	T2	
<i>paromomycin</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PASER</b>	T4	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	T4	
<i>penicillin g potassium injection recon soln 20 million unit</i>	T2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	T2	
<i>penicillin g sodium</i>	T2	
<i>penicillin v potassium</i>	T1	
<b>PENTAM</b>	T4	
<b>PIFELTRO</b>	T5	QL (62 EA per 31 days)
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	T2	
<b>PLAQUENIL</b>	T4	
<i>polymyxin b sulfate</i>	T2	
<i>praziquantel</i>	T3	
<b>PREVYMIS ORAL</b>	T4	
<b>PREZCOBIX</b>	T5	
<b>PREZISTA ORAL SUSPENSION</b>	T5	
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	T3	
<b>PREZISTA ORAL TABLET 600 MG, 800 MG</b>	T5	
<b>PRIFTIN</b>	T4	
<i>primaquine</i>	T3	
<b>PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG</b>	T4	
<i>pyrazinamide</i>	T2	
<b>QUALAQUIN</b>	T4	PA
<i>quinine sulfate</i>	T2	PA; QL (42 EA per 28 days)
<b>REBETOL ORAL SOLUTION</b>	T4	
<b>RELENZA DISKHALER</b>	T3	
<b>RESCRIPTOR ORAL TABLET</b>	T3	
<b>RETROVIR ORAL CAPSULE</b>	T4	
<b>RETROVIR ORAL SYRUP</b>	T4	
<b>REYATAZ ORAL CAPSULE 150 MG, 300 MG</b>	T3	
<b>REYATAZ ORAL CAPSULE 200 MG</b>	T5	
<b>REYATAZ ORAL POWDER IN PACKET</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RIBASPHERE ORAL CAPSULE</b>	T2	
<b>RIBASPHERE ORAL TABLET 600 MG</b>	T5	
<b>RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)</b>	T5	
<i>ribavirin oral capsule</i>	T2	
<i>ribavirin oral tablet 200 mg</i>	T2	
<i>rifabutin</i>	T2	
<b>RIFADIN ORAL CAPSULE 150 MG</b>	T4	
<b>RIFAMATE</b>	T4	
<i>rifampin</i>	T2	
<b>RIFATER</b>	T4	
<i>rimantadine</i>	T2	
<i>ritonavir</i>	T3	
<b>SELZENTRY ORAL SOLUTION</b>	T5	
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG</b>	T5	
<b>SELZENTRY ORAL TABLET 25 MG</b>	T4	
<b>SIRTURO</b>	T5	
<b>SIVEXTRO INTRAVENOUS</b>	T5	
<b>SIVEXTRO ORAL</b>	T5	QL (6 EA per 31 days)
<i>sofosbuvir-velpatasvir</i>	T5	PA; QL (28 EA per 28 days)
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG</b>	T4	
<b>SOLOSEC</b>	T4	
<b>SOLOXIDE</b>	T1	
<b>SOVALDI</b>	T5	PA; QL (28 EA per 28 days)
<b>SPORANOX</b>	T5	PA
<i>stavudine oral capsule</i>	T2	
<i>streptomycin</i>	T3	
<b>STRIBILD</b>	T5	
<b>STROMEKTOL</b>	T4	
<i>sulfadiazine</i>	T2	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<b>SUPRAX ORAL CAPSULE</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML</b>	T4	
<b>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML</b>	T3	
<b>SUPRAX ORAL TABLET,CHEWABLE</b>	T3	
<b>SUSTIVA ORAL CAPSULE</b>	T3	
<b>SUSTIVA ORAL TABLET</b>	T5	
<b>SYMFI</b>	T5	QL (31 EA per 31 days)
<b>SYMFI LO</b>	T5	QL (31 EA per 31 days)
<b>SYMTUZA</b>	T5	QL (31 EA per 31 days)
<b>TAMIFLU ORAL CAPSULE 30 MG</b>	T3	QL (170 EA per 365 days)
<b>TAMIFLU ORAL CAPSULE 45 MG, 75 MG</b>	T3	QL (90 EA per 365 days)
<b>TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION</b>	T3	QL (1080 ML per 365 days)
<b>TARGADOX</b>	T4	
<b>TAZICEF INJECTION</b>	T4	
<b>TEFLARO</b>	T5	
<i>tenofovir disoproxil fumarate</i>	T3	
<i>terbinafine hcl oral</i>	T1	QL (90 EA per 180 days)
<i>tetracycline</i>	T2	
<i>tigecycline</i>	T5	
<i>tinidazole</i>	T2	
<b>TIVICAY ORAL TABLET 10 MG</b>	T4	
<b>TIVICAY ORAL TABLET 25 MG, 50 MG</b>	T5	
<b>TOBI</b>	T4	PA
<b>TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>	T3	PA; QL (224 EA per 56 days)
<i>tobramycin in 0.225 % nacl</i>	T5	PA
<i>tobramycin sulfate injection solution</i>	T1	
<b>TOLSURA</b>	T5	PA; QL (130 EA per 31 days)
<b>TRECATOR</b>	T4	
<i>trimethoprim</i>	T2	
<b>TRIUMEQ</b>	T5	
<b>TRIZIVIR</b>	T4	
<b>TRUVADA</b>	T5	
<b>TYBOST</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TYGACIL</b>	T5	
<b>UNASYN INJECTION RECON SOLN 15 GRAM, 3 GRAM</b>	T4	
<b>VABOMERE</b>	T4	
<i>valacyclovir</i>	T2	
<b>VALCYTE ORAL RECON SOLN</b>	T4	
<b>VALCYTE ORAL TABLET</b>	T5	
<i>valganciclovir</i>	T3	
<b>VALTREX</b>	T4	
<b>VANCOGIN</b>	T5	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	T2	
<i>vancomycin intravenous recon soln 250 mg</i>	T4	
<i>vancomycin oral capsule 125 mg</i>	T4	
<i>vancomycin oral capsule 250 mg</i>	T5	
<b>VEMLIDY</b>	T4	QL (31 EA per 31 days)
<b>VFEND</b>	T5	
<b>VFEND IV</b>	T4	
<b>VIBRAMYCIN ORAL CAPSULE 100 MG</b>	T4	
<b>VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION</b>	T4	
<b>VIBRAMYCIN ORAL SYRUP</b>	T4	
<b>VIDEX 4 GRAM PEDIATRIC</b>	T3	
<b>VIDEX EC</b>	T4	
<b>VIEKIRA PAK</b>	T5	PA; QL (112 EA per 28 days)
<b>VIRACEPT ORAL TABLET</b>	T5	
<b>VIRAMUNE</b>	T4	
<b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG</b>	T4	
<b>VIREAD ORAL POWDER</b>	T3	
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T3	
<b>VIREAD ORAL TABLET 300 MG</b>	T5	
<i>voriconazole intravenous</i>	T2	
<i>voriconazole oral</i>	T5	
<b>VOSEVI</b>	T5	PA; QL (28 EA per 28 days)
<b>XIFAXAN ORAL TABLET 200 MG</b>	T5	QL (9 EA per 3 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA; QL (62 EA per 31 days)
<b>XIMINO</b>	T4	
<b>XOFLUZA</b>	T3	QL (18 EA per 365 days)
<b>ZEPATIER</b>	T5	PA; QL (28 EA per 28 days)
<b>ZERBAXA</b>	T5	
<b>ZIAGEN ORAL SOLUTION</b>	T3	
<b>ZIAGEN ORAL TABLET</b>	T4	
<i>zidovudine</i>	T2	
<b>ZITHROMAX INTRAVENOUS</b>	T4	
<b>ZITHROMAX ORAL PACKET</b>	T4	
<b>ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION</b>	T4	
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	T4	
<b>ZITHROMAX TRI-PAK</b>	T4	
<b>ZITHROMAX Z-PAK</b>	T4	
<b>ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML</b>	T3	
<b>ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM</b>	T4	
<b>ZOVIRAX ORAL CAPSULE</b>	T4	
<b>ZOVIRAX ORAL SUSPENSION</b>	T4	
<b>ZOVIRAX ORAL TABLET 800 MG</b>	T4	
<b>ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML</b>	T4	
<b>ZYVOX ORAL</b>	T5	
<b>Antineoplastic / Immunosuppressant Drugs</b>		
<i>abiraterone</i>	T5	PA-NS; QL (124 EA per 31 days)
<b>AFINITOR</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 5 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG</b>	T5	PA-NS; QL (93 EA per 31 days)
<b>ALECENSA</b>	T5	PA-NS; QL (248 EA per 31 days)
<b>ALUNBRIG ORAL TABLET 180 MG, 90 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>ALUNBRIG ORAL TABLET 30 MG</b>	T5	PA-NS; QL (186 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ALUNBRIG ORAL TABLETS,DOSE PACK</b>	T5	PA-NS; QL (30 EA per 365 days)
<i>anastrozole</i>	T2	
<b>ARIMIDEX</b>	T4	
<b>AROMASIN</b>	T5	
<b>ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG</b>	T3	PA-BvD
<b>ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG</b>	T5	PA-BvD
<b>AZASAN</b>	T4	PA-BvD
<i>azathioprine</i>	T2	PA-BvD
<b>BALVERSA</b>	T5	PA-NS
<i>bexarotene</i>	T5	PA-NS
<i>bicalutamide</i>	T2	
<b>BOSULIF</b>	T5	PA-NS
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T5	PA-NS; QL (186 EA per 31 days)
<b>CABOMETYX</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>CALQUENCE</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>CAPRELSA</b>	T5	PA-NS
<b>CASODEX</b>	T4	
<b>CELLCEPT ORAL CAPSULE</b>	T4	PA-BvD
<b>CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION</b>	T4	PA-BvD
<b>CELLCEPT ORAL TABLET</b>	T5	PA-BvD
<b>COMETRIQ</b>	T5	PA-NS
<b>COPIKTRA</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>COTELLIC</b>	T5	PA-NS; LA
<i>cyclophosphamide oral capsule</i>	T3	PA-BvD
<i>cyclosporine modified</i>	T2	PA-BvD
<i>cyclosporine oral capsule</i>	T2	PA-BvD
<b>DAURISMO ORAL TABLET 100 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>DAURISMO ORAL TABLET 25 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>DROXIA</b>	T4	
<b>ELIGARD</b>	T4	
<b>ELIGARD (3 MONTH)</b>	T4	
<b>ELIGARD (4 MONTH)</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ELIGARD (6 MONTH)</b>	T4	
<b>EMCYT</b>	T3	
<b>ENVARUSUS XR</b>	T4	PA-BvD
<b>ERIVEDGE</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>ERLEADA</b>	T5	PA-NS; QL (124 EA per 31 days)
<i>erlotinib</i>	T5	PA-NS; QL (31 EA per 31 days)
<i>exemestane</i>	T2	
<b>FARESTON</b>	T4	
<b>FARYDAK</b>	T5	PA-NS
<b>FEMARA</b>	T5	
<b>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG</b>	T5	
<b>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG</b>	T4	
<i>flutamide</i>	T2	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T2	PA-BvD
<b>GENGRAF ORAL SOLUTION</b>	T2	PA-BvD
<b>GILOTRIF</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>GLEEVEC ORAL TABLET 100 MG</b>	T5	PA-NS; QL (93 EA per 31 days)
<b>GLEEVEC ORAL TABLET 400 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>GLEOSTINE ORAL CAPSULE 10 MG, 40 MG</b>	T4	
<b>GLEOSTINE ORAL CAPSULE 100 MG</b>	T5	
<b>HYDREA</b>	T4	
<i>hydroxyurea</i>	T2	
<b>IBRANCE</b>	T5	PA-NS; QL (21 EA per 28 days)
<b>ICLUSIG ORAL TABLET 15 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>ICLUSIG ORAL TABLET 45 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>IDHIFA ORAL TABLET 100 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>IDHIFA ORAL TABLET 50 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<i>imatinib oral tablet 100 mg</i>	T5	PA-NS; QL (93 EA per 31 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA-NS; QL (62 EA per 31 days)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>IMBRUVICA ORAL TABLET</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>IMURAN</b>	T4	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INLYTA</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>IRESSA</b>	T5	PA-NS
<b>JAKAFI</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG</b>	T5	PA-NS; QL (49 EA per 28 days)
<b>KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG</b>	T5	PA-NS; QL (70 EA per 28 days)
<b>KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG</b>	T5	PA-NS; QL (91 EA per 28 days)
<b>KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)</b>	T5	PA-NS; QL (21 EA per 28 days)
<b>KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)</b>	T5	PA-NS; QL (42 EA per 28 days)
<b>KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)</b>	T5	PA-NS; QL (63 EA per 28 days)
<b>LENVIMA</b>	T5	PA-NS
<i>letrozole</i>	T2	
<i>leucovorin calcium oral</i>	T2	
<b>LEUKERAN</b>	T4	
<i>leuprolide subcutaneous kit</i>	T2	
<b>LONSURF</b>	T5	PA-NS
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA-NS; QL (93 EA per 31 days)
<b>LUPRON DEPOT</b>	T5	
<b>LUPRON DEPOT (3 MONTH)</b>	T5	
<b>LUPRON DEPOT (4 MONTH)</b>	T5	
<b>LUPRON DEPOT (6 MONTH)</b>	T5	
<b>LYNPARZA ORAL TABLET</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>LYSODREN</b>	T3	
<b>MATULANE</b>	T5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	T2	PA
<i>megestrol oral tablet</i>	T2	PA-NS
<b>MEKINIST</b>	T5	PA-NS
<b>MEKTOVI</b>	T5	PA-NS; QL (186 EA per 31 days)
<i>mercaptopurine</i>	T2	
<b>MESNEX ORAL</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium (pf) injection solution</i>	T2	PA-BvD
<i>methotrexate sodium injection</i>	T2	PA-BvD
<i>methotrexate sodium oral</i>	T1	PA-BvD
<i>mycophenolate mofetil</i>	T2	PA-BvD
<i>mycophenolate sodium</i>	T2	PA-BvD
<b>MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG</b>	T3	PA-BvD
<b>MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 360 MG</b>	T5	PA-BvD
<b>NEORAL</b>	T3	PA-BvD
<b>NERLYNX</b>	T5	PA-NS; QL (186 EA per 31 days)
<b>NEXAVAR</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>NILANDRON</b>	T5	
<i>nilutamide</i>	T5	
<b>NINLARO</b>	T5	PA-NS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	T3	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	T2	
<i>octreotide acetate injection solution 500 mcg/ml</i>	T5	
<b>ODOMZO</b>	T5	PA-NS; LA
<b>PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)</b>	T5	PA-NS; QL (28 EA per 28 days)
<b>PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)</b>	T5	PA-NS; QL (56 EA per 28 days)
<b>POMALYST</b>	T5	PA-NS; QL (21 EA per 28 days)
<b>PROGRAF ORAL</b>	T4	PA-BvD
<b>PURIXAN</b>	T4	
<b>RAPAMUNE ORAL SOLUTION</b>	T5	PA-BvD
<b>RAPAMUNE ORAL TABLET 0.5 MG</b>	T4	PA-BvD
<b>RAPAMUNE ORAL TABLET 1 MG, 2 MG</b>	T5	PA-BvD
<b>REVLIMID</b>	T5	PA-NS; QL (21 EA per 28 days)
<b>RUBRACA</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>RYDAPT</b>	T5	PA-NS; QL (248 EA per 31 days)
<b>SANDIMMUNE ORAL</b>	T3	PA-BvD
<b>SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SIGNIFOR</b>	T5	PA
<i>sirolimus</i>	T2	PA-BvD
<b>SOLTAMOX</b>	T4	
<b>SOMATULINE DEPOT</b>	T5	
<b>SPRYCEL</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>STIVARGA</b>	T5	PA-NS; QL (84 EA per 28 days)
<b>SUTENT</b>	T5	PA-NS
<b>SYNRIBO</b>	T5	
<b>TABLOID</b>	T3	
<i>tacrolimus oral</i>	T2	PA-BvD
<b>TAFINLAR</b>	T5	PA-NS
<b>TAGRISO</b>	T5	PA-NS; LA; QL (31 EA per 31 days)
<b>TALZENNA ORAL CAPSULE 0.25 MG</b>	T5	PA-NS; QL (93 EA per 31 days)
<b>TALZENNA ORAL CAPSULE 1 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<i>tamoxifen</i>	T1	
<b>TARCEVA</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>TARGRETIN</b>	T5	PA-NS
<b>TASIGNA</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG</b>	T5	PA-NS; QL (28 EA per 28 days)
<b>THALOMID ORAL CAPSULE 200 MG</b>	T5	PA-NS; QL (56 EA per 28 days)
<b>TIBSOVO</b>	T5	PA-NS; QL (62 EA per 31 days)
<i>toremifene</i>	T3	
<b>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG</b>	T3	
<b>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG</b>	T5	
<i>tretinoin (chemotherapy)</i>	T5	
<b>TREXALL</b>	T3	PA-BvD
<b>TYKERB</b>	T5	PA-NS
<b>VENCLEXTA ORAL TABLET 10 MG</b>	T4	PA-NS
<b>VENCLEXTA ORAL TABLET 100 MG, 50 MG</b>	T5	PA-NS
<b>VENCLEXTA STARTING PACK</b>	T5	PA-NS

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VERZENIO</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>VITRAKVI ORAL CAPSULE 100 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>VITRAKVI ORAL CAPSULE 25 MG</b>	T5	PA-NS; QL (186 EA per 31 days)
<b>VITRAKVI ORAL SOLUTION</b>	T5	PA-NS; QL (310 ML per 31 days)
<b>VIZIMPRO</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>VOTRIENT</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>XALKORI</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>XATMEP</b>	T4	PA-BvD
<b>XERMELO</b>	T5	PA; QL (93 EA per 31 days)
<b>XGEVA</b>	T5	
<b>XOSPATA</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>XTANDI</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>YONSA</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>ZEJULA</b>	T5	PA-NS; QL (93 EA per 31 days)
<b>ZELBORAF</b>	T5	PA-NS
<b>ZOLINZA</b>	T5	PA-NS
<b>ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG</b>	T5	PA-BvD
<b>ZORTRESS ORAL TABLET 0.5 MG</b>	T4	PA-BvD
<b>ZYDELIG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>ZYKADIA</b>	T5	PA-NS; QL (93 EA per 31 days)
<b>ZYTIGA ORAL TABLET 250 MG</b>	T5	PA-NS; QL (124 EA per 31 days)
<b>ZYTIGA ORAL TABLET 500 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>Autonomic / Cns Drugs, Neurology / Psych</b>		
<b>ABILIFY MAINTENA</b>	T5	QL (1 EA per 28 days)
<b>ABILIFY ORAL TABLET</b>	T5	PA-NS
<b>ABSTRAL SUBLINGUAL TABLET 100 MCG</b>	T4	PA; QL (124 EA per 31 days)
<b>ABSTRAL SUBLINGUAL TABLET 200 MCG, 300 MCG</b>	T5	PA; QL (124 EA per 31 days)
<b>ABSTRAL SUBLINGUAL TABLET 400 MCG</b>	T5	PA; QL (119 EA per 31 days)
<b>ABSTRAL SUBLINGUAL TABLET 600 MCG</b>	T5	PA; QL (79 EA per 31 days)
<b>ABSTRAL SUBLINGUAL TABLET 800 MCG</b>	T5	PA; QL (60 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	PA; QL (5167 ML per 31 days)
<i>acetaminophen-codeine oral tablet</i>	T2	PA; QL (403 EA per 31 days)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG</b>	T5	PA; QL (40 EA per 31 days)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 1,600 MCG</b>	T5	PA; QL (30 EA per 31 days)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 200 MCG</b>	T5	PA; QL (124 EA per 31 days)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 400 MCG</b>	T5	PA; QL (119 EA per 31 days)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 600 MCG</b>	T5	PA; QL (79 EA per 31 days)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 800 MCG</b>	T5	PA; QL (59 EA per 31 days)
<b>ADDERALL ORAL TABLET 20 MG</b>	T4	ST; QL (93 EA per 31 days)
<b>ADDERALL ORAL TABLET 5 MG, 7.5 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>ADDERALL XR</b>	T4	ST; QL (31 EA per 31 days)
<b>ADZENYS ER</b>	T4	ST; QL (450 ML per 30 days)
<b>ADZENYS XR-ODT</b>	T4	ST; QL (31 EA per 31 days)
<b>AIMOVIG AUTOINJECTOR</b>	T3	PA; QL (1 ML per 28 days)
<b>AJOVY</b>	T4	PA; QL (1.5 ML per 28 days)
<b>ALLZITAL</b>	T4	QL (372 EA per 31 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	T2	QL (8 EA per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	T2	QL (16 EA per 28 days)
<b>ALPRAZOLAM INTENSOL</b>	T2	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	T2	PA; QL (93 EA per 31 days)
<i>alprazolam oral tablet 1 mg, 2 mg</i>	T2	PA; QL (155 EA per 31 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	T2	PA; QL (31 EA per 31 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	T2	PA; QL (155 EA per 31 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	T2	PA; QL (93 EA per 31 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	T2	PA; QL (93 EA per 31 days)
<i>alprazolam oral tablet, disintegrating 1 mg, 2 mg</i>	T2	PA; QL (155 EA per 31 days)
<b>AMBIEN</b>	T4	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AMBIEN CR</b>	T4	QL (31 EA per 31 days)
<b>AMERGE ORAL TABLET 1 MG</b>	T4	QL (20 EA per 28 days)
<b>AMERGE ORAL TABLET 2.5 MG</b>	T4	QL (8 EA per 28 days)
<i>amitriptyline</i>	T2	PA-NS
<i>amitriptyline-chlordiazepoxide</i>	T2	PA-NS
<i>amoxapine</i>	T1	
<i>amphetamine sulfate</i>	T4	PA
<b>AMPYRA</b>	T5	PA; QL (62 EA per 31 days)
<b>AMRIX</b>	T4	PA
<b>ANAFRANIL</b>	T4	PA-NS
<b>APLENZIN</b>	T4	
<b>APOKYN</b>	T5	PA
<b>APTENSIO XR</b>	T4	ST; QL (31 EA per 31 days)
<b>APTIOM</b>	T5	
<b>ARICEPT</b>	T4	
<i>aripiprazole oral solution</i>	T3	PA-NS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	T3	PA-NS
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	T4	PA-NS
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	T5	PA-NS
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	T3	PA-NS
<b>ARISTADA INITIO</b>	T5	QL (4.8 ML per 365 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML</b>	T5	QL (3.9 ML per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML</b>	T5	QL (1.6 ML per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML</b>	T5	QL (2.4 ML per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML</b>	T5	QL (3.2 ML per 28 days)
<i>armodafinil</i>	T4	PA; QL (31 EA per 31 days)
<b>ARTHROTEC 50</b>	T4	
<b>ARTHROTEC 75</b>	T4	
<b>ASCOMP WITH CODEINE</b>	T2	PA; QL (372 EA per 31 days)
<b>ATIVAN ORAL TABLET 0.5 MG</b>	T4	QL (124 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ATIVAN ORAL TABLET 1 MG</b>	T4	QL (186 EA per 31 days)
<b>ATIVAN ORAL TABLET 2 MG</b>	T4	QL (155 EA per 31 days)
<i>atomoxetine oral capsule 10 mg, 25 mg, 40 mg</i>	T4	QL (62 EA per 31 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	T4	QL (31 EA per 31 days)
<i>atomoxetine oral capsule 18 mg</i>	T4	QL (124 EA per 31 days)
<b>AUBAGIO</b>	T5	PA; QL (31 EA per 31 days)
<b>AUSTEDO ORAL TABLET 12 MG, 6 MG</b>	T5	PA; QL (124 EA per 31 days)
<b>AUSTEDO ORAL TABLET 9 MG</b>	T5	PA; QL (155 EA per 31 days)
<b>AZILECT</b>	T3	
<i>baclofen oral tablet 10 mg</i>	T1	
<i>baclofen oral tablet 20 mg</i>	T2	
<i>baclofen oral tablet 5 mg</i>	T4	
<b>BANZEL</b>	T5	PA-NS
<b>BELBUCA</b>	T4	PA; QL (62 EA per 31 days)
<b>BELSOMRA</b>	T4	
<i>benztropine oral</i>	T2	PA
<b>BRISDELLE</b>	T4	
<b>BRIVIACT ORAL</b>	T5	PA-NS
<i>bromocriptine</i>	T2	
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG</b>	T4	ST; QL (31 EA per 31 days)
<b>BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>BUPAP ORAL TABLET 50-300 MG</b>	T4	QL (403 EA per 31 days)
<i>buprenorphine</i>	T4	PA; QL (4 EA per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	T2	QL (93 EA per 31 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	T2	QL (62 EA per 31 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T2	QL (62 EA per 31 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T2	QL (93 EA per 31 days)
<i>buprenorphine-naloxone sublingual tablet</i>	T4	ST; QL (93 EA per 31 days)
<i>bupropion hcl oral tablet</i>	T2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	T2	QL (93 EA per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	T2	QL (31 EA per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	T3	QL (62 EA per 31 days)
<i>buspirone</i>	T2	
<b>BUTALBITAL COMPOUND W/CODEINE</b>	T2	PA; QL (372 EA per 31 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	T2	PA; QL (403 EA per 31 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T2	PA; QL (372 EA per 31 days)
<i>butalbital-acetaminophen oral capsule</i>	T2	QL (403 EA per 31 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T2	QL (403 EA per 31 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T2	QL (372 EA per 31 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	T2	QL (403 EA per 31 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T2	QL (372 EA per 31 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T2	QL (372 EA per 31 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T2	
<i>butorphanol tartrate nasal</i>	T2	QL (5 ML per 28 days)
<b>BUTRANS</b>	T4	PA; QL (4 EA per 28 days)
<b>CAFERGOT</b>	T4	
<b>CAMBIA</b>	T4	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	T2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr</i>	T2	
<i>carbamazepine oral tablet, chewable</i>	T1	
<b>CARBATROL</b>	T4	
<i>carbidopa</i>	T2	
<i>carbidopa-levodopa</i>	T2	
<i>carbidopa-levodopa-entacapone</i>	T2	
<i>carisoprodol</i>	T2	
<i>carisoprodol-asa-codeine</i>	T2	PA; QL (2582 EA per 31 days)
<i>carisoprodol-aspirin</i>	T2	
<b>CELEBREX</b>	T4	ST; QL (62 EA per 31 days)
<i>celecoxib</i>	T2	ST; QL (62 EA per 31 days)
<b>CELEXA ORAL TABLET</b>	T4	
<b>CELONTIN ORAL CAPSULE 300 MG</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlordiazepoxide hcl</i>	T2	
<i>chlorpromazine oral</i>	T2	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	T2	
<i>citalopram</i>	T1	
<i>clobazam oral suspension</i>	T4	PA-NS
<i>clobazam oral tablet 10 mg</i>	T4	PA-NS
<i>clobazam oral tablet 20 mg</i>	T5	PA-NS
<i>clomipramine</i>	T2	PA-NS
<i>clonazepam oral tablet 0.5 mg</i>	T2	QL (93 EA per 31 days)
<i>clonazepam oral tablet 1 mg</i>	T2	QL (124 EA per 31 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (310 EA per 31 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	T2	QL (93 EA per 31 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	T2	QL (124 EA per 31 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	T2	QL (310 EA per 31 days)
<i>clonidine hcl oral tablet extended release 12 hr</i>	T2	PA
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	QL (186 EA per 31 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	QL (93 EA per 31 days)
<i>clozapine oral tablet</i>	T2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	T2	
<i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i>	T4	
<b>CLOZARIL</b>	T4	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T2	PA; QL (186 EA per 31 days)
<b>COMTAN</b>	T4	
<b>CONCERTA</b>	T4	ST; QL (31 EA per 31 days)
<b>CONZIP</b>	T4	PA; QL (30 EA per 30 days)
<b>COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML</b>	T5	QL (31 ML per 31 days)
<b>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</b>	T5	QL (12 ML per 28 days)
<b>COTEMPLA XR-ODT</b>	T4	ST; QL (62 EA per 31 days)
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	T4	PA
<i>cyclobenzaprine oral tablet</i>	T2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG</b>	T4	QL (62 EA per 31 days)
<b>CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG</b>	T4	QL (31 EA per 31 days)
<i>dalfampridine</i>	T5	PA; QL (62 EA per 31 days)
<b>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</b>	T4	
<i>dantrolene</i>	T2	
<b>DAYPRO</b>	T4	
<b>DAYTRANA</b>	T4	PA; QL (30 EA per 30 days)
<b>DEMEROL (PF) INJECTION SYRINGE 25 MG/ML</b>	T4	PA; QL (824 ML per 31 days)
<b>DEMEROL INJECTION SOLUTION 50 MG/ML</b>	T4	PA; QL (412 ML per 31 days)
<b>DEPAKOTE</b>	T4	
<b>DEPAKOTE ER</b>	T4	
<b>DEPAKOTE SPRINKLES</b>	T4	
<i>desipramine</i>	T2	
<b>DESOXYN</b>	T4	PA
<i>desvenlafaxine oral tablet extended release 24 hr</i>	T4	
<i>desvenlafaxine succinate</i>	T4	QL (31 EA per 31 days)
<b>DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG</b>	T4	ST; QL (155 EA per 31 days)
<b>DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG</b>	T4	ST; QL (124 EA per 31 days)
<b>DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 5 MG</b>	T4	ST; QL (186 EA per 31 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	T2	QL (31 EA per 31 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	T2	QL (62 EA per 31 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	T2	QL (93 EA per 31 days)
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	T2	QL (155 EA per 31 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	T2	QL (124 EA per 31 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	T2	QL (186 EA per 31 days)
<i>dextroamphetamine oral tablet 10 mg</i>	T2	QL (186 EA per 31 days)
<i>dextroamphetamine oral tablet 5 mg</i>	T2	QL (341 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	T2	QL (31 EA per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 30 mg</i>	T2	QL (62 EA per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	T1	QL (62 EA per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	T2	QL (93 EA per 31 days)
<b>DIASTAT</b>	T4	
<b>DIASTAT ACUDIAL</b>	T4	
<i>diazepam oral concentrate</i>	T2	QL (248 ML per 31 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T2	QL (1500 ML per 31 days)
<i>diazepam oral tablet</i>	T2	QL (124 EA per 31 days)
<i>diclofenac epolamine</i>	T4	PA; QL (62 EA per 31 days)
<i>diclofenac potassium</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac sodium topical drops</i>	T2	QL (450 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	T3	QL (900 GM per 28 days)
<i>diclofenac-misoprostol</i>	T2	
<i>diflunisal</i>	T2	
<i>dihydroergotamine nasal</i>	T2	QL (8 ML per 31 days)
<b>DILANTIN</b>	T4	
<b>DILANTIN EXTENDED</b>	T4	
<b>DILANTIN INFATABS</b>	T4	
<b>DILANTIN-125</b>	T4	
<b>DILAUDID ORAL LIQUID</b>	T4	PA; QL (1550 ML per 31 days)
<b>DILAUDID ORAL TABLET</b>	T4	PA; QL (186 EA per 31 days)
<i>divalproex oral capsule, delayed rel sprinkle</i>	T2	
<i>divalproex oral tablet extended release 24 hr</i>	T3	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	T2	
<b>DOLOPHINE ORAL TABLET 10 MG</b>	T4	PA; QL (206 EA per 31 days)
<b>DOLOPHINE ORAL TABLET 5 MG</b>	T4	PA; QL (248 EA per 31 days)
<i>donepezil</i>	T2	
<i>doxepin oral</i>	T2	PA-NS
<b>DUEXIS</b>	T5	PA; QL (93 EA per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	T3	QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>	T3	QL (31 EA per 31 days)
<b>DUOPA</b>	T4	PA-BvD
<b>DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR</b>	T4	PA; QL (10 EA per 30 days)
<b>DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR</b>	T4	PA; QL (20 EA per 30 days)
<b>DURAGESIC TRANSDERMAL PATCH 72 HOUR 50 MCG/HR</b>	T4	PA; QL (17 EA per 30 days)
<b>DURAGESIC TRANSDERMAL PATCH 72 HOUR 75 MCG/HR</b>	T4	PA; QL (12 EA per 30 days)
<b>DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML</b>	T2	PA; QL (4000 ML per 30 days)
<b>DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML</b>	T2	PA; QL (2000 ML per 30 days)
<b>DVORAH</b>	T4	PA; QL (372 EA per 31 days)
<b>DYANAVEL XR</b>	T4	ST; QL (248 ML per 31 days)
<b>EDLUAR</b>	T4	QL (31 EA per 31 days)
<b>EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG</b>	T4	QL (31 EA per 31 days)
<b>EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG</b>	T4	QL (93 EA per 31 days)
<i>eletriptan oral tablet 20 mg</i>	T4	QL (12 EA per 28 days)
<i>eletriptan oral tablet 40 mg</i>	T4	QL (6 EA per 28 days)
<b>EMBEDA ORAL CAPSULE, ORAL ONLY, EXT.REL PELL</b>	T4	PA; QL (62 EA per 31 days)
<b>EMGALITY PEN</b>	T4	PA; QL (1 ML per 28 days)
<b>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML</b>	T4	PA; QL (1 ML per 28 days)
<b>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)</b>	T4	PA; QL (3 ML per 28 days)
<b>EMSAM</b>	T5	QL (30 EA per 30 days)
<b>ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG</b>	T2	PA; QL (372 EA per 31 days)
<i>entacapone</i>	T2	
<b>EPIDIOLEX</b>	T5	PA-NS
<b>EPITOL</b>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>EQUETRO</b>	T4	
<i>ergoloid</i>	T2	
<i>ergotamine-caffeine</i>	T2	
<i>escitalopram oxalate oral solution</i>	T4	QL (620 ML per 31 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	T4	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	T4	QL (30 EA per 30 days)
<b>ESGIC ORAL TABLET</b>	T4	QL (372 EA per 31 days)
<i>estazolam</i>	T2	
<i>eszopiclone</i>	T2	
<i>ethosuximide</i>	T2	
<i>etodolac</i>	T2	
<b>EVEKEO</b>	T4	PA
<b>EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML</b>	T5	
<b>EXELON TRANSDERMAL</b>	T4	QL (30 EA per 30 days)
<b>FANAPT ORAL TABLET</b>	T4	QL (62 EA per 31 days)
<b>FANAPT ORAL TABLETS,DOSE PACK</b>	T4	QL (16 EA per 365 days)
<b>FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG</b>	T4	
<b>FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG</b>	T5	
<i>felbamate</i>	T2	
<b>FELBATOL</b>	T4	
<b>FELDENE</b>	T4	
<i>fenopropfen oral capsule 400 mg</i>	T4	
<i>fenopropfen oral tablet</i>	T2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	T5	PA; QL (40 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	T5	PA; QL (30 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	T5	PA; QL (124 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	T5	PA; QL (119 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	T5	PA; QL (79 EA per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	T5	PA; QL (59 EA per 31 days)
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg</i>	T5	PA; QL (124 EA per 31 days)
<i>fentanyl citrate buccal tablet, effervescent 400 mcg</i>	T5	PA; QL (119 EA per 31 days)
<i>fentanyl citrate buccal tablet, effervescent 600 mcg</i>	T5	PA; QL (79 EA per 31 days)
<i>fentanyl citrate buccal tablet, effervescent 800 mcg</i>	T5	PA; QL (59 EA per 31 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	T3	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	T3	PA; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	T2	PA; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour</i>	T4	PA; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	T2	PA; QL (17 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hour</i>	T4	PA; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	T3	PA; QL (12 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	T4	PA; QL (11 EA per 30 days)
<b>FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG</b>	T5	PA; QL (124 EA per 31 days)
<b>FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG</b>	T5	PA; QL (119 EA per 31 days)
<b>FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG</b>	T5	PA; QL (79 EA per 31 days)
<b>FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG</b>	T5	PA; QL (59 EA per 31 days)
<b>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK</b>	T4	PA-NS; QL (56 EA per 365 days)
<b>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 40 MG, 80 MG</b>	T4	PA-NS; QL (31 EA per 31 days)
<b>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG</b>	T4	PA-NS; QL (93 EA per 31 days)
<b>FEXMID</b>	T4	PA
<b>FIORICET ORAL CAPSULE</b>	T4	QL (403 EA per 31 days)
<b>FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	T4	PA; QL (403 EA per 31 days)
<b>FIRDAPSE</b>	T5	PA; QL (248 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FLECTOR</b>	T4	PA; QL (62 EA per 31 days)
<i>fluoxetine oral capsule</i>	T1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	T2	
<i>fluoxetine oral solution</i>	T1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	T1	
<i>fluoxetine oral tablet 60 mg</i>	T4	
<i>fluphenazine decanoate</i>	T2	
<i>fluphenazine hcl</i>	T1	
<i>flurazepam</i>	T2	
<i>flurbiprofen</i>	T2	
<i>fluvoxamine</i>	T2	
<b>FOCALIN ORAL TABLET 10 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>FOCALIN ORAL TABLET 2.5 MG, 5 MG</b>	T4	ST; QL (93 EA per 31 days)
<b>FOCALIN XR</b>	T4	ST; QL (31 EA per 31 days)
<b>FORFIVO XL</b>	T4	
<b>FROVA</b>	T4	QL (12 EA per 28 days)
<i>frovatriptan</i>	T3	QL (12 EA per 28 days)
<b>FYCOMPA ORAL SUSPENSION</b>	T4	
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG</b>	T4	
<b>FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG, 8 MG</b>	T5	
<i>gabapentin oral capsule</i>	T2	PA-NS
<i>gabapentin oral solution 250 mg/5 ml</i>	T2	PA-NS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T2	PA-NS
<b>GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG</b>	T4	
<b>GABITRIL ORAL TABLET 4 MG</b>	T5	
<i>galantamine</i>	T2	
<b>GEODON INTRAMUSCULAR</b>	T4	
<b>GEODON ORAL</b>	T4	QL (62 EA per 31 days)
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	T5	PA; QL (31 EA per 31 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	T5	QL (31 ML per 31 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	T5	QL (12 ML per 28 days)
<b>GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML</b>	T5	QL (31 ML per 31 days)
<b>GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML</b>	T5	QL (12 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG</b>	T4	PA; QL (62 EA per 31 days)
<b>GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG</b>	T4	PA; QL (124 EA per 31 days)
<b>GRALISE</b>	T3	PA
<b>GRALISE 30-DAY STARTER PACK</b>	T3	PA
<i>guanfacine oral tablet extended release 24 hr</i>	T2	PA
<i>guanidine</i>	T2	
<b>HALCION ORAL TABLET 0.25 MG</b>	T4	PA
<b>HALDOL</b>	T4	
<b>HALDOL DECANOATE</b>	T4	
<i>haloperidol</i>	T1	
<i>haloperidol decanoate</i>	T2	
<i>haloperidol lactate injection</i>	T2	
<i>haloperidol lactate oral</i>	T1	
<b>HETLIOZ</b>	T5	PA
<b>HORIZANT</b>	T4	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T2	PA; QL (5723 ML per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T2	PA; QL (403 EA per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T2	PA; QL (372 EA per 31 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T2	PA; QL (155 EA per 31 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	T2	PA; QL (124 ML per 31 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	T2	PA; QL (155 ML per 31 days)
<i>hydromorphone oral liquid</i>	T2	PA; QL (1550 ML per 31 days)
<i>hydromorphone oral tablet</i>	T2	PA; QL (186 EA per 31 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	T2	PA; QL (62 EA per 31 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	T2	PA; QL (48 EA per 31 days)
<b>HYSINGLA ER</b>	T4	PA; QL (31 EA per 31 days)
<b>IBU ORAL TABLET 600 MG, 800 MG</b>	T1	
<i>ibuprofen oral suspension</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen-oxycodone</i>	T2	PA; QL (30 EA per 30 days)
<i>imipramine hcl</i>	T2	PA-NS
<i>imipramine pamoate</i>	T2	PA-NS
<b>IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION</b>	T4	QL (8 EA per 28 days)
<b>IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION</b>	T4	QL (32 EA per 28 days)
<b>IMITREX ORAL TABLET 100 MG</b>	T4	QL (9 EA per 28 days)
<b>IMITREX ORAL TABLET 25 MG</b>	T4	QL (36 EA per 28 days)
<b>IMITREX ORAL TABLET 50 MG</b>	T4	QL (18 EA per 28 days)
<b>IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML</b>	T4	QL (6 ML per 28 days)
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML</b>	T4	QL (4 ML per 28 days)
<b>IMITREX SUBCUTANEOUS</b>	T4	QL (4 ML per 28 days)
<b>INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE</b>	T5	PA
<b>INDOCIN ORAL</b>	T4	
<i>indomethacin oral</i>	T1	
<b>INGREZZA INITIATION PACK</b>	T5	PA; QL (56 EA per 365 days)
<b>INGREZZA ORAL CAPSULE 40 MG</b>	T5	PA; QL (62 EA per 31 days)
<b>INGREZZA ORAL CAPSULE 80 MG</b>	T5	PA; QL (31 EA per 31 days)
<b>INTERMEZZO</b>	T4	QL (31 EA per 31 days)
<b>INTUNIV ER</b>	T4	PA
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG</b>	T4	QL (31 EA per 31 days)
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG</b>	T4	QL (62 EA per 31 days)
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG</b>	T5	QL (31 EA per 31 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</b>	T5	QL (0.75 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</b>	T5	QL (1 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML</b>	T5	QL (1.5 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</b>	T4	QL (0.25 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML</b>	T5	QL (0.5 ML per 28 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML</b>	T5	QL (0.875 ML per 84 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML</b>	T5	QL (1.315 ML per 84 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML</b>	T5	QL (1.75 ML per 84 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML</b>	T5	QL (2.625 ML per 84 days)
<b>KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG</b>	T4	PA; QL (31 EA per 31 days)
<b>KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 30 MG, 40 MG, 50 MG</b>	T4	PA; QL (62 EA per 31 days)
<b>KAPVAY</b>	T4	PA
<b>KEPPRA ORAL SOLUTION</b>	T5	
<b>KEPPRA ORAL TABLET 1,000 MG</b>	T5	
<b>KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG</b>	T4	
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG</b>	T4	
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG</b>	T5	
<i>ketoprofen oral capsule 25 mg</i>	T2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	T2	
<i>ketorolac oral</i>	T2	
<b>KEVEYIS</b>	T4	PA; QL (124 EA per 31 days)
<b>KHEDEZLA</b>	T4	
<b>KLONOPIN ORAL TABLET 0.5 MG</b>	T4	QL (93 EA per 31 days)
<b>KLONOPIN ORAL TABLET 1 MG</b>	T4	QL (124 EA per 31 days)
<b>KLONOPIN ORAL TABLET 2 MG</b>	T4	QL (310 EA per 31 days)
<b>LAMICTAL ODT</b>	T4	
<b>LAMICTAL ORAL TABLET</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG</b>	T4	
<b>LAMICTAL STARTER (BLUE) KIT</b>	T4	
<b>LAMICTAL STARTER (GREEN) KIT</b>	T4	
<b>LAMICTAL STARTER (ORANGE) KIT</b>	T4	
<b>LAMICTAL XR</b>	T4	
<b>LAMICTAL XR STARTER (BLUE)</b>	T4	
<b>LAMICTAL XR STARTER (GREEN)</b>	T4	
<b>LAMICTAL XR STARTER (ORANGE)</b>	T4	
<i>lamotrigine oral tablet</i>	T2	
<i>lamotrigine oral tablet extended release 24hr</i>	T2	
<i>lamotrigine oral tablet, chewable dispersible</i>	T2	
<i>lamotrigine oral tablet, disintegrating</i>	T2	
<i>lamotrigine oral tablets, dose pack</i>	T2	
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>LATUDA ORAL TABLET 80 MG</b>	T5	PA-NS; QL (62 EA per 31 days)
<b>LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY</b>	T5	PA; QL (31 EA per 31 days)
<b>LAZANDA NASAL SPRAY, NON-AEROSOL 300 MCG/SPRAY</b>	T5	PA; QL (16 EA per 31 days)
<b>LAZANDA NASAL SPRAY, NON-AEROSOL 400 MCG/SPRAY</b>	T5	PA; QL (12 EA per 31 days)
<i>levetiracetam oral solution 100 mg/ml</i>	T2	
<i>levetiracetam oral tablet</i>	T2	
<i>levetiracetam oral tablet extended release 24 hr</i>	T2	
<i>levorphanol tartrate</i>	T5	PA; QL (186 EA per 31 days)
<b>LEXAPRO ORAL TABLET 10 MG</b>	T4	QL (45 EA per 30 days)
<b>LEXAPRO ORAL TABLET 20 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<i>lithium carbonate</i>	T1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	T1	
<b>LITHOBID</b>	T4	
<b>LODINE ORAL TABLET</b>	T4	
<b>LODOSYN</b>	T4	
<i>lorazepam oral concentrate</i>	T2	QL (155 ML per 31 days)
<i>lorazepam oral tablet 0.5 mg</i>	T2	QL (124 EA per 31 days)
<i>lorazepam oral tablet 1 mg</i>	T2	QL (186 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam oral tablet 2 mg</i>	T2	QL (155 EA per 31 days)
<b>LORCET (HYDROCODONE)</b>	T2	PA; QL (372 EA per 31 days)
<b>LORCET HD</b>	T2	PA; QL (372 EA per 31 days)
<b>LORCET PLUS ORAL TABLET 7.5-325 MG</b>	T2	PA; QL (372 EA per 31 days)
<b>LORZONE</b>	T4	
<i>loxapine succinate</i>	T2	
<b>LUCEMYRA</b>	T5	
<b>LUNESTA</b>	T4	
<b>LYRICA CR</b>	T4	PA; QL (31 EA per 31 days)
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	T4	PA-NS; QL (93 EA per 31 days)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T4	PA-NS; QL (62 EA per 31 days)
<b>LYRICA ORAL SOLUTION</b>	T4	PA-NS; QL (930 ML per 31 days)
<i>maprotiline</i>	T2	
<b>MARPLAN</b>	T3	
<b>MAVENCLAD (10 TABLET PACK)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (4 TABLET PACK)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (5 TABLET PACK)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (6 TABLET PACK)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (7 TABLET PACK)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (8 TABLET PACK)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (9 TABLET PACK)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAXALT ORAL TABLET 10 MG</b>	T4	QL (12 EA per 28 days)
<b>MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG</b>	T4	QL (12 EA per 28 days)
<b>MAXALT-MLT ORAL TABLET,DISINTEGRATING 5 MG</b>	T4	QL (24 EA per 28 days)
<b>MAYZENT ORAL TABLET 0.25 MG</b>	T5	PA; QL (155 EA per 31 days)
<b>MAYZENT ORAL TABLET 2 MG</b>	T5	PA; QL (31 EA per 31 days)
<i>meclofenamate</i>	T2	
<i>mefenamic acid</i>	T4	
<i>meloxicam oral tablet</i>	T1	
<i>memantine oral capsule,sprinkle,er 24hr</i>	T3	
<i>memantine oral solution</i>	T3	
<i>memantine oral tablet</i>	T3	
<i>memantine oral tablets,dose pack</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meperidine (pf) injection solution 100 mg/ml</i>	T2	PA; QL (200 ML per 31 days)
<i>meperidine (pf) injection solution 25 mg/ml</i>	T2	PA; QL (800 ML per 31 days)
<i>meperidine (pf) injection solution 50 mg/ml</i>	T2	PA; QL (400 ML per 31 days)
<i>meperidine oral solution</i>	T2	PA; QL (6200 ML per 31 days)
<i>meperidine oral tablet 100 mg</i>	T2	PA; QL (620 EA per 31 days)
<i>meperidine oral tablet 50 mg</i>	T2	PA; QL (1240 EA per 31 days)
<i>meprobamate</i>	T2	
<b>MESTINON ORAL</b>	T5	
<b>MESTINON TIMESPAN</b>	T5	
<b>METADATE ER</b>	T3	ST; QL (93 EA per 31 days)
<b>METAXALL</b>	T2	
<i>metaxalone</i>	T2	
<i>methadone oral solution 10 mg/5 ml</i>	T2	PA; QL (1033 ML per 31 days)
<i>methadone oral solution 5 mg/5 ml</i>	T2	PA; QL (2066 ML per 31 days)
<i>methadone oral tablet 10 mg</i>	T2	PA; QL (206 EA per 31 days)
<i>methadone oral tablet 5 mg</i>	T2	PA; QL (248 EA per 31 days)
<i>methamphetamine</i>	T5	PA
<i>methocarbamol oral</i>	T2	
<b>METHYLIN ORAL SOLUTION</b>	T4	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	T2	QL (31 EA per 31 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg</i>	T2	QL (186 EA per 31 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg</i>	T2	QL (93 EA per 31 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg, 40 mg</i>	T2	QL (62 EA per 31 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	T2	QL (31 EA per 31 days)
<i>methylphenidate hcl oral solution</i>	T2	
<i>methylphenidate hcl oral tablet</i>	T2	QL (93 EA per 31 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	T2	QL (31 EA per 31 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T2	QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	T2	QL (31 EA per 31 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	T4	ST; QL (31 EA per 31 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	T2	QL (186 EA per 31 days)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	T2	QL (93 EA per 31 days)
<b>MIGERGOT</b>	T5	
<b>MIGRANAL</b>	T4	QL (8 ML per 31 days)
<b>MIRAPEX</b>	T4	
<b>MIRAPEX ER</b>	T4	
<i>mirtazapine</i>	T2	
<b>MOBIC ORAL TABLET</b>	T4	
<i>modafinil</i>	T2	PA; QL (31 EA per 31 days)
<i>molindone</i>	T2	
<b>MORPHABOND ER</b>	T4	PA; QL (62 EA per 31 days)
<i>morphine concentrate oral solution</i>	T2	PA; QL (310 ML per 31 days)
<i>morphine injection syringe 10 mg/ml</i>	T4	PA; QL (200 ML per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	T2	PA; QL (1000 ML per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	T2	PA; QL (500 ML per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	T2	PA; QL (400 ML per 30 days)
<i>morphine intravenous syringe 8 mg/ml</i>	T4	PA; QL (250 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	T2	PA; QL (51 EA per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	T2	PA; QL (62 EA per 31 days)
<i>morphine oral capsule, extend. release pellets</i>	T2	PA; QL (62 EA per 31 days)
<i>morphine oral solution 10 mg/5 ml</i>	T2	PA; QL (2800 ML per 31 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	T2	PA; QL (1400 ML per 31 days)
<i>morphine oral tablet</i>	T2	PA; QL (186 EA per 31 days)
<i>morphine oral tablet extended release 100 mg</i>	T2	PA; QL (62 EA per 31 days)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	T2	PA; QL (100 EA per 31 days)
<i>morphine oral tablet extended release 200 mg</i>	T2	PA; QL (31 EA per 31 days)
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG</b>	T4	PA; QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG</b>	T4	PA; QL (100 EA per 31 days)
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG</b>	T4	PA; QL (31 EA per 31 days)
<b>MYDAYIS</b>	T4	ST; QL (31 EA per 31 days)
<b>MYSOLINE</b>	T5	
<i>nabumetone</i>	T1	
<b>NALFON ORAL TABLET</b>	T4	
<i>naloxone</i>	T2	
<i>naltrexone</i>	T2	
<b>NAMENDA ORAL TABLET</b>	T4	PA
<b>NAMENDA TITRATION PAK</b>	T4	PA
<b>NAMENDA XR</b>	T4	PA
<b>NAMZARIC</b>	T4	PA
<b>NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG</b>	T4	
<b>NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG</b>	T5	
<i>naproxen oral suspension</i>	T1	
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	T2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	T2	
<i>naratriptan oral tablet 1 mg</i>	T2	QL (20 EA per 28 days)
<i>naratriptan oral tablet 2.5 mg</i>	T2	QL (8 EA per 28 days)
<b>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</b>	T3	
<b>NARDIL</b>	T4	
<i>nefazodone</i>	T2	
<b>NEUPRO</b>	T4	
<b>NEURONTIN</b>	T4	PA-NS
<b>NORCO</b>	T4	PA; QL (372 EA per 31 days)
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	T4	
<i>nortriptyline</i>	T2	
<b>NUCYNTA</b>	T4	QL (186 EA per 31 days)
<b>NUCYNTA ER</b>	T4	QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NUEDEXTA</b>	T3	PA
<b>NUPLAZID ORAL CAPSULE</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>NUPLAZID ORAL TABLET 10 MG</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>NUVIGIL</b>	T4	PA; QL (31 EA per 31 days)
<i>olanzapine intramuscular</i>	T2	
<i>olanzapine oral</i>	T2	QL (31 EA per 31 days)
<i>olanzapine-fluoxetine</i>	T2	
<b>ONFI ORAL SUSPENSION</b>	T4	PA-NS
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T5	PA-NS
<b>ONZETRA XSAIL</b>	T4	QL (16 EA per 28 days)
<b>OPANA ORAL</b>	T4	PA; QL (186 EA per 31 days)
<i>orphenadrine citrate oral</i>	T2	
<b>OSMOLEX ER</b>	T4	PA; QL (31 EA per 31 days)
<i>oxaprozin</i>	T2	
<i>oxazepam</i>	T2	
<i>oxcarbazepine</i>	T2	
<b>OXTELLAR XR</b>	T4	
<i>oxycodone oral capsule</i>	T2	PA; QL (186 EA per 31 days)
<i>oxycodone oral concentrate</i>	T2	PA; QL (180 ML per 31 days)
<i>oxycodone oral solution</i>	T2	PA; QL (4133 ML per 31 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	T2	PA; QL (186 EA per 31 days)
<i>oxycodone oral tablet 30 mg</i>	T3	PA; QL (138 EA per 31 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	T4	PA; QL (100 EA per 31 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 60 mg</i>	T4	PA; QL (69 EA per 31 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	T4	PA; QL (62 EA per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T3	PA; QL (372 EA per 31 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T2	PA; QL (372 EA per 31 days)
<i>oxycodone-aspirin</i>	T2	PA; QL (360 EA per 30 days)
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG</b>	T4	PA; QL (100 EA per 31 days)
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG</b>	T4	PA; QL (69 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG</b>	T4	PA; QL (62 EA per 31 days)
<i>oxymorphone oral tablet</i>	T2	PA; QL (186 EA per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	PA; QL (100 EA per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	T2	PA; QL (69 EA per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	T2	PA; QL (51 EA per 31 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	T4	QL (31 EA per 31 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T4	QL (62 EA per 31 days)
<b>PAMELOR</b>	T4	
<b>PARLODEL</b>	T4	
<b>PARNATE</b>	T4	
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	T2	
<i>paroxetine mesylate(menop.sym)</i>	T4	
<b>PAXIL</b>	T4	
<b>PAXIL CR</b>	T4	
<b>PEGANONE</b>	T3	
<b>PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP</b>	T4	QL (224 GM per 28 days)
<i>pentazocine-naloxone</i>	T2	QL (335 EA per 31 days)
<b>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T4	PA; QL (372 EA per 31 days)
<i>perphenazine</i>	T2	
<i>perphenazine-amitriptyline</i>	T2	PA-NS
<b>PERSERIS</b>	T5	QL (1 EA per 28 days)
<b>PEXEVA</b>	T4	
<i>phenelzine</i>	T2	
<i>phenobarbital</i>	T2	
<b>PHENYTEK</b>	T4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T2	
<i>phenytoin oral tablet,chewable</i>	T2	
<i>phenytoin sodium extended</i>	T2	
<i>pimozide</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piroxicam</i>	T2	
<i>pramipexole</i>	T2	
<i>primidone</i>	T2	
<b>PRIMLEV</b>	T4	PA; QL (403 EA per 31 days)
<b>PRISTIQ</b>	T4	QL (31 EA per 31 days)
<b>PROCENTRA</b>	T3	
<i>protriptyline</i>	T2	
<b>PROVIGIL ORAL TABLET 100 MG</b>	T4	PA; QL (31 EA per 31 days)
<b>PROVIGIL ORAL TABLET 200 MG</b>	T5	PA; QL (31 EA per 31 days)
<b>PROZAC ORAL CAPSULE</b>	T4	
<i>pyridostigmine bromide oral syrup</i>	T2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T2	
<i>pyridostigmine bromide oral tablet extended release</i>	T2	
<b>QMIIZ ODT</b>	T4	PA; QL (31 EA per 31 days)
<b>QUDEXY XR</b>	T4	
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T2	QL (62 EA per 31 days)
<i>quetiapine oral tablet 25 mg</i>	T1	QL (62 EA per 31 days)
<i>quetiapine oral tablet extended release 24 hr</i>	T3	QL (62 EA per 31 days)
<b>QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG</b>	T4	ST; QL (31 EA per 31 days)
<b>QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>QUILLIVANT XR</b>	T4	ST; QL (360 ML per 30 days)
<i>rasagiline</i>	T3	
<b>RAZADYNE ER</b>	T4	
<b>RAZADYNE ORAL TABLET</b>	T4	
<b>RELEXXII</b>	T4	ST; QL (31 EA per 31 days)
<b>RELPAK ORAL TABLET 20 MG</b>	T4	QL (12 EA per 28 days)
<b>RELPAK ORAL TABLET 40 MG</b>	T4	QL (6 EA per 28 days)
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>	T4	
<b>REMERON SOLTAB</b>	T4	
<b>RESTORIL</b>	T4	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>REXULTI</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML</b>	T4	QL (2 EA per 28 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML</b>	T5	QL (2 EA per 28 days)
<b>RISPERDAL ORAL SOLUTION</b>	T4	QL (496 ML per 31 days)
<b>RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</b>	T4	QL (31 EA per 31 days)
<b>RISPERDAL ORAL TABLET 3 MG</b>	T4	QL (93 EA per 31 days)
<b>RISPERDAL ORAL TABLET 4 MG</b>	T4	QL (124 EA per 31 days)
<i>risperidone oral solution</i>	T1	QL (496 ML per 31 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (31 EA per 31 days)
<i>risperidone oral tablet 3 mg</i>	T1	QL (93 EA per 31 days)
<i>risperidone oral tablet 4 mg</i>	T1	QL (124 EA per 31 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	T2	QL (31 EA per 31 days)
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg</i>	T1	QL (31 EA per 31 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	T1	QL (93 EA per 31 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	T1	QL (124 EA per 31 days)
<b>RITALIN</b>	T4	ST; QL (93 EA per 31 days)
<b>RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG</b>	T4	ST; QL (186 EA per 31 days)
<b>RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 40 MG</b>	T4	ST; QL (31 EA per 31 days)
<b>RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG</b>	T4	ST; QL (62 EA per 31 days)
<i>rivastigmine</i>	T2	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	T2	
<i>rizatriptan oral tablet 10 mg</i>	T2	QL (12 EA per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	T2	QL (24 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i>	T2	QL (12 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	T2	QL (24 EA per 28 days)
<i>ropinirole</i>	T2	
<b>ROWEEPRA</b>	T2	
<b>ROWEEPRA XR</b>	T2	
<b>ROXICODONE ORAL TABLET 15 MG, 5 MG</b>	T4	PA; QL (186 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ROXICODONE ORAL TABLET 30 MG</b>	T4	PA; QL (138 EA per 31 days)
<b>ROZEREM</b>	T4	QL (31 EA per 31 days)
<b>RYTARY</b>	T4	
<b>SABRIL</b>	T5	PA-NS
<b>SAPHRIS</b>	T4	QL (62 EA per 31 days)
<b>SARAFEM ORAL TABLET 10 MG, 20 MG</b>	T4	
<i>selegiline hcl</i>	T2	
<b>SEROQUEL</b>	T4	QL (62 EA per 31 days)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	T4	QL (62 EA per 31 days)
<i>sertraline</i>	T1	
<b>SILENOR</b>	T4	PA
<b>SINEMET</b>	T4	
<b>SINEMET CR</b>	T4	
<b>SKELAXIN</b>	T4	
<b>SOMA</b>	T4	
<b>SPRITAM</b>	T4	
<b>STALEVO 100</b>	T4	
<b>STALEVO 125</b>	T4	
<b>STALEVO 150</b>	T4	
<b>STALEVO 200</b>	T4	
<b>STALEVO 50</b>	T4	
<b>STALEVO 75</b>	T4	
<b>STRATTERA ORAL CAPSULE 10 MG, 25 MG, 40 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG</b>	T4	ST; QL (31 EA per 31 days)
<b>STRATTERA ORAL CAPSULE 18 MG</b>	T4	ST; QL (124 EA per 31 days)
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG</b>	T4	ST; QL (93 EA per 31 days)
<b>SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY</b>	T5	PA; QL (124 EA per 31 days)
<b>SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY</b>	T5	PA; QL (86 EA per 31 days)
<b>SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 600 MCG/SPRAY</b>	T5	PA; QL (57 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 800 MCG/SPRAY</b>	T5	PA; QL (43 EA per 31 days)
<i>sulindac</i>	T2	
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	T2	QL (8 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	T2	QL (32 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	T2	QL (9 EA per 28 days)
<i>sumatriptan succinate oral tablet 25 mg</i>	T2	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet 50 mg</i>	T2	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	T2	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	T2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	T2	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	T2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	T2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	T2	QL (4 ML per 28 days)
<i>sumatriptan-naproxen</i>	T4	QL (9 EA per 28 days)
<b>SURMONTIL</b>	T4	PA-NS
<b>SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG</b>	T4	
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>	T5	PA-NS
<b>SYMPAZAN ORAL FILM 5 MG</b>	T4	PA-NS
<b>TASMAR ORAL TABLET 100 MG</b>	T5	
<b>TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)</b>	T5	PA; QL (120 EA per 365 days)
<b>TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 240 MG</b>	T5	PA; QL (62 EA per 31 days)
<b>TEGRETOL ORAL SUSPENSION</b>	T4	
<b>TEGRETOL ORAL TABLET</b>	T4	
<b>TEGRETOL XR</b>	T4	
<b>TEGSEDI</b>	T5	PA; QL (6 ML per 28 days)
<i>temazepam</i>	T2	QL (31 EA per 31 days)
<b>TENCON ORAL TABLET 50-325 MG</b>	T2	QL (372 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetrabenazine oral tablet 12.5 mg</i>	T5	PA; QL (93 EA per 31 days)
<i>tetrabenazine oral tablet 25 mg</i>	T5	PA; QL (124 EA per 31 days)
<i>thioridazine</i>	T2	
<i>thiothixene</i>	T1	
<i>tiagabine</i>	T2	
<b>TIVORBEX</b>	T4	
<i>tizanidine</i>	T2	
<b>TOFRANIL</b>	T4	PA-NS
<i>tolcapone</i>	T5	
<i>tolmetin oral capsule</i>	T2	
<i>tolmetin oral tablet 600 mg</i>	T2	
<b>TOPAMAX</b>	T4	
<i>topiramate oral capsule, sprinkle</i>	T2	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	T4	
<i>topiramate oral tablet</i>	T2	
<i>tramadol oral capsule, er biphase 24 hr 17-83</i>	T4	PA; QL (30 EA per 30 days)
<i>tramadol oral capsule, er biphase 24 hr 25-75 100 mg, 200 mg</i>	T4	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet</i>	T1	PA; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	T2	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	T2	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	T2	PA; QL (372 EA per 31 days)
<b>TRANXENE T-TAB ORAL TABLET 7.5 MG</b>	T4	QL (372 EA per 31 days)
<i>tranylcypromine</i>	T2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T1	
<i>trazodone oral tablet 300 mg</i>	T2	
<b>TREXIMET ORAL TABLET 10-60 MG</b>	T4	QL (10 EA per 28 days)
<b>TREXIMET ORAL TABLET 85-500 MG</b>	T4	QL (9 EA per 28 days)
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	T4	PA; QL (372 EA per 31 days)
<i>triazolam</i>	T2	PA
<i>trifluoperazine</i>	T2	
<i>trihexyphenidyl</i>	T2	
<b>TRILEPTAL</b>	T4	
<i>trimipramine</i>	T3	PA-NS
<b>TRINTELLIX</b>	T3	PA-NS
<b>TROKENDI XR</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TYLENOL-CODEINE #3</b>	T4	PA; QL (403 EA per 31 days)
<b>ULTRACET</b>	T4	PA; QL (372 EA per 31 days)
<b>ULTRAM</b>	T4	PA; QL (240 EA per 30 days)
<b>VALIUM</b>	T4	QL (124 EA per 31 days)
<i>valproic acid</i>	T2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T2	
<b>VANATOL LQ</b>	T4	QL (5723 ML per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	T2	QL (31 EA per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	T2	QL (93 EA per 31 days)
<i>venlafaxine oral tablet</i>	T2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T2	QL (31 EA per 31 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	T4	QL (31 EA per 31 days)
<b>VERSACLOZ</b>	T4	
<i>vigabatrin</i>	T5	PA-NS
<b>VIGADRONE</b>	T5	PA-NS
<b>VIIBRYD ORAL TABLET</b>	T3	PA-NS; QL (31 EA per 31 days)
<b>VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)</b>	T3	PA-NS; QL (60 EA per 365 days)
<b>VIMOVO</b>	T5	PA; QL (62 EA per 31 days)
<b>VIMPAT ORAL SOLUTION</b>	T4	PA-NS
<b>VIMPAT ORAL TABLET</b>	T4	PA-NS
<b>VIVITROL</b>	T5	
<b>VIVLODEX</b>	T4	PA; QL (31 EA per 31 days)
<b>VOLTAREN TOPICAL</b>	T4	PA; QL (900 GM per 28 days)
<b>VRAYLAR ORAL CAPSULE</b>	T5	PA-NS; QL (31 EA per 31 days)
<b>VRAYLAR ORAL CAPSULE,DOSE PACK</b>	T4	PA-NS; QL (14 EA per 365 days)
<b>VYVANSE</b>	T4	ST; QL (31 EA per 31 days)
<b>WELLBUTRIN SR</b>	T4	QL (62 EA per 31 days)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG</b>	T4	QL (93 EA per 31 days)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	T4	QL (31 EA per 31 days)
<b>XANAX ORAL TABLET 0.25 MG, 0.5 MG</b>	T4	PA; QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>XANAX ORAL TABLET 1 MG, 2 MG</b>	T4	PA; QL (155 EA per 31 days)
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG</b>	T4	PA; QL (31 EA per 31 days)
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG</b>	T4	PA; QL (155 EA per 31 days)
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 3 MG</b>	T4	PA; QL (93 EA per 31 days)
<b>XENAZINE ORAL TABLET 12.5 MG</b>	T5	PA; QL (93 EA per 31 days)
<b>XENAZINE ORAL TABLET 25 MG</b>	T5	PA; QL (124 EA per 31 days)
<b>XTAMPZA ER</b>	T4	PA; QL (62 EA per 31 days)
<b>XYREM</b>	T5	PA; QL (540 ML per 30 days)
<i>zaleplon oral capsule 10 mg</i>	T2	QL (62 EA per 31 days)
<i>zaleplon oral capsule 5 mg</i>	T2	QL (93 EA per 31 days)
<b>ZANAFLEX ORAL CAPSULE</b>	T4	
<b>ZARONTIN</b>	T4	
<b>ZEBUTAL ORAL CAPSULE 50-325-40 MG</b>	T2	QL (372 EA per 31 days)
<b>ZELAPAR</b>	T5	
<b>ZEMBRACE SYMTOUCH</b>	T4	QL (8 ML per 28 days)
<b>ZENZEDI ORAL TABLET 10 MG, 5 MG</b>	T2	QL (62 EA per 31 days)
<b>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG</b>	T4	QL (62 EA per 31 days)
<i>ziprasidone hcl</i>	T2	QL (62 EA per 31 days)
<b>ZIPSOR</b>	T4	
<b>ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR</b>	T4	PA; QL (100 EA per 31 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	T2	QL (16 EA per 28 days)
<i>zolmitriptan oral tablet 5 mg</i>	T2	QL (8 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg</i>	T2	QL (16 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 5 mg</i>	T2	QL (8 EA per 28 days)
<b>ZOLOFT ORAL TABLET</b>	T4	
<i>zolpidem oral</i>	T2	QL (31 EA per 31 days)
<i>zolpidem sublingual</i>	T3	QL (31 EA per 31 days)
<b>ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG</b>	T4	QL (16 EA per 28 days)
<b>ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG</b>	T4	QL (8 EA per 28 days)
<b>ZOMIG ORAL TABLET 2.5 MG</b>	T4	QL (16 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ZOMIG ORAL TABLET 5 MG</b>	T4	QL (8 EA per 28 days)
<b>ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG</b>	T4	QL (16 EA per 28 days)
<b>ZOMIG ZMT ORAL TABLET,DISINTEGRATING 5 MG</b>	T4	QL (8 EA per 28 days)
<b>ZONEGRAN ORAL CAPSULE 100 MG</b>	T5	
<b>ZONEGRAN ORAL CAPSULE 25 MG</b>	T4	
<i>zonisamide</i>	T2	
<b>ZORVOLEX</b>	T4	
<b>ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 2.9-0.71 MG</b>	T3	QL (93 EA per 31 days)
<b>ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG, 8.6-2.1 MG</b>	T3	QL (62 EA per 31 days)
<b>ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG</b>	T3	QL (31 EA per 31 days)
<b>ZYPREXA INTRAMUSCULAR</b>	T4	
<b>ZYPREXA ORAL</b>	T4	QL (31 EA per 31 days)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG</b>	T4	QL (2 EA per 28 days)
<b>ZYPREXA ZYDIS</b>	T4	QL (31 EA per 31 days)
<b>Cardiovascular, Hypertension / Lipids</b>		
<b>ACCUPRIL</b>	T4	
<b>ACCURETIC</b>	T4	
<i>acebutolol</i>	T1	
<b>ADALAT CC</b>	T4	
<b>AGGRENOX</b>	T3	
<b>ALDACTAZIDE</b>	T4	
<b>ALDACTONE</b>	T4	
<i>aliskiren</i>	T4	
<b>ALTACE ORAL CAPSULE 1.25 MG</b>	T4	QL (62 EA per 31 days)
<b>ALTACE ORAL CAPSULE 10 MG</b>	T4	QL (93 EA per 31 days)
<b>ALTACE ORAL CAPSULE 2.5 MG, 5 MG</b>	T4	
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 60 MG</b>	T4	
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 40 MG</b>	T5	
<i>amiloride</i>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amiodarone oral</i>	T2	
<i>amlodipine</i>	T1	
<i>amlodipine-atorvastatin</i>	T2	
<i>amlodipine-benazepril</i>	T1	
<i>amlodipine-olmesartan</i>	T3	QL (31 EA per 31 days)
<i>amlodipine-valsartan</i>	T2	
<i>amlodipine-valsartan-hcthiiazid</i>	T2	
<b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>	T4	
<b>ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML</b>	T5	
<b>ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML</b>	T4	
<i>aspirin-dipyridamole</i>	T2	
<b>ATACAND</b>	T4	
<b>ATACAND HCT</b>	T4	
<i>atenolol</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
<i>atorvastatin</i>	T1	
<b>AVALIDE</b>	T4	QL (31 EA per 31 days)
<b>AVAPRO</b>	T4	QL (31 EA per 31 days)
<b>AZOR</b>	T4	QL (31 EA per 31 days)
<i>benazepril</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
<b>BENICAR HCT</b>	T4	QL (31 EA per 31 days)
<b>BENICAR ORAL TABLET 20 MG, 40 MG</b>	T4	QL (31 EA per 31 days)
<b>BENICAR ORAL TABLET 5 MG</b>	T4	QL (93 EA per 31 days)
<b>BETAPACE AF</b>	T4	
<i>betaxolol oral</i>	T1	
<b>BEVYXXA</b>	T4	QL (32 EA per 30 days)
<b>BIDIL</b>	T4	
<i>bisoprolol fumarate</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<b>BRILINTA</b>	T3	
<i>bumetanide</i>	T1	
<b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG</b>	T4	QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BYSTOLIC ORAL TABLET 20 MG</b>	T4	QL (62 EA per 31 days)
<b>BYSTOLIC ORAL TABLET 5 MG</b>	T4	QL (217 EA per 31 days)
<b>CABLIVI INJECTION KIT</b>	T5	PA
<b>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG</b>	T4	
<b>CALAN ORAL TABLET 120 MG</b>	T4	
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG</b>	T4	
<i>candesartan</i>	T1	
<i>candesartan-hydrochlorothiazid</i>	T1	
<i>captopril</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<b>CARDIZEM CD</b>	T4	
<b>CARDIZEM LA</b>	T4	
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	T4	
<b>CARDURA</b>	T4	
<b>CARDURA XL</b>	T4	
<b>CAROSPIR</b>	T4	
<b>CARTIA XT</b>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate</i>	T4	
<b>CATAPRES</b>	T4	
<b>CATAPRES-TTS-1</b>	T4	
<b>CATAPRES-TTS-2</b>	T4	
<b>CATAPRES-TTS-3</b>	T4	
<i>chlorothiazide</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>cholestyramine (with sugar) oral powder in packet</i>	T2	
<b>CHOLESTYRAMINE LIGHT ORAL POWDER</b>	T2	
<i>cilostazol</i>	T2	
<i>clonidine</i>	T2	
<i>clonidine hcl oral tablet</i>	T1	
<i>clopidogrel oral tablet 75 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colesevelam</i>	T3	
<b>COLESTID ORAL PACKET</b>	T4	
<b>COLESTID ORAL TABLET</b>	T4	
<i>colestipol oral packet</i>	T2	
<i>colestipol oral tablet</i>	T2	
<b>COREG</b>	T4	
<b>COREG CR</b>	T4	
<b>CORGARD</b>	T4	
<b>CORLANOR ORAL TABLET 5 MG</b>	T4	PA; QL (93 EA per 31 days)
<b>CORLANOR ORAL TABLET 7.5 MG</b>	T4	PA; QL (62 EA per 31 days)
<b>COUMADIN ORAL</b>	T4	
<b>COZAAR ORAL TABLET 100 MG</b>	T4	QL (31 EA per 31 days)
<b>COZAAR ORAL TABLET 25 MG</b>	T4	QL (93 EA per 31 days)
<b>COZAAR ORAL TABLET 50 MG</b>	T4	QL (62 EA per 31 days)
<b>CRESTOR</b>	T4	
<b>DEMSER</b>	T3	
<b>DIBENZYLINE</b>	T5	PA
<b>DIGITEK ORAL TABLET 125 MCG</b>	T1	QL (62 EA per 31 days)
<b>DIGITEK ORAL TABLET 250 MCG</b>	T2	QL (31 EA per 31 days)
<b>DIGOX ORAL TABLET 125 MCG</b>	T1	QL (62 EA per 31 days)
<b>DIGOX ORAL TABLET 250 MCG</b>	T2	QL (31 EA per 31 days)
<i>digoxin oral solution 50 mcg/ml</i>	T2	QL (155 ML per 31 days)
<i>digoxin oral tablet 125 mcg</i>	T1	QL (62 EA per 31 days)
<i>digoxin oral tablet 250 mcg</i>	T2	QL (31 EA per 31 days)
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl oral tablet</i>	T1	
<b>DILT-XR</b>	T1	
<b>DIOVAN HCT</b>	T4	QL (31 EA per 31 days)
<b>DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG</b>	T4	QL (62 EA per 31 days)
<b>DIOVAN ORAL TABLET 320 MG</b>	T4	QL (31 EA per 31 days)
<i>dipyridamole oral</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>disopyramide phosphate oral capsule</i>	T2	
<b>DIURIL</b>	T3	
<i>dofetilide</i>	T3	
<b>DOPTELET (10 TAB PACK)</b>	T5	PA
<b>DOPTELET (15 TAB PACK)</b>	T5	PA
<i>doxazosin</i>	T1	
<b>DUTOPROL</b>	T4	
<b>DYAZIDE</b>	T4	
<b>DYRENIUM</b>	T4	
<b>EDARBI</b>	T4	
<b>EDARBYCLOR</b>	T4	
<b>EDECRIN</b>	T3	
<b>EFFIENT</b>	T4	
<b>ELIQUIS ORAL TABLET 2.5 MG</b>	T3	QL (62 EA per 31 days)
<b>ELIQUIS ORAL TABLET 5 MG</b>	T3	QL (74 EA per 31 days)
<b>ELIQUIS ORAL TABLETS,DOSE PACK</b>	T3	QL (74 EA per 31 days)
<i>enalapril maleate</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml</i>	T4	
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	T2	
<b>ENTRESTO</b>	T3	QL (62 EA per 31 days)
<i>eplerenone</i>	T2	
<i>eprosartan</i>	T1	
<i>ethacrynic acid</i>	T2	
<b>EXFORGE</b>	T4	
<b>EXFORGE HCT</b>	T4	
<b>EZALLOR SPRINKLE</b>	T4	
<i>ezetimibe</i>	T2	
<i>ezetimibe-simvastatin</i>	T3	
<i>felodipine</i>	T2	
<i>fenofibrate micronized</i>	T2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T2	
<i>fenofibrate oral capsule</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T4	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T2	
<i>fenofibric acid (choline)</i>	T3	
<i>fenofibric acid oral tablet 105 mg</i>	T3	
<i>fenofibric acid oral tablet 35 mg</i>	T2	
<b>FENOGLIDE</b>	T4	
<b>FIBRICOR</b>	T4	
<i>flecainide</i>	T2	
<b>FLOLIPID</b>	T4	
<i>fluvastatin oral capsule</i>	T1	
<i>fluvastatin oral tablet extended release 24 hr</i>	T3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	T5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	T2	
<i>fosinopril</i>	T1	
<i>fosinopril-hydrochlorothiazide</i>	T1	
<b>FRAGMIN SUBCUTANEOUS SOLUTION</b>	T5	
<b>FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML</b>	T5	
<b>FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML</b>	T3	
<i>furosemide injection</i>	T2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	T2	
<i>furosemide oral tablet</i>	T1	
<i>gemfibrozil</i>	T2	
<b>GONITRO</b>	T4	
<i>guanfacine oral tablet</i>	T2	
<i>heparin (porcine) injection solution</i>	T2	
<i>hydralazine oral</i>	T1	
<i>hydrochlorothiazide</i>	T1	
<b>HYZAAR</b>	T4	
<i>indapamide</i>	T1	
<b>INDERAL LA</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INNOPRAN XL</b>	T4	
<b>INSPRA</b>	T4	
<i>irbesartan</i>	T1	QL (31 EA per 31 days)
<i>irbesartan-hydrochlorothiazide</i>	T2	QL (31 EA per 31 days)
<b>ISORDIL</b>	T4	
<b>ISORDIL TITRADOSE ORAL TABLET 5 MG</b>	T4	
<i>isosorbide dinitrate oral</i>	T2	
<i>isosorbide mononitrate</i>	T1	
<i>isradipine</i>	T2	
<b>JANTOVEN</b>	T2	
<b>JUXTAPID</b>	T5	PA
<i>labetalol oral</i>	T1	
<b>LANOXIN ORAL TABLET 125 MCG</b>	T4	QL (62 EA per 31 days)
<b>LANOXIN ORAL TABLET 250 MCG</b>	T4	QL (31 EA per 31 days)
<b>LANOXIN ORAL TABLET 62.5 MCG</b>	T4	QL (124 EA per 31 days)
<b>LASIX</b>	T4	
<b>LESCOL XL</b>	T4	
<b>LIPITOR</b>	T4	
<b>LIPOFEN</b>	T4	
<i>lisinopril</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
<b>LIVALO</b>	T4	
<b>LOPID</b>	T4	
<b>LOPRESSOR HCT</b>	T4	
<b>LOPRESSOR ORAL TABLET 100 MG</b>	T4	
<i>losartan oral tablet 100 mg</i>	T1	QL (31 EA per 31 days)
<i>losartan oral tablet 25 mg</i>	T1	QL (93 EA per 31 days)
<i>losartan oral tablet 50 mg</i>	T1	QL (62 EA per 31 days)
<i>losartan-hydrochlorothiazide</i>	T1	
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T4	
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG</b>	T4	
<i>lovastatin</i>	T1	
<b>LOVAZA</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML</b>	T5	
<b>LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML</b>	T4	
<b>MATZIM LA</b>	T1	
<b>MAXZIDE</b>	T4	
<b>MAXZIDE-25MG</b>	T4	
<i>methyclothiazide</i>	T2	
<i>methyldopa</i>	T2	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>metolazone</i>	T2	
<i>metoprolol succinate</i>	T1	
<i>metoprolol ta-hydrochlorothiaz</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>mexiletine</i>	T2	
<b>MICARDIS</b>	T4	
<b>MICARDIS HCT</b>	T4	
<b>MINIPRESS</b>	T4	
<b>MINITRAN</b>	T4	
<i>minoxidil oral</i>	T2	
<i>moexipril</i>	T1	
<b>MULPLETA</b>	T5	PA
<b>MULTAQ</b>	T4	
<i>nadolol</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	T1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	T3	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	T3	QL (31 EA per 31 days)
<b>NIACOR</b>	T4	
<b>NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 750 MG</b>	T4	
<b>NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 500 MG</b>	T4	QL (31 EA per 31 days)
<i>nicardipine oral</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine</i>	T2	
<i>nimodipine</i>	T2	
<i>nisoldipine</i>	T2	
<b>NITRO-BID</b>	T2	
<b>NITRO-DUR</b>	T3	
<i>nitroglycerin sublingual</i>	T2	
<i>nitroglycerin transdermal patch 24 hour</i>	T2	
<i>nitroglycerin translingual spray, non-aerosol</i>	T2	
<b>NITROSTAT</b>	T4	
<b>NORPACE</b>	T4	
<b>NORPACE CR</b>	T4	
<b>NORVASC</b>	T4	
<b>NYMALIZE ORAL SOLUTION 60 MG/20 ML</b>	T4	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	T4	QL (31 EA per 31 days)
<i>olmesartan oral tablet 5 mg</i>	T4	QL (93 EA per 31 days)
<i>olmesartan-amlodipin-hcthiazyd</i>	T3	
<i>olmesartan-hydrochlorothiazide</i>	T4	QL (31 EA per 31 days)
<i>omega-3 acid ethyl esters</i>	T3	
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</b>	T4	PA; QL (93 EA per 31 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG</b>	T5	PA; QL (186 EA per 31 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG</b>	T5	PA; QL (521 EA per 31 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG</b>	T5	PA; QL (261 EA per 31 days)
<b>PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG</b>	T2	
<i>pentoxifylline</i>	T2	
<i>perindopril erbumine</i>	T1	
<i>phenoxybenzamine</i>	T5	PA
<i>pindolol</i>	T1	
<b>PLAVIX ORAL TABLET 75 MG</b>	T4	
<b>PRADAXA</b>	T4	QL (62 EA per 31 days)
<b>PRALUENT PEN</b>	T4	PA; QL (2 ML per 28 days)
<i>prasugrel</i>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG</b>	T4	
<i>pravastatin</i>	T1	
<i>prazosin</i>	T1	
<b>PREVALITE ORAL POWDER IN PACKET</b>	T2	
<b>PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG</b>	T4	
<b>PROCARDIA</b>	T4	
<b>PROCARDIA XL</b>	T4	
<b>PROMACTA ORAL POWDER IN PACKET</b>	T5	PA; QL (372 EA per 31 days)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>	T5	PA; QL (31 EA per 31 days)
<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>	T5	PA; QL (62 EA per 31 days)
<i>propafenone</i>	T2	
<i>propranolol oral capsule, extended release 24 hr</i>	T2	
<i>propranolol oral solution</i>	T1	
<i>propranolol oral tablet</i>	T1	
<i>propranolol-hydrochlorothiazid</i>	T1	
<b>QBRELIS</b>	T4	
<b>QUESTRAN LIGHT ORAL POWDER</b>	T4	
<b>QUESTRAN ORAL POWDER IN PACKET</b>	T4	
<i>quinapril</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>quinidine gluconate oral</i>	T2	
<i>quinidine sulfate oral tablet</i>	T2	
<i>ramipril</i>	T1	
<b>RANEXA</b>	T4	QL (62 EA per 31 days)
<i>ranolazine</i>	T3	QL (62 EA per 31 days)
<b>REPATHA PUSHTRONEX</b>	T4	PA; QL (3.5 ML per 28 days)
<b>REPATHA SURECLICK</b>	T4	PA; QL (2 ML per 28 days)
<b>REPATHA SYRINGE</b>	T4	PA; QL (2 ML per 28 days)
<i>rosuvastatin</i>	T2	
<b>RYTHMOL SR</b>	T4	
<b>SAVAYSA</b>	T4	QL (31 EA per 31 days)
<i>simvastatin</i>	T1	
<b>SORINE</b>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SOTALOL AF ORAL TABLET 120 MG</b>	T1	
<i>sotalol oral</i>	T1	
<b>SOTYLIZE</b>	T4	
<i>spironolactone</i>	T1	
<i>spironolacton-hydrochlorothiaz</i>	T1	
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG</b>	T4	
<b>TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG</b>	T4	
<b>TAVALISSE</b>	T5	PA; QL (62 EA per 31 days)
<b>TAZTIA XT</b>	T1	
<b>TEKTURNA</b>	T4	
<b>TEKTURNA HCT</b>	T4	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hydrochlorothiazid</i>	T1	
<b>TENORETIC 100</b>	T4	
<b>TENORETIC 50</b>	T4	
<b>TENORMIN</b>	T4	
<i>terazosin</i>	T1	
<b>TIAZAC</b>	T4	
<b>TIKOSYN</b>	T3	
<i>timolol maleate oral</i>	T1	
<b>TOPROL XL</b>	T4	
<i>torseamide oral</i>	T2	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil</i>	T2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	T1	
<b>TRIBENZOR</b>	T4	
<b>TRICOR</b>	T4	
<b>TRIGLIDE ORAL TABLET 160 MG</b>	T4	
<b>TRILIPIX</b>	T4	
<b>TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T5	PA; QL (62 EA per 31 days)
<b>UPTRAVI ORAL TABLET 200 MCG</b>	T5	PA; QL (224 EA per 28 days)
<b>UPTRAVI ORAL TABLETS,DOSE PACK</b>	T5	PA; QL (200 EA per 28 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (62 EA per 31 days)
<i>valsartan oral tablet 320 mg</i>	T2	QL (31 EA per 31 days)
<i>valsartan-hydrochlorothiazide</i>	T2	QL (31 EA per 31 days)
<b>VASCEPA</b>	T4	
<b>VASERETIC</b>	T4	
<b>VASOTEC</b>	T4	
<b>VECAMYL</b>	T4	
<i>verapamil oral</i>	T2	
<b>VERELAN</b>	T4	
<b>VERELAN PM</b>	T4	
<b>VYTORIN 10-10</b>	T4	
<b>VYTORIN 10-20</b>	T4	
<b>VYTORIN 10-40</b>	T4	
<b>VYTORIN 10-80</b>	T4	
<i>warfarin</i>	T1	
<b>WELCHOL</b>	T4	
<b>XARELTO ORAL TABLET 10 MG, 20 MG</b>	T3	QL (31 EA per 31 days)
<b>XARELTO ORAL TABLET 15 MG</b>	T3	QL (52 EA per 31 days)
<b>XARELTO ORAL TABLET 2.5 MG</b>	T3	QL (62 EA per 31 days)
<b>XARELTO ORAL TABLETS,DOSE PACK</b>	T3	QL (51 EA per 30 days)
<b>YOSPRALA</b>	T4	PA; QL (31 EA per 31 days)
<b>ZESTORETIC</b>	T4	
<b>ZESTRIL</b>	T4	
<b>ZETIA</b>	T4	
<b>ZIAC</b>	T4	
<b>ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG</b>	T4	
<b>ZONTIVITY</b>	T4	
<b>ZYPITAMAG</b>	T4	
<b>Dermatologicals/Topical Therapy</b>		
<b>ABSORICA</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ACANYA TOPICAL GEL WITH PUMP</b>	T4	
<i>acitretin</i>	T4	PA
<i>acyclovir topical cream</i>	T3	
<i>acyclovir topical ointment</i>	T1	QL (30 GM per 30 days)
<b>ACZONE TOPICAL GEL</b>	T4	
<i>adapalene topical cream</i>	T2	PA
<i>adapalene topical gel</i>	T2	PA
<i>adapalene topical solution</i>	T2	PA
<i>adapalene topical swab</i>	T2	PA
<i>adapalene-benzoyl peroxide</i>	T4	
<b>AKTIPAK</b>	T4	
<b>ALA-CORT TOPICAL CREAM 1 %</b>	T1	
<b>ALA-CORT TOPICAL CREAM 2.5 %</b>	T2	
<b>ALA-SCALP</b>	T4	
<i>alclometasone</i>	T1	
<b>ALDARA</b>	T4	
<b>ALTRENO</b>	T4	PA
<i>amcinonide</i>	T2	
<i>ammonium lactate</i>	T2	
<b>AMNESTEEM</b>	T2	
<b>APEXICON E</b>	T2	
<b>ATRALIN</b>	T4	PA
<b>AVITA TOPICAL CREAM</b>	T2	PA
<b>AVITA TOPICAL GEL</b>	T4	PA
<i>azelaic acid</i>	T4	
<b>AZELEX</b>	T4	
<b>BACTROBAN TOPICAL CREAM</b>	T4	
<b>BENZACLIN PUMP</b>	T4	
<b>BENZAMYCIN</b>	T4	
<b>BESER</b>	T2	
<i>betamethasone dipropionate</i>	T1	
<i>betamethasone valerate</i>	T1	
<i>betamethasone, augmented</i>	T2	
<b>BRYHALI</b>	T4	
<i>calcipotriene</i>	T2	QL (60 GM per 28 days)
<i>calcipotriene-betamethasone</i>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol topical</i>	T2	
<b>CAPEX</b>	T4	
<b>CARAC</b>	T5	ST
<i>ciclopirox topical cream</i>	T2	QL (90 GM per 28 days)
<i>ciclopirox topical gel</i>	T2	QL (45 GM per 28 days)
<i>ciclopirox topical shampoo</i>	T2	
<i>ciclopirox topical solution</i>	T2	
<i>ciclopirox topical suspension</i>	T2	QL (60 ML per 28 days)
<b>CLARAVIS</b>	T2	
<b>CLEOCIN T TOPICAL GEL</b>	T4	
<b>CLEOCIN T TOPICAL LOTION</b>	T4	
<b>CLEOCIN T TOPICAL SWAB</b>	T4	
<b>CLINDACIN P</b>	T4	
<b>CLINDAGEL</b>	T4	
<i>clindamycin phosphate topical foam</i>	T2	
<i>clindamycin phosphate topical gel</i>	T2	
<i>clindamycin phosphate topical lotion</i>	T2	
<i>clindamycin phosphate topical solution</i>	T2	
<i>clindamycin phosphate topical swab</i>	T2	
<i>clindamycin-benzoyl peroxide topical gel</i>	T2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	T2	
<i>clindamycin-tretinoin</i>	T2	
<i>clobetasol scalp</i>	T2	
<i>clobetasol topical cream</i>	T3	
<i>clobetasol topical foam</i>	T2	
<i>clobetasol topical gel</i>	T2	
<i>clobetasol topical lotion</i>	T2	
<i>clobetasol topical ointment</i>	T3	
<i>clobetasol topical shampoo</i>	T2	
<i>clobetasol topical spray,non-aerosol</i>	T2	
<i>clobetasol-emollient</i>	T3	
<b>CLOBEX</b>	T4	
<b>CLODAN</b>	T2	
<i>clotrimazole topical</i>	T2	
<i>clotrimazole-betamethasone topical cream</i>	T2	QL (45 GM per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clotrimazole-betamethasone topical lotion</i>	T2	QL (60 ML per 28 days)
<b>CONDYLOX TOPICAL GEL</b>	T3	
<b>CORDRAN TAPE LARGE ROLL</b>	T3	
<b>CORTISPORIN TOPICAL CREAM</b>	T4	
<b>CORTISPORIN TOPICAL OINTMENT</b>	T3	
<b>COSENTYX (2 SYRINGES)</b>	T5	PA; QL (2 ML per 28 days)
<b>COSENTYX PEN (2 PENS)</b>	T5	PA; QL (2 ML per 28 days)
<b>CUTIVATE TOPICAL LOTION</b>	T4	
<i>dapsone topical</i>	T4	
<b>DENAVIR</b>	T3	
<b>DESONATE</b>	T4	
<i>desonide</i>	T2	
<b>DESOWEN</b>	T4	
<i>desoximetasone</i>	T2	
<i>diclofenac sodium topical gel 3 %</i>	T4	PA; QL (100 GM per 28 days)
<b>DIFFERIN TOPICAL CREAM</b>	T4	PA
<b>DIFFERIN TOPICAL GEL 0.1 %</b>	T4	PA
<b>DIFFERIN TOPICAL GEL WITH PUMP</b>	T4	PA
<b>DIFFERIN TOPICAL LOTION</b>	T4	PA
<i>diflorasone</i>	T2	
<b>DIPROLENE TOPICAL OINTMENT</b>	T4	
<b>DOVONEX TOPICAL</b>	T4	QL (60 GM per 28 days)
<i>doxepin topical</i>	T5	QL (45 GM per 28 days)
<b>DUAC</b>	T4	
<b>DUOBRII</b>	T5	PA; QL (200 GM per 28 days)
<b>DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML</b>	T5	PA; QL (2.28 ML per 28 days)
<b>DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML</b>	T5	PA; QL (4 ML per 28 days)
<i>econazole</i>	T2	
<b>EFUDEX TOPICAL CREAM</b>	T4	
<b>ELIDEL</b>	T4	
<b>ELIMITE</b>	T4	
<b>ELOCON TOPICAL CREAM</b>	T4	
<b>ELOCON TOPICAL OINTMENT</b>	T4	
<b>ENSTILAR</b>	T4	QL (60 GM per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>EPIDUO FORTE</b>	T4	
<b>EPIDUO TOPICAL GEL WITH PUMP</b>	T4	
<b>ERTACZO</b>	T4	
<b>ERY PADS</b>	T2	
<b>ERYGEL</b>	T3	
<i>erythromycin with ethanol topical gel</i>	T2	
<i>erythromycin with ethanol topical solution</i>	T2	
<i>erythromycin-benzoyl peroxide</i>	T2	
<b>EUCRISA</b>	T4	PA; QL (60 GM per 30 days)
<b>EURAX TOPICAL CREAM</b>	T3	
<b>EURAX TOPICAL LOTION</b>	T4	
<b>EVOCLIN</b>	T4	
<b>EXELDERM</b>	T4	
<b>EXTINA</b>	T4	
<b>FABIOR</b>	T4	
<b>FINACEA</b>	T4	
<i>fluocinolone and shower cap</i>	T2	
<i>fluocinolone topical cream</i>	T2	
<i>fluocinolone topical ointment</i>	T2	
<i>fluocinolone topical solution</i>	T2	
<i>fluocinonide topical cream 0.1 %</i>	T4	QL (120 GM per 28 days)
<i>fluocinonide topical gel</i>	T2	QL (60 GM per 28 days)
<i>fluocinonide topical ointment</i>	T2	QL (60 GM per 28 days)
<i>fluocinonide topical solution</i>	T2	QL (60 ML per 28 days)
<b>FLUOCINONIDE-E</b>	T2	QL (60 GM per 28 days)
<i>fluorouracil topical cream 0.5 %</i>	T5	
<i>fluorouracil topical cream 5 %</i>	T2	
<i>fluorouracil topical solution</i>	T2	
<i>flurandrenolide</i>	T3	
<i>fluticasone propionate topical</i>	T2	
<i>gentamicin topical</i>	T1	
<i>halobetasol propionate topical cream</i>	T2	
<i>halobetasol propionate topical foam</i>	T4	
<i>halobetasol propionate topical ointment</i>	T2	
<b>HALOG</b>	T4	
<i>hydrocortisone butyrate</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone valerate</i>	T2	
<b>ILUMYA</b>	T5	PA; QL (1 ML per 28 days)
<i>imiquimod topical cream in metered-dose pump</i>	T5	
<i>imiquimod topical cream in packet</i>	T2	
<b>IMPOYZ</b>	T4	
<i>isotretinoin</i>	T2	
<b>JUBLIA</b>	T4	
<b>KENALOG TOPICAL</b>	T3	
<b>KERYDIN</b>	T4	
<i>ketoconazole topical</i>	T2	
<b>KLARON</b>	T4	
<b>LEXETTE</b>	T4	
<i>lidocaine hcl mucous membrane jelly</i>	T2	PA; QL (60 ML per 28 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T2	PA; QL (50 ML per 28 days)
<i>lidocaine topical adhesive patch,medicated</i>	T2	PA; QL (93 EA per 31 days)
<i>lidocaine topical ointment</i>	T2	PA; QL (50 GM per 28 days)
<b>LIDOCAINE VISCOUS</b>	T2	
<i>lidocaine-prilocaine topical cream</i>	T2	PA; QL (30 GM per 28 days)
<b>LIDODERM</b>	T4	PA; QL (93 EA per 31 days)
<i>lindane topical shampoo</i>	T2	
<b>LOCOID LIPOCREAM</b>	T4	
<b>LOCOID TOPICAL LOTION</b>	T4	
<b>LOCOID TOPICAL SOLUTION</b>	T4	
<b>LOPROX (AS OLAMINE) TOPICAL CREAM</b>	T4	QL (90 GM per 28 days)
<b>LOPROX TOPICAL SHAMPOO</b>	T4	
<b>LOTRISONE TOPICAL CREAM</b>	T4	QL (45 GM per 28 days)
<i>luliconazole</i>	T4	
<b>LUXIQ</b>	T4	
<b>LUZU</b>	T4	
<i>mafenide acetate</i>	T4	
<i>malathion</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MENTAX</b>	T4	
<i>methoxsalen</i>	T2	
<b>METROCREAM</b>	T4	
<b>METROGEL TOPICAL GEL 1 %</b>	T4	
<b>METROLOTION</b>	T4	
<i>metronidazole topical cream</i>	T2	
<i>metronidazole topical gel 0.75 %</i>	T2	
<i>metronidazole topical gel 1 %</i>	T1	
<i>metronidazole topical lotion</i>	T2	
<b>MIRVASO TOPICAL GEL WITH PUMP</b>	T4	
<i>mometasone topical</i>	T2	
<i>mupirocin</i>	T2	
<i>mupirocin calcium</i>	T2	
<b>MYORISAN</b>	T2	
<i>naftifine topical cream</i>	T4	
<b>NAFTIN TOPICAL CREAM 2 %</b>	T4	
<b>NAFTIN TOPICAL GEL</b>	T4	
<b>NATROBA</b>	T4	
<b>NEO-SYNALAR</b>	T4	
<b>NEUAC</b>	T2	
<b>NIZORAL TOPICAL SHAMPOO</b>	T4	
<b>NOLIX</b>	T3	
<b>NORITATE</b>	T5	
<b>NYAMYC</b>	T2	
<i>nystatin topical</i>	T2	
<i>nystatin-triamcinolone</i>	T3	
<b>NYSTOP</b>	T2	
<b>OLUX</b>	T4	
<b>OLUX-E</b>	T4	
<b>ONEXTON TOPICAL GEL WITH PUMP</b>	T4	
<b>OVIDE</b>	T4	
<i>oxiconazole</i>	T2	
<b>OXISTAT</b>	T4	
<b>OXSORALEN ULTRA</b>	T4	
<b>PANDEL</b>	T4	
<b>PANRETIN</b>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>permethrin topical cream</i>	T2	
<b>PICATO</b>	T5	
<i>pimecrolimus</i>	T3	
<b>PLIAGLIS</b>	T4	
<i>podofilox</i>	T2	
<i>prednicarbate</i>	T2	
<b>PROTOPIC</b>	T4	
<b>PRUDOXIN</b>	T2	QL (45 GM per 28 days)
<b>PSORCON</b>	T4	
<b>REGRANEX</b>	T5	PA
<b>RETIN-A</b>	T4	PA
<b>RETIN-A MICRO</b>	T4	PA
<b>RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %</b>	T4	PA
<b>RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %</b>	T5	PA
<b>RHOFADE</b>	T4	
<b>SANTYL</b>	T3	
<i>selenium sulfide topical lotion</i>	T1	
<b>SILIQ</b>	T5	PA; QL (6 ML per 28 days)
<b>SILVADENE</b>	T4	
<i>silver sulfadiazine</i>	T1	
<b>SKLICE</b>	T4	
<b>SKYRIZI SUBCUTANEOUS SYRINGE KIT</b>	T5	PA; QL (1 EA per 28 days)
<b>SOOLANTRA</b>	T4	
<b>SORIATANE ORAL CAPSULE 10 MG, 25 MG</b>	T5	PA
<b>SORILUX</b>	T4	
<b>SSD</b>	T2	
<b>STELARA SUBCUTANEOUS SOLUTION</b>	T5	PA; QL (0.5 ML per 28 days)
<b>STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	T5	PA; QL (0.5 ML per 28 days)
<b>STELARA SUBCUTANEOUS SYRINGE 90 MG/ML</b>	T5	PA; QL (1 ML per 28 days)
<i>sulfacetamide sodium (acne)</i>	T1	
<b>SULFAMYLON TOPICAL CREAM</b>	T3	
<b>SULFAMYLON TOPICAL PACKET</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SYNALAR TOPICAL CREAM</b>	T4	
<b>TACLONEX</b>	T5	
<i>tacrolimus topical</i>	T2	
<b>TALTZ AUTOINJECTOR</b>	T5	PA; QL (1 ML per 28 days)
<b>TALTZ SYRINGE</b>	T5	PA; QL (1 ML per 28 days)
<i>tazarotene</i>	T4	PA
<b>TAZORAC</b>	T4	PA
<b>TEXACORT</b>	T4	
<b>TOLAK</b>	T4	
<b>TOPICORT</b>	T4	
<b>TREMFYA</b>	T5	PA; QL (1 ML per 56 days)
<i>tretinoin</i>	T2	PA
<i>tretinoin microspheres topical gel</i>	T2	PA
<i>triamcinolone acetonide topical aerosol</i>	T2	
<i>triamcinolone acetonide topical cream</i>	T1	
<i>triamcinolone acetonide topical lotion</i>	T1	
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	T1	
<b>TRIANEX</b>	T2	
<b>TRIDERM TOPICAL CREAM 0.1 %</b>	T1	
<b>TRIDESILON</b>	T4	
<b>ULTRAVATE</b>	T4	
<b>VALCHLOR</b>	T5	PA-NS
<b>VANOS</b>	T4	
<b>VECTICAL</b>	T4	
<b>VEREGEN</b>	T4	
<b>XEPI</b>	T4	
<b>XERESE</b>	T4	
<b>ZENATANE</b>	T2	
<b>ZIANA</b>	T4	
<b>ZONALON</b>	T4	QL (30 GM per 28 days)
<b>ZOVIRAX TOPICAL CREAM</b>	T4	
<b>ZOVIRAX TOPICAL OINTMENT</b>	T4	QL (30 GM per 30 days)
<b>ZTLIDO</b>	T4	PA; QL (93 EA per 31 days)
<b>ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP</b>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Diagnostics / Miscellaneous Agents</b>		
<i>acamprosate</i>	T2	
<b>AGRYLIN</b>	T4	
<i>alendronate oral tablet 40 mg</i>	T1	
<i>anagrelide</i>	T2	
<b>ANTABUSE</b>	T4	
<b>ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG</b>	T5	PA
<b>AURYXIA</b>	T4	PA
<b>BUPHENYL</b>	T5	
<i>bupropion hcl (smoking deter)</i>	T3	QL (62 EA per 31 days)
<b>CARBAGLU</b>	T5	PA
<b>CARNITOR ORAL</b>	T4	PA-BvD
<i>cevimeline</i>	T2	
<b>CHANTIX</b>	T4	QL (60 EA per 30 days)
<b>CHANTIX CONTINUING MONTH BOX</b>	T4	QL (60 EA per 30 days)
<b>CHANTIX STARTING MONTH BOX</b>	T4	QL (106 EA per 365 days)
<b>CHEMET</b>	T3	
<b>CLINIMIX 4.25%/D5W SULFIT FREE</b>	T3	PA-BvD
<b>CLINIMIX E 2.75%/D5W SULF FREE</b>	T4	PA-BvD
<i>d10 %-0.45 % sodium chloride</i>	T2	
<i>d2.5 %-0.45 % sodium chloride</i>	T2	
<i>d5 % and 0.9 % sodium chloride</i>	T2	
<i>d5 %-0.45 % sodium chloride</i>	T2	
<i>deferasirox</i>	T5	
<i>dextrose 10 % and 0.2 % nacl</i>	T2	
<i>dextrose 10 % in water (d10w)</i>	T2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	T2	
<i>dextrose 5%-0.2 % sod chloride</i>	T2	
<i>dextrose 5%-0.3 % sod.chloride</i>	T2	
<b>DEXTROSE WITH SODIUM CHLORIDE</b>	T2	
<i>disulfiram</i>	T2	
<b>ENDARI</b>	T4	PA; QL (180 EA per 30 days)
<b>EVOXAC</b>	T4	
<b>EXJADE</b>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FERRIPROX ORAL SOLUTION</b>	T5	
<b>FERRIPROX ORAL TABLET 500 MG</b>	T5	
<b>FOSRENOL ORAL POWDER IN PACKET</b>	T5	
<b>FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 750 MG</b>	T5	
<b>FOSRENOL ORAL TABLET,CHEWABLE 500 MG</b>	T4	
<b>GLASSIA</b>	T5	PA
<b>INCRELEX</b>	T5	PA
<b>JADENU</b>	T4	
<b>JADENU SPRINKLE</b>	T4	
<b>KIONEX (WITH SORBITOL)</b>	T2	
<i>lanthanum</i>	T4	
<i>levocarnitine (with sugar)</i>	T2	PA-BvD
<i>levocarnitine oral tablet</i>	T2	PA-BvD
<b>LITHOSTAT</b>	T4	
<b>LOKELMA</b>	T3	PA; QL (93 EA per 31 days)
<i>midodrine</i>	T2	
<b>NICOTROL</b>	T3	
<b>NICOTROL NS</b>	T4	
<b>NITYR</b>	T5	
<b>NORTHERA</b>	T5	PA
<b>ORFADIN</b>	T5	
<i>pilocarpine hcl oral</i>	T2	
<b>PROLASTIN-C INTRAVENOUS RECON SOLN</b>	T5	PA
<b>RAVICTI</b>	T5	PA
<b>RENAGEL ORAL TABLET 800 MG</b>	T4	
<b>REVELA ORAL POWDER IN PACKET</b>	T3	
<b>REVELA ORAL TABLET</b>	T4	
<b>RILUTEK</b>	T5	
<i>riluzole</i>	T4	
<i>risedronate oral tablet 30 mg</i>	T2	
<b>SALAGEN (PILOCARPINE)</b>	T4	
<i>sevelamer carbonate</i>	T3	
<i>sevelamer hcl</i>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	T2	
<i>sodium chloride irrigation</i>	T2	
<i>sodium phenylbutyrate</i>	T5	
<i>sodium polystyrene sulfonate oral</i>	T2	
<b>SPS (WITH SORBITOL) ORAL</b>	T2	
<b>SYPRINE</b>	T3	
<b>THIOLA</b>	T5	PA
<b>TIGLUTIK</b>	T5	PA
<i>trientine</i>	T3	
<b>VELPHORO</b>	T5	
<b>VELTASSA</b>	T3	PA; QL (30 EA per 30 days)
<b>XURIDEN</b>	T5	PA
<b>ZEMAIRA</b>	T5	PA
<b>ZYBAN</b>	T4	QL (62 EA per 31 days)
<b>Ear, Nose / Throat Medications</b>		
<i>acetic acid otic (ear)</i>	T2	
<b>ASTEPRO NASAL SPRAY, NON-AEROSOL</b>	T4	QL (30 ML per 25 days)
<i>azelastine nasal</i>	T2	QL (30 ML per 25 days)
<b>BACTROBAN NASAL</b>	T3	
<b>CETRAXAL</b>	T4	
<i>chlorhexidine gluconate mucous membrane</i>	T1	
<b>CIPRO HC</b>	T4	
<b>CIPRODEX</b>	T3	
<i>ciprofloxacin hcl otic (ear)</i>	T1	
<b>FLAC OTIC OIL</b>	T2	
<i>fluocinolone acetonide oil</i>	T2	
<i>hydrocortisone-acetic acid</i>	T2	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	T1	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	T1	QL (15 ML per 28 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	T2	
<i>ofloxacin otic (ear)</i>	T2	
<i>olopatadine nasal</i>	T2	QL (30.5 GM per 30 days)
<b>OTOVEL</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PATANASE</b>	T4	QL (30.5 GM per 30 days)
<i>triamcinolone acetonide dental</i>	T2	
<b>Endocrine/Diabetes</b>		
<i>acarbose</i>	T1	QL (93 EA per 31 days)
<b>ACTHAR</b>	T5	PA
<b>ACTOPLUS MET</b>	T4	QL (93 EA per 31 days)
<b>ACTOS</b>	T4	QL (31 EA per 31 days)
<b>ADLYXIN</b>	T4	QL (6 ML per 28 days)
<b>ADMELOG SOLOSTAR U-100 INSULIN</b>	T4	
<b>ADMELOG U-100 INSULIN LISPRO</b>	T4	
<b>AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)</b>	T4	
<b>ALCOHOL PADS</b>	T2	
<i>alogliptin</i>	T4	QL (31 EA per 31 days)
<i>alogliptin-metformin</i>	T4	QL (62 EA per 31 days)
<i>alogliptin-pioglitazone</i>	T4	QL (31 EA per 31 days)
<b>AMARYL</b>	T4	
<b>ANADROL-50</b>	T4	PA
<b>ANDRODERM</b>	T3	PA
<b>ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)</b>	T3	PA
<b>ANDROGEL TRANSDERMAL GEL IN PACKET</b>	T3	PA
<b>APIDRA SOLOSTAR U-100 INSULIN</b>	T4	
<b>APIDRA U-100 INSULIN</b>	T4	
<b>ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"</b>	T4	
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>	T4	
<b>AVEED</b>	T4	PA
<b>BASAGLAR KWIKPEN U-100 INSULIN</b>	T3	
<b>BYDUREON BCISE</b>	T4	QL (3.4 ML per 28 days)
<b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>	T4	QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</b>	T4	QL (2.4 ML per 30 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b>	T4	QL (1.2 ML per 30 days)
<i>cabergoline</i>	T2	
<i>calcitonin (salmon)</i>	T2	PA-BvD
<i>calcitriol oral</i>	T2	PA-BvD
<b>CERDELGA</b>	T5	PA
<i>cinacalcet oral tablet 30 mg</i>	T3	PA-BvD; QL (62 EA per 31 days)
<i>cinacalcet oral tablet 60 mg</i>	T5	PA-BvD; QL (62 EA per 31 days)
<i>cinacalcet oral tablet 90 mg</i>	T5	PA-BvD; QL (124 EA per 31 days)
<b>CORTEF</b>	T4	
<i>cortisone</i>	T2	
<b>CYCLOSET</b>	T4	
<b>CYTOMEL</b>	T4	
<i>danazol</i>	T2	
<b>DDAVP NASAL</b>	T4	
<b>DDAVP ORAL</b>	T4	
<b>DEPO-TESTOSTERONE</b>	T4	PA
<i>desmopressin nasal spray,non-aerosol</i>	T2	
<i>desmopressin oral</i>	T2	
<b>DEXAMETHASONE INTENSOL</b>	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablets,dose pack</i>	T2	
<b>DEXPAK 13 DAY</b>	T4	
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T2	PA-BvD
<i>doxercalciferol oral capsule 1 mcg</i>	T4	PA-BvD
<b>DUETACT</b>	T4	QL (31 EA per 31 days)
<b>EMFLAZA</b>	T5	PA
<b>FARXIGA</b>	T4	
<b>FIASP FLEXTOUCH U-100 INSULIN</b>	T3	
<b>FIASP U-100 INSULIN</b>	T3	
<i>fludrocortisone</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG</b>	T4	ST; QL (31 EA per 31 days)
<b>FORTESTA</b>	T4	PA
<b>GALAFOLD</b>	T5	PA; QL (14 EA per 28 days)
<b>GAUZE PAD TOPICAL BANDAGE 2 X 2 "</b>	T3	
<i>glimepiride</i>	T1	
<i>glipizide</i>	T1	
<i>glipizide-metformin</i>	T1	
<b>GLUCAGEN HYPOKIT</b>	T3	
<b>GLUCAGON EMERGENCY KIT (HUMAN)</b>	T3	
<b>GLUCOPHAGE</b>	T4	ST; QL (62 EA per 31 days)
<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG</b>	T4	ST; QL (124 EA per 31 days)
<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>GLUCOTROL</b>	T4	
<b>GLUCOTROL XL</b>	T4	
<b>GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG</b>	T4	ST; QL (62 EA per 31 days)
<b>GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG</b>	T4	ST; QL (31 EA per 31 days)
<i>glyburide</i>	T2	PA
<i>glyburide micronized</i>	T2	PA
<i>glyburide-metformin</i>	T2	PA
<b>GLYNASE</b>	T4	PA
<b>GLYSET</b>	T3	
<b>GLYXAMBI</b>	T4	QL (31 EA per 31 days)
<b>HUMALOG JUNIOR KWIKPEN U-100</b>	T3	
<b>HUMALOG KWIKPEN INSULIN</b>	T3	
<b>HUMALOG MIX 50-50 INSULN U-100</b>	T3	
<b>HUMALOG MIX 50-50 KWIKPEN</b>	T3	
<b>HUMALOG MIX 75-25 KWIKPEN</b>	T3	
<b>HUMALOG MIX 75-25(U-100)INSULN</b>	T3	
<b>HUMALOG U-100 INSULIN</b>	T3	
<b>HUMULIN 70/30 U-100 INSULIN</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HUMULIN 70/30 U-100 KWIKPEN</b>	T3	
<b>HUMULIN N NPH INSULIN KWIKPEN</b>	T3	
<b>HUMULIN N NPH U-100 INSULIN</b>	T3	
<b>HUMULIN R REGULAR U-100 INSULN</b>	T3	
<b>HUMULIN R U-500 (CONC) INSULIN</b>	T3	
<b>HUMULIN R U-500 (CONC) KWIKPEN</b>	T3	
<i>hydrocortisone oral</i>	T1	
<i>insulin lispro</i>	T3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	T3	
<b>INVOKAMET</b>	T3	QL (62 EA per 31 days)
<b>INVOKAMET XR</b>	T3	QL (62 EA per 31 days)
<b>INVOKANA ORAL TABLET 100 MG</b>	T3	QL (62 EA per 31 days)
<b>INVOKANA ORAL TABLET 300 MG</b>	T3	QL (31 EA per 31 days)
<b>JANUMET</b>	T3	QL (62 EA per 31 days)
<b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG</b>	T3	QL (31 EA per 31 days)
<b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG</b>	T3	QL (62 EA per 31 days)
<b>JANUVIA ORAL TABLET 100 MG, 50 MG</b>	T3	QL (31 EA per 31 days)
<b>JANUVIA ORAL TABLET 25 MG</b>	T3	QL (93 EA per 31 days)
<b>JARDIANCE</b>	T3	
<b>JENTADUETO</b>	T3	QL (62 EA per 31 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG</b>	T3	QL (62 EA per 31 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG</b>	T3	QL (31 EA per 31 days)
<b>JYNARQUE</b>	T5	PA
<b>KAZANO</b>	T4	QL (62 EA per 31 days)
<b>KOMBIGLYZE XR</b>	T4	
<b>KORLYM</b>	T5	PA
<b>KUVAN ORAL POWDER IN PACKET</b>	T4	PA
<b>KUVAN ORAL TABLET,SOLUBLE</b>	T5	PA
<b>LANTUS SOLOSTAR U-100 INSULIN</b>	T3	
<b>LANTUS U-100 INSULIN</b>	T3	
<b>LEVEMIR FLEXTOUCH U-100 INSULN</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LEVEMIR U-100 INSULIN</b>	T3	
<b>LEVO-T</b>	T4	
<i>levothyroxine oral</i>	T1	
<b>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</b>	T3	
<i>liothyronine oral</i>	T2	
<b>MEDROL</b>	T4	
<b>MEDROL (PAK)</b>	T4	
<i>metformin oral tablet</i>	T1	
<i>metformin oral tablet extended release 24 hr</i>	T1	
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	T4	ST; QL (62 EA per 31 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	T4	ST; QL (31 EA per 31 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	T4	ST; QL (62 EA per 31 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	T4	ST; QL (31 EA per 31 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	T2	
<b>METHITEST</b>	T4	PA
<i>methylprednisolone</i>	T2	
<i>methyltestosterone oral capsule</i>	T5	PA
<i>miglitol</i>	T2	
<i>miglustat</i>	T5	PA
<b>MILLIPRED ORAL TABLET</b>	T2	
<b>MYALEPT</b>	T5	PA
<i>nateglinide</i>	T1	QL (93 EA per 31 days)
<b>NATPARA</b>	T5	PA; QL (31 EA per 31 days)
<b>NESINA</b>	T4	QL (31 EA per 31 days)
<b>NOCDURNA (MEN)</b>	T4	QL (31 EA per 31 days)
<b>NOCDURNA (WOMEN)</b>	T4	QL (31 EA per 31 days)
<b>NOCTIVA</b>	T4	
<b>NOVOLIN 70/30 U-100 INSULIN</b>	T3	
<b>NOVOLIN N NPH U-100 INSULIN</b>	T3	
<b>NOVOLIN R REGULAR U-100 INSULN</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NOVOLOG FLEXPEN U-100 INSULIN</b>	T3	
<b>NOVOLOG MIX 70-30 U-100 INSULIN</b>	T3	
<b>NOVOLOG MIX 70-30FLEXPEN U-100</b>	T3	
<b>NOVOLOG PENFILL U-100 INSULIN</b>	T3	
<b>NOVOLOG U-100 INSULIN ASPART</b>	T3	
<b>ONGLYZA</b>	T4	QL (31 EA per 31 days)
<b>ORAPRED ODT</b>	T4	
<b>ORLISSA ORAL TABLET 150 MG</b>	T5	PA; QL (31 EA per 31 days)
<b>ORLISSA ORAL TABLET 200 MG</b>	T5	PA; QL (62 EA per 31 days)
<b>OSENI</b>	T4	QL (31 EA per 31 days)
<i>oxandrolone oral tablet 10 mg</i>	T5	PA
<i>oxandrolone oral tablet 2.5 mg</i>	T2	PA
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)</b>	T3	QL (1.5 ML per 28 days)
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)</b>	T3	QL (3 ML per 28 days)
<b>PALYNZIQ</b>	T5	PA
<i>paricalcitol oral</i>	T2	PA-BvD
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	T4	
<i>pioglitazone</i>	T1	QL (31 EA per 31 days)
<i>pioglitazone-glimepiride</i>	T1	QL (31 EA per 31 days)
<i>pioglitazone-metformin</i>	T1	QL (93 EA per 31 days)
<b>PRANDIN ORAL TABLET 1 MG</b>	T4	QL (124 EA per 31 days)
<b>PRANDIN ORAL TABLET 2 MG</b>	T4	QL (248 EA per 31 days)
<b>PRECOSE</b>	T4	QL (93 EA per 31 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	T2	
<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>	T2	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	T2	
<b>PREDNISONE INTENSOL</b>	T2	
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablets, dose pack</i>	T2	
<b>PROGLYCEM</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propylthiouracil</i>	T2	
<b>QTERN</b>	T4	QL (31 EA per 31 days)
<b>RAYALDEE</b>	T4	QL (62 EA per 31 days)
<b>RAYOS</b>	T4	
<i>repaglinide oral tablet 0.5 mg</i>	T1	QL (124 EA per 31 days)
<i>repaglinide oral tablet 1 mg</i>	T2	QL (124 EA per 31 days)
<i>repaglinide oral tablet 2 mg</i>	T2	QL (248 EA per 31 days)
<i>repaglinide-metformin</i>	T2	QL (155 EA per 31 days)
<b>RIOMET</b>	T4	ST; QL (791 ML per 31 days)
<b>ROCALTROL</b>	T4	PA-BvD
<b>SAMSCA</b>	T5	PA
<b>SEGLUROMET</b>	T4	QL (62 EA per 31 days)
<b>SENSIPAR ORAL TABLET 30 MG</b>	T3	PA-BvD; QL (62 EA per 31 days)
<b>SENSIPAR ORAL TABLET 60 MG</b>	T5	PA-BvD; QL (62 EA per 31 days)
<b>SENSIPAR ORAL TABLET 90 MG</b>	T5	PA-BvD; QL (124 EA per 31 days)
<b>SOLIQUA 100/33</b>	T4	QL (18 ML per 30 days)
<b>SOMAVERT</b>	T5	
<b>STARLIX</b>	T4	QL (93 EA per 31 days)
<b>STEGLATRO</b>	T4	QL (31 EA per 31 days)
<b>STEGLUJAN</b>	T4	QL (31 EA per 31 days)
<b>STIMATE</b>	T3	
<b>STRIANT</b>	T4	PA
<b>SYMLINPEN 120</b>	T3	QL (10.8 ML per 28 days)
<b>SYMLINPEN 60</b>	T3	QL (6 ML per 28 days)
<b>SYNAREL</b>	T5	
<b>SYNJARDY</b>	T3	QL (62 EA per 31 days)
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG</b>	T3	QL (62 EA per 31 days)
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG</b>	T3	QL (31 EA per 31 days)
<b>SYNTHROID</b>	T3	
<b>TAPAZOLE</b>	T4	
<b>TAPERDEX</b>	T4	
<b>TESTIM</b>	T4	PA
<i>testosterone cypionate</i>	T2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone enanthate</i>	T2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)</i>	T4	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	T3	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T4	PA
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	T3	PA
<i>testosterone transdermal solution in metered pump w/app</i>	T4	PA
<b>THYROLAR-1</b>	T4	
<b>THYROLAR-1/2</b>	T4	
<b>THYROLAR-1/4</b>	T4	
<b>THYROLAR-2</b>	T4	
<b>THYROLAR-3</b>	T4	
<b>TIROSINT</b>	T4	
<b>TIROSINT-SOL</b>	T4	
<i>tolazamide</i>	T1	
<i>tolbutamide</i>	T1	
<b>TOUJEO MAX U-300 SOLOSTAR</b>	T3	
<b>TOUJEO SOLOSTAR U-300 INSULIN</b>	T3	
<b>TRADJENTA</b>	T3	QL (31 EA per 31 days)
<b>TRESIBA FLEXTOUCH U-100</b>	T3	
<b>TRESIBA FLEXTOUCH U-200</b>	T3	
<b>TRESIBA U-100 INSULIN</b>	T3	
<b>TRULICITY</b>	T3	QL (2 ML per 28 days)
<b>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</b>	T3	
<b>VICTOZA 3-PAK</b>	T3	QL (9 ML per 30 days)
<b>VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP</b>	T4	PA
<b>VOGELXO TRANSDERMAL GEL IN PACKET</b>	T4	PA
<b>XIGDUO XR</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>XULTOPHY 100/3.6</b>	T3	
<b>XYOSTED</b>	T4	PA
<b>ZAVESCA</b>	T5	PA
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	T4	PA-BvD
<b>Gastroenterology</b>		
<b>ACIPHEX</b>	T4	QL (62 EA per 31 days)
<b>ACTIGALL</b>	T4	
<i>alosetron</i>	T5	
<b>AMITIZA</b>	T3	QL (62 EA per 31 days)
<i>amoxicil-clarithromy-lansopraz</i>	T2	
<b>ANUSOL-HC TOPICAL</b>	T4	
<i>aprepitant</i>	T4	PA-BvD
<b>APRISO</b>	T4	
<b>ASACOL HD</b>	T3	
<b>AZULFIDINE</b>	T4	
<b>AZULFIDINE EN-TABS</b>	T4	
<i>balsalazide</i>	T2	
<b>BONJESTA</b>	T4	PA; QL (62 EA per 31 days)
<i>budesonide oral</i>	T4	
<b>CANASA</b>	T4	
<b>CARAFATE ORAL SUSPENSION</b>	T3	
<b>CARAFATE ORAL TABLET</b>	T4	
<b>CESAMET</b>	T4	PA-BvD
<b>CHENODAL</b>	T5	PA
<b>CHOLBAM</b>	T5	PA
<i>cimetidine</i>	T2	
<i>cimetidine hcl oral</i>	T2	
<b>CIMZIA</b>	T5	PA; QL (2 EA per 28 days)
<b>CIMZIA POWDER FOR RECONST</b>	T5	PA; QL (6 EA per 28 days)
<b>CLENPIQ</b>	T4	
<b>COLAZAL</b>	T4	
<b>COLOCORT</b>	T2	
<b>COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM</b>	T4	
<b>COMPRO</b>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CONSTULOSE</b>	T2	
<b>CREON</b>	T3	
<i>cromolyn oral</i>	T4	
<b>CUVPOSA</b>	T4	
<b>CYSTADANE</b>	T3	
<b>CYTOTEC</b>	T4	
<b>DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)</b>	T4	
<b>DEXILANT</b>	T4	QL (31 EA per 31 days)
<b>DICLEGIS</b>	T4	PA; QL (124 EA per 31 days)
<i>dicyclomine oral capsule</i>	T2	
<i>dicyclomine oral solution</i>	T2	
<i>dicyclomine oral tablet</i>	T2	
<b>DIPENTUM</b>	T4	
<i>diphenoxylate-atropine</i>	T2	
<i>doxylamine-pyridoxine (vit b6)</i>	T4	PA; QL (124 EA per 31 days)
<i>dronabinol oral capsule 10 mg</i>	T4	PA-BvD
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T2	PA-BvD
<b>EMEND</b>	T4	PA-BvD
<b>ENTOCORT EC</b>	T4	
<b>ENULOSE</b>	T2	
<i>esomeprazole magnesium</i>	T2	QL (31 EA per 31 days)
<i>esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg</i>	T3	QL (31 EA per 31 days)
<i>famotidine oral suspension</i>	T1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	
<b>GASTROCROM</b>	T4	
<b>GATTEX 30-VIAL</b>	T5	PA
<b>GAVILYTE-C</b>	T2	
<b>GAVILYTE-G</b>	T2	
<b>GAVILYTE-N</b>	T2	
<b>GENERLAC</b>	T2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	
<b>GOLYTELY</b>	T4	
<i>granisetron hcl oral</i>	T2	PA-BvD
<i>hydrocortisone rectal</i>	T1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	T4	
<b>KRISTALOSE</b>	T4	
<i>lactulose oral packet</i>	T4	
<i>lactulose oral solution 10 gram/15 ml</i>	T1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	T3	QL (31 EA per 31 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	T3	QL (62 EA per 31 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	T3	QL (31 EA per 31 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	T3	QL (62 EA per 31 days)
<b>LIALDA</b>	T4	
<b>LINZESS</b>	T3	QL (31 EA per 31 days)
<b>LOMOTIL</b>	T4	
<i>loperamide oral capsule</i>	T2	
<b>LOTRONEX</b>	T5	
<b>MARINOL</b>	T4	PA-BvD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	
<i>mesalamine oral capsule (with del rel tablets)</i>	T3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	T3	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	T4	
<i>mesalamine rectal enema</i>	T2	
<i>mesalamine rectal suppository</i>	T4	
<i>methscopolamine</i>	T2	
<i>metoclopramide hcl oral</i>	T2	
<b>MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %</b>	T4	
<i>misoprostol</i>	T2	
<b>MOTEGRITY</b>	T4	PA; QL (31 EA per 31 days)
<b>MOVANTI</b>	T3	QL (31 EA per 31 days)
<b>MOVIPREP</b>	T4	
<b>MYTESI</b>	T4	QL (62 EA per 31 days)
<b>NEXIUM</b>	T4	QL (31 EA per 31 days)
<b>NEXIUM PACKET</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nizatidine</i>	T2	
<b>NULYTELY WITH FLAVOR PACKS</b>	T4	
<b>OICALIVA</b>	T5	PA; QL (31 EA per 31 days)
<b>OMECLAMOX-PAK</b>	T4	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	T1	
<i>omeprazole-sodium bicarbonate</i>	T2	
<i>ondansetron</i>	T2	PA-BvD
<i>ondansetron hcl oral</i>	T2	PA-BvD
<b>OSMOPREP</b>	T4	
<b>PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT</b>	T4	
<i>pantoprazole oral</i>	T2	
<i>peg 3350-electrolytes</i>	T2	
<i>peg-electrolyte soln</i>	T2	
<b>PENTASA</b>	T3	
<b>PEPCID ORAL TABLET</b>	T4	
<b>PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT</b>	T4	
<b>PLENVU</b>	T4	
<b>PREPOPIK</b>	T4	
<b>PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG</b>	T4	QL (31 EA per 31 days)
<b>PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG</b>	T4	QL (62 EA per 31 days)
<b>PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG</b>	T4	QL (31 EA per 31 days)
<b>PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG</b>	T4	QL (62 EA per 31 days)
<b>PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON</b>	T4	
<i>prochlorperazine</i>	T2	
<i>prochlorperazine maleate</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROCTO-MED HC</b>	T2	
<b>PROCTO-PAK</b>	T2	
<b>PROCTOSOL HC TOPICAL</b>	T2	
<b>PROCTOZONE-HC</b>	T2	
<i>propantheline</i>	T2	
<b>PROTONIX ORAL</b>	T4	
<b>PYLERA</b>	T4	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	T2	QL (62 EA per 31 days)
<i>ranitidine hcl oral capsule</i>	T2	
<i>ranitidine hcl oral syrup</i>	T1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T1	
<b>RECTIV</b>	T4	
<b>REGLAN ORAL</b>	T4	
<b>RELISTOR ORAL</b>	T5	PA; QL (93 EA per 31 days)
<b>RELISTOR SUBCUTANEOUS SOLUTION</b>	T5	PA; QL (18.6 ML per 31 days)
<b>RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML</b>	T5	PA; QL (18.6 ML per 31 days)
<b>RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML</b>	T5	PA; QL (12.4 ML per 31 days)
<b>ROWASA RECTAL ENEMA KIT</b>	T4	
<b>SANCUSO</b>	T4	
<i>scopolamine base</i>	T3	QL (10 EA per 30 days)
<b>SUCRAID</b>	T5	
<i>sucralfate oral tablet</i>	T2	
<i>sulfasalazine</i>	T2	
<b>SUPREP BOWEL PREP KIT</b>	T3	
<b>SYMPROIC</b>	T4	PA; QL (31 EA per 31 days)
<b>SYNDROS</b>	T5	PA
<b>TIGAN ORAL CAPSULE 300 MG</b>	T4	PA
<b>TRANSDERM-SCOP</b>	T3	QL (10 EA per 30 days)
<b>TRILYTE WITH FLAVOR PACKETS</b>	T2	
<i>trimethobenzamide oral</i>	T2	PA
<b>TRULANCE</b>	T4	QL (31 EA per 31 days)
<b>UCERIS</b>	T4	
<b>URSO 250</b>	T4	
<b>URSO FORTE</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ursodiol</i>	T3	
<b>VARUBI ORAL</b>	T4	PA-BvD
<b>VIBERZI</b>	T5	PA; QL (62 EA per 31 days)
<b>VIOKACE</b>	T4	
<b>ZEGERID</b>	T4	
<b>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, 3,000-10,000 -14,000-UNIT, 5,000-17,000- 24,000 UNIT</b>	T3	
<b>ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT</b>	T5	
<b>ZOFRAN ORAL TABLET 8 MG</b>	T4	PA-BvD
<b>ZUPLENZ</b>	T5	PA-BvD
<b>Immunology, Vaccines / Biotechnology</b>		
<b>ACTHIB (PF)</b>	T3	
<b>ACTIMMUNE</b>	T5	PA
<b>ADACEL(TDAP ADOLESN/ADULT)(PF)</b>	T3	
<b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML</b>	T5	PA-BvD
<b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	T4	PA-BvD
<b>ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML</b>	T4	PA-BvD
<b>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</b>	T5	PA-BvD
<b>ARCALYST</b>	T5	PA
<b>AVONEX (WITH ALBUMIN)</b>	T5	QL (1 EA per 28 days)
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</b>	T5	QL (4 EA per 28 days)
<b>AVONEX INTRAMUSCULAR SYRINGE KIT</b>	T5	QL (4 EA per 28 days)
<i>bcg vaccine, live (pf)</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETASERON SUBCUTANEOUS KIT</b>	T5	QL (14 EA per 28 days)
<b>BEXSERO</b>	T3	
<b>BIVIGAM</b>	T5	PA
<b>BOOSTRIX TDAP</b>	T3	
<b>DAPTACEL (DTAP PEDIATRIC) (PF)</b>	T3	
<b>EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG</b>	T5	PA
<b>ENGERIX-B (PF) INTRAMUSCULAR SYRINGE</b>	T3	PA-BvD
<b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE</b>	T3	PA-BvD
<b>EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b>	T4	PA-BvD
<b>EXTAVIA SUBCUTANEOUS KIT</b>	T5	QL (15 EA per 30 days)
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %</b>	T5	PA
<b>FULPHILA</b>	T5	
<b>GAMMAGARD LIQUID</b>	T5	PA
<b>GAMMAGARD S-D (IGA &lt; 1 MCG/ML)</b>	T5	PA
<b>GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)</b>	T4	PA
<b>GAMMAPLEX</b>	T5	PA
<b>GAMMAPLEX (WITH SORBITOL)</b>	T5	PA
<b>GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)</b>	T3	PA
<b>GARDASIL 9 (PF)</b>	T3	
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML</b>	T4	PA
<b>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</b>	T5	PA
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML)</b>	T5	PA
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG/ML (15 UNIT/ML)</b>	T4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GRANIX</b>	T5	
<b>HAVRIX (PF)</b>	T3	
<b>HIBERIX (PF)</b>	T3	
<b>HUMATROPE</b>	T5	PA
<b>IMOVAX RABIES VACCINE (PF)</b>	T3	PA-BvD
<b>INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION</b>	T3	
<b>INTRON A INJECTION</b>	T5	PA-NS
<b>IPOL</b>	T3	
<b>IXIARO (PF)</b>	T3	
<b>KINRIX (PF)</b>	T3	
<b>LEUKINE INJECTION RECON SOLN</b>	T5	PA
<b>MENACTRA (PF) INTRAMUSCULAR SOLUTION</b>	T3	
<b>MENVEO A-C-Y-W-135-DIP (PF)</b>	T3	
<b>M-M-R II (PF)</b>	T3	
<b>NEULASTA SUBCUTANEOUS SYRINGE</b>	T5	
<b>NEUPOGEN INJECTION SOLUTION 300 MCG/ML</b>	T4	
<b>NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML</b>	T5	
<b>NEUPOGEN INJECTION SYRINGE</b>	T5	
<b>NIVESTYM</b>	T5	
<b>NORDITROPIN FLEXP 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)</b>	T5	PA
<b>NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)</b>	T4	PA
<b>NUTROPIN AQ NUSPIN</b>	T5	PA
<b>OCTAGAM</b>	T5	PA
<b>OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)</b>	T5	PA
<b>OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)</b>	T4	PA
<b>OMNITROPE SUBCUTANEOUS RECON SOLN</b>	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY</b>	T4	PA
<b>PANZYGA</b>	T5	PA
<b>PEDIARIX (PF)</b>	T3	PA-BvD
<b>PEDVAX HIB (PF)</b>	T3	
<b>PEGASYS</b>	T5	PA
<b>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML</b>	T5	PA
<b>PLEGRIDY</b>	T5	QL (1 ML per 28 days)
<b>PRIVIGEN</b>	T5	PA
<b>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b>	T3	PA-BvD
<b>PROCRIT INJECTION SOLUTION 40,000 UNIT/ML</b>	T5	PA-BvD
<b>PROQUAD (PF)</b>	T3	
<b>QUADRACEL (PF)</b>	T3	
<b>RABAVERT (PF)</b>	T3	PA-BvD
<b>REBIF (WITH ALBUMIN)</b>	T5	QL (6 ML per 28 days)
<b>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML</b>	T5	QL (6 ML per 28 days)
<b>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)</b>	T5	QL (4.2 ML per 365 days)
<b>REBIF TITRATION PACK</b>	T5	QL (8.4 ML per 365 days)
<b>RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML</b>	T3	PA-BvD
<b>RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE</b>	T3	PA-BvD
<b>RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b>	T3	PA-BvD
<b>RETACRIT INJECTION SOLUTION 40,000 UNIT/ML</b>	T5	PA-BvD
<b>ROTARIX</b>	T3	
<b>ROTATEQ VACCINE</b>	T3	
<b>SAIZEN</b>	T5	PA
<b>SAIZEN SAIZENPREP</b>	T5	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG</b>	T5	PA
<b>SHINGRIX (PF)</b>	T3	
<b>SYLATRON</b>	T5	PA-NS
<b>TDVAX</b>	T3	
<b>TENIVAC (PF) INTRAMUSCULAR SYRINGE</b>	T3	
<i>tetanus, diphtheria tox ped(pf)</i>	T4	
<b>TRUMENBA</b>	T3	
<b>TWINRIX (PF) INTRAMUSCULAR SYRINGE</b>	T3	
<b>TYPHIM VI</b>	T3	
<b>UDENYCA</b>	T5	
<b>VAQTA (PF)</b>	T3	
<b>VARIVAX (PF)</b>	T3	
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	T4	
<b>YF-VAX (PF)</b>	T3	
<b>ZARXIO</b>	T5	
<b>ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG</b>	T5	PA
<b>ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG</b>	T4	PA
<b>ZORBTIVE</b>	T5	PA
<b>ZOSTAVAX (PF)</b>	T4	
<b>Musculoskeletal / Rheumatology</b>		
<b>ACTEMRA ACTPEN</b>	T5	PA; QL (3.6 ML per 28 days)
<b>ACTEMRA SUBCUTANEOUS</b>	T5	PA; QL (3.6 ML per 28 days)
<b>ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG</b>	T4	
<i>alendronate oral solution</i>	T1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	
<i>allopurinol</i>	T1	
<b>ARAVA</b>	T5	
<b>ATELVIA</b>	T4	
<b>BENLYSTA SUBCUTANEOUS</b>	T5	PA; QL (4 ML per 28 days)
<b>BINOSTO</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BONIVA ORAL</b>	T4	
<i>colchicine oral capsule</i>	T4	QL (62 EA per 31 days)
<i>colchicine oral tablet</i>	T3	QL (62 EA per 31 days)
<b>COLCRYS</b>	T4	QL (124 EA per 31 days)
<b>CUPRIMINE</b>	T5	
<b>DEPEN TITRATABS</b>	T5	
<b>ENBREL SUBCUTANEOUS RECON SOLN</b>	T5	PA; QL (8 EA per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)</b>	T5	PA; QL (7.84 ML per 28 days)
<b>ENBREL SURECLICK</b>	T5	PA; QL (7.84 ML per 28 days)
<b>EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2)</b>	T5	PA; QL (2.34 ML per 28 days)
<b>EVISTA</b>	T3	
<b>FORTEO</b>	T5	PA; QL (2.4 ML per 28 days)
<b>FOSAMAX ORAL TABLET 70 MG</b>	T4	
<b>FOSAMAX PLUS D</b>	T4	
<b>HUMIRA</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</b>	T5	PA; QL (3 EA per 28 days)
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)</b>	T5	PA; QL (6 EA per 28 days)
<b>HUMIRA PEN</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA PEN CROHNS-UC-HS START</b>	T5	PA; QL (6 EA per 28 days)
<b>HUMIRA PEN PSOR-UVEITS-ADOL HS</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA(CF)</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML</b>	T5	PA; QL (3 EA per 28 days)
<b>HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA(CF) PEN CROHNS-UC-HS</b>	T5	PA; QL (3 EA per 28 days)
<b>HUMIRA(CF) PEN PSOR-UV-ADOL HS</b>	T5	PA; QL (3 EA per 28 days)
<b>HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML</b>	T5	PA; QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibandronate oral</i>	T2	
<b>KEVZARA SUBCUTANEOUS SYRINGE</b>	T5	PA; QL (2.28 ML per 28 days)
<b>KINERET</b>	T5	PA; QL (18.76 ML per 28 days)
<i>leflunomide</i>	T2	
<b>MITIGARE</b>	T3	QL (62 EA per 31 days)
<b>OLUMIANT</b>	T5	PA; QL (31 EA per 31 days)
<b>ORENCIA CLICKJECT</b>	T5	PA; QL (4 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML</b>	T5	PA; QL (4 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML</b>	T5	PA; QL (1.6 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML</b>	T5	PA; QL (2.8 ML per 28 days)
<b>OTEZLA</b>	T5	PA; QL (62 EA per 31 days)
<b>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)</b>	T5	PA; QL (55 EA per 28 days)
<b>OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML</b>	T4	PA
<i>penicillamine</i>	T5	
<i>probenecid</i>	T2	
<i>probenecid-colchicine</i>	T2	
<b>PROLIA</b>	T4	PA; QL (1 ML per 180 days)
<i>raloxifene</i>	T3	
<b>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</b>	T4	PA
<b>RIDAURA</b>	T3	
<i>risedronate oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	T2	
<i>risedronate oral tablet,delayed release (dr/ec)</i>	T2	
<b>SAVELLA</b>	T4	PA
<b>SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML</b>	T5	PA; QL (1 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML</b>	T5	PA; QL (0.5 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML</b>	T5	PA; QL (1 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML</b>	T5	PA; QL (0.5 ML per 28 days)
<b>TYMLOS</b>	T5	PA; QL (1.56 ML per 31 days)
<b>ULORIC</b>	T4	PA
<b>XELJANZ</b>	T5	PA; QL (62 EA per 31 days)
<b>XELJANZ XR</b>	T5	PA; QL (31 EA per 31 days)
<b>ZYLOPRIM</b>	T4	
<b>Obstetrics / Gynecology</b>		
<b>ACTIVELLA ORAL TABLET 1-0.5 MG</b>	T4	
<b>ALORA</b>	T4	
<b>ALTAVERA (28)</b>	T2	
<b>ALYACEN 1/35 (28)</b>	T2	
<b>AMABELZ</b>	T2	
<b>AMETHIA</b>	T2	
<b>AMETHIA LO</b>	T2	
<b>ANGELIQ</b>	T4	
<b>APRI</b>	T2	
<b>ARANELLE (28)</b>	T2	
<b>ASHLYNA</b>	T2	
<b>AUBRA</b>	T2	
<b>AVC VAGINAL</b>	T4	
<b>AVIANE</b>	T2	
<b>AYGESTIN</b>	T4	
<b>BALZIVA (28)</b>	T2	
<b>BEYAZ</b>	T4	
<b>BIJUVA</b>	T4	
<b>BLISOVI 24 FE</b>	T2	
<b>BLISOVI FE 1.5/30 (28)</b>	T2	
<b>BRIELLYN</b>	T2	
<b>CAMILA</b>	T2	
<b>CAMRESE LO</b>	T2	
<b>CAZIANZ (28)</b>	T2	
<b>CLEOCIN VAGINAL</b>	T4	
<b>CLIMARA</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CLIMARA PRO</b>	T4	
<i>clindamycin phosphate vaginal</i>	T2	
<b>CLINDESSE</b>	T4	
<b>COMBIPATCH</b>	T4	
<b>CRINONE</b>	T4	PA
<b>CRYSELLE (28)</b>	T2	
<b>CYCLAFEM 1/35 (28)</b>	T2	
<b>CYCLAFEM 7/7/7 (28)</b>	T2	
<b>CYRED</b>	T2	
<b>DEBLITANE</b>	T2	
<b>DELESTROGEN</b>	T4	
<b>DELYLA (28)</b>	T2	
<b>DEPO-ESTRADIOL</b>	T4	
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION</b>	T4	
<b>DEPO-SUBQ PROVERA 104</b>	T4	
<i>desog-e.estradiol/e.estradiol</i>	T2	
<i>desogestrel-ethinyl estradiol</i>	T2	
<b>DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)</b>	T4	
<b>DOTTI</b>	T2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	T2	
<i>drospirenone-ethinyl estradiol</i>	T2	
<b>DUAVEE</b>	T4	
<b>ELESTRIN</b>	T4	
<b>EMOQUETTE</b>	T2	
<b>ENPRESSE</b>	T2	
<b>ENSKYCE</b>	T2	
<b>ERRIN</b>	T2	
<b>ESTARYLLA</b>	T2	
<b>ESTRACE</b>	T4	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal</i>	T2	
<i>estradiol vaginal</i>	T4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol-norethindrone acet</i>	T2	
<b>ESTRING</b>	T4	
<i>ethynodiol diac-eth estradiol</i>	T2	
<b>EVAMIST</b>	T4	
<b>FALMINA (28)</b>	T2	
<b>FAYOSIM</b>	T2	
<b>FEMHRT LOW DOSE</b>	T4	
<b>FEMRING</b>	T4	
<b>FEMYNOR</b>	T2	
<b>FYAVOLV</b>	T2	
<b>GENERESS FE</b>	T4	
<b>GIANVI (28)</b>	T2	
<b>GYNAZOLE-1</b>	T4	
<b>HAILEY 24 FE</b>	T2	
<b>IMVEXXY MAINTENANCE PACK</b>	T4	
<b>IMVEXXY STARTER PACK</b>	T4	
<b>INCASSIA</b>	T2	
<b>INTRAROSA</b>	T4	PA; QL (28 EA per 28 days)
<b>INTROVALE</b>	T2	
<b>ISIBLOOM</b>	T2	
<b>JASMIEL (28)</b>	T2	
<b>JINTELI</b>	T2	
<b>JOLIVETTE</b>	T2	
<b>JULEBER</b>	T2	
<b>JUNEL 1.5/30 (21)</b>	T2	
<b>JUNEL 1/20 (21)</b>	T2	
<b>JUNEL FE 1.5/30 (28)</b>	T2	
<b>JUNEL FE 1/20 (28)</b>	T2	
<b>JUNEL FE 24</b>	T2	
<b>KAITLIB FE</b>	T2	
<b>KARIVA (28)</b>	T2	
<b>KELNOR 1/35 (28)</b>	T2	
<b>KELNOR 1-50</b>	T2	
<b>KURVELO (28)</b>	T2	
<i>l norgest/e.estradiol-e.estradiol</i>	T2	
<b>LARIN 1.5/30 (21)</b>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LARIN 1/20 (21)</b>	T2	
<b>LARIN FE 1.5/30 (28)</b>	T2	
<b>LARIN FE 1/20 (28)</b>	T2	
<b>LARISSIA</b>	T2	
<b>LAYOLIS FE</b>	T2	
<b>LEENA 28</b>	T2	
<b>LESSINA</b>	T2	
<b>LEVONEST (28)</b>	T2	
<i>levonorgestrel-ethinyl estrad</i>	T2	
<i>levonorg-eth estrad triphasic</i>	T2	
<b>LEVORA-28</b>	T2	
<b>LO LOESTRIN FE</b>	T4	
<b>LOESTRIN 1.5/30 (21)</b>	T4	
<b>LOESTRIN 1/20 (21)</b>	T4	
<b>LOESTRIN FE 1.5/30 (28-DAY)</b>	T4	
<b>LOESTRIN FE 1/20 (28-DAY)</b>	T4	
<b>LOPREEZA ORAL TABLET 1-0.5 MG</b>	T2	
<b>LORYNA (28)</b>	T2	
<b>LOSEASONIQUE</b>	T4	
<b>LOW-OGESTREL (28)</b>	T2	
<b>LUPANETA PACK (1 MONTH)</b>	T5	
<b>LUPANETA PACK (3 MONTH)</b>	T5	
<b>LUTERA (28)</b>	T2	
<b>LYSTEDA</b>	T4	
<b>LYZA</b>	T2	
<b>MARLISSA (28)</b>	T2	
<i>medroxyprogesterone</i>	T2	
<b>MELODETTA 24 FE</b>	T2	
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	T4	
<b>MENOSTAR</b>	T4	
<b>METROGEL VAGINAL</b>	T4	
<i>metronidazole vaginal</i>	T2	
<b>MIBELAS 24 FE</b>	T2	
<b>MICONAZOLE-3 VAGINAL SUPPOSITORY</b>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MICROGESTIN 1.5/30 (21)</b>	T2	
<b>MICROGESTIN 1/20 (21)</b>	T2	
<b>MICROGESTIN FE 1.5/30 (28)</b>	T2	
<b>MICROGESTIN FE 1/20 (28)</b>	T2	
<b>MILI</b>	T2	
<b>MIMVEY</b>	T2	
<b>MIMVEY LO</b>	T2	
<b>MINASTRIN 24 FE</b>	T4	
<b>MINIVELLE</b>	T4	
<b>NATAZIA</b>	T4	
<b>NECON 0.5/35 (28)</b>	T2	
<b>NIKKI (28)</b>	T2	
<b>NORA-BE</b>	T2	
<i>noreth-ethinyl estradiol-iron</i>	T2	
<i>norethindrone (contraceptive)</i>	T2	
<i>norethindrone acetate</i>	T2	
<i>norethindrone ac-eth estradiol</i>	T2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	T2	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	T2	
<i>norgestimate-ethinyl estradiol</i>	T2	
<b>NORLYROC</b>	T2	
<b>NORTREL 0.5/35 (28)</b>	T2	
<b>NORTREL 1/35 (21)</b>	T2	
<b>NORTREL 1/35 (28)</b>	T2	
<b>NORTREL 7/7/7 (28)</b>	T2	
<b>NUVARING</b>	T3	
<b>OCELLA</b>	T2	
<b>ORSYTHIA</b>	T2	
<b>ORTHO MICRONOR</b>	T4	
<b>ORTHO TRI-CYCLEN LO (28)</b>	T4	
<b>ORTHO-NOVUM 1/35 (28)</b>	T4	
<b>ORTHO-NOVUM 7/7/7 (28)</b>	T4	
<b>OSPHENA</b>	T4	PA; QL (31 EA per 31 days)
<b>PIMTREA (28)</b>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PIRMELLA ORAL TABLET 1-35 MG-MCG</b>	T2	
<b>PORTIA 28</b>	T2	
<b>PREFEST</b>	T4	
<b>PREMARIN ORAL</b>	T4	
<b>PREMARIN VAGINAL</b>	T3	
<b>PREMPHASE</b>	T4	
<b>PREMPRO</b>	T4	
<b>PREVIFEM</b>	T2	
<i>progesterone micronized</i>	T2	
<b>PROMETRIUM</b>	T4	
<b>PROVERA</b>	T4	
<b>QUARTETTE</b>	T4	
<b>RECLIPSEN (28)</b>	T2	
<b>RIVELSA</b>	T2	
<b>SAFYRAL</b>	T4	
<b>SEASONIQUE</b>	T4	
<b>SETLAKIN</b>	T2	
<b>SHAROBEL</b>	T2	
<b>SPRINTEC (28)</b>	T2	
<b>SRONYX</b>	T2	
<b>SYEDA</b>	T2	
<b>TARINA 24 FE</b>	T2	
<b>TARINA FE 1/20 (28)</b>	T2	
<i>terconazole</i>	T2	
<i>tranexamic acid oral</i>	T2	
<b>TRI-ESTARYLLA</b>	T2	
<b>TRI-LEGEST FE</b>	T2	
<b>TRI-LO-ESTARYLLA</b>	T2	
<b>TRI-LO-SPRINTEC</b>	T2	
<b>TRI-MILI</b>	T2	
<b>TRI-PREVIFEM (28)</b>	T2	
<b>TRI-SPRINTEC (28)</b>	T2	
<b>TRIVORA (28)</b>	T2	
<b>TRI-VYLIBRA</b>	T2	
<b>TRI-VYLIBRA LO</b>	T2	
<b>TYDEMY</b>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VAGIFEM</b>	T4	
<b>VANDAZOLE</b>	T3	
<b>VELIVET TRIPHASIC REGIMEN (28)</b>	T2	
<b>VIENVA</b>	T2	
<b>VIVELLE-DOT</b>	T4	
<b>VYFEMLA (28)</b>	T2	
<b>VYLIBRA</b>	T2	
<b>WYMZYA FE</b>	T2	
<b>XULANE</b>	T2	
<b>YASMIN (28)</b>	T4	
<b>YAZ (28)</b>	T4	
<b>YUVAFEM</b>	T4	
<b>ZARAH</b>	T2	
<b>ZOVIA 1/35E (28)</b>	T2	
<b>Ophthalmology</b>		
<i>acetazolamide</i>	T2	
<b>ACULAR</b>	T4	
<b>ACULAR LS</b>	T4	
<b>ACUVAIL (PF)</b>	T4	
<b>ALOCRIAL</b>	T4	
<b>ALOMIDE</b>	T3	
<b>ALPHAGAN P</b>	T3	
<b>ALREX</b>	T4	
<i>apraclonidine</i>	T2	
<i>atropine ophthalmic (eye) drops</i>	T2	
<b>AZASITE</b>	T4	
<i>azelastine ophthalmic (eye)</i>	T2	
<b>AZOPT</b>	T3	
<i>bacitracin ophthalmic (eye)</i>	T2	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	T2	
<b>BEPREVE</b>	T4	
<b>BESIVANCE</b>	T4	
<i>betaxolol ophthalmic (eye)</i>	T2	
<b>BETIMOL</b>	T4	
<b>BETOPTIC S</b>	T4	
<i>bimatoprost ophthalmic (eye)</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BLEPH-10</b>	T4	
<b>BLEPHAMIDE</b>	T3	
<b>BLEPHAMIDE S.O.P.</b>	T3	
<i>brimonidine</i>	T2	
<i>bromfenac</i>	T2	
<b>BROMSITE</b>	T4	
<i>carteolol</i>	T2	
<b>CILOXAN OPHTHALMIC (EYE) DROPS</b>	T4	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT</b>	T3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	T1	
<b>COMBIGAN</b>	T3	
<b>COSOPT</b>	T4	
<b>COSOPT (PF)</b>	T4	
<i>cromolyn ophthalmic (eye)</i>	T2	
<b>CYSTARAN</b>	T5	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	T2	
<i>diclofenac sodium ophthalmic (eye)</i>	T1	
<i>dorzolamide</i>	T2	
<i>dorzolamide-timolol</i>	T2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	T4	
<b>DUREZOL</b>	T3	
<i>epinastine</i>	T2	
<i>erythromycin ophthalmic (eye)</i>	T2	
<b>FLAREX</b>	T4	
<i>fluorometholone</i>	T2	
<i>flurbiprofen sodium</i>	T2	
<b>FML FORTE</b>	T4	
<b>FML LIQUIFILM</b>	T4	
<b>FML S.O.P.</b>	T4	
<i>gatifloxacin</i>	T2	
<b>GENTAK OPHTHALMIC (EYE) OINTMENT</b>	T2	
<i>gentamicin ophthalmic (eye) drops</i>	T1	
<b>ILEVRO</b>	T3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INVELTYS</b>	T4	
<b>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE</b>	T3	
<b>ISOPTO CARPINE</b>	T4	
<b>ISTALOL</b>	T4	
<i>ketorolac ophthalmic (eye)</i>	T2	
<b>LACRISERT</b>	T3	
<b>LASTACAFT</b>	T4	
<i>latanoprost</i>	T1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	
<i>levofloxacin ophthalmic (eye)</i>	T2	
<b>LOTEMAX</b>	T4	
<b>LOTEMAX SM</b>	T4	
<i>loteprednol etabonate</i>	T4	
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	T3	QL (5 ML per 31 days)
<b>MAXIDEX</b>	T4	
<b>MAXITROL</b>	T4	
<i>methazolamide</i>	T2	
<b>MOXEZA</b>	T4	
<i>moxifloxacin ophthalmic (eye)</i>	T4	
<b>NATACYN</b>	T3	
<i>neomycin-bacitracin-poly-hc</i>	T2	
<i>neomycin-bacitracin-polymyxin</i>	T2	
<i>neomycin-polymyxin b-dexameth</i>	T2	
<i>neomycin-polymyxin-gramicidin</i>	T2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	T2	
<b>NEVANAC</b>	T4	
<b>OCUFLOX</b>	T4	
<i>ofloxacin ophthalmic (eye)</i>	T2	
<i>olopatadine ophthalmic (eye)</i>	T3	
<b>OMNIPRED</b>	T4	
<b>OXERVATE</b>	T5	PA; QL (112 ML per 56 days)
<b>PATADAY</b>	T4	
<b>PATANOL</b>	T4	
<b>PAZEO</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PHOSPHOLINE IODIDE</b>	T3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T2	
<i>polymyxin b sulf-trimethoprim</i>	T2	
<b>POLYTRIM</b>	T4	
<b>PRED FORTE</b>	T4	
<b>PRED MILD</b>	T4	
<b>PRED-G</b>	T4	
<b>PRED-G S.O.P.</b>	T4	
<i>prednisolone acetate</i>	T3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	T2	
<b>PROLENSA</b>	T4	
<b>RESTASIS</b>	T3	QL (60 EA per 30 days)
<b>RHOPRESSA</b>	T4	ST
<b>ROCKLATAN</b>	T4	ST
<b>SIMBRINZA</b>	T3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	T2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	T1	
<i>sulfacetamide-prednisolone</i>	T2	
<i>timolol maleate ophthalmic (eye) drops</i>	T1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	T2	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	T2	
<b>TIMOPTIC OCUDOSE (PF)</b>	T3	
<b>TIMOPTIC-XE</b>	T4	
<b>TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	T4	
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT</b>	T3	
<b>TOBRADEX ST</b>	T3	
<i>tobramycin</i>	T1	
<i>tobramycin-dexamethasone</i>	T2	
<b>TOBEX OPHTHALMIC (EYE) DROPS</b>	T4	
<b>TOBEX OPHTHALMIC (EYE) OINTMENT</b>	T3	
<b>TRAVATAN Z</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluridine</i>	T2	
<b>TRUSOPT</b>	T4	
<b>VIGAMOX</b>	T4	
<b>VYZULTA</b>	T4	QL (5 ML per 31 days)
<b>XALATAN</b>	T4	
<b>XELPROS</b>	T4	
<b>XIIDRA</b>	T4	QL (60 EA per 30 days)
<b>ZIOPTAN (PF)</b>	T4	
<b>ZIRGAN</b>	T4	
<b>ZYLET</b>	T4	
<b>ZYMAXID</b>	T3	
<b>Respiratory And Allergy</b>		
<b>ACCOLATE</b>	T4	
<i>acetylcysteine</i>	T2	PA-BvD
<b>ADCIRCA</b>	T5	PA; QL (62 EA per 31 days)
<b>ADEMPAS</b>	T5	PA; QL (93 EA per 31 days)
<b>ADVAIR DISKUS</b>	T4	QL (60 EA per 30 days)
<b>ADVAIR HFA</b>	T4	QL (12 GM per 30 days)
<b>AIRDUO RESPICLICK</b>	T4	QL (1 EA per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	T4	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	T4	QL (13.4 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	T4	QL (36 GM 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 %), 2.5 mg/0.5 ml</i>	T2	PA-BvD
<i>albuterol sulfate oral syrup</i>	T1	
<i>albuterol sulfate oral tablet</i>	T1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	T2	
<b>ALVESCO</b>	T4	QL (12.2 GM per 30 days)
<b>ALYQ</b>	T5	PA; QL (62 EA per 31 days)
<i>ambrisentan</i>	T5	PA; QL (31 EA per 31 days)
<b>ANORO ELLIPTA</b>	T3	QL (60 EA per 30 days)
<b>ARCAPTA NEOHALER</b>	T4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ARNUITY ELLIPTA</b>	T4	QL (30 EA per 30 days)
<b>ASMANEX HFA</b>	T3	QL (13 GM per 30 days)
<b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (60)</b>	T3	QL (1 EA per 30 days)
<b>ATROVENT HFA</b>	T3	QL (25.8 GM per 30 days)
<b>AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML</b>	T4	ST
<b>AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML</b>	T5	ST
<b>BECONASE AQ</b>	T4	
<b>BERINERT INTRAVENOUS KIT</b>	T5	PA
<b>BEVESPI AEROSPHERE</b>	T4	QL (10.7 GM per 30 days)
<i>bosentan</i>	T5	PA; QL (62 EA per 31 days)
<b>BREO ELLIPTA</b>	T3	QL (60 EA per 30 days)
<b>BROVANA</b>	T3	PA-BvD
<i>budesonide inhalation</i>	T2	PA-BvD
<i>carbinoxamine maleate oral liquid</i>	T4	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	T4	PA
<i>cetirizine oral solution 1 mg/ml</i>	T2	QL (310 ML per 31 days)
<b>CINRYZE</b>	T5	PA; QL (20 EA per 28 days)
<b>CLARINEX ORAL SYRUP</b>	T4	QL (310 ML per 31 days)
<b>CLARINEX ORAL TABLET</b>	T4	QL (31 EA per 31 days)
<b>CLARINEX-D 12 HOUR</b>	T4	
<i>clemastine oral tablet 2.68 mg</i>	T2	
<b>COMBIVENT RESPIMAT</b>	T3	QL (4 GM per 30 days)
<i>cromolyn inhalation</i>	T2	PA-BvD
<i>cyproheptadine</i>	T2	PA
<b>DALIRESP ORAL TABLET 250 MCG</b>	T4	QL (31 EA per 31 days)
<b>DALIRESP ORAL TABLET 500 MCG</b>	T3	QL (31 EA per 31 days)
<i>desloratadine</i>	T2	QL (31 EA per 31 days)
<i>dexchlorpheniramine maleate oral solution</i>	T2	
<b>DULERA</b>	T4	QL (13 GM per 30 days)
<b>DYMISTA</b>	T4	
<i>epinephrine injection auto-injector</i>	T3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>EPIPEN 2-PAK</b>	T4	
<b>EPIPEN JR 2-PAK</b>	T4	
<b>ESBRIET ORAL CAPSULE</b>	T5	PA; QL (279 EA per 31 days)
<b>ESBRIET ORAL TABLET 267 MG</b>	T5	PA; QL (279 EA per 31 days)
<b>ESBRIET ORAL TABLET 801 MG</b>	T5	PA; QL (93 EA per 31 days)
<b>FASENRA</b>	T5	PA
<b>FIRAZYR</b>	T5	PA; QL (18 ML per 30 days)
<b>FLOVENT DISKUS</b>	T3	QL (60 EA per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION</b>	T3	QL (24 GM per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION</b>	T3	QL (12 GM per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	T2	QL (50 ML per 25 days)
<i>fluticasone propionate nasal</i>	T2	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	T3	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	T3	QL (60 EA per 30 days)
<b>HAEGARDA</b>	T5	PA
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T2	PA
<i>hydroxyzine hcl oral tablet</i>	T2	PA
<i>hydroxyzine pamoate</i>	T2	PA
<b>INCRUSE ELLIPTA</b>	T3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation</i>	T1	PA-BvD
<i>ipratropium-albuterol</i>	T2	PA-BvD
<b>KALYDECO ORAL GRANULES IN PACKET 25 MG</b>	T5	PA; QL (62 EA per 31 days)
<b>KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>KALYDECO ORAL TABLET</b>	T5	PA; QL (62 EA per 31 days)
<b>LETAIRIS</b>	T5	PA; QL (31 EA per 31 days)
<i>levalbuterol hcl</i>	T2	PA-BvD
<i>levalbuterol tartrate</i>	T4	QL (30 GM per 30 days)
<i>levocetirizine oral solution</i>	T2	QL (310 ML per 31 days)
<i>levocetirizine oral tablet</i>	T2	QL (31 EA per 31 days)
<b>LONHALA MAGNAIR REFILL</b>	T4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metaproterenol</i>	T2	
<i>mometasone nasal</i>	T3	QL (34 GM per 30 days)
<i>montelukast oral granules in packet</i>	T2	QL (31 EA per 31 days)
<i>montelukast oral tablet</i>	T3	QL (31 EA per 31 days)
<i>montelukast oral tablet,chewable</i>	T2	QL (31 EA per 31 days)
<b>NASONEX</b>	T4	QL (34 GM per 30 days)
<b>NUCALA</b>	T5	PA
<b>OFEV</b>	T5	PA; QL (62 EA per 31 days)
<b>OMNARIS</b>	T4	
<b>OPSUMIT</b>	T5	PA; QL (31 EA per 31 days)
<b>ORKAMBI ORAL GRANULES IN PACKET</b>	T5	PA; QL (62 EA per 31 days)
<b>ORKAMBI ORAL TABLET</b>	T5	PA; QL (124 EA per 31 days)
<b>PERFOROMIST</b>	T4	PA-BvD
<b>PHENADOZ RECTAL SUPPOSITORY 12.5 MG</b>	T2	
<b>PROAIR HFA</b>	T3	QL (17 GM per 30 days)
<b>PROAIR RESPICLICK</b>	T3	QL (2 EA per 30 days)
<i>promethazine oral</i>	T2	PA
<i>promethazine rectal</i>	T2	
<b>PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG</b>	T2	
<b>PROVENTIL HFA</b>	T4	QL (13.4 GM per 30 days)
<b>PULMICORT</b>	T4	PA-BvD
<b>PULMICORT FLEXHALER</b>	T4	QL (1 EA per 30 days)
<b>PULMOZYME</b>	T5	PA
<b>QNASL</b>	T4	
<b>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION</b>	T3	QL (10.6 GM per 30 days)
<b>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION</b>	T3	QL (21.2 GM per 30 days)
<b>REVATIO ORAL SUSPENSION FOR RECONSTITUTION</b>	T5	PA; QL (224 ML per 31 days)
<b>REVATIO ORAL TABLET</b>	T5	PA; QL (93 EA per 31 days)
<b>RUCONEST</b>	T5	PA
<b>RYCLORA</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RYVENT</b>	T4	
<b>SEEBRI NEOHALER</b>	T4	QL (60 EA per 30 days)
<b>SEMPREX-D</b>	T4	
<b>SEREVENT DISKUS</b>	T3	QL (60 EA per 30 days)
<i>sildenafil (antihypertensive) oral suspension for reconstitution</i>	T5	PA; QL (224 ML per 31 days)
<i>sildenafil (antihypertensive) oral tablet</i>	T3	PA; QL (93 EA per 31 days)
<b>SINGULAIR</b>	T4	QL (31 EA per 31 days)
<b>SPIRIVA RESPIMAT</b>	T3	QL (4 GM per 30 days)
<b>SPIRIVA WITH HANDIHALER</b>	T3	QL (30 EA per 30 days)
<b>STIOLTO RESPIMAT</b>	T3	QL (4 GM per 30 days)
<b>STRIVERDI RESPIMAT</b>	T4	QL (4 GM per 30 days)
<b>SYMBICORT</b>	T3	QL (10.2 GM per 30 days)
<b>SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)</b>	T5	PA; QL (56 EA per 28 days)
<i>tadalafil (antihypertensive)</i>	T5	PA; QL (62 EA per 31 days)
<b>TAKHZYRO</b>	T5	PA; QL (4 ML per 28 days)
<i>terbutaline oral</i>	T2	
<b>THEO-24</b>	T4	
<i>theophylline oral solution</i>	T2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	T2	
<i>theophylline oral tablet extended release 24 hr</i>	T2	
<b>TRACLEER ORAL TABLET</b>	T5	PA; QL (62 EA per 31 days)
<b>TRACLEER ORAL TABLET FOR SUSPENSION</b>	T5	PA; QL (124 EA per 31 days)
<b>TRELEGY ELLIPTA</b>	T3	QL (60 EA per 30 days)
<b>TUDORZA PRESSAIR</b>	T4	QL (1 EA per 30 days)
<b>UTIBRON NEOHALER</b>	T4	QL (60 EA per 30 days)
<b>VENTAVIS</b>	T5	PA
<b>VENTOLIN HFA</b>	T3	QL (36 GM per 30 days)
<b>VISTARIL</b>	T4	PA
<b>WIXELA INHUB</b>	T3	QL (60 EA per 30 days)
<b>XHANCE</b>	T4	QL (32 ML per 30 days)
<b>XOLAIR</b>	T5	PA
<b>XOPENEX</b>	T4	PA-BvD
<b>XOPENEX CONCENTRATE</b>	T4	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>XOPENEX HFA</b>	T4	QL (30 GM per 30 days)
<b>YUPELRI</b>	T4	PA-BvD
<i>zafirlukast</i>	T2	
<b>ZETONNA</b>	T4	
<i>zileuton</i>	T5	PA
<b>ZYFLO</b>	T4	PA
<b>ZYFLO CR</b>	T5	PA
<b>Urologicals</b>		
<i>alfuzosin</i>	T2	QL (31 EA per 31 days)
<b>AVODART</b>	T4	QL (31 EA per 31 days)
<i>bethanechol chloride</i>	T2	
<b>CIALIS ORAL TABLET 2.5 MG</b>	T4	PA; QL (62 EA per 31 days)
<b>CIALIS ORAL TABLET 5 MG</b>	T4	PA; QL (31 EA per 31 days)
<b>CYSTAGON</b>	T3	
<i>darifenacin</i>	T3	QL (31 EA per 31 days)
<b>DETROL LA</b>	T4	QL (31 EA per 31 days)
<b>DETROL ORAL TABLET 1 MG</b>	T4	QL (31 EA per 31 days)
<b>DETROL ORAL TABLET 2 MG</b>	T4	QL (62 EA per 31 days)
<b>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG</b>	T4	QL (93 EA per 31 days)
<b>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG</b>	T4	QL (155 EA per 31 days)
<i>dutasteride</i>	T3	QL (31 EA per 31 days)
<i>dutasteride-tamsulosin</i>	T3	QL (31 EA per 31 days)
<b>ELMIRON</b>	T4	
<b>ENABLEX</b>	T4	QL (31 EA per 31 days)
<i>finasteride oral tablet 5 mg</i>	T2	
<i>flavoxate</i>	T2	
<b>FLOMAX</b>	T4	
<b>GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)</b>	T4	QL (30 GM per 30 days)
<b>JALYN</b>	T4	QL (31 EA per 31 days)
<b>MYRBETRIQ</b>	T3	QL (31 EA per 31 days)
<i>oxybutynin chloride oral syrup</i>	T2	
<i>oxybutynin chloride oral tablet</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	T3	QL (31 EA per 31 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	T3	QL (62 EA per 31 days)
<b>OXYTROL</b>	T4	QL (8 EA per 28 days)
<i>potassium citrate</i>	T2	
<b>PROSCAR</b>	T4	
<b>RAPAFLO</b>	T4	
<i>silodosin</i>	T4	
<i>solifenacin</i>	T3	QL (31 EA per 31 days)
<i>tadalafil oral tablet 2.5 mg</i>	T4	PA; QL (62 EA per 31 days)
<i>tadalafil oral tablet 5 mg</i>	T4	PA; QL (31 EA per 31 days)
<i>tamsulosin</i>	T1	
<i>tolterodine oral capsule, extended release 24hr</i>	T3	QL (31 EA per 31 days)
<i>tolterodine oral tablet</i>	T3	QL (62 EA per 31 days)
<b>TOVIAZ</b>	T3	QL (31 EA per 31 days)
<i>trospium oral capsule, extended release 24hr</i>	T2	QL (31 EA per 31 days)
<i>trospium oral tablet</i>	T2	QL (93 EA per 31 days)
<b>URECHOLINE</b>	T4	
<b>UROCIT-K 10</b>	T4	
<b>UROCIT-K 15</b>	T4	
<b>UROCIT-K 5</b>	T4	
<b>UROXATRAL</b>	T4	QL (31 EA per 31 days)
<b>VESICARE</b>	T4	QL (31 EA per 31 days)
<b>Vitamins, Hematinics / Electrolytes</b>		
<b>AMINOSYN II 10 %</b>	T4	PA-BvD
<b>AMINOSYN II 15 %</b>	T4	PA-BvD
<b>AMINOSYN-PF 10 %</b>	T3	PA-BvD
<b>AMINOSYN-PF 7 % (SULFITE-FREE)</b>	T3	PA-BvD
<i>calcium acetate oral capsule</i>	T2	
<i>calcium acetate oral tablet 667 mg</i>	T2	
<b>CLINIMIX 5%/D15W SULFITE FREE</b>	T3	PA-BvD
<b>CLINIMIX 4.25%/D10W SULF FREE</b>	T3	PA-BvD
<b>CLINIMIX 5%-D20W(SULFITE-FREE)</b>	T3	PA-BvD
<b>CLINIMIX E 4.25%/D10W SUL FREE</b>	T4	PA-BvD
<b>CLINIMIX E 4.25%/D5W SULF FREE</b>	T4	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CLINIMIX E 5%/D15W SULFIT FREE</b>	T4	PA-BvD
<b>CLINIMIX E 5%/D20W SULFIT FREE</b>	T4	PA-BvD
<b>CLINISOL SF 15 %</b>	T4	PA-BvD
<i>fluoride (sodium) oral tablet</i>	T2	
<b>FREAMINE HBC 6.9 %</b>	T4	PA-BvD
<b>HEPATAMINE 8%</b>	T3	PA-BvD
<b>INTRALIPID INTRAVENOUS EMULSION 20 %</b>	T2	PA-BvD
<b>INTRALIPID INTRAVENOUS EMULSION 30 %</b>	T4	PA-BvD
<b>IONOSOL-MB IN D5W</b>	T4	PA-BvD
<b>ISOLYTE-P IN 5 % DEXTROSE</b>	T3	PA-BvD
<b>ISOLYTE-S</b>	T3	PA-BvD
<b>KLOR-CON</b>	T2	
<b>KLOR-CON 10</b>	T2	
<b>KLOR-CON 8</b>	T2	
<b>KLOR-CON M10</b>	T2	
<b>KLOR-CON M15</b>	T2	
<b>KLOR-CON M20</b>	T2	
<b>KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ</b>	T2	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ</b>	T4	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	T1	
<i>magnesium sulfate injection</i>	T2	
<b>NEPHRAMINE 5.4 %</b>	T3	PA-BvD
<b>NORMOSOL-M IN 5 % DEXTROSE</b>	T4	PA-BvD
<b>NORMOSOL-R IN 5 % DEXTROSE</b>	T4	PA-BvD
<b>NORMOSOL-R PH 7.4</b>	T4	PA-BvD
<b>NUTRILIPID</b>	T4	PA-BvD
<b>PHOSLYRA</b>	T4	
<b>PLASMA-LYTE 148</b>	T4	PA-BvD
<b>PLASMA-LYTE A</b>	T4	PA-BvD
<b>PLENAMINE</b>	T2	PA-BvD
<i>potassium chlorid-d5-0.45%nacl</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11 of this booklet.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	T2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	T2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	T2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	T2	
<i>potassium chloride intravenous</i>	T2	
<i>potassium chloride oral capsule, extended release</i>	T1	
<i>potassium chloride oral liquid</i>	T2	
<i>potassium chloride oral tablet extended release</i>	T1	
<i>potassium chloride oral tablet,er particles/crystals</i>	T1	
<i>potassium chloride-0.45 % nacl</i>	T2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	T2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	T2	
<i>potassium chloride-d5-0.9%nacl</i>	T2	
<b>PREMASOL 10 %</b>	T2	PA-BvD
<b>PREMASOL 6 %</b>	T3	PA-BvD
<b>PRENATAL VITAMIN PLUS LOW IRON</b>	T2	
<b>PROCALAMINE 3%</b>	T4	PA-BvD
<b>PROSOL 20 %</b>	T4	PA-BvD
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	T2	
<i>sodium chloride 3 %</i>	T2	
<i>sodium chloride 5 %</i>	T2	
<i>sodium lactate</i>	T2	
<b>TPN ELECTROLYTES</b>	T4	
<b>TRAVASOL 10 %</b>	T3	PA-BvD
<b>TROPHAMINE 10 %</b>	T4	PA-BvD
<b>TROPHAMINE 6%</b>	T3	PA-BvD

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UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-844-679-6930.

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le 1-844-679-6930.

ប្រការចង្អុំ: បើលកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូនលកអ្នក ដោយឥតគិតថ្លៃ។ ការហៅ 1-844-679-6930 ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-844-679-6930.

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-844-679-6930.

注: 日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。1-844-679-6930 を呼び出します。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماس با شماره 1-844-679-6930 موجود است.

BAA ÁKONÍNÍZIN: Diné k'ehgo yáníłti'go, language assistance services, éí t'áá níík'eh, bee níká a'doowoł, éí bee ná'ahóót'i'. Kojj' hodíłnih 1-844-679-6930.

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ 1-844-679-6930 پر کال کریں۔

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवा उपलब्ध है। 1-844-679-6930 पर फ़ोन करें.

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగ్యేజ్ అసెస్మెంట్ సర్వీసెస్, ఛార్జ్ లేకుండా, మీకు అందుబాటులో ఉన్నాయి. కాల్ చేయండి 1-844-679-6930.

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u.  
Bel 1-844-679-6930.

โปรดทราบ: หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณ โดยไม่มีค่าใช้จ่าย โทร 1-844-679-6930

ध्यान दिनुहोस्: यदि तपाईं [नेपाली] भाषा बोल्नुहुन्छ भने, तपाईंका लागि भाषा सहायता सेवाहरू निःशुल्क उपलब्ध हुन्छन्। 1-844-679-6930 मा फोन गर्नुहोस्।

This formulary was updated on 9/4/2019. For more recent information or other questions, please contact Freedom Blue PPO (PA) Customer Service at 1-800-550-8722, Freedom Blue PPO (WV) Customer Service at 1-888-459-4020, Security Blue HMO-POS Customer Service at 1-800-935-2583, Community Blue Medicare HMO Customer Service at 1-888-234-5397, Community Blue Medicare PPO Customer Service at 1-888-757-2946, Community Blue Medicare Plus PPO Customer Service at 1-888-757-2946, or Blue Rx PDP Customer Service at 1-800-290-3914, or for TTY users, 711 National Relay Service, Monday through Sunday, 8:00 a.m. to 8:00 p.m., or visit [www.highmarkblueshield.com/medicare](http://www.highmarkblueshield.com/medicare).

The Formulary may change at any time. You will receive notice when necessary.

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