

2019

# Comprehensive Formulary (List of Covered Drugs)

**PLEASE READ:** This document contains information about the drugs we cover in these plans.



**Gateway Health Medicare Assured Diamond<sup>SM</sup> (HMO SNP)**

**Gateway Health Medicare Assured Ruby<sup>SM</sup> (HMO SNP)**

This formulary is current as of December 1, 2019. For more recent information or other questions, please contact Gateway Health<sup>SM</sup> Member Services toll-free at:

**North Carolina: 1-855-847-6430/ TTY 711**

**Ohio: 1-888-447-4505/ TTY 711**

**Pennsylvania: 1-800-685-5209/ TTY 711**

Our business hours are 8 a.m. - 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. - 8 p.m., Monday through Friday. Or visit us at **GatewayHealthPlan.com**

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**Medicare<sup>Rx</sup>**  
Prescription Drug Coverage **X**

**Gateway Health.**  
*I'm good with Gateway.*

**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 Gateway Health<sup>SM</sup>. When it refers to “plan” or “our plan,” it means Gateway Health Medicare Assured Diamond<sup>SM</sup> and Gateway Health Medicare Assured Ruby<sup>SM</sup>.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 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, 2019, and from time to time during the year.

## **What is the Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?**

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

## **Can the Formulary (drug list) change?**

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

- **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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Gateway

## Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby 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 30-day supply of the drug.

The enclosed formulary is current as of December 1, 2019. To get updated information about the drugs covered by Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby, please contact us. Our contact information appears on the front and back cover pages. In the event we make changes to our formulary throughout the year, a Formulary Update Notice will be provided detailing date of change, drug affected, description and reason for change.

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

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

#### **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 77. 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?**

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby may not cover the drug.
- **Quantity Limits:** For certain drugs, Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby limits the amount of the drug that we will cover. For example, we provide 60 tablets per prescription for a 30 day supply of metformin 1000 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization restriction and step therapy restriction. 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 Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby 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 Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby formulary?" on page iv for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Gateway Health Medicare Assured Diamond or Gateway Health Medicare Assured Ruby.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?**

You can ask Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

### **For more information**

For more detailed information about your Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

### **Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary**

The formulary that begins on page 3 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in this list, turn to the Index that begins on page 77.

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

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

<b>Plan Name</b>	<b>Drug Tier</b>	<b>Member Cost Share</b>
<b>Gateway Health Medicare Assured Diamond</b>	Tier 1 – Preferred Generic Drugs	All drugs – \$0.00
	Tier 2 – Generic Drugs	All drugs – \$0.00, \$1.25, or \$3.40
	Tier 3 – Preferred Brand Drugs	Generic drugs – \$0.00, \$1.25, or \$3.40 Brand drugs – \$0.00, \$3.80, or \$8.50
	Tier 4 – Non-Preferred Drugs	Generic drugs – \$0.00, \$1.25, or \$3.40 Brand drugs – \$0.00, \$3.80, or \$8.50
	Tier 5 – Specialty Tier Drugs	Generic drugs – \$0.00, \$1.25, or \$3.40 Brand drugs – \$0.00, \$3.80, or \$8.50
<b>Gateway Health Medicare Assured Ruby</b>	Tier 1 – Preferred Generic Drugs	All drugs – \$0.00
	Tier 2 – Generic Drugs	All drugs – \$0.00, \$1.25, \$3.40, or 15% of the cost
	Tier 3 – Preferred Brand Drugs	Generic drugs – \$0.00, \$1.25, \$3.40, or 15% of the cost Brand drugs – \$0.00, \$3.80, \$8.50, or 15% of the cost
	Tier 4 – Non-Preferred Drugs	Generic drugs – \$0.00, \$1.25, \$3.40, or 15% of the cost Brand drugs – \$0.00, \$3.80, \$8.50, or 15% of the cost
	Tier 5 – Specialty Tier Drugs	Generic drugs – \$0.00, \$1.25, \$3.40, or 15% of the cost Brand drugs – \$0.00, \$3.80, \$8.50, or 15% of the cost

## **Drug Table Notes**

The following table lists the notes as they appear in the formulary.

**Italics** = Generic drugs

**UPPERCASE** = Brand name drugs

### **Drug Tier**

**1**= Preferred Generic

**2**= Generic

**3**= Preferred Brand

**4**= Non-Preferred Drug

**5**= Specialty Tier

**\*** = Not available at mail-order.

**30DS** = For certain kinds of drugs, you may only fill up to a 30 day supply.

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

**PA** = Prior Authorization

**ST** = Step Therapy



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**CURRENT AS OF 12/1/2019**

**Requirements/Limits**

\* = For certain kinds of drugs, you can use the plan's network mail-order services. The drugs that are not available through the plan's mail-order service are marked with an asterisk in our drug list.

**30DS** = For certain kinds of drugs, you may only fill up to a 30 Day Supply

**B/D** = This drug may be covered under Medicare Part B or D

**PA** = Prior Authorization

**PA (NS)** = Prior Authorization for New Starts Only

**QL** = Quantity Limit

**ST** = Step Therapy

**Drug Tier**

**1** = Preferred Generic

**2** = Generic

**3** = Preferred Brand

**4** = Non-Preferred Drug

**5** = Specialty Tier

*italics* = Generic drugs

**UPPERCASE** = Brand name drugs

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antihistamine Drugs</b>		
<b>Antihistamine Drugs</b>		
<i>Cetirizine HCl Oral Solution 1 MG/ML</i>	2	
<i>Cyproheptadine HCl Oral</i>	2	PA
<i>Levocetirizine Dihydrochloride Oral</i>	2	
<i>Promethazine HCl Oral Syrup</i>	2	PA
<i>Promethazine HCl Oral Tablet</i>	2	PA
<b>Anti-Infective Agents</b>		
<b>Aminoglycosides</b>		
<i>Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML</i>	2	
<i>Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i>	2	
<i>Gentamicin Sulfate Injection</i>	2	
<i>Neomycin Sulfate Oral</i>	2	
<i>Paromomycin Sulfate Oral</i>	4	
<i>Tobramycin Inhalation</i>	5	B/D; *; 30DS; *Not available at mail-order
<i>Tobramycin Sulfate Injection</i>	2	
<b>Anthelmintics</b>		
<i>Albendazole Oral</i>	2	
<b>ALBENZA</b>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BILTRICIDE	3	
<i>Praziquantel Oral</i>	2	
<b>Antibacterials, Miscellaneous</b>		
<i>Clindamycin HCl Oral</i>	1	
<i>Clindamycin Palmitate HCl</i>	2	
<i>Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	2	
<i>Clindamycin Phosphate Intravenous Solution 600 MG/4ML</i>	2	
<i>Colistimethate Sodium (CBA)</i>	2	
<i>Dapsone Oral</i>	3	
<i>DAPTOmycin</i>	5	30DS
<i>Ertapenem Sodium</i>	3	
<i>Linezolid in Sodium Chloride</i>	5	PA; 30DS
<i>Linezolid Intravenous Solution 600 MG/300ML</i>	5	PA; 30DS
<i>Linezolid Oral Suspension Reconstituted</i>	5	PA; 30DS
<i>Linezolid Oral Tablet</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>Vancomycin HCl Intravenous Solution 1000 MG/200ML, 1500 MG/300ML, 1750 MG/17.5ML, 2000 MG/400ML</i>	2	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1 GM, 1.25 GM, 1.5 GM, 10 GM, 1000 MG, 250 MG, 500 MG, 750 MG</i>	2	
<i>Vancomycin HCl Oral Capsule 125 MG</i>	4	
<i>Vancomycin HCl Oral Capsule 250 MG</i>	5	30DS
<b>Antifungals</b>		
ABELCET	5	B/D; 30DS
AMBISOME	5	B/D; 30DS
<i>Amphotericin B Injection</i>	2	B/D
<i>Amphotericin B Intravenous</i>	2	B/D
<i>Caspofungin Acetate</i>	5	30DS
<i>Fluconazole in Dextrose</i>	2	
<i>Fluconazole in Sodium Chloride Intravenous Solution 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%</i>	2	
<i>Fluconazole Oral</i>	1	
<i>Flucytosine Oral</i>	5	30DS
<i>Griseofulvin Microsize Oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Griseofulvin Ultramicrosize</i>	2	
<i>Itraconazole Oral</i>	2	
<i>Ketoconazole Oral</i>	2	
NOXAFIL ORAL SUSPENSION	5	PA; 30DS; QL (630 ML per 30 days)
<i>Nystatin Mouth/Throat</i>	2	
<i>Nystatin Oral Tablet</i>	1	
SPORANOX ORAL SOLUTION	3	
<i>Terbinafine HCl Oral</i>	1	QL (30 EA per 30 days)
<i>Voriconazole Intravenous</i>	2	
<i>Voriconazole Oral</i>	5	30DS
<b>Antimalarials</b>		
<i>Atovaquone Oral</i>	5	30DS
<i>Atovaquone-Proguanil HCl Oral Tablet 250-100 MG</i>	2	
<i>Atovaquone-Proguanil HCl Oral Tablet 62.5-25 MG</i>	1	
<i>Chloroquine Phosphate Oral</i>	2	
DARAPRIM	3	
<i>Hydroxychloroquine Sulfate Oral</i>	2	
<i>Mefloquine HCl</i>	2	
<i>Primaquine Phosphate Oral</i>	2	
<i>QuiNINE Sulfate Oral</i>	2	
<b>Antiprotozoals, Miscellaneous</b>		
ALINIA	5	30DS
<i>MetroNIDAZOLE in NaCl Intravenous Solution 500-0.79 MG/100ML-%</i>	2	
<i>metroNIDAZOLE Intravenous</i>	2	
<i>MetroNIDAZOLE Oral Tablet</i>	1	
NEBUPENT	3	B/D
PENTAM	4	
<i>Pentamidine Isethionate</i>	4	
<b>Antiretrovirals</b>		
<i>Abacavir Sulfate</i>	2	
<i>Abacavir Sulfate-Lamivudine</i>	2	
<i>Abacavir-Lamivudine-Zidovudine</i>	5	30DS
APTIVUS	5	30DS
<i>Atazanavir Sulfate</i>	5	30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATRIPLA	5	30DS
BIKTARVY	5	30DS
CIMDUO	5	30DS
COMPLERA	5	30DS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DELSTRIGO	5	30DS
DESCOVY	5	30DS
<i>Didanosine Oral Capsule Delayed Release 200 MG, 250 MG, 400 MG</i>	2	
DOVATO	5	30DS
EDURANT	5	30DS
<i>Efavirenz</i>	2	
EMTRIVA	3	
EPIVIR HBV ORAL SOLUTION	3	
EVOTAZ	5	30DS; QL (30 EA per 30 days)
<i>Fosamprenavir Calcium</i>	5	30DS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	*; 30DS; *Not available at mail-order
GENVOYA	5	30DS
INTELENCE ORAL TABLET 100 MG	5	30DS; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	30DS; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
INVIRASE	5	30DS
ISENTRESS HD	3	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	5	30DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	30DS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA	5	30DS
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	30DS
<i>LamiVUDine</i>	2	
<i>Lamivudine-Zidovudine</i>	2	
LEXIVA ORAL SUSPENSION	3	
<i>Lopinavir-Ritonavir</i>	2	
<i>Nevirapine</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Nevirapine ER</i>	2	
NORVIR	3	
ODEFSEY	5	30DS
PIFELTRO	5	30DS
PREZCOBIX	5	30DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	30DS; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	30DS; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	30DS; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	30DS; QL (30 EA per 30 days)
RESCRIPTOR	3	
REYATAZ ORAL PACKET	5	30DS
<i>Ritonavir</i>	2	
SELZENTRY ORAL SOLUTION	3	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	30DS; QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	30DS; QL (120 EA per 30 days)
<i>Stavudine Oral Capsule</i>	2	
STRIBILD	5	30DS
SYMFI	3	30DS
SYMFI LO	3	
SYMTUZA	5	*; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Tenofovir Disoproxil Fumarate</i>	2	
TIVICAY ORAL TABLET 10 MG	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	30DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	30DS; QL (60 EA per 30 days)
TRIUMEQ	5	30DS
TRUVADA	5	30DS
VIDEX	3	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	
VIRACEPT ORAL TABLET	5	30DS
VIRAMUNE ORAL SUSPENSION	4	
VIREAD ORAL POWDER	5	30DS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	30DS
ZERIT ORAL SOLUTION RECONSTITUTED	5	30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Zidovudine</i>	2	
<b>Antituberculosis Agents</b>		
<i>Ethambutol HCl Oral</i>	2	
<i>Isoniazid Oral</i>	1	
PASER	3	
PRIFTIN	4	
<i>Pyrazinamide Oral</i>	2	
<i>Rifabutin</i>	1	
RIFAMATE	3	
<i>Rifampin Intravenous</i>	2	
<i>Rifampin Oral</i>	2	
RIFATER	4	
TRECTOR	3	
<b>Antivirals</b>		
<i>Acyclovir Oral</i>	2	
<i>Acyclovir Sodium Intravenous Solution</i>	2	B/D
<i>Adefovir Dipivoxil</i>	5	30DS; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	5	PA (NS); 30DS; QL (600 ML per 30 days)
<i>Entecavir</i>	5	PA (NS); 30DS; QL (30 EA per 30 days)
EPCLUSA	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
<i>Famciclovir Oral</i>	2	
HARVONI ORAL TABLET 90-400 MG	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	4	*; *Not available at mail-order
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	*; 30DS; *Not available at mail-order
INTRON A INJECTION SOLUTION RECONSTITUTED	5	*; 30DS; *Not available at mail-order
MAVYRET	5	PA; *; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
MODERIBA 1200 DOSE PACK	2	*; *Not available at mail-order
MODERIBA 800 DOSE PACK	2	*; *Not available at mail-order
MODERIBA ORAL TABLET 200 MG	2	*; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MODERIBA ORAL TABLET THERAPY PACK	2	*; Not available at mail-order
<i>Oseltamivir Phosphate Oral Capsule 30 MG</i>	3	QL (84 EA per 180 days)
<i>Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG</i>	3	QL (42 EA per 180 days)
<i>Oseltamivir Phosphate Oral Suspension Reconstituted</i>	3	QL (525 ML per 180 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA; *; 30DS; *Not available at mail-order
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; *; 30DS; *Not available at mail-order
RELENZA DISKHALER	3	
RIBASPHERE ORAL CAPSULE	2	*; *Not available at mail-order
RIBASPHERE ORAL TABLET 200 MG	2	*; *Not available at mail-order
RIBASPHERE ORAL TABLET 400 MG, 600 MG	5	*; 30DS; *Not available at mail-order
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	5	*; 30DS; *Not available at mail-order
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG	5	*; 30DS; *Not available at mail-order
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 400 & 600 MG	5	*; 30DS; Not available at mail-order
<i>Ribavirin Oral Capsule</i>	2	*; *Not available at mail-order
<i>Ribavirin Oral Tablet 200 MG</i>	2	*; *Not available at mail-order
<i>Rimantadine HCl</i>	2	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	PA; *; 30DS; *Not available at mail-order
<i>valACYclovir HCl Oral</i>	2	
<i>ValGANciclovir HCl</i>	5	30DS
VOSEVI	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
ZEPATIER	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<b>Cephalosporins</b>		
<i>Cefaclor ER</i>	2	
<i>Cefaclor Oral Capsule</i>	2	
<i>Cefadroxil Oral Capsule</i>	2	
<i>Cefadroxil Oral Suspension Reconstituted 250 MG/5ML</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Cefadroxil Oral Suspension Reconstituted 500 MG/5ML</i>	3	
<i>Cefadroxil Oral Tablet</i>	2	
<i>CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 20 GM, 500 MG</i>	2	
<i>CeFAZolin Sodium Intravenous Solution Reconstituted</i>	2	
<i>CeFAZolin Sodium-Dextrose Intravenous Solution 1-4 GM/50ML-%</i>	2	
<i>CeFAZolin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML)</i>	2	
<i>Cefdinir</i>	2	
<i>Cefepime HCl</i>	2	
<i>Cefepime-Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)</i>	2	
<i>Cefixime Oral Suspension Reconstituted</i>	2	
<i>Cefpodoxime Proxetil</i>	2	
<i>Cefprozil</i>	2	
<i>CefTAZidime and Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)</i>	2	
<i>CefTAZidime Injection Solution Reconstituted 1 GM, 2 GM, 6 GM</i>	2	
<i>CefTRIAxone Sodium in Dextrose</i>	2	
<i>CefTRIAxone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG</i>	2	
<i>CefTRIAxone Sodium Intravenous</i>	2	
<i>Cefuroxime Axetil Oral Tablet</i>	2	
<i>Cefuroxime Sodium Injection Solution Reconstituted 7.5 GM, 750 MG</i>	2	
<i>Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM</i>	2	
<i>Cephalexin Oral Capsule 250 MG, 500 MG</i>	1	
<i>Cephalexin Oral Suspension Reconstituted</i>	1	
<i>Cephalexin Oral Tablet</i>	1	
TAZICEF INJECTION	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	2	
TEFLARO	5	PA; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Macrolides</b>		
<i>Azithromycin Intravenous</i>	2	
<i>Azithromycin Oral Suspension Reconstituted</i>	2	
<i>Azithromycin Oral Tablet 250 MG, 500 MG, 600 MG</i>	2	
<i>Clarithromycin ER</i>	2	
<i>Clarithromycin Oral</i>	2	
ERY-TAB	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>Erythromycin Base Oral Tablet</i>	2	
<i>Erythromycin Base Oral Tablet Delayed Release</i>	2	
<i>Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML</i>	2	
<i>Erythromycin Ethylsuccinate Oral Tablet</i>	4	
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>Aztreonam</i>	1	
CAYSTON	5	PA; 30DS
<i>CefOXitin Sodium</i>	2	
<i>CefOXitin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)</i>	2	
<i>Imipenem-Cilastatin</i>	2	
<i>Meropenem</i>	2	
<i>Meropenem-Sodium Chloride Intravenous Solution Reconstituted 1 GM/50ML, 500 MG/50ML</i>	2	
<b>Penicillins</b>		
<i>Amoxicillin Oral Capsule</i>	1	
<i>Amoxicillin Oral Suspension Reconstituted</i>	1	
<i>Amoxicillin Oral Tablet</i>	1	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	1	
<i>Amoxicillin-Pot Clavulanate ER</i>	2	
<i>Amoxicillin-Pot Clavulanate Oral</i>	2	
<i>Ampicillin Oral Capsule 500 MG</i>	1	
<i>Ampicillin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 125 MG, 250 MG, 500 MG</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Ampicillin Sodium Intravenous Solution Reconstituted 1 GM, 10 GM</i>	2	
<i>Ampicillin-Sulbactam Sodium Injection</i>	2	
<i>Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 1.5 (1-0.5) GM, 15 (10-5) GM</i>	2	
<b>BACTOCILL IN DEXTROSE</b>	2	
<b>BICILLIN L-A</b>	4	
<i>Dicloxacillin Sodium</i>	1	
<i>Oxacillin Sodium in Dextrose</i>	2	
<i>Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	2	
<i>Oxacillin Sodium Injection Solution Reconstituted 10 GM</i>	5	30DS
<i>Penicillin G Potassium</i>	2	
<i>Penicillin V Potassium</i>	1	
<b>PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT</b>	2	
<i>Piperacillin Sod-Tazobactam So</i>	2	
<b>ZOSYN INTRAVENOUS SOLUTION</b>	4	
<b>Quinolones</b>		
<i>Ciprofloxacin HCl Oral</i>	1	
<i>Ciprofloxacin Intravenous Solution 200 MG/20ML</i>	2	
<i>Ciprofloxacin Oral</i>	1	
<i>Ciprofloxacin-Ciproflox HCl ER</i>	2	
<i>LevoFLOXacin Intravenous</i>	2	
<i>LevoFLOXacin Oral Solution</i>	2	
<i>Levofloxacin Oral Tablet</i>	1	
<i>Moxifloxacin HCl in NaCl</i>	2	
<i>Moxifloxacin HCl Intravenous</i>	2	
<i>Moxifloxacin HCl Oral</i>	2	
<i>Ofloxacin Oral Tablet 400 MG</i>	2	
<b>Sulfonamides (Systemic)</b>		
<i>SulfADIAZINE Oral</i>	2	
<i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i>	1	
<i>Sulfamethoxazole-Trimethoprim Oral Tablet</i>	1	
<i>SulfaSALAzine Oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Tetracyclines</b>		
<i>Demeclocycline HCl Oral</i>	2	
DOXY 100	2	B/D
<i>Doxycycline Hyclate Oral Capsule</i>	1	
<i>Doxycycline Hyclate Oral Tablet 100 MG, 20 MG</i>	1	
<i>Doxycycline Monohydrate Oral Capsule 100 MG, 150 MG</i>	2	
<i>Doxycycline Monohydrate Oral Capsule 50 MG, 75 MG</i>	1	
<i>Doxycycline Monohydrate Oral Suspension Reconstituted</i>	1	
<i>Doxycycline Monohydrate Oral Tablet 100 MG, 50 MG, 75 MG</i>	1	
<i>Doxycycline Monohydrate Oral Tablet 150 MG</i>	2	
<i>Minocycline HCl Oral Capsule</i>	1	
<i>Minocycline HCl Oral Tablet 75 MG</i>	1	
MORGIDOX ORAL CAPSULE 50 MG	1	
<i>Tetracycline HCl Oral</i>	1	
<i>Tigecycline</i>	2	
TYGACIL	4	
VIBRAMYCIN ORAL SYRUP	3	
<b>Urinary Anti-Infectives</b>		
<i>Methenamine Hippurate</i>	2	
<i>Nitrofurantoin</i>	2	PA; QL (1800 ML per 365 days)
<i>Nitrofurantoin Macrocrystal Oral</i>	2	PA; QL (90 EA per 365 days)
<i>Nitrofurantoin Monohyd Macro</i>	2	PA; QL (90 EA per 365 days)
<i>Trimethoprim Oral</i>	1	
<b>Anti-Infectives</b>		
<b>Anti-Infectives - Miscellaneous</b>		
<i>Clindamycin Phosphate Injection Solution 9 GM/60ML, 9000 MG/60ML</i>	2	
<i>Clindamycin Phosphate Intravenous Solution 150 MG/ML, 300 MG/2ML, 900 MG/6ML</i>	2	
<b>Penicillins</b>		
<i>Ampicillin Sodium Injection Solution Reconstituted 2 GM</i>	2	
<i>Ampicillin Sodium Intravenous Solution Reconstituted 2 GM</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>Abiraterone Acetate</i>	5	PA (NS); *; 30DS; Not available at mail-order
AFINITOR DISPERZ	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 7.5 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
ALECENSA	5	PA (NS); *; 30DS; *Not available at mail-order
ALUNBRIG	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Anastrozole Oral</i>	2	QL (30 EA per 30 days)
BALVERSA	5	PA (NS); 30DS
<i>Bexarotene</i>	5	*; 30DS; *Not available at mail-order
<i>Bicalutamide</i>	2	
BOSULIF	5	PA (NS); *; 30DS; *Not available at mail-order
BRAFTOVI ORAL CAPSULE 50 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (270 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (180 EA per 30 days)
CABOMETYX	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
CALQUENCE	5	PA (NS); 30DS
CAPRELSA ORAL TABLET 100 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE)	5	PA (NS); 30DS
COMETRIQ (140 MG DAILY DOSE)	5	PA (NS); 30DS
COMETRIQ (60 MG DAILY DOSE)	5	PA (NS); 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COPIKTRA	5	PA (NS); 30DS; QL (60 EA per 30 days)
COTELLIC	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Cyclophosphamide Oral Capsule</i>	2	B/D
DAURISMO ORAL TABLET 100 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	B/D
DROXIA	3	
ELIGARD	4	*; *Not available at mail-order
EMCYT	3	
ERIVEDGE	5	PA (NS); *; 30DS; *Not available at mail-order
ERLEADA	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Erlotinib HCl Oral Tablet 100 MG, 150 MG</i>	5	PA (NS); 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Erlotinib HCl Oral Tablet 25 MG</i>	5	PA (NS); 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Exemestane</i>	2	
FARYDAK	5	PA (NS); *; 30DS; *Not available at mail-order
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	5	PA (NS); *; 30DS; *Not available at mail-order
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA (NS); *; *Not available at mail-order
<i>Flutamide</i>	2	
GILOTRIF	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
HEXALEN	5	30DS
<i>Hydroxyurea Oral</i>	2	
IBRANCE	5	PA (NS); *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ICLUSIG	5	PA (NS); 30DS
IDHIFA	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Imatinib Mesylate</i>	5	PA (NS); *; 30DS; *Not available at mail-order
IMBRUVICA ORAL CAPSULE 140 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA (NS); 30DS; QL (240 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA (NS); 30DS; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA (NS); 30DS; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA (NS); 30DS; QL (30 EA per 30 days)
INLYTA	5	PA (NS); *; LA; 30DS; *Not available at mail-order
INREBIC	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
IRESSA	5	PA (NS); *; 30DS; *Not available at mail-order
JAKAFI	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI (400 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI (600 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI 200 DOSE	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI 400 DOSE	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI 600 DOSE	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI FEMARA (400 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI FEMARA (600 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI FEMARA(200 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	PA (NS); *, 30DS; Not available at mail-order
LENVIMA (10 MG DAILY DOSE)	5	PA (NS); 30DS
LENVIMA (12 MG DAILY DOSE)	5	PA (NS); *, 30DS; Not available at mail-order
LENVIMA (14 MG DAILY DOSE)	5	PA (NS); 30DS
LENVIMA (18 MG DAILY DOSE)	5	PA (NS); 30DS
LENVIMA (20 MG DAILY DOSE)	5	PA (NS); 30DS
LENVIMA (24 MG DAILY DOSE)	5	PA (NS); 30DS
LENVIMA (4 MG DAILY DOSE)	5	PA (NS); *, 30DS; Not available at mail-order
LENVIMA (8 MG DAILY DOSE)	5	PA (NS); 30DS
<i>Letrozole Oral</i>	2	
LEUKERAN	5	30DS
<i>Leuprolide Acetate Injection</i>	2	PA (NS); *, *Not available at mail-order
LONSURF	5	PA (NS); *, 30DS; *Not available at mail-order
LORBRENA ORAL TABLET 100 MG	5	PA (NS); 30DS; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA (NS); 30DS; QL (90 EA per 30 days)
LUPANETA PACK	4	PA; *, *Not available at mail-order
LUPRON DEPOT (1-MONTH)	5	PA (NS); *, 30DS; *Not available at mail-order
LUPRON DEPOT (3-MONTH)	5	PA (NS); *, 30DS; *Not available at mail-order
LUPRON DEPOT (4-MONTH)	5	PA (NS); *, 30DS; *Not available at mail-order
LUPRON DEPOT (6-MONTH)	5	PA (NS); *, 30DS; *Not available at mail-order
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA (NS); *, 30DS; *Not available at mail-order
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA (NS); *, 30DS; Not available at mail-order
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	5	PA (NS); *, 30DS; Not available at mail-order
LYNPARZA	5	PA (NS); 30DS
LYSODREN	3	
MATULANE	5	LA; 30DS
<i>Megestrol Acetate Oral Suspension 40 MG/ML</i>	2	PA (NS)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Megestrol Acetate Oral Suspension 625 MG/5ML</i>	2	
<i>Megestrol Acetate Oral Tablet 20 MG</i>	1	PA (NS)
<i>Megestrol Acetate Oral Tablet 40 MG</i>	2	PA (NS)
MEKINIST ORAL TABLET 0.5 MG	5	PA (NS); *; 30DS; *Not available at mail-order
MEKINIST ORAL TABLET 2 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
MEKTOVI	5	PA (NS); *; 30DS; Not available at mail-order; QL (180 EA per 30 days)
<i>Mercaptopurine Oral</i>	2	
<i>Methotrexate Oral</i>	3	B/D
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution 250 MG/10ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution 50 MG/2ML</i>	2	
<i>Methotrexate Sodium Injection Solution Reconstituted</i>	2	B/D
NERLYNX	5	PA (NS); *; 30DS; *Not available at mail-order
NEXAVAR	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>Nilutamide</i>	5	30DS
NINLARO	5	PA (NS); *; 30DS; *Not available at mail-order
NUBEQA	5	PA (NS); 30DS; *Not available at mail-order; QL (120 EA per 30 days)
ODOMZO	5	PA (NS); *; 30DS; *Not available at mail-order
PIQRAY (200 MG DAILY DOSE)	5	PA (NS); 30DS; *Not available at mail-order; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA (NS); 30DS; *Not available at mail-order; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA (NS); 30DS; *Not available at mail-order; QL (56 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POMALYST	5	PA (NS); *; 30DS; *Not available at mail-order
PURIXAN	5	*; 30DS; *Not available at mail-order
REVLIMID	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
RITUXAN INTRAVENOUS SOLUTION	5	PA (NS); *; 30DS; *Not available at mail-order
ROZLYTREK ORAL CAPSULE 100 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
RUBRACA	5	PA (NS); *; 30DS; *Not available at mail-order
RYDAPT	5	PA (NS); *; 30DS; *Not available at mail-order
SOLTAMOX	5	30DS
SPRYCEL	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
STIVARGA	5	PA (NS); *; 30DS; *Not available at mail-order
SUTENT	5	PA (NS); *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA (NS); *; 30DS; *Not available at mail-order
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA (NS); *; 30DS; *Not available at mail-order
SYNRIBO	5	PA (NS); 30DS
TABLOID	4	
TAFINLAR ORAL CAPSULE 50 MG	5	PA (NS); *; 30DS; *Not available at mail-order
TAFINLAR ORAL CAPSULE 75 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
TAGRISO	5	PA (NS); *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALZENNA ORAL CAPSULE 0.25 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Tamoxifen Citrate Oral</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA (NS); *; 30DS; *Not available at mail-order
TASIGNA ORAL CAPSULE 200 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>Temsirolimus</i>	5	B/D; *; 30DS; Not available at mail-order
TIBSOVO	5	PA (NS); *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Toremifene Citrate</i>	5	30DS
TRELSTAR MIXJECT	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Tretinoin Oral</i>	5	30DS
TREXALL	4	B/D
TURALIO	5	PA (NS); 30DS; QL (120 EA per 30 days)
TYKERB	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (150 EA per 30 days)
VALCHLOR	5	PA (NS); 30DS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	LA
VENCLEXTA ORAL TABLET 100 MG	5	LA; 30DS
VENCLEXTA STARTING PACK	5	LA; 30DS
VERZENIO ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
VERZENIO ORAL TABLET 150 MG, 200 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
VERZENIO ORAL TABLET 50 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
VITRAKVI	5	PA (NS); *; 30DS; Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIZIMPRO	5	PA (NS); *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
VOTRIENT	5	*; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
XALKORI	5	PA (NS); *; 30DS; *Not available at mail-order
XATMEP	4	PA (NS)
XOSPATA	5	PA (NS); 30DS; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	5	PA (NS); 30DS; QL (32 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	5	PA (NS); 30DS; QL (32 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY)	5	PA (NS); 30DS; QL (32 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA (NS); 30DS; QL (32 EA per 28 days)
XTANDI	5	PA (NS); *; 30DS; *Not available at mail-order
YONSA	5	PA (NS); 30DS; QL (120 EA per 30 days)
ZEJULA	5	PA (NS); 30DS
ZELBORAF	5	PA (NS); *; 30DS; *Not available at mail-order
ZOLINZA	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
ZYDELIG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE	5	PA (NS); *; 30DS; *Not available at mail-order
ZYKADIA ORAL TABLET	5	PA (NS); 30DS; *Not available at mail-order
ZYTIGA	5	PA (NS); *; 30DS; *Not available at mail-order
<b>Autonomic Drugs</b>		
<b>Alpha- And Beta-Adrenergic Agonists</b>		
<i>EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.3ML</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antimuscarinics/Antispasmodics</b>		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
<i>Dicyclomine HCl Oral Capsule</i>	1	PA
<i>Dicyclomine HCl Oral Solution</i>	2	PA
<i>Dicyclomine HCl Oral Tablet</i>	1	PA
<i>Ipratropium Bromide Inhalation</i>	2	B/D; QL (300 ML per 30 days)
<i>Methscopolamine Bromide Oral</i>	2	
STIOLTO RESPIMAT	3	QL (4 GM per 28 days)
<b>Autonomic Drugs, Miscellaneous</b>		
CHANTIX	3	ST; QL (336 EA per 168 days)
CHANTIX CONTINUING MONTH PAK	3	ST; QL (336 EA per 168 days)
CHANTIX STARTING MONTH PAK	3	ST
NICOTROL	4	
NICOTROL NS	3	
<b>Beta-Adrenergic Agonists</b>		
<i>Albuterol Sulfate ER</i>	1	
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</i>	2	QL (17 GM per 30 days)
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020983)</i>	2	QL (36 GM per 30 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML</i>	1	B/D; QL (360 ML per 30 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution (5 MG/ML) 0.5%</i>	1	B/D; QL (120 EA per 30 days)
<i>Albuterol Sulfate Oral</i>	1	
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>Ipratropium-Albuterol</i>	2	B/D
<i>Metaproterenol Sulfate Oral</i>	2	
SEREVENT DISKUS	3	QL (60 EA per 30 days)
<i>Terbutaline Sulfate Oral</i>	2	
VENTOLIN HFA	3	QL (36 GM per 30 days)
<b>Parasympathomimetic (Cholinergic Agents)</b>		
<i>Bethanechol Chloride Oral</i>	2	
<i>Cevimeline HCl</i>	2	
<i>Donepezil HCl</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG, 8 MG</i>	2	QL (60 EA per 30 days)
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 24 MG</i>	2	QL (30 EA per 30 days)
<i>Galantamine Hydrobromide Oral Tablet</i>	2	QL (60 EA per 30 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
<i>Pilocarpine HCl Oral</i>	4	
<i>Pyridostigmine Bromide ER</i>	2	
<i>Pyridostigmine Bromide Oral Solution</i>	2	
<i>Pyridostigmine Bromide Oral Tablet</i>	2	
<i>Rivastigmine</i>	2	QL (30 EA per 30 days)
<i>Rivastigmine Tartrate</i>	2	QL (60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Chlorzoxazone Oral Tablet 500 MG</i>	1	PA
<i>Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG</i>	2	PA; QL (90 EA per 30 days)
<i>Dantrolene Sodium Oral</i>	2	
<i>Methocarbamol Oral</i>	1	PA
<i>Orphenadrine Citrate ER</i>	2	PA
<i>TiZANidine HCl Oral</i>	2	
<b>Sympatholytic Adrenergic Blocking Agents</b>		
<i>Alfuzosin HCl ER</i>	2	QL (30 EA per 30 days)
<i>Dihydroergotamine Mesylate Nasal</i>	5	PA; 30DS; QL (8 ML per 28 days)
<i>Tamsulosin HCl</i>	2	
<b>Blood Formation, Coagulation, And Thrombosis</b>		
<b>Anticoagulants</b>		
COUMADIN ORAL	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
ELIQUIS STARTER PACK	3	
<i>Enoxaparin Sodium Subcutaneous</i>	2	
<i>Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i>	5	30DS
<i>Fondaparinux Sodium Subcutaneous Solution 2.5 MG/0.5ML</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	4	
<i>Heparin Sodium (Porcine) Injection Solution</i> 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML	2	B/D
<i>Heparin Sodium (Porcine) Intravenous Solution</i> <i>Prefilled Syringe</i> 15000 UNIT/3ML, 6000 UNIT/6ML, 7000 UNIT/7ML	2	B/D
<i>Heparin Sodium (Porcine) PF Injection Solution</i> 5000 UNIT/0.5ML	2	
JANTOVEN	1	
PRADAXA	4	QL (60 EA per 30 days)
<i>Warfarin Sodium Oral</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	QL (51 EA per 30 days)
<b>Hematopoietic Agents</b>		
FULPHILA	5	PA; 30DS; *Not available at mail- order
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	*; 30DS; *Not available at mail- order
LEUKINE INTRAVENOUS	5	*; 30DS; *Not available at mail- order
MOZOBIL	5	PA; *; 30DS; *Not available at mail-order; QL (9.6 ML per 30 days)
NEULASTA ONPRO	5	PA; *; 30DS; Not available at mail-order
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; *; 30DS; *Not available at mail-order
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; *; *Not available at mail-order
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA ORAL PACKET	5	PA; *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
PROMACTA ORAL TABLET	5	PA; *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
UDENYCA	5	PA; 30DS; *Not available at mail-order
<b>Platelet-Aggregation Inhibitors</b>		
BRILINTA	3	
<i>Cilostazol</i>	2	
<i>Clopidogrel Bisulfate Oral</i>	1	
<b>Cardiovascular Drugs</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>Doxazosin Mesylate Oral</i>	1	
<i>Prazosin HCl Oral</i>	1	
<i>Terazosin HCl Oral</i>	1	
<b>Antiarrhythmic Agents</b>		
<i>Amiodarone HCl Oral Tablet 100 MG, 400 MG</i>	4	
<i>Amiodarone HCl Oral Tablet 200 MG</i>	1	
<i>Dofetilide</i>	2	*; *Not available at mail-order
<i>Flecainide Acetate</i>	2	
<i>Mexiletine HCl Oral</i>	2	
MULTAQ	3	
<i>Propafenone HCl</i>	2	
<i>Propafenone HCl ER</i>	2	
<i>QuiNIDine Gluconate ER</i>	2	
<i>QuiNIDine Sulfate Oral</i>	2	
<b>Antilipemic Agents</b>		
<i>Atorvastatin Calcium Oral</i>	1	
<i>Cholestyramine Light</i>	2	
<i>Cholestyramine Oral</i>	2	
<i>Colestipol HCl Oral Granules</i>	3	
<i>Colestipol HCl Oral Packet</i>	4	
<i>Colestipol HCl Oral Tablet</i>	3	
<i>Ezetimibe</i>	2	QL (30 EA per 30 days)
<i>Fenofibrate Micronized</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG</i>	2	
<i>Fenofibric Acid Oral Capsule Delayed Release</i>	4	
<i>Fenofibric Acid Oral Tablet</i>	2	
<i>Gemfibrozil Oral</i>	1	
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order
<i>Lovastatin</i>	1	
<i>Niacin ER (Antihyperlipidemic)</i>	2	
NIACOR	2	
<i>Omega-3-acid Ethyl Esters</i>	2	QL (120 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; *; 30DS; *Not available at mail-order; QL (2 ML per 28 days)
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; *; 30DS; *Not available at mail-order; QL (2 ML per 28 days)
<i>Pravastatin Sodium</i>	1	
PREVALITE	2	
<i>Rosuvastatin Calcium</i>	1	QL (30 EA per 30 days)
<i>Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	1	
<i>Simvastatin Oral Tablet 80 MG</i>	1	QL (30 EA per 30 days)
<b>Beta-Adrenergic Blocking Agents</b>		
<i>Acebutolol HCl Oral</i>	2	
<i>Atenolol Oral</i>	1	
<i>Atenolol-Chlorthalidone</i>	1	
<i>Betaxolol HCl Oral</i>	3	
<i>Bisoprolol Fumarate</i>	2	
<i>Bisoprolol-Hydrochlorothiazide</i>	1	
<i>Carvedilol</i>	1	
<i>Labetalol HCl Oral</i>	2	
<i>Metoprolol Succinate ER</i>	2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	1	
<i>Metoprolol-Hydrochlorothiazide</i>	2	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	1	
<i>Pindolol</i>	2	
<i>Propranolol HCl ER</i>	1	
<i>Propranolol HCl Oral</i>	1	
<i>Propranolol-HCTZ</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SORINE	2	
<i>Sotalol HCl (AF)</i>	2	
<i>Sotalol HCl Oral</i>	2	
<i>Sotalol Hydrochloride Oral Tablet 120 MG</i>	2	
<i>Timolol Maleate Oral</i>	2	
<b>Calcium-Channel Blocking Agents</b>		
AFEDITAB CR	1	
<i>Amlodipine Besy-Benazepril HCl</i>	1	
<i>AmLODIPine Besylate Oral</i>	1	
<i>Amlodipine-Olmesartan</i>	1	
CARTIA XT	1	
<i>DilTIAZem HCl ER Beads Oral Capsule Extended Release 24 Hour 180 MG, 360 MG, 420 MG</i>	1	
<i>Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour</i>	1	
<i>Diltiazem HCl ER Oral Capsule Extended Release 12 Hour</i>	2	
<i>Diltiazem HCl Oral</i>	1	
<i>Dilt-XR</i>	1	
<i>Felodipine ER</i>	1	
<i>NIFEdipine ER</i>	1	
<i>NIFEdipine ER Osmotic Release</i>	1	
<i>NiMODipine Oral</i>	5	30DS
TAZTIA XT	1	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG</i>	3	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 360 MG</i>	4	
<i>Verapamil HCl ER Oral Tablet Extended Release</i>	2	
<i>Verapamil HCl Oral</i>	1	
<b>Cardiac Drugs, Miscellaneous</b>		
CORLANOR ORAL SOLUTION	4	PA; QL (300 ML per 30 days)
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)
DIGITEK ORAL TABLET 125 MCG	1	
DIGITEK ORAL TABLET 250 MCG	1	ST
DIGOX ORAL TABLET 125 MCG	1	
DIGOX ORAL TABLET 250 MCG	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Digoxin Oral Solution</i>	2	
<i>Digoxin Oral Tablet 125 MCG</i>	1	
<i>Digoxin Oral Tablet 250 MCG</i>	1	ST
ENTRESTO	3	QL (60 EA per 30 days)
<i>Midodrine HCl</i>	3	
NORTHERA	5	PA; *; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
<i>Pentoxifylline ER</i>	2	
<i>Ranolazine ER</i>	4	PA; QL (60 EA per 30 days)
<b>Hypotensive Agents</b>		
<i>CloNIDine</i>	2	
<i>CloNIDine HCl Oral</i>	1	
<i>CloNIDine HCl Transdermal</i>	2	
<i>guanFACINE HCl Oral</i>	2	PA
<i>HydrALAZINE HCl Oral</i>	2	
<i>Minoxidil Oral</i>	2	
PROGLYCEM	3	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>Benazepril HCl Oral</i>	1	
<i>Benazepril-Hydrochlorothiazide</i>	1	
<i>Candesartan Cilexetil</i>	1	
<i>Candesartan Cilexetil-HCTZ</i>	1	
<i>Captopril Oral</i>	1	
<i>Captopril-Hydrochlorothiazide</i>	1	
<i>Enalapril Maleate Oral</i>	1	
<i>Enalapril-Hydrochlorothiazide</i>	1	
<i>Eplerenone</i>	2	
<i>Fosinopril Sodium</i>	1	
<i>Fosinopril Sodium-HCTZ</i>	1	
<i>Irbesartan</i>	1	
<i>Irbesartan-Hydrochlorothiazide</i>	1	
<i>Lisinopril Oral</i>	1	
<i>Lisinopril-Hydrochlorothiazide</i>	1	
<i>Losartan Potassium</i>	1	
<i>Losartan Potassium-HCTZ</i>	1	
<i>Moexipril-hydroCHLOROthiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Quinapril HCl</i>	1	
<i>Quinapril-Hydrochlorothiazide</i>	1	
<i>Ramipril</i>	1	
<i>Spironolactone Oral</i>	1	
<i>Spironolactone-HCTZ</i>	1	
<i>Trandolapril</i>	1	
<i>Valsartan</i>	1	
<i>Valsartan-Hydrochlorothiazide</i>	1	
<b>Vasodilating Agents</b>		
ALYQ	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Ambrisentan</i>	5	PA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Aspirin-Dipyridamole ER</i>	1	QL (60 EA per 30 days)
<i>Isosorbide Dinitrate ER</i>	2	
<i>Isosorbide Dinitrate Oral</i>	2	
<i>Isosorbide Mononitrate</i>	2	
<i>Isosorbide Mononitrate ER</i>	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>Nitroglycerin Sublingual</i>	2	
<i>Nitroglycerin Transdermal Patch 24 Hour</i>	2	
<i>Nitroglycerin Translingual Solution</i>	2	
NITROMIST	3	
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	3	PA; *; *Not available at mail-order; QL (90 EA per 30 days)
<i>Tadalafil (PAH)</i>	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
VENTAVIS	5	PA; *; 30DS; *Not available at mail-order
<b>Central Nervous System Agents</b>		
<b>Analgesics And Antipyretics, Misc.</b>		
<i>Butalbital-Acetaminophen Oral Tablet 50-325 MG</i>	2	PA; QL (180 EA per 30 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	2	PA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HORIZANT ORAL TABLET EXTENDED RELEASE	3	QL (60 EA per 30 days)
<b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>		
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 30 MG</i>	4	QL (90 EA per 30 days)
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 15 MG, 20 MG, 25 MG, 5 MG</i>	4	QL (30 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG</i>	2	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 7.5 MG</i>	3	QL (60 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG</i>	2	QL (60 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG</i>	2	QL (120 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG</i>	2	QL (30 EA per 30 days)
<i>Dextroamphetamine Sulfate Oral Tablet 10 MG</i>	2	QL (180 EA per 30 days)
<i>Dextroamphetamine Sulfate Oral Tablet 5 MG</i>	2	QL (120 EA per 30 days)
<i>Modafinil</i>	2	PA
<b>Anticonvulsants</b>		
BANZEL ORAL SUSPENSION	5	30DS
BANZEL ORAL TABLET	5	PA (NS); 30DS
BRIVIACT	5	PA (NS); 30DS
<i>CarBAMazepine ER</i>	2	
<i>CarBAMazepine Oral</i>	2	
CELONTIN	3	
<i>CloBAZam</i>	3	
<i>Clonazepam Oral Tablet 0.5 MG, 1 MG</i>	2	QL (90 EA per 30 days)
<i>Clonazepam Oral Tablet 2 MG</i>	2	QL (300 EA per 30 days)
<i>Clonazepam Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG</i>	2	QL (90 EA per 30 days)
<i>Clonazepam Oral Tablet Dispersible 2 MG</i>	2	QL (300 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 15 MG</i>	2	QL (180 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 3.75 MG</i>	2	QL (720 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 7.5 MG</i>	2	QL (360 EA per 30 days)
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIAZEPAM INTENSOL	2	QL (240 ML per 30 days)
<i>DiazePAM Oral Solution</i>	2	QL (1200 ML per 30 days)
<i>diazePAM Oral Tablet</i>	2	QL (120 EA per 30 days)
DILANTIN ORAL CAPSULE 30 MG	3	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour</i>	2	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle</i>	2	
<i>Divalproex Sodium Oral Tablet Delayed Release</i>	2	
EPIDIOLEX	5	PA (NS); LA; 30DS; *Not available at mail-order
EPITOL	2	
<i>Ethosuximide Oral</i>	2	
<i>Felbamate Oral Suspension</i>	5	30DS
<i>Felbamate Oral Tablet</i>	2	
FYCOMPA ORAL SUSPENSION	5	PA (NS); 30DS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 8 MG	5	PA (NS); 30DS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA (NS); QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 6 MG	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Gabapentin Oral Capsule 100 MG</i>	2	QL (1080 EA per 30 days)
<i>Gabapentin Oral Capsule 300 MG</i>	2	QL (360 EA per 30 days)
<i>Gabapentin Oral Capsule 400 MG</i>	2	QL (270 EA per 30 days)
<i>Gabapentin Oral Solution 250 MG/5ML</i>	2	QL (2160 ML per 30 days)
<i>Gabapentin Oral Tablet 600 MG</i>	2	QL (180 EA per 30 days)
<i>Gabapentin Oral Tablet 800 MG</i>	2	QL (120 EA per 30 days)
<i>LamoTRIGine ER</i>	2	
<i>LamoTRIGine Oral Tablet</i>	2	
<i>LamoTRIGine Oral Tablet Chewable</i>	2	
<i>LevETIRAcetam ER</i>	2	
<i>LevETIRAcetam Oral</i>	2	
ONFI ORAL SUSPENSION	5	30DS
ONFI ORAL TABLET 10 MG, 20 MG	5	30DS
<i>OXcarbazepine</i>	2	
PEGANONE	3	
<i>PHENobarbital Oral Elixir</i>	2	PA (NS)
<i>PHENobarbital Oral Tablet</i>	2	PA (NS); QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Phenytoin Oral Suspension 125 MG/5ML</i>	2	
<i>Phenytoin Oral Tablet Chewable</i>	2	
<i>Phenytoin Sodium Extended</i>	2	
<i>Pregabalin Oral Capsule 100 MG, 200 MG, 25 MG, 50 MG</i>	3	QL (90 EA per 30 days)
<i>Pregabalin Oral Capsule 150 MG, 225 MG, 300 MG, 75 MG</i>	3	QL (60 EA per 30 days)
<i>Pregabalin Oral Solution</i>	3	QL (946 ML per 30 days)
<i>Primidone Oral</i>	2	
ROWEEPRA	2	
ROWEEPRA XR	2	
SABRIL ORAL PACKET	5	PA (NS); *; 30DS; *Not available at mail-order
SPRITAM	4	PA (NS)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	30DS
SYMPAZAN ORAL FILM 5 MG	4	
<i>TiaGABine HCl</i>	2	
<i>Topiramate Oral</i>	2	
<i>Valproate Sodium Oral Solution</i>	2	
<i>Valproic Acid Oral Capsule</i>	2	
<i>Valproic Acid Oral Solution</i>	2	
<i>Vigabatrin Oral Packet</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
<i>Vigabatrin Oral Tablet</i>	5	PA (NS); 30DS; *Not available at mail-order; QL (180 EA per 30 days)
VIGADRONE	5	PA (NS); 30DS; *Not available at mail-order; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS	5	30DS; QL (600 ML per 30 days)
VIMPAT ORAL SOLUTION	5	30DS; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	30DS; QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (120 EA per 30 days)
<i>Zonisamide Oral</i>	2	
<b>Anticonvulsants, Miscellaneous</b>		
APTOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	30DS; QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG	5	30DS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Magnesium Sulfate Injection Solution 50 %, 50 % (10ML SYRINGE)</i>	2	B/D
<b>Antidepressants</b>		
<i>Amitriptyline HCl Oral</i>	1	PA (NS)
<i>Amoxapine</i>	2	PA (NS)
<i>BuPROPion HCl ER (Smoking Det)</i>	2	
<i>buPROPion HCl ER (SR)</i>	2	
<i>BuPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG</i>	2	
<i>buPROPion HCl Oral</i>	2	
<i>Citalopram Hydrobromide Oral Solution</i>	2	
<i>Citalopram Hydrobromide Oral Tablet</i>	1	QL (30 EA per 30 days)
<i>ClomiPRAMINE HCl Oral</i>	1	PA (NS)
<i>Desipramine HCl Oral</i>	2	PA (NS)
<i>Desvenlafaxine Succinate ER</i>	2	QL (30 EA per 30 days)
<i>Doxepin HCl Oral</i>	4	PA (NS)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	2	QL (60 EA per 30 days)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG</i>	2	QL (30 EA per 30 days)
<i>Escitalopram Oxalate Oral Solution</i>	2	
<i>Escitalopram Oxalate Oral Tablet</i>	1	QL (30 EA per 30 days)
FETZIMA	4	QL (30 EA per 30 days)
FETZIMA TITRATION	4	QL (28 EA per 28 days)
<i>FLUoxetine HCl (PMDD) Oral Tablet 10 MG</i>	1	QL (60 EA per 30 days)
<i>FLUoxetine HCl (PMDD) Oral Tablet 20 MG</i>	1	QL (120 EA per 30 days)
<i>FLUoxetine HCl Oral Capsule 10 MG</i>	1	QL (30 EA per 30 days)
<i>FLUoxetine HCl Oral Capsule 20 MG, 40 MG</i>	1	
<i>FLUoxetine HCl Oral Solution</i>	1	
<i>FLUoxetine HCl Oral Tablet 10 MG</i>	1	QL (60 EA per 30 days)
<i>FLUoxetine HCl Oral Tablet 20 MG</i>	1	QL (120 EA per 30 days)
<i>Fluvoxamine Maleate Oral Tablet 100 MG</i>	1	
<i>Fluvoxamine Maleate Oral Tablet 25 MG, 50 MG</i>	1	QL (30 EA per 30 days)
<i>Imipramine HCl Oral</i>	2	PA (NS)
<i>Maprotiline HCl</i>	2	
MARPLAN	3	QL (180 EA per 30 days)
<i>Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Mirtazapine Oral Tablet 7.5 MG</i>	2	
<i>Mirtazapine Oral Tablet Dispersible</i>	2	QL (30 EA per 30 days)
<i>Nefazodone HCl</i>	2	
<i>Nortriptyline HCl Oral</i>	1	PA (NS)
<i>OLANzapine-FLUoxetine HCl</i>	2	QL (30 EA per 30 days)
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG</i>	2	ST; QL (30 EA per 30 days)
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 37.5 MG</i>	2	ST; QL (60 EA per 30 days)
<i>PARoxetine HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	1	ST; QL (30 EA per 30 days)
<i>PARoxetine HCl Oral Tablet 30 MG</i>	1	ST; QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION	3	ST; QL (900 ML per 30 days)
<i>Phenelzine Sulfate Oral</i>	2	
<i>Protriptyline HCl</i>	2	PA (NS)
<i>Sertraline HCl Oral Concentrate</i>	2	
<i>Sertraline HCl Oral Tablet 100 MG</i>	1	
<i>Sertraline HCl Oral Tablet 25 MG, 50 MG</i>	1	QL (30 EA per 30 days)
<i>Tranlycypromine Sulfate</i>	2	
<i>traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG</i>	1	
<i>TraZODone HCl Oral Tablet 300 MG</i>	2	
<i>Trimipramine Maleate Oral Capsule 100 MG</i>	4	PA (NS); QL (60 EA per 30 days)
<i>Trimipramine Maleate Oral Capsule 25 MG, 50 MG</i>	4	PA (NS); QL (120 EA per 30 days)
TRINTELLIX	4	QL (30 EA per 30 days)
<i>Venlafaxine HCl</i>	1	
<i>Venlafaxine HCl ER</i>	1	
VIIBRYD ORAL TABLET	3	QL (30 EA per 30 days)
VIIBRYD STARTER PACK	3	QL (30 EA per 30 days)
<b>Antimigraine Agents</b>		
AIMOVIG (140 MG DOSE)	3	PA; QL (2 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 30 days)
AJOVY	3	PA; QL (1.5 ML per 30 days)
<i>Rizatriptan Benzoate Oral Tablet 10 MG</i>	2	QL (18 EA per 30 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible</i>	2	QL (18 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>SUMatriptan Nasal Solution 5 MG/ACT</i>	2	QL (12 EA per 30 days)
<i>SUMatriptan Succinate Oral Tablet 100 MG</i>	2	QL (9 EA per 30 days)
<i>SUMatriptan Succinate Oral Tablet 25 MG, 50 MG</i>	2	QL (18 EA per 30 days)
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML</i>	4	QL (9 ML per 30 days)
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML</i>	2	QL (4 ML per 30 days)
<i>SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML</i>	2	QL (4 ML per 30 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML</i>	4	QL (9 ML per 30 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML</i>	2	QL (4 ML per 30 days)
<b>Antiparkinsonian Agents</b>		
<i>Amantadine HCl Oral Capsule</i>	2	QL (120 EA per 30 days)
<i>Amantadine HCl Oral Syrup</i>	2	
<i>Amantadine HCl Oral Tablet</i>	2	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	*; LA; 30DS; *Not available at mail-order; QL (60 ML per 30 days)
<i>Benzotropine Mesylate Oral</i>	1	PA
<i>Bromocriptine Mesylate Oral</i>	2	
<i>Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG</i>	2	
<i>Carbidopa-Levodopa Oral Tablet</i>	1	
<i>Carbidopa-Levodopa Oral Tablet Dispersible</i>	2	
<i>Carbidopa-Levodopa-Entacapone</i>	2	
EMSAM	5	30DS; QL (30 EA per 30 days)
<i>Entacapone</i>	2	
NEUPRO	4	PA; QL (30 EA per 30 days)
<i>Pramipexole Dihydrochloride</i>	1	
<i>Rasagiline Mesylate Oral</i>	2	QL (30 EA per 30 days)
<i>ROPINIRole HCl</i>	2	
<i>ROPINIRole HCl ER</i>	2	
<i>Selegiline HCl Oral</i>	2	
<i>Tolcapone</i>	2	
<i>Trihexyphenidyl HCl</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3

Drug Name	Drug Tier	Requirements/Limits
<b>Antipsychotic Agents</b>		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	4	PA (NS); QL (2 EA per 28 days)
<b>Antipsychotics</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	PA (NS); 30DS; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA (NS); 30DS; QL (1 EA per 28 days)
ABILIFY MYCITE	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>ARIPiprazole Oral Solution</i>	5	30DS; QL (750 ML per 30 days)
<i>ARIPiprazole Oral Tablet 10 MG</i>	2	QL (90 EA per 30 days)
<i>ARIPiprazole Oral Tablet 15 MG, 2 MG, 5 MG</i>	2	QL (60 EA per 30 days)
<i>ARIPiprazole Oral Tablet 20 MG, 30 MG</i>	2	QL (30 EA per 30 days)
<i>ARIPiprazole Oral Tablet Dispersible 10 MG</i>	5	30DS; QL (90 EA per 30 days)
<i>ARIPiprazole Oral Tablet Dispersible 15 MG</i>	5	30DS; QL (60 EA per 30 days)
ARISTADA INITIO	5	*; 30DS; Not available at mail-order; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	30DS; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	30DS; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	30DS; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	30DS; QL (3.2 ML per 28 days)
<i>chlorproMAZINE HCl Oral</i>	2	
<i>CloZAPine Oral Tablet</i>	2	
<i>CloZAPine Oral Tablet Dispersible 100 MG, 12.5 MG, 200 MG</i>	2	
<i>CloZAPine Oral Tablet Dispersible 150 MG, 25 MG</i>	4	
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA (NS); QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG	4	PA (NS); QL (8 EA per 30 days)
FANAPT TITRATION PACK	4	PA (NS); QL (60 EA per 30 days)
<i>FluPHENAZine Decanoate Injection</i>	2	
<i>FluPHENAZine HCl Injection</i>	2	
<i>FluPHENAZine HCl Oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GEODON INTRAMUSCULAR	4	QL (6 EA per 30 days)
<i>Haloperidol Decanoate Intramuscular</i>	2	
<i>Haloperidol Lactate Injection Solution 5 MG/ML</i>	2	
<i>Haloperidol Lactate Oral</i>	2	
<i>Haloperidol Oral</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML	5	PA (NS); 30DS; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 156 MG/ML	5	PA (NS); 30DS; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 234 MG/1.5ML	5	PA (NS); 30DS; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	4	PA (NS); QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 78 MG/0.5ML	5	PA (NS); 30DS; QL (0.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA (NS); 30DS; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA (NS); 30DS; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA (NS); 30DS; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	PA (NS); QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA (NS); 30DS; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML	5	PA (NS); 30DS; QL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 410 MG/1.315ML	5	PA (NS); 30DS; QL (1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 546 MG/1.75ML	5	PA (NS); 30DS; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 819 MG/2.625ML	5	PA (NS); 30DS; QL (2.625 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5	PA (NS); 30DS; QL (0.875 ML per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5	PA (NS); 30DS; QL (1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	PA (NS); 30DS; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5	PA (NS); 30DS; QL (2.625 ML per 84 days)
LATUDA ORAL TABLET 120 MG	3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 60 MG	3	QL (60 EA per 30 days)
LATUDA ORAL TABLET 40 MG	4	QL (120 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
<i>Loxapine Succinate Oral</i>	2	
<i>Molindone HCl</i>	2	
NUPLAZID ORAL CAPSULE	5	PA (NS); *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>OLANZapine Intramuscular</i>	4	QL (3 EA per 1 day)
<i>OLANZapine Oral Tablet 10 MG, 2.5 MG</i>	3	QL (60 EA per 30 days)
<i>OLANZapine Oral Tablet 15 MG, 20 MG, 7.5 MG</i>	3	QL (30 EA per 30 days)
<i>OLANZapine Oral Tablet 5 MG</i>	3	QL (120 EA per 30 days)
<i>OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG</i>	4	QL (30 EA per 30 days)
<i>OLANZapine Oral Tablet Dispersible 5 MG</i>	4	QL (120 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG</i>	5	30DS; QL (30 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG</i>	5	30DS; QL (60 EA per 30 days)
<i>Perphenazine Oral</i>	2	
PERSERIS	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 28 days)
<i>Pimozide</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>QU</i> Etiapine Fumarate ER Oral Tablet Extended Release 24 Hour 150 MG, 200 MG, 400 MG, 50 MG	2	QL (60 EA per 30 days)
<i>QU</i> Etiapine Fumarate ER Oral Tablet Extended Release 24 Hour 300 MG	2	QL (30 EA per 30 days)
<i>QU</i> Etiapine Fumarate Oral Tablet 100 MG	1	QL (180 EA per 30 days)
<i>QU</i> Etiapine Fumarate Oral Tablet 200 MG, 50 MG	1	QL (120 EA per 30 days)
<i>QU</i> Etiapine Fumarate Oral Tablet 25 MG	1	QL (360 EA per 30 days)
<i>QU</i> Etiapine Fumarate Oral Tablet 300 MG, 400 MG	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 1 MG	5	30DS; QL (120 EA per 30 days)
REXULTI ORAL TABLET 0.5 MG, 2 MG	5	30DS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	30DS; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	4	PA (NS); QL (4 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	5	PA (NS); 30DS; QL (4 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	PA (NS); QL (4 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	PA (NS); 30DS; QL (4 EA per 28 days)
<i>Risperi</i> DONE Oral Solution	2	QL (480 ML per 30 days)
<i>Risperi</i> DONE Oral Tablet 0.25 MG, 0.5 MG, 2 MG	1	QL (60 EA per 30 days)
<i>Risperi</i> DONE Oral Tablet 1 MG, 4 MG	1	QL (120 EA per 30 days)
<i>Risperi</i> DONE Oral Tablet 3 MG	1	QL (150 EA per 30 days)
<i>Risperi</i> DONE Oral Tablet Dispersible 0.25 MG	2	QL (30 EA per 30 days)
<i>Risperi</i> DONE Oral Tablet Dispersible 0.5 MG, 2 MG	2	QL (60 EA per 30 days)
<i>Risperi</i> DONE Oral Tablet Dispersible 1 MG, 4 MG	2	QL (120 EA per 30 days)
<i>Risperi</i> DONE Oral Tablet Dispersible 3 MG	2	QL (150 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	4	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	4	QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	QL (120 EA per 30 days)
<i>Thioridazine HCl Oral</i>	2	
<i>Thiothixene Oral</i>	2	
<i>Trifluoperazine HCl Oral</i>	2	
<i>Versacloz</i>	5	30DS; QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE	5	30DS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	
<i>Ziprasidone HCl Oral Capsule 20 MG, 40 MG</i>	2	QL (120 EA per 30 days)
<i>Ziprasidone HCl Oral Capsule 60 MG, 80 MG</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA (NS); QL (2 EA per 28 days)
<b>Anxiolytics, Sedatives And Hypnotics, Misc.</b>		
<i>BusPIRone HCl Oral</i>	1	
HETLIOZ	5	PA; 30DS
<i>HydrOXYzine HCl Oral Syrup</i>	2	PA (NS)
<i>hydrOXYzine HCl Oral Tablet</i>	2	PA (NS)
<i>HydrOXYzine Pamoate Oral</i>	2	PA (NS)
SILENOR	3	QL (30 EA per 30 days)
<i>Temazepam Oral Capsule 15 MG</i>	1	QL (60 EA per 30 days)
<i>Temazepam Oral Capsule 30 MG</i>	1	QL (30 EA per 30 days)
<i>Zaleplon</i>	1	ST; QL (30 EA per 30 days)
<i>Zolpidem Tartrate Oral</i>	1	ST; QL (30 EA per 30 days)
<b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>		
<i>ALPRAZolam ER</i>	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 ML per 30 days)
<i>ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG, 1 MG</i>	2	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet 2 MG</i>	2	QL (150 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG, 1 MG</i>	2	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 2 MG</i>	2	QL (150 EA per 30 days)
<i>LORazepam Oral Concentrate 2 MG/ML</i>	2	QL (150 ML per 30 days)
<i>LORazepam Oral Tablet</i>	2	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Central Nervous System Agents, Misc.</b>		
<i>Acamprosate Calcium</i>	1	
<i>Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG</i>	2	QL (120 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 100 MG, 60 MG, 80 MG</i>	2	QL (30 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 40 MG</i>	2	QL (60 EA per 30 days)
<i>GuanFACINE HCl ER</i>	2	PA; QL (30 EA per 30 days)
<i>Lithium</i>	2	
<i>Lithium Carbonate ER</i>	2	
<i>Lithium Carbonate Oral</i>	1	
<i>Memantine HCl Oral Solution 2 MG/ML</i>	2	QL (300 ML per 30 days)
<i>Memantine HCl Oral Tablet 10 MG, 5 MG</i>	2	QL (60 EA per 30 days)
<i>Memantine HCl Oral Tablet 28 x 5 MG &amp; 21 x 10 MG</i>	2	
<b>NUEDEXTA</b>	4	PA; QL (60 EA per 30 days)
<i>Riluzole</i>	4	
<i>Tetrabenazine Oral Tablet 12.5 MG</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (240 EA per 30 days)
<i>Tetrabenazine Oral Tablet 25 MG</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<b>XYREM</b>	5	LA; 30DS; QL (540 ML per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>Celecoxib Oral Capsule 100 MG, 200 MG, 50 MG</i>	2	QL (60 EA per 30 days)
<i>Celecoxib Oral Capsule 400 MG</i>	2	QL (30 EA per 30 days)
<i>Diclofenac Potassium</i>	3	QL (120 EA per 30 days)
<i>Diclofenac Sodium ER</i>	2	
<i>Diclofenac Sodium Oral</i>	2	
<i>Diclofenac Sodium Transdermal Gel 1 %</i>	2	
<i>Diflunisal Oral</i>	2	
<i>Etodolac ER</i>	2	
<i>Etodolac Oral</i>	2	
<i>Flurbiprofen Oral</i>	1	
<b>IBU ORAL TABLET 600 MG, 800 MG</b>	1	
<i>Ibuprofen Oral Suspension</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG</i>	1	
<i>Ketoprofen ER</i>	2	
<i>Ketoprofen Oral Capsule 25 MG</i>	2	
<i>Meloxicam Oral Tablet</i>	1	
<i>Nabumetone Oral</i>	2	
<i>Naproxen DR</i>	1	
<i>Naproxen Oral</i>	1	
<i>Naproxen Sodium Oral Tablet 275 MG, 550 MG</i>	1	
<i>Piroxicam Oral</i>	2	
<i>Sulindac Oral</i>	1	
<b>Opiate Agonists</b>		
<i>Acetaminophen-Codeine #3</i>	2	QL (180 EA per 30 days)
<i>Acetaminophen-Codeine Oral Solution</i>	2	QL (2700 ML per 30 days)
<i>Acetaminophen-Codeine Oral Tablet 300-15 MG, 300-60 MG</i>	2	QL (180 EA per 30 days)
<i>Butorphanol Tartrate Nasal</i>	4	
<i>Codeine Sulfate Oral Tablet</i>	2	QL (180 EA per 30 days)
<i>Duramorph</i>	4	B/D
<i>ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG</i>	3	QL (180 EA per 30 days)
<i>FentaNYL Citrate Buccal Lozenge On A Handle</i>	5	PA; 30DS; QL (120 EA per 30 days)
<i>FentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR</i>	4	QL (10 EA per 30 days)
<i>FentaNYL Transdermal Patch 72 Hour 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	2	QL (10 EA per 30 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG, 5-300 MG, 5-325 MG, 7.5-300 MG, 7.5-325 MG</i>	2	QL (180 EA per 30 days)
<i>Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG</i>	3	QL (150 EA per 30 days)
<i>HYDROmorphone HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML</i>	2	
<i>HYDROmorphone HCl Oral Liquid</i>	4	QL (1500 ML per 30 days)
<i>HYDROmorphone HCl Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>HYDROmorphone HCl PF Injection Solution 10 MG/ML</i>	4	
<i>HYDROmorphone HCl PF Injection Solution 50 MG/5ML, 500 MG/50ML</i>	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAZANDA	5	PA; 30DS; QL (30 EA per 30 days)
LORCET	2	QL (180 EA per 30 days)
LORCET HD	2	QL (180 EA per 30 days)
LORCET PLUS ORAL TABLET 7.5-325 MG	2	QL (180 EA per 30 days)
<i>Meperidine HCl Injection Solution 10 MG/ML, 100 MG/ML, 25 MG/ML, 50 MG/ML</i>	2	PA; QL (180 ML per 30 days)
<i>Meperidine HCl Oral Solution</i>	2	ST; QL (1000 ML per 30 days)
<i>Meperidine HCl Oral Tablet</i>	2	ST; QL (180 EA per 30 days)
<i>Methadone HCl Oral Solution</i>	3	QL (450 ML per 30 days)
<i>Methadone HCl Oral Tablet</i>	3	QL (300 EA per 30 days)
<i>Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML</i>	3	QL (180 ML per 30 days)
<i>Morphine Sulfate (PF) Intravenous Solution 10 MG/ML</i>	4	B/D
<i>Morphine Sulfate ER Oral Tablet Extended Release</i>	3	QL (90 EA per 30 days)
<i>Morphine Sulfate Injection Solution 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML</i>	4	B/D
<i>Morphine Sulfate Intravenous Solution 1 MG/ML, 150 MG/30ML, 25 MG/ML, 50 MG/ML</i>	4	B/D
<i>Morphine Sulfate Oral Solution</i>	3	QL (1000 ML per 30 days)
<i>Morphine Sulfate Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>OxyCODONE HCl Oral Capsule</i>	4	QL (180 EA per 30 days)
<i>OxyCODONE HCl Oral Concentrate 100 MG/5ML</i>	4	QL (180 ML per 30 days)
<i>OxyCODONE HCl Oral Solution</i>	4	QL (3600 ML per 30 days)
<i>OxyCODONE HCl Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	3	QL (180 EA per 30 days)
<i>oxyCODONE-Aspirin Oral Tablet 4.8355-325 MG</i>	3	QL (180 EA per 30 days)
<i>Oxycodone-Ibuprofen</i>	3	QL (150 EA per 30 days)
<i>Oxymorphone HCl</i>	2	QL (120 EA per 30 days)
<i>oxyMORphone HCl ER</i>	2	QL (60 EA per 30 days)
<i>TraMADol HCl ER (Biphasic) Oral Tablet Extended Release 24 Hour 100 MG</i>	2	QL (90 EA per 30 days)
<i>TraMADol HCl ER (Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>TraMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i>	2	QL (90 EA per 30 days)
<i>TraMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)
<i>traMADol HCl Oral</i>	2	QL (240 EA per 30 days)
<i>Tramadol-Acetaminophen</i>	3	QL (240 EA per 30 days)
<b>Opiate Antagonists</b>		
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	2	
<i>Naloxone HCl Injection Solution Prefilled Syringe</i>	2	
<i>Naltrexone HCl Oral</i>	2	
NARCAN	3	
<b>Opiate Partial Agonists</b>		
<i>Buprenorphine HCl Sublingual Tablet Sublingual 2 MG</i>	2	QL (90 EA per 30 days)
<i>Buprenorphine HCl Sublingual Tablet Sublingual 8 MG</i>	2	QL (60 EA per 30 days)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film</i>	2	QL (60 EA per 30 days)
<i>Pentazocine-Naloxone HCl</i>	2	ST; QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM	3	QL (60 EA per 30 days)
<b>Respiratory And Cns Stimulants</b>		
<i>Dexmethylphenidate HCl</i>	2	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG</i>	2	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 30 MG, 35 MG, 40 MG, 5 MG</i>	2	QL (30 EA per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	2	QL (90 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 18 MG, 27 MG, 36 MG, 54 MG, 72 MG</i>	2	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 20 MG</i>	2	QL (90 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour</i>	2	QL (30 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet</i>	2	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Selective Serotonin Agonists</b>		
<i>Rizatriptan Benzoate Oral Tablet 5 MG</i>	2	QL (18 EA per 30 days)
<i>SUMAtriptan Nasal Solution 20 MG/ACT</i>	2	QL (12 EA per 30 days)
<b>Devices</b>		
<b>Devices</b>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>CVS Gauze Sterile Pad 2"X2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
<i>Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Alkalinizing Agents</b>		
<i>Potassium Citrate ER</i>	2	
<i>Sodium Lactate Intravenous Solution 5 MEQ/ML</i>	2	
<b>Ammonia Detoxicants</b>		
CARBAGLU	5	PA; 30DS
<i>Constulose</i>	2	
<i>Enulose</i>	2	
<i>Generlac</i>	2	
<i>Lactulose Oral Solution 10 GM/15ML</i>	2	
RAVICTI	5	PA; *; 30DS; *Not available at mail-order
<i>Sodium Phenylbutyrate Oral Powder 3 GM/TSP</i>	5	PA; *; 30DS; *Not available at mail-order
<b>Caloric Agents</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %, 8.5 %	3	B/D
AMINOSYN II/ELECTROLYTES	3	B/D
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Dextrose Intravenous Solution 10 %, 250 MG/ML, 30 %, 5 %, 50 %, 70 %</i>	2	
<i>Dextrose-NaCl Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	
INTRALIPID	3	B/D
<i>Nutrilipid</i>	3	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D
TRAVASOL	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	B/D
<b>Diuretics</b>		
<i>AMILoride HCl Oral</i>	2	
<i>Amiloride-Hydrochlorothiazide</i>	2	
<i>Bumetanide Injection</i>	2	
<i>Bumetanide Oral</i>	1	
<i>Chlorothiazide Oral</i>	1	
<i>Chlorthalidone Oral Tablet 25 MG, 50 MG</i>	1	
DIURIL	3	
<i>Furosemide Injection Solution 10 MG/ML</i>	2	
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	1	
<i>Furosemide Oral Tablet</i>	1	
<i>HydroCHLOROthiazide Oral</i>	1	
<i>Indapamide Oral</i>	1	
<i>Methyclothiazide Oral</i>	2	
<i>Metolazone</i>	2	
<i>Torsemide Oral</i>	1	
<i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i>	1	
<i>Triamterene-HCTZ Oral Tablet</i>	1	
<b>Ion-Removing Agents</b>		
AURYXIA	5	PA (NS); 30DS; QL (360 EA per 30 days)
<i>Calcium Acetate (Phos Binder)</i>	2	QL (360 EA per 30 days)
KIONEX ORAL SUSPENSION	2	
<i>Sevelamer Carbonate Oral Tablet</i>	4	QL (540 EA per 30 days)
<i>Sodium Polystyrene Sulfonate Oral Powder</i>	2	
SPS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Replacement Preparations</b>		
<i>KCl in Dextrose-NaCl Intravenous Solution 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.225 MEQ/L-%-%, 20-5-0.33 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%</i>	2	
<i>KCl in Dextrose-NaCl Intravenous Solution 20-5-0.45 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%</i>	2	B/D
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON SPRINKLE	2	
<i>Potassium Chloride Crys ER</i>	2	
<i>Potassium Chloride ER Oral Capsule Extended Release</i>	2	
<i>Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ</i>	2	
<i>Potassium Chloride ER Oral Tablet Extended Release 8 MEQ</i>	1	
<i>Potassium Chloride Intravenous Solution 10 MEQ/100ML, 40 MEQ/100ML</i>	1	
<i>Potassium Chloride Intravenous Solution 10 MEQ/50ML, 2 MEQ/ML, 20 MEQ/100ML, 20 MEQ/50ML</i>	2	
<i>Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i>	1	
<i>Sodium Chloride Injection Solution 2.5 MEQ/ML</i>	2	
<i>Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	2	
<i>Sodium Chloride Irrigation Solution 0.9 %</i>	2	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	B/D
<b>Uricosuric Agents</b>		
<i>Colchicine-Probenecid</i>	2	
<i>Probenecid Oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Enzymes</b>		
<b>Enzymes</b>		
ADAGEN	3	PA; LA
ALDURAZYME	5	PA; *; LA; 30DS; *Not available at mail-order
ELAPRASE	5	PA; *; 30DS; *Not available at mail-order
ELELYSO	5	PA; *; 30DS; *Not available at mail-order
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	5	PA; *; 30DS; *Not available at mail-order
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	5	PA; *; 30DS; Not available at mail-order
NAGLAZYME	5	PA; *; 30DS; *Not available at mail-order
VPRIV	5	PA; *; 30DS; *Not available at mail-order
<b>Eye, Ear, Nose, And Throat (Eent) Preparations</b>		
<b>Antiallergic Agents</b>		
<i>Azelastine HCl Nasal Solution 0.1 %, 0.15 %</i>	2	
<i>Azelastine HCl Ophthalmic</i>	3	
<i>Cromolyn Sodium Ophthalmic</i>	2	
<i>Epinastine HCl</i>	4	
<i>Olopatadine HCl Ophthalmic</i>	2	
<b>Antiglaucoma Agents</b>		
<i>AcetaZOLAMIDE ER</i>	2	
<i>acetaZOLAMIDE Oral</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT	3	
<i>Betaxolol HCl Ophthalmic</i>	3	
BETOPTIC-S	3	
<i>Brimonidine Tartrate Ophthalmic</i>	2	
COMBIGAN	3	
<i>Dorzolamide HCl Ophthalmic</i>	2	
<i>Dorzolamide HCl-Timolol Mal</i>	2	
<i>Latanoprost Ophthalmic</i>	2	
<i>Levobunolol HCl Ophthalmic Solution 0.5 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>Methazolamide Oral</i>	2	
PHOSPHOLINE IODIDE	3	
<i>Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %</i>	3	
SIMBRINZA	3	
<i>Timolol Maleate Ophthalmic Gel Forming Solution</i>	2	
<i>Timolol Maleate Ophthalmic Solution 0.25 %, 0.5 %</i>	1	
TRAVATAN Z	3	
<b>Anti-Infectives (Eent)</b>		
ACETASOL HC	2	
<i>Acetic Acid Otic</i>	2	
<i>Bacitracin Ophthalmic</i>	2	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	2	
<i>Bacitra-Neomycin-Polymyxin-HC</i>	2	
BACTROBAN NASAL	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	4	
<i>Chlorhexidine Gluconate Mouth/Throat</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRODEX	3	
<i>Ciprofloxacin HCl Ophthalmic</i>	1	
<i>Erythromycin Ophthalmic</i>	1	
GENTAK OPHTHALMIC OINTMENT	1	
<i>Gentamicin Sulfate Ophthalmic Solution</i>	1	
<i>Hydrocortisone-Acetic Acid</i>	2	
<i>Levofloxacin Ophthalmic</i>	2	
MOXEZA	3	
<i>Moxifloxacin HCl Ophthalmic</i>	2	
NATACYN	3	
<i>Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000</i>	2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment</i>	2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025</i>	2	
<i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i>	2	
<i>Neomycin-Polymyxin-HC Otic Solution 1 %</i>	2	
<i>Neomycin-Polymyxin-HC Otic Suspension</i>	2	
<i>Ofloxacin Ophthalmic</i>	1	
<i>Ofloxacin Otic</i>	2	
PERIOGARD	1	
<i>Polymyxin B-Trimethoprim</i>	1	
<i>Sulfacetamide Sodium Ophthalmic Ointment</i>	3	
<i>Sulfacetamide Sodium Ophthalmic Solution</i>	4	
<i>Sulfacetamide-Prednisolone Ophthalmic Solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>Tobramycin Ophthalmic</i>	1	
<i>Tobramycin-Dexamethasone</i>	2	
TOBREX OPHTHALMIC OINTMENT	3	
<i>Trifluridine Ophthalmic</i>	2	
VIGAMOX	3	
ZIRGAN	3	
<b>Anti-Inflammatory Agents (Eent)</b>		
<i>Dexamethasone Sodium Phosphate Ophthalmic</i>	2	
<i>Diclofenac Sodium Ophthalmic</i>	1	
DUREZOL	3	
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	2	QL (75 ML per 30 days)
<i>Fluorometholone Ophthalmic</i>	3	
<i>Flurbiprofen Sodium</i>	1	
<i>Fluticasone Propionate Nasal</i>	2	QL (16 GM per 30 days)
FML FORTE	3	
<i>Ketorolac Tromethamine Ophthalmic</i>	2	
MAXIDEX	3	
PRED MILD	3	
<i>prednisoLONE Acetate Ophthalmic</i>	2	
<i>PrednisoLONE Sodium Phosphate Ophthalmic</i>	2	
RESTASIS	3	QL (120 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Eent Drugs, Miscellaneous</b>		
<i>Apraclonidine HCl</i>	2	
<i>Carteolol HCl</i>	2	
CYSTARAN	5	LA; 30DS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>Ipratropium Bromide Nasal</i>	1	QL (30 ML per 30 days)
<b>Local Anesthetics (Eent)</b>		
<i>Lidocaine HCl External Gel</i>	3	QL (30 EA per 30 days)
<i>Lidocaine HCl External Solution</i>	2	
<i>Lidocaine HCl Mouth/Throat</i>	2	
<i>Lidocaine HCl Urethral/Mucosal External Gel</i>	3	QL (30 ML per 30 days)
<i>Lidocaine Viscous</i>	2	
<i>Lidocaine Viscous HCl</i>	2	
<i>Proparacaine HCl Ophthalmic</i>	2	
<b>Gastrointestinal Drugs</b>		
<b>5-Ht3 Receptor Antagonists</b>		
<i>Dronabinol</i>	2	PA; QL (60 EA per 30 days)
<i>Granisetron HCl Oral</i>	2	B/D
<b>Antidiarrhea Agents</b>		
<i>Diphenoxylate-Atropine Oral Tablet</i>	2	PA
<i>Loperamide HCl Oral Capsule</i>	2	
<b>Antiemetics</b>		
<i>Aprepitant Oral Capsule 125 MG</i>	2	PA; QL (2 EA per 30 days)
<i>Aprepitant Oral Capsule 40 MG, 80 MG</i>	2	PA; QL (4 EA per 30 days)
<i>Aprepitant Oral Capsule 80 &amp; 125 MG</i>	2	PA; QL (6 EA per 30 days)
COMPRO	2	
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D
<i>Meclizine HCl Oral Tablet</i>	2	PA
<i>Ondansetron</i>	2	B/D
<i>Ondansetron HCl Oral</i>	2	B/D
<i>Prochlorperazine</i>	2	
<i>Prochlorperazine Maleate Oral</i>	2	
<i>Promethazine HCl Rectal Suppository 12.5 MG, 25 MG</i>	2	
<i>Scopolamine</i>	4	QL (10 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
APRISO	3	QL (120 EA per 30 days)
<i>Balsalazide Disodium</i>	2	
DELZICOL	4	
<i>Mesalamine Oral Tablet Delayed Release</i>	2	
<i>Mesalamine Rectal Enema</i>	2	
<i>Mesalamine-Cleanser</i>	2	
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>Amoxicill-Clarithro-Lansopraz</i>	2	
CARAFATE ORAL SUSPENSION	3	
<i>Cimetidine HCl Oral</i>	1	
<i>Cimetidine Oral</i>	1	
DEXILANT	4	QL (30 EA per 30 days)
<i>Famotidine Oral Tablet 20 MG, 40 MG</i>	1	
<i>Lansoprazole Oral Capsule Delayed Release</i>	2	QL (60 EA per 30 days)
<i>Misoprostol Oral</i>	2	
<i>Omeprazole Oral Capsule Delayed Release</i>	1	QL (60 EA per 30 days)
<i>Pantoprazole Sodium Oral</i>	1	QL (60 EA per 30 days)
<i>RABEprazole Sodium Oral Tablet Delayed Release</i>	2	QL (60 EA per 30 days)
<i>Ranitidine HCl Oral Capsule</i>	2	
<i>Ranitidine HCl Oral Syrup 75 MG/5ML</i>	2	
<i>Ranitidine HCl Oral Tablet 150 MG, 300 MG</i>	1	
<i>Sucralfate Oral Tablet</i>	2	
<b>Cathartics And Laxatives</b>		
AMITIZA	3	QL (60 EA per 30 days)
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-H	2	
GAVILYTE-N WITH FLAVOR PACK	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
<i>PEG 3350/Electrolytes</i>	2	
<i>PEG 3350-KCl-Na Bicarb-NaCl</i>	2	
<i>PEG-3350/Electrolytes</i>	2	
<i>Polyethylene Glycol 3350 Oral</i>	2	
TRILYTE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Cholelitholytic Agents</b>		
CHENODAL	5	ST; LA; 30DS
<i>Ursodiol Oral</i>	2	
<b>Gi Drugs, Miscellaneous</b>		
<i>Alosetron HCl</i>	5	PA; 30DS
CREON	3	
GATTEX	5	PA; *; 30DS; *Not available at mail-order
LINZESS	3	QL (30 EA per 30 days)
<i>Metoclopramide HCl Oral Solution 5 MG/5ML</i>	2	
<i>Metoclopramide HCl Oral Tablet</i>	1	
MOVANTIK	3	QL (30 EA per 30 days)
PANCREAZE	3	
RELISTOR ORAL	4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	5	PA; 30DS; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; 30DS; QL (12 ML per 30 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; 30DS; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; 30DS; QL (84 EA per 28 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET	3	
DEPEN TITRATABS	5	30DS
<i>Trientine HCl</i>	5	PA; 30DS
<b>Metallic Poison, Agents To Treat</b>		
<i>Deferasirox Oral Tablet Soluble 125 MG</i>	4	PA
<i>Deferasirox Oral Tablet Soluble 250 MG, 500 MG</i>	5	PA; 30DS
<i>Ferriprox Oral Tablet 1000 MG</i>	5	PA; 30DS
FERRIPROX ORAL TABLET 500 MG	5	PA; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3

Drug Name	Drug Tier	Requirements/Limits
<b>Hormones And Synthetic Substitutes</b>		
<b>Adrenals</b>		
<i>Budesonide Oral</i>	5	30DS
<i>Cortisone Acetate Oral</i>	2	
DEXAMETHASONE INTENSOL	2	
<i>Dexamethasone Oral Elixir</i>	2	
<i>Dexamethasone Oral Solution</i>	2	
<i>Dexamethasone Oral Tablet</i>	1	
<i>Fludrocortisone Acetate Oral</i>	2	
<i>Hydrocortisone Oral</i>	1	
<i>MethylPREDNISolone Oral</i>	2	
MILLIPRED ORAL TABLET	3	
<i>PrednisoLONE Oral Solution</i>	1	
<i>PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 6.7 (5 Base) MG/5ML</i>	1	
PREDNISONO INTENSOL	1	
<i>PredniSONE Oral Solution</i>	1	
<i>PredniSONE Oral Tablet</i>	1	
<i>predniSONE Oral Tablet Therapy Pack 10 MG (48), 5 MG (48)</i>	1	
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
<i>Danazol Oral</i>	2	
<i>Oxandrolone Oral Tablet 10 MG</i>	2	PA; QL (60 EA per 30 days)
<i>Oxandrolone Oral Tablet 2.5 MG</i>	2	PA; QL (90 EA per 30 days)
<i>Testosterone Cypionate &amp; Prop</i>	2	
<i>Testosterone Cypionate Injection</i>	2	
<i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML</i>	2	
<i>Testosterone Enanthate Injection</i>	2	
<i>Testosterone Enanthate Intramuscular Solution</i>	2	
<i>Testosterone Propionate Injection</i>	2	
<i>Testosterone Transdermal Solution</i>	2	QL (180 ML per 30 days)
<b>Antidiabetic Agents</b>		
<i>Acarbose Oral Tablet 100 MG, 50 MG</i>	1	QL (90 EA per 30 days)
<i>Acarbose Oral Tablet 25 MG</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVANDIA ORAL TABLET 2 MG	3	QL (30 EA per 30 days)
AVANDIA ORAL TABLET 4 MG	3	QL (60 EA per 30 days)
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (1.2 ML per 30 days)
FIASP	3	QL (30 ML per 30 days)
FIASP FLEXTOUCH	3	QL (30 ML per 30 days)
<i>Glimepiride Oral Tablet 1 MG, 4 MG</i>	1	QL (60 EA per 30 days)
<i>Glimepiride Oral Tablet 2 MG</i>	1	QL (30 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG</i>	1	QL (120 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG</i>	1	QL (90 EA per 30 days)
<i>GlipiZIDE Oral Tablet 10 MG</i>	1	QL (120 EA per 30 days)
<i>glipiZIDE Oral Tablet 5 MG</i>	1	QL (90 EA per 30 days)
<i>GlipiZIDE-MetFORMIN HCl Oral Tablet 2.5-250 MG</i>	1	QL (60 EA per 30 days)
<i>GlipiZIDE-MetFORMIN HCl Oral Tablet 2.5-500 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE-metFORMIN HCl Oral Tablet 5-500 MG</i>	1	QL (120 EA per 30 days)
GLYXAMBI	3	QL (30 EA per 30 days)
HUMULIN R U-500 (CONCENTRATED)	5	30DS; QL (30 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
INVOKAMET	3	QL (60 EA per 30 days)
INVOKAMET XR	3	QL (60 EA per 30 days)
INVOKANA	3	QL (30 EA per 30 days)
JANUMET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
LANTUS	3	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
LEVEMIR	3	QL (30 ML per 30 days)
LEVEMIR FLEXTOUCH	3	QL (30 ML per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG</i>	1	QL (120 EA per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG</i>	1	QL (90 EA per 30 days)
<i>MetFORMIN HCl Oral Tablet 1000 MG</i>	1	QL (60 EA per 30 days)
<i>MetFORMIN HCl Oral Tablet 500 MG</i>	1	QL (120 EA per 30 days)
<i>MetFORMIN HCl Oral Tablet 850 MG</i>	1	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 100 MG, 50 MG</i>	2	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 25 MG</i>	2	
NOVOLIN 70/30	3	QL (30 ML per 30 days)
NOVOLIN N	3	QL (30 ML per 30 days)
NOVOLIN R	3	QL (30 ML per 30 days)
NOVOLOG	3	QL (30 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG MIX 70/30	3	QL (30 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (30 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE)	3	QL (3 ML per 28 days)
<i>Pioglitazone HCl</i>	1	QL (30 EA per 30 days)
<i>Pioglitazone HCl-Glimepiride</i>	2	QL (30 EA per 30 days)
<i>Pioglitazone HCl-Metformin HCl</i>	2	QL (90 EA per 30 days)
SOLIQUA	3	ST; QL (18 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR	3	QL (30 ML per 30 days)
TOUJEO SOLOSTAR	3	QL (30 ML per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)
<i>Tresiba</i>	3	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL (30 ML per 30 days)
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (9 ML per 30 days)
<b>Antihypoglycemic Agents</b>		
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY	4	
KORLYM	5	PA; 30DS
<b>Contraceptives</b>		
ALTAVERA	2	
<i>Alyacen 1/35</i>	2	
APRI	2	
AUBRA	2	
AVIANE	2	
BALZIVA	2	
BLISOVI 24 FE	2	
BLISOVI FE 1.5/30	2	
BLISOVI FE 1/20	2	
<i>Briellyn</i>	2	
CAMILA	2	
CAZANT	2	
CRYSSELLE-28	2	
CYCLAFEM 1/35	2	
<i>CYCLAFEM 7/7/7</i>	2	
CYRED EQ	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEBLITANE	2	
DELYLA	2	
<i>Desogestrel-Ethinyl Estradiol</i>	2	
EMOQUETTE	2	
ENPRESSE-28	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN	2	
ESTARYLLA	2	
<i>Ethinodiol Diac-Eth Estradiol</i>	2	
FALMINA	2	
FEMYNOR	2	
HAILEY 24 FE	2	
INCASSIA	2	
INTROVALE	2	
ISIBLOOM	2	
JOLIVETTE	2	
JULEBER	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
JUNEL FE 24	2	
KAITLIB FE	2	
KARIVA	2	
KELNOR 1/35	2	
KELNOR 1/50	2	
KIMIDESS	2	
KURVELO	2	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LARISSIA	2	
LAYOLIS FE	2	
LESSINA	2	
LEVONEST	2	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 MG</i>	2	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG</i>	2	
<i>Levonorg-Eth Estrad Triphasic Oral Tablet</i>	2	
LEVORA 0.15/30 (28)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOW-OGESTREL	2	
LUTERA	2	
LYZA	2	
<i>Marlissa</i>	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MILI	2	
MONONESSA	2	
NECON 0.5/35 (28)	2	
NECON 7/7/7	2	
NORA-BE	2	
<i>Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG(24)</i>	2	
<i>Norethindrone Oral</i>	2	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.8-25 MG-MCG</i>	2	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	2	
<i>Norgestim-Eth Estrad Triphasic</i>	2	
NORLYROC	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
NUVARING	3	QL (1 EA per 28 days)
OGESTREL	2	
ORSYTHIA	2	
PIMTREA	2	
PIRMELLA 1/35	2	
PORTIA-28	2	
PREVIFEM	2	
QUASENSE	2	
RECLIPSEN	2	
SETLAKIN	2	
SHAROBEL	2	
SPRINTEC 28	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SRONYX	2	
TARINA FE 1/20	2	
TARINA FE 1/20 EQ	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRINESSA (28)	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
VELIVET	2	
VIENVA	2	
VYFEMLA	2	
VYLIBRA	2	
ZENCHENT	2	
ZOVIA 1/35E (28)	2	
<b>Estrogens And Antiestrogens</b>		
DUAVEE	3	PA (NS)
<i>Estradiol Oral</i>	2	PA (NS)
<i>Estradiol Transdermal Patch Weekly</i>	3	
ESTRING	3	
<i>Estropipate Oral Tablet 0.75 MG</i>	1	PA (NS)
PREMARIN ORAL TABLET 0.3 MG, 0.9 MG, 1.25 MG	3	PA (NS)
PREMARIN ORAL TABLET 0.45 MG, 0.625 MG	3	PA (NS); QL (30 EA per 30 days)
PREMARIN VAGINAL	3	
PREMPHASE	3	PA (NS)
PREMPRO	3	PA (NS)
<i>Raloxifene HCl</i>	1	
<b>Gonadotropins</b>		
<i>Chorionic Gonadotropin Intramuscular</i>	2	PA; *; *Not available at mail-order
NOVAREL	2	PA; *; *Not available at mail-order
PREGNYL	2	PA; *; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Meglitinides</b>		
<i>Nateglinide</i>	1	QL (90 EA per 30 days)
<i>Repaglinide Oral Tablet 0.5 MG, 1 MG</i>	1	QL (120 EA per 30 days)
<i>Repaglinide Oral Tablet 2 MG</i>	1	QL (240 EA per 30 days)
<b>Parathyroid</b>		
<i>Calcitonin (Salmon)</i>	2	B/D
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	*; 30DS; *Not available at mail-order; QL (2.4 ML per 28 days)
NATPARA	5	*; 30DS; *Not available at mail-order
<b>Pituitary</b>		
<i>Desmopressin Ace Spray Refrig</i>	2	
<i>Desmopressin Acetate Oral</i>	2	
<i>Desmopressin Acetate Spray</i>	2	
NORDITROPIN FLEXPPO	5	PA; *; 30DS; *Not available at mail-order
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; *; 30DS; *Not available at mail-order
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	5	*; LA; 30DS; *Not available at mail-order
SYNAREL	5	30DS
<b>Progestins</b>		
<i>MedroxyPROGESTERone Acetate Intramuscular</i>	2	
<i>MedroxyPROGESTERone Acetate Oral</i>	1	
<i>Norethindrone Acetate Oral</i>	3	
<i>Progesterone Micronized Oral</i>	3	
<b>Somatostatin Agonists</b>		
<i>Octreotide Acetate Injection Solution 100 MCG/ML, 50 MCG/ML</i>	2	*; *Not available at mail-order
<i>Octreotide Acetate Injection Solution 1000 MCG/ML, 500 MCG/ML</i>	5	*; 30DS; *Not available at mail-order
<i>Octreotide Acetate Injection Solution 200 MCG/ML</i>	4	*; *Not available at mail-order
SIGNIFOR	5	PA; 30DS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	5	PA; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Somatotropin Agonists</b>		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA; *; 30DS; *Not available at mail-order
INCRELEX	5	PA; *; 30DS; *Not available at mail-order
SOMATULINE DEPOT	5	PA (NS); *; 30DS; *Not available at mail-order
<b>Thyroid And Antithyroid Agents</b>		
LEVO-T	1	
<i>Levothyroxine Sodium Oral</i>	1	
LEVOXYL	1	
<i>Liothyronine Sodium Oral</i>	2	
<i>MethIMazole Oral</i>	1	
<i>Propylthiouracil Oral</i>	1	
SYNTHROID	3	
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	1	
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
<i>Dutasteride Oral</i>	2	QL (30 EA per 30 days)
<i>Finasteride Oral Tablet 5 MG</i>	1	
<b>Complement Inhibitors</b>		
CINRYZE	5	PA; *; 30DS; *Not available at mail-order
<i>Icatibant Acetate</i>	5	PA; 30DS; *Not available at mail-order; QL (18 ML per 30 days)
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Alendronate Sodium Oral Solution</i>	2	
<i>Alendronate Sodium Oral Tablet 10 MG, 40 MG, 5 MG</i>	1	QL (30 EA per 30 days)
<i>Alendronate Sodium Oral Tablet 35 MG</i>	1	QL (8 EA per 28 days)
<i>Alendronate Sodium Oral Tablet 70 MG</i>	1	
<i>Allopurinol Oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMPYRA	5	PA; *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Anagrelide HCl</i>	2	
ARCALYST	5	PA; *; 30DS; *Not available at mail-order
AUBAGIO	5	PA; *; 30DS; *Not available at mail-order
AVONEX	5	PA; *; 30DS; *Not available at mail-order; QL (4 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; *; 30DS; *Not available at mail-order; QL (4 EA per 30 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; *; 30DS; *Not available at mail-order; QL (4 EA per 28 days)
<i>azaTHIOprine Oral</i>	2	B/D
<i>Baclofen Oral Tablet 10 MG, 20 MG</i>	1	
BENLYSTA	5	PA; *; 30DS; *Not available at mail-order
BETASERON SUBCUTANEOUS KIT	5	PA; *; 30DS; *Not available at mail-order; QL (14 EA per 28 days)
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	4	PA
<i>Cabergoline</i>	4	
<i>Cinacalcet HCl Oral Tablet 30 MG, 60 MG</i>	5	B/D; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 90 MG</i>	5	B/D; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>Colchicine Oral</i>	2	
COLCRYS	3	QL (120 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; *; 30DS; *Not available at mail-order; QL (12 ML per 28 days)
<i>CycloSPORINE Modified</i>	2	B/D
<i>CycloSPORINE Oral Capsule</i>	2	B/D
CYSTADANE	5	LA; 30DS
CYSTAGON	4	PA; *; LA; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Dalfampridine ER</i>	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
DEMSEER	5	30DS
<i>Disulfiram Oral</i>	2	
ELMIRON	4	
<i>Etidronate Disodium</i>	2	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	5	B/D; *; 30DS; Not available at mail-order
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	B/D; *; 30DS; *Not available at mail-order
GAMMAGARD S/D LESS IGA	5	B/D; *; 30DS; *Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	B/D; *; 30DS; *Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	5	B/D; *; 30DS; Not available at mail-order
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D
GENGRAF ORAL SOLUTION	2	B/D
GILENYA ORAL CAPSULE 0.5 MG	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Glatiramer Acetate Subcutaneous Solution Prefilled Syringe 20 MG/ML</i>	5	PA; *; 30DS; *Not available at mail-order; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; *; 30DS; *Not available at mail-order; QL (30 ML per 30 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; *; 30DS; *Not available at mail-order; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML	5	PA; *; 30DS; *Not available at mail-order; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	5	PA; *; 30DS; *Not available at mail-order; QL (12 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
<i>Ibandronate Sodium Oral</i>	2	
INFLECTRA	5	PA; *; 30DS; *Not available at mail-order
KUVAN	5	PA; *; 30DS; *Not available at mail-order
<i>Leflunomide Oral Tablet 10 MG</i>	2	QL (30 EA per 30 days)
<i>Leflunomide Oral Tablet 20 MG</i>	2	
<i>Leucovorin Calcium Injection Solution 500 MG/50ML</i>	2	B/D
<i>Leucovorin Calcium Injection Solution Reconstituted 100 MG, 350 MG</i>	2	
<i>Leucovorin Calcium Injection Solution Reconstituted 200 MG, 50 MG</i>	2	B/D; *; Not available at mail-order
<i>Leucovorin Calcium Injection Solution Reconstituted 500 MG</i>	2	B/D
<i>Leucovorin Calcium Oral</i>	2	
<i>LevOCARNitine Oral Solution</i>	2	B/D
<i>LevOCARNitine Oral Tablet</i>	2	B/D
MESNEX ORAL	5	30DS
<i>Miglustat</i>	5	PA; *; 30DS; *Not available at mail-order
<i>Mycophenolate Mofetil Oral Capsule</i>	2	B/D
<i>Mycophenolate Mofetil Oral Suspension Reconstituted</i>	5	B/D; 30DS
<i>Mycophenolate Mofetil Oral Tablet</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Mycophenolate Sodium</i>	1	B/D
ORFADIN	5	PA; 30DS
<i>Pamidronate Disodium Intravenous Solution</i>	2	PA
PROGRAF ORAL PACKET	4	B/D
PROLIA	4	PA; *; *Not available at mail-order; QL (1 ML per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; *; 30DS; *Not available at mail-order; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; *; 30DS; *Not available at mail-order; QL (12 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order; QL (12 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order; QL (12 ML per 28 days)
REMICADE	5	PA; *; 30DS; *Not available at mail-order
RENFLEXIS	5	PA; *; 30DS; *Not available at mail-order
RIDAURA	4	
<i>Risedronate Sodium Oral Tablet 150 MG</i>	1	QL (1 EA per 28 days)
<i>Risedronate Sodium Oral Tablet 30 MG, 5 MG</i>	1	QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet 35 MG</i>	1	QL (4 EA per 28 days)
<i>Risedronate Sodium Oral Tablet Delayed Release</i>	4	QL (4 EA per 28 days)
SANDIMMUNE ORAL SOLUTION	4	B/D
SANDOSTATIN LAR DEPOT	5	*; 30DS; *Not available at mail-order
<i>Sirolimus Oral Solution</i>	5	B/D; 30DS
<i>Sirolimus Oral Tablet 0.5 MG</i>	1	B/D
<i>Sirolimus Oral Tablet 1 MG</i>	2	B/D
<i>Sirolimus Oral Tablet 2 MG</i>	5	B/D; 30DS
<i>Tacrolimus Oral</i>	2	B/D
TECFIDERA	5	PA; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	*; 30DS; *Not available at mail-order; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	*; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Tranexamic Acid Oral</i>	3	
TYBOST	4	
ULORIC	3	ST; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 10 MG	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	5	PA; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
XELJANZ XR	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
XGEVA	5	PA (NS); *; 30DS; *Not available at mail-order
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	B/D; 30DS
ZORTRESS ORAL TABLET 1 MG	5	B/D; *; 30DS; Not available at mail-order
<b>Other Miscellaneous Therapeutic Agents</b>		
<i>Baclofen Oral Tablet 5 MG</i>	1	
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	4	PA
<b>Nutritional/Supplements</b>		
<b>Vitamins</b>		
<i>Prenatal Oral Tablet 27-1 MG</i>	1	
<b>Pharmaceutical Aids</b>		
<b>Pharmaceutical Aids</b>		
<i>Global Alcohol Prep Ease</i>	1	
<b>Respiratory Tract Agents</b>		
<b>Beta-Adrenergic Agonists</b>		
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020503)</i>	2	QL (13.4 GM per 30 days)
<b>Corticosteroids (Respiratory Tract)</b>		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days)
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML</i>	2	B/D
<i>Budesonide Inhalation Suspension 1 MG/2ML</i>	2	B/D; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT HFA	3	QL (24 GM per 30 days)
PULMICORT FLEXHALER	4	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
SYMBICORT	3	QL (10.2 GM per 30 days)
TUDORZA PRESSAIR	3	QL (1 EA per 30 days)
<b>Cystic Fibrosis (Cftr) Potentiators</b>		
ORKAMBI ORAL PACKET 100-125 MG	5	PA; *; 30DS; Not available at mail-order; QL (112 EA per 28 days)
ORKAMBI ORAL PACKET 150-188 MG	5	PA; *; 30DS; Not available at mail-order; QL (56 EA per 28 days)
<b>Leukotriene Modifiers</b>		
<i>Montelukast Sodium Oral</i>	2	QL (30 EA per 30 days)
<i>Zafirlukast</i>	2	QL (60 EA per 30 days)
<b>Respiratory Tract Agents, Miscellaneous</b>		
<i>Acetylcysteine Inhalation</i>	2	B/D
ADEMPAS	5	PA; *; LA; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
<i>Bosentan Oral Tablet 125 MG</i>	5	PA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Bosentan Oral Tablet 62.5 MG</i>	5	PA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>Cromolyn Sodium Inhalation</i>	2	B/D; QL (240 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Cromolyn Sodium Oral</i>	5	30DS
DALIRESP ORAL TABLET 500 MCG	4	PA; QL (30 EA per 30 days)
<i>EPINEPHrine Injection Solution Auto-Injector 0.15 MG/0.15ML, 0.3 MG/0.3ML</i>	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
ESBRIET	5	PA; *; 30DS; *Not available at mail-order
KALYDECO ORAL PACKET 25 MG	5	PA; 30DS; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	5	PA; 30DS; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	5	PA; 30DS; QL (60 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; 30DS; *Not available at mail- order
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; 30DS; *Not available at mail- order
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; *; 30DS; *Not available at mail-order
OFEV	5	PA; *; 30DS; *Not available at mail-order
OPSUMIT	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
ORKAMBI ORAL TABLET	5	PA; 30DS; QL (112 EA per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; 30DS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; *; 30DS; *Not available at mail-order
PULMOZYME	5	PA; *; 30DS; *Not available at mail-order; QL (150 ML per 30 days)
<i>Theophylline</i>	2	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG, 300 MG</i>	2	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRACLEER ORAL TABLET SOLUBLE	5	PA; *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
XOLAIR	5	PA; *; 30DS; *Not available at mail-order
ZEMAIRA	3	PA; *; LA; *Not available at mail-order
<b>Serums, Toxoids, And Vaccines</b>		
<b>Serums</b>		
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D; *; 30DS; Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D; *; 30DS; Not available at mail-order
<b>Toxoids</b>		
ADACEL	4	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	4	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>Diphtheria-Tetanus Toxoids DT</i>	4	
INFANRIX	4	
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	4	
TDVAX	4	
TENIVAC	4	
<i>Tetanus-Diphtheria Toxoids Td</i>	4	
<b>Vaccines</b>		
ACTHIB	4	
<i>BCG Vaccine</i>	4	
BEXSERO	4	
ENGERIX-B	4	B/D
GARDASIL 9	4	
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D
HIBERIX INJECTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMOVAX RABIES	4	
IPOL	4	
IXIARO	4	
KINRIX INTRAMUSCULAR SUSPENSION	4	
MENACTRA	4	
MENVEO	4	
M-M-R II	3	
PEDIARIX	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	4	
PROQUAD	4	
QUADRACEL	4	
RABAVERT	4	
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ ORAL SOLUTION	4	
SHINGRIX	4	
<i>Stamaril</i>	4	
TRUMENBA	4	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	4	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	4	
VARIZIG INTRAMUSCULAR SOLUTION	4	*; *Not available at mail-order
YF-VAX	4	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	

### **Skin And Mucous Membrane Agents**

#### **Antibacterials (Skin And Mucous Membrane)**

<i>Benzoyl Peroxide-Erythromycin</i>	2	
CLINDACIN-P	2	
<i>Clindamycin Phosphate External</i>	2	
<i>Clindamycin Phosphate Vaginal</i>	2	
<i>Ery</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Erythromycin External Gel</i>	2	
<i>Erythromycin External Solution</i>	2	
<i>Gentamicin Sulfate External</i>	1	
<i>MetroNIDAZOLE Vaginal</i>	2	
<i>Mupirocin Calcium</i>	2	
<i>Mupirocin External</i>	2	
<b>Antifungals (Skin And Mucous Membrane)</b>		
<i>Ciclopirox External Solution</i>	2	
<i>Ciclopirox Olamine External</i>	3	
<i>Clotrimazole External Cream</i>	2	
<i>Clotrimazole External Solution</i>	2	
<i>Clotrimazole Mouth/Throat Lozenge</i>	2	
<i>Clotrimazole-Betamethasone</i>	2	
<i>Econazole Nitrate External</i>	4	
<i>Ketoconazole External Cream</i>	2	
<i>Ketoconazole External Foam</i>	2	
<i>Ketoconazole External Shampoo 2 %</i>	2	
<i>Miconazole 3 Vaginal Suppository</i>	2	
NYAMYC	2	
<i>Nystatin External</i>	2	
<i>Nystatin-Triamcinolone</i>	2	
NYSTOP	2	
<i>Terconazole</i>	2	
<b>Anti-Inflammatory Agents (Skin And Mucous)</b>		
<i>Ala-Cort External Cream</i>	1	
<i>Alclometasone Dipropionate</i>	3	
<i>Betamethasone Dipropionate Aug</i>	2	
<i>Betamethasone Dipropionate External</i>	2	
<i>Betamethasone Valerate External</i>	2	
<i>Clobetasol Prop Emollient Base</i>	2	
<i>Clobetasol Propionate E</i>	2	
<i>Clobetasol Propionate External</i>	2	
CLODAN EXTERNAL SHAMPOO	2	
COLOCORT	1	
CORDRAN EXTERNAL TAPE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Desonide External</i>	2	
<i>Desoximetasone External Cream</i>	2	
<i>Desoximetasone External Gel</i>	2	
<i>Desoximetasone External Ointment</i>	2	
<i>Fluocinolone Acetonide External</i>	2	
<i>Fluocinolone Acetonide Scalp</i>	2	
<i>Fluocinonide External Gel</i>	2	
<i>Fluocinonide External Ointment</i>	2	
<i>Fluocinonide External Solution</i>	2	
<i>Fluticasone Propionate External Cream</i>	3	
<i>Fluticasone Propionate External Ointment</i>	3	
<i>Halobetasol Propionate External Cream</i>	4	
<i>Halobetasol Propionate External Ointment</i>	4	
<i>Hydrocortisone Butyrate External Ointment</i>	4	
<i>Hydrocortisone External Cream 1 %, 2.5 %</i>	1	
<i>Hydrocortisone External Lotion 2.5 %</i>	1	
<i>Hydrocortisone External Ointment 1 %</i>	1	
<i>Hydrocortisone External Ointment 2.5 %</i>	2	
<i>Hydrocortisone Rectal Enema</i>	1	
<i>Hydrocortisone Valerate</i>	2	
<i>Mometasone Furoate External</i>	1	
PROCTO-MED HC	1	
PROCTO-PAK	1	
PROCTOSOL HC	1	
PROCTOZONE-HC RECTAL	1	
<i>Triamcinolone Acetonide External Cream 0.025 %, 0.5 %</i>	2	
<i>Triamcinolone Acetonide External Cream 0.1 %</i>	1	
<i>Triamcinolone Acetonide External Lotion</i>	3	
<i>Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>Triamcinolone Acetonide Mouth/Throat</i>	3	
TRIDERM EXTERNAL CREAM 0.1 %	1	
<b>Antivirals (Skin &amp; Mucous Membrane)</b>		
<i>Acyclovir External Cream</i>	2	
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>Acyclovir External Ointment</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DENAVIR	3	
<b>Cell Stimulants And Proliferants</b>		
KEPIVANCE	4	PA
<b>Local Anti-Infectives, Miscellaneous</b>		
<i>MetroNIDAZOLE External Cream</i>	2	
<i>MetroNIDAZOLE External Gel 0.75 %</i>	2	
<i>MetroNIDAZOLE External Gel 1 %</i>	1	
<i>MetroNIDAZOLE External Lotion</i>	2	
<i>Selenium Sulfide External Lotion</i>	1	
<i>Silver Sulfadiazine External</i>	1	
SSD	1	
<i>Sulfacetamide Sodium (Acne)</i>	4	
<b>Scabicides And Pediculicides</b>		
CROTAN	2	
EURAX	3	
<i>Lindane External Shampoo</i>	2	
<i>Malathion External</i>	2	
<i>Permethrin External Cream</i>	3	
<b>Skin And Mucous Membrane Agents, Misc.</b>		
<i>Acitretin</i>	5	PA; 30DS
<i>Adapalene External Cream</i>	2	
<i>Adapalene External Gel 0.1 %</i>	2	
<i>Adapalene External Gel 0.3 %</i>	1	
<i>Ammonium Lactate External</i>	2	
AMNESTEEM	2	
AVITA	2	
<i>Calcipotriene External</i>	2	QL (120 GM per 30 days)
CLARAVIS	2	
CONDYLOX EXTERNAL GEL	3	
<i>Diclofenac Sodium Transdermal Gel 3 %</i>	2	PA
ELIDEL	3	ST
<i>Fluorouracil External Cream 0.5 %</i>	2	
<i>Fluorouracil External Cream 5 %</i>	4	
<i>Fluorouracil External Solution</i>	2	
<i>Imiquimod External</i>	2	
<i>Lidocaine External Ointment</i>	2	QL (180 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Lidocaine External Patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>Lidocaine-Prilocaine External Cream</i>	2	B/D; QL (30 GM per 30 days)
<i>Methoxsalen Rapid</i>	2	
MYORISAN	2	
PANRETIN	3	
<i>Podofilox External</i>	2	
SANTYL	3	QL (90 GM per 30 days)
<i>Tacrolimus External</i>	4	ST
TARGRETIN EXTERNAL	5	PA (NS); *, 30DS; *Not available at mail-order
<i>Tazarotene External</i>	2	
TAZORAC EXTERNAL CREAM 0.05 %	3	
TAZORAC EXTERNAL GEL	3	
<i>Tretinoin External Cream 0.025 %, 0.1 %</i>	2	
<i>Tretinoin External Cream 0.05 %</i>	4	
<i>Tretinoin External Gel</i>	2	
ZENATANE	2	
<b>Smooth Muscle Relaxants</b>		
<b>Genitourinary Smooth Muscle Relaxants</b>		
<i>FlavoxATE HCl</i>	2	
MYRBETRIQ	4	QL (30 EA per 30 days)
<i>Oxybutynin Chloride ER</i>	1	QL (60 EA per 30 days)
<i>Oxybutynin Chloride Oral</i>	1	
<i>Solifenacin Succinate</i>	4	QL (30 EA per 30 days)
TOVIAZ	3	ST; QL (30 EA per 30 days)
<b>Respiratory Smooth Muscle Relaxants</b>		
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	2	
<b>Vitamins</b>		
<b>Vitamin D</b>		
<i>Calcitriol Oral</i>	2	B/D
<i>Paricalcitol Oral</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430, 8 AM to 8 PM, 7 days a week from October 1 through March 31. From April 1 through September 30, 8 AM - 8 PM, Monday through Friday. TTY users should call 711.

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Gateway Health<sup>SM</sup> Appeals and Grievances  
PO Box 22278  
Pittsburgh, PA 15222

Phone: 1-844-207-0336  
Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Gateway Health<sup>SM</sup> Appeals and Grievances is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

### **ENGLISH**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

### **SPANISH**

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **CHINESE**

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711)。

## **VIETNAMESE**

CHÚ Ý: Nếu quý v nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **KOREAN**

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711)로 연락주시기 바랍니다.

## **TAGALOG**

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (телетайп: 711).

## **ARABIC**

PA: 1-800-685-5209, OH: اتصل بالرقم 1-888-447-4505, NC: 1-855-847-6430 (الهاتف النصي: 711).

## **FRENCH CREOLE**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **FRENCH**

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **POLISH**

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **PORTUGUESE**

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **ITALIAN**

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).



## **JAPANESE**

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711)までお問い合わせ下さい。

## **GERMAN**

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711) kostenlos zur Verfügung.

## **FARSI**

توجه: چنانچه به زبان فارسی صحبت می کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت. با شماره (711) TTY: 1-855-847-6430, NC: 1-888-447-4505, OH: 1-800-685-5209, PA: تماس بگیرید.

## **SERBO-CROATIAN**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

## **PENNSYLVANIA DUTCH**

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **NEPALI**

ध्यान दनुहोस्: तपांले नेपाली बोल्नुहुन्छ भने तपांको नितित भाषा सहायता सेवाहरू नि शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (टटिवाइ: 711) ।

## **OROMO**

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **BANTU**

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **CAMBODIAN**

្រយ័ត្ន: វេ វិស្វីជាអ្នកិយាយ ភាសាខ្មែរ, សេវាជំនួយក្នុងភាសា េដោយម្ចីតិក្នុង ល គឺអាចឱ្យសំរាប់វេអ្នក។ ចូររស់ពូ PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 TY: 711)។

## **HMONG**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **HINDI**

ध्यान दें: यद आप हिंदी बोलते हैं तो आपके ललए मु त में भाषा सहायता सेवाएं उपलब्ध हैं। PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711) पर कॉल करें।

## **LAO**

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີອັດຕະໂນ. ໂທ PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **GUJARATI**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો. PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **DUTCH**

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

## **UKRAINIAN**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (телетайп: 711).

## **ROMANIAN**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la PA: 1-800-685-5209, OH: 1-888-447-4505, NC: 1-855-847-6430 (TTY: 711).

# 2019 Comprehensive Formulary (List of Covered Drugs)

This formulary is current as of December 1, 2019.  
For more recent information or other questions, please contact  
Gateway Health<sup>SM</sup> Member Services toll-free at:

**North Carolina: 1-855-847-6430/ TTY 711**

**Ohio: 1-888-447-4505/ TTY 711**

**Pennsylvania: 1-800-685-5209/ TTY 711**

Our business hours are 8 a.m. - 8 p.m., 7 days a week from October 1 through March 31.  
From April 1 through September 30 our business hours are 8 a.m. - 8 p.m.,  
Monday through Friday. Or visit us at **GatewayHealthPlan.com**

Member Services also has free language interpreter services available for non-English speakers.



Four Gateway Center  
444 Liberty Avenue, Suite 2100  
Pittsburgh, PA 15222-1222

Gateway Health<sup>SM</sup> offers HMO plans with a Medicare Contract.  
Enrollment in these plans depends on contract renewal.