

Blue Rx PDP Medicare Prescription Drug Coverage: Enroll Now for Increased Drug Benefits and Lower Out-of-Pocket Costs



Dear Medicare Eligible Participant:

We are pleased to offer you the opportunity to enroll in a Medicare Prescription Drug Plan from HM Health Insurance Company, called Blue Rx PDP.

Take a look at the many advantages Blue Rx PDP has to offer:

- *Saves you money on the prescription drugs you take today, and may protect you from unexpected prescription drug costs in the future.*
- *The only Medicare Prescription Drug Plan that's backed by the financial strength, experience and stability of Highmark Blue Shield— a name millions of people know and trust for quality coverage.*
- *A comprehensive list of covered prescription drugs, including coverage for all drugs allowed by Medicare, so you're likely to find that the drugs you use now and the drugs you may need in the future are covered.*
- *Access to a broad network of participating retail pharmacies in Pennsylvania, West Virginia and throughout the U.S., including thousands of chain and independent drugstores.*

We're here to help.

Our Licensed Medicare Advisors are available to answer your questions and walk you through your options.

Get started

Call us today

1-800-285-0489
(TTY/TDD users may call 711), 8 a.m. - 8 p.m., seven days a week.

- Lets you enjoy the convenience of a home delivery mail order service.
- Coverage for both generic and brand name drugs. You pay only a low coinsurance or copayments.
- No annual drug maximums.

Enroll now

This brochure includes a detailed benefits chart about the specific Blue Rx PDP Medicare Prescription Drug Plan your group is offering. To enroll, simply fill out the easy-to-complete application and return it in the envelope provided.

If you have limited income and resources, and you're interested in getting extra help paying for your prescriptions, be sure to see the information in this brochure about help that may be available to you. If you have any questions about your Blue Rx PDP Medicare Prescription Drug Plan, please call **1-800-285-0489** between 8:00 a.m. and 8:00 p.m., Monday through Friday (TTY users, please call 711). For details about your monthly premium cost for Blue Rx PDP, if applicable, see the enclosed benefits chart or call your retiree benefits office. For general information about Blue Rx PDP, you can also visit our website at **www.highmarkblueshield.com/medicare**.

Sincerely,



Debra Smith
Senior Vice President, Highmark

Enclosure

P.S. Sign up now for Highmark Blue Shield Blue Rx PDP, a Medicare Prescription Drug Plan offered through your group that can save you money on most drugs you use.

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**ENROLLMENT
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IMPORTANT INFORMATION

Ready to enroll? See page 21 for your application.

Trust the plan that's backed by Highmark Blue Shield

Blue Rx PDP is the only Medicare Prescription Drug Plan that's backed by the financial strength, experience and stability of Highmark Blue Shield – a name millions of people know and trust. Highmark Blue Shield has been dedicated to offering quality, affordable health care coverage for more than 75 years. That means you get peace of mind knowing you're covered by a company experienced in serving the needs of people with Medicare. Medicare Prescription Drug Coverage is available only through private companies like HM Health Insurance Company, a subsidiary of Highmark Blue Shield. Your former employer or group is offering you the opportunity to enroll in a Highmark Blue Rx PDP – Prescription Drug Plan.

Medicare Prescription Drug Coverage is available only through private companies like HM Health Insurance Company, a subsidiary of Highmark Blue Shield. Your former employer or group is offering you the opportunity to enroll in a Highmark Blue Rx PDP – Prescription Drug Plan.

Enjoy the advantages of your Blue Rx PDP Prescription Drug Plan

Coverage for all drugs allowed by Medicare

Like all Medicare Prescription Drug Plans, Blue Rx PDP covers only those medications listed on a formulary. The formulary is a long list of FDA approved brand name and generic drugs.

Blue Rx PDP's formulary includes coverage for all Medicare-approved drugs. *Refer to the enclosed list of covered medications and the benefits chart for specific information about your group's option.*

**For complete information about what is and what is not covered by your Blue Rx PDP plan, please refer to the Evidence of Coverage you will receive after you enroll.*

Extensive network of participating pharmacies throughout the U.S.

Blue Rx PDP gives you access to one of the largest networks in the country. More than 65,000 pharmacies – including major retail chains and local independent pharmacies – are at your service. See the enclosed pharmacy directory for a comprehensive listing.

A convenient mail order service is also available if you want to have your prescriptions delivered right to your door. You'll receive complete information after you enroll.

It's easy to use your Blue Rx PDP coverage

After you've enrolled in the Blue Rx PDP, you'll receive a Blue Rx PDP member identification (ID) card. Simply show this card at a participating Trust the plan that's backed by Highmark Blue Shield Enjoy the Advantages of Your Blue Rx PDP Prescription Drug Plan pharmacy. Your plan includes a

Important Information

deductible. You are responsible for paying the full cost of your drugs until the deductible amount is met. Once your deductible has been satisfied, you pay the appropriate coinsurance amount or copayment for your prescriptions. **If you have limited income and resources, extra help is available.**

If you're interested in getting extra help paying for your prescriptions, you can apply for this help by contacting:

- **1-800-MEDICARE (1-800-633-4227).** TTY/TDD users should call **1-877-486-2048**, 24 hours a day/ 7 days a week; and see **medicare.gov** 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- **The Social Security Administration at 1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778**; or
- **Your State Medicaid Office.** Qualification for extra help and the amount of help you get is determined by your income and resources. Once you have enrolled in Blue Rx PDP, Medicare will tell us how much assistance you are receiving, and we will send you information on the copayment or coinsurance amount you will pay, as well as your premium, if applicable.

Prescription drugs

What is the prescription drug formulary?

Blue Rx PDP use a prescription drug formulary. The formulary is a long list of FDA-approved prescription drugs. It includes products in every major therapeutic category. The formulary is subject to periodic review and change by the HM Health Insurance Company through a committee of pharmacists and physicians. Blue Rx PDP doctors have copies of this formulary.

What about medications that are not listed on the formulary?

When your doctor prescribes a medication, it is likely that it will be on our extensive list of drugs. However, if your physician prescribes a drug not on the formulary, there is a process through which you or your doctor can request that you receive coverage for the medication. Through this process, your physician will provide a valid medical reason that you need the drug he or she has prescribed. It is possible that this request will be denied. We recommend that you discuss your circumstances with your prescribing physician.

Prescription Drug Care Management Programs

Blue Rx PDP's drug benefit plan includes clinical programs to ensure that medications are prescribed and dispensed in a manner that maximizes the positive benefits of prescription drugs on patient health. Certain prescription drugs may require preauthorization from Blue Rx PDP, or have quantity level limits.

Questions?

For more information, you can also call our toll-free number at **1-800-285-0489**, between 8:00 a.m. and 8:00 p.m., seven days a week. Hearing impaired TTY users, please call 711.

How we protect your right to confidentiality

At Blue Rx PDP, we have established policies and procedures to protect the privacy of our members' protected health information from unauthorized or improper use.

As permitted by law, Blue Rx PDP may use or disclose protected health information for treatment, payment and health care operations, such as: claims management, routine audits, coordination of care, quality assessment and measurement, case management, utilization review, performance measurement, customer service, credentialing, medical reviews and underwriting. With the use of measurement data, we are able to manage members' health care needs, even targeting certain individuals for quality improvement programs, such as health, wellness and disease management programs.

If we ever use your protected health information for non-routine uses, we will ask you to give us your permission by signing a special authorization form, except with regard to court orders and subpoenas.

You have the right to access the information your doctor has been keeping in your medical records and any such request should be directed first to your network physician. You benefit from the many safeguards we have in place to protect the use of data we maintain. This includes requiring Blue Rx PDP employees to sign a statement in which they agree to protect your confidentiality, using computer passwords to limit access to your protected health information and including confidentiality language in our contracts with doctors, hospitals, vendors and other health care providers.

We provide aggregate information to employer groups whenever possible. In those instances where protected health information is required, the employer group will be required to sign an agreement before the information is released.

Our Privacy Department reviews and approves policies regarding the handling of confidential information.

Recognizing that you have a right to privacy in all settings, we even inspect the privacy of examination rooms when we conduct on-site visits to doctors' offices. It's all part of assuring that your protected health information is kept confidential.



SUMMARY OF
DRUG BENEFITS

PRESCRIPTION DRUG BENEFITS

Ready to enroll? See page 21 for your application.

Your Blue Rx PDP benefits, Pharmacy Directory and Formulary

Low coinsurance or copayment for both generic and brand name drugs

No annual drug maximums

Large network of participating retail pharmacies, including chains and independents

Convenient mail order option

Extensive list of covered prescription drugs (all drugs allowed by Medicare)

Prescription Drug Benefits

For Blue Rx PDP

January 1, 2018 through December 31, 2018

Thank you for your interest in Blue Rx PDP. Our plan is offered by HM Health Insurance Company, a Medicare Prescription Drug Plan that contracts with the Federal government. This *Summary of Benefits* tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Blue Rx PDP and ask for the "Evidence of Coverage".

You have choices in your Medicare prescription drug coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Rx PDP. Another option is to get your prescription drug coverage through a Medicare Advantage (MA) Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this *Summary of Benefits* to compare the benefits offered by Blue Rx PDP to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is Blue Rx PDP available?

The service area for this varies. Please contact Blue Rx PDP for more information.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan. Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where can I get my prescriptions?

Blue Rx PDP has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at highmarkblueshield.com/medicare. Our customer service number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

Blue Rx PDP does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

What is a Prescription Drug Formulary?

Blue Rx PDP uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. You can see our complete formulary included in this enrollment kit and on our Website at <http://highmark.medicareapprovedformularies.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY/TDD users should call **1-877-486-2048**, 24 hours a day, seven days a week;
- **The Social Security Administration at 1-800-772-1213** between 7 a.m. and 7 p.m., Monday - Friday. TTY/TDD users should call **1-800-325-0778**; or
- **Your state Medicaid office.**

What are my protections in the plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Blue Rx PDP, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue Rx PDP for more details.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and member service). If you have access to the web, you may use the web tools on **medicare.gov** and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our member service number is listed below.

Please call HM Health Insurance Company for more information about Blue Rx PDP. Visit us at **highmarkblueshield.com/medicare** or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Eastern

Current members should call toll-free **(800)-290-3914**. (TTY/TDD 711)

Prospective members should call toll-free **(800)-285-0489**. (TTY/TDD 711)

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.

Or, visit **medicare.gov** on the web. If you have special needs, this document may be available in other formats or languages.

2018 Summary of Benefits Employer Group

Prescription Drugs	Blue Rx PDP
Drugs Covered under Medicare Part D	<p>This plan uses a formulary. You can also see the formulary at http://highmark.medicare-approvedformularies.com/ on the web.</p> <p>If you reside in a long term care facility, you pay the same as at a retail pharmacy.</p> <p>Your coverage is better than standard Medicare Part D.</p>
Deductible	No annual deductible
Initial Coverage	You pay the following until total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug cost paid by both you and a Part D plan.
Network Retail Pharmacy	<p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$15 cost sharing for a one-month (31-day) supply of drugs • \$45 cost sharing for a three-month (90-day) supply of drugs <p>Tier 2: Generic Drugs</p> <ul style="list-style-type: none"> • \$15 cost sharing for a one-month (31-day) supply of drugs • \$45 cost sharing for a three-month (90-day) supply of drugs <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 cost sharing for a one-month (31-day) supply of drugs • \$90 cost sharing for a three-month (90-day) supply of drugs <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$60 cost sharing for a one-month (31-day) supply of drugs • \$180 cost sharing for a three-month (90-day) supply of drugs <p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> • \$60 cost sharing for a one-month (31-day) supply of drugs
Mail Order	<p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$37.50 cost sharing for a one-month (31-day) supply of drugs • \$37.50 cost sharing for a three-month (90-day) supply of drugs <p>Tier 2: Generic Drugs</p> <ul style="list-style-type: none"> • \$37.50 cost sharing for a one-month (31-day) supply of drugs • \$37.50 cost sharing for a three-month (90-day) supply of drugs <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$75 cost sharing for a one-month (31-day) supply of drugs • \$75 cost sharing for a three-month (90-day) supply of drugs <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$150 cost sharing for a one-month (31-day) supply of drugs • \$150 cost sharing for a three-month (90-day) supply of drugs <p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> • A long-term supply is not available for drugs in Specialty Tier 5

Prescription Drugs	Blue Rx PDP
Coverage Gap	<p>After your total yearly drug costs (including what your plan has paid and what you have paid) reach \$3,750, you pay:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$15 cost sharing for a one-month (31-day) supply of drugs • \$45 cost sharing for a three-month (90-day) supply of drugs <p>Tier 2: Generic Drugs</p> <ul style="list-style-type: none"> • \$15 cost sharing for a one-month (31-day) supply of drugs • \$45 cost sharing for a three-month (90-day) supply of drugs <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30 cost sharing for a one-month (31-day) supply of drugs • \$90 cost sharing for a three-month (90-day) supply of drugs <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$60 cost sharing for a one-month (31-day) supply of drugs • \$180 cost sharing for a three-month (90-day) supply of drugs <p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> • \$60 cost sharing for a one-month (31-day) supply of drugs
Coverage Gap Mail Order	<p>After your total yearly drug costs (including what your plan has paid and what you have paid) reach \$3,750, you receive limited coverage by the plan on certain drugs.</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$37.50 cost sharing for a one-month (31-day) supply of drugs • \$37.50 cost sharing for a three-month (90-day) supply of drugs <p>Tier 2: Generic Drugs</p> <ul style="list-style-type: none"> • \$37.50 cost sharing for a one-month (31-day) supply of drugs • \$37.50 cost sharing for a three-month (90-day) supply of drugs <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$75 cost sharing for a one-month (31-day) supply of drugs • \$75 cost sharing for a three-month (90-day) supply of drugs <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$150 cost sharing for a one-month (31-day) supply of drugs • \$150 cost sharing for a three-month (90-day) supply of drugs <p>Tier 5: Specialty Drugs</p> <ul style="list-style-type: none"> • A long-term supply is not available for drugs in Specialty Tier 5
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost , or • \$3.35 copayment for a generic (including brand drugs treated like a generic) and a \$8.35 copayment for all other drugs.

Prescription Drugs	Blue Rx PDP
General Information	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost sharing amount for that drug, you will pay the actual cost, not the higher cost sharing amount.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization for certain drugs.</p> <p>You may get drugs from an Out-of-Network pharmacy, but may pay more than you pay at an In-Network pharmacy.</p> <p>Please contact the plan for details.</p>



ENROLLMENT
INFORMATION

ENROLLMENT INFORMATION

Discrimination is Against the Law

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

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

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

Geb Acht: Wann du Deutsch schwetzsch, kannsch du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kannsch du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ប្រការចងចាំ: បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូនលោកអ្នក ដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នងកាតសម្គាល់របស់លោកអ្នក (TTY: 711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注: 日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánítí'go, language assistance services, éí t'áá níik'eh, bee níká a'doowoł, éí bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jí' hodíílnih.

SIGNATURE 65

Bucknell University
Effective January 1, 2018

Introduction to Your Signature 65sm Program

This booklet provides you with the information you need to understand Signature 65, a Medicare complement program from Highmark. We encourage you to take the time to review this information so you understand how your health care program works.

Medicare does not pay for all of your hospital and doctor expenses if you become sick or injured. But Signature 65 complements your Medicare benefits by paying for some or all of the deductibles or coinsurance that are not covered by Medicare alone. Signature 65 also provides additional benefits, which are not covered by Medicare.

Signature 65 Features

Reliable Health Coverage

Highmark's financial stability has earned the company a "strong" rating and helps assure your coverage will be with you now and in the future.

Freedom of Choice

We know how important your relationship is with your doctor. Signature 65 lets you go directly to the doctors and hospitals of your choice for treatment. You aren't restricted to a limited network of hospitals and doctors.

Automatic Claim Filing

When you receive treatment from Medicare-participating physicians, hospitals and other providers, just present your Medicare ID card and your Signature 65 ID card. As a Highmark customer, you benefit because your claims for deductibles and coinsurance for covered expenses are automatically processed for you. You save time and trouble because, in most cases, we do all the paperwork for you.

Peace of Mind

Not all Medicare complement programs offer you full protection when you travel outside a specific geographic location. As a Highmark member, you will enjoy the security of knowing that your identification card is recognized and accepted by Medicare-participating hospitals and physicians throughout the United States.

A Wide Range of Member Support

As a Highmark member, you get important extras. Along with 24-hour assistance with any health care question or concern via Blues On CallSM, your member Web site connects you to a range of self-service tools that can help you manage your coverage. The Web site also offers programs and services designed to help you "Have A Greater Hand in Your Health[®]" to maintain or improve your health.

You can check eligibility information, order ID cards and claim forms, even review claims and Explanation of Benefits (EOB) information all online. You can also access

health information such as the comprehensive Healthwise Knowledgebase[®], full-color Health Encyclopedia, and the Health Crossroads[®] guide to treatment options. You can take an online Lifestyle Improvement course to manage stress, stop smoking or improve your nutrition. And the Web site connects you to a wide range of cost and quality tools to assure you spend your health care dollars wisely.

If you have any questions on your Signature 65 program, please call the Member Service toll-free telephone number on the back of your ID card.

Information for Non-English-Speaking Members

Non-English-speaking members have access to clear benefits information. They can call the toll-free Member Service telephone number on the back of their ID card to be connected to a language services interpreter line. Highmark Member Service representatives are trained to make the connection.

As always, we value you as a member, look forward to providing your coverage, and wish you good health.

Summary of Benefits

This Summary of Benefits outlines your covered services. More details can be found in the Covered Services section.

COVERED SERVICES	PLAN PAYS
Medicare Part A Covered Services	
Inpatient Hospital (Medicare inpatient mental health care coverage in a psychiatric facility is limited to 190 inpatient hospital days in a lifetime.)	
Days 1 – 60 Days 61 – 90 Days 91 – 150 For 60 Medicare lifetime reserve days that may be used only once Additional Inpatient Hospital Days	Medicare Part A deductible Medicare Part A coinsurance Medicare Part A coinsurance 100% of Medicare eligible expenses for 365 days per benefit period after the 60 Medicare inpatient lifetime reserve days are exhausted.
Skilled Nursing Facility Care	
Days 21 to 100 Day 101 and beyond	Medicare Part A coinsurance Not covered by this program
Blood	First three pints per calendar year
Inpatient Respite Care	5% of the Medicare Part A eligible expenses
Medicare Part B Covered Services	
Deductible	Not covered by this program
Coinsurance	Medicare Part B coinsurance

COVERED SERVICES	PLAN PAYS
Therapy Services	
Outpatient Physical Therapy	Medicare Part B coinsurance
Outpatient Occupational Therapy	Medicare Part B coinsurance
Outpatient Speech Therapy	Medicare Part B coinsurance
Durable Medical Equipment	Medicare Part B coinsurance
Outpatient Hospital Services	Medicare Part B coinsurance
Outpatient Psychiatric Treatment	Medicare Part B coinsurance
Blood	First three pints per calendar year
Outpatient Prescription Drugs used in Immunosuppressive Therapy	Medicare Part B coinsurance
Emergency Care	
Emergency Accident Care	Medicare Part B coinsurance
Emergency Medical Care	Medicare Part B coinsurance
Preventive Services	
Mammogram Screening	Medicare Part B coinsurance (not subject to Medicare Part B deductible)
Gynecological Services	Medicare Part B coinsurance (not subject to Medicare Part B deductible)
Colorectal Cancer Screenings (For all members age 50 and over. No minimum age required for colonoscopy.)	Medicare Part B coinsurance
Diabetes Monitoring	Medicare Part B coinsurance
Bone Mass Measurements	Medicare Part B coinsurance
Prostate Cancer Screening	Medicare Part B coinsurance
Vaccinations	Medicare Part B coinsurance
Glaucoma Testing	Medicare Part B coinsurance
Physical Examinations	Medicare Part B coinsurance

COVERED SERVICES	PLAN PAYS
Additional Medicare Part B Benefits	Medicare Part B coinsurance
Additional Benefits Not Covered By Medicare	
Emergency Care in a Foreign Country	100% of the plan allowance
Additional Inpatient Psychiatric Treatment	100% of Medicare eligible expenses for 365 additional inpatient hospital days per benefit period.
Chemotherapy*	100% of the plan allowance
Enteral Foods*	100% of the plan allowance
Routine Gynecological Exams and Papanicolaou Smear*	100% of the plan allowance
Maternity Home Health Care Visit	100% of the plan allowance
Colorectal Cancer Screenings	100% of the plan allowance
Autism Spectrum Disorders including Applied Behavioral Analysis¹	100% of the plan allowance

*State mandate applies

¹ Coverage for eligible members to age 21. Services will be paid according to the benefit category, i.e., speech therapy. Treatment for autism spectrum disorders does not reduce visit/day limits.

Covered Services - Medical Program

MEDICARE PART A SERVICES

Hospital and Related Benefits

Benefits are provided for semi-private accommodations and all other services provided and billed for by the hospital. Coverage includes, but is not limited to, meals and special diets, general nursing care, drugs and medicines, use of operating, recovery and other specialty service rooms, anesthesia, laboratory tests, x-ray examinations, dressings, plaster casts and splints, oxygen, processing and administration of blood and blood plasma, physiotherapy and hydrotherapy, radiation therapy, EKG and EEG, basal metabolism testing, intravenous fluids and prosthetic devices surgically implanted.

Continued Stay Review

The medical progress of patients is reviewed to identify the continued medical necessity and appropriateness of the inpatient stay. If a member elects to continue to receive inpatient services after receipt of written notification by the plan that such level of care is no longer medically necessary and appropriate, the member will be financially responsible for the full amount of the professional providers' charges from the date appearing on the written notification.

Skilled Nursing Facility Care

Coverage is provided for a semi-private room, meals, skilled nursing and rehabilitative services, and other services and supplies when: the member needs daily skilled nursing or rehabilitation services; services as a practical matter can only be provided in an inpatient facility; and the care begins within 30 days of the member's discharge from a hospital stay of at least three days.

Blood

Coverage is provided for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under Federal regulations) per calendar year, unless replaced in accordance with Federal regulations.

Inpatient Respite Care

Coverage is provided for Medicare eligible expenses in connection with care given to you when you are a hospice patient in a Medicare-approved facility so that the usual caregiver can rest (respite care). Coverage is provided for up to five days each time you receive respite care.

MEDICARE PART B SERVICES

Medical and Surgical Benefits

Coverage of Medicare Part B coinsurance is provided for physician services and inpatient and outpatient medical and surgical supplies.

Generally, Medicare Part B coverage includes, but is not limited to the following:

- X-ray, radium and radioactive isotope therapy, including material and services of technicians
- Diagnostic x-ray, diagnostic laboratory and other diagnostic tests performed or ordered by a professional provider
- Rental or purchase of durable medical equipment for use in your home, when prescribed by a provider
- Surgical dressings, splints and casts
- Ambulance services when an ambulance is needed to transport you to or from a hospital or skilled nursing facility because any other method of transportation would be dangerous to your health
- Surgical services performed by a professional provider, including services involving surgery of the jaw or related structures or setting of fractures of the jaw or facial bones
- Transplant services performed for a member including the services for the removal of an organ from a donor when the donor is not a member
- Medical services performed by a professional provider
- Services and supplies furnished as part of a professional provider's professional care and which are commonly included in the charge
- Obstetrical delivery including pre- and post-natal care for a female member
- Devices (other than dental) which replace all or part of an internal body organ, including replacement of the devices
- Leg, arm, back and neck braces and artificial legs, arms and eyes, including replacements, if required, because of a change in the member's physical condition

Therapy Services

Coverage is provided for the following services, when ordered by a physician:

- Outpatient physical therapy
- Outpatient occupational therapy
- Outpatient speech therapy

Outpatient Hospital Services

Coverage is provided for services for the diagnosis or treatment of an illness or injury.

Outpatient Psychiatric Treatment

Coverage is provided for the outpatient treatment of mental illness when services are rendered in a hospital or psychiatric facility.

Generally, coverage includes, but is not limited to, the following:

- Individual and group therapy with physicians, psychologists or other mental health professionals authorized by the state
- Services of social workers, trained psychiatric nurses and other staff trained to work with psychiatric patients
- Drugs and biologicals furnished to outpatients for therapeutic purposes, but only if they are of a type which cannot be self-administered
- Activity therapies, but only those that are individualized and essential for the treatment of your condition. The treatment plan must clearly justify the need for each particular therapy utilized and explain how it fits into your treatment
- Family counseling service. Counseling services with members of the household are covered only where the primary purpose of such counseling is the treatment of your condition
- Patient education programs, but only where the educational activities are closely related to your care and treatment
- Diagnostic services for the purpose of diagnosing you when extended or direct observation is necessary to determine functioning and interactions, to identify problem areas, and to formulate a treatment plan

Blood

Coverage is provided for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under Federal regulations) per calendar year.

Outpatient Prescription Drugs

Coverage is provided only for prescription drugs used in immunosuppressive therapy.

Emergency Care

Coverage is provided for the following Medicare eligible expenses:

Emergency Accident

The initial treatment of bodily injuries resulting from an accident and any follow-up care.

Emergency Medical

The initial treatment after the sudden onset of a medical condition manifesting itself by acute symptoms that require immediate medical attention and any follow-up care.

Preventive Services

Coverage is provided for the following Medicare eligible expenses:

Mammogram Screening

Benefits are provided once every 12 months starting at age 40 and over, and one baseline mammogram within age 35-39.

Gynecological Services

Benefits are provided for pelvic exams to check for cervical and vaginal cancer once every two years. If the member is of child bearing age and has had an abnormal Pap smear within three years, or has a high risk for cervical or vaginal cancer, coverage is provided for a pelvic exam every year. In addition to the pelvic exam, a clinical breast exam is also covered to check for breast cancer.

Colorectal Cancer Screenings

Benefits are provided for tests or procedures when ordered by a physician for the purpose of early detection of colorectal cancer to members age 50 and older (no minimum age required for colonoscopy) as follows:

- Fecal occult blood test once every 12 months
- Flexible sigmoidoscopy once every 48 months
- Colonoscopy once every 24 months if the member is at high risk for colon cancer, otherwise once every 10 years
- Barium enema (physician can substitute for flexible sigmoidoscopy or colonoscopy) once every 24 months if the member is at high risk for colon cancer, otherwise once every 48 months

Diabetes Monitoring

Benefits are provided to all members with diabetes (insulin users and non-users) for glucose monitors, test strips, lancets and self-management training.

Bone Mass Measurements

Benefits are provided to certain members at risk for losing bone mass once every 24 months.

Prostate Cancer Screening

Benefits are provided to all male members age 50 and older for a digital rectal examination once every 12 months and a Prostate Specific Antigen (PSA) test once every 12 months.

Vaccinations

Benefits are provided to all members on an outpatient basis for the following:

- Hepatitis B vaccine immunization for individuals at a high or intermediate risk for Hepatitis B
- Flu shots every 12 months
- Pneumococcal (pneumonia) shot upon the recommendation of a professional provider

Glaucoma Testing

Benefits are provided to all members at high risk for glaucoma once every 12 months.

Tobacco Use, Counseling and Interventions

Benefits are provided for screenings for tobacco use and, for those who use tobacco products, two tobacco cessation attempts per year. A tobacco cessation attempt includes four tobacco cessation counseling sessions and covered medications.

Physical Exam

Benefits are provided for a one-time "Welcome to Medicare" exam and for annual "wellness" exams.

Additional Medicare Part B Benefits

Coverage is provided for the following Medicare eligible expenses:

- Limited chiropractic services
- One pair of eyeglasses after cataract surgery with an intraocular lens
- Kidney dialysis and kidney transplants
- Medical supplies for items such as ostomy bags and some diabetic supplies
- Prosthetic devices, including breast prosthesis after mastectomy and subsequent replacements of the removed breast or portions thereof, pursuant to an order of the member's physician
- Services of practitioners such as clinical psychologists, social workers and nurse practitioners
- Transplants, under certain conditions, for heart, lung and liver
- Nursery care for routine newborn care performed while the mother is confined in an accredited hospital

ADDITIONAL BENEFITS NOT COVERED BY MEDICARE

Emergency Care in a Foreign Country

Coverage is provided for medically necessary and appropriate emergency hospital, physician and medical care received in a foreign country, to the extent not covered by Medicare for the billed charges for Medicare eligible expenses, which would have been covered by Medicare if provided in the United States. Emergency care is care that is needed immediately because of an injury or illness of sudden and unexpected onset.

Additional Inpatient Psychiatric Treatment

Coverage of Medicare Part A eligible expenses for additional inpatient treatment of mental illness is provided when services are rendered in a hospital or psychiatric facility after the member has exhausted 190 Medicare inpatient hospital lifetime days in a psychiatric facility.

Chemotherapy

Benefits are available for the treatment of malignant diseases regardless of the type of facility in which treatment is rendered.

Enteral Foods

Coverage is provided for enteral foods when administered on an outpatient basis for:

- amino acid-based elemental medical formulae ordered by a physician for infants and children for food protein allergies, food protein-induced enterocolitis syndrome, eosinophilic disorders and short bowel syndrome; and
- nutritional supplements administered under the direction of a physician for the therapeutic treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria.

Routine Gynecological Examination and Papanicolaou Smear

Benefits are provided for one routine gynecological examination, including a pelvic examination and clinical breast examination and one routine Papanicolaou smear per calendar year.

Maternity Home Health Care Visit

Benefits for one maternity home health care visit will be provided at the member's home within 48 hours of discharge from a facility provider when the discharge occurs prior to: (a) 48 hours of inpatient care following a normal vaginal delivery; or (b) 96 hours of inpatient care following a Caesarean delivery. This visit shall be made by a participating provider whose scope of practice includes post partum care. The visit includes parent education, assistance and training in breast and bottle feeding, infant

screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. The visit may, at the mother's sole discretion, occur at the facility of the participating provider. Maternity home health care visit is subject to all terms of this program.

Colorectal Cancer Screenings

Benefits are provided for diagnostic pathology and laboratory screening services such as a fecal occult blood or fecal immunochemical test; diagnostic x-ray screening services such as a barium enema; surgical screening services such as flexible sigmoidoscopy and colonoscopy; and such other diagnostic pathology and laboratory, diagnostic x-ray and surgical screening tests and diagnostic medical screening services consistent with approved medical standards and practices for the detection of colon cancer.

Benefits are provided for members 50 years of age or older, or more frequently and regardless of age when prescribed by a physician, as follows:

- An annual fecal-occult blood test or fecal immunochemical test
- A sigmoidoscopy every five years
- A screening barium enema or test consistent with approved medical standards and practices to detect colon cancer every five years
- A colonoscopy every 10 years

If you are determined to be at high or increased risk, regardless of age, benefits are provided for a colonoscopy or any other combination of covered services related to colorectal cancer screening when prescribed by a physician and in accordance with the American Cancer Society guidelines on screening for colorectal cancer as of January 1, 2008.

Autism Spectrum Disorders

Benefits are provided to members under 21 years of age for the following:

Diagnostic Assessment of Autism Spectrum Disorders

Medically necessary and appropriate assessments, evaluations or tests performed by a physician, licensed physician assistant, psychologist or certified registered nurse practitioner to diagnose whether an individual has an autism spectrum disorder.

Treatment of Autism Spectrum Disorders

Services must be specified in a treatment plan developed by a physician or psychologist following a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American

Academy of Pediatrics. Highmark may review a treatment plan for autism spectrum disorders once every six months, or as agreed upon between Highmark and the physician or psychologist developing the treatment plan.

Treatment may include the following medically necessary and appropriate services:

Pharmacy care

Prescription drugs approved by the Food and Drug Administration (FDA) and designated by Highmark for the treatment of autism spectrum disorders and which are prescribed by a physician, licensed physician assistant or certified registered nurse practitioner. Also included is any assessment, evaluation or test prescribed or ordered by a physician, licensed physician assistant or certified registered nurse practitioner to determine the need or effectiveness of such prescription drugs.

Psychiatric and psychological care

Direct or consultative services provided by a psychologist or by a physician who specializes in psychiatry.

Rehabilitative care

Professional services and treatment programs, including Applied Behavioral Analysis, provided by an autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.

Therapeutic care

Services that are provided by a speech language pathologist, occupational therapist or physical therapist.

What Is Not Covered

Except as specifically provided in this program or as Highmark is mandated or required to provide based on state or federal law, no benefits will be provided for services, supplies, prescription drugs or charges:

<u>Key Word</u>	<u>Exclusion</u>
Abortion	<ul style="list-style-type: none">• for elective abortions, except those abortions necessary to avert your death or terminate pregnancies caused by rape or incest;
Allergy Testing	<ul style="list-style-type: none">• for allergy testing;
Ambulance	<ul style="list-style-type: none">• for ambulance services except to the extent covered by Medicare Part B or otherwise provided herein;
Assisted Fertilization	<ul style="list-style-type: none">• related to treatment provided specifically for the purpose of assisted fertilization, including pharmacological or hormonal treatments used in conjunction with assisted fertilization;
Comfort/Convenience Items	<ul style="list-style-type: none">• for personal hygiene and convenience items such as, but not limited to, air conditioners, humidifiers, or physical fitness equipment, stair glides, elevators/lifts or "barrier free" home modifications, whether or not specifically recommended by a professional provider;
Cosmetic Surgery	<ul style="list-style-type: none">• for operations for cosmetic purposes done to improve the appearance of any portion of the body, and from which no improvement in physiological function can be expected, except as otherwise required by law. Other exceptions to this exclusion are: a) surgery to correct a condition resulting from an accident; and b) surgery to correct functional impairment which results from a covered disease, injury or congenital birth defect;
Court Ordered Services	<ul style="list-style-type: none">• for otherwise covered services ordered by a court or other tribunal unless medically necessary and appropriate or if the reimbursement of such services is required by law;
Custodial Care	<ul style="list-style-type: none">• for custodial care, domiciliary care, residential care, protective and supportive care including educational services, rest cures and convalescent care;
Dental Care	<ul style="list-style-type: none">• directly related to the care, filling, removal or replacement of teeth, the treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth. These include, but are not limited to, apicoectomy

(dental root resection) root canal treatments, soft tissue impactions, alveolectomy and treatment of periodontal disease;

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| Enteral Foods | <ul style="list-style-type: none">• For any food including, but not limited to, enteral foods, normal food products used in the dietary management of the disorders provided herein, infant formulas, supplements, substances, products, enteral solutions or compounds used to provide nourishment through the gastrointestinal tract whether ingested orally or provided by tube, whether utilized as a sole or supplemental source of nutrition and when provided on an outpatient basis, except as provided herein. |
| Effective Date | <ul style="list-style-type: none">• which are rendered prior to your effective date of coverage; |
| Experimental/
Investigative | <ul style="list-style-type: none">• which are experimental/investigative in nature; |
| Eyeglasses/Contact Lenses | <ul style="list-style-type: none">• for eyeglasses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses (except for the initial pair of contact lenses/glasses prescribed following cataract extraction in place of surgically implanted lenses, or sclera shells intended for use in the treatment of disease or injury); |
| Foot Care | <ul style="list-style-type: none">• for palliative or cosmetic foot care including flat foot conditions, supportive devices for the foot, corrective shoes, the treatment of subluxations of the foot, care of corns, bunions, (except capsular or bone surgery), calluses, toe nails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet except when such devices or services are related to the treatment of diabetes; |
| Hearing Care Services | <ul style="list-style-type: none">• for hearing aid devices, tinnitus maskers, or examinations for the prescription or fitting of hearing aids; |
| Home Health Care | <ul style="list-style-type: none">• for services or supplies provided by a home health care agency; |
| Immunizations | <ul style="list-style-type: none">• for immunizations required for foreign travel or employment; |
| Impotency | <ul style="list-style-type: none">• for impotency treatment drugs; |
| Inpatient Admissions | <ul style="list-style-type: none">• for inpatient admissions that are primarily for diagnostic studies;• for inpatient admissions that are primarily for physical |

Learning Disabilities

therapy;

- for any care that is related to conditions such as hyperkinetic syndromes, learning disabilities, behavioral problems, mental retardation, but not including care related to autism spectrum disorders, which extends beyond traditional medical management, or for inpatient confinement for environmental change. Care which extends beyond traditional medical management or for inpatient confinement for environmental change includes the following: a) services that are primarily educational in nature; such as academic skills training or those for remedial education or those that may be delivered in a classroom-type setting, including tutorial services; b) neuropsychological testing, educational testing (such as I.Q., mental ability, achievement and aptitude testing), except for specific evaluation purposes directly related to medical treatment; c) services provided for purposes of behavioral modification and/or training; d) services related to the treatment of learning disorders or learning disabilities; e) services provided primarily for social or environmental change or for respite care; f) developmental or cognitive therapies that are not restorative in nature but used to facilitate or promote the development of skills which you have not yet attained; and g) services provided for which, based on medical standards, there is no established expectation of achieving measurable, sustainable improvement in a reasonable and predictable period of time;
- for any care that is related to autism spectrum disorders which extends beyond traditional medical management, except as otherwise provided herein. Care which extends beyond traditional medical management includes the following: a) services that are primarily educational in nature, such as academic skills training or those for remedial education or those that may be delivered in a classroom-type setting, including tutorial services; b) neuropsychological testing, educational testing (such as I.Q., mental ability, achievement and aptitude testing); except for specific evaluation purposes directly related to medical treatment; and c) services provided primarily for respite care.

Legal Obligation	<ul style="list-style-type: none"> • for which you would have no legal obligation to pay;
Medicare	<ul style="list-style-type: none"> • for the Medicare Part B deductible;
Medicare	<ul style="list-style-type: none"> • which are not covered by Medicare and not specifically referenced in this booklet; • which are not covered by Medicare but covered under this program, and not medically necessary and appropriate as determined by the plan; • not covered by Medicare and incurred due to confinement in a freestanding psychiatric facility; • charges for services, other than emergency and urgent care services when a private contract has not been executed by the Medicare beneficiary, which are payable under Medicare rendered by a Medicare opt-out provider when Medicare is primary; • charges for any services payable under Medicare and rendered by a Medicare non-participating provider in excess of the Medicare reasonable charge, when Medicare is primary;
Military Service	<ul style="list-style-type: none"> • to the extent benefits are provided to members of the armed forces and the National Health Service or to patients in Veteran's Administration facilities for service-connected illness or injury unless you have a legal obligation to pay;
Miscellaneous	<ul style="list-style-type: none"> • for telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form; • for any other medical or dental service or treatment, except as provided herein;
Motor Vehicle Accident	<ul style="list-style-type: none"> • for treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a program or policy of motor vehicle insurance, including a certified or qualified program of self-insurance, or any fund or program for the payment of extraordinary medical benefits established by law, including any medical benefits payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Act;
Nutritional Counseling	<ul style="list-style-type: none"> • for nutritional counseling and services intended to produce weight loss;
Oral Surgery	<ul style="list-style-type: none"> • for oral surgery procedures unless specifically provided, except for the treatment of accidental injury to the jaw,

	<p>sound and natural teeth, mouth or face, unless specifically provided for herein;</p>
Physical Examinations	<ul style="list-style-type: none"> • for routine or periodic physical examinations, the completion of forms, and preparation of specialized reports solely for insurance, licensing, employment or other non-preventive purposes, such as pre-marital examinations, physicals for school, camp, sports or travel, except as provided herein;
Prescription Drugs (Medical Program)	<ul style="list-style-type: none"> • for outpatient prescription drugs, except as provided for under Medicare Part B or otherwise provided herein;
Preventive Care	<ul style="list-style-type: none"> • for preventive care services, wellness services or programs, except as provided herein;
Private Duty Nursing	<ul style="list-style-type: none"> • for private duty nursing services;
Provider of Service	<ul style="list-style-type: none"> • which are not prescribed or performed by or upon the direction of a professional provider; • which are rendered by other than hospitals, facility providers or professional providers; • received from a dental or medical department maintained, in whole or in part, by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group; • which are submitted by a certified registered nurse and another professional provider for the same services performed on the same date for the same patient; • rendered by a professional provider who is a member of your immediate family; • performed by a professional provider enrolled in an education or training program when such services are related to the education or training program;
Respite Care	<ul style="list-style-type: none"> • for respite care, except as provided herein;
Sexual Dysfunction	<ul style="list-style-type: none"> • for treatment of sexual dysfunction not related to organic disease or injury;
Sterilization	<ul style="list-style-type: none"> • for sterilization and reversal of sterilization;;
Termination Date	<ul style="list-style-type: none"> • incurred after the date of termination of your coverage, except as provided herein;
Therapy	<ul style="list-style-type: none"> • for therapy services for which there is no expectation of

restoring or improving a level of function or when no additional functional progress is expected to occur, and which are determined not to be medically necessary and appropriate;

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| TMJ | <ul style="list-style-type: none">• for treatment of temporomandibular joint (jaw hinge) syndrome with intra-oral prosthetic devices, or any other method to alter vertical dimensions and/or restore or maintain the occlusion and treatment of temporomandibular joint dysfunction not caused by documented organic joint disease or physical trauma; |
| Transsexual Surgery | <ul style="list-style-type: none">• for any treatment leading to or in connection with transsexual surgery, except for sickness or injury resulting from such treatment or surgery; |
| Vision Correction Surgery | <ul style="list-style-type: none">• for the correction of myopia or hyperopia by means of corneal microsurgery, such as keratomileusis, keratophakia, and radial keratotomy and all related services; |
| War | <ul style="list-style-type: none">• for an illness or injury suffered after your effective date as a result of any act of war; |
| Well-Baby Care | <ul style="list-style-type: none">• for well-baby care visits, except as provided herein; |
| Workers' Compensation | <ul style="list-style-type: none">• for any illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any federal, state, or local government's workers' compensation, occupational disease, or similar type legislation. This exclusion applies whether or not you file a claim for said benefits or compensation; |

Eligible Providers

Facility Providers

- Home health care agency
- Hospital
- Skilled nursing facility

Professional Providers

- Audiologist
- Behavior specialist
- Certified Clinical Nurse Specialist*
- Certified Community Health Nurse*
- Certified Enterostomal Therapy Nurse*
- Certified Psychiatric Mental Health Nurse*
- Certified Registered Nurse Anesthetist*
- Certified Registered Nurse Practitioner*
- Chiropractor
- Dentist
- Nurse-midwife
- Optometrist
- Osteopath
- Physical therapist
- Physician
- Podiatrist
- Psychologist
- Registered nurse
- Speech-language pathologist

Ancillary Providers

- Ambulance service
- Clinical laboratory
- Home infusion therapy provider
- Suppliers (durable medical equipment suppliers, hearing aid device vendors, vendors/fitters, orthotic and prosthetic suppliers, pharmacy/durable medical equipment suppliers)

**Excluded from eligibility are registered nurses employed by a health care facility or by an anesthesiology group.*

Providers Who Accept Assignment

Under the terms of assignment, you transfer to the provider the right to both the Medicare and Highmark payment based on Medicare eligible expenses specified on the claim. The provider, in turn, agrees to accept the Medicare reasonable charge set by the Medicare carrier as his total charge for the covered service.

The sum of the reasonable charge payments, 80% by Medicare Part B and 20% by Highmark, constitute payment in full, except where maximums or deductibles are specified. Highmark reserves the right to make payment directly to the provider.

Providers Who Do Not Accept Assignment

You are responsible to pay any difference between the provider's charge and the combined Medicare/Highmark payment if the provider does not accept assignment.

Highmark reserves the right to make payment directly to you.

General Information

Who is Eligible for Coverage

Eligible Dependents

- You may enroll your spouse under a legally valid existing marriage between persons of the opposite sex or between persons of the same sex when entered into within a state that sanctions such marriages by law and that is valid pursuant to such law at the time of the marriage who is covered under Medicare by reason of age or disability.
- Unmarried children of a member are eligible, including newborn children, stepchildren, children legally placed for adoption, children awarded coverage pursuant to an order of court, and legally adopted children who are covered under Medicare by reason of disability.

Changes in Membership Status

For Highmark to administer consistent coverage for you, you must keep your Employee Benefit Department informed about any address changes or changes that may affect your coverage.

Continuation of Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that covers group health plans sponsored by an employer (private sector or state/local government) that employed at least 20 employees on more than 50 percent of its typical business days in the previous calendar year. Employers that are subject to COBRA must temporarily extend their health care coverage to certain categories of employees when, due to certain "qualifying events," they are no longer eligible for group coverage.

Contact your employer for more information about COBRA and the events that may allow you to temporarily extend health care coverage.

Conversion

If your employer does not offer continuation of coverage, or if you do not wish to continue coverage through your employer's program, you may be able to enroll in an

individual conversion program. Also, conversion is available to anyone who has elected continued coverage through your employer's program and the term of that coverage has expired.

If your coverage through your employer is discontinued for any reason, except as specified below, you may be able to convert to a direct payment program.

The conversion opportunity is not available if either of the following applies:

- You are eligible for another group health care benefits program through your place of employment.
- When your employer's program is terminated and replaced by another health care benefits program.

Termination of Your Coverage Under the Employer Contract

Your coverage can be terminated in the following instances:

- When you cease to be an employee, the group shall promptly notify Highmark that you are no longer eligible for coverage and that your coverage should be terminated as follows:
 - When prompt notification is received, coverage will be terminated no earlier than the date on which you cease to be eligible.
 - When a group requests a retroactive termination of coverage, coverage will be terminated no earlier than the first day of the month preceding the month in which Highmark received notice from the group.
- When you fail to pay the required contribution, your coverage will terminate at the end of the last month for which payment was made.
- Termination of the employer contract automatically terminates the coverage of all the members. It is the responsibility of the employer to notify you of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given to you by the employer.
- If it is proven that you obtained or attempted to obtain benefits or payment for benefits through fraud or intentional misrepresentation of a material fact, Highmark may, upon notice to you, terminate your coverage under the program.

Benefits After Termination of Coverage

- If you are totally disabled at the time your coverage terminates, medical benefits will be continued for covered services directly related to the condition causing such total disability, and for no condition, illness, disease or injury, as follows:
 - Up to a maximum period of 12 consecutive months
 - Until the maximum amount of benefits has been paid
 - Until the total disability ends
 - Until you become covered without limitation as to the disabling condition under other group coverage, whichever occurs first
- Your benefits will not be continued if your coverage is terminated because you failed to pay any required premium.

Other Types of Coverage

If you are also covered by another group benefit program or under any governmental program for which any periodic payment is made by or for you, it must be determined which coverage has primary liability – that is, which coverage will pay first for eligible medical services – and which coverage has secondary liability or pays second. Highmark makes this determination to prevent members from receiving more in benefits than the actual cost of care and to ultimately conserve funds allocated for health care.

If the other plan does not have a policy to determine primary or secondary liability, then it has primary liability; if it does have a policy, then it has primary liability if you are the contract holder for both plans. If primary liability cannot be determined by looking at the contract holder for both plans, then the plan that has covered the patient the longest has primary liability. Except when prohibited by law, or when you have elected Medicare secondary, services provided under any governmental program for which any periodic payment is made by or for you, will always have primary liability.

Subrogation

If you need medical care as a result of an injury caused by someone else, Highmark has the right to seek repayment from the responsible party or his or her insurance company through a process called “subrogation”. Highmark will provide benefits at the time of need, but you may be asked to execute and deliver documents or take other action as necessary to assure the rights of Highmark. Subrogation helps to conserve funds allocated for health care.

A Recognized Identification Card

Your card is your “passport” to quality care. The Blue Shield symbol on your card is recognized throughout the country and around the world. Carry your identification card with you at all times and show this card along with your Medicare card to the hospital, doctor, or other health care professional whenever you need medical care.

Protect your card: If your card is lost or stolen, please contact Member Service immediately. It is illegal to loan your card to persons who are not eligible to use your Signature 65 benefits.

To request additional ID cards, contact Member Service or request cards online by logging onto www.highmarkblueshield.com.

How to File a Claim

In most instances, health care providers will submit a claim on your behalf directly to Medicare and/or Highmark. **Most of the time, you will not have to take any action.**

If your claim is not submitted directly by your provider, you may need to file the claim yourself. The procedure is simple. Just take the following steps.

- **Know your benefits.** Review this information to see if the services you received are eligible under your medical program.
- **For benefits covered by Medicare** (see the 'Medicare Covered Services' section of your Summary of Benefits):
 - You must submit a copy of the Explanation of Medicare Benefits (EOMB) that states the Medicare portion of the claim has been paid.
 - If you receive a Medicare EOMB and no Explanation of Benefits (EOB) from Highmark within 30 days, submit the Medicare EOMB.
 - Write your ID number on the top right corner of the EOMB. Your ID number can be found on your ID card.
- **For benefits that are not covered by Medicare** (see the 'Additional Benefits Not Covered By Medicare' section of your Summary of Benefits): Mail the itemized bill to Highmark. Itemized bills must include:
 - The name and address of the service provider;
 - The patient's full name;
 - The date of service or supply;
 - A description of the service/supply;
 - The amount charged;
 - The diagnosis or nature of illness.
 - Write your ID number on the top right corner of the bill.

Note: If you have already made payment for the services you received, you must also submit proof of payment (receipt from the provider) with your claim. Cancelled checks, cash register receipts, or personal itemizations are not acceptable as itemized bills.

- **Keep a copy for your records.** You must submit originals, so you may want to make copies for your records. Once your claim is received, itemized bills cannot be returned.

Time Limit To File A Claim

- Claims should be submitted within 90 days of the date of service.
- Claims must be submitted no later than 36 months from the date of service.
- Drug claims, if applicable, must be submitted no later than 15 months from the date of purchase.

Mailing Address For Claims

Mail claims for benefits which complement Medicare Part A or Medicare part B to:

Highmark Blue Shield
P.O. Box 898845
1800 Center Street
Camp Hill, PA 17089

Your Explanation of Benefits Statement

Once your claim is processed, an Explanation of Benefits (EOB) statement will be issued within 30 days of receipt of the claim, unless extended for reasons outside our control. Highmark reserves the right to require additional information and documents as needed to support a claim.

Designation of an Authorized Representative

You may authorize someone else to file and pursue a claim on your behalf. If you do so, you must notify Highmark in writing of your choice of an authorized representative by completing a "Designation of an Authorized Representative" form. This form may be requested from a member service representative and must also be included in the letter you receive from Highmark that acknowledges receipt of your appeal.

Medical Appeal Procedure

Highmark maintains an appeal process involving one level of review. At any time during the appeal process, you may choose to designate a representative to participate in the appeal process on your behalf. You or your representative shall notify Highmark in writing of the designation. For purposes of the appeal process, "you" includes designees, and legal representatives and, in the case of a minor, parents entitled or authorized to act on your behalf. Highmark reserves the right to establish reasonable procedures for determining whether an individual has been authorized to act on your behalf. Such procedures, as adopted by Highmark shall, in the case of an urgent care claim, permit a professional provider with knowledge of your medical condition to act as your authorized representative.

At any time during the appeal process, you may contact the Member Service Department at the toll-free telephone number listed on your ID card to inquire about the filing or status of your appeal.

If you receive notification that a claim has been denied by Highmark, in whole or in part, you may appeal the decision. Your appeal must be submitted within 180 days from the date of your receipt of notification of the adverse decision. You may mail your appeal to:

Highmark Blue Shield
P.O. Box 890178
Camp Hill, PA 17089-0178
ATTN: Review Committee

Upon request to Highmark, you may review all documents, records and other information relevant to your appeal and shall have the right to submit any written comments, documents, records, information, data or other material in support of your appeal. Your appeal will be reviewed by a representative from the Member Grievance and Appeals Department. The representative shall not have been involved in any previous decision to deny the claim or matter which is the subject of your appeal or the subordinate of any individual that was involved in that decision. In rendering a decision on your appeal, the Member Grievance and Appeals Department will take into account all comments, documents, records, and other information submitted by you without regard to whether such information was previously submitted to or considered by Highmark. The Member Grievance and Appeals Department will also afford no deference to any prior adverse decision on the claim which is the subject of your appeal.

Each appeal will be promptly investigated and Highmark will provide written notification of its decision within a reasonable period of time appropriate to the medical circumstances involved not to exceed 30 days following receipt of your appeal.

In the event Highmark renders an adverse decision on your appeal, the notification shall include, among other items, the specific reason or reasons for the adverse decision and a statement regarding your right to pursue legal action

Autism Spectrum Disorders Expedited Review and Appeal Procedures

Upon denial, in whole or in part, of claim for diagnostic assessment or treatment of autism spectrum disorders, there is an appeal procedure for expedited internal review which you may choose as an alternative to those procedures set forth above. In order to

obtain an expedited review, you or your authorized representative shall identify the particular claim as one related to the diagnostic assessment or treatment of an autism spectrum disorder to the Member Service Department and request an expedited review which will be provided by Highmark. If, based on the information provided at the time the request is made, the claim cannot be determined as one based on services for the diagnostic assessment or treatment of autism spectrum disorders, Highmark may request from you or the health care provider additional clinical information including the treatment plan described in the Covered Services section of the booklet.

An appeal of a denial of a claim for services for the diagnostic assessment or treatment of an autism spectrum disorder is subject to review by a Review Committee. The request to have the decision reviewed by the Review Committee may be communicated orally or be submitted in writing within 180 days from the date the denial of the claim is received, and may include any written information from you or the health care provider. The Review Committee shall be comprised of three employees of Highmark who were not involved or the subordinate of any individual that was previously involved in any decision to deny coverage or payment for the health care service. The Review Committee will hold an informal hearing to consider the appeal. When arranging the hearing, Highmark will notify you or the health care provider of the hearing procedures and rights at such hearing, including your or the health care provider's right to be present at the review and to present a case. If you or the health care provider cannot appear in person at the review, Highmark shall provide you or the health care provider the opportunity to communicate with the Review Committee by telephone or other appropriate means.

Highmark shall conduct the expedited internal review and notify you or your authorized representative of its decision as soon as possible but not later than 48 hours following the receipt of your request for an expedited review. The notification to you and the health care provider shall include, among other items, the specific reason or reasons for the adverse decision including any clinical rationale, the procedure for obtaining an expedited external review and a statement regarding your right to pursue legal action.

Following the receipt of the expedited internal review decision, you may contact Highmark to request an expedited external review pursuant to the expedited external review procedure for autism spectrum disorders established by the Pennsylvania Insurance Department.

Member Service

As a Highmark member, you have access to a wide range of readily available health education tools and support services, all geared to help you "Have A Greater Hand in Your Health®."

Blues On Callsm - 24/7 Health Decision Support

Just call **1-888-BLUE-428 (1-888-258-3428)** to be connected to a specially-trained wellness professional. You can talk to a Health Coach whenever you like, any time of the day, any day of the week.

Health Coaches are specially-trained registered nurses, dietitians and respiratory therapists who can help you make more informed health care and self-care (when appropriate) decisions. They can assist with a health symptom assessment, provide health-related information, and discuss your treatment options. Please be assured that your discussions with your Health Coach are kept strictly confidential.

Help with common illnesses, injuries and questions

Health Coaches can address any health topic that concerns you:

- Everyday conditions, such as a rash, an earache or a sprain
- A recent diagnosis you've received
- A scheduled medical test
- Planned surgery or other medical procedure
- Questions to ask your doctor at your next appointment
- How to care for a child or elder

You don't have to be ill to talk to a Health Coach. Call to learn about programs and other resources available to help you manage:

- Stress
- Personal nutrition
- Weight management
- Physical activities
- Insomnia
- Depression

Help with chronic conditions

If you have diabetes, asthma, congestive heart failure, chronic obstructive pulmonary disease or coronary artery disease, you need to manage your condition every day in order to stay healthy and avoid hospital stays. That means keeping track of

medications, tests, doctor appointments and your diet. Your Blues On Call Health Coach can help you work more closely with your doctor and get more involved in taking good care of yourself.

You can even establish a relationship with a specific Health Coach and schedule time to talk about your concerns and conditions.

Highmark Website

As a Highmark member, you have a wealth of health information at your fingertips. It's easy to access all your online offerings. Whether you are looking for a health care provider or managing your claims...want to make informed health care decisions on treatment options...or lead a healthier lifestyle, Highmark can help with online tools and resources.

Go to www.highmarkblueshield.com. Then click on the "Members" tab and log in to your homepage to take advantage of all kinds of programs and resources to help you understand your health status, through the online Wellness Profile, then take steps toward real health improvement.

You have access to a wide selection of Lifestyle Improvement and Condition Management Programs. Here are examples of the types of free programs available to you as a Highmark member:

Eat Healthy - You know that a healthy diet is key to a healthy body. You have a range of programs to help you learn more about food and nutrition, change your eating habits, and enjoy it all in the process!

Get Active - Exercise enhances both the body and the mind. It's a critical component of a healthy lifestyle for everyone, but not everyone needs the same kind of workout. That's why you've got a variety of "get fit" programs to help you feel better and get in shape.

Manage Your Stress - Stress has more impact on your health than you might think. It can damage your immune system and make you more susceptible to illnesses. It can also have a detrimental impact on your job and personal life. You can learn proven techniques to better cope and reduce stress.

Manage Your Weight - You *can* get control over your weight! Healthy eating habits and a healthy attitude toward food can help. You have a choice of programs to take the approach best suited for you.

Quit Smoking - There's no doubt about the dangers of smoking. And there's no time like the present to quit. As a Highmark member, you can choose the program that suits your style and quit for good!

Member Service

When you have questions about a claim, benefits or coverage, our Member Service Representatives are here to help you. Just call Member Service at the toll-free telephone number on your member ID card or log in to your Highmark member website at www.highmarkblueshield.com. For TTY/TDD hearing impaired service, please dial 711 and the number on the back of your ID card.

Member Rights and Responsibilities

Your participation in is vital to maintaining quality in your program and services. Your importance to this process is reflected in the following statement of principles.

You have the right to:

1. Receive information about Highmark, its products and its services, its practitioners and providers, and your rights and responsibilities.
2. Be treated with respect and recognition of your dignity and right to privacy.
3. Participate with practitioners in decision-making regarding your health care. This includes the right to be informed of your diagnosis and treatment plan in terms that you understand and participate in decisions about your care.
4. Have a candid discussion of appropriate and/or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage. Highmark does not restrict the information shared between practitioners and patients and has policies in place, directing practitioners to openly communicate information with their patients regarding all treatment options regardless of benefit coverage.
5. Voice a complaint or file an appeal about Highmark or the care provided and receive a reply within a reasonable period of time.
6. Make recommendations regarding the Highmark Members' Rights and Responsibilities policies.

You have a responsibility to:

1. Supply to the extent possible, information that the organization needs in order to make care available to you, and that its practitioners and providers need in order to care for you.
2. Follow the plans and instructions for care that you have agreed on with your practitioners.
3. Communicate openly with the physician you choose. Ask questions and make sure you understand the explanations and instructions you are given, and participate in developing mutually agreed upon treatment goals. Develop a relationship with your doctor based on trust and cooperation.

How We Protect Your Right to Confidentiality

We have established policies and procedures to protect the privacy of our members' protected health information ("PHI") in all forms, including PHI given verbally, from unauthorized or improper use. Some of the ways we protect your privacy include not discussing PHI outside of our offices, e.g., in hallways, elevators, as well as verifying your identity before we discuss PHI with you over the phone. As permitted by law, we may use or disclose protected health information for treatment, payment and health care operations, such as: claims management, routine audits, coordination of care,

quality assessment and measurement, case management, utilization review, performance measurement, customer service, credentialing, medical review and underwriting. With the use of measurement data, we are able to manage members' health care needs, even targeting certain individuals for quality improvement programs, such as health, wellness and disease management programs.

If we ever use your protected health information for non-routine uses, we will ask you to give us your permission by signing a special authorization form, except with regard to court orders and subpoenas.

You have the right to access the information your doctor has been keeping in your medical records, and any such request should be directed first to your network physician.

You benefit from the many safeguards we have in place to protect the use of data we maintain. This includes requiring our employees to sign statements in which they agree to protect your confidentiality, using computer passwords to limit access to your protected health information, and including confidentiality language in our contracts with physicians, hospitals, vendors and other health care providers.

Our Privacy Department reviews and approves policies regarding the handling of confidential information.

Recognizing that you have a right to privacy in all settings, we even inspect the privacy of examination rooms when we conduct on-site visits to physicians' offices. It's all part of safeguarding the confidentiality of your protected health information.

Terms You Should Know

Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

Assignment - An agreement between the professional provider and the Medicare beneficiary. It is a process through which a professional provider or supplier agrees to accept the amount Medicare approves as payment in full. You pay any coinsurance amount.

Autism Spectrum Disorders - Any of the pervasive developmental disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, or its successor, including autistic disorder, Asperger's disorder and pervasive developmental disorder not otherwise specified.

Benefit Period - That period which begins on the first day (which is not part of a prior benefit period) in which you are an inpatient in a hospital or skilled nursing facility. The benefit period ends when you have not been an inpatient of a hospital or skilled nursing facility for 60 consecutive days. Most Medicare Part A and Part B benefits are renewed when a new benefit period begins. There is no limit to the number of benefit periods you may have.

Claim - A request for payment or reimbursement of the charges or costs associated with a covered service.

Coinsurance - The percentage of Medicare eligible expenses or Medicare reasonable charges over and above the Medicare deductible, which you have the responsibility to pay under Medicare.

Deductible - The amount you pay each year for Medicare eligible expenses or Medicare reasonable charges before payment of benefits begins under Medicare. There are separate Medicare Part A and Medicare Part B deductibles which may apply to services covered under your program.

Designated Agent - An entity that has contracted with Highmark, either directly or indirectly, to perform a function and/or service in the administration of this program. Such function and/or service may include, but is not limited to, medical management and provider referral.

Experimental/Investigative - The use of any treatment, service, procedure, facility, equipment, drug, device or supply (intervention) which is not determined by Highmark Inc. to be medically effective for the condition being treated. Highmark will consider an intervention to be experimental/investigative if: the intervention does not have Food and Drug Administration (FDA) approval to be marketed for the specific relevant indication(s); or, available scientific evidence does not permit conclusions concerning the effect of the intervention on health outcomes; or, the intervention is not proven to be as safe and as effective in achieving an outcome equal to or exceeding the outcome of alternative therapies; or, the intervention does not improve health outcomes; or, the intervention is not proven to be applicable outside the research setting. If an intervention, as defined above, is determined to be experimental/investigative at the time of the service, it will not receive retroactive coverage, even if it is found to be in accordance with the above criteria at a later date.

Medical Researchers constantly experiment with new medical equipment, drugs and other technologies. In turn, health care plans must evaluate these technologies.

Highmark believes that decisions for evaluating new technologies, as well as new applications of existing technologies, for medical and behavioral health procedures, pharmaceuticals and devices should be made by medical professionals. That is why a panel of more than 400 medical professionals works with our nationally recognized Medical Affairs Committee to review new technologies and new applications for existing technologies for medical and behavioral health procedures and devices. To stay current and patient-responsive, these reviews are ongoing and all-encompassing, considering factors such as product efficiency, safety and effectiveness. If the technology passes the test, the Medical Affairs Committee recommends it be considered as acceptable medical practice and a covered benefit. Technology that does not merit this status is usually considered "experimental/investigative" and is not generally covered. However, it may be re-evaluated in the future.

A similar process is followed for evaluating new pharmaceuticals. The Pharmacy and Therapeutics (P & T) Committee assesses new pharmaceuticals based on national and international data, research that is currently underway and expert opinion from leading clinicians. The P & T Committee consists of at least one Highmark-employed pharmacist and/or medical director, five board-certified, actively practicing network physicians and two Doctors of Pharmacy currently providing clinical pharmacy services within the Highmark service area. At the committee's discretion, advice, support and consultation may also be sought from physician subcommittees in the following specialties: cardiology, dermatology, endocrinology, hematology/oncology, obstetrics/gynecology, ophthalmology, psychiatry, infectious disease, neurology, gastroenterology and urology. Issues that are addressed during the review process include clinical efficacy, unique value, safety, patient compliance, local physician and

specialist input and pharmacoeconomic impact. After the review is complete, the P & T Committee makes recommendations.

Highmark recognizes that situations may occur when you elect to pursue experimental/investigative treatment. If you have a concern that a service you will receive may be experimental/investigational, you or the hospital and/or professional provider may contact Highmark's Member Service to determine coverage.

Explanation of Benefits (EOB) - This is the statement you'll receive from Highmark after your claim is processed. It lists: the provider's charge, allowable amount, copayment, deductible and coinsurance amounts, if any, you're required to pay; total benefits payable; and total amount you owe.

Explanation of Medicare Benefits (EOMB) - This is the statement you'll receive after your Medicare claim is processed. It explains how much Medicare paid and how much you are responsible for. In most cases, amounts Medicare didn't pay will be filed automatically with Highmark for consideration under your Signature 65 coverage.

Inpatient - A member who is a registered bed patient in a hospital or skilled nursing facility and for whom a room and board charge is made.

Maximum - The greatest amount payable by the program for covered services. This could be expressed in dollars, number of days, or number of services for a specified period of time.

Medically Necessary and Appropriate (Medical Necessity and Appropriateness) - Services, supplies or covered medications that a provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (i) in accordance with generally accepted standards of medical practice; and (ii) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and (iii) not primarily for the convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. Highmark reserves the right, utilizing the criteria set forth in this definition, to render the final determination as to whether a service, supply or covered medication is medically necessary and appropriate. No benefits will be provided unless Highmark determines that the service, supply or covered medication is medically necessary and appropriate.

Medicare Eligible Expenses - Expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary and appropriate by Medicare. If this program provides for benefits not covered by Medicare, Highmark reserves the right to determine whether such benefits are medically necessary and appropriate.

Medicare Non-Participating Provider - A professional provider eligible to provide services or supplies under Medicare Part B but who does not sign a participation agreement with Medicare, and may or may not elect to accept assignment on each Medicare claim that is filed. A Medicare non-participating provider who does not accept assignment does not accept the Medicare reasonable charge for certain service or supply as payment in full and may charge the patient more than the Medicare reasonable charge, unless otherwise prohibited by law.

Medicare Opt-Out Provider - A professional provider eligible to provide services or supplies under Medicare Part B but who has "opted out" of Medicare such that he or she forgoes any payments from Medicare to his or her patients or themselves, and enters into private contracts with Medicare beneficiaries to provide eligible services, and bills Medicare beneficiaries directly for services provided.

Medicare Reasonable Charge - The approved amount for services and supplies, as determined by Medicare.

Member - A contract holder or dependent enrolled for health care coverage.

Outpatient - A member who receives services or supplies while not a registered bed patient in a hospital or skilled nursing facility.

Plan - Refers to Highmark, which is an independent licensee of the Blue Cross Blue Shield Association. Any reference to the plan may also include its designated agent as defined herein and with whom the plan has contracted, either directly or indirectly, to perform a function or service in the administration of this program.

Plan Allowance - The amount used to determine payment by Highmark for non-Medicare covered services provided to you and to determine your liability. Plan allowance is based on the type of provider who renders such services or as required by law. The plan allowance for a non-participating facility or professional provider is based on an adjusted contractual allowance for like services rendered by a participating facility or professional provider in the same geographic region. You will be responsible for any difference between the provider's billed charges and Highmark's payment.

You or Your - Refers to individuals who are covered under the program.

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

Highmark is a registered mark of Highmark Inc.

Signature 65 is a service mark of Highmark Inc.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

Blue Shield and the Shield symbol are registered service marks of the Blue Cross and Blue Shield Association.

The Blue Cross Blue Shield Association is an independent company that does not provide Highmark Blue Shield products and services. It is solely responsible for the services described in this booklet.

You are hereby notified, your health care benefit program is between the Group, on behalf of itself and its employees and Highmark Blue Shield. Highmark Blue Shield is an independent corporation operating under licenses from the Blue Cross and Blue Shield Association ("the Association"), which is a national association of independent Blue Cross and Blue Shield companies throughout the United States. Although all of these independent Blue Cross and Blue Shield companies operate from a license with the Association, each of them is a separate and distinct operation. The Association allows Highmark Blue Shield to use the familiar Blue Shield words and symbol. Highmark Blue Shield shall be liable to the Group, on behalf of itself and its employees, for any Highmark Blue Shield obligations under your health care benefit program.

Sí necesita ayuda para traducir esta información, por favor comuníquese con el departamento de Servicios a miembros de Highmark al número al réves de su tarjeta de identificación de Highmark. Estos servicios están disponibles de lunes a viernes, de 8:00 a 19:00, y los sábados de 8:00 a 17:00.

HIGHMARK

NOTICE OF PRIVACY PRACTICES

PART I – NOTICE OF PRIVACY PRACTICES (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE ALSO DESCRIBES HOW WE COLLECT, USE AND DISCLOSE NON-PUBLIC PERSONAL FINANCIAL INFORMATION.

Our Legal Duties

At Highmark, we are committed to protecting the privacy of your protected health information. “Protected health information” (PHI) is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect our members’ protected health information. We are required by applicable federal and state laws to maintain the privacy of your protected health information. We also are required by the HIPAA Privacy Rule (45 C.F.R. parts 160 and 164, as amended) to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We are also required to notify affected individuals following a breach of unsecured health information.

We will inform you of these practices the first time you become an HMHS customer. We must follow the privacy practices that are described in this Notice as long as it is in effect. This Notice became effective September 23, 2013, and will remain in effect unless we replace it.

On an ongoing basis, we will review and monitor our privacy practices to ensure the privacy of our members’ protected health information. Due to changing circumstances, it may become necessary to revise our privacy practices and the terms of this Notice. We reserve the right to make the changes in our privacy practices and the new terms of our Notice will become effective for all protected health information that we maintain,

including protected health information we created or received before we made the changes. Before we make a material change in our privacy practices, we will change this Notice and notify all affected members in writing in advance of the change. Any change to this notice will be posted on our website and we will further notify you of any changes in our annual mailing.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I. Uses and Disclosures of Protected Health Information

In order to administer our health benefit programs effectively, we will collect, use and disclose protected health information for certain of our activities, including payment and health care operations.

A. Uses and Disclosures of Protected Health Information for Payment and Health Care Operations

The following is a description of how we may use and/or disclose protected health information about you for payment and health care operations:

Payment

We may use and disclose your protected health information for all activities that are included within the definition of "payment" as set out in 45 C.F.R. § 164.501. We have not listed in this Notice all of the activities included within the definition of "payment," so please refer to 45 C.F.R. § 164.501 for a complete list.

For example:

We may use and disclose your protected health information to pay claims from doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and/or to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

Health Care Operations

We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as set out in 45 C.F.R. § 164.501. We have not listed in this Notice all of the activities included within the definition of "health care operations," so please refer to 45 C.F.R. § 164.501 for a complete list.

For example:

We may use and disclose your protected health information to rate our risk and determine the premium for your health plan, to conduct quality assessment and improvement activities, to credential health care providers, to engage in care coordination or case management, and/or to manage our business.

B. Uses and Disclosures of Protected Health Information to Other Entities

We also may use and disclose protected health information to other covered entities, business associates, or other individuals (as permitted by the HIPAA Privacy Rule) who assist us in administering our programs and delivering health services to our members.

(i) Business Associates.

In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

(ii) Other Covered Entities.

In addition, we may use or disclose your protected health information to assist health care providers in connection with *their* treatment or payment activities, or to assist other covered entities in connection with certain of *their* health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

II. Other Possible Uses and Disclosures of Protected Health Information

In addition to uses and disclosures for payment, and health care operations, we may use and/or disclose your protected health information for the following purposes:

1. To Plan Sponsors

We may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us regarding a member’s question, concern, issue regarding claim, benefits, service, coverage, etc. We may also disclose summary health information (this type of information is defined in the HIPAA Privacy Rule) about the enrollees in your group health plan

to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

2. Required by Law

We may use or disclose your protected health information to the extent that federal or state law requires the use or disclosure. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws.

3. Public Health Activities

We may use or disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

4. Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

5. Abuse or Neglect

We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

6. Legal Proceedings

We may disclose your protected health information: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule. For example, we may disclose your protected health information in response to a subpoena for such information.

7. Law Enforcement

Under certain conditions, we also may disclose your protected health information to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or

some other legal process; or (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.

8. Coroners, Medical Examiners, Funeral Directors, and Organ Donation

We may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

9. Research

We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

10. To Prevent a Serious Threat to Health or Safety

Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

11. Military Activity and National Security, Protective Services

Under certain conditions, we may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

12. Inmates

If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

13. Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

14. Others Involved in Your Health Care

Unless you object, we may disclose your protected health information to a friend or family member that you have identified as being involved in your health care. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

15. Underwriting

We may disclose your protected health information for underwriting purposes; however, we are prohibited from using or disclosing your genetic information for these purposes.

16. Health Information Exchange

We all participate in a Health Information Exchange (HIE). An HIE is primarily a secure electronic data sharing network. In accordance with federal and state privacy regulations, regional health care providers participate in the HIE to exchange patient information in order to facilitate health care, avoid duplication of services, such as tests, and to reduce the likelihood that medical errors will occur.

The HIE allows your health information to be shared among authorized participating healthcare providers, such as health systems, hospitals and physicians, for the purposes of Treatment, Payment or Healthcare Operations purposes. Examples of this health information may include:

- General laboratory, pathology, transcribed radiology reports and EKG Images
- Results of outpatient diagnostic testing (GI testing, cardiac testing, neurological testing, etc.)
- Health Maintenance documentation/Medication
- Allergy documentation/Immunization profiles
- Progress notes, Urgent Care visit progress notes
- Consultation notes
- Inpatient operative reports
- Discharge summary/Emergency room visit discharge summary notes

All participating providers who provide services to you will have the ability to access your information. Providers that do not provide services to you will not

have access to your information. Information may be provided to others as necessary for referral, consultation, treatment or the provision of other healthcare services, such as pharmacy or laboratory services. All participating providers have agreed to a set of standards relating to their use and disclosure of the information available through the HIE. Your health information shall be available to all participating providers through the HIE.

You cannot choose to have only certain providers access your information. Patients who do not want their health information to be accessible through the HIE may choose not to participate or may "opt-out."

In order to opt-out, you must complete an opt-out Form, which is available at highmark.com or by calling the customer service number located on the back of your membership card. You should be aware, if you choose to opt-out, your health care providers will not be able to access your health information through the HIE. Even if you chose to opt-out, your information will be sent to the HIE, but provider will not be able to access this information. Additionally, your opt-out does not affect the ability of participating providers to access health information entered into the HIE prior to your opt-out submission.

III. Required Disclosures of Your Protected Health Information

The following is a description of disclosures that we are required by law to make:

A. Disclosures to the Secretary of the U.S. Department of Health and Human Services

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

B. Disclosures to You

We are required to disclose to you most of your protected health information that is in a "designated record set" (defined below) when you request access to this information. We also are required to provide, upon your request, an accounting of many disclosures of your protected health information that are for reasons other than payment and health care operations.

IV. Other Uses and Disclosures of Your Protected Health Information

Sometimes we are required to obtain your written authorization for use or disclosure of your health information. The uses and disclosures that require an authorization under 45 C.F.R. § 164.508(a) are:

1. For marketing purposes
2. If we intend to see your PHI

3. For use of Psychotherapy notes, which are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. An Authorization for use of psychotherapy notes is required unless:
 - a. Used by the person who created the psychotherapy note for treatment purposes, or
 - b. Used or disclosed for the following purposes:
 - (i) the provider's own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint family or individual counseling;
 - (ii) for the provider to defend itself in a legal action or other proceeding brought by an individual that is the subject of the notes;
 - (iii) if required for enforcement purposes;
 - (iv) if mandated by law;
 - (v) if permitted for oversight of the provider that created the note;
 - (vi) to a coroner or medical examiner for investigation of the death of any individual in certain circumstances; or
 - (vii) if needed to avert a serious and imminent threat to health or safety.

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

V. Your Individual Rights

The following is a description of your rights with respect to your protected health information:

A. Right to Access

You have the right to look at or get copies of your protected health information in a designated record set. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so, if you request the information in an electronic format that is not readily producible, we will provide the information in a readable electronic format as mutually agreed upon. You must make a request in writing to obtain access to your protected health information.

To inspect and/or copy your protected health information, you may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. The first request within a 12-month period will be free. If you request access to your designated record set more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. If you request an alternative format, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

B. Right to an Accounting

You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment or health care operations. You should know that most disclosures of protected health information will be for purposes of payment or health care operations.

An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by contacting us at the Customer Service phone number on the back of your identification card, or submitting your request in writing to the Highmark Privacy Department, 120 Fifth Avenue Place 1814, Pittsburgh, PA 15222. Your request may be for disclosures made up to 6 years before the date of your request, but in no event, for disclosures made before April 14, 2003.

The first list you request within a 12-month period will be free. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

C. Right to Request a Restriction

You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement unless the information is needed to provide emergency treatment to you. Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing. We have a right to terminate this restriction, however if we do so, we must inform you of this restriction.

You may request a restriction by contacting us at the Customer Service phone number on the back of your identification card, or writing to the Highmark Privacy Department, 120 Fifth Avenue Place 1814, Pittsburgh, PA 15222. In your request tell us: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and/or disclosure of the information.

D. Right to Request Confidential Communications

If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. For example, you may ask that we contact you only at your work address or via your work e-mail.

You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate.

In the event that a Confidential Communication is placed against you, then you will no longer have the ability to access any of your health and/or policy information online.

E. Right to Request Amendment

If you believe that your protected health information is incorrect or incomplete, you have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended.

We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

F. Right to a Paper Copy of this Notice

If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. Please contact us using the information listed at the end of this Notice to obtain this Notice in written form.

VI. Questions and Complaints

If you want more information about our privacy policies or practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Highmark Privacy Department
Telephone: 1-866-228-9424 (toll free)
Fax: 1-412-544-4320
Address: 120 Fifth Avenue Place 1814
Pittsburgh, PA 15222

PART II – NOTICE OF PRIVACY PRACTICES (GRAMM-LEACH-BLILEY)

Highmark is committed to protecting its members' privacy. This notice describes our policies and practices for collecting, handling and protecting personal information about our members. We will inform each group of these policies the first time the group becomes an HMHS member and will annually reaffirm our privacy policy for as long as the group remains an HMHS customer. We will continually review our privacy policy and monitor our business practices to help ensure the security of our members' personal information. Due to changing circumstances, it may become necessary to revise our privacy policy in the future. Should such a change be required, we will notify all affected customers in writing in advance of the change.

In order to administer our health benefit programs effectively, we must collect, use and disclose non-public personal financial information. Non-public personal financial information is information that identifies an individual member of an HMHS health plan. It may include the member's name, address, telephone number and Social Security number or it may relate to the member's participation in the plan, the provision of health care services or the payment for health care services. Non-public personal financial information does not include publicly available information or statistical information that does not identify individual persons.

Information we collect and maintain: We collect non-public personal financial information about our members from the following sources:

- We receive information from the members themselves, either directly or through their employers or group administrators. This information includes personal data provided on applications, surveys or other forms, such as name, address, Social Security number, date of birth, marital status, dependent information and employment information. It may also include information submitted to us in writing, in person, by telephone or electronically in connection with inquiries or complaints.
- We collect and create information about our members' transactions with HMHS, our affiliates, our agents and health care providers. Examples are: information provided on health care claims (including the name of the health care provider, a diagnosis code and the services provided), explanations of benefits/payments (including the reasons for claim decision, the amount charged by the provider and the amount we paid), payment history, utilization review, appeals and grievances.

Information we may disclose and the purpose: We do not sell any personal information about our members or former members for marketing purposes. We use and disclose the personal information we collect (as described above) only as necessary

to deliver health care products and services to our members or to comply with legal requirements. Some examples are:

- We use personal information internally to manage enrollment, process claims, monitor the quality of the health services provided to our members, prevent fraud, audit our own performance or to respond to members' requests for information, products or services.
- We share personal information with our affiliated companies, health care providers, agents, other insurers, peer review organizations, auditors, attorneys or consultants who assist us in administering our programs and delivering health services to our members. Our contracts with all such service providers require them to protect the confidentiality of our members' personal information.
- We may share personal information with other insurers that cooperate with us to jointly market or administer health insurance products or services. All contracts with other insurers for this purpose require them to protect the confidentiality of our members' personal information.
- We may disclose information under order of a court of law in connection with a legal proceeding.
- We may disclose information to government agencies or accrediting organizations that monitor our compliance with applicable laws and standards.
- We may disclose information under a subpoena or summons to government agencies that investigate fraud or other violations of law.

How we protect information: We restrict access to our members' non-public personal information to those employees, agents, consultants and health care providers who need to know that information to provide health products or services. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to guard non-public personal financial information from unauthorized access, use and disclosure.

For questions about this Privacy Notice, please contact:

Contact Office: Highmark Privacy Department
Telephone: 1-866-228-9424 (toll free)
Fax: 1-412-544-4320
Address: 120 Fifth Avenue Place 1814
Pittsburgh, PA 15222

2018 Formulary

(List of Covered Drugs)

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

This formulary was updated on 1/1/2018. For more recent information or other questions, please contact the number on the back of your Member ID card or, for TTY users, 771 National Relay Service, Monday through Sunday, 8:00 a.m. to 8:00 p.m. or visit www.highmarkblueshield.com/medicare

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Highmark Senior Health Company, Highmark Choice Company, Highmark Senior Solutions Company or HM Health Insurance Company. When it refers to “plan” or “our plan,” it means Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP.

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.

HPMS approved Formulary File Submission ID 18195, Version 7

EGHP_17_0605

This document includes list of the drugs (formulary) for our plan which is current as of January 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

A formulary is a list of covered drugs selected by Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. 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. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or 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 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. 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. The enclosed formulary is current as of January 1, 2018. To get updated information about the drugs covered by Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP, please contact us. Our contact information appears on the front and back cover pages. The most up-to-date formulary is available on our website, www.highmarkblueshield.com/medicare.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular - Hypertension & Lipids”. If you know what your drug is used for, look for the category name in the list that begins page number 8. 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 120. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP 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:** Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from < Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP before you fill your prescriptions. If you don't get approval, Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP limits the amount of the drug that Freedom Blue PPO, Security Blue HMO, Community Blue

Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP will cover. For example, Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP provides 9 tablets per prescription for 100mg Imitrex. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains our prior authorization, quantity limits and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP formulary?” on page 5 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 Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP does not cover your drug, you have two options:

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

- You can ask Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP Formulary?

You can ask Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91 day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

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

If you have questions about Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare PPO, Community Blue Medicare Plus PPO or Blue Rx PDP please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

The formulary that begins on the next page provides coverage information about the drugs covered by Freedom Blue PPO, Security Blue HMO, Community Blue Medicare HMO, Community Blue Medicare

PPO, Community Blue Medicare Plus PPO or Blue Rx PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 120

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

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

The following is a Formulary Format Example Only:

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/Limits</i>
<i>Drug Category Column (i.e. Anti - Infectives)</i>		
<i>i.e. HARVONI</i>	<i>Tier 5</i>	<i>PA; QL (28 EA per 28 days)</i>
<i>i.e. valacyclovir</i>	<i>Tier 2</i>	*

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List of Abbreviations

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

T2: Cost-Sharing Tier 2 includes generic drugs.

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

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

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

*****: We provide additional coverage of this prescription drug in the coverage gap. The plans that have additional coverage in the coverage gap are Freedom Blue PPO Classic, Freedom Blue PPO Deluxe, Security Blue HMO Deluxe, Community Blue Medicare HMO Prestige, and Blue RX PDP Complete. Please refer to your Evidence of Coverage for more information about this coverage.

PA: Prior authorization required.

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

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

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

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
Anti - Infectives		
<i>abacavir</i>	T2	*
<i>abacavir-lamivudine</i>	T5	
<i>abacavir-lamivudine-zidovudine</i>	T2	*
ABELCET	T5	PA-BvD
<i>acyclovir oral capsule</i>	T2	*
<i>acyclovir oral suspension 200 mg/5 ml</i>	T2	*
<i>acyclovir oral tablet</i>	T2	*
<i>acyclovir sodium intravenous solution</i>	T2	PA-BvD; *
<i>adefovir</i>	T2	*
ALBENZA	T4	
ALINIA	T4	
<i>amantadine hcl oral capsule</i>	T2	*; QL (124 EA per 31 days)
<i>amantadine hcl oral solution</i>	T2	*; QL (1240 ML per 31 days)
<i>amantadine hcl oral tablet</i>	T2	*; QL (124 EA per 31 days)
AMBISOME	T4	PA-BvD
<i>amikacin injection solution 500 mg/2 ml</i>	T2	*
<i>amoxicillin oral capsule</i>	T1	*
<i>amoxicillin oral suspension for reconstitution</i>	T1	*
<i>amoxicillin oral tablet</i>	T1	*
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	*
<i>amoxicillin-pot clavulanate</i>	T2	*
<i>amphotericin b</i>	T2	PA-BvD; *
<i>ampicillin</i>	T2	*
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	T2	*
<i>ampicillin-sulbactam injection</i>	T2	*
ANCOBON	T4	
APTIVUS	T5	
<i>atovaquone</i>	T5	
<i>atovaquone-proguanil</i>	T2	*
ATRIPLA	T5	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	T4	
AVELOX	T4	
AVELOX IN NA CL (ISO-OSMOTIC)	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
AVYCAZ	T5	
AZACTAM IN DEXTROSE (ISO-OSM)	T4	
<i>azithromycin</i>	T2	*
<i>aztreonam injection recon soln 1 gram</i>	T2	*
BACIIM	T2	*
<i>bacitracin intramuscular</i>	T2	*
BACTRIM	T4	
BACTRIM DS	T4	
BARACLUDGE ORAL SOLUTION	T3	
BARACLUDGE ORAL TABLET	T5	
BETHKIS	T4	PA
BICILLIN C-R	T3	
BICILLIN L-A	T3	
BILTRICIDE	T3	
CANCIDAS	T4	
CAPASTAT	T4	
CAYSTON	T5	
<i>cefaclor oral capsule</i>	T2	*
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T2	*
<i>cefaclor oral tablet extended release 12 hr</i>	T2	*
<i>cefadroxil oral capsule</i>	T2	*
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	T2	*
<i>cefadroxil oral tablet</i>	T2	*
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	T2	*
<i>cefdinir</i>	T2	*
<i>cefepime</i>	T2	*
<i>cefixime</i>	T2	*
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	T2	*
<i>cefotetan injection</i>	T2	*
<i>cefoxitin</i>	T2	*
<i>cefpodoxime</i>	T2	*
<i>cefprozil</i>	T2	*
<i>ceftazidime</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	T4	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	T2	*
<i>ceftriaxone intravenous</i>	T2	*
<i>cefuroxime axetil oral tablet</i>	T2	*
<i>cefuroxime sodium injection recon soln 750 mg</i>	T2	*
<i>cefuroxime sodium intravenous</i>	T2	*
<i>cephalexin</i>	T2	*
<i>chloramphenicol sod succinate</i>	T2	*
<i>chloroquine phosphate</i>	T2	*
<i>cidofovir</i>	T2	*
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	T4	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T4	
<i>ciprofloxacin</i>	T2	*
<i>ciprofloxacin (mixture)</i>	T2	*
<i>ciprofloxacin hcl oral</i>	T1	*
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	T2	*
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	T1	*
<i>clarithromycin</i>	T2	*
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG	T4	
CLEOCIN HCL ORAL CAPSULE 75 MG	T3	
CLEOCIN IN 5 % DEXTROSE	T4	
CLEOCIN INJECTION	T4	
CLEOCIN PEDIATRIC	T4	
<i>clindamycin hcl</i>	T2	*
<i>clindamycin in 5 % dextrose</i>	T2	*
CLINDAMYCIN PEDIATRIC	T2	*
<i>clindamycin phosphate injection</i>	T2	*
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	T2	*
<i>clotrimazole mucous membrane</i>	T2	*
COARTEM	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>colistin (colistimethate na)</i>	T2	*
COMBIVIR	T5	
COMPLERA	T5	
COPEGUS	T4	
CRESEMBA	T5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T3	
CUBICIN	T5	
CYTOVENE	T4	PA-BvD
DAKLINZA	T5	PA; QL (28 EA per 28 days)
DALVANCE	T5	
<i>dapsone</i>	T3	
<i>daptomycin</i>	T5	
DARAPRIM	T3	
<i>demeclocycline</i>	T2	*
DESCOVY	T5	QL (31 EA per 31 days)
<i>dicloxacillin</i>	T2	*
<i>didanosine</i>	T2	*
DIFICID	T5	QL (20 EA per 10 days)
DIFLUCAN	T4	
DORIBAX INTRAVENOUS RECON SOLN 500 MG	T4	
DORYX MPC	T4	
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	T4	
DOXY-100	T2	*
<i>doxycycline hyclate oral capsule</i>	T2	*
<i>doxycycline hyclate oral tablet 100 mg</i>	T2	*
<i>doxycycline hyclate oral tablet 20 mg</i>	T1	*
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 200 mg, 50 mg</i>	T2	*
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg, 75 mg</i>	T1	*
<i>doxycycline monohydrate oral capsule</i>	T2	*
<i>doxycycline monohydrate oral suspension for reconstitution</i>	T2	*
<i>doxycycline monohydrate oral tablet</i>	T2	*
E.E.S. 400 ORAL TABLET	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES	T4	
EDURANT	T4	
EMTRIVA	T3	
EMVERM	T4	
<i>entecavir</i>	T5	
EPCLUSA	T5	PA; QL (28 EA per 28 days)
EPIVIR HBV ORAL SOLUTION	T3	
EPIVIR HBV ORAL TABLET	T4	
EPIVIR ORAL SOLUTION	T3	
EPIVIR ORAL TABLET	T4	
EPZICOM	T5	
ERAXIS(WATER DILUENT)	T4	
ERYPED 200	T4	
ERYPED 400	T4	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	T2	*
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	T3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	T2	*
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	T3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	T2	*
<i>erythromycin ethylsuccinate oral tablet</i>	T2	*
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	T2	*
<i>erythromycin oral tablet</i>	T2	*
<i>ethambutol</i>	T2	*
EVOTAZ	T3	
<i>famciclovir</i>	T2	*
FLAGYL	T4	
<i>fluconazole</i>	T2	*
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	T2	*
<i>flucytosine</i>	T2	*
FLUMADINE ORAL TABLET	T4	
FORTAZ INJECTION RECON SOLN 6 GRAM	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
FORTAZ INTRAVENOUS	T4	
FURADANTIN	T4	PA; QL (1800 ML per 365 days)
FUZEON SUBCUTANEOUS RECON SOLN	T5	
<i>ganciclovir sodium</i>	T2	PA-BvD; *
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	T2	*
<i>gentamicin injection solution 40 mg/ml</i>	T1	*
GENVOYA	T5	
<i>griseofulvin microsize</i>	T2	*
<i>griseofulvin ultramicrosize</i>	T2	*
GRIS-PEG (ULTRAMICROSIZE)	T4	
HARVONI	T5	PA; QL (28 EA per 28 days)
HEPSERA	T5	
HIPREX	T4	
<i>hydroxychloroquine</i>	T2	*
<i>imipenem-cilastatin</i>	T2	*
INTELENCE ORAL TABLET 100 MG, 200 MG	T5	
INTELENCE ORAL TABLET 25 MG	T4	
INVANZ INJECTION	T4	
INVIRASE ORAL CAPSULE	T4	
INVIRASE ORAL TABLET	T5	
ISENTRESS ORAL POWDER IN PACKET	T3	
ISENTRESS ORAL TABLET	T5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	T5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	T3	
<i>isoniazid injection</i>	T1	*
<i>isoniazid oral solution</i>	T2	*
<i>isoniazid oral tablet</i>	T1	*
<i>itraconazole</i>	T2	PA; *
<i>ivermectin</i>	T2	*
KALETRA ORAL SOLUTION	T5	
KALETRA ORAL TABLET 100-25 MG	T3	
KALETRA ORAL TABLET 200-50 MG	T5	
<i>ketoconazole oral</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
LAMISIL ORAL TABLET	T4	QL (90 EA per 180 days)
<i>lamivudine</i>	T2	*
<i>lamivudine-zidovudine</i>	T2	*
LEVAQUIN ORAL TABLET	T4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	T2	*
<i>levofloxacin intravenous</i>	T2	*
<i>levofloxacin oral</i>	T2	*
LEXIVA ORAL SUSPENSION	T3	
LEXIVA ORAL TABLET	T5	
LINCOCIN	T4	
<i>lincomycin</i>	T2	*
<i>linezolid intravenous</i>	T4	
<i>linezolid oral</i>	T5	
<i>lopinavir-ritonavir</i>	T5	
MACROBID	T4	PA; QL (90 EA per 365 days)
MACRODANTIN ORAL CAPSULE 100 MG	T4	PA; QL (90 EA per 365 days)
MACRODANTIN ORAL CAPSULE 25 MG	T4	PA; QL (360 EA per 365 days)
MACRODANTIN ORAL CAPSULE 50 MG	T4	PA; QL (180 EA per 365 days)
MALARONE	T4	
MALARONE PEDIATRIC	T4	
MAXIPIME INJECTION	T4	
<i>mefloquine</i>	T2	*
MEPRON	T5	
<i>meropenem intravenous recon soln 500 mg</i>	T2	*
MERREM INTRAVENOUS RECON SOLN 500 MG	T4	
<i>methenamine hippurate</i>	T2	*
<i>metronidazole in nacl (iso-os)</i>	T2	*
<i>metronidazole oral</i>	T1	*
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T4	
<i>minocycline</i>	T2	*
MODERIBA	T2	*
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7)	T2	*
MONUROL	T4	
MORGIDOX ORAL CAPSULE 50 MG	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin oral</i>	T3	
<i>moxifloxacin-sod.ace,sul-water</i>	T4	
MYAMBUTOL ORAL TABLET 400 MG	T4	
MYCAMINE	T4	
MYCOBUTIN	T3	
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	T2	*
NEBUPENT	T4	PA-BvD
<i>neomycin</i>	T2	*
<i>nevirapine</i>	T2	*
<i>nitrofurantoin</i>	T2	PA; *; QL (1800 ML per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	T2	PA; *; QL (90 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	T2	PA; *; QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	T2	PA; *; QL (180 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst</i>	T2	PA; *; QL (90 EA per 365 days)
NORVIR	T3	
NOXAFIL ORAL SUSPENSION	T5	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	T4	
<i>nystatin oral suspension</i>	T2	*
<i>nystatin oral tablet</i>	T2	*
ODEFSEY	T5	QL (31 EA per 31 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T2	*
OLYSIO	T5	PA; QL (28 EA per 28 days)
ONMEL	T4	PA
ORACEA	T4	
ORAVIG	T4	
ORBACTIV	T5	
<i>oseltamivir oral capsule 30 mg</i>	T2	*; QL (170 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	T2	*; QL (90 EA per 365 days)
<i>oxacillin in dextrose(iso-osm)</i>	T2	*
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	T2	*
<i>paromomycin</i>	T2	*
PASER	T4	
PCE	T4	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium injection recon soln 5 million unit</i>	T2	*
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	T2	*
<i>penicillin g sodium</i>	T2	*
<i>penicillin v potassium</i>	T1	*
PENTAM	T4	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	T2	*
PLAQUENIL	T4	
<i>polymyxin b sulfate</i>	T2	*
PREZCOBIX	T3	
PREZISTA ORAL SUSPENSION	T3	
PREZISTA ORAL TABLET 150 MG, 75 MG	T3	
PREZISTA ORAL TABLET 600 MG, 800 MG	T5	
PRIFTIN	T4	
<i>primaquine</i>	T3	
PRIMAXIN IV	T4	
PRIMSOL	T4	
<i>pyrazinamide</i>	T2	*
QUALAQUIN	T4	PA
<i>quinine sulfate</i>	T2	PA; *
REBETOL ORAL SOLUTION	T4	
RELENZA DISKHALER	T3	
RESCRIPTOR	T3	
RETROVIR INTRAVENOUS	T3	
RETROVIR ORAL CAPSULE	T4	
RETROVIR ORAL SYRUP	T4	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T3	
REYATAZ ORAL POWDER IN PACKET	T4	
RIBASPHERE ORAL CAPSULE	T2	*
RIBASPHERE ORAL TABLET 200 MG, 400 MG	T2	*
RIBASPHERE ORAL TABLET 600 MG	T5	
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 200 MG (7)- 400 MG (7)	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	T5	
<i>ribavirin oral capsule</i>	T2	*
<i>ribavirin oral tablet 200 mg</i>	T2	*
<i>rifabutin</i>	T2	*
RIFADIN ORAL CAPSULE 150 MG	T4	
RIFAMATE	T4	
<i>rifampin</i>	T2	*
RIFATER	T4	
<i>rimantadine</i>	T2	*
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	T5	
SELZENTRY ORAL TABLET 25 MG	T4	
SIRTURO	T5	
SIVEXTRO INTRAVENOUS	T5	
SIVEXTRO ORAL	T5	QL (6 EA per 31 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T4	
SOVALDI	T5	PA; QL (28 EA per 28 days)
SPORANOX ORAL CAPSULE	T4	PA
SPORANOX ORAL SOLUTION	T3	PA
<i>stavudine oral capsule</i>	T2	*
<i>streptomycin</i>	T3	
STRIBILD	T5	
STROMEKTOL	T4	
<i>sulfadiazine</i>	T2	*
<i>sulfamethoxazole-trimethoprim</i>	T1	*
SUPRAX ORAL CAPSULE	T3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	T3	
SUPRAX ORAL TABLET,CHEWABLE	T3	
SUSTIVA	T3	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	T5	
SYNERCID	T4	
TAMIFLU ORAL CAPSULE 30 MG	T3	QL (170 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	T3	QL (90 EA per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	T3	QL (1080 ML per 365 days)
TARGADOX	T4	
TAZICEF INJECTION	T4	
TECHNIVIE	T5	PA; QL (56 EA per 28 days)
TEFLARO	T4	
<i>terbinafine hcl oral</i>	T1	*; QL (90 EA per 180 days)
<i>tetracycline</i>	T2	*
<i>tigecycline</i>	T4	
TINDAMAX ORAL TABLET 500 MG	T4	
<i>tinidazole</i>	T2	*
TIVICAY ORAL TABLET 10 MG	T4	
TIVICAY ORAL TABLET 25 MG, 50 MG	T5	
TOBI	T4	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	T3	PA; QL (224 EA per 56 days)
<i>tobramycin in 0.225 % nacl</i>	T5	PA
<i>tobramycin sulfate injection solution</i>	T1	*
TRECTOR	T4	
<i>trimethoprim</i>	T2	*
TRIUMEQ	T5	
TRIZIVIR	T4	
TRUVADA	T5	
TYBOST	T3	
TYGACIL	T5	
UNASYN INJECTION RECON SOLN 15 GRAM, 3 GRAM	T4	
<i>valacyclovir</i>	T2	*
VALCYTE ORAL RECON SOLN	T4	
VALCYTE ORAL TABLET	T5	
<i>valganciclovir oral recon soln</i>	T4	
<i>valganciclovir oral tablet</i>	T5	
VALTREX	T4	
VANCOCIN	T5	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	T2	*
<i>vancomycin oral capsule 125 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 250 mg</i>	T5	
VEMLIDY	T5	QL (31 EA per 31 days)
VFEND	T5	
VFEND IV	T4	
VIBRAMYCIN ORAL CAPSULE 100 MG	T4	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	T4	
VIBRAMYCIN ORAL SYRUP	T4	
VIDEX 2 GRAM PEDIATRIC	T3	
VIDEX EC	T4	
VIEKIRA PAK	T5	PA; QL (112 EA per 28 days)
VIEKIRA XR	T5	PA; QL (84 EA per 28 days)
VIRACEPT ORAL TABLET	T5	
VIRAMUNE	T4	
VIRAMUNE XR	T4	
VIREAD	T3	
<i>voriconazole intravenous</i>	T2	*
<i>voriconazole oral suspension for reconstitution</i>	T2	*
<i>voriconazole oral tablet 200 mg</i>	T5	
<i>voriconazole oral tablet 50 mg</i>	T2	*
XIFAXAN ORAL TABLET 200 MG	T4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	T5	PA; QL (62 EA per 31 days)
ZEPATIER	T5	PA; QL (28 EA per 28 days)
ZERBAXA	T4	
ZERIT	T4	
ZIAGEN ORAL SOLUTION	T3	
ZIAGEN ORAL TABLET	T4	
<i>zidovudine</i>	T2	*
ZINACEF INJECTION RECON SOLN 750 MG	T4	
ZINACEF INTRAVENOUS RECON SOLN 1.5 GRAM, 7.5 GRAM	T4	
ZITHROMAX	T4	
ZITHROMAX TRI-PAK	T4	
ZITHROMAX Z-PAK	T4	
ZMAX	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	T3	
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	T4	
ZOVIRAX ORAL CAPSULE	T4	
ZOVIRAX ORAL SUSPENSION	T4	
ZOVIRAX ORAL TABLET 800 MG	T4	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	T5	
ZYVOX ORAL	T5	
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	T4	
ADRIAMYCIN INTRAVENOUS SOLUTION 20 MG/10 ML	T4	PA-BvD
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML	T2	PA-BvD; *
AFINITOR	T5	PA-NS; QL (31 EA per 31 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 5 MG	T5	PA-NS; QL (62 EA per 31 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	T5	PA-NS; QL (93 EA per 31 days)
ALECENSA	T5	PA-NS; QL (248 EA per 31 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	T3	
ALKERAN INTRAVENOUS	T4	
ALUNBRIG	T5	PA-NS; QL (186 EA per 31 days)
<i>anastrozole</i>	T2	*
ARIMIDEX	T4	
AROMASIN	T4	
ARRANON	T4	
ASTAGRAF XL	T3	PA-BvD
AVASTIN	T5	
<i>azacitidine</i>	T5	
AZASAN	T4	PA-BvD
<i>azathioprine</i>	T2	PA-BvD; *
<i>azathioprine sodium</i>	T3	PA-BvD
BAVENCIO	T5	PA-NS

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
BELEODAQ	T5	PA-NS
<i>bexarotene</i>	T5	PA-NS
<i>bicalutamide</i>	T2	*
BICNU	T4	
<i>bleomycin injection recon soln 30 unit</i>	T2	PA-BvD; *
BOSULIF	T5	PA-NS
<i>busulfan</i>	T4	
BUSULFEX	T4	
CABOMETYX	T5	PA-NS; QL (31 EA per 31 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	T4	
CAPRELSA	T5	PA-NS
<i>carboplatin intravenous solution</i>	T2	*
CASODEX	T4	
CELLCEPT INTRAVENOUS	T4	PA-BvD
CELLCEPT ORAL CAPSULE	T4	PA-BvD
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	T4	PA-BvD
CELLCEPT ORAL TABLET	T5	PA-BvD
<i>cisplatin</i>	T2	*
<i>cladribine</i>	T2	PA-BvD; *
<i>clofarabine</i>	T4	
CLOLAR	T4	
COMETRIQ	T5	PA-NS
COSMEGEN	T4	
COTELLIC	T5	PA-NS
<i>cyclophosphamide oral capsule</i>	T4	PA-BvD
<i>cyclosporine intravenous</i>	T2	PA-BvD; *
<i>cyclosporine modified</i>	T2	PA-BvD; *
<i>cyclosporine oral capsule</i>	T2	PA-BvD; *
CYRAMZA	T5	
<i>cytarabine</i>	T2	PA-BvD; *
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	T2	PA-BvD; *
<i>dacarbazine intravenous recon soln 200 mg</i>	T2	*
DACOGEN	T5	
DARZALEX	T5	PA-NS

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>daunorubicin intravenous solution</i>	T2	*
<i>decitabine</i>	T5	
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	T2	*
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	T2	*
DOXIL	T4	PA-BvD
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	T2	PA-BvD; *
<i>doxorubicin, peg-liposomal</i>	T2	PA-BvD; *
DROXIA	T4	
ELIGARD	T4	
ELIGARD (3 MONTH)	T4	
ELIGARD (4 MONTH)	T4	
ELIGARD (6 MONTH)	T4	
ELITEK	T5	
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	T4	
EMCYT	T3	
EMPLICITI	T5	PA-BvD
ENVARUSUS XR	T4	PA-BvD
<i>epirubicin intravenous solution 200 mg/100 ml</i>	T4	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	T3	
ERIVEDGE	T5	PA-NS; QL (31 EA per 31 days)
ERWINAZE	T5	
ETOPOPHOS	T4	
<i>etoposide intravenous</i>	T2	*
<i>exemestane</i>	T2	*
FARESTON	T3	
FARYDAK	T5	PA-NS
FASLODEX	T5	
FEMARA	T4	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	T5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	T4	
<i>fludarabine intravenous recon soln</i>	T2	*
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	T2	PA-BvD; *
<i>flutamide</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	T5	
FUSILEV	T4	
<i>gemcitabine intravenous recon soln 1 gram</i>	T2	*
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	T4	
GENGRAF	T2	PA-BvD; *
GILOTRIF	T5	PA-NS; QL (31 EA per 31 days)
GLEEVEC ORAL TABLET 100 MG	T5	PA-NS; QL (93 EA per 31 days)
GLEEVEC ORAL TABLET 400 MG	T5	PA-NS; QL (62 EA per 31 days)
GLEOSTINE	T4	
HALAVEN	T5	
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	T5	
HEXALEN	T3	
HYCAMTIN INTRAVENOUS	T4	
HYDREA	T4	
<i>hydroxyurea</i>	T2	*
IBRANCE	T5	PA-NS; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG	T5	PA-NS; QL (31 EA per 31 days)
ICLUSIG ORAL TABLET 45 MG	T5	PA-NS; QL (62 EA per 31 days)
IDAMYCIN PFS	T4	
<i>idarubicin</i>	T2	*
IFEX INTRAVENOUS RECON SOLN 1 GRAM	T4	
<i>ifosfamide intravenous recon soln 1 gram</i>	T2	*
<i>imatinib oral tablet 100 mg</i>	T5	PA-NS; QL (93 EA per 31 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA-NS; QL (62 EA per 31 days)
IMBRUVICA	T5	PA-NS; QL (124 EA per 31 days)
IMFINZI	T5	PA-NS
IMURAN	T4	PA-BvD
INLYTA	T5	PA-NS; QL (124 EA per 31 days)
IRESSA	T5	PA-NS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	T2	*
ISTODAX	T5	
JAKAFI	T5	PA-NS; QL (62 EA per 31 days)
JEVTANA	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
KADCYLA INTRAVENOUS RECON SOLN 100 MG	T5	
KEPIVANCE	T5	
KEYTRUDA	T5	PA-NS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	T5	PA-NS; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	T5	PA-NS; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	T5	PA-NS; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	T5	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	T5	PA-NS; QL (63 EA per 28 days)
KYPROLIS	T5	
LARTRUVO	T5	
LENVIMA	T5	PA-NS
<i>letrozole</i>	T2	*
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	T2	*
<i>leucovorin calcium oral</i>	T2	*
LEUKERAN	T3	
<i>leuprolide subcutaneous kit</i>	T2	*
<i>levoleucovorin intravenous solution</i>	T4	
LONSURF	T5	PA-NS
LUPRON DEPOT (3 MONTH)	T5	
LUPRON DEPOT (4 MONTH)	T5	
LUPRON DEPOT (6 MONTH)	T5	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	T3	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	T5	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	T5	
LYNPARZA	T5	PA-NS
LYSODREN	T3	
MATULANE	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
MEGACE	T4	PA
MEGACE ES	T4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	T2	PA; *
<i>megestrol oral tablet</i>	T2	PA-NS; *
MEKINIST	T5	PA-NS
<i>melphalan hcl</i>	T5	
<i>mercaptopurine</i>	T2	*
<i>mesna</i>	T2	*
MESNEX INTRAVENOUS	T4	
MESNEX ORAL	T3	
<i>methotrexate sodium (pf)</i>	T2	PA-BvD; *
<i>methotrexate sodium injection</i>	T2	PA-BvD; *
<i>methotrexate sodium oral</i>	T1	PA-BvD; *
<i>mitomycin</i>	T2	*
<i>mitoxantrone</i>	T2	*
MUSTARGEN	T4	
<i>mycophenolate mofetil</i>	T2	PA-BvD; *
<i>mycophenolate mofetil hcl</i>	T2	PA-BvD; *
<i>mycophenolate sodium</i>	T2	PA-BvD; *
MYFORTIC	T3	PA-BvD
NEORAL	T3	PA-BvD
NEXAVAR	T5	PA-NS; QL (124 EA per 31 days)
NILANDRON	T5	
<i>nilutamide</i>	T5	
NINLARO	T5	PA-NS
NIPENT	T4	
NULOJIX	T5	PA-BvD
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	T3	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	T2	*
<i>octreotide acetate injection solution 500 mcg/ml</i>	T5	
ODOMZO	T5	PA-NS
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	T5	PA-NS
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	T4	
<i>paclitaxel</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
PERJETA	T5	
POMALYST	T5	PA-NS; QL (21 EA per 28 days)
PROGRAF INTRAVENOUS	T3	PA-BvD
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	T4	PA-BvD
PROGRAF ORAL CAPSULE 5 MG	T5	PA-BvD
PURIXAN	T4	
RAPAMUNE ORAL SOLUTION	T3	PA-BvD
RAPAMUNE ORAL TABLET 0.5 MG	T4	PA-BvD
RAPAMUNE ORAL TABLET 1 MG, 2 MG	T5	PA-BvD
REVLIMID	T5	PA-NS; QL (21 EA per 28 days)
RITUXAN	T5	
RUBRACA ORAL TABLET 200 MG, 300 MG	T5	PA-NS; QL (124 EA per 31 days)
RYDAPT	T5	PA-NS; QL (248 EA per 31 days)
SANDIMMUNE	T3	PA-BvD
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	T5	
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML, 500 MCG/ML	T4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	T5	
SIGNIFOR	T5	PA
SIGNIFOR LAR	T5	
SIMULECT INTRAVENOUS RECON SOLN 20 MG	T4	PA-BvD
<i>sirolimus</i>	T2	PA-BvD; *
SOLTAMOX	T4	
SOMATULINE DEPOT	T5	
SPRYCEL	T5	PA-NS; QL (31 EA per 31 days)
STIVARGA	T5	PA-NS; QL (84 EA per 28 days)
SUTENT	T5	PA-NS
SYLVANT INTRAVENOUS RECON SOLN 100 MG	T5	PA-NS
SYNRIBO	T5	
TABLOID	T3	
<i>tacrolimus oral</i>	T2	PA-BvD; *
TAFINLAR	T5	PA-NS
TAGRISSO	T5	PA-NS; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen</i>	T1	*
TARCEVA	T5	PA-NS; QL (31 EA per 31 days)
TARGRETIN	T5	PA-NS
TASIGNA	T5	PA-NS; QL (124 EA per 31 days)
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	T4	
TECENTRIQ	T5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	T5	PA-NS; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 200 MG	T5	PA-NS; QL (56 EA per 28 days)
<i>thiotepa</i>	T5	
TOPOSAR	T2	*
<i>topotecan intravenous recon soln</i>	T2	*
TORISEL	T5	
TREANDA INTRAVENOUS RECON SOLN 100 MG	T4	
TRELSTAR INTRAMUSCULAR SYRINGE	T3	
<i>tretinoin (chemotherapy)</i>	T2	*
TREXALL	T3	PA-BvD
TRISENOX	T4	
TYKERB	T5	PA-NS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	T4	
VELCADE	T5	
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T4	PA-NS
VENCLEXTA ORAL TABLET 100 MG	T5	PA-NS
VENCLEXTA STARTING PACK	T5	PA-NS
VIDAZA	T5	
<i>vinblastine intravenous solution</i>	T2	PA-BvD; *
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	T2	PA-BvD; *
<i>vincristine intravenous solution 1 mg/ml</i>	T2	PA-BvD; *
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	T2	*
VOTRIENT	T5	PA-NS; QL (124 EA per 31 days)
XALKORI	T5	PA-NS; QL (62 EA per 31 days)
XERMELO	T5	PA; QL (93 EA per 31 days)
XGEVA	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
XTANDI	T5	PA-NS; QL (124 EA per 31 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	T5	
YONDELIS	T5	
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	T5	
ZANOSAR	T4	
ZEJULA	T5	PA-NS; QL (93 EA per 31 days)
ZELBORAF	T5	PA-NS
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	T4	
ZOLINZA	T5	PA-NS
ZORTRESS ORAL TABLET 0.25 MG	T4	PA-BvD
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	T5	PA-BvD
ZYDELIG	T5	PA-NS; QL (62 EA per 31 days)
ZYKADIA	T5	PA-NS
ZYTIGA ORAL TABLET 250 MG	T5	PA-NS; QL (124 EA per 31 days)
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	T5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	T5	QL (1 EA per 28 days)
ABILIFY ORAL TABLET 10 MG, 20 MG, 30 MG	T5	PA-NS
ABILIFY ORAL TABLET 15 MG, 2 MG, 5 MG	T4	PA-NS
ABSTRAL SUBLINGUAL TABLET 100 MCG	T4	PA; QL (124 EA per 31 days)
ABSTRAL SUBLINGUAL TABLET 200 MCG, 300 MCG	T5	PA; QL (124 EA per 31 days)
ABSTRAL SUBLINGUAL TABLET 400 MCG	T5	PA; QL (119 EA per 31 days)
ABSTRAL SUBLINGUAL TABLET 600 MCG	T5	PA; QL (79 EA per 31 days)
ABSTRAL SUBLINGUAL TABLET 800 MCG	T5	PA; QL (60 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	PA; *; QL (5167 ML per 31 days)
<i>acetaminophen-codeine oral tablet</i>	T2	PA; *; QL (403 EA per 31 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG	T5	PA; QL (40 EA per 31 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,600 MCG	T5	PA; QL (30 EA per 31 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 200 MCG	T5	PA; QL (124 EA per 31 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 400 MCG	T5	PA; QL (119 EA per 31 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 600 MCG	T5	PA; QL (79 EA per 31 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 800 MCG	T5	PA; QL (59 EA per 31 days)
ADDERALL ORAL TABLET 20 MG	T4	QL (93 EA per 31 days)
ADDERALL ORAL TABLET 5 MG, 7.5 MG	T4	QL (62 EA per 31 days)
ADDERALL XR	T4	QL (31 EA per 31 days)
ADZENYS XR-ODT	T4	
ALLZITAL	T4	QL (372 EA per 31 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	T2	*; QL (8 EA per 31 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	T2	*; QL (16 EA per 31 days)
ALPRAZOLAM INTENSOL	T2	PA; *
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	T2	PA; *; QL (93 EA per 31 days)
<i>alprazolam oral tablet 1 mg, 2 mg</i>	T2	PA; *; QL (155 EA per 31 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	T2	PA; *; QL (31 EA per 31 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	T2	PA; *; QL (155 EA per 31 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	T2	PA; *; QL (93 EA per 31 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	T2	PA; *; QL (93 EA per 31 days)
<i>alprazolam oral tablet, disintegrating 1 mg, 2 mg</i>	T2	PA; *; QL (155 EA per 31 days)
AMBIEN	T4	
AMBIEN CR	T4	
AMERGE ORAL TABLET 1 MG	T4	QL (20 EA per 31 days)
AMERGE ORAL TABLET 2.5 MG	T4	QL (8 EA per 31 days)
<i>amitriptyline</i>	T2	PA-NS; *

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline-chlordiazepoxide</i>	T2	PA-NS; *
<i>amoxapine</i>	T1	*
AMPYRA	T5	PA; QL (62 EA per 31 days)
AMRIX	T4	
ANAFRANIL	T4	PA-NS
ANAPROX DS	T4	
APLENZIN	T4	
APOKYN	T5	PA
APTENSIO XR	T4	
APTIOM	T4	
ARICEPT	T4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	T3	PA-NS
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	T5	PA-NS
<i>aripiprazole oral tablet, disintegrating</i>	T3	PA-NS
ARISTADA	T4	
<i>armodafinil</i>	T4	PA; QL (31 EA per 31 days)
ARTHROTEC 50	T4	
ARTHROTEC 75	T4	
ASCOMP WITH CODEINE	T2	PA; *; QL (372 EA per 31 days)
ATIVAN ORAL TABLET 0.5 MG	T4	QL (124 EA per 31 days)
ATIVAN ORAL TABLET 1 MG	T4	QL (186 EA per 31 days)
ATIVAN ORAL TABLET 2 MG	T4	QL (155 EA per 31 days)
<i>atomoxetine oral capsule 10 mg, 25 mg, 40 mg</i>	T4	PA; QL (62 EA per 31 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	T4	PA; QL (31 EA per 31 days)
<i>atomoxetine oral capsule 18 mg</i>	T4	PA; QL (124 EA per 31 days)
AUBAGIO	T5	PA; QL (31 EA per 31 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG	T5	PA; QL (124 EA per 31 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; QL (155 EA per 31 days)
AXERT ORAL TABLET 12.5 MG	T4	QL (8 EA per 31 days)
AXERT ORAL TABLET 6.25 MG	T4	QL (16 EA per 31 days)
AZILECT	T3	
<i>baclofen oral tablet 10 mg</i>	T1	*
<i>baclofen oral tablet 20 mg</i>	T2	*
BANZEL ORAL SUSPENSION	T4	PA-NS
BANZEL ORAL TABLET 200 MG	T4	PA-NS
BANZEL ORAL TABLET 400 MG	T5	PA-NS
BELBUCA	T4	PA; QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA	T4	
<i>benztropine</i>	T2	*
BRISDELLE	T4	
BRIVIACT	T4	
<i>bromocriptine</i>	T2	*
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	T4	QL (31 EA per 31 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	T4	QL (62 EA per 31 days)
BUPAP ORAL TABLET 50-300 MG	T4	QL (403 EA per 31 days)
BUPRENEX	T4	QL (267 ML per 30 days)
<i>buprenorphine hcl injection</i>	T1	*; QL (267 ML per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	T2	*; QL (93 EA per 31 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	T2	*; QL (62 EA per 31 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	T4	PA; QL (4 EA per 28 days)
<i>buprenorphine-naloxone</i>	T4	QL (93 EA per 31 days)
<i>bupropion hcl oral tablet</i>	T1	*
<i>bupropion hcl oral tablet extended release 12 hr</i>	T3	QL (62 EA per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	T2	*; QL (93 EA per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	T2	*; QL (31 EA per 31 days)
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	T1	*
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	T2	*
BUTALBITAL COMPOUND W/CODEINE	T2	PA; *; QL (372 EA per 31 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	T2	PA; *; QL (403 EA per 31 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T2	PA; *; QL (372 EA per 31 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T2	*; QL (403 EA per 31 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T2	*; QL (372 EA per 31 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	T2	*; QL (403 EA per 31 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T2	*; QL (372 EA per 31 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T2	*; QL (372 EA per 31 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T2	*
BUTISOL ORAL TABLET 30 MG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate injection solution 1 mg/ml</i>	T2	*; QL (720 ML per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	T2	*; QL (360 ML per 30 days)
<i>butorphanol tartrate nasal</i>	T2	*; QL (5 ML per 28 days)
BUTRANS	T4	PA; QL (4 EA per 28 days)
CAFERGOT	T4	
CAMBIA	T4	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	T2	*
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	*
<i>carbamazepine oral tablet</i>	T1	*
<i>carbamazepine oral tablet extended release 12 hr</i>	T2	*
<i>carbamazepine oral tablet, chewable</i>	T1	*
CARBATROL	T4	
<i>carbidopa</i>	T2	*
<i>carbidopa-levodopa</i>	T2	*
<i>carbidopa-levodopa-entacapone</i>	T2	*
<i>carisoprodol</i>	T2	*
<i>carisoprodol-asa-codeine</i>	T2	PA; *; QL (2582 EA per 31 days)
<i>carisoprodol-aspirin</i>	T2	*
CELEBREX	T4	QL (62 EA per 31 days)
<i>celecoxib</i>	T2	*; QL (62 EA per 31 days)
CELEXA ORAL TABLET	T4	
CELONTIN ORAL CAPSULE 300 MG	T3	
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	T4	
<i>chlordiazepoxide hcl</i>	T2	*
<i>chlorpromazine</i>	T2	*
<i>chlorzoxazone</i>	T2	*
<i>citalopram</i>	T1	*
<i>clomipramine</i>	T2	PA-NS; *
<i>clonazepam oral tablet 0.5 mg</i>	T2	*; QL (93 EA per 31 days)
<i>clonazepam oral tablet 1 mg</i>	T2	*; QL (124 EA per 31 days)
<i>clonazepam oral tablet 2 mg</i>	T2	*; QL (310 EA per 31 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	T2	*; QL (93 EA per 31 days)
<i>clonazepam oral tablet, disintegrating 1 mg</i>	T2	*; QL (124 EA per 31 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	T2	*; QL (310 EA per 31 days)
<i>clonidine hcl oral tablet extended release 12 hr</i>	T2	PA; *

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	*; QL (186 EA per 31 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	*; QL (93 EA per 31 days)
<i>clozapine oral tablet 100 mg, 200 mg</i>	T2	*
<i>clozapine oral tablet 25 mg, 50 mg</i>	T1	*
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	T2	*
<i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i>	T4	
CLOZARIL	T4	
<i>codeine sulfate oral tablet</i>	T2	PA; *; QL (186 EA per 31 days)
COGENTIN	T4	
COMTAN	T4	
CONCERTA	T4	QL (31 EA per 31 days)
CONZIP	T4	QL (30 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T5	QL (31 ML per 31 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T5	QL (12 ML per 28 days)
<i>cyclobenzaprine oral tablet</i>	T2	PA; *
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 60 MG	T4	QL (62 EA per 31 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	T4	QL (31 EA per 31 days)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T4	
<i>dantrolene</i>	T2	*
DAYPRO	T4	
DAYTRANA	T4	
DEMEROL INJECTION SOLUTION 50 MG/ML	T4	PA-BvD; QL (412 ML per 31 days)
DEMEROL ORAL TABLET 100 MG	T4	PA; QL (620 EA per 31 days)
DEPACON	T4	
DEPAKENE	T4	
DEPAKOTE	T4	
DEPAKOTE ER	T4	
DEPAKOTE SPRINKLES	T4	
<i>desipramine</i>	T2	*
DESOXYN	T4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine oral tablet extended release 24 hr</i>	T4	
<i>desvenlafaxine succinate</i>	T4	QL (31 EA per 31 days)
DEXEDRINE SPANSULE	T4	
<i>dexmethylphenidate</i>	T2	*
<i>dextroamphetamine oral capsule, extended release</i>	T2	*
<i>dextroamphetamine oral tablet</i>	T2	*
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	T2	*; QL (31 EA per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 30 mg</i>	T2	*; QL (62 EA per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	T1	*; QL (62 EA per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	T2	*; QL (93 EA per 31 days)
DIASTAT	T4	
DIASTAT ACUDIAL	T4	
DIAZEPAM INTENSOL	T2	*; QL (248 ML per 31 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T2	*; QL (1500 ML per 31 days)
<i>diazepam oral tablet</i>	T2	*; QL (124 EA per 31 days)
<i>diclofenac potassium</i>	T1	*
<i>diclofenac sodium oral</i>	T1	*
<i>diclofenac sodium topical drops</i>	T2	*
<i>diclofenac sodium topical gel 1 %</i>	T3	
<i>diclofenac-misoprostol</i>	T2	*
<i>diflunisal</i>	T2	*
<i>dihydroergotamine injection</i>	T2	*
<i>dihydroergotamine nasal</i>	T2	*; QL (8 ML per 31 days)
DILANTIN	T4	
DILANTIN EXTENDED	T4	
DILANTIN INFATABS	T4	
DILANTIN-125	T4	
DILAUDID ORAL LIQUID	T4	PA; QL (1550 ML per 31 days)
DILAUDID ORAL TABLET	T4	PA; QL (186 EA per 31 days)
<i>divalproex oral capsule, delayed rel sprinkle</i>	T2	*
<i>divalproex oral tablet extended release 24 hr</i>	T3	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	T2	*
DOLOPHINE ORAL TABLET 10 MG	T4	PA; QL (206 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
DOLOPHINE ORAL TABLET 5 MG	T4	PA; QL (248 EA per 31 days)
<i>donepezil</i>	T2	*
<i>doxepin oral</i>	T2	PA-NS; *
DUEXIS	T4	PA; QL (93 EA per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	T3	QL (62 EA per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>	T3	QL (31 EA per 31 days)
DUOPA	T4	PA-BvD
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	T4	PA; QL (10 EA per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 12 MCG/HR, 25 MCG/HR	T4	PA; QL (20 EA per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 50 MCG/HR	T4	PA; QL (17 EA per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	T4	PA; QL (12 EA per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	T2	PA-BvD; *; QL (4000 ML per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	T2	PA-BvD; *; QL (2000 ML per 30 days)
EC-NAPROSYN	T4	
EDLUAR	T4	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	T4	QL (31 EA per 31 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	T4	QL (93 EA per 31 days)
ELDEPRYL	T4	
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL	T4	PA; QL (62 EA per 31 days)
EMSAM	T5	QL (30 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	T2	PA; *; QL (372 EA per 31 days)
<i>entacapone</i>	T2	*
EPITOL	T1	*
EQUETRO	T4	
<i>ergoloid</i>	T2	*
<i>ergotamine-caffeine</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution</i>	T4	QL (620 ML per 31 days)
<i>escitalopram oxalate oral tablet</i>	T4	QL (31 EA per 31 days)
ESGIC ORAL TABLET	T4	QL (372 EA per 31 days)
<i>estazolam</i>	T2	*
<i>eszopiclone</i>	T2	*
<i>ethosuximide</i>	T2	*
<i>etodolac</i>	T2	*
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	T4	
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	T5	
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 16 MG, 8 MG	T4	PA; QL (62 EA per 31 days)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 32 MG	T4	PA; QL (48 EA per 31 days)
EXELON TRANSDERMAL	T3	QL (30 EA per 30 days)
EXONDYS 51	T5	PA
FANAPT	T4	
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 25 MG	T4	
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	T5	
<i>felbamate</i>	T2	*
FELBATOL	T4	
FELDENE	T4	
<i>fenoprofen oral capsule 400 mg</i>	T4	
<i>fenoprofen oral tablet</i>	T2	*
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	T5	PA; QL (40 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	T5	PA; QL (30 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	T2	PA; *; QL (124 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	T5	PA; QL (119 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	T5	PA; QL (79 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	T5	PA; QL (59 EA per 31 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	T3	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	T3	PA; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	T2	PA; *; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour</i>	T4	PA; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	T2	PA; *; QL (17 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hour</i>	T4	PA; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	T3	PA; QL (12 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	T4	PA; QL (11 EA per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG	T5	PA; QL (124 EA per 31 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG	T5	PA; QL (119 EA per 31 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 600 MCG	T5	PA; QL (79 EA per 31 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 800 MCG	T5	PA; QL (59 EA per 31 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	T4	PA-NS; QL (56 EA per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 40 MG, 80 MG	T4	PA-NS; QL (31 EA per 31 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	T4	PA-NS; QL (93 EA per 31 days)
FEXMID	T4	PA
FIORICET ORAL CAPSULE	T4	QL (403 EA per 31 days)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	T4	PA; QL (403 EA per 31 days)
FIORINAL	T4	
FIORINAL-CODEINE #3	T4	PA; QL (372 EA per 31 days)
FLECTOR	T4	PA; QL (62 EA per 31 days)
<i>fluoxetine oral capsule</i>	T1	*
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	T2	*
<i>fluoxetine oral solution</i>	T1	*
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	T1	*
<i>fluoxetine oral tablet 60 mg</i>	T4	
<i>fluphenazine decanoate</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i>	T1	*
<i>flurazepam</i>	T2	*
<i>flurbiprofen</i>	T2	*
<i>fluvoxamine</i>	T2	*
FOCALIN	T4	
FOCALIN XR	T4	
FORFIVO XL	T4	
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	T2	*
FROVA	T4	QL (12 EA per 31 days)
<i>frovatriptan</i>	T3	QL (12 EA per 31 days)
FYCOMPA ORAL SUSPENSION	T4	
FYCOMPA ORAL TABLET	T4	
<i>gabapentin oral capsule</i>	T2	*
<i>gabapentin oral solution 250 mg/5 ml</i>	T2	*
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T2	*
GABITRIL ORAL TABLET 12 MG, 16 MG	T3	
GABITRIL ORAL TABLET 2 MG, 4 MG	T4	
GABLOFEN INTRATHECAL SOLUTION 40,000 MCG/20ML (2,000 MCG/ML)	T4	PA-BvD
<i>galantamine</i>	T2	*
GEODON INTRAMUSCULAR	T3	
GEODON ORAL	T4	QL (62 EA per 31 days)
GILENYA	T5	PA; QL (31 EA per 31 days)
GLATOPA	T5	QL (31 ML per 31 days)
GRALISE	T3	PA-NS
GRALISE 30-DAY STARTER PACK	T3	PA-NS
<i>guanfacine oral tablet extended release 24 hr</i>	T2	PA; *
<i>guanidine</i>	T2	*
HALCION ORAL TABLET 0.25 MG	T4	PA
HALDOL	T4	
HALDOL DECANOATE	T4	
<i>haloperidol decanoate</i>	T2	*
<i>haloperidol lactate injection</i>	T2	*
<i>haloperidol lactate oral</i>	T1	*
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 20 mg, 5 mg</i>	T1	*
<i>haloperidol oral tablet 10 mg</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
HETLIOZ	T5	PA
HORIZANT	T4	PA-NS
HYCET	T4	PA; QL (5723 ML per 31 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T2	PA; *; QL (5723 ML per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T2	PA; *; QL (403 EA per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T2	PA; *; QL (372 EA per 31 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T2	PA; *; QL (155 EA per 31 days)
<i>hydromorphone (pf)</i>	T2	PA; *; QL (124 ML per 31 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	T2	PA; *; QL (155 ML per 31 days)
<i>hydromorphone oral liquid</i>	T2	PA; *; QL (1550 ML per 31 days)
<i>hydromorphone oral tablet</i>	T2	PA; *; QL (186 EA per 31 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	T2	PA; *; QL (62 EA per 31 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	T2	PA; *; QL (48 EA per 31 days)
HYSINGLA ER	T4	PA; QL (31 EA per 31 days)
IBUDONE ORAL TABLET 10-200 MG	T4	PA; QL (155 EA per 31 days)
<i>ibuprofen oral suspension</i>	T1	*
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	*
<i>ibuprofen-oxycodone</i>	T2	PA; *; QL (30 EA per 30 days)
<i>imipramine hcl</i>	T2	PA-NS; *
<i>imipramine pamoate</i>	T2	*
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	T4	QL (8 EA per 31 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	T4	QL (32 EA per 31 days)
IMITREX ORAL TABLET 100 MG	T4	QL (9 EA per 31 days)
IMITREX ORAL TABLET 25 MG	T4	QL (36 EA per 31 days)
IMITREX ORAL TABLET 50 MG	T4	QL (18 EA per 31 days)
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML	T4	QL (6 ML per 31 days)
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	T4	QL (4 ML per 31 days)
IMITREX SUBCUTANEOUS	T4	QL (4 ML per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
INDOCIN ORAL	T4	
<i>indomethacin oral</i>	T1	*
INGREZZA	T5	PA; QL (62 EA per 31 days)
INTERMEZZO	T4	
INTUNIV ER	T4	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG	T4	QL (31 EA per 31 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	T5	QL (62 EA per 31 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 9 MG	T5	QL (31 EA per 31 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	T5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	T5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	T5	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	T4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	T5	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	T5	QL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	T5	QL (1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	T5	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	T5	QL (2.625 ML per 84 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T4	PA; QL (62 EA per 31 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	T4	PA; QL (31 EA per 31 days)
KAPVAY	T4	PA
KEPPRA ORAL SOLUTION	T5	
KEPPRA ORAL TABLET 1,000 MG	T5	
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
KEPPRA XR	T4	
<i>ketoprofen oral capsule</i>	T2	*
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	T2	*
<i>ketorolac injection cartridge 30 mg/ml</i>	T2	*
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	T2	*
<i>ketorolac oral</i>	T2	*
KEVEYIS	T4	PA; QL (124 EA per 31 days)
KHEDEZLA	T4	
KLONOPIN ORAL TABLET 0.5 MG	T4	QL (93 EA per 31 days)
KLONOPIN ORAL TABLET 1 MG	T4	QL (124 EA per 31 days)
KLONOPIN ORAL TABLET 2 MG	T4	QL (310 EA per 31 days)
LAMICTAL ODT	T3	
LAMICTAL ORAL TABLET	T4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	T4	
LAMICTAL STARTER (BLUE) KIT	T4	
LAMICTAL STARTER (GREEN) KIT	T4	
LAMICTAL STARTER (ORANGE) KIT	T4	
LAMICTAL XR	T4	
LAMICTAL XR STARTER (BLUE)	T4	
LAMICTAL XR STARTER (GREEN)	T4	
LAMICTAL XR STARTER (ORANGE)	T4	
<i>lamotrigine oral tablet</i>	T2	*
<i>lamotrigine oral tablet extended release 24hr</i>	T2	*
<i>lamotrigine oral tablet, chewable dispersible</i>	T2	*
<i>lamotrigine oral tablet,disintegrating</i>	T2	*
LATUDA ORAL TABLET 120 MG	T5	QL (31 EA per 31 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	T4	QL (31 EA per 31 days)
LATUDA ORAL TABLET 80 MG	T5	QL (62 EA per 31 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	T5	PA; QL (31 EA per 31 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	T5	PA; QL (16 EA per 31 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	T5	PA; QL (12 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in nacl (iso-os)</i>	T4	
<i>levetiracetam intravenous</i>	T2	*
<i>levetiracetam oral solution 100 mg/ml</i>	T2	*
<i>levetiracetam oral tablet</i>	T2	*
<i>levetiracetam oral tablet extended release 24 hr</i>	T2	*
<i>levorphanol tartrate</i>	T1	PA; *; QL (186 EA per 31 days)
LEXAPRO ORAL TABLET	T4	QL (31 EA per 31 days)
LIORESAL	T4	PA-BvD
<i>lithium carbonate</i>	T1	*
<i>lithium citrate oral solution 8 meq/5 ml</i>	T1	*
LITHOBID	T4	
LODINE ORAL TABLET	T4	
LODOSYN	T4	
LORAZEPAM INTENSOL	T2	*; QL (155 ML per 31 days)
<i>lorazepam oral tablet 0.5 mg</i>	T2	*; QL (124 EA per 31 days)
<i>lorazepam oral tablet 1 mg</i>	T2	*; QL (186 EA per 31 days)
<i>lorazepam oral tablet 2 mg</i>	T2	*; QL (155 EA per 31 days)
LORCET (HYDROCODONE)	T2	PA; *; QL (372 EA per 31 days)
LORCET HD	T2	PA; *; QL (372 EA per 31 days)
LORCET PLUS ORAL TABLET 7.5-325 MG	T2	PA; *; QL (372 EA per 31 days)
LORTAB 10-325	T2	PA; *; QL (372 EA per 31 days)
LORTAB 5-325	T2	PA; *; QL (372 EA per 31 days)
LORTAB 7.5-325	T2	PA; *; QL (372 EA per 31 days)
LORZONE	T4	
<i>loxapine succinate</i>	T2	*
LUNESTA	T4	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T4	PA-NS; QL (93 EA per 31 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T4	PA-NS; QL (62 EA per 31 days)
LYRICA ORAL SOLUTION	T4	PA-NS; QL (930 ML per 31 days)
<i>maprotiline</i>	T2	*
MARPLAN	T3	
MAXALT ORAL TABLET 10 MG	T4	QL (12 EA per 31 days)
MAXALT ORAL TABLET 5 MG	T4	QL (24 EA per 31 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	T4	QL (12 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
MAXALT-MLT ORAL TABLET,DISINTEGRATING 5 MG	T4	QL (24 EA per 31 days)
<i>meclofenamate</i>	T2	*
<i>mefenamic acid</i>	T2	*
<i>meloxicam oral tablet</i>	T1	*
<i>memantine oral solution</i>	T3	
<i>memantine oral tablet</i>	T3	
<i>memantine oral tablets,dose pack</i>	T4	
<i>meperidine (pf) injection solution 100 mg/ml</i>	T2	PA-BvD; *; QL (200 ML per 31 days)
<i>meperidine (pf) injection solution 25 mg/ml</i>	T2	PA-BvD; *; QL (800 ML per 31 days)
<i>meperidine (pf) injection solution 50 mg/ml</i>	T2	PA-BvD; *; QL (400 ML per 31 days)
<i>meperidine oral solution</i>	T2	PA; *; QL (6200 ML per 31 days)
<i>meperidine oral tablet 100 mg</i>	T2	PA; *; QL (620 EA per 31 days)
<i>meperidine oral tablet 50 mg</i>	T2	PA; *; QL (1240 EA per 31 days)
<i>meprobamate</i>	T2	*
MESTINON ORAL SYRUP	T3	
MESTINON ORAL TABLET	T4	
MESTINON TIMESPAN	T3	
METADATE CD	T4	QL (31 EA per 31 days)
METADATE ER	T2	*; QL (93 EA per 31 days)
METAXALL	T2	*
<i>metaxalone</i>	T2	*
<i>methadone injection solution</i>	T2	PA-BvD; *; QL (160 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	T2	PA; *; QL (1033 ML per 31 days)
<i>methadone oral solution 5 mg/5 ml</i>	T2	PA; *; QL (2066 ML per 31 days)
<i>methadone oral tablet 10 mg</i>	T2	PA; *; QL (206 EA per 31 days)
<i>methadone oral tablet 5 mg</i>	T2	PA; *; QL (248 EA per 31 days)
<i>methamphetamine</i>	T5	PA
<i>methocarbamol</i>	T2	*
METHYLIN ORAL SOLUTION	T4	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	T2	*; QL (31 EA per 31 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg, 60 mg</i>	T2	*; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine intramuscular</i>	T2	*
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 7.5 mg</i>	T2	*; QL (31 EA per 31 days)
<i>olanzapine oral tablet 5 mg</i>	T3	QL (31 EA per 31 days)
<i>olanzapine oral tablet, disintegrating</i>	T2	*; QL (31 EA per 31 days)
<i>olanzapine-fluoxetine</i>	T2	*
ONFI ORAL SUSPENSION	T4	PA-NS
ONFI ORAL TABLET 10 MG	T4	PA-NS
ONFI ORAL TABLET 20 MG	T5	PA-NS
ONZETRA XSAIL	T4	QL (16 EA per 31 days)
OPANA ER ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	T4	PA; QL (100 EA per 31 days)
OPANA ER ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 30 MG	T4	PA; QL (69 EA per 31 days)
OPANA ER ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 40 MG	T4	PA; QL (51 EA per 31 days)
OPANA ORAL	T4	PA; QL (186 EA per 31 days)
ORAP ORAL TABLET 1 MG	T3	
<i>orphenadrine citrate</i>	T2	*
<i>oxaprozin</i>	T2	*
<i>oxazepam</i>	T2	*
<i>oxcarbazepine</i>	T2	*
OXTELLAR XR	T4	
<i>oxycodone oral capsule</i>	T2	PA; *; QL (186 EA per 31 days)
<i>oxycodone oral concentrate</i>	T2	PA; *; QL (180 ML per 31 days)
<i>oxycodone oral solution</i>	T2	PA; *; QL (4133 ML per 31 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	T2	PA; *; QL (186 EA per 31 days)
<i>oxycodone oral tablet 30 mg</i>	T3	PA; QL (138 EA per 31 days)
<i>oxycodone oral tablet, oral only, ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	T4	PA; QL (100 EA per 31 days)
<i>oxycodone oral tablet, oral only, ext.rel.12 hr 60 mg</i>	T4	PA; QL (69 EA per 31 days)
<i>oxycodone oral tablet, oral only, ext.rel.12 hr 80 mg</i>	T4	PA; QL (62 EA per 31 days)
<i>oxycodone-acetaminophen oral solution</i>	T2	PA; *; QL (1860 ML per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T3	PA; QL (372 EA per 31 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T2	PA; *; QL (372 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin</i>	T2	PA; *; QL (360 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	T4	PA; QL (100 EA per 31 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG	T4	PA; QL (69 EA per 31 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	T4	PA; QL (62 EA per 31 days)
<i>oxymorphone oral tablet</i>	T2	PA; *; QL (186 EA per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	PA; *; QL (100 EA per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	T2	PA; *; QL (69 EA per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	T2	PA; *; QL (51 EA per 31 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	T3	QL (31 EA per 31 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T4	QL (62 EA per 31 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	T4	QL (31 EA per 31 days)
PAMELOR	T4	
PARLODEL	T4	
PARNATE	T4	
<i>paroxetine hcl oral tablet</i>	T1	*
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	T1	*
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	T2	*
PAXIL	T4	
PAXIL CR	T4	
PEGANONE	T3	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	T4	
<i>pentazocine-naloxone</i>	T2	*; QL (335 EA per 31 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T4	PA; QL (372 EA per 31 days)
<i>perphenazine</i>	T2	*
<i>perphenazine-amitriptyline</i>	T2	PA-NS; *
PEXEVA	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine</i>	T2	*
<i>phenobarbital</i>	T2	*
PHENYTEK	T4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T2	*
<i>phenytoin oral tablet, chewable</i>	T2	*
<i>phenytoin sodium extended</i>	T2	*
<i>phenytoin sodium intravenous solution</i>	T2	*
<i>pimozide</i>	T2	*
<i>piroxicam</i>	T2	*
PONSTEL	T4	
<i>pramipexole</i>	T2	*
<i>primidone</i>	T2	*
PRIMLEV	T4	PA; QL (403 EA per 31 days)
PRISTIQ	T4	QL (31 EA per 31 days)
PROCENTRA	T2	*
<i>protriptyline</i>	T2	*
PROVIGIL ORAL TABLET 100 MG	T4	PA; QL (31 EA per 31 days)
PROVIGIL ORAL TABLET 200 MG	T5	PA; QL (31 EA per 31 days)
PROZAC ORAL CAPSULE	T4	
<i>pyridostigmine bromide</i>	T2	*
QUDEXY XR	T4	
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T2	*; QL (62 EA per 31 days)
<i>quetiapine oral tablet 25 mg</i>	T1	*; QL (62 EA per 31 days)
<i>quetiapine oral tablet extended release 24 hr</i>	T4	QL (62 EA per 31 days)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG	T4	QL (31 EA per 31 days)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 30 MG	T4	QL (62 EA per 31 days)
QUILLIVANT XR	T4	
<i>rasagiline</i>	T3	
RAZADYNE ER	T4	
RAZADYNE ORAL TABLET	T4	
RELPAK ORAL TABLET 20 MG	T4	QL (12 EA per 31 days)
RELPAK ORAL TABLET 40 MG	T4	QL (6 EA per 31 days)
REMERON	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB	T4	
REQUIP	T4	
REQUIP XL	T4	
RESTORIL	T4	QL (31 EA per 31 days)
REXULTI	T5	PA-NS; QL (31 EA per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML	T4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	T5	QL (2 EA per 28 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG	T4	QL (31 EA per 31 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 3 MG	T4	QL (93 EA per 31 days)
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 4 MG	T4	QL (124 EA per 31 days)
RISPERDAL ORAL SOLUTION	T4	QL (496 ML per 31 days)
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	T4	QL (31 EA per 31 days)
RISPERDAL ORAL TABLET 3 MG	T5	QL (93 EA per 31 days)
RISPERDAL ORAL TABLET 4 MG	T4	QL (124 EA per 31 days)
<i>risperidone oral solution</i>	T1	*; QL (496 ML per 31 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	*; QL (31 EA per 31 days)
<i>risperidone oral tablet 3 mg</i>	T1	*; QL (93 EA per 31 days)
<i>risperidone oral tablet 4 mg</i>	T1	*; QL (124 EA per 31 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	T2	*; QL (31 EA per 31 days)
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg</i>	T1	*; QL (31 EA per 31 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	T1	*; QL (93 EA per 31 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	T1	*; QL (124 EA per 31 days)
RITALIN	T4	QL (93 EA per 31 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	T4	QL (186 EA per 31 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 40 MG	T4	QL (31 EA per 31 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	T4	QL (62 EA per 31 days)
<i>rivastigmine</i>	T2	*; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i>	T2	*
<i>rizatriptan oral tablet 10 mg</i>	T2	*; QL (12 EA per 31 days)
<i>rizatriptan oral tablet 5 mg</i>	T2	*; QL (24 EA per 31 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i>	T2	*; QL (12 EA per 31 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	T2	*; QL (24 EA per 31 days)
<i>ropinirole</i>	T2	*
ROWEEPR	T2	*
ROXICODONE ORAL TABLET 15 MG, 5 MG	T4	PA; QL (186 EA per 31 days)
ROXICODONE ORAL TABLET 30 MG	T4	PA; QL (138 EA per 31 days)
ROZEREM	T4	
RYTARY	T4	
SABRIL	T5	PA-NS
SAPHRIS (BLACK CHERRY)	T4	QL (62 EA per 31 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	T4	
<i>selegiline hcl</i>	T2	*
SEROQUEL	T4	QL (62 EA per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	T3	QL (62 EA per 31 days)
<i>sertraline</i>	T1	*
SILENOR	T4	PA-NS
SINEMET	T4	
SINEMET CR	T4	
SKELAXIN	T4	
SOMA	T4	
SONATA	T4	
SPRITAM	T4	
STALEVO 100	T4	
STALEVO 125	T4	
STALEVO 150	T4	
STALEVO 200	T4	
STALEVO 50	T4	
STALEVO 75	T4	
STRATTERA ORAL CAPSULE 10 MG, 25 MG, 40 MG	T4	PA; QL (62 EA per 31 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	T4	PA; QL (31 EA per 31 days)
STRATTERA ORAL CAPSULE 18 MG	T4	PA; QL (124 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	T4	QL (62 EA per 31 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	T4	QL (93 EA per 31 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY	T5	PA; QL (124 EA per 31 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	T5	PA; QL (86 EA per 31 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 600 MCG/SPRAY	T5	PA; QL (57 EA per 31 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 800 MCG/SPRAY	T5	PA; QL (43 EA per 31 days)
<i>sulindac</i>	T2	*
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	T2	*; QL (8 EA per 31 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	T2	*; QL (32 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	T2	*; QL (9 EA per 31 days)
<i>sumatriptan succinate oral tablet 25 mg</i>	T2	*; QL (36 EA per 31 days)
<i>sumatriptan succinate oral tablet 50 mg</i>	T2	*; QL (18 EA per 31 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	T2	*; QL (6 ML per 31 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	T2	*; QL (4 ML per 31 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	T2	*; QL (6 ML per 31 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	T2	*; QL (4 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution</i>	T2	*; QL (4 ML per 31 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	T2	*; QL (4 ML per 31 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	T4	QL (6 ML per 31 days)
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	T4	QL (4 ML per 31 days)
SURMONTIL	T4	PA-NS
SYMBYAX	T4	
SYNALGOS-DC	T4	PA; QL (300 EA per 30 days)
TALWIN	T4	QL (559 ML per 31 days)
TASMAR ORAL TABLET 100 MG	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	T5	PA; QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	T5	PA; QL (62 EA per 31 days)
TEGRETOL ORAL SUSPENSION	T4	
TEGRETOL ORAL TABLET	T4	
TEGRETOL XR	T4	
<i>temazepam</i>	T2	*; QL (31 EA per 31 days)
TENCON ORAL TABLET 50-325 MG	T2	*; QL (372 EA per 31 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	T5	PA; QL (93 EA per 31 days)
<i>tetrabenazine oral tablet 25 mg</i>	T5	PA; QL (124 EA per 31 days)
<i>thioridazine</i>	T2	*
<i>thiothixene</i>	T1	*
<i>tiagabine</i>	T2	*
TIVORBEX	T4	
<i>tizanidine</i>	T2	*
TOFRANIL	T4	PA-NS
<i>tolcapone</i>	T5	
<i>tolmetin oral capsule</i>	T2	*
<i>tolmetin oral tablet 600 mg</i>	T2	*
TOPAMAX	T4	
<i>topiramate oral capsule, sprinkle</i>	T2	*
<i>topiramate oral capsule,sprinkle,er 24hr</i>	T4	
<i>topiramate oral tablet</i>	T2	*
<i>tramadol oral capsule,er biphase 24 hr 17-83</i>	T4	QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i>	T4	QL (30 EA per 30 days)
<i>tramadol oral tablet</i>	T1	*; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	T2	*; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	T2	*; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	T2	*; QL (372 EA per 31 days)
TRANXENE T-TAB ORAL TABLET 7.5 MG	T4	QL (372 EA per 31 days)
<i>tranylcypromine</i>	T2	*
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T1	*
<i>trazodone oral tablet 300 mg</i>	T2	*
TREXIMET ORAL TABLET 10-60 MG	T4	QL (10 EA per 31 days)
TREXIMET ORAL TABLET 85-500 MG	T4	QL (9 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG	T4	QL (372 EA per 31 days)
<i>triazolam</i>	T2	PA; *
<i>trifluoperazine</i>	T2	*
<i>trihexyphenidyl</i>	T2	*
TRILEPTAL	T4	
<i>trimipramine</i>	T3	PA-NS
TRINTELLIX	T4	PA-NS
TROKENDI XR	T4	
TYLENOL-CODEINE #3	T4	PA; QL (403 EA per 31 days)
TYLENOL-CODEINE #4	T4	PA; QL (403 EA per 31 days)
TYSABRI	T5	PA; QL (15 ML per 28 days)
ULTRACET	T4	QL (372 EA per 31 days)
ULTRAM	T4	QL (240 EA per 30 days)
VALIUM	T4	QL (124 EA per 31 days)
<i>valproate sodium</i>	T2	*
<i>valproic acid</i>	T2	*
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T2	*
VANATOL LQ	T4	QL (5723 ML per 31 days)
<i>venlafaxine oral capsule,extended release 24hr</i>	T2	*; QL (31 EA per 31 days)
<i>venlafaxine oral tablet</i>	T2	*
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T2	*; QL (31 EA per 31 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	T4	QL (31 EA per 31 days)
VERSACLOZ	T3	
VICODIN	T2	PA; *; QL (403 EA per 31 days)
VICODIN ES	T2	PA; *; QL (403 EA per 31 days)
VICODIN HP	T2	PA; *; QL (403 EA per 31 days)
VIIBRYD ORAL TABLET	T4	PA-NS; QL (31 EA per 31 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	T4	PA-NS; QL (60 EA per 365 days)
VIMOVO	T4	PA; QL (62 EA per 31 days)
VIMPAT INTRAVENOUS	T4	
VIMPAT ORAL SOLUTION	T4	
VIMPAT ORAL TABLET	T4	
VIVITROL	T4	
VIVLODEX	T4	PA; QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
VOLTAREN TOPICAL	T4	PA
VRAYLAR ORAL CAPSULE	T5	PA-NS; QL (31 EA per 31 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	T4	PA-NS; QL (14 EA per 365 days)
VYVANSE	T4	QL (31 EA per 31 days)
WELLBUTRIN SR	T4	QL (62 EA per 31 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	T4	QL (93 EA per 31 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	T4	QL (31 EA per 31 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG	T4	PA; QL (93 EA per 31 days)
XANAX ORAL TABLET 1 MG, 2 MG	T4	PA; QL (155 EA per 31 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG	T4	PA; QL (31 EA per 31 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	T4	PA; QL (155 EA per 31 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 3 MG	T4	PA; QL (93 EA per 31 days)
XENAZINE ORAL TABLET 12.5 MG	T5	PA; QL (93 EA per 31 days)
XENAZINE ORAL TABLET 25 MG	T5	PA; QL (124 EA per 31 days)
XODOL 10/300	T4	PA; QL (403 EA per 31 days)
XODOL 5/300	T4	PA; QL (403 EA per 31 days)
XODOL 7.5/300	T4	PA; QL (403 EA per 31 days)
XTAMPZA ER	T4	PA; QL (62 EA per 31 days)
XYREM	T5	PA; QL (540 ML per 30 days)
<i>zaleplon</i>	T2	*
ZAMICET	T2	PA; *; QL (5723 ML per 31 days)
ZANAFLEX	T4	
ZARONTIN	T4	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	T2	*; QL (372 EA per 31 days)
ZELAPAR	T5	
ZEMBRACE SYMTOUCH	T4	QL (8 ML per 31 days)
ZENZEDI ORAL TABLET 10 MG, 5 MG	T2	*
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	T4	
ZINBRYTA	T5	PA; QL (1 ML per 28 days)
<i>ziprasidone hcl</i>	T2	*; QL (62 EA per 31 days)
ZIPSOR	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	T4	PA; QL (100 EA per 31 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	T2	*; QL (16 EA per 31 days)
<i>zolmitriptan oral tablet 5 mg</i>	T2	*; QL (8 EA per 31 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg</i>	T2	*; QL (16 EA per 31 days)
<i>zolmitriptan oral tablet,disintegrating 5 mg</i>	T2	*; QL (8 EA per 31 days)
ZOLOFT	T4	
<i>zolpidem oral</i>	T2	*
<i>zolpidem sublingual</i>	T3	
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	T4	QL (16 EA per 31 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	T4	QL (8 EA per 31 days)
ZOMIG ORAL TABLET 2.5 MG	T4	QL (16 EA per 31 days)
ZOMIG ORAL TABLET 5 MG	T4	QL (8 EA per 31 days)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG	T4	QL (16 EA per 31 days)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 5 MG	T4	QL (8 EA per 31 days)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	T4	
<i>zonisamide</i>	T2	*
ZORVOLEX	T4	
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 2.9-0.71 MG	T3	QL (93 EA per 31 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG, 8.6-2.1 MG	T3	QL (62 EA per 31 days)
ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG	T3	QL (31 EA per 31 days)
ZYPREXA INTRAMUSCULAR	T4	
ZYPREXA ORAL	T4	QL (31 EA per 31 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	T4	QL (2 EA per 28 days)
ZYPREXA ZYDIS	T4	QL (31 EA per 31 days)
Cardiovascular, Hypertension / Lipids		
ACCUPRIL	T4	
ACCURETIC	T4	
<i>acebutolol</i>	T1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ADALAT CC	T4	
AFEDITAB CR	T1	*
AGGRENOX	T3	
ALDACTAZIDE	T4	
ALDACTONE	T4	
ALTACE	T4	
ALTOPREV	T4	
<i>amiloride</i>	T1	*
<i>amiloride-hydrochlorothiazide</i>	T1	*
<i>amiodarone intravenous solution</i>	T2	*
<i>amiodarone oral</i>	T2	*
<i>amlodipine</i>	T1	*
<i>amlodipine-atorvastatin</i>	T2	*
<i>amlodipine-benazepril</i>	T1	*
<i>amlodipine-olmesartan</i>	T3	QL (31 EA per 31 days)
<i>amlodipine-valsartan</i>	T2	*
<i>amlodipine-valsartan-hctiazid</i>	T2	*
ANTARA ORAL CAPSULE 30 MG, 90 MG	T4	
<i>argatroban</i>	T4	
<i>argatroban in 0.9 % sod chlor intravenous solution</i>	T4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	T5	
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	T4	
<i>aspirin-dipyridamole</i>	T2	*
ATACAND	T4	
ATACAND HCT	T4	
<i>atenolol</i>	T1	*
<i>atenolol-chlorthalidone</i>	T1	*
<i>atorvastatin</i>	T1	*
AVALIDE	T4	QL (31 EA per 31 days)
AVAPRO	T4	QL (31 EA per 31 days)
AZOR	T4	QL (31 EA per 31 days)
<i>benazepril</i>	T1	*
<i>benazepril-hydrochlorothiazide</i>	T1	*
BENICAR HCT	T4	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
BENICAR ORAL TABLET 20 MG, 40 MG	T4	QL (31 EA per 31 days)
BENICAR ORAL TABLET 5 MG	T4	QL (93 EA per 31 days)
BETAPACE AF	T4	
<i>betaxolol oral</i>	T1	*
BIDIL	T4	
<i>bisoprolol fumarate</i>	T1	*
<i>bisoprolol-hydrochlorothiazide</i>	T1	*
BRILINTA	T3	
<i>bumetanide</i>	T1	*
BYSTOLIC	T4	
BYVALSON	T4	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	T4	
CALAN	T4	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	T4	
<i>candesartan</i>	T1	*
<i>candesartan-hydrochlorothiazid</i>	T1	*
<i>captopril</i>	T1	*
<i>captopril-hydrochlorothiazide</i>	T1	*
CARDENE IV IN SODIUM CHLORIDE	T4	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 360 MG	T4	
CARDIZEM LA	T4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T4	
CARDURA	T4	
CARDURA XL	T4	
CARTIA XT	T1	*
<i>carvedilol</i>	T1	*
CATAPRES	T4	
CATAPRES-TTS-1	T4	
CATAPRES-TTS-2	T4	
CATAPRES-TTS-3	T4	
<i>chlorothiazide</i>	T1	*
<i>chlorothiazide sodium</i>	T1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	*
<i>cholestyramine (with sugar) oral powder</i>	T2	*
CHOLESTYRAMINE LIGHT ORAL POWDER	T2	*
<i>cilostazol</i>	T2	*
<i>clonidine</i>	T2	*
<i>clonidine hcl oral tablet</i>	T1	*
<i>clopidogrel</i>	T2	*
COLESTID ORAL GRANULES	T4	
COLESTID ORAL TABLET	T4	
<i>colestipol oral granules</i>	T2	*
<i>colestipol oral tablet</i>	T2	*
COREG	T4	
COREG CR	T4	
CORGARD	T4	
CORLANOR ORAL TABLET 5 MG	T4	PA; QL (93 EA per 31 days)
CORLANOR ORAL TABLET 7.5 MG	T4	PA; QL (62 EA per 31 days)
CORZIDE	T4	
COUMADIN ORAL	T4	
COZAAR ORAL TABLET 100 MG	T4	QL (31 EA per 31 days)
COZAAR ORAL TABLET 25 MG	T4	QL (93 EA per 31 days)
COZAAR ORAL TABLET 50 MG	T4	QL (62 EA per 31 days)
CRESTOR	T4	
CYKLOKAPRON	T4	
DEMADEX ORAL TABLET 10 MG, 20 MG	T4	
DEMSER	T3	
DIBENZYLINE	T5	
DIGITEK ORAL TABLET 125 MCG	T1	PA; *
DIGITEK ORAL TABLET 250 MCG	T2	PA; *
<i>digoxin injection solution</i>	T2	PA; *
<i>digoxin oral solution 50 mcg/ml</i>	T2	PA; *
<i>digoxin oral tablet 125 mcg</i>	T1	PA; *
<i>digoxin oral tablet 250 mcg</i>	T2	PA; *
<i>diltiazem hcl intravenous</i>	T1	*
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	T1	*
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	T1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	T1	*
<i>diltiazem hcl oral tablet</i>	T1	*
DILT-XR	T1	*
DIOVAN HCT	T4	QL (31 EA per 31 days)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	T4	QL (62 EA per 31 days)
DIOVAN ORAL TABLET 320 MG	T4	QL (31 EA per 31 days)
<i>dipyridamole oral</i>	T2	*
<i>disopyramide phosphate oral capsule</i>	T2	*
DIURIL	T3	
DIURIL IV	T4	
<i>dofetilide</i>	T3	
<i>doxazosin</i>	T1	*
DUTOPROL	T4	
DYAZIDE	T4	
DYRENIUM	T4	
EDARBI	T4	
EDARBYCLOR	T4	
EDECIN	T3	
EFFIENT	T3	
ELIQUIS ORAL TABLET 2.5 MG	T3	QL (62 EA per 31 days)
ELIQUIS ORAL TABLET 5 MG	T3	QL (74 EA per 31 days)
<i>enalapril maleate</i>	T1	*
<i>enalapril-hydrochlorothiazide</i>	T1	*
<i>enoxaparin subcutaneous solution</i>	T2	*
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml</i>	T4	
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	T5	
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	T2	*
ENTRESTO	T3	PA; QL (62 EA per 31 days)
<i>eplerenone</i>	T2	*
<i>eprosartan</i>	T1	*
<i>ethacrynic acid sodium</i>	T2	*
<i>ethacrynic acid</i>	T2	*
EXFORGE	T4	
EXFORGE HCT	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe</i>	T3	
<i>ezetimibe-simvastatin</i>	T3	
<i>felodipine</i>	T2	*
<i>fenofibrate micronized</i>	T2	*
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	T3	
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	T2	*
<i>fenofibrate oral capsule</i>	T4	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T4	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T2	*
<i>fenofibric acid (choline)</i>	T3	
<i>fenofibric acid oral tablet 105 mg</i>	T3	
<i>fenofibric acid oral tablet 35 mg</i>	T2	*
FENOGLIDE	T4	
FIBRICOR	T4	
<i>flecainide</i>	T2	*
<i>fluvastatin oral capsule</i>	T1	*
<i>fluvastatin oral tablet extended release 24 hr</i>	T3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	T5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	T2	*
<i>fosinopril</i>	T1	*
<i>fosinopril-hydrochlorothiazide</i>	T1	*
FRAGMIN SUBCUTANEOUS SOLUTION	T5	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	T5	
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	T3	
<i>furosemide injection</i>	T2	*
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	T2	*
<i>furosemide oral tablet</i>	T1	*
<i>gemfibrozil</i>	T2	*
GONITRO	T4	
<i>guanfacine oral tablet</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	T2	*
<i>heparin (porcine) injection solution</i>	T2	*
<i>hydralazine</i>	T1	*
<i>hydrochlorothiazide</i>	T1	*
HYZAAR	T4	
<i>indapamide</i>	T1	*
INDERAL LA	T4	
INNOPRAN XL	T4	
INSPRA	T4	
<i>irbesartan</i>	T1	*; QL (31 EA per 31 days)
<i>irbesartan-hydrochlorothiazide</i>	T2	*; QL (31 EA per 31 days)
ISORDIL	T4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	T4	
<i>isosorbide dinitrate oral</i>	T2	*
<i>isosorbide mononitrate</i>	T1	*
<i>isradipine</i>	T2	*
JANTOVEN	T2	*
JUXTAPID	T5	PA
KYNAMRO	T5	PA
<i>labetalol intravenous solution</i>	T1	*
<i>labetalol oral</i>	T1	*
LANOXIN	T4	PA
LASIX	T4	
LESCOL XL	T4	
LIPITOR	T4	
LIPOFEN	T4	
<i>lisinopril</i>	T1	*
<i>lisinopril-hydrochlorothiazide</i>	T1	*
LIVALO	T4	
LOPID	T4	
LOPRESSOR HCT	T4	
LOPRESSOR ORAL TABLET 100 MG	T4	
<i>losartan oral tablet 100 mg</i>	T1	*; QL (31 EA per 31 days)
<i>losartan oral tablet 25 mg</i>	T1	*; QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>losartan oral tablet 50 mg</i>	T1	*; QL (62 EA per 31 days)
<i>losartan-hydrochlorothiazide</i>	T1	*
LOTENSIN ORAL TABLET 20 MG, 40 MG	T4	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T4	
<i>lovastatin</i>	T1	*
LOVAZA	T3	
LOVENOX	T4	
MATZIM LA	T1	*
MAXZIDE	T4	
MAXZIDE-25MG	T4	
<i>methyclothiazide</i>	T2	*
<i>methyldopa</i>	T2	*
<i>methyldopa-hydrochlorothiazide</i>	T1	*
<i>methyldopate</i>	T2	*
<i>metolazone</i>	T2	*
<i>metoprolol succinate</i>	T1	*
<i>metoprolol ta-hydrochlorothiaz</i>	T1	*
<i>metoprolol tartrate intravenous</i>	T1	*
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	*
<i>mexiletine</i>	T2	*
MICARDIS	T4	
MICARDIS HCT	T4	
MICROZIDE	T4	
MINIPRESS	T4	
MINITRAN	T4	
<i>minoxidil oral</i>	T2	*
<i>moexipril</i>	T1	*
<i>moexipril-hydrochlorothiazide</i>	T1	*
MULTAQ	T4	
<i>nadolol</i>	T1	*
<i>nadolol-bendroflumethiazide</i>	T1	*
NEXTERONE	T4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	T3	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	T3	QL (31 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
NIACOR	T4	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 750 MG	T4	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	T4	QL (31 EA per 31 days)
<i>nicardipine intravenous solution</i>	T2	*
<i>nicardipine oral</i>	T2	*
<i>nifedipine</i>	T2	*
<i>nimodipine</i>	T2	*
<i>nisoldipine</i>	T2	*
NITRO-BID	T2	*
NITRO-DUR	T3	
<i>nitroglycerin intravenous</i>	T2	*
<i>nitroglycerin sublingual</i>	T2	*
<i>nitroglycerin transdermal patch 24 hour</i>	T2	*
<i>nitroglycerin translingual spray,non-aerosol</i>	T2	*
NITROMIST	T4	
NITROSTAT	T4	
NORPACE	T4	
NORPACE CR	T4	
NORVASC	T4	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	T4	QL (31 EA per 31 days)
<i>olmesartan oral tablet 5 mg</i>	T4	QL (93 EA per 31 days)
<i>olmesartan-amlodipin-hcthiazyd</i>	T3	
<i>olmesartan-hydrochlorothiazide</i>	T4	QL (31 EA per 31 days)
<i>omega-3 acid ethyl esters</i>	T3	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T4	PA; QL (93 EA per 31 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG	T5	PA; QL (186 EA per 31 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; QL (521 EA per 31 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; QL (261 EA per 31 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	T2	*
<i>pentoxifylline</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	T1	*
<i>phenoxybenzamine</i>	T5	
<i>pindolol</i>	T1	*
PLAVIX	T4	
PRADAXA	T3	QL (62 EA per 31 days)
PRALUENT PEN	T5	PA; QL (2 ML per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T4	
<i>pravastatin</i>	T1	*
<i>prazosin</i>	T1	*
PREVALITE ORAL POWDER	T2	*
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	T4	
<i>procainamide injection</i>	T2	*
PROCARDIA	T4	
PROCARDIA XL	T4	
PROMACTA ORAL TABLET 12.5 MG, 25 MG	T5	PA; QL (31 EA per 31 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	T5	PA; QL (62 EA per 31 days)
<i>propafenone</i>	T2	*
<i>propranolol intravenous</i>	T1	*
<i>propranolol oral capsule, extended release 24 hr</i>	T2	*
<i>propranolol oral solution</i>	T1	*
<i>propranolol oral tablet</i>	T1	*
<i>propranolol-hydrochlorothiazid</i>	T1	*
QBRELIS	T4	
QUESTRAN LIGHT ORAL POWDER	T4	
QUESTRAN ORAL POWDER IN PACKET	T4	
<i>quinapril</i>	T1	*
<i>quinapril-hydrochlorothiazide</i>	T1	*
<i>quinidine gluconate</i>	T2	*
<i>quinidine sulfate oral tablet</i>	T2	*
<i>ramipril</i>	T1	*
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG	T3	QL (62 EA per 31 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG	T3	QL (31 EA per 31 days)
REMODULIN	T5	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX	T5	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	T5	PA; QL (2 ML per 28 days)
REPATHA SYRINGE	T5	PA; QL (2 ML per 28 days)
<i>rosuvastatin</i>	T3	
RYTHMOL SR	T4	
SAVAYSA	T4	QL (31 EA per 31 days)
<i>simvastatin</i>	T1	*
SORINE	T1	*
SOTALOL AF ORAL TABLET 120 MG	T1	*
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	T1	*
SOTYLIZE	T4	
<i>spironolactone</i>	T1	*
<i>spironolacton-hydrochlorothiaz</i>	T1	*
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	T4	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	T4	
TAZTIA XT	T1	*
TEKTURNA	T4	
TEKTURNA HCT	T4	
<i>telmisartan</i>	T1	*
<i>telmisartan-amlodipine</i>	T1	*
<i>telmisartan-hydrochlorothiazid</i>	T1	*
TENORETIC 100	T4	
TENORETIC 50	T4	
TENORMIN	T4	
<i>terazosin</i>	T1	*
TIAZAC	T4	
TIKOSYN	T3	
<i>timolol maleate oral</i>	T1	*
TOPROL XL	T4	
<i>torseamide oral</i>	T2	*
<i>trandolapril</i>	T1	*
<i>trandolapril-verapamil</i>	T2	*
<i>tranexamic acid intravenous</i>	T2	*
<i>triamterene-hydrochlorothiazid</i>	T1	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR	T3	
TRICOR	T4	
TRIGLIDE ORAL TABLET 160 MG	T4	
TRILIPIX	T4	
TWYNSTA	T4	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; QL (62 EA per 31 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; QL (144 EA per 28 days)
UPTRAVI ORAL TABLETS,DOSE PACK	T5	PA; QL (200 EA per 28 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T2	*; QL (62 EA per 31 days)
<i>valsartan oral tablet 320 mg</i>	T2	*; QL (31 EA per 31 days)
<i>valsartan-hydrochlorothiazide</i>	T2	*; QL (31 EA per 31 days)
VASCEPA	T4	
VASERETIC	T4	
VASOTEC	T4	
VECAMYL	T4	
<i>verapamil intravenous solution</i>	T2	*
<i>verapamil oral</i>	T2	*
VERELAN	T4	
VERELAN PM	T4	
VYTORIN 10-10	T4	
VYTORIN 10-20	T4	
VYTORIN 10-40	T4	
VYTORIN 10-80	T4	
<i>warfarin</i>	T1	*
WELCHOL	T3	
XARELTO ORAL TABLET 10 MG, 20 MG	T3	QL (31 EA per 31 days)
XARELTO ORAL TABLET 15 MG	T3	QL (52 EA per 31 days)
XARELTO ORAL TABLETS,DOSE PACK	T3	QL (51 EA per 30 days)
YOSPRALA	T4	PA; QL (31 EA per 31 days)
ZESTORETIC	T4	
ZESTRIL	T4	
ZETIA	T4	
ZIAC	T4	
ZOCOR	T4	
ZONTIVITY	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
Dermatologicals/Topical Therapy		
ABSORICA	T4	
ACANYA TOPICAL GEL WITH PUMP	T4	
<i>acitretin oral capsule 10 mg, 25 mg</i>	T5	
<i>acitretin oral capsule 17.5 mg</i>	T4	
<i>acyclovir topical</i>	T1	*
ACZONE TOPICAL GEL	T4	
<i>adapalene topical cream</i>	T2	PA; *
<i>adapalene topical gel</i>	T2	PA; *
ALA-CORT TOPICAL CREAM 1 %	T1	*
ALA-CORT TOPICAL CREAM 2.5 %	T2	*
ALA-SCALP	T4	
<i>alclometasone</i>	T1	*
ALDARA	T4	
<i>amcinonide</i>	T2	*
<i>ammonium lactate</i>	T2	*
APEXICON E	T2	*
ATRALIN	T4	PA
AVITA TOPICAL CREAM	T2	PA; *
AVITA TOPICAL GEL	T4	PA
AZELEX	T4	
BACTROBAN TOPICAL CREAM	T4	
BENZACLIN	T4	
BENZAMYCIN	T4	
<i>betamethasone dipropionate</i>	T1	*
<i>betamethasone valerate</i>	T1	*
<i>betamethasone, augmented topical cream</i>	T2	*
<i>betamethasone, augmented topical gel</i>	T1	*
<i>betamethasone, augmented topical lotion</i>	T2	*
<i>betamethasone, augmented topical ointment</i>	T2	*
<i>calcipotriene</i>	T2	*
<i>calcipotriene-betamethasone</i>	T2	*
<i>calcitriol topical</i>	T2	*
CAPEX	T4	
CARAC	T5	
<i>ciclopirox</i>	T2	*
CLARAVIS	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN T	T4	
CLINDACIN P	T4	
CLINDAGEL	T4	
CLINDAMAX TOPICAL GEL	T4	
<i>clindamycin phosphate topical</i>	T2	*
<i>clindamycin-benzoyl peroxide topical gel</i>	T2	*
<i>clindamycin-tretinoin</i>	T2	*
<i>clobetasol scalp</i>	T2	*
<i>clobetasol topical foam</i>	T2	*
<i>clobetasol topical gel</i>	T2	*
<i>clobetasol topical lotion</i>	T2	*
<i>clobetasol topical ointment</i>	T3	
<i>clobetasol topical shampoo</i>	T2	*
<i>clobetasol topical spray,non-aerosol</i>	T2	*
<i>clobetasol-emollient topical cream</i>	T3	
CLOBEX	T4	
CLODAN	T2	*
CLODERM	T4	
<i>clotrimazole topical</i>	T2	*
<i>clotrimazole-betamethasone</i>	T2	*
CONDYLOX TOPICAL GEL	T3	
CORDRAN TAPE LARGE ROLL	T3	
CORMAX SCALP	T2	*
CORTISPORIN TOPICAL	T3	
COSENTYX (2 SYRINGES)	T5	PA; QL (2 ML per 28 days)
COSENTYX PEN (2 PENS)	T5	PA; QL (2 ML per 28 days)
CUTIVATE TOPICAL LOTION	T4	
DENAVIR	T3	
DERMATOP TOPICAL CREAM	T4	
DESONATE	T4	
<i>desonide</i>	T2	*
DESOWEN	T4	
<i>desoximetasone</i>	T2	*
<i>diclofenac sodium topical gel 3 %</i>	T4	PA
DIFFERIN TOPICAL CREAM	T4	PA
DIFFERIN TOPICAL GEL 0.1 %	T4	PA
DIFFERIN TOPICAL GEL WITH PUMP	T4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN TOPICAL LOTION	T4	PA
<i>diflorasone</i>	T2	*
DIPROLENE AF	T4	
DIPROLENE TOPICAL OINTMENT	T4	
DOVONEX TOPICAL	T4	
<i>doxepin topical</i>	T2	*
DUAC	T4	
DUPIXENT	T5	PA; QL (4 ML per 28 days)
<i>econazole</i>	T2	*
EFUDEX TOPICAL CREAM	T4	
ELIDEL	T4	
ELIMITE	T4	
ELOCON TOPICAL CREAM	T4	
ELOCON TOPICAL OINTMENT	T4	
ENSTILAR	T4	
EPIDUO FORTE	T4	
EPIDUO TOPICAL GEL WITH PUMP	T4	
ERTACZO	T4	
ERY PADS	T2	*
ERYGEL	T2	*
<i>erythromycin with ethanol topical gel</i>	T2	*
<i>erythromycin with ethanol topical solution</i>	T2	*
<i>erythromycin-benzoyl peroxide</i>	T2	*
EUCRISA	T4	PA; QL (60 GM per 30 days)
EURAX TOPICAL CREAM	T3	
EURAX TOPICAL LOTION	T4	
EVOCLIN	T4	
EXELDERM	T4	
EXTINA	T4	
FABIOR	T4	
FINACEA	T4	
<i>fluocinolone</i>	T2	*
<i>fluocinonide topical cream 0.1 %</i>	T4	
<i>fluocinonide topical gel</i>	T2	*
<i>fluocinonide topical ointment</i>	T2	*
<i>fluocinonide topical solution</i>	T2	*
FLUOCINONIDE-E	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical cream 0.5 %</i>	T5	
<i>fluorouracil topical cream 5 %</i>	T2	*
<i>fluorouracil topical solution</i>	T2	*
<i>flurandrenolide</i>	T3	
<i>fluticasone topical</i>	T2	*
<i>gentamicin topical</i>	T1	*
<i>halobetasol propionate</i>	T2	*
HALOG	T4	
<i>hydrocortisone butyrate topical ointment</i>	T2	*
<i>hydrocortisone butyrate topical solution</i>	T2	*
<i>hydrocortisone butyr-emollient</i>	T2	*
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	T1	*
<i>hydrocortisone topical lotion 2.5 %</i>	T1	*
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	T1	*
<i>hydrocortisone valerate</i>	T2	*
<i>imiquimod</i>	T2	*
JUBLIA	T4	
KENALOG TOPICAL	T3	
KERYDIN	T4	
<i>ketoconazole topical</i>	T2	*
KLARON	T4	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	T2	*
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	T2	*
<i>lidocaine hcl mucous membrane jelly</i>	T2	*
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T2	*
<i>lidocaine topical adhesive patch, medicated</i>	T2	PA; *, QL (124 EA per 31 days)
<i>lidocaine topical ointment</i>	T2	*
LIDOCAINE VISCOUS	T2	*
<i>lidocaine-prilocaine topical cream</i>	T2	*
LIDODERM	T4	PA; QL (124 EA per 31 days)
<i>lindane topical shampoo</i>	T2	*
LOCOID	T4	
LOPROX (AS OLAMINE) TOPICAL CREAM	T4	
LOPROX TOPICAL SHAMPOO	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	T5	
<i>permethrin topical cream</i>	T2	*
PICATO	T3	
<i>podofilox</i>	T2	*
<i>prednicarbate</i>	T2	*
PROTOPIC	T4	
PRUDOXIN	T2	*
PSORCON	T4	
REGRANEX	T5	PA
RETIN-A	T4	PA
RETIN-A MICRO	T4	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	T4	PA
SANTYL	T3	
<i>selenium sulfide topical lotion</i>	T1	*
SILIQ	T5	PA; QL (3 ML per 28 days)
SILVADENE	T4	
<i>silver sulfadiazine</i>	T1	*
SKLICE	T4	
SOLARAZE	T4	PA
SOOLANTRA	T4	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG	T5	
SORIATANE ORAL CAPSULE 25 MG	T4	
SORILUX	T4	
SSD	T2	*
STELARA INTRAVENOUS	T5	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	T5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	T5	PA; QL (1 ML per 28 days)
<i>sulfacetamide sodium (acne)</i>	T1	*
SULFAMYLON TOPICAL CREAM	T3	
SULFAMYLON TOPICAL PACKET	T4	
SYNALAR TOPICAL CREAM	T4	
TACLONEX TOPICAL OINTMENT	T4	
TACLONEX TOPICAL SUSPENSION	T5	
<i>tacrolimus topical</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
TALTZ AUTOINJECTOR	T5	PA; QL (1 ML per 28 days)
TALTZ SYRINGE	T5	PA; QL (1 ML per 28 days)
<i>tazarotene</i>	T4	PA
TAZORAC	T4	PA
TOLAK	T4	
TOPICORT	T4	
<i>tretinoin</i>	T2	PA; *
<i>tretinoin microspheres topical gel</i>	T2	PA; *
<i>triamcinolone acetonide topical aerosol</i>	T2	*
<i>triamcinolone acetonide topical cream</i>	T1	*
<i>triamcinolone acetonide topical lotion</i>	T1	*
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	T1	*
TRIANEX	T2	*
TRIDERM TOPICAL CREAM	T1	*
TRIDESILON	T4	
ULTRAVATE	T4	
VALCHLOR	T4	PA-NS
VANOS	T4	
VECTICAL	T4	
VEREGEN	T4	
XERESE	T4	
XYLOCAINE INJECTION SOLUTION 20 MG/ML (2 %)	T4	
XYLOCAINE MUCOUS MEMBRANE SOLUTION	T4	
ZENATANE	T2	*
ZIANA	T4	
ZONALON	T4	
ZOVIRAX TOPICAL CREAM	T3	
ZOVIRAX TOPICAL OINTMENT	T4	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	T4	
ZYCLARA TOPICAL CREAM IN PACKET	T5	
Diagnostics / Miscellaneous Agents		
<i>acamprostate</i>	T2	*
ACTONEL ORAL TABLET 30 MG	T4	
ADAGEN	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
AGRYLIN	T4	
<i>alendronate oral tablet 40 mg</i>	T1	*
<i>anagrelide</i>	T2	*
ANTABUSE	T4	
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	T5	PA
AURYXIA	T4	
BUPHENYL	T5	
<i>bupropion hcl (smoking deter)</i>	T3	QL (62 EA per 31 days)
CARBAGLU	T5	PA
CARNITOR	T4	PA-BvD
<i>cevimeline</i>	T2	*
CHANTIX	T4	
CHANTIX CONTINUING MONTH BOX	T4	
CHANTIX STARTING MONTH BOX	T4	
CHEMET	T3	
CLINIMIX 4.25%/D5W SULFIT FREE	T3	PA-BvD
CLINIMIX E 2.75%/D10W SUL FREE	T4	PA-BvD
CLINIMIX E 2.75%/D5W SULF FREE	T4	PA-BvD
<i>d10 %-0.45 % sodium chloride</i>	T2	*
<i>d2.5 %-0.45 % sodium chloride</i>	T2	*
<i>d5 % and 0.9 % sodium chloride</i>	T2	*
<i>d5 %-0.45 % sodium chloride</i>	T2	*
<i>dextrose 10 % and 0.2 % nacl</i>	T2	*
<i>dextrose 10 % in water (d10w)</i>	T2	*
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	T2	*
<i>dextrose 5 %-lactated ringers</i>	T2	*
<i>dextrose 5%-0.2 % sod chloride</i>	T2	*
<i>dextrose 5%-0.3 % sod.chloride</i>	T2	*
DEXTROSE WITH SODIUM CHLORIDE	T2	*
<i>disulfiram</i>	T2	*
<i>etidronate disodium</i>	T2	*
EVOXAC	T4	
EXJADE	T5	
FERRIPROX	T5	
FOSRENOL ORAL POWDER IN PACKET	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 750 MG	T4	
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	T5	
GLASSIA	T5	PA
INCRELEX	T5	PA
JADENU	T4	
JADENU SPRINKLE	T4	
KAYEXALATE	T4	
KIONEX	T2	*
<i>lactated ringers irrigation</i>	T1	*
<i>levocarnitine (with sugar)</i>	T2	PA-BvD; *
<i>levocarnitine oral tablet</i>	T2	PA-BvD; *
LITHOSTAT	T4	
<i>midodrine</i>	T2	*
<i>neomycin-polymyxin b gu</i>	T2	*
NICOTROL	T4	
NICOTROL NS	T3	
NORTHERA	T5	PA
NUTRESTORE	T4	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	T5	
ORFADIN ORAL SUSPENSION	T5	
PHYSIOLYTE	T4	
PHYSIOSOL IRRIGATION	T4	
<i>pilocarpine hcl oral</i>	T2	*
PROLASTIN-C	T5	PA
RAVICTI	T5	PA
RECLAST	T4	
RENAGEL	T4	
RENVELA	T3	
RILUTEK	T5	
<i>riluzole</i>	T4	
<i>ringer's irrigation</i>	T1	*
<i>risedronate oral tablet 30 mg</i>	T2	*
SALAGEN (PILOCARPINE)	T4	
<i>sevelamer carbonate oral powder in packet</i>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	T2	*
<i>sodium chloride irrigation</i>	T2	*
<i>sodium phenylbutyrate</i>	T5	
SODIUM POLYSTYRENE (SORB FREE)	T2	*
SPS (WITH SORBITOL) ORAL	T2	*
SYPRINE	T3	
THIOLA	T4	
VELPHORO	T5	
VELTASSA	T4	PA; QL (30 EA per 30 days)
<i>water for irrigation, sterile</i>	T2	*
ZEMAIRA	T5	PA
<i>zoledronic acid-mannitol-water</i>	T2	*
ZYBAN	T4	QL (62 EA per 31 days)
Ear, Nose / Throat Medications		
ACETASOL HC	T2	*
<i>acetic acid otic</i>	T2	*
ASTEPRO NASAL SPRAY, NON-AEROSOL	T4	
<i>azelastine nasal</i>	T2	*
BACTROBAN NASAL	T3	
<i>chlorhexidine gluconate mucous membrane</i>	T1	*
CIPRO HC	T4	
CIPRODEX	T3	
COLY-MYCIN S	T4	
FLOXIN OTIC DROPS	T2	*
<i>fluocinolone acetonide oil</i>	T2	*
<i>hydrocortisone-acetic acid</i>	T2	*
<i>ipratropium bromide nasal</i>	T1	*
<i>neomycin-polymyxin-hc otic</i>	T2	*
<i>ofloxacin otic</i>	T2	*
<i>olopatadine nasal</i>	T2	*
OTOVEL	T4	
PATANASE	T4	
PERIOGARD	T2	*
<i>triamcinolone acetonide dental</i>	T2	*
Endocrine/Diabetes		
<i>acarbose</i>	T1	*; QL (93 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ACTHAR H.P.	T5	PA
ACTOPLUS MET	T4	QL (93 EA per 31 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	T4	QL (62 EA per 31 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	T4	QL (31 EA per 31 days)
ACTOS	T4	QL (31 EA per 31 days)
ADLYXIN	T4	QL (6 ML per 28 days)
AFREZZA	T4	
ALCOHOL PADS	T2	*
ALDURAZYME	T5	
<i>alogliptin</i>	T4	QL (31 EA per 31 days)
<i>alogliptin-metformin</i>	T4	QL (62 EA per 31 days)
<i>alogliptin-pioglitazone</i>	T4	QL (31 EA per 31 days)
AMARYL	T4	
ANADROL-50	T4	PA
ANDRODERM	T3	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	T3	PA
ANDROGEL TRANSDERMAL GEL IN PACKET	T3	PA
APIDRA	T4	
APIDRA SOLOSTAR	T4	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T4	
AVANDIA ORAL TABLET 2 MG, 4 MG	T3	
AVEED	T4	PA
AXIRON	T4	PA
BASAGLAR KWIKPEN	T3	
BYDUREON	T4	QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	T4	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	T4	QL (1.2 ML per 30 days)
<i>cabergoline</i>	T2	*
<i>calcitonin (salmon)</i>	T2	PA-BvD; *

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	T2	PA-BvD; *
<i>calcitriol oral</i>	T2	PA-BvD; *
CERDELGA	T5	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	T5	
<i>chlorpropamide</i>	T2	*
<i>chorionic gonadotropin, human</i>	T4	PA-BvD
CORTEF	T4	
<i>cortisone</i>	T2	*
CYCLOSET	T4	
CYTOMEL	T4	
<i>danazol</i>	T2	*
DDAVP	T4	
DEPO-MEDROL	T4	
DEPO-TESTOSTERONE	T4	PA
<i>desmopressin injection</i>	T2	*
<i>desmopressin nasal solution</i>	T2	*
<i>desmopressin nasal spray,non-aerosol</i>	T2	*
<i>desmopressin oral</i>	T2	*
DEXAMETHASONE INTENSOL	T2	*
<i>dexamethasone oral elixir</i>	T1	*
<i>dexamethasone oral tablet</i>	T1	*
<i>dexamethasone sodium phosphate injection solution</i>	T2	*
DEXPAK 13 DAY	T4	
<i>doxercalciferol intravenous</i>	T2	PA-BvD; *
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T2	PA-BvD; *
<i>doxercalciferol oral capsule 1 mcg</i>	T5	PA-BvD
DUETACT	T4	QL (31 EA per 31 days)
ELAPRASE	T5	
ELELYSO	T5	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	T5	PA
FARXIGA	T3	
<i>fludrocortisone</i>	T2	*
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	T4	PA; QL (62 EA per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	T4	PA; QL (31 EA per 31 days)
FORTESTA	T4	PA
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	T3	
<i>glimepiride</i>	T1	*
<i>glipizide</i>	T1	*
<i>glipizide-metformin</i>	T1	*
GLUCAGEN HYPOKIT	T3	
GLUCAGON EMERGENCY KIT (HUMAN)	T3	
GLUCOPHAGE	T4	QL (62 EA per 31 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	T4	QL (124 EA per 31 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	T4	QL (62 EA per 31 days)
GLUCOTROL	T4	
GLUCOTROL XL	T4	
GLUCOVANCE	T4	PA
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	T4	PA; QL (62 EA per 31 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	T4	PA; QL (31 EA per 31 days)
<i>glyburide</i>	T2	PA; *
<i>glyburide micronized</i>	T2	PA; *
<i>glyburide-metformin</i>	T2	PA; *
GLYNASE	T4	PA
GLYSET	T3	
GLYXAMBI	T4	QL (31 EA per 31 days)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	T4	PA-BvD
HECTOROL ORAL CAPSULE 0.5 MCG	T4	PA-BvD
HECTOROL ORAL CAPSULE 1 MCG, 2.5 MCG	T5	PA-BvD
HUMALOG	T3	
HUMALOG KWIKPEN	T3	
HUMALOG MIX 50-50	T3	
HUMALOG MIX 50-50 KWIKPEN	T3	
HUMALOG MIX 75-25	T3	
HUMALOG MIX 75-25 KWIKPEN	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH	T3	
<i>levothyroxine intravenous recon soln 100 mcg</i>	T4	
<i>levothyroxine oral</i>	T1	*
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T2	*
<i>liothyronine</i>	T2	*
LUMIZYME	T5	
MEDROL	T4	
MEDROL (PAK)	T4	
<i>metformin oral tablet</i>	T1	*
<i>metformin oral tablet extended release 24 hr</i>	T1	*
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	T4	PA; QL (62 EA per 31 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	T4	PA; QL (31 EA per 31 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	T4	PA; QL (62 EA per 31 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	T4	PA; QL (31 EA per 31 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	T2	*
METHITEST	T4	PA
<i>methylprednisolone</i>	T2	*
<i>methylprednisolone acetate</i>	T2	*
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	T2	*
<i>methylprednisolone sodium succ intravenous</i>	T2	*
<i>methyltestosterone oral capsule</i>	T5	PA
MIACALCIN INJECTION	T4	PA-BvD
<i>miglitol</i>	T2	*
MILLIPRED ORAL SOLUTION	T4	
MILLIPRED ORAL TABLET	T2	*
MYALEPT	T5	PA
NAGLAZYME	T5	
<i>nateglinide</i>	T1	*; QL (93 EA per 31 days)
NATPARA	T5	PA
NESINA	T4	QL (31 EA per 31 days)
NOVAREL	T4	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30	T3	
NOVOLIN N	T3	
NOVOLIN R	T3	
NOVOLOG	T3	
NOVOLOG FLEXPEN	T3	
NOVOLOG MIX 70-30	T3	
NOVOLOG MIX 70-30 FLEXPEN	T3	
NOVOLOG PENFILL	T3	
ONGLYZA	T4	QL (31 EA per 31 days)
ORAPRED ODT	T4	
OSENI	T4	QL (31 EA per 31 days)
<i>oxandrolone oral tablet 10 mg</i>	T5	PA
<i>oxandrolone oral tablet 2.5 mg</i>	T2	PA; *
<i>pamidronate intravenous solution</i>	T2	PA-BvD; *
<i>paricalcitol intravenous</i>	T4	PA-BvD
<i>paricalcitol oral capsule 1 mcg</i>	T2	PA-BvD; *
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	T1	PA-BvD; *
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	T4	
<i>pioglitazone</i>	T1	*; QL (31 EA per 31 days)
<i>pioglitazone-glimepiride</i>	T1	*; QL (31 EA per 31 days)
<i>pioglitazone-metformin</i>	T1	*; QL (93 EA per 31 days)
PRANDIN ORAL TABLET 1 MG	T4	QL (124 EA per 31 days)
PRANDIN ORAL TABLET 2 MG	T4	QL (248 EA per 31 days)
PRECOSE	T4	QL (93 EA per 31 days)
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	T2	*
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	T2	*
PREDNISONONE INTENSOL	T2	*
<i>prednisone oral solution</i>	T1	*
<i>prednisone oral tablet</i>	T1	*
<i>prednisone oral tablets, dose pack</i>	T2	*
PREGNYL	T4	PA-BvD
PROGLYCEM	T3	
<i>propylthiouracil</i>	T2	*
RAYOS	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 0.5 mg</i>	T1	*; QL (124 EA per 31 days)
<i>repaglinide oral tablet 1 mg</i>	T2	*; QL (124 EA per 31 days)
<i>repaglinide oral tablet 2 mg</i>	T2	*; QL (248 EA per 31 days)
<i>repaglinide-metformin</i>	T2	*; QL (155 EA per 31 days)
RIOMET	T4	PA; QL (791 ML per 31 days)
ROCALTROL	T4	PA-BvD
SAMSCA	T5	PA
SENSIPAR ORAL TABLET 30 MG	T3	QL (62 EA per 31 days)
SENSIPAR ORAL TABLET 60 MG	T5	QL (62 EA per 31 days)
SENSIPAR ORAL TABLET 90 MG	T5	QL (124 EA per 31 days)
SOLQUA 100/33	T4	QL (18 ML per 30 days)
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	T4	
SOLU-MEDROL (PF) INJECTION	T4	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	T4	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	T4	
SOMAVERT	T5	
STARLIX	T4	QL (93 EA per 31 days)
STIMATE	T3	
STRENSIQ	T5	PA
STRIANT	T4	PA
SYMLINPEN 120	T3	QL (10.8 ML per 28 days)
SYMLINPEN 60	T3	QL (6 ML per 28 days)
SYNAREL	T5	
SYNJARDY	T3	QL (62 EA per 31 days)
SYNTHROID	T4	
TANZEUM	T4	QL (4 EA per 28 days)
TAPAZOLE	T4	
TESTIM	T4	PA
<i>testosterone cypionate</i>	T2	PA; *
<i>testosterone enanthate</i>	T2	PA; *
<i>testosterone transdermal gel in metered-dose pump</i>	T4	PA
<i>testosterone transdermal gel in packet</i>	T4	PA
THYROLAR-1	T4	
THYROLAR-1/2	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1/4	T4	
THYROLAR-2	T4	
THYROLAR-3	T4	
TIROSINT	T4	
<i>tolazamide</i>	T1	*
<i>tolbutamide</i>	T1	*
TOUJEO SOLOSTAR	T3	
TRADJENTA	T3	QL (31 EA per 31 days)
TRESIBA FLEXTOUCH U-100	T3	
TRESIBA FLEXTOUCH U-200	T3	
TRIOSTAT	T4	
TRULICITY	T3	QL (2 ML per 28 days)
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	T1	*
VERIPRED 20	T2	*
VICTOZA 3-PAK	T3	QL (9 ML per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	T4	PA
VOGELXO TRANSDERMAL GEL IN PACKET	T4	PA
VPRIV	T5	
XIGDUO XR	T3	
ZAVESCA	T5	PA
ZEMPLAR INTRAVENOUS	T4	PA-BvD
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T4	PA-BvD
<i>zoledronic acid intravenous solution</i>	T2	*
ZOMETA	T5	
Gastroenterology		
ACIPHEX	T4	QL (62 EA per 31 days)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	T4	QL (124 EA per 31 days)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	T4	QL (62 EA per 31 days)
ACTIGALL	T4	
<i>alosetron oral tablet 0.5 mg</i>	T2	*
<i>alosetron oral tablet 1 mg</i>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ALOXI	T4	
AMITIZA	T3	QL (62 EA per 31 days)
<i>amoxicil-clarithromy-lansopraz</i>	T2	*
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	T4	
ANZEMET ORAL	T4	PA-BvD
<i>aprepitant</i>	T4	PA-BvD
APRISO	T4	
ASACOL HD	T3	
<i>atropine injection syringe 0.05 mg/ml</i>	T2	*
AZULFIDINE	T4	
AZULFIDINE EN-TABS	T4	
<i>balsalazide</i>	T2	*
BENTYL INTRAMUSCULAR	T4	
BENTYL ORAL CAPSULE	T4	
<i>budesonide oral</i>	T4	
CANASA	T3	
CARAFATE ORAL SUSPENSION	T3	
CARAFATE ORAL TABLET	T4	
CESAMET	T4	PA-BvD
CHENODAL	T5	PA
CHOLBAM	T5	PA
<i>cimetidine</i>	T2	*
<i>cimetidine hcl oral</i>	T2	*
CIMZIA	T5	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	T5	PA; QL (6 EA per 28 days)
COLAZAL	T4	
COLOCORT	T2	*
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	T4	
COMPRO	T2	*
CONSTULOSE	T2	*
CREON	T3	
<i>cromolyn oral</i>	T2	*
CUVPOSA	T4	
CYSTADANE	T3	
CYTOTEC	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	T3	
DEXILANT	T4	
<i>dicyclomine intramuscular</i>	T2	*
<i>dicyclomine oral capsule</i>	T2	*
<i>dicyclomine oral solution</i>	T2	*
<i>dicyclomine oral tablet</i>	T2	*
DIPENTUM	T4	
<i>diphenoxylate-atropine</i>	T2	*
<i>dronabinol oral capsule 10 mg</i>	T5	PA-BvD
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T2	PA-BvD; *
EMEND INTRAVENOUS	T4	
EMEND ORAL	T4	PA-BvD
ENTOCORT EC	T4	
ENULOSE	T2	*
<i>esomeprazole magnesium</i>	T2	*; QL (31 EA per 31 days)
<i>esomeprazole sodium</i>	T2	*
<i>famotidine (pf)</i>	T1	*
<i>famotidine (pf)-nacl (iso-os)</i>	T2	*
<i>famotidine oral suspension</i>	T1	*
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	*
GASTROCROM	T4	
GATTEX 30-VIAL	T5	PA
GAVILYTE-C	T2	*
GAVILYTE-G	T2	*
GAVILYTE-H AND BISACODYL	T2	*
GAVILYTE-N	T2	*
GENERLAC	T2	*
GIAZO	T4	
<i>glycopyrrolate injection</i>	T2	*
<i>glycopyrrolate oral</i>	T2	*
GOLYTELY	T4	
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	T2	*
<i>granisetron hcl intravenous</i>	T2	*
<i>granisetron hcl oral</i>	T2	PA-BvD; *
<i>hydrocortisone rectal</i>	T1	*
INFLECTRA	T5	PA; QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
KRISTALOSE	T4	
<i>lactulose oral solution 10 gram/15 ml</i>	T1	*
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	T3	QL (31 EA per 31 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	T3	QL (62 EA per 31 days)
LIALDA	T3	
LINZESS	T3	QL (31 EA per 31 days)
LOMOTIL	T4	
<i>loperamide oral capsule</i>	T2	*
LOTRONEX ORAL TABLET 0.5 MG	T3	
LOTRONEX ORAL TABLET 1 MG	T5	
MARINOL ORAL CAPSULE 10 MG, 5 MG	T4	PA-BvD
MARINOL ORAL CAPSULE 2.5 MG	T5	PA-BvD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	*
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	T4	
<i>mesalamine with cleansing wipe</i>	T2	*
<i>methscopolamine</i>	T2	*
<i>metoclopramide hcl injection solution</i>	T2	*
<i>metoclopramide hcl oral</i>	T2	*
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T4	
<i>misoprostol</i>	T2	*
MOVANTIK	T3	QL (31 EA per 31 days)
MOVIPREP	T4	
MYTESI	T4	QL (62 EA per 31 days)
NEXIUM	T4	QL (31 EA per 31 days)
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	T4	
NEXIUM PACKET	T3	
<i>nizatidine</i>	T2	*
NULYTELY WITH FLAVOR PACKS	T4	
OICALIVA	T5	PA; QL (31 EA per 31 days)
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	T1	*
<i>omeprazole-sodium bicarbonate</i>	T2	*
<i>ondansetron</i>	T2	PA-BvD; *
<i>ondansetron hcl (pf)</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral</i>	T2	PA-BvD; *
OSMOPREP	T4	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	T4	
<i>pantoprazole</i>	T2	*
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	T2	*
<i>peg-electrolyte soln</i>	T2	*
PENTASA	T3	
PEPCID	T4	
PERTZYE	T4	
<i>polyethylene glycol 3350 oral powder</i>	T2	*
PREPOPIK	T4	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	T4	QL (31 EA per 31 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	T4	QL (62 EA per 31 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	T4	QL (31 EA per 31 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	T4	QL (62 EA per 31 days)
PREVPAC	T4	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	T4	
<i>prochlorperazine</i>	T2	*
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	T2	*
<i>prochlorperazine maleate</i>	T2	*
PROCTO-MED HC	T2	*
PROCTO-PAK	T2	*
PROCTOSOL HC TOPICAL	T2	*
PROCTOZONE-HC	T2	*
<i>propantheline</i>	T2	*
PROTONIX	T4	
PYLERA	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole</i>	T2	*; QL (62 EA per 31 days)
<i>ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)</i>	T4	
<i>ranitidine hcl oral capsule</i>	T2	*
<i>ranitidine hcl oral syrup</i>	T1	*
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T1	*
RECTIV	T4	
REGLAN ORAL	T4	
RELISTOR ORAL	T5	PA; QL (93 EA per 31 days)
RELISTOR SUBCUTANEOUS SOLUTION	T4	QL (18.6 ML per 31 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	T4	QL (18.6 ML per 31 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	T4	QL (12.4 ML per 31 days)
REMICADE	T5	PA; QL (8 EA per 28 days)
ROBINUL FORTE	T4	
ROBINUL ORAL	T4	
SANCUSO	T4	
SFROWASA	T4	
SUCRAID	T5	
<i>sucralfate oral tablet</i>	T2	*
<i>sulfasalazine</i>	T2	*
SUPREP BOWEL PREP KIT	T3	
TIGAN INTRAMUSCULAR	T4	
TIGAN ORAL CAPSULE 300 MG	T4	PA
TRANSDERM-SCOP	T3	QL (10 EA per 30 days)
TRILYTE WITH FLAVOR PACKETS	T2	*
<i>trimethobenzamide oral</i>	T2	PA; *
UCERIS	T4	
URSO 250	T4	
URSO FORTE	T4	
<i>ursodiol</i>	T3	
VARUBI	T4	PA-BvD
VIBERZI	T5	PA; QL (62 EA per 31 days)
VIKACE	T4	
ZANTAC INJECTION SOLUTION 25 MG/ML	T4	
ZANTAC ORAL TABLET	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ZEGERID	T4	
ZENPEP	T3	
ZOFRAN (AS HYDROCHLORIDE) ORAL	T5	PA-BvD
ZOFRAN ODT ORAL TABLET,DISINTEGRATING 4 MG	T4	PA-BvD
ZOFRAN ODT ORAL TABLET,DISINTEGRATING 8 MG	T5	PA-BvD
ZUPLENZ	T4	PA-BvD
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	T3	
ACTIMMUNE	T5	PA-NS
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	T3	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T3	PA-BvD
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML	T5	PA-BvD
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	T3	PA-BvD
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	T5	PA-BvD
ARCALYST	T5	PA
ATGAM	T3	PA-BvD
AVONEX (WITH ALBUMIN)	T5	QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	T5	QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	T5	QL (4 EA per 28 days)
<i>bcg vaccine, live (pf)</i>	T4	
BETASERON SUBCUTANEOUS KIT	T5	QL (15 EA per 31 days)
BEXSERO	T3	
BIVIGAM	T5	PA
BOOSTRIX TDAP	T4	
BOTOX	T4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	T5	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	T4	
DYSPORT	T4	PA
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	T5	PA-NS
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	T3	PA-BvD
ENGERIX-B PEDIATRIC (PF)	T3	PA-BvD
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	T3	PA-BvD
EXTAVIA SUBCUTANEOUS KIT	T5	QL (15 EA per 31 days)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	T5	PA
<i>fomepizole</i>	T1	*
GAMASTAN S/D	T4	PA
GAMMAGARD LIQUID	T5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML)	T5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T5	PA
GAMMAPLEX	T5	PA
GAMMAPLEX (WITH SORBITOL)	T5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T5	PA
GARDASIL 9 (PF)	T3	
GENOTROPIN	T5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	T4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	T5	PA
GRANIX	T5	
GRASTEK	T4	PA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	T3	
HIBERIX (PF)	T4	
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	T5	PA
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	T4	PA
HUMATROPE INJECTION RECON SOLN	T5	PA
HYPERRAB S/D (PF)	T4	PA-BvD
ILARIS (PF) SUBCUTANEOUS RECON SOLN	T5	PA
IMOGAM RABIES-HT (PF)	T4	PA-BvD
IMOVAX RABIES VACCINE (PF)	T3	PA-BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	T3	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	T3	PA-NS
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	T5	PA-NS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	T5	PA-NS
IPOL	T3	
IXIARO (PF)	T4	
KINRIX (PF)	T4	
LEUKINE INJECTION RECON SOLN	T5	PA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	T3	
MENOMUNE - A/C/Y/W-135 (PF)	T3	
MENVEO A-C-Y-W-135-DIP (PF)	T4	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	T4	PA-BvD
M-M-R II (PF)	T4	
MOZOBIL	T5	PA
NEULASTA SUBCUTANEOUS SYRINGE	T5	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	T4	
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SYRINGE	T5	
NORDITROPIN FLEXP RO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	T5	PA
NORDITROPIN FLEXP RO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	T4	PA
NUTROPIN AQ NUSPIN	T5	PA
OCTAGAM	T5	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)	T4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	T5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN	T5	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	T4	PA
PEDIARIX (PF)	T4	PA-BvD
PEDVAX HIB (PF)	T4	
PEGASYS	T5	PA
PEGASYS PROCLICK	T5	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	T5	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	T5	QL (1 ML per 28 days)
PRIVIGEN	T5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	T3	PA-BvD
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	T5	PA-BvD
PROLEUKIN	T5	
PROQUAD (PF)	T3	
QUADRACEL (PF)	T4	
RABAVERT (PF)	T4	PA-BvD
RAGWITEK	T4	PA
REBIF (WITH ALBUMIN)	T5	QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	T5	QL (6 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	T5	QL (4.2 ML per 365 days)
REBIF TITRATION PACK	T5	QL (8.4 ML per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	T4	PA-BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	T4	PA-BvD
ROTARIX	T4	
ROTATEQ VACCINE	T3	
SAIZEN	T5	PA
SAIZEN CLICK.EASY	T5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	T5	PA
SYLATRON	T5	PA-NS
TENIVAC (PF) INTRAMUSCULAR SYRINGE	T4	
<i>tetanus,diphtheria tox ped(pf)</i>	T4	
<i>tetanus-diphtheria toxoids-td</i>	T3	
THYMOGLOBULIN	T4	
TRUMENBA	T3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	T3	
TYPHIM VI INTRAMUSCULAR SOLUTION	T3	
TYPHIM VI INTRAMUSCULAR SYRINGE	T4	
VAQTA (PF) INTRAMUSCULAR SYRINGE	T3	
VARIVAX (PF)	T3	
VARIZIG INTRAMUSCULAR SOLUTION	T4	
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	T4	PA
YF-VAX (PF)	T3	
ZARXIO	T5	
ZINPLAVA	T5	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	T5	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	T4	PA
ZORBTIVE	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ZOSTAVAX (PF)	T3	
Musculoskeletal / Rheumatology		
ACTEMRA INTRAVENOUS	T5	PA; QL (40 ML per 28 days)
ACTEMRA SUBCUTANEOUS	T5	PA; QL (3.6 ML per 28 days)
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	T4	
<i>alendronate oral solution</i>	T1	*
<i>alendronate oral tablet 10 mg</i>	T2	*
<i>alendronate oral tablet 35 mg, 5 mg, 70 mg</i>	T1	*
<i>allopurinol</i>	T1	*
<i>allopurinol sodium</i>	T5	
ALOPRIM	T2	*
ARAVA	T5	
ATELVIA	T4	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	T4	
BENLYSTA INTRAVENOUS RECON SOLN 400 MG	T5	
BINOSTO	T4	
BONIVA INTRAVENOUS	T4	PA-BvD
BONIVA ORAL	T4	
<i>colchicine oral capsule</i>	T4	QL (62 EA per 31 days)
<i>colchicine oral tablet</i>	T3	QL (124 EA per 31 days)
COLCRYS	T4	QL (124 EA per 31 days)
CUPRIMINE	T5	
DEPEN TITRATABS	T5	
ENBREL SUBCUTANEOUS RECON SOLN	T5	PA; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	T5	PA; QL (7.84 ML per 28 days)
ENBREL SURECLICK	T5	PA; QL (7.84 ML per 28 days)
EVISTA	T3	
FORTEO	T5	PA; QL (2.4 ML per 28 days)
FOSAMAX ORAL TABLET 70 MG	T4	
FOSAMAX PLUS D	T4	
HUMIRA	T5	PA; QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T5	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	T5	PA; QL (6 EA per 28 days)
HUMIRA PEN	T5	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	T5	PA; QL (6 EA per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS	T5	PA; QL (4 EA per 28 days)
<i>ibandronate intravenous solution</i>	T2	PA-BvD; *
<i>ibandronate oral</i>	T2	*
KEVZARA	T5	PA; QL (2.28 ML per 28 days)
KINERET	T5	PA; QL (18.76 ML per 28 days)
<i>leflunomide</i>	T2	*
MITIGARE	T3	QL (62 EA per 31 days)
ORENCIA (WITH MALTOSE)	T5	PA; QL (8 EA per 28 days)
ORENCIA CLICKJECT	T5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	T5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	T5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	T5	PA; QL (2.8 ML per 28 days)
OTEZLA	T5	PA; QL (62 EA per 31 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	T5	PA; QL (55 EA per 28 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	T4	PA
<i>probenecid</i>	T2	*
<i>probenecid-colchicine</i>	T2	*
PROLIA	T4	PA; QL (1 ML per 180 days)
<i>raloxifene</i>	T3	
RASUVO (PF)	T4	PA
RIDAURA	T3	
<i>risedronate</i>	T2	*
SAVELLA	T4	PA
SIMPONI ARIA	T5	PA; QL (16 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	T5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	T5	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	T5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	T5	PA; QL (0.5 ML per 28 days)
TYMLOS	T5	PA; QL (1.56 ML per 31 days)
ULORIC	T3	
XELJANZ	T5	PA; QL (62 EA per 31 days)
XELJANZ XR	T5	PA; QL (31 EA per 31 days)
ZURAMPIC	T4	
ZYLOPRIM	T4	
Obstetrics / Gynecology		
ACTIVELLA	T4	
ALORA	T4	
ALYACEN 1/35 (28)	T2	*
AMABELZ	T2	*
AMETHIA	T2	*
AMETHIA LO	T2	*
ANGELIQ	T4	
APRI	T2	*
ARANELLE (28)	T2	*
ASHLYNA	T2	*
AUBRA	T2	*
AVC VAGINAL	T4	
AVIANE	T2	*
AYGESTIN	T4	
BALZIVA (28)	T2	*
BEKYREE (28)	T2	*
BEYAZ	T4	
BLISOVI 24 FE	T2	*
BLISOVI FE 1.5/30 (28)	T2	*
BLISOVI FE 1/20 (28)	T2	*
BREVICON (28)	T4	
BRIELLYN	T2	*
CAMILA	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
CAMRESE LO	T2	*
CAZIAN (28)	T2	*
CLEOCIN VAGINAL	T4	
CLIMARA	T4	
CLIMARA PRO	T4	
<i>clindamycin phosphate vaginal</i>	T2	*
CLINDESSE	T4	
COMBIPATCH	T4	
CRINONE	T4	PA
CRYSELLE (28)	T2	*
CYCLAFEM 1/35 (28)	T2	*
CYCLAFEM 7/7/7 (28)	T2	*
CYCLESSA (28)	T4	
DEBLITANE	T2	*
DELESTROGEN	T4	
DELYLA (28)	T2	*
DEPO-ESTRADIOL	T4	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	T4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	T4	
DEPO-SUBQ PROVERA 104	T4	
<i>desog-e.estradiol/e.estradiol</i>	T2	*
DESOGEN	T4	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %)	T4	
<i>drospirenone-e.estradiol-lm.fa</i>	T2	*
<i>drospirenone-ethinyl estradiol</i>	T2	*
DUAVEE	T4	
ELESTRIN	T4	
EMOQUETTE	T2	*
ENPRESSE	T2	*
ERRIN	T2	*
ESTRACE	T4	
<i>estradiol oral</i>	T1	*
<i>estradiol transdermal</i>	T2	*
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet</i>	T2	*
ESTRING	T4	
<i>estropipate</i>	T1	*
<i>ethynodiol diac-eth estradiol</i>	T2	*
EVAMIST	T4	
FALMINA (28)	T2	*
FAYOSIM	T2	*
FEMHRT LOW DOSE	T4	
FEMRING	T4	
FEMYNOR	T2	*
FYAVOLV	T2	*
GENERESS FE	T4	
GIANVI (28)	T2	*
GILDAGIA	T2	*
GYNAZOLE-1	T4	
<i>hydroxyprogesterone caproate</i>	T5	
INTROVALE	T2	*
JINTELI	T2	*
JOLIVETTE	T2	*
JULEBER	T2	*
JUNEL 1.5/30 (21)	T2	*
JUNEL 1/20 (21)	T2	*
JUNEL FE 1.5/30 (28)	T2	*
JUNEL FE 1/20 (28)	T2	*
JUNEL FE 24	T2	*
KAITLIB FE	T2	*
KARIVA (28)	T2	*
KELNOR 1/35 (28)	T2	*
KIMIDESS (28)	T2	*
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	T2	*
LARIN 1.5/30 (21)	T2	*
LARIN 1/20 (21)	T2	*
LARIN FE 1.5/30 (28)	T2	*
LARIN FE 1/20 (28)	T2	*
LARISSIA	T2	*
LAYOLIS FE	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
LEENA 28	T2	*
LESSINA	T2	*
LEVONEST (28)	T2	*
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	T2	*
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	T2	*
<i>levonorg-eth estrad triphasic</i>	T2	*
LEVORA-28	T2	*
LO LOESTRIN FE	T4	
LOESTRIN 1.5/30 (21)	T4	
LOESTRIN 1/20 (21)	T4	
LOESTRIN FE 1.5/30 (28-DAY)	T4	
LOESTRIN FE 1/20 (28-DAY)	T4	
LOMEDIA 24 FE	T2	*
LORYNA (28)	T2	*
LOSEASONIQUE	T4	
LOW-OGESTREL (28)	T2	*
LUPANETA PACK (1 MONTH)	T5	
LUPANETA PACK (3 MONTH)	T5	
LUTERA (28)	T2	*
LYSTEDA	T4	
LYZA	T2	*
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	T5	
MARLISSA	T2	*
<i>medroxyprogesterone intramuscular suspension</i>	T2	*
<i>medroxyprogesterone oral</i>	T2	*
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T4	
MENOSTAR	T4	
METROGEL VAGINAL	T4	
<i>metronidazole vaginal</i>	T2	*
MIBELAS 24 FE	T2	*
MICONAZOLE-3 VAGINAL SUPPOSITORY	T2	*
MICROGESTIN 1.5/30 (21)	T2	*
MICROGESTIN 1/20 (21)	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1.5/30 (28)	T2	*
MICROGESTIN FE 1/20 (28)	T2	*
MIMVEY	T2	*
MIMVEY LO	T2	*
MINASTRIN 24 FE	T4	
MINIVELLE	T4	
MONONESSA (28)	T2	*
NATAZIA	T4	
NECON 0.5/35 (28)	T2	*
NECON 1/50 (28)	T2	*
NECON 10/11 (28)	T2	*
NECON 7/7/7 (28)	T2	*
NIKKI (28)	T2	*
NORA-BE	T2	*
<i>noreth-ethinyl estradiol-iron</i>	T2	*
<i>norethindrone (contraceptive)</i>	T2	*
<i>norethindrone acetate</i>	T2	*
<i>norethindrone ac-eth estradiol</i>	T2	*
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	T2	*
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	T2	*
<i>norgestimate-ethinyl estradiol</i>	T2	*
NORINYL 1/35 (28)	T4	
NORLYROC	T2	*
NORTREL 0.5/35 (28)	T2	*
NORTREL 1/35 (21)	T2	*
NORTREL 1/35 (28)	T2	*
NORTREL 7/7/7 (28)	T2	*
NUVARING	T3	
NUVESSA	T4	
OCELLA	T2	*
OGESTREL (28)	T2	*
ORSYTHIA	T2	*
ORTHO MICRONOR	T4	
ORTHO TRI-CYCLEN (28)	T4	
ORTHO TRI-CYCLEN LO (28)	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ORTHO-CYCLEN (28)	T4	
ORTHO-NOVUM 1/35 (28)	T4	
ORTHO-NOVUM 7/7/7 (28)	T4	
OVCON-35 (28)	T4	
PIMTREA (28)	T2	*
PIRMELLA ORAL TABLET 1-35 MG-MCG	T2	*
PORTIA	T2	*
PREFEST	T4	
PREMARIN INJECTION	T4	
PREMARIN ORAL	T4	
PREMARIN VAGINAL	T3	
PREMPHASE	T4	
PREMPRO	T4	
PREVIFEM	T2	*
<i>progesterone micronized</i>	T2	*
PROMETRIUM	T4	
PROVERA	T4	
QUARTETTE	T4	
QUASENSE	T2	*
RECLIPSEN (28)	T2	*
RIVELSA	T2	*
SAFYRAL	T4	
SEASONIQUE	T4	
SETLAKIN	T2	*
SHAROBEL	T2	*
SPRINTEC (28)	T2	*
SRONYX	T2	*
TARINA FE 1/20 (28)	T2	*
TERAZOL 7	T4	
<i>terconazole</i>	T2	*
<i>tranexamic acid oral</i>	T2	*
TRI-LEGEST FE	T2	*
TRI-LO-ESTARYLLA	T2	*
TRI-LO-SPRINTEC	T2	*
TRINESSA (28)	T2	*
TRI-NORINYL (28)	T4	
TRI-PREVIFEM (28)	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
TRI-SPRINTEC (28)	T2	*
TRIVORA (28)	T2	*
VAGIFEM	T4	
VANAZOLE	T2	*
VELIVET TRIPHASIC REGIMEN (28)	T2	*
VESTURA (28)	T2	*
VIENVA	T2	*
VIVELLE-DOT	T4	
VYFEMLA (28)	T2	*
WYMZYA FE	T2	*
XULANE	T2	*
YASMIN (28)	T4	
YAZ (28)	T4	
YUVAFEM	T4	
ZARAH	T2	*
ZENCHENT (28)	T2	*
ZENCHENT FE	T2	*
ZOVIA 1/35E (28)	T2	*
ZOVIA 1/50E (28)	T2	*
Ophthalmology		
<i>acetazolamide</i>	T2	*
<i>acetazolamide sodium</i>	T2	*
ACULAR	T4	
ACULAR LS	T4	
ACUVAIL (PF)	T4	
ALOCRIAL	T4	
ALOMIDE	T3	
ALPHAGAN P	T3	
ALREX	T4	
<i>apraclonidine</i>	T2	*
<i>atropine ophthalmic drops</i>	T2	*
AZASITE	T4	
<i>azelastine ophthalmic</i>	T2	*
AZOPT	T3	
<i>bacitracin ophthalmic</i>	T2	*
<i>bacitracin-polymyxin b ophthalmic</i>	T2	*
BEPREVE	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE	T4	
BETAGAN OPHTHALMIC DROPS 0.5 %	T4	
<i>betaxolol ophthalmic</i>	T2	*
BETIMOL	T4	
BETOPTIC S	T4	
<i>bimatoprost ophthalmic</i>	T2	*
BLEPH-10	T4	
BLEPHAMIDE	T3	
BLEPHAMIDE S.O.P.	T3	
<i>brimonidine</i>	T2	*
<i>bromfenac</i>	T2	*
<i>carteolol</i>	T2	*
CILOXAN OPHTHALMIC DROPS	T4	
CILOXAN OPHTHALMIC OINTMENT	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	*
COMBIGAN	T3	
COSOPT	T4	
COSOPT (PF)	T4	
<i>cromolyn ophthalmic</i>	T2	*
CYSTARAN	T5	
<i>dexamethasone sodium phosphate ophthalmic</i>	T2	*
DIAMOX SEQUELS	T4	
<i>diclofenac sodium ophthalmic</i>	T1	*
<i>dorzolamide</i>	T2	*
<i>dorzolamide-timolol</i>	T2	*
DUREZOL	T3	
ELESTAT	T4	
EMADINE	T4	
<i>epinastine</i>	T2	*
<i>erythromycin ophthalmic</i>	T2	*
FLAREX	T4	
<i>fluorometholone</i>	T2	*
<i>flurbiprofen sodium</i>	T2	*
FML FORTE	T4	
FML LIQUIFILM	T4	
FML S.O.P.	T4	
<i>gatifloxacin</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
GENTAK OPHTHALMIC OINTMENT	T2	*
<i>gentamicin ophthalmic drops</i>	T1	*
ILEVRO	T3	
IOPIDINE OPHTHALMIC DROPPERETTE	T3	
IOPIDINE OPHTHALMIC DROPS	T4	
ISOPTO CARPINE	T4	
ISTALOL	T4	
<i>ketorolac ophthalmic</i>	T2	*
LACRISERT	T3	
LASTACAFT	T4	
<i>latanoprost</i>	T1	*
<i>levobunolol ophthalmic drops 0.5 %</i>	T1	*
<i>levofloxacin ophthalmic</i>	T2	*
LOTEMAX	T4	
LUMIGAN OPHTHALMIC DROPS 0.01 %	T3	QL (5 ML per 31 days)
MAXIDEX	T4	
MAXITROL	T4	
<i>methazolamide</i>	T2	*
<i>metipranolol</i>	T2	*
MOXEZA	T4	
NATACYN	T3	
<i>neomycin-bacitracin-poly-hc</i>	T2	*
<i>neomycin-bacitracin-polymyxin</i>	T2	*
<i>neomycin-polymyxin b-dexameth</i>	T2	*
<i>neomycin-polymyxin-gramicidin</i>	T2	*
<i>neomycin-polymyxin-hc ophthalmic</i>	T2	*
NEOSPORIN (NEO-POLYM-GRAMICID)	T4	
NEVANAC	T4	
OCUFEN	T4	
OCUFLOX	T4	
<i>ofloxacin ophthalmic</i>	T2	*
<i>olopatadine ophthalmic</i>	T3	
OMNIPRED	T4	
PATADAY	T4	
PATANOL	T4	
PAZEO	T3	
PHOSPHOLINE IODIDE	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	T2	*
<i>polymyxin b sulf-trimethoprim</i>	T2	*
POLYTRIM	T4	
PRED FORTE	T4	
PRED MILD	T4	
PRED-G	T4	
PRED-G S.O.P.	T4	
<i>prednisolone acetate</i>	T3	
<i>prednisolone sodium phosphate ophthalmic</i>	T2	*
PROLENSA	T4	
RESTASIS	T3	
SIMBRINZA	T3	
<i>sulfacetamide sodium ophthalmic drops</i>	T2	*
<i>sulfacetamide sodium ophthalmic ointment</i>	T1	*
<i>sulfacetamide-prednisolone</i>	T2	*
<i>timolol maleate ophthalmic drops</i>	T1	*
<i>timolol maleate ophthalmic gel forming solution</i>	T2	*
TIMOPTIC OCUDOSE (PF)	T3	
TIMOPTIC-XE	T4	
TOBRADEX OPHTHALMIC DROPS,SUSPENSION	T4	
TOBRADEX OPHTHALMIC OINTMENT	T3	
TOBRADEX ST	T3	
<i>tobramycin</i>	T1	*
<i>tobramycin-dexamethasone</i>	T2	*
TOBREX OPHTHALMIC DROPS	T4	
TOBREX OPHTHALMIC OINTMENT	T3	
TRAVATAN Z	T3	
<i>trifluridine</i>	T2	*
TRUSOPT	T4	
VIGAMOX	T4	
VIROPTIC	T4	
XALATAN	T4	
XIIDRA	T4	
ZIOPTAN (PF)	T4	
ZIRGAN	T4	
ZYLET	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
ZYMAXID	T3	
Respiratory And Allergy		
ACCOLATE	T4	
<i>acetylcysteine</i>	T2	PA-BvD; *
ADCIRCA	T5	PA; QL (62 EA per 31 days)
ADEMPAS	T5	PA; QL (93 EA per 31 days)
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	T2	*
ADVAIR DISKUS	T3	QL (60 EA per 30 days)
ADVAIR HFA	T3	QL (12 GM per 30 days)
AEROSPAN	T4	QL (17.8 GM per 30 days)
AIRDUO RESPICLICK	T4	QL (1 EA per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	T2	PA-BvD; *
<i>albuterol sulfate oral syrup</i>	T1	*
<i>albuterol sulfate oral tablet</i>	T1	*
<i>albuterol sulfate oral tablet extended release 12 hr</i>	T2	*
ALVESCO	T4	QL (12.2 GM per 30 days)
ANORO ELLIPTA	T3	QL (60 EA per 30 days)
ARCAPTA NEOHALER	T4	QL (30 EA per 30 days)
ARNUTY ELLIPTA	T4	QL (30 EA per 30 days)
ASMANEX HFA	T3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	T3	QL (1 EA per 30 days)
ATROVENT HFA	T3	QL (25.8 GM per 30 days)
AUVI-Q	T4	
BECONASE AQ	T4	
BERINERT INTRAVENOUS KIT	T5	PA
BEVESPI AEROSPHERE	T3	QL (10.7 GM per 30 days)
BREO ELLIPTA	T3	QL (60 EA per 30 days)
BROVANA	T3	PA-BvD
<i>budesonide inhalation</i>	T2	PA-BvD; *
<i>budesonide nasal</i>	T2	*
<i>carbinoxamine maleate</i>	T2	*

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine oral solution 1 mg/ml</i>	T2	*
CINRYZE	T5	PA; QL (20 EA per 28 days)
CLARINEX ORAL SYRUP	T4	
CLARINEX ORAL TABLET	T4	
CLARINEX-D 12 HOUR	T4	
<i>clemastine oral tablet 2.68 mg</i>	T2	*
COMBIVENT RESPIMAT	T3	QL (4 GM per 30 days)
<i>cromolyn inhalation</i>	T2	PA-BvD; *
<i>cyproheptadine</i>	T2	*
DALIRESP	T3	QL (31 EA per 31 days)
<i>desloratadine</i>	T2	*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	T2	*
DULERA	T4	QL (13 GM per 30 days)
DYMISTA	T4	
<i>epinephrine injection auto-injector</i>	T3	
EPIPEN 2-PAK	T4	
EPIPEN JR 2-PAK	T4	
ESBRIET ORAL CAPSULE	T5	PA; QL (279 EA per 31 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; QL (279 EA per 31 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; QL (93 EA per 31 days)
FIRAZYR	T5	PA; QL (18 ML per 30 days)
FLOVENT DISKUS	T3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	T3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	T3	QL (12 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T2	*
<i>fluticasone nasal</i>	T2	*
<i>fluticasone-salmeterol</i>	T3	QL (1 EA per 30 days)
<i>hydroxyzine hcl intramuscular</i>	T2	PA; *
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T2	PA; *
<i>hydroxyzine hcl oral tablet</i>	T2	PA; *
<i>hydroxyzine pamoate</i>	T2	PA; *
INCRUSE ELLIPTA	T4	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation</i>	T1	PA-BvD; *
<i>ipratropium-albuterol</i>	T2	PA-BvD; *

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL GRANULES IN PACKET	T5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	T5	PA; QL (62 EA per 31 days)
KARBINAL ER	T4	
LETAIRIS	T5	PA; QL (31 EA per 31 days)
<i>levalbuterol hcl</i>	T2	PA-BvD; *
<i>levalbuterol tartrate</i>	T4	QL (30 GM per 30 days)
<i>levocetirizine</i>	T2	*
<i>metaproterenol</i>	T2	*
<i>mometasone nasal</i>	T3	
<i>montelukast oral granules in packet</i>	T2	*; QL (31 EA per 31 days)
<i>montelukast oral tablet</i>	T3	QL (31 EA per 31 days)
<i>montelukast oral tablet, chewable</i>	T2	*; QL (31 EA per 31 days)
NASONEX	T4	
NUCALA	T5	PA
OFEV	T5	PA; QL (62 EA per 31 days)
OMNARIS	T4	
OPSUMIT	T5	PA; QL (31 EA per 31 days)
ORKAMBI	T5	PA; QL (124 EA per 31 days)
PERFOROMIST	T4	PA-BvD
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	T2	*
PHENERGAN INJECTION	T4	
PHENERGAN RECTAL	T2	*
PROAIR HFA	T3	QL (17 GM per 30 days)
PROAIR RESPICLICK	T3	QL (2 EA per 30 days)
<i>promethazine injection solution</i>	T2	*
<i>promethazine oral syrup</i>	T2	PA; *
<i>promethazine oral tablet</i>	T2	*
<i>promethazine rectal</i>	T2	*
PROMETHAZINE VC	T2	*
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	T2	*
PROVENTIL HFA	T4	QL (13.4 GM per 30 days)
PULMICORT	T4	PA-BvD
PULMICORT FLEXHALER	T4	QL (1 EA per 30 days)
PULMOZYME	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
QNASL	T4	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	T3	QL (8.7 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	T3	QL (17.4 GM per 30 days)
REVATIO INTRAVENOUS	T5	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	T5	PA; QL (224 ML per 31 days)
REVATIO ORAL TABLET	T5	PA; QL (93 EA per 31 days)
RUCONEST	T5	PA
RYVENT	T4	
SEMPREX-D	T4	
SEREVENT DISKUS	T3	QL (60 EA per 30 days)
<i>sildenafil intravenous</i>	T5	PA
<i>sildenafil oral</i>	T3	PA; QL (93 EA per 31 days)
SINGULAIR	T4	QL (31 EA per 31 days)
SPIRIVA RESPIMAT	T3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	T3	QL (30 EA per 30 days)
STIOLTO RESPIMAT	T3	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	T4	QL (4 GM per 30 days)
SYMBICORT	T3	QL (10.2 GM per 30 days)
<i>terbutaline</i>	T2	*
THEO-24	T4	
<i>theophylline oral solution</i>	T2	*
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	T2	*
<i>theophylline oral tablet extended release 24 hr</i>	T2	*
TRACLEER	T5	PA; QL (62 EA per 31 days)
<i>triamcinolone acetonide nasal</i>	T3	
TUDORZA PRESSAIR	T4	QL (1 EA per 30 days)
VENTAVIS	T5	PA-BvD
VENTOLIN HFA	T3	QL (36 GM per 30 days)
VISTARIL	T4	PA
XOLAIR	T5	PA
XOPENEX	T4	PA-BvD
XOPENEX CONCENTRATE	T4	PA-BvD
XOPENEX HFA	T4	QL (30 GM per 30 days)
XYZAL	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast</i>	T2	*
ZETONNA	T4	
<i>zileuton</i>	T5	PA
ZYFLO	T4	PA
ZYFLO CR	T5	PA
Urologicals		
<i>alfuzosin</i>	T2	*; QL (31 EA per 31 days)
AVODART	T4	QL (31 EA per 31 days)
<i>bethanechol chloride</i>	T2	*
CIALIS ORAL TABLET 2.5 MG	T4	PA; QL (62 EA per 31 days)
CIALIS ORAL TABLET 5 MG	T4	PA; QL (31 EA per 31 days)
CYSTAGON	T3	
<i>darifenacin</i>	T3	QL (31 EA per 31 days)
DETROL LA	T4	QL (31 EA per 31 days)
DETROL ORAL TABLET 1 MG	T4	QL (31 EA per 31 days)
DETROL ORAL TABLET 2 MG	T4	QL (62 EA per 31 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	T4	QL (31 EA per 31 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 15 MG	T4	QL (62 EA per 31 days)
<i>dutasteride</i>	T3	QL (31 EA per 31 days)
<i>dutasteride-tamsulosin</i>	T3	QL (31 EA per 31 days)
ELMIRON	T3	
ENABLEX	T4	QL (31 EA per 31 days)
<i>finasteride oral tablet 5 mg</i>	T2	*
<i>flavoxate</i>	T2	*
FLOMAX	T4	
GELNIQUE TRANSDERMAL GEL IN PACKET	T3	QL (30 GM per 30 days)
JALYN	T4	QL (31 EA per 31 days)
MYRBETRIQ	T3	QL (31 EA per 31 days)
<i>oxybutynin chloride oral syrup</i>	T2	*
<i>oxybutynin chloride oral tablet</i>	T2	*
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	T3	QL (31 EA per 31 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	T3	QL (62 EA per 31 days)
OXYTROL	T4	QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate</i>	T2	*
PROCYSBI	T5	PA
PROSCAR	T4	
RAPAFLO	T3	
<i>tamsulosin</i>	T1	*
<i>tolterodine oral capsule,extended release 24hr</i>	T3	QL (31 EA per 31 days)
<i>tolterodine oral tablet 1 mg</i>	T3	QL (31 EA per 31 days)
<i>tolterodine oral tablet 2 mg</i>	T3	QL (62 EA per 31 days)
TOVIAZ	T3	QL (31 EA per 31 days)
<i>trospium oral capsule,extended release 24hr</i>	T2	*; QL (31 EA per 31 days)
<i>trospium oral tablet</i>	T2	*; QL (93 EA per 31 days)
URECHOLINE	T4	
UROCIT-K 10	T4	
UROCIT-K 15	T4	
UROCIT-K 5	T4	
UROXATRAL	T4	QL (31 EA per 31 days)
VESICARE	T3	QL (31 EA per 31 days)
Vitamins, Hematinics / Electrolytes		
AMINO ACIDS 15 %	T2	PA-BvD; *
AMINOSYN 7 % WITH ELECTROLYTES	T4	PA-BvD
AMINOSYN 8.5 %-ELECTROLYTES	T4	PA-BvD
AMINOSYN II 10 %	T4	PA-BvD
AMINOSYN II 15 %	T4	PA-BvD
AMINOSYN II 7 %	T4	PA-BvD
AMINOSYN II 8.5 %	T4	PA-BvD
AMINOSYN II 8.5 %-ELECTROLYTES	T4	PA-BvD
AMINOSYN-HBC 7%	T3	PA-BvD
AMINOSYN-PF 10 %	T3	PA-BvD
AMINOSYN-PF 7 % (SULFITE-FREE)	T3	PA-BvD
AMINOSYN-RF 5.2 %	T4	PA-BvD
<i>calcium acetate oral capsule</i>	T2	*
<i>calcium acetate oral tablet 667 mg</i>	T2	*
CLINIMIX 5%/D15W SULFITE FREE	T3	PA-BvD
CLINIMIX 5%/D25W SULFITE-FREE	T3	PA-BvD
CLINIMIX 2.75%/D5W SULFIT FREE	T3	PA-BvD
CLINIMIX 4.25%/D10W SULF FREE	T3	PA-BvD
CLINIMIX 4.25%-D20W SULF-FREE	T3	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%-D25W SULF-FREE	T4	PA-BvD
CLINIMIX 5%-D20W(SULFITE-FREE)	T3	PA-BvD
CLINIMIX E 4.25%/D10W SUL FREE	T4	PA-BvD
CLINIMIX E 4.25%/D25W SUL FREE	T4	PA-BvD
CLINIMIX E 4.25%/D5W SULF FREE	T4	PA-BvD
CLINIMIX E 5%/D15W SULFIT FREE	T4	PA-BvD
CLINIMIX E 5%/D20W SULFIT FREE	T4	PA-BvD
CLINIMIX E 5%/D25W SULFIT FREE	T4	PA-BvD
CLINISOL SF 15 %	T4	PA-BvD
ELIPHOS	T2	*
<i>fluoride (sodium) oral tablet</i>	T2	*
FREAMINE HBC 6.9 %	T4	PA-BvD
HEPATAMINE 8%	T3	PA-BvD
INTRALIPID INTRAVENOUS EMULSION 20 %	T2	PA-BvD; *
INTRALIPID INTRAVENOUS EMULSION 30 %	T4	PA-BvD
IONOSOL-MB IN D5W	T4	PA-BvD
ISOLYTE-P IN 5 % DEXTROSE	T3	PA-BvD
ISOLYTE-S	T3	PA-BvD
KLOR-CON 10	T2	*
KLOR-CON 8	T2	*
KLOR-CON M10	T2	*
KLOR-CON M15	T2	*
KLOR-CON M20	T2	*
KLOR-CON SPRINKLE	T2	*
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	T4	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	T1	*
<i>lactated ringers intravenous</i>	T2	*
<i>magnesium sulfate injection</i>	T2	*
NEPHRAMINE 5.4 %	T3	PA-BvD
NORMOSOL-M IN 5 % DEXTROSE	T4	PA-BvD
NORMOSOL-R IN 5 % DEXTROSE	T4	PA-BvD
NORMOSOL-R PH 7.4	T4	PA-BvD
NUTRILIPID	T4	PA-BvD
PHOSLYRA	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE 148	T4	PA-BvD
PLASMA-LYTE A	T4	PA-BvD
<i>potassium chlorid-d5-0.45%nacl</i>	T2	*
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	T2	*
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	T2	*
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	T2	*
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	T2	*
<i>potassium chloride intravenous solution</i>	T2	*
<i>potassium chloride oral capsule, extended release</i>	T1	*
<i>potassium chloride oral liquid</i>	T2	*
<i>potassium chloride oral tablet extended release</i>	T1	*
<i>potassium chloride oral tablet,er particles/crystals</i>	T1	*
<i>potassium chloride-0.45 % nacl</i>	T2	*
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	T2	*
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	T2	*
<i>potassium chloride-d5-0.9%nacl</i>	T2	*
PREMASOL 10 %	T2	PA-BvD; *
PREMASOL 6 %	T3	PA-BvD
PRENATAL VITAMIN PLUS LOW IRON	T2	*
PROCALAMINE 3%	T4	PA-BvD
PROSOL 20 %	T4	PA-BvD
<i>ringer's intravenous</i>	T2	*
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	T2	*
<i>sodium chloride 3 %</i>	T2	*
<i>sodium chloride 5 %</i>	T2	*
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	T2	*
<i>sodium lactate</i>	T2	*
TPN ELECTROLYTES	T4	
TRAVASOL 10 %	T2	PA-BvD; *
TROPHAMINE 10 %	T4	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE 6%	T3	PA-BvD

You can find information on what the symbols and abbreviations on this table mean by going to page 10 of this booklet.

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<i>chlorzoxazone</i>	36	CLINDESSE	102	<i>codeine sulfate</i>	37
CHOLBAM	89	CLINIMIX 5%/D15W		COGENTIN	37
<i>cholestyramine (with sugar)</i>	62	SULFITE FREE	116	COLAZAL	89
CHOLESTYRAMINE		CLINIMIX 5%/D25W		<i>colchicine</i>	99
LIGHT	62	SULFITE-FREE	116	COLCRYS	99
<i>chorionic gonadotropin, human</i> ..	82	CLINIMIX 2.75%/D5W		COLESTID	62
CIALIS	115	SULFIT FREE	116	<i>colestipol</i>	62
<i>ciclopirox</i>	71	CLINIMIX 4.25%/D10W		<i>colistin (colistimethate na)</i>	15
<i>cidofovir</i>	14	SULF FREE	116	COLOCORT	89
<i>cilostazol</i>	62	CLINIMIX 4.25%/D5W		COLY-MYCIN S	80
CILOXAN	108	SULFIT FREE	78	COLYTE WITH FLAVOR	
<i>cimetidine</i>	89	CLINIMIX 4.25%-D20W		PACKS	89
<i>cimetidine hcl</i>	89	SULF-FREE	116	COMBIGAN	108
CIMZIA	89	CLINIMIX 4.25%-D25W		COMBIPATCH	102
CIMZIA POWDER FOR		SULF-FREE	117	COMBIVENT RESPIMAT ...	112
RECONST	89	CLINIMIX 5%-		COMBIVIR	15
CINRYZE	112	D20W(SULFITE-FREE)	117	COMETRIQ	25
CIPRO	14	CLINIMIX E 2.75%/D10W		COMPLERA	15
CIPRO HC	80	SUL FREE	78	COMPRO	89
CIPRO IN D5W	14	CLINIMIX E 2.75%/D5W		COMTAN	37
CIPRODEX	80	SULF FREE	78	CONCERTA	37
<i>ciprofloxacin</i>	14	CLINIMIX E 4.25%/D10W		CONDYLOX	72
<i>ciprofloxacin (mixture)</i>	14	SUL FREE	117	CONSTULOSE	89
<i>ciprofloxacin hcl</i>	14, 108	CLINIMIX E 4.25%/D25W		CONZIP	37
<i>ciprofloxacin in 5 % dextrose</i>	14	SUL FREE	117	COPAXONE	37
<i>ciprofloxacin lactate</i>	14	CLINIMIX E 4.25%/D5W		COPEGUS	15
<i>cisplatin</i>	25	SULF FREE	117	CORDRAN TAPE LARGE	
<i>citalopram</i>	36	CLINIMIX E 5%/D15W		ROLL	72
<i>cladribine</i>	25	SULFIT FREE	117	COREG	62
CLARAVIS	71	CLINIMIX E 5%/D20W		COREG CR	62
CLARINEX	112	SULFIT FREE	117	CORGARD	62
CLARINEX-D 12 HOUR	112	CLINIMIX E 5%/D25W		CORLANOR	62
<i>clarithromycin</i>	14	SULFIT FREE	117	CORMAX	72
<i>clemastine</i>	112	CLINISOL SF 15 %	117	CORTEF	82
CLEOCIN	14, 102	<i>clobetasol</i>	72	<i>cortisone</i>	82
CLEOCIN HCL	14	<i>clobetasol-emollient</i>	72	CORTISPORIN	72
CLEOCIN IN 5 %		CLOBEX	72	CORZIDE	62
DEXTROSE	14	CLODAN	72	COSENTYX (2 SYRINGES) ...72	
CLEOCIN PEDIATRIC	14	CLODERM	72	COSENTYX PEN (2 PENS)....72	
CLEOCIN T	72	<i>clofarabine</i>	25	COSMEGEN	25
CLIMARA	102	CLOLAR	25	COSOPT	108
CLIMARA PRO	102	<i>clomipramine</i>	36	COSOPT (PF)	108
CLINDACIN P	72	<i>clonazepam</i>	36	COTELLIC	25

COUMADIN	62	<i>daunorubicin</i>	26	<i>dextroamphetamine</i>	38
COZAAR	62	DAYPRO	37	<i>dextroamphetamine-</i>	
CREON	89	DAYTRANA	37	<i>amphetamine</i>	38
CRESEMBA	15	DDAVP	82	<i>dextrose 10 % and 0.2 % nacl</i>	78
CRESTOR	62	DEBLITANE	102	<i>dextrose 10 % in water (d10w)</i> ...78	
CRINONE	102	<i>decitabine</i>	26	<i>dextrose 5 % in water (d5w)</i>.....78	
CRIXIVAN	15	DELESTROGEN	102	<i>dextrose 5 %-lactated ringers</i>	78
<i>cromolyn</i>	89, 108, 112	DELYLA (28)	102	<i>dextrose 5%-0.2 % sod chloride</i> .78	
CRYSELLE (28)	102	DELZICOL	90	<i>dextrose 5%-0.3 % sod.chloride</i> .78	
CUBICIN	15	DEMADEX	62	DEXTROSE WITH SODIUM	
CUPRIMINE	99	<i>demeclocycline</i>	15	CHLORIDE	78
CUTIVATE	72	DEMEROL	37	DIAMOX SEQUELS	108
CUVPOSA	89	DEM SER	62	DIASTAT	38
CYCLAFEM 1/35 (28)	102	DENAVIR	72	DIASTAT ACUDIAL	38
CYCLAFEM 7/7/7 (28)	102	DEPACON	37	<i>diazepam</i>	38
CYCLESSA (28)	102	DEPAKENE	37	DIAZEPAM INTENSOL	38
<i>cyclobenzaprine</i>	37	DEPAKOTE	37	DIBENZYLINE	62
<i>cyclophosphamide</i>	25	DEPAKOTE ER	37	<i>diclofenac potassium</i>	38
CYCLOSET	82	DEPAKOTE SPRINKLES	37	<i>diclofenac sodium</i>.....38, 72, 108	
<i>cyclosporine</i>	25	DEPEN TITRATABS	99	<i>diclofenac-misoprostol</i>	38
<i>cyclosporine modified</i>	25	DEPO-ESTRADIOL	102	<i>dicloxacillin</i>	15
CYKLOKAPRON	62	DEPO-MEDROL	82	<i>dicyclomine</i>	90
CYMBALTA	37	DEPO-PROVERA	102	<i>didanosine</i>	15
<i>cyproheptadine</i>	112	DEPO-SUBQ PROVERA 104		DIFFERIN	72, 73
CYRAMZA	25	.....	102	DIFICID	15
CYSTADANE	89	DEPO-TESTOSTERONE	82	<i>diflorasone</i>	73
CYSTAGON	115	DERMATOP	72	DIFLUCAN	15
CYSTARAN	108	DESCOVY	15	<i>diflunisal</i>	38
<i>cytarabine</i>	25	<i>desipramine</i>	37	DIGITEK	62
<i>cytarabine (pf)</i>	25	<i>desloratadine</i>	112	<i>digoxin</i>	62
CYTOMEL	82	<i>desmopressin</i>	82	<i>dihydroergotamine</i>	38
CYTOTEC	89	<i>desog-e.estradiol/e.estradiol</i>	102	DILANTIN	38
CYTOVENE	15	DESOGEN	102	DILANTIN EXTENDED	38
<i>d10 %-0.45 % sodium chloride</i> ..	78	DESONATE	72	DILANTIN INFATABS	38
<i>d2.5 %-0.45 % sodium chloride</i> .78		<i>desonide</i>	72	DILANTIN-125	38
<i>d5 % and 0.9 % sodium chloride</i> 78		DESOWEN	72	DILAUDID	38
<i>d5 %-0.45 % sodium chloride</i>	78	<i>desoximetasone</i>	72	<i>diltiazem hcl</i>	62, 63
<i>dacarbazine</i>	25	DESOXYN	37	DILT-XR	63
DACOGEN	25	<i>desvenlafaxine</i>	38	DIOVAN	63
DAKLINZA	15	<i>desvenlafaxine succinate</i>	38	DIOVAN HCT	63
DALIRESP	112	DETROL	115	DIPENTUM	90
DALVANCE	15	DETROL LA	115	<i>diphenhydramine hcl</i>	112
<i>danazol</i>	82	<i>dexamethasone</i>	82	<i>diphenoxylate-atropine</i>	90
DANTRIUM	37	DEXAMETHASONE		DIPROLENE	73
<i>dantrolene</i>	37	INTENSOL	82	DIPROLENE AF	73
<i>dapsone</i>	15	<i>dexamethasone sodium</i>		<i>dipyridamole</i>	63
DAPTACEL (DTAP		<i>phosphate</i>	82, 108	<i>disopyramide phosphate</i>	63
PEDIATRIC) (PF)	95	DEXEDRINE SPANSULE	38	<i>disulfiram</i>	78
<i>daptomycin</i>	15	DEXILANT	90	DITROPAN XL	115
DARAPRIM	15	<i>dexmethylphenidate</i>	38	DIURIL	63
<i>darifenacin</i>	115	DEXPAK 13 DAY	82	DIURIL IV	63
DARZALEX	25	<i>dexrazoxane hcl</i>	26	<i>divalproex</i>	38

DIVIGEL	102	EFFIENT	63	EPIPEN 2-PAK	112
<i>docetaxel</i>	26	EFUDEX	73	EPIPEN JR 2-PAK	112
<i>dofetilide</i>	63	EGRIFTA	95	<i>epirubicin</i>	26
DOLOPHINE	38, 39	ELAPRASE	82	EPITOL	39
<i>donepezil</i>	39	ELDEPRYL	39	EPIVIR	16
DORIBAX	15	ELELYSO	82	EPIVIR HBV	16
DORYX	15	ELESTAT	108	<i>eplerenone</i>	63
DORYX MPC	15	ELESTRIN	102	EPOGEN	95
<i>dorzolamide</i>	108	ELIDEL	73	<i>eprosartan</i>	63
<i>dorzolamide-timolol</i>	108	ELIGARD	26	EPZICOM	16
DOVONEX	73	ELIGARD (3 MONTH)	26	EQUETRO	39
<i>doxazosin</i>	63	ELIGARD (4 MONTH)	26	ERAXIS(WATER DILUENT)	16
<i>doxepin</i>	39, 73	ELIGARD (6 MONTH)	26	ERBITUX	26
<i>doxercalciferol</i>	82	ELIMITE	73	<i>ergoloid</i>	39
DOXIL	26	ELIPHOS	117	<i>ergotamine-caffeine</i>	39
<i>doxorubicin</i>	26	ELIQUIS	63	ERIVEDGE	26
<i>doxorubicin, peg-liposomal</i>	26	ELITEK	26	ERRIN	102
DOXY-100	15	ELLENCE	26	ERTACZO	73
<i>doxycycline hyclate</i>	15	ELMIRON	115	ERWINAZE	26
<i>doxycycline monohydrate</i>	15	ELOCON	73	ERY PADS	73
<i>dronabinol</i>	90	EMADINE	108	ERYGEL	73
<i>drospirenone-e.estradiol-lm.fa</i>	102	EMBEDA	39	ERYPED 200	16
<i>drospirenone-ethinyl estradiol</i>	102	EMCYT	26	ERYPED 400	16
DROXIA	26	EMEND	90	ERY-TAB	16
DUAC	73	EMOQUETTE	102	ERYTHROCIN	16
DUAVEE	102	EMPLICITI	26	ERYTHROCIN (AS	
DUETACT	82	EMSAM	39	STEARATE)	16
DUEXIS	39	EMTRIVA	16	<i>erythromycin</i>	16, 108
DULERA	112	EMVERM	16	<i>erythromycin ethylsuccinate</i>	16
<i>duloxetine</i>	39	ENABLEX	115	<i>erythromycin with ethanol</i>	73
DUOPA	39	<i>enalapril maleate</i>	63	<i>erythromycin-benzoyl peroxide</i> ..	73
DUPIXENT	73	<i>enalapril-hydrochlorothiazide</i>	63	ESBRIET	112
DURAGESIC	39	ENBREL	99	<i>escitalopram oxalate</i>	40
DURAMORPH (PF)	39	ENBREL SURECLICK	99	ESGIC	40
DUREZOL	108	ENDOCET	39	<i>esomeprazole magnesium</i>	90
<i>dutasteride</i>	115	ENGERIX-B (PF)	95	<i>esomeprazole sodium</i>	90
<i>dutasteride-tamsulosin</i>	115	ENGERIX-B PEDIATRIC		<i>estazolam</i>	40
DUTOPROL	63	(PF)	95	ESTRACE	102
DYAZIDE	63	<i>enoxaparin</i>	63	<i>estradiol</i>	102
DYMISTA	112	ENPRESSE	102	<i>estradiol valerate</i>	102
DYRENIUM	63	ENSTILAR	73	<i>estradiol-norethindrone acet</i>	103
DYSPORT	95	<i>entacapone</i>	39	ESTRING	103
E.E.S. 400	15	<i>entecavir</i>	16	<i>estropipate</i>	103
E.E.S. GRANULES	16	ENTOCORT EC	90	<i>eszopiclone</i>	40
EC-NAPROSYN	39	ENTRESTO	63	<i>ethacrynate sodium</i>	63
<i>econazole</i>	73	ENULOSE	90	<i>ethacrynic acid</i>	63
EDARBI	63	ENVARBUS XR	26	<i>ethambutol</i>	16
EDARBYCLOR	63	EPCLUSA	16	<i>ethosuximide</i>	40
EDECIN	63	EPIDUO	73	<i>ethynodiol diac-eth estradiol</i>	103
EDLUAR	39	EPIDUO FORTE	73	<i>etidronate disodium</i>	78
EDURANT	16	<i>epinastine</i>	108	<i>etodolac</i>	40
EFFEXOR XR	39	<i>epinephrine</i>	112	ETOPOPHOS	26

<i>etoposide</i>	26	FENTORA	41	FML S.O.P.	108
EUCRISA	73	FERRIPROX	78	FOCALIN	42
EURAX	73	FETZIMA	41	FOCALIN XR	42
EVAMIST	103	FEXMID	41	FOLOTYN	27
EVISTA	99	FIBRICOR	64	<i>fomepizole</i>	95
EVOCLIN	73	FINACEA	73	<i>fondaparinux</i>	64
EVOTAZ	16	<i>finasteride</i>	115	FORFIVO XL	42
EVOXAC	78	FIORICET	41	FORTAMET	82, 83
EVZIO	40	FIORICET WITH CODEINE	41	FORTAZ	16, 17
EXALGO ER	40	FIORINAL	41	FORTEO	99
EXELDERM	73	FIORINAL-CODEINE #3	41	FORTESTA	83
EXELON	40	FIRAZYR	112	FOSAMAX	99
<i>exemestane</i>	26	FIRMAGON KIT W		FOSAMAX PLUS D	99
EXFORGE	63	DILUENT SYRINGE	26	<i>fosinopril</i>	64
EXFORGE HCT	63	FLAGYL	16	<i>fosinopril-hydrochlorothiazide</i> ...	64
EXJADE	78	FLAREX	108	<i>fosphephenytoin</i>	42
EXONDYS 51	40	<i>flavoxate</i>	115	FOSRENOL	78, 79
EXTAVIA	95	FLEBOGAMMA DIF	95	FRAGMIN	64
EXTINA	73	<i>flecainide</i>	64	FREAMINE HBC 6.9 %	117
<i>ezetimibe</i>	64	FLECTOR	41	FROVA	42
<i>ezetimibe-simvastatin</i>	64	FLOMAX	115	<i>frovatriptan</i>	42
FABIOR	73	FLOVENT DISKUS	112	FURADANTIN	17
FABRAZYME	82	FLOVENT HFA	112	<i>furosemide</i>	64
FALMINA (28)	103	FLOXIN	80	FUSILEV	27
<i>famciclovir</i>	16	<i>fluconazole</i>	16	FUZEON	17
<i>famotidine</i>	90	<i>fluconazole in nacl (iso-osm)</i>	16	FYAVOLV	103
<i>famotidine (pf)</i>	90	<i>flucytosine</i>	16	FYCOMPA	42
<i>famotidine (pf)-nacl (iso-os)</i>	90	<i>fludarabine</i>	26	<i>gabapentin</i>	42
FANAPT	40	<i>fludrocortisone</i>	82	GABITRIL	42
FARESTON	26	FLUMADINE	16	GABLOFEN	42
FARXIGA	82	<i>flunisolide</i>	112	<i>galantamine</i>	42
FARYDAK	26	<i>fluocinolone</i>	73	GAMASTAN S/D	95
FASLODEX	26	<i>fluocinolone acetonide oil</i>	80	GAMMAGARD LIQUID	95
FAYOSIM	103	<i>fluocinonide</i>	73	GAMMAGARD S-D (IGA < 1	
FAZACLO	40	FLUOCINONIDE-E	73	MCG/ML)	95
<i>felbamate</i>	40	<i>fluoride (sodium)</i>	117	GAMMAKED	95
FELBATOL	40	<i>fluorometholone</i>	108	GAMMAPLEX	95
FELDENE	40	<i>flurouracil</i>	26, 74	GAMMAPLEX (WITH	
<i>felodipine</i>	64	<i>fluoxetine</i>	41	SORBITOL)	95
FEMARA	26	<i>fluphenazine decanoate</i>	41	GAMUNEX-C	95
FEMHRT LOW DOSE	103	<i>fluphenazine hcl</i>	42	<i>ganciclovir sodium</i>	17
FEMRING	103	<i>flurandrenolide</i>	74	GARDASIL 9 (PF)	95
FEMYNOR	103	<i>flurazepam</i>	42	GASTROCROM	90
<i>fenofibrate</i>	64	<i>flurbiprofen</i>	42	<i>gatifloxacin</i>	108
<i>fenofibrate micronized</i>	64	<i>flurbiprofen sodium</i>	108	GATTEX 30-VIAL	90
<i>fenofibrate nanocrystallized</i>	64	<i>flutamide</i>	26	GAUZE PAD	83
<i>fenofibric acid</i>	64	<i>fluticasone</i>	74, 112	GAVILYTE-C	90
<i>fenofibric acid (choline)</i>	64	<i>fluticasone-salmeterol</i>	112	GAVILYTE-G	90
FENOGLIDE	64	<i>fluvastatin</i>	64	GAVILYTE-H AND	
<i>fenopropfen</i>	40	<i>fluvoxamine</i>	42	BISACODYL	90
<i>fentanyl</i>	41	FML FORTE	108	GAVILYTE-N	90
<i>fentanyl citrate</i>	40, 41	FML LIQUIFILM	108	GELNIQUE	115

<i>gemcitabine</i>	27	GRIS-PEG		HUMULIN R U-500	
<i>gemfibrozil</i>	64	(ULTRAMICROSIZED)	17	(CONCENTRATED)	84
GEMZAR	27	<i>guanfacine</i>	42, 64	HYCANTIN	27
GENERESS FE	103	<i>guanidine</i>	42	HYCET	43
GENERLAC	90	GYNAZOLE-1	103	<i>hydralazine</i>	65
GENGRAF	27	HALAVEN	27	HYDREA	27
GENOTROPIN	95	HALCION	42	<i>hydrochlorothiazide</i>	65
GENOTROPIN MINIQUICK	95	HALDOL	42	<i>hydrocodone-acetaminophen</i>	43
GENTAK	109	HALDOL DECANOATE	42	<i>hydrocodone-ibuprofen</i>	43
<i>gentamicin</i>	17, 74, 109	<i>halobetasol propionate</i>	74	<i>hydrocortisone</i>	74, 84, 90
<i>gentamicin in nacl (iso-osm)</i>	17	HALOG	74	<i>hydrocortisone butyrate</i>	74
GENVOYA	17	<i>haloperidol</i>	42	<i>hydrocortisone butyr-emollient</i> ..	74
GEODON	42	<i>haloperidol decanoate</i>	42	<i>hydrocortisone valerate</i>	74
GIANVI (28)	103	<i>haloperidol lactate</i>	42	<i>hydrocortisone-acetic acid</i>	80
GIAZO	90	HARVONI	17	<i>hydromorphone</i>	43
GILDAGIA	103	HAVRIX (PF)	95, 96	<i>hydromorphone (pf)</i>	43
GILENYA	42	HECTOROL	83	<i>hydroxychloroquine</i>	17
GILOTRIF	27	<i>heparin (porcine)</i>	65	<i>hydroxyprogesterone caproate</i> ..	103
GLASSIA	79	<i>heparin (porcine) in 5 % dex</i>	65	<i>hydroxyurea</i>	27
GLATOPA	42	HEPATAMINE 8%	117	<i>hydroxyzine hcl</i>	112
GLEEVEC	27	HEPSERA	17	<i>hydroxyzine pamoate</i>	112
GLEOSTINE	27	HERCEPTIN	27	HYPERRAB S/D (PF)	96
<i>glimepiride</i>	83	HETLIOZ	43	HYSINGLA ER	43
<i>glipizide</i>	83	HEXALEN	27	HYZAAR	65
<i>glipizide-metformin</i>	83	HIBERIX (PF)	96	<i>ibandronate</i>	100
GLUCAGEN HYPOKIT	83	HIPREX	17	IBRANCE	27
GLUCAGON EMERGENCY		HORIZANT	43	IBUDONE	43
KIT (HUMAN)	83	HUMALOG	83	<i>ibuprofen</i>	43
GLUCOPHAGE	83	HUMALOG KWIKPEN	83	<i>ibuprofen-oxycodone</i>	43
GLUCOPHAGE XR	83	HUMALOG MIX 50-50	83	ICLUSIG	27
GLUCOTROL	83	HUMALOG MIX 50-50		IDAMYCIN PFS	27
GLUCOTROL XL	83	KWIKPEN	83	<i>idarubicin</i>	27
GLUCOVANCE	83	HUMALOG MIX 75-25	83	IFEX	27
GLUMETZA	83	HUMALOG MIX 75-25		<i>ifosfamide</i>	27
<i>glyburide</i>	83	KWIKPEN	83	ILARIS (PF)	96
<i>glyburide micronized</i>	83	HUMATROPE	96	ILEVRO	109
<i>glyburide-metformin</i>	83	HUMIRA	99	<i>imatinib</i>	27
<i>glycopyrrolate</i>	90	HUMIRA PEDIATRIC		IMBRUVICA	27
GLYNASE	83	CROHN'S START	100	IMFINZI	27
GLYSET	83	HUMIRA PEN	100	<i>imipenem-cilastatin</i>	17
GLYXAMBI	83	HUMIRA PEN CROHN'S-		<i>imipramine hcl</i>	43
GOLYTELY	90	UC-HS START	100	<i>imipramine pamoate</i>	43
GONITRO	64	HUMIRA PEN PSORIASIS-		<i>imiquimod</i>	74
GRALISE	42	UVEITIS	100	IMITREX	43
GRALISE 30-DAY		HUMULIN 70/30	84	IMITREX STATDOSE KIT	
STARTER PACK	42	HUMULIN 70/30 KWIKPEN ..	84	REFILL	43
<i>granisetron (pf)</i>	90	HUMULIN N	84	IMOGAM RABIES-HT (PF) ..	96
<i>granisetron hcl</i>	90	HUMULIN N KWIKPEN	84	IMOVAX RABIES VACCINE	
GRANIX	95	HUMULIN R U-100	84	(PF)	96
GRASTEK	95	HUMULIN R U-500 (CONC)		IMURAN	27
<i>griseofulvin microsize</i>	17	KWIKPEN	84	INCRELEX	79
<i>griseofulvin ultramicrosize</i>	17			INCRUSE ELLIPTA	112

<i>indapamide</i>	65	JAKAFI	27	KLONOPIN	45
INDERAL LA	65	JALYN	115	KLOR-CON 10	117
INDOCIN	44	JANTOVEN	65	KLOR-CON 8	117
<i>indomethacin</i>	44	JANUMET	84	KLOR-CON M10	117
INFANRIX (DTAP) (PF)	96	JANUMET XR	84	KLOR-CON M15	117
INFLECTRA	90	JANUVIA	84	KLOR-CON M20	117
INGREZZA	44	JARDIANCE	84	KLOR-CON SPRINKLE	117
INLYTA	27	JENTADUETO	84	KOMBIGLYZE XR	84
INNOPRAN XL	65	JENTADUETO XR	84	KORLYM	84
INSPIRA	65	JEVTANA	27	KRISTALOSE	91
<i>insulin syringe-needle u-100</i>	84	JINTELI	103	K-TAB	117
INTELENCE	17	JOLIVETTE	103	KUVAN	84
INTERMEZZO	44	JUBLIA	74	KYNAMRO	65
INTRALIPID	117	JULEBER	103	KYPROLIS	28
INTRON A	96	JUNEL 1.5/30 (21)	103	<i>l norgest/e.estradiol-e.estrad</i>	103
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INVEGA TRINZA	44	KADCYLA	28	LAMICTAL ODT	45
INVIRASE	17	KADIAN	44	LAMICTAL STARTER	
INVOKAMET	84	KAITLIB FE	103	(BLUE) KIT	45
INVOKAMET XR	84	KALETRA	17	LAMICTAL STARTER	
INVOKANA	84	KALYDECO	113	(GREEN) KIT	45
IONOSOL-MB IN D5W	117	KANUMA	84	LAMICTAL STARTER	
IOPIDINE	109	KAPVAY	44	(ORANGE) KIT	45
IPOL	96	KARBINAL ER	113	LAMICTAL XR	45
<i>ipratropium bromide</i>	80, 112	KARIVA (28)	103	LAMICTAL XR STARTER	
<i>ipratropium-albuterol</i>	112	KAYEXALATE	79	(BLUE)	45
<i>irbesartan</i>	65	KAZANO	84	LAMICTAL XR STARTER	
<i>irbesartan-hydrochlorothiazide</i> ..	65	KELNOR 1/35 (28)	103	(GREEN)	45
IRESSA	27	KENALOG	74, 84	LAMICTAL XR STARTER	
<i>irinotecan</i>	27	KEPIVANCE	28	(ORANGE)	45
ISENTRESS	17	KEPPRA	44	LAMISIL	18
ISOLYTE-P IN 5 %		KEPPRA XR	45	<i>lamivudine</i>	18
DEXTROSE	117	KERYDIN	74	<i>lamivudine-zidovudine</i>	18
ISOLYTE-S	117	<i>ketoconazole</i>	17, 74	<i>lamotrigine</i>	45
<i>isoniazid</i>	17	<i>ketoprofen</i>	45	LANOXIN	65
ISOPTO CARPINE	109	<i>ketorolac</i>	45, 109	<i>lansoprazole</i>	91
ISORDIL	65	KEVEYIS	45	LANTUS	84
ISORDIL TITRADOSE	65	KEVZARA	100	LANTUS SOLOSTAR	84
<i>isosorbide dinitrate</i>	65	KEYTRUDA	28	LARIN 1.5/30 (21)	103
<i>isosorbide mononitrate</i>	65	KHEDEZLA	45	LARIN 1/20 (21)	103
<i>isradipine</i>	65	KIMIDESS (28)	103	LARIN FE 1.5/30 (28)	103
ISTALOL	109	KINERET	100	LARIN FE 1/20 (28)	103
ISTODAX	27	KINRIX (PF)	96	LARISSIA	103
<i>itraconazole</i>	17	KIONEX	79	LARTRUVO	28
<i>ivermectin</i>	17	KISQALI	28	LASIX	65
IXIARO (PF)	96	KISQALI FEMARA CO-		LASTACAPT	109
JADENU	79	PACK	28	<i>latanoprost</i>	109
JADENU SPRINKLE	79	KLARON	74	LATUDA	45

LAYOLIS FE	103	<i>lisinopril</i>	65	LUMIZYME	85
LAZANDA	45	<i>lisinopril-hydrochlorothiazide</i>	65	LUNESTA	46
LEENA 28	104	<i>lithium carbonate</i>	46	LUPANETA PACK (1	
<i>leflunomide</i>	100	<i>lithium citrate</i>	46	MONTH)	104
LENVIMA	28	LITHOBID	46	LUPANETA PACK (3	
LESCOL XL	65	LITHOSTAT	79	MONTH)	104
LESSINA	104	LIVALO	65	LUPRON DEPOT	28
LETAIRIS	113	LO LOESTRIN FE	104	LUPRON DEPOT (3	
<i>letrozole</i>	28	LOCOID	74	MONTH)	28
<i>leucovorin calcium</i>	28	LODINE	46	LUPRON DEPOT (4	
LEUKERAN	28	LODOSYN	46	MONTH)	28
LEUKINE	96	LOESTRIN 1.5/30 (21)	104	LUPRON DEPOT (6	
<i>leuprolide</i>	28	LOESTRIN 1/20 (21)	104	MONTH)	28
<i>levabuterol hcl</i>	113	LOESTRIN FE 1.5/30 (28-		LUPRON DEPOT-PED	28
<i>levabuterol tartrate</i>	113	DAY)	104	LUTERA (28)	104
LEVAQUIN	18	LOESTRIN FE 1/20 (28-DAY)		LUZU	75
LEVEMIR	84	.....	104	LYNPARZA	28
LEVEMIR FLEXTOUCH	85	LOMEDIA 24 FE	104	LYRICA	46
<i>levetiracetam</i>	46	LOMOTIL	91	LYSODREN	28
<i>levetiracetam in nacl (iso-os)</i>	46	LONSURF	28	LYSTEDA	104
<i>levobunolol</i>	109	<i>loperamide</i>	91	LYZA	104
<i>levocarnitine</i>	79	LOPID	65	MACROBID	18
<i>levocarnitine (with sugar)</i>	79	<i>lopinavir-ritonavir</i>	18	MACRODANTIN	18
<i>levocetirizine</i>	113	LOPRESSOR	65	<i>magnesium sulfate</i>	117
<i>levofloxacin</i>	18, 109	LOPRESSOR HCT	65	MAKENA	104
<i>levofloxacin in d5w</i>	18	LOPROX	74	MALARONE	18
<i>levoleucovorin</i>	28	LOPROX (AS OLAMINE)	74	MALARONE PEDIATRIC	18
LEVONEST (28)	104	<i>lorazepam</i>	46	<i>malathion</i>	75
<i>levonorgestrel-ethinyl estrad</i>	104	LORAZEPAM INTENSOL	46	<i>maprotiline</i>	46
<i>levonorg-eth estrad triphasic</i> ...	104	LORCET		MARINOL	91
LEVORA-28	104	(HYDROCODONE)	46	MARLISSA	104
<i>levorphanol tartrate</i>	46	LORCET HD	46	MARPLAN	46
<i>levothyroxine</i>	85	LORCET PLUS	46	MATULANE	28
LEVOXYL	85	LORTAB 10-325	46	MATZIM LA	66
LEXAPRO	46	LORTAB 5-325	46	MAXALT	46
LEXIVA	18	LORTAB 7.5-325	46	MAXALT-MLT	46, 47
LIALDA	91	LORYNA (28)	104	MAXIDEX	109
<i>lidocaine</i>	74	LORZONE	46	MAXIPIME	18
<i>lidocaine (pf)</i>	74	<i>losartan</i>	65, 66	MAXITROL	109
<i>lidocaine hcl</i>	74	<i>losartan-hydrochlorothiazide</i>	66	MAXZIDE	66
LIDOCAINE VISCOUS	74	LOSEASONIQUE	104	MAXZIDE-25MG	66
<i>lidocaine-prilocaine</i>	74	LOTEMAX	109	<i>meclizine</i>	91
LIDODERM	74	LOTENSIN	66	<i>meclofenamate</i>	47
LINCOCIN	18	LOTREL	66	MEDROL	85
<i>lincomycin</i>	18	LOTRISONE	75	MEDROL (PAK)	85
<i>lindane</i>	74	LOTRONEX	91	<i>medroxyprogesterone</i>	104
<i>linezolid</i>	18	<i>lovastatin</i>	66	<i>mefenamic acid</i>	47
LINZESS	91	LOVAZA	66	<i>mefloquine</i>	18
LIORESAL	46	LOVENOX	66	MEGACE	29
<i>liothyronine</i>	85	LOW-OGESTREL (28)	104	MEGACE ES	29
LIPITOR	65	<i>loxapine succinate</i>	46	<i>megestrol</i>	29
LIPOFEN	65	LUMIGAN	109	MEKINIST	29

<i>meloxicam</i>	47	<i>metoclopramide hcl</i>	91	MODERIBA DOSE PACK	18
<i>melphalan hcl</i>	29	<i>metolazone</i>	66	<i>moexipril</i>	66
<i>memantine</i>	47	<i>metoprolol succinate</i>	66	<i>moexipril-hydrochlorothiazide</i> ...	66
MENACTRA (PF)	96	<i>metoprolol ta-hydrochlorothiaz</i> ..	66	<i>mometasone</i>	75, 113
MENEST	104	<i>metoprolol tartrate</i>	66	MONONESSA (28)	105
MENOMUNE - A/C/Y/W-135		METROCREAM	75	<i>montelukast</i>	113
(PF)	96	METROGEL	75	MONUROL	18
MENOSTAR	104	METROGEL VAGINAL	104	MORGIDOX	18
MENTAX	75	METROLOTION	75	<i>morphine</i>	48
MENVEO A-C-Y-W-135-DIP		<i>metronidazole</i>	18, 75, 104	<i>morphine concentrate</i>	48
(PF)	96	<i>metronidazole in nacl (iso-os)</i>	18	MOVANTIK	91
<i>meperidine</i>	47	<i>mexiletine</i>	66	MOVIPREP	91
<i>meperidine (pf)</i>	47	MIACALCIN	85	MOXEZA	109
<i>meprobamate</i>	47	MIBELAS 24 FE	104	<i>moxifloxacin</i>	19
MEPRON	18	MICARDIS	66	<i>moxifloxacin-sod.ace,sul-water</i> ..	19
<i>mercaptapurine</i>	29	MICARDIS HCT	66	MOZOBIL	96
<i>meropenem</i>	18	MICONAZOLE-3	104	MS CONTIN	48, 49
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<i>mesalamine</i>	91	MICROGESTIN 1.5/30 (21) ..	104	<i>mupirocin</i>	75
<i>mesalamine with cleansing wipe</i>	91	MICROGESTIN 1/20 (21)	104	<i>mupirocin calcium</i>	75
<i>mesna</i>	29	MICROGESTIN FE 1.5/30		MUSTARGEN	29
MESNEX	29	(28)	105	MYALEPT	85
MESTINON	47	MICROGESTIN FE 1/20 (28)		MYAMBUTOL	19
MESTINON TIMESPAN	47	.....	105	MYCAMINE	19
METADATE CD	47	MICROZIDE	66	MYCOBUTIN	19
METADATE ER	47	<i>midodrine</i>	79	<i>mycophenolate mofetil</i>	29
<i>metaproterenol</i>	113	MIGERGOT	48	<i>mycophenolate mofetil hcl</i>	29
METAXALL	47	<i>miglitol</i>	85	<i>mycophenolate sodium</i>	29
<i>metaxalone</i>	47	MIGRANAL	48	MYFORTIC	29
<i>metformin</i>	85	MILLIPRED	85	MYORISAN	75
<i>methadone</i>	47	MIMVEY	105	MYRBETRIQ	115
<i>methamphetamine</i>	47	MIMVEY LO	105	MYSOLINE	49
<i>methazolamide</i>	109	MINASTRIN 24 FE	105	MYTESI	91
<i>methenamine hippurate</i>	18	MINIPRESS	66	<i>nabumetone</i>	49
<i>methimazole</i>	85	MINITRAN	66	<i>nadolol</i>	66
METHITEST	85	MINIVELLE	105	<i>nadolol-bendroflumethiazide</i>	66
<i>methocarbamol</i>	47	MINOCIN	18	<i>nafcillin</i>	19
<i>methotrexate sodium</i>	29	<i>minocycline</i>	18	<i>naftifine</i>	75
<i>methotrexate sodium (pf)</i>	29	<i>minoxidil</i>	66	NAFTIN	75
<i>methoxsalen</i>	75	MIRAPEX	48	NAGLAZYME	85
<i>methscopolamine</i>	91	MIRAPEX ER	48	<i>nalbuphine</i>	49
<i>methyclothiazide</i>	66	MIRCERA	96	<i>naloxone</i>	49
<i>methyl dopa</i>	66	<i>mirtazapine</i>	48	<i>naltrexone</i>	49
<i>methyl dopa-hydrochlorothiazide</i>	66	MIRVASO	75	NAMENDA	49
<i>methyl dopate</i>	66	<i>misoprostol</i>	91	NAMENDA TITRATION	
METHYLIN	47	MITIGARE	100	PAK	49
<i>methylphenidate hcl</i>	47, 48	<i>mitomycin</i>	29	NAMENDA XR	49
<i>methylprednisolone</i>	85	<i>mitoxantrone</i>	29	NAMZARIC	49
<i>methylprednisolone acetate</i>	85	M-M-R II (PF)	96	NAPRELAN CR	49
<i>methylprednisolone sodium succ</i>	85	MOBIC	48	NAPROSYN	49
<i>methyltestosterone</i>	85	<i>modafinil</i>	48	<i>naproxen</i>	49
<i>metipranolol</i>	109	MODERIBA	18	<i>naproxen sodium</i>	49

<i>naratriptan</i>	49	<i>nimodipine</i>	67	NOVOLOG PENFILL	86
NARCAN	49	NINLARO	29	NOXAFIL	19
NARDIL	49	NIPENT	29	NUCALA	113
NASONEX	113	<i>nisoldipine</i>	67	NUCYNTA	49
NATACYN	109	NITRO-BID	67	NUCYNTA ER	49
NATAZIA	105	NITRO-DUR	67	NUDEXTA	49
<i>nateglinide</i>	85	<i>nitrofurantoin</i>	19	NULOJIX	29
NATPARA	85	<i>nitrofurantoin macrocrystal</i>	19	NULYTELY WITH FLAVOR	
NEBUPENT	19	<i>nitrofurantoin monohyd/m-cryst</i>	19	PACKS	91
NECON 0.5/35 (28)	105	<i>nitroglycerin</i>	67	NUPLAZID	49
NECON 1/50 (28)	105	NITROMIST	67	NUTRESTORE	79
NECON 10/11 (28)	105	NITROSTAT	67	NUTRILIPID	117
NECON 7/7/7 (28)	105	<i>nizatidine</i>	91	NUTROPIN AQ NUSPIN	97
<i>nefazodone</i>	49	NIZORAL	75	NUVARING	105
<i>neomycin</i>	19	NOLIX	75	NUVESSA	105
<i>neomycin-bacitracin-poly-hc</i>	109	NORA-BE	105	NUVIGIL	49
<i>neomycin-bacitracin-polymyxin</i>	109	NORCO	49	NYAMYC	75
<i>neomycin-polymyxin b gu</i>	79	NORDITROPIN FLEXPRO ... 97		NYATA	75
<i>neomycin-polymyxin b-dexameth</i>	109	<i>noreth-ethinyl estradiol-iron</i>	105	<i>nystatin</i>	19, 75
<i>neomycin-polymyxin-gramicidin</i>	109	<i>norethindrone (contraceptive)</i> ..	105	<i>nystatin-triamcinolone</i>	75
<i>neomycin-polymyxin-hc</i>	80, 109	<i>norethindrone acetate</i>	105	NYSTOP	75
NEORAL	29	<i>norethindrone ac-eth estradiol</i> ..	105	OICALIVA	91
NEOSPORIN (NEO-POLYM-		<i>norethindrone-e.estradiol-iron</i> ..	105	OCELLA	105
GRAMICID)	109	<i>norgestimate-ethinyl estradiol</i> ..	105	OCTAGAM	97
NEO-SYNALAR	75	NORINYL 1/35 (28)	105	<i>octreotide acetate</i>	29
NEPHRAMINE 5.4 %	117	NORITATE	75	OCUFEN	109
NESINA	85	NORLYROC	105	OCUFLOX	109
NEUAC	75	NORMOSOL-M IN 5 %		ODEFSEY	19
NEULASTA	96	DEXTROSE	117	ODOMZO	29
NEUPOGEN	96, 97	NORMOSOL-R IN 5 %		OFEV	113
NEUPRO	49	DEXTROSE	117	<i>ofloxacin</i>	19, 80, 109
NEURONTIN	49	NORMOSOL-R PH 7.4	117	OGESTREL (28)	105
NEVANAC	109	NORPACE	67	<i>olanzapine</i>	50
<i>nevirapine</i>	19	NORPACE CR	67	<i>olanzapine-fluoxetine</i>	50
NEXAVAR	29	NORPRAMIN	49	<i>olmesartan</i>	67
NEXIUM	91	NORTHERA	79	<i>olmesartan-amlodipin-hcthiazyd</i> 67	
NEXIUM IV	91	NORTREL 0.5/35 (28)	105	<i>olmesartan-hydrochlorothiazide</i> 67	
NEXIUM PACKET	91	NORTREL 1/35 (21)	105	<i>olopatadine</i>	80, 109
NEXTERONE	66	NORTREL 1/35 (28)	105	OLUX	75
<i>niacin</i>	66	NORTREL 7/7/7 (28)	105	OLYSIO	19
NIACOR	67	<i>nortriptyline</i>	49	<i>omega-3 acid ethyl esters</i>	67
NIASPAN EXTENDED-		NORVASC	67	<i>omeprazole</i>	91
RELEASE	67	NORVIR	19	<i>omeprazole-sodium bicarbonate</i> 91	
<i>nicardipine</i>	67	NOVAREL	85	OMNARIS	113
NICOTROL	79	NOVOLIN 70/30	86	OMNIPRED	109
NICOTROL NS	79	NOVOLIN N	86	OMNITROPE	97
<i>nifedipine</i>	67	NOVOLIN R	86	<i>ondansetron</i>	91
NIKKI (28)	105	NOVOLOG	86	<i>ondansetron hcl</i>	92
NILANDRON	29	NOVOLOG FLEXPEN	86	<i>ondansetron hcl (pf)</i>	91
<i>nilutamide</i>	29	NOVOLOG MIX 70-30	86	ONEXTON	75
		NOVOLOG MIX 70-30		ONFI	50
		FLEXPEN	86	ONGLYZA	86

ONMEL	19	OXYCONTIN	51	PERTZYE	92
ONZETRA XSAIL	50	<i>oxymorphone</i>	51	PEXEVA	51
OPANA	50	OXYTROL	115	PHENADOZ	113
OPANA ER	50	PACERONE	67	<i>phenelzine</i>	52
OPDIVO	29	<i>paclitaxel</i>	29	PHENERGAN	113
OPSUMIT	113	<i>paliperidone</i>	51	<i>phenobarbital</i>	52
ORACEA	19	PAMELOR	51	<i>phenoxybenzamine</i>	68
ORALAIR	97	<i>pamidronate</i>	86	PHENYTEK	52
ORAP	50	PANCREAZE	92	<i>phenytoin</i>	52
ORAPRED ODT	86	PANDEL	75	<i>phenytoin sodium</i>	52
ORAVIG	19	PANRETIN	76	<i>phenytoin sodium extended</i>	52
ORBACTIV	19	<i>pantoprazole</i>	92	PHOSLYRA	117
ORENCIA	100	<i>paricalcitol</i>	86	PHOSPHOLINE IODIDE	109
ORENCIA (WITH		PARLODEL	51	PHYSIOLYTE	79
MALTOSE)	100	PARNATE	51	PHYSIOSOL IRRIGATION	79
ORENCIA CLICKJECT	100	<i>paromomycin</i>	19	PICATO	76
ORENITRAM	67	<i>paroxetine hcl</i>	51	<i>pilocarpine hcl</i>	79, 110
ORFADIN	79	PASER	19	<i>pimozide</i>	52
ORKAMBI	113	PATADAY	109	PIMTREA (28)	106
<i>orphenadrine citrate</i>	50	PATANASE	80	<i>pindolol</i>	68
ORSYTHIA	105	PATANOL	109	<i>pioglitazone</i>	86
ORTHO MICRONOR	105	PAXIL	51	<i>pioglitazone-glimepiride</i>	86
ORTHO TRI-CYCLEN (28)	105	PAXIL CR	51	<i>pioglitazone-metformin</i>	86
ORTHO TRI-CYCLEN LO		PAZEO	109	<i>piperacillin-tazobactam</i>	20
(28)	105	PCE	19	PIRMELLA	106
ORTHO-CYCLEN (28)	106	PEDIARIX (PF)	97	<i>piroxicam</i>	52
ORTHO-NOVUM 1/35 (28)	106	PEDVAX HIB (PF)	97	PLAQUENIL	20
ORTHO-NOVUM 7/7/7 (28)	106	<i>peg 3350-electrolytes</i>	92	PLASMA-LYTE 148	118
<i>oseltamivir</i>	19	PEGANONE	51	PLASMA-LYTE A	118
OSENI	86	PEGASYS	97	PLAVIX	68
OSMOPREP	92	PEGASYS PROCLICK	97	PLEGRIDY	97
OTEZLA	100	<i>peg-electrolyte soln</i>	92	<i>podofilox</i>	76
OTEZLA STARTER	100	<i>pen needle, diabetic</i>	86	<i>polyethylene glycol 3350</i>	92
OTOVEL	80	<i>penicillin g pot in dextrose</i>	19	<i>polymyxin b sulfate</i>	20
OTREXUP (PF)	100	<i>penicillin g potassium</i>	20	<i>polymyxin b sulf-trimethoprim</i>	110
OVCON-35 (28)	106	<i>penicillin g procaine</i>	20	POLYTRIM	110
OVIDE	75	<i>penicillin g sodium</i>	20	POMALYST	30
<i>oxacillin</i>	19	<i>penicillin v potassium</i>	20	PONSTEL	52
<i>oxacillin in dextrose(iso-osm)</i>	19	PENNSAID	51	PORTIA	106
<i>oxaliplatin</i>	29	PENTAM	20	<i>potassium chlorid-d5-0.45%nacl</i>	
<i>oxandrolone</i>	86	PENTASA	92	.....	118
<i>oxaprozin</i>	50	<i>pentazocine-naloxone</i>	51	<i>potassium chloride</i>	118
<i>oxazepam</i>	50	<i>pentoxifylline</i>	67	<i>potassium chloride in 0.9%nacl</i>	118
<i>oxcarbazepine</i>	50	PEPCID	92	<i>potassium chloride in 5 % dex</i>	118
<i>oxiconazole</i>	75	PERCOCET	51	<i>potassium chloride in 1r-d5</i>	118
OXISTAT	75	PERFOROMIST	113	<i>potassium chloride-0.45 % nacl</i>	
OXSORALEN ULTRA	75	<i>perindopril erbumine</i>	68	.....	118
OXTELLAR XR	50	PERIOGARD	80	<i>potassium chloride-d5-0.2%nacl</i>	
<i>oxybutynin chloride</i>	115	PERJETA	30	.....	118
<i>oxycodone</i>	50	<i>permethrin</i>	76	<i>potassium chloride-d5-0.3%nacl</i>	
<i>oxycodone-acetaminophen</i>	50	<i>perphenazine</i>	51	.....	118
<i>oxycodone-aspirin</i>	51	<i>perphenazine-amitriptyline</i>	51		

<i>potassium chloride-d5-0.9%nacl</i>	<i>procainamide</i>	68	QUADRACEL (PF)	97
.....	PROCALAMINE 3%	118	QUALAQUIN	20
<i>potassium citrate</i>	PROCARDIA	68	QUARTETTE	106
PRADAXA	PROCARDIA XL	68	QUASENSE	106
PRALUENT PEN	PROCENTRA	52	QUDEXY XR	52
<i>pramipexole</i>	<i>prochlorperazine</i>	92	QUESTRAN	68
PRANDIN	<i>prochlorperazine edisylate</i>	92	QUESTRAN LIGHT	68
PRAVACHOL	<i>prochlorperazine maleate</i>	92	<i>quetiapine</i>	52
<i>pravastatin</i>	PROCRIT	97	QUILLICHEW ER	52
<i>prazosin</i>	PROCTO-MED HC	92	QUILLIVANT XR	52
PRECOSE	PROCTO-PAK	92	<i>quinapril</i>	68
PRED FORTE	PROCTOSOL HC	92	<i>quinapril-hydrochlorothiazide</i> ...	68
PRED MILD	PROCTOZONE-HC	92	<i>quinidine gluconate</i>	68
PRED-G	PROCYSBI	116	<i>quinidine sulfate</i>	68
PRED-G S.O.P.	<i>progesterone micronized</i>	106	<i>quinine sulfate</i>	20
<i>prednicarbate</i>	PROGLYCEM	86	QVAR	114
<i>prednisolone acetate</i>	PROGRAF	30	RABAVERT (PF)	97
<i>prednisolone sodium phosphate</i>	PROLASTIN-C	79	<i>rabeprazole</i>	93
.....	PROLENSA	110	RAGWITEK	97
<i>prednisone</i>	PROLEUKIN	97	<i>raloxifene</i>	100
PREDNISONONE INTENSOL ...	PROLIA	100	<i>ramipril</i>	68
PREFEST	PROMACTA	68	RANEXA	68
PREGNYL	<i>promethazine</i>	113	<i>ranitidine hcl</i>	93
PREMARIN	PROMETHAZINE VC	113	RAPAFLO	116
PREMASOL 10 %	PROMETHEGAN	113	RAPAMUNE	30
PREMASOL 6 %	PROMETRIUM	106	<i>rasagiline</i>	52
PREMPHASE	<i>propafenone</i>	68	RASUVO (PF)	100
PREMPRO	<i>propantheline</i>	92	RAVICTI	79
PRENATAL VITAMIN PLUS	<i>propranolol</i>	68	RAYOS	86
LOW IRON	<i>propranolol-hydrochlorothiazid</i> ..	68	RAZADYNE	52
PREPOPIK	<i>propylthiouracil</i>	86	RAZADYNE ER	52
PREVACID	PROQUAD (PF)	97	REBETOL	20
PREVACID SOLUTAB	PROSCAR	116	REBIF (WITH ALBUMIN) ...	97
PREVALITE	PROSOL 20 %	118	REBIF REBIDOSE	97, 98
PREVIFEM	PROTONIX	92	REBIF TITRATION PACK ...	98
PREVPAC	PROTOPIC	76	RECLAST	79
PREZCOBIX	<i>protriptyline</i>	52	RECLIPSEN (28)	106
PREZISTA	PROVENTIL HFA	113	RECOMBIVAX HB (PF)	98
PRIFTIN	PROVERA	106	RECTIV	93
PRILOSEC	PROVIGIL	52	REGLAN	93
<i>primaquine</i>	PROZAC	52	REGANEX	76
PRIMAXIN IV	PRUDOXIN	76	RELENZA DISKHALER	20
<i>primidone</i>	PSORCON	76	RELISTOR	93
PRIMLEV	PULMICORT	113	RELPAK	52
PRIMSOL	PULMICORT FLEXHALER	113	REMERON	52
PRINIVIL	PULMOZYME	113	REMERON SOLTAB	53
PRISTIQ	PURIXAN	30	REMICADE	93
PRIVIGEN	PYLERA	92	REMODULIN	68
PROAIR HFA	<i>pyrazinamide</i>	20	RENAGEL	79
PROAIR RESPICLICK	<i>pyridostigmine bromide</i>	52	REVELA	79
<i>probenecid</i>	QBRELIS	68	<i>repaglinide</i>	87
<i>probenecid-colchicine</i>	QNASL	114	<i>repaglinide-metformin</i>	87

REPATHA PUSHTRONEX	69	RUBRACA	30	SINGULAIR	114
REPATHA SURECLICK	69	RUCONEST	114	<i>sirolimus</i>	30
REPATHA SYRINGE	69	RYDAPT	30	SIRTURO	21
REQUIP	53	RYTARY	54	SIVEXTRO	21
REQUIP XL	53	RYTHMOL SR	69	SKELAXIN	54
RESCRIPTOR	20	RYVENT	114	SKLICE	76
RESTASIS	110	SABRIL	54	<i>sodium chloride</i>	80, 118
RESTORIL	53	SAFYRAL	106	<i>sodium chloride 0.45 %</i>	118
RETIN-A	76	SAIZEN	98	<i>sodium chloride 0.9 %</i>	80
RETIN-A MICRO	76	SAIZEN CLICK.EASY	98	<i>sodium chloride 3 %</i>	118
RETIN-A MICRO PUMP	76	SALAGEN (PILOCARPINE)	79	<i>sodium chloride 5 %</i>	118
RETROVIR	20	SAMSCA	87	<i>sodium lactate</i>	118
REVATIO	114	SANCUSO	93	<i>sodium phenylbutyrate</i>	80
REVLIMID	30	SANDIMMUNE	30	SODIUM POLYSTYRENE	
REXULTI	53	SANDOSTATIN	30	(SORB FREE)	80
REYATAZ	20	SANDOSTATIN LAR		SOLARAZE	76
RIBASPHERE	20	DEPOT	30	SOLIQUA 100/33	87
RIBASPHERE RIBAPAK	20, 21	SANTYL	76	SOLODYN	21
<i>ribavirin</i>	21	SAPHRIS (BLACK		SOLTAMOX	30
RIDAURA	100	CHERRY)	54	SOLU-CORTEF (PF)	87
<i>rifabutin</i>	21	SARAFEM	54	SOLU-MEDROL	87
RIFADIN	21	SAVAYSA	69	SOLU-MEDROL (PF)	87
RIFAMATE	21	SAVELLA	100	SOMA	54
<i>rifampin</i>	21	SEASONIQUE	106	SOMATULINE DEPOT	30
RIFATER	21	<i>selegiline hcl</i>	54	SOMAVERT	87
RILUTEK	79	<i>selenium sulfide</i>	76	SONATA	54
<i>riluzole</i>	79	SELZENTRY	21	SOOLANTRA	76
<i>rimantadine</i>	21	SEMPREX-D	114	SORIATANE	76
<i>ringer's</i>	79, 118	SENSIPAR	87	SORILUX	76
RIOMET	87	SEREVENT DISKUS	114	SORINE	69
<i>risedronate</i>	79, 100	SEROQUEL	54	<i>sotalol</i>	69
RISPERDAL	53	SEROQUEL XR	54	SOTALOL AF	69
RISPERDAL CONSTA	53	SEROSTIM	98	SOTYLIZE	69
RISPERDAL M-TAB	53	<i>sertraline</i>	54	SOVALDI	21
<i>risperidone</i>	53	SETLAKIN	106	SPIRIVA RESPIMAT	114
RITALIN	53	<i>sevelamer carbonate</i>	79	SPIRIVA WITH	
RITALIN LA	53	SFROWASA	93	HANDIHALER	114
RITUXAN	30	SHAROBEL	106	<i>spironolactone</i>	69
<i>rivastigmine</i>	53	SIGNIFOR	30	<i>spironolacton-hydrochlorothiaz</i>	69
<i>rivastigmine tartrate</i>	54	SIGNIFOR LAR	30	SPORANOX	21
RIVELSA	106	<i>sildenafil</i>	114	SPRINTEC (28)	106
<i>rizatriptan</i>	54	SILENOR	54	SPRITAM	54
ROBINUL	93	SILIQ	76	SPRYCEL	30
ROBINUL FORTE	93	SILVADENE	76	SPS (WITH SORBITOL)	80
ROCALTROL	87	<i>silver sulfadiazine</i>	76	SRONYX	106
<i>ropinirole</i>	54	SIMBRINZA	110	SSD	76
<i>rosuvastatin</i>	69	SIMPONI	101	STALEVO 100	54
ROTARIX	98	SIMPONI ARIA	100	STALEVO 125	54
ROTATEQ VACCINE	98	SIMULECT	30	STALEVO 150	54
ROWEEPRA	54	<i>simvastatin</i>	69	STALEVO 200	54
ROXICODONE	54	SINEMET	54	STALEVO 50	54
ROZEREM	54	SINEMET CR	54	STALEVO 75	54

STARLIX	87	TAFINLAR	30	THALOMID	31
<i>stavudine</i>	21	TAGRISSE	30	THEO-24	114
STELARA	76	TALTZ AUTOINJECTOR	77	<i>theophylline</i>	114
STIMATE	87	TALTZ SYRINGE	77	THIOLA	80
STIOLTO RESPIMAT	114	TALWIN	55	<i>thioridazine</i>	56
STIVARGA	30	TAMIFLU	21, 22	<i>thiotepa</i>	31
STRATTERA	54	<i>tamoxifen</i>	31	<i>thiothixene</i>	56
STRENSIQ	87	<i>tamsulosin</i>	116	THYMOGLOBULIN	98
<i>streptomycin</i>	21	TANZEUM	87	THYROLAR-1	87
STRIANT	87	TAPAZOLE	87	THYROLAR-1/2	87
STRIBILD	21	TARCEVA	31	THYROLAR-1/4	88
STRIVERDI RESPIMAT	114	TARGADOX	22	THYROLAR-2	88
STROMEKTOL	21	TARGRETIN	31	THYROLAR-3	88
SUBOXONE	55	TARINA FE 1/20 (28)	106	<i>tiagabine</i>	56
SUBSYS	55	TARKA	69	TIAZAC	69
SUCRAID	93	TASIGNA	31	TIGAN	93
<i>sucrafate</i>	93	TASMAR	55	<i>tigecycline</i>	22
SULAR	69	TAXOTERE	31	TIKOSYN	69
<i>sulfacetamide sodium</i>	110	<i>tazarotene</i>	77	<i>timolol maleate</i>	69, 110
<i>sulfacetamide sodium (acne)</i>	76	TAZICEF	22	TIMOPTIC OCUDOSE (PF)	110
<i>sulfacetamide-prednisolone</i>	110	TAZORAC	77	TIMOPTIC-XE	110
<i>sulfadiazine</i>	21	TAZTIA XT	69	TINDAMAX	22
<i>sulfamethoxazole-trimethoprim</i>	21	TECENTRIQ	31	<i>tinidazole</i>	22
SULFAMYLON	76	TECFIDERA	56	TIROSINT	88
<i>sulfasalazine</i>	93	TECHNIVIE	22	TIVICAY	22
<i>sulindac</i>	55	TEFLARO	22	TIVORBEX	56
<i>sumatriptan</i>	55	TEGRETOL	56	<i>tizanidine</i>	56
<i>sumatriptan succinate</i>	55	TEGRETOL XR	56	TOBI	22
SUMAVEL DOSEPRO	55	TEKTURNA	69	TOBI PODHALER	22
SUPRAX	21	TEKTURNA HCT	69	TOBRADEX	110
SUPREP BOWEL PREP KIT	93	<i>telmisartan</i>	69	TOBRADEX ST	110
SURMONTIL	55	<i>telmisartan-amlodipine</i>	69	<i>tobramycin</i>	110
SUSTIVA	21	<i>telmisartan-hydrochlorothiazid</i>	69	<i>tobramycin in 0.225 % nacl</i>	22
SUTENT	30	<i>temazepam</i>	56	<i>tobramycin sulfate</i>	22
SYLATRON	98	TENCON	56	<i>tobramycin-dexamethasone</i>	110
SYLVANT	30	TENIVAC (PF)	98	TOBREX	110
SYMBICORT	114	TENORETIC 100	69	TOFRANIL	56
SYMBYAX	55	TENORETIC 50	69	TOLAK	77
SYMLINPEN 120	87	TENORMIN	69	<i>tolazamide</i>	88
SYMLINPEN 60	87	TERAZOL 7	106	<i>tolbutamide</i>	88
SYNAGIS	21	<i>terazosin</i>	69	<i>tolcapone</i>	56
SYNALAR	76	<i>terbinafine hcl</i>	22	<i>tolmetin</i>	56
SYNALGOS-DC	55	<i>terbutaline</i>	114	<i>tolterodine</i>	116
SYNAREL	87	<i>terconazole</i>	106	TOPAMAX	56
SYNERCID	21	TESTIM	87	TOPICORT	77
SYNJARDY	87	<i>testosterone</i>	87	<i>topiramate</i>	56
SYNRIBO	30	<i>testosterone cypionate</i>	87	TOPOSAR	31
SYNTHROID	87	<i>testosterone enanthate</i>	87	<i>topotecan</i>	31
SYPRINE	80	<i>tetanus,diphtheria tox ped(pf)</i>	98	TOPROL XL	69
TABLOID	30	<i>tetanus-diphtheria toxoids-td</i>	98	TORISEL	31
TACLONEX	76	<i>tetrabenazine</i>	56	<i>torse mide</i>	69
<i>tacrolimus</i>	30, 76	<i>tetracycline</i>	22	TOUJEO SOLOSTAR	88

TOVIAZ	116	TRI-NORINYL (28)	106	<i>valproic acid (as sodium salt)</i>	57
TPN ELECTROLYTES	118	TRINTELLIX	57	<i>valsartan</i>	70
TRACLEER	114	TRIOSTAT	88	<i>valsartan-hydrochlorothiazide</i> ...	70
TRADJENTA	88	TRI-PREVIFEM (28)	106	VALTREX	22
<i>tramadol</i>	56	TRISENOX	31	VANATOL LQ	57
<i>tramadol-acetaminophen</i>	56	TRI-SPRINTEC (28)	107	VANCOCIN	22
<i>trandolapril</i>	69	TRIUMEQ	22	<i>vancomycin</i>	22, 23
<i>trandolapril-verapamil</i>	69	TRIVORA (28)	107	VANDAZOLE	107
<i>tranexamic acid</i>	69, 106	TRIZIVIR	22	VANOS	77
TRANSDERM-SCOP	93	TROKENDI XR	57	VAQTA (PF)	98
TRANXENE T-TAB	56	TROPHAMINE 10 %	118	VARIVAX (PF)	98
<i>tranylcypromine</i>	56	TROPHAMINE 6%	119	VARIZIG	98
TRAVASOL 10 %	118	<i>tropium</i>	116	VARUBI	93
TRAVATAN Z	110	TRULICITY	88	VASCEPA	70
<i>trazodone</i>	56	TRUMENBA	98	VASERETIC	70
TREANDA	31	TRUSOPT	110	VASOTEC	70
TRECTOR	22	TRUVADA	22	VECAMYL	70
TRELSTAR	31	TUDORZA PRESSAIR	114	VECTIBIX	31
TRESIBA FLEXTOUCH U-100	88	TWINRIX (PF)	98	VECTICAL	77
TRESIBA FLEXTOUCH U-200	88	TWYNSTA	70	VELCADE	31
<i>tretinoin</i>	77	TYBOST	22	VELIVET TRIPHASIC REGIMEN (28)	107
<i>tretinoin (chemotherapy)</i>	31	TYGACIL	22	VELPHORO	80
<i>tretinoin microspheres</i>	77	TYKERB	31	VELTASSA	80
TREXALL	31	TYLENOL-CODEINE #3	57	VEMLIDY	23
TREXIMET	56	TYLENOL-CODEINE #4	57	VENCLEXTA	31
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TRICOR	70	ULTRAM	57	VERELAN	70
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TRIDESILON	77	UNASYN	22	VERIPRED 20	88
<i>trifluoperazine</i>	57	UNITHROID	88	VERSACLOZ	57
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<i>trihexyphenidyl</i>	57	UROCIT-K 10	116	VFEND	23
TRI-LEGEST FE	106	UROCIT-K 15	116	VFEND IV	23
TRILEPTAL	57	UROCIT-K 5	116	VIBERZI	93
TRILIPIX	70	UROXATRAL	116	VIBRAMYCIN	23
TRI-LO-ESTARYLLA	106	URSO 250	93	VICODIN	57
TRI-LO-SPRINTEC	106	URSO FORTE	93	VICODIN ES	57
TRILYTE WITH FLAVOR PACKETS	93	<i>ursodiol</i>	93	VICODIN HP	57
<i>trimethobenzamide</i>	93	VAGIFEM	107	VICTOZA 3-PAK	88
<i>trimethoprim</i>	22	<i>valacyclovir</i>	22	VIDAZA	31
<i>trimipramine</i>	57	VALCHLOR	77	VIDEX 2 GRAM PEDIATRIC	23
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		<i>valganciclovir</i>	22	VIEKIRA PAK	23
		VALIUM	57		
		<i>valproate sodium</i>	57		
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알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. 1-844-679-6930 로 전화.

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-844-679-6930.

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل على الرقم 1-844-679-6930.

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-844-679-6930.

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-844-679-6930.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો તમને ભાષા સહાયતા સેવાઓ, મફતમાં ઉપલબ્ધ છે. 1-844-679-6930 નંબર પર ફોન કરો.

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

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

ប្រការចង្អុល៖ បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូនលោកអ្នក ដោយឥតគិតថ្លៃ។ ការហៅ 1-844-679-6930 ។

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

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

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

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

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

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

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

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

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

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

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

For more complete information about what is and is not covered by Blue Rx PDP, please refer to the enclosed benefits chart or the *Evidence of Coverage* you will receive once you are a member of the plan. The benefits described in this brochure are in effect for this calendar year only. Blue Rx PDP may change benefits with the approval of the Centers for Medicare and Medicaid Services (CMS) at the beginning of each calendar year. Members are mailed written notice in advance of such changes.

HM Health Insurance Company and Highmark Blue Shield are independent licensees of the Blue Cross and Blue Shield Association. HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in HM Health Insurance Company depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and co-payments and/or co-insurance may change on January 1 of each year. The Formulary and pharmacy network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. Eligible Medicare beneficiaries may enroll in Medicare-approved plans only during specific times of the year known as enrollment periods. For more information please contact Highmark Blue Shield Customer Service at **1-800-285-0489** (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week. This document may be available in alternate formats or languages.

To receive assistance in other languages or formats, please contact **1-800-285-0489** (TTY/TDD users may call 711), 8 a.m.-8 p.m., seven days a week.

