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2018 Formulary

LIST OF COVERED DRUGS

Premera Blue Cross Medicare Advantage (HMO)
Premera Blue Cross Medicare Advantage Classic (HMO)
Premera Blue Cross Medicare Advantage Classic Plus (HMO)
Premera Blue Cross Medicare Advantage Total Health (HMO)

Version 4

This formulary was updated on **08/16/2017**.
For more recent information or other questions, please contact Premera Blue Cross Medicare Advantage at 888-850-8526 or, for TTY users, 711, October 1 through February 14, 8 a.m. to 8 p.m., seven days a week and February 15 through September 30, 8 a.m. to 8 p.m., Monday through Friday, or visit premera.com/ma.

Premera Blue Cross Medicare Advantage
PO Box 696576
San Antonio, TX 78269-6576

PLEASE READ: This document contains information about the drugs we cover in this plan.

PREMERA | BLUE CROSS

Premera Blue Cross Medicare Advantage (HMO), "
Premera Blue Cross Medicare Advantage Classic (HMO), "
Premera Blue Cross Medicare Advantage Classic Plus (HMO), "
and "
Premera Blue Cross Medicare Advantage Total Health (HMO) "

2018 Formulary

(List of Covered Drugs)

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

Formulary ID: 00018225, Version: 4

This formulary was updated on 08/16/2017. For more recent information or other questions, please contact Premera Blue Cross Medicare Advantage Plans Customer Service at 888-850-8526 or, for TTY users, 711. Customer Service hours: October 1 through February 14, 8 a.m. to 8 p.m., seven days a week and February 15 through September 30, 8 a.m. to 8 p.m., Monday through Friday or visit premera.com/ma.

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 Premera Blue Cross. When it refers to “plan” or “our plan,” it means Premera Blue Cross Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2018. 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.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Premera Blue Cross Medicare Advantage (HMO), Premera Blue Cross Medicare Advantage Classic (HMO), Premera Blue Cross Medicare Advantage Classic Plus (HMO), and Premera Blue Cross Medicare Advantage Total Health (HMO) Formulary?

A formulary is a list of covered drugs selected by Premera Blue Cross Medicare Advantage Plans 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. Premera Blue Cross Medicare Advantage Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Premera Blue Cross Medicare Advantage Plans 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 01/01/2018. To get updated information about the drugs covered by Premera Blue Cross Medicare Advantage Plans, please contact us. Our contact information appears on the front and back cover pages. Premera Blue Cross will update print formularies in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 55. 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?

Premera Blue Cross Medicare Advantage Plans 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**: Premera Blue Cross Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Premera Blue Cross Medicare Advantage Plans before you fill your prescriptions. If you don't get approval, Premera Blue Cross Medicare Advantage Plans may not cover the drug.

- **Quantity Limits**: For certain drugs, Premera Blue Cross Medicare Advantage Plans limits the amount of the drug that Premera Blue Cross Medicare Advantage Plans will cover. For example, Premera Blue Cross Medicare Advantage Plans provides 12 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy**: In some cases, Premera Blue Cross Medicare Advantage Plans 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, Premera Blue Cross Medicare Advantage Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Premera Blue Cross Medicare Advantage Plans 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Premera Blue Cross Medicare Advantage Plans 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 Premera Blue Cross Medicare Advantage Plans' formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Premera Blue Cross Medicare Advantage Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Premera Blue Cross Medicare Advantage Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Premera Blue Cross Medicare Advantage Plans.

- You can ask Premera Blue Cross Medicare Advantage Plans 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 Premera Blue Cross Medicare Advantage (HMO), Premera Blue Cross Medicare Advantage Classic (HMO), Premera Blue Cross Medicare Advantage Classic Plus (HMO), and Premera Blue Cross Medicare Advantage Total Health (HMO) Formulary?

You can ask Premera Blue Cross Medicare Advantage Plans 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, Premera Blue Cross Medicare Advantage Plans 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, Premera Blue Cross Medicare Advantage Plans will only approve your request for an exception if the alternative drug is included on the plan's formulary, or 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 for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, 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 that you are a member of our plan.

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least 91 and up to a 98-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.

Premera Blue Cross ensures that members with level-of-care changes have access to transition supplies of medications as required. Please see the Premera Blue Cross 2018 Transition Policy on our website (premera.com/ma) for more information.

Drug Payment Stages and Drug Tiers

The amount you pay for a covered drug will depend on:

- **Drug payment stage.** There are different stages of drug coverage in your plan. The amount you pay will depend on the coverage stage you're in.

- **Drug tier.** There are five drug tiers. Each tier has a copay and/or co-insurance amount. The chart below shows the differences between the tiers.

Please take a look at your Evidence of Coverage for more information about drug coverage and copay or coinsurance amounts for each tier.

Drug Tier	**Includes**
Tier 1: Preferred generic	Lower-cost, commonly used generic drugs
Tier 2: Generic	Many generic drugs
Tier 3: Preferred brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs
Tier 4: Non-preferred drugs	Non-preferred generic and non-preferred brand name drugs
Tier 5: Specialty tier	Unique and/or very high-cost drugs

Extra Help

Members who qualify will receive Extra Help for prescription drugs, copays, and coinsurance. Please read the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider), to learn about your costs. You can also call customer service. Our contact information appears on the front and back cover pages.

For more information

For more detailed information about your Premera Blue Cross Medicare Advantage Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Premera Blue Cross Medicare Advantage Plans, 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.

Premera Blue Cross Medicare Advantage Plans Formulary

The formulary below provides coverage information about the drugs covered by Premera Blue Cross Medicare Advantage Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 55.

The first column of the chart lists the drug name. Brand name drugs are capitalized (for example, JANUVIA) and generic drugs are listed in lower-case italics (for example, *metformin hcl*).

The information in the Requirements/Limits column tells you if Premera Blue Cross Medicare Advantage Plans has any special requirements for coverage of your drug.

The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Premera Blue Cross Medicare Advantage Plans before you fill your prescription for this drug. Without prior approval, Premera Blue Cross Medicare Advantage Plans may not cover this drug.
B/D	Prior Authorization to determine Part B versus Part D coverage	This drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
QL	Quantity Limit Restriction	Premera Blue Cross Medicare Advantage Plans limits the amount of this drug that is covered per prescription or within a specific time frame.
ST	Step-Therapy Restriction	Before Premera Blue Cross Medicare Advantage Plans will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription is limited to certain pharmacies. For more information, consult your provider and pharmacy directory or call Customer Service at 888-850-8526 or, for TTY users, 711. Customer services hours: October 1 through February 14: 8 a.m. to 8 p.m., seven days a week; February 15 through September 30: 8 a.m. to 8 p.m., Monday through Friday.
NM	Non-Mail Order	Not available at our mail-order pharmacies.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tab	1	
colchicine w/ probenecid	2	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
probenecid	2	
ULORIC	3	ST
NSAIDS		
celecoxib CAPS 50mg	2	QL (240 caps / 30 days)
celecoxib CAPS 100mg	2	QL (120 caps / 30 days)
celecoxib CAPS 200mg	2	QL (60 caps / 30 days)
celecoxib CAPS 400mg	2	QL (30 caps / 30 days)
diclofenac potassium	2	QL (120 tabs / 30 days)
diclofenac sodium TB24; TBEC	2	
diflunisal	2	
etodolac	2	
etodolac er	2	
flurbiprofen TABS	2	
ibuprofen SUSP	2	
ibuprofen TABS 400mg, 600mg, 800mg	1	
ketoprofen CAPS	2	
meloxicam TABS	1	
nabumetone TABS	2	
naproxen SUSP	2	
naproxen TABS	1	
naproxen dr	1	
naproxen sodium TABS 275mg, 550mg	2	
piroxicam CAPS	2	
sulindac TABS	1	
OPIOID ANALGESICS		
acetaminophen w/ codeine SOLN	2	QL (5000 mL / 30 days)
acetaminophen w/ codeine TABS	2	QL (400 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
nalbuphine hcl SOLN	4	
tramadol hcl TABS	2	QL (240 tabs / 30 days)
tramadol-acetaminophen	2	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
endocet	2	QL (360 tabs / 30 days)
fentanyl citrate LPOP	5	QL (120 lozenges / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl patch 12 mcg/hr	2	QL (10 patches / 30 days)
fentanyl patch 25 mcg/hr	2	QL (10 patches / 30 days)
fentanyl patch 50 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl patch 75 mcg/hr	2	QL (10 patches / 30 days), PA
fentanyl patch 100 mcg/hr	2	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
hydroco/apap tab 5-325mg	2	QL (360 tabs / 30 days)
hydroco/apap tab 7.5-325	2	QL (360 tabs / 30 days)
hydroco/apap tab 10-325mg	2	QL (360 tabs / 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15ml	2	QL (5400 mL / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD	2	
hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
hydromorphone hcl TABS	2	QL (270 tabs / 30 days)
lorcet hd tab 10-325mg	2	QL (360 tabs / 30 days)
lorcet plus tab 7.5-325	2	QL (360 tabs / 30 days)
lortab tab 5-325mg	2	QL (360 tabs / 30 days)
lortab tab 7.5-325	2	QL (360 tabs / 30 days)
lortab tab 10-325mg	2	QL (360 tabs / 30 days)
methadone hcl SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days)
methadone hcl 5mg	2	QL (180 tabs / 30 days)
methadone hcl 10mg	2	QL (180 tabs / 30 days)
methadone hcl intensol	2	QL (120 mL / 30 days)
morphine ext-rel tab 15mg, 30mg, 60mg, 100mg	2	QL (90 tabs / 30 days)
morphine ext-rel tab 200mg	2	QL (60 tabs / 30 days)
morphine sul inj 1mg/ml	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
morphine sul inj 10mg/ml	4	B/D
morphine sul inj 15mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml	4	B/D
morphine sulfate TABS	2	QL (180 tabs / 30 days)
morphine sulfate oral sol	2	
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
oxycodone hcl CAPS	2	QL (180 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl CONC; SOLN	2	
oxycodone hcl TABS	2	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen soln	2	QL (1800 mL / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine inj 0.5%	2	B/D
lidocaine inj 1%	2	B/D
lidocaine inj 1.5%	2	B/D
lidocaine inj 2%	2	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate SOLN	2	
gentamicin in saline	2	
gentamicin sulfate SOLN	2	
neomycin sulfate TABS	2	
paromomycin sulfate CAPS	2	
streptomycin sulfate SOLR	2	
SULFADIAZINE TABS	4	
tobramycin NEBU	5	NM, PA
tobramycin inj 1.2 gm/30ml	2	
tobramycin inj 1.2gm	5	
tobramycin inj 10mg/ml	2	
tobramycin inj 40mg/ml	2	
tobramycin inj 80mg/2ml	2	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	5	
ALINIA	5	
atovaquone SUSP	5	
AZACTAM/DEX INJ	4	
aztreonam	2	
BILTRICIDE	3	
CAYSTON	5	LA, PA
clindamycin cap 75mg	1	
clindamycin cap 300mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin phosphate in d5w	2	
CLINDAMYCIN PHOSPHATE IN NACL	4	
clindamycin phosphate inj	2	
clindamycin soln 75mg/5ml	2	
colistimethate sodium SOLR	2	
dapsone TABS	2	

Drug Name	Drug Tier	Requirements/Limits
daptomycin	5	NM
EMVERM	5	
imipenem-cilastatin	2	
INVANZ	4	
ivermectin TABS	2	
linezolid	5	NM
linezolid in sodium chloride	5	NM
meropenem	2	
methenamine hippurate	2	
metronidazole TABS	1	
metronidazole in nacl	2	
NEBUPENT	4	B/D
nitrofurantoin macrocrystal 50mg, 100mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
nitrofurantoin monohyd macro	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
SIVEXTRO	5	
sulfamethoxazole-trimethop ds	1	
sulfamethoxazole-trimethoprim SUSP	2	
sulfamethoxazole-trimethoprim TABS	1	
sulfamethoxazole-trimethoprim inj	2	
SYNERCID	5	
TIGECYCLINE	5	
trimethoprim TABS	1	
vancomycin hcl CAPS	5	
vancomycin hcl SOLR	2	
VANCOMYCIN IN NACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
amphotericin b SOLR	2	B/D
CANCIDAS	5	
fluconazole SUSR	2	
fluconazole TABS 50mg, 100mg, 200mg	2	
fluconazole TABS 150mg	1	
fluconazole in dextrose	2	
FLUCONAZOLE INJ NACL 100	3	
fluconazole inj nacl 200	2	
fluconazole inj nacl 400	2	
flucytosine CAPS	5	NM
griseofulvin microsize	2	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin ultramicrosize	2	
itraconazole CAPS	2	PA
ketoconazole TABS	2	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
nystatin TABS	2	
terbinafine hcl TABS	1	QL (90 tabs / 365 days)
voriconazole SOLR	2	
voriconazole SUSR; TABS	5	
ANTIMALARIALS		
atovaquone-proguanil hcl	2	
chloroquine phosphate TABS	2	
COARTEM	4	
mefloquine hcl	2	
PRIMAQUINE PHOSPHATE	3	
quinine sulfate CAPS	2	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate	2	NM
APTIVUS	5	
CRIXIVAN	4	
didanosine	2	
EDURANT	5	
EMTRIVA	3	NM
FUZEON	5	
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NM
INVIRASE	5	
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NM
ISENTRESS PACK	5	NM
ISENTRESS TABS	5	NM
ISENTRESS HD	5	
lamivudine	2	NM
LEXIVA SUSP	4	
LEXIVA TABS	5	
nevirapine	2	NM
NORVIR	3	NM
PREZISTA SUSP	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	NM
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NM
stavudine	2	
SUSTIVA CAPS 50mg	4	NM
SUSTIVA CAPS 200mg	5	NM
SUSTIVA TABS	5	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NM
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIREAD	5	NM
ZERIT SOLR	5	
ZIAGEN SOLN	3	
zidovudine cap 100mg	2	NM
zidovudine syp 50mg/5ml	2	NM
zidovudine tab 300mg	2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine	5	NM
abacavir sulfate-lamivudine-zidovudine	5	
ATRIPLA	5	NM
COMPLERA	5	NM
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
lamivudine-zidovudine	2	NM
lopinavir-ritonavir	5	NM
ODEFSEY	5	
PREZCOBIX	5	NM
STRIBILD	5	NM
TRIUMEQ	5	NM
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days), NM
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days), NM
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
cycloserine CAPS	5	
ethambutol hcl TABS	2	
isoniazid TABS	1	
isoniazid inj 100 mg/ml	2	
isoniazid syp 50mg/5ml	2	
PASER D/R	4	
PRIFTIN	4	
pyrazinamide TABS	2	
rifabutin	2	
rifampin CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	
ANTIVIRALS		
acyclovir CAPS; TABS	1	
acyclovir SUSP	2	
acyclovir sodium	2	B/D
adefovir dipivoxil	5	
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
entecavir	5	NM
EPIVIR HBV SOLN	4	
famciclovir TABS	2	
ganciclovir inj 500mg	2	B/D
lamivudine (hbv)	2	NM
moderiba tab 200mg	2	NM
oseltamivir phosphate 30mg	2	QL (168 caps / year)
oseltamivir phosphate 45mg, 75mg	2	QL (84 caps / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
ribasphere CAPS	2	NM
ribasphere TABS 200mg	2	NM
ribasphere TABS 400mg, 600mg	5	NM
ribavirin 200mg	2	NM
rimantadine hydrochloride	2	
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	QL (1080 mL / year)
valacyclovir hcl TABS	2	
valganciclovir hcl SOLR	5	

Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl TABS	5	NM
VEMLIDY	5	
CEPHALOSPORINS		
cefaclor	2	
CEFACLOR MONOHYDRATE ER	4	
cefadroxil CAPS	1	
cefadroxil SUSR; TABS	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
cefazolin inj	2	
cefazolin sodium SOLR 1gm, 20gm	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
cefdinir	2	
cefepime hcl	2	
cefixime	2	
cefotaxime sodium 1gm, 2gm, 500mg	2	
cefoxitin sodium	2	
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime SOLR	2	
CEFTAZIDIME/DEXTROSE	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil	2	
cefuroxime sodium	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR	2	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
tazicef SOLR	2	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK; SOLR; SUSR	2	
azithromycin TABS	1	
clarithromycin TABS	2	
clarithromycin er	2	
clarithromycin for susp	2	
DIFICID	5	
e.e.s 400	2	
ery-tab	2	
ERYTHROCIN LACTOBIONATE	4	
erythrocin stearate	2	
erythromycin base	2	
erythromycin cap 250mg ec	2	
erythromycin ethylsuccinate TABS	2	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
ciprofloxacin SUSR	2	
ciprofloxacin hcl tab 100mg	2	
ciprofloxacin hcl tab 250mg, 500mg, 750mg	1	
ciprofloxacin in d5w	2	
ciprofloxacin inj	2	
levofloxacin TABS	1	
levofloxacin in d5w	2	
levofloxacin inj 25mg/ml	2	
levofloxacin oral soln 25 mg/ml	2	
PENICILLINS		
amoxicillin CAPS; SUSR; TABS	1	
amoxicillin CHEW	2	
amoxicillin & pot clavulanate	2	
ampicillin & sulbactam sodium	2	
ampicillin cap 250 mg	1	
ampicillin cap 500 mg	1	
ampicillin for susp 125 mg/5ml	2	
ampicillin for susp 250 mg/5ml	2	
ampicillin inj	2	
ampicillin sodium	2	
BICILLIN L-A	4	
dicloxacillin sodium	2	
nafcillin sodium 1gm, 2gm	2	
nafcillin sodium 10gm	5	
oxacillin sodium 1gm, 2gm	2	
oxacillin sodium 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
penicillin g sodium	2	
penicillin v potassium SOLR	2	
penicillin v potassium TABS	1	
penicilln gk inj 5mu	2	
penicilln gk inj 20mu	2	
pfizerpen-g inj 5mu	2	
pfizerpen-g inj 20mu	2	
piper/tazoba inj 2-0.25gm	2	
piper/tazoba inj 3-0.375gm	2	
piper/tazoba inj 4-0.5gm	2	
PIPER/TAZOBA INJ 12-1.5GM	4	
piper/tazoba inj 36-4.5gm	2	
TETRACYCLINES		
doxy 100	2	

Drug Name	Drug Tier	Requirements/Limits
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) TABS	2	
doxycycline hyclate CAPS	2	
doxycycline hyclate SOLR	2	
doxycycline hyclate TABS 20mg, 100mg	2	
minocycline hcl CAPS	2	
morgidox cap 1x50mg	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
busulfan	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
cyclophosphamide SOLR	5	B/D, NM
dacarbazine	2	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
ifosfamide inj 1gm	2	B/D
ifosfamide inj 1gm/20ml	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
ifosfamide inj 3gm/60ml	2	B/D
LEUKERAN	4	
melphalan hcl	5	B/D
MUSTARGEN	5	B/D
ANTHRACYCLINES		
adriamycin	2	B/D
doxorubicin hcl	2	B/D
doxorubicin hcl liposomal inj 2mg/ml	5	B/D
doxorubicin hcl soln 2mg/ml	2	B/D
epirubicin hcl	2	B/D
ANTIBIOTICS		
bleomycin sulfate	2	B/D
mitomycin SOLR	5	B/D
ANTIMETABOLITES		
adrucil	2	B/D, NM
ALIMTA	5	B/D
azacitidine	5	B/D, NM
cladribine	5	B/D
cytarabine 20mg/ml	2	B/D
fludarabine phosphate	2	B/D
fluorouracil SOLN	2	B/D, NM
gemcitabine inj soln	2	B/D
gemcitabine inj solr	5	B/D

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine TABS	2	NM
methotrexate sodium inj	2	B/D, NM
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCEFREZ	5	B/D
docetaxel CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
DOCETAXEL SOLN	5	B/D
paclitaxel	2	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate	2	B/D
vincasar pfs	2	B/D
vincristine sulfate	2	B/D
vinorelbine tartrate	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN 150mg	5	PA
HERCEPTIN 440mg	5	NM, PA
IBRANCE	5	NM, LA, PA
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LYNPARZA CAPS	5	LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RUBRACA	5	LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	LA, PA
VENCLEXTA 100mg	5	LA, PA
VENCLEXTA STARTING PACK	5	LA, PA
YERVOY	5	NM, PA
ZEJULA	5	LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole TABS	2	
bicalutamide	2	
DEPO-PROVERA INJ 400/ML	4	B/D
exemestane	2	
FARESTON	5	
FASLODEX	5	B/D
flutamide	2	
hydroxyprogesterone caproate (antineoplastic)	5	B/D
letrozole TABS	2	
leuprolide inj 1mg/0.2	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
megestrol ac sus 40mg/ml	4	PA; PA if 65 years and older
megestrol ac tab 20mg	4	PA; PA if 65 years and older
megestrol ac tab 40mg	4	PA; PA if 65 years and older
megestrol sus 625mg/5ml	4	PA
nilutamide	5	
SOLTAMOX	4	
tamoxifen citrate TABS	1	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA 250mg	5	NM, LA, PA
ZYTIGA 500mg	5	LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CAPRELSA	5	LA, PA
COMETRIQ	5	LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	LA, PA
GILOTRIF TAB 30MG	5	LA, PA
GILOTRIF TAB 40MG	5	LA, PA
ICLUSIG	5	LA, PA
imatinib mesylate 100mg	5	QL (90 tabs / 30 days), NM, PA
imatinib mesylate 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
bexarotene	5	NM, PA
DROXIA	3	
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
mitoxantrone hcl	2	B/D, NM
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	PA
tretinoin (chemotherapy)	5	
TRISENOX	5	B/D
PLATINUM-BASED AGENTS		
carboplatin	2	B/D
cisplatin	2	B/D
oxaliplatin inj 50mg	5	B/D
oxaliplatin inj 50mg/10ml	2	B/D
oxaliplatin inj 100mg	5	B/D
oxaliplatin inj 100mg/20ml	2	B/D
PROTECTIVE AGENTS		
dexrazoxane	5	B/D
ELITEK	5	B/D
leucovorin calcium SOLR	2	B/D, NM
leucovorin calcium TABS	2	
levoleucovorin calcium 175mg/17.5ml	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 250mg/25ml	5	B/D, NM
levoleucovorin calcium 50mg	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 175MG	5	B/D, NM
mesna	2	B/D
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
etoposide SOLN	2	B/D
irinotecan hcl	2	B/D
toposar	2	B/D
topotecan inj 4mg	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
TOPOTECAN INJ 4MG/4ML	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine--benazepril hcl cap 10-20 mg	1	
amlodipine-benazepril hcl cap 2.5-10 mg	1	
amlodipine-benazepril hcl cap 5-10 mg	1	
amlodipine-benazepril hcl cap 5-20 mg	1	
amlodipine-benazepril hcl cap 5-40 mg	1	
amlodipine-benazepril hcl cap 10-40mg	1	
benazepril & hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
moexipril-hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
ACE INHIBITORS		
benazepril hcl TABS	1	
captopril TABS	1	
enalapril maleate TABS	1	
fosinopril sodium	1	
lisinopril TABS	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	2	
spironolactone TABS	1	
ALPHA BLOCKERS		
doxazosin mesylate 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days)
doxazosin mesylate 8mg	2	
prazosin hcl	2	
terazosin hcl	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg	1	
amlodipine-valsartan-hydrochlorothiazide 5-160-25mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-160-25mg	1	
amlodipine-valsartan-hydrochlorothiazide 10-320-25mg	1	
ENTRESTO	3	
irbesartan-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
valsartan-hydrochlorothiazide	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil TABS	1	
valsartan	1	
ANTIARRHYTHMICS		
amiodarone hcl SOLN	2	
amiodarone hcl TABS 100mg, 400mg	2	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate	4	PA; PA if 65 years and older
dofetilide	2	NM
flecainide acetate	2	
mexiletine hcl	2	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
pacerone 100mg, 400mg	2	
pacerone 200mg	1	
propafenone hcl	2	
propafenone hcl 12hr	2	
quinidine gluconate TBCR	2	
quinidine sulfate TABS	2	
sorine	2	
sotalol hcl	2	
sotalol hcl (afib/afl)	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS	1	
lovastatin	1	

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium	1	
rosuvastatin calcium	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin TABS 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	2	
cholestyramine light	2	
colestipol hcl	2	
ezetimibe	2	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized 67mg, 134mg, 200mg	2	
gemfibrozil TABS	1	
JUXTAPID	5	LA, PA
KYNAMRO	5	NM, PA
niacin er (antihyperlipidemic) 500mg	2	QL (90 tabs / 30 days)
niacin er (antihyperlipidemic) 750mg, 1000mg	2	
niacor	2	
omega-3-acid ethyl esters	2	
PRALUENT	5	NM, PA
prevalite	2	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	2	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hctz tab 50-25mg	2	
metoprolol & hctz tab 100-25mg	2	
metoprolol & hctz tab 100-50mg	2	
propranolol & hydrochlorothiazide	2	
BETA-BLOCKERS		
acebutolol hcl CAPS	2	
atenolol TABS	1	
bisoprolol fumarate	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
carvedilol	1	
labetalol hcl TABS	2	
metoprolol succinate	2	
metoprolol tartrate SOCT	2	
metoprolol tartrate SOLN	2	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol TABS	2	
pindolol	2	
propranolol cap er	2	
propranolol hcl SOLN; TABS	2	
propranolol oral sol	2	
timolol maleate TABS	2	
CALCIUM CHANNEL BLOCKERS		
afeditab cr	2	
amlodipine besylate TABS	1	
cartia xt cap 120/24hr	2	
cartia xt cap 180/24hr	2	
cartia xt cap 240/24hr	2	
cartia xt cap 300/24hr	2	
dilt-xr cap	2	
diltiazem cap 120mg cd	2	
diltiazem cap 180mg cd	2	
diltiazem cap 240mg cd	2	
diltiazem cap 300mg cd	2	
diltiazem cap 360mg cd	2	
diltiazem cap er/12hr	2	
diltiazem hcl TABS	2	
diltiazem hcl cap sr 24hr	2	
diltiazem hcl coated beads cap sr 24hr	2	
diltiazem hcl extended release beads cap sr	2	
diltiazem inj	2	
felodipine	2	
isradipine	2	
nicardipine hcl CAPS	2	
nifedical xl	2	
nifedipine TB24	2	
nifedipine er	2	
nimodipine CAPS	5	
NYMALIZE	5	
taztia xt	2	
verapamil cap er	2	
verapamil hcl SOLN	2	
verapamil hcl TABS	1	
verapamil hcl tab er	1	
DIGITALIS GLYCOSIDES		
digitek .25mg	2	PA; PA if 65 years and older
digitek .125mg	2	QL (30 tabs / 30 days)
digox 125mcg	2	QL (30 tabs / 30 days)
digox 250mcg	2	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
digoxin TABS 125mcg	2	QL (30 tabs / 30 days)
digoxin TABS 250mcg	2	PA; PA if 65 years and older
digoxin inj	2	
digoxin sol 50mcg/ml	2	PA; PA if 65 years and older
DIURETICS		
acetazolamide CP12; TABS	2	
amiloride & hydrochlorothiazide	2	
amiloride hcl TABS	2	
bumetanide	2	
chlorothiazide tabs	2	
chlorthalidone	2	
furosemide SOLN; TABS	1	
furosemide inj	2	
hydrochlorothiazide CAPS; TABS	1	
indapamide	2	
methazolamide TABS	2	
methyclothiazide	2	
metolazone	2	
spironolactone & hydrochlorothiazide	2	
torsemide tabs	2	
triamterene & hydrochlorothiazide TABS	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
MISCELLANEOUS		
clonidine hcl PTWK	2	
clonidine hcl TABS	1	
CORLANOR	4	
DEMSER	5	
hydralazine hcl SOLN; TABS	2	
midodrine hcl	2	
minoxidil TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
NITRATES		
isosorb mononitrate tab	1	
isosorbide dinitrate	2	
isosorbide dinitrate er	2	
isosorbide mononitrate er	2	
minitran	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
nitroglycerin SUBL	2	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin td patch	2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS	2	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tab 0.5mg	1	QL (240 tabs / 30 days)
alprazolam tab 0.25mg	1	QL (480 tabs / 30 days)
alprazolam tab 1mg	1	QL (120 tabs / 30 days)
alprazolam tab 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS	2	
fluvoxamine maleate TABS 25mg, 50mg	2	QL (45 tabs / 30 days)
fluvoxamine maleate TABS 100mg	2	
lorazepam SOLN	2	
lorazepam TABS	1	QL (150 tabs / 30 days)
lorazepam intensol	2	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
carbamazepine CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
clonazepam TABS 1mg	1	QL (120 tabs / 30 days)
clonazepam TABS 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam TBDP 1mg	2	QL (120 tabs / 30 days)
clonazepam TBDP 2mg	2	QL (300 tabs / 30 days)
clonazepam TBDP .5mg	2	QL (240 tabs / 30 days)
clonazepam TBDP .25mg	2	QL (480 tabs / 30 days)
clonazepam TBDP .125mg	2	QL (960 tabs / 30 days)
clorazepate dipotassium 3.75mg, 7.5mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
diazepam SOLN 1mg/ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/ml	2	
diazepam TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam intensol	2	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125 SUS 125/5ML	4	
divalproex sodium	2	
epitol	2	
ethosuximide CAPS; SOLN	2	
felbamate SUSP	5	
felbamate TABS	2	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	5	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	1	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN	2	QL (2160 mL / 30 days)
gabapentin TABS 600mg	2	QL (180 tabs / 30 days)
gabapentin TABS 800mg	2	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GABITRIL 12mg, 16mg	4	
lamotrigine CHEW; TB24	2	
lamotrigine TABS	1	
levetiracetam SOLN; TABS; TB24	2	
levetiracetam in sodium chloride	2	
levetiracetam oral soln 100 mg/ml	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
oxcarbazepine	2	
PEGANONE	4	
phenobarbital ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
phenobarbital sodium SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
phenytoin CHEW; SUSP	2	
phenytoin sodium SOLN	2	
phenytoin sodium extended	2	
primidone TABS	2	
roweepra	2	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
tiagabine hcl	2	
topiramate CPSP	2	
topiramate TABS	1	
valproate sodium SOLN	2	
valproic acid	2	
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
zonisamide CAPS	2	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride TABS 10mg, 23mg	2	
donepezil hydrochloride TBDP 5mg	2	QL (60 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	2	
galantamine hydrobromide SOLN	2	
galantamine hydrobromide TABS 4mg	2	QL (180 tabs / 30 days)
galantamine hydrobromide TABS 8mg	2	QL (90 tabs / 30 days)
galantamine hydrobromide TABS 12mg	2	
galantamine hydrobromide er 8mg, 16mg	2	QL (30 caps / 30 days)
galantamine hydrobromide er 24mg	2	
memantine hcl	2	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
rivastigmine tartrate	2	
rivastigmine td patch 24hr 4.6 mg/24hr	2	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	2	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	2	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS	4	PA; PA if 65 years and older
amoxapine tab 25mg	2	
amoxapine tab 50mg	2	
amoxapine tab 100mg	2	
amoxapine tab 150mg	2	
bupropion hcl TABS	2	
bupropion hcl TB12	2	
bupropion hcl TB24 150mg	2	QL (90 tabs / 30 days)
bupropion hcl TB24 300mg	2	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN	2	
citalopram hydrobromide TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
citalopram hydrobromide TABS 40mg	1	QL (30 tabs / 30 days)
clomipramine hcl CAPS	4	PA; PA if 65 years and older
desipramine hcl TABS	2	
desvenlafaxine succinate	2	QL (30 tabs / 30 days)
doxepin hcl CAPS; CONC	4	PA; PA if 65 years and older
duloxetine hcl CPEP 20mg	2	QL (180 caps / 30 days)
duloxetine hcl CPEP 30mg	2	QL (120 caps / 30 days)
duloxetine hcl CPEP 60mg	2	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMSAM	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN	2	QL (600 mL / 30 days)
escitalopram oxalate TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
escitalopram oxalate TABS 20mg	1	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
fluoxetine cap 10mg	1	QL (30 caps / 30 days)
fluoxetine cap 20mg	1	QL (120 caps / 30 days)
fluoxetine cap 40mg	1	
fluoxetine hcl SOLN	2	
imipramine hcl TABS	4	PA; PA if 65 years and older
maprotiline hcl	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
mirtazapine TABS 30mg, 45mg	1	
mirtazapine TBDP 15mg	2	QL (30 tabs / 30 days)
mirtazapine TBDP 30mg, 45mg	2	
nefazodone hcl	2	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	2	
paroxetine hcl tabs 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
paroxetine hcl tabs 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
phenelzine sulfate TABS	2	
protriptyline hcl	2	
sertraline hcl CONC	2	
sertraline hcl TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
sertraline hcl TABS 100mg	1	
tranylcypromine sulfate	2	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
venlafaxine hcl CP24 150mg	1	QL (60 caps / 30 days)
venlafaxine hcl TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS	2	QL (120 caps / 30 days)
amantadine hcl SYRP; TABS	2	
APOKYN	5	NM, LA, PA
benztropine mesylate SOLN	2	
benztropine mesylate TABS	4	PA; PA if 65 years and older
bromocriptine mesylate CAPS; TABS	2	
carbidopa-levodopa	2	
carbidopa/levodopa/entacapone	2	
entacapone	2	
NEUPRO	4	
pramipexole tab 0.5mg	2	
pramipexole tab 0.25mg	2	
pramipexole tab 0.75mg	2	
pramipexole tab 0.125mg	2	
pramipexole tab 1.5mg	2	
pramipexole tab 1mg	2	
rasagiline mesylate TABS	2	
ropinirole tab 0.5mg	2	
ropinirole tab 0.25mg	2	
ropinirole tab 1mg	2	
ropinirole tab 2mg	2	
ropinirole tab 3mg	2	
ropinirole tab 4mg	2	
ropinirole tab 5mg	2	
selegiline hcl CAPS; TABS	2	
trihexyphenidyl hcl	3	PA; PA if 65 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
aripiprazole odt	5	QL (60 tabs / 30 days), NM
aripiprazole oral solution 1 mg/ml	5	QL (900 mL / 30 days), NM
aripiprazole tab 2mg, 5mg, 10mg, 15mg	2	QL (30 tabs / 30 days), NM
aripiprazole tab 20mg, 30mg	5	QL (30 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
chlorpromazine hcl TABS	2	
CHLORPROMAZINE INJ	4	
clozapine odt 12.5mg, 25mg	2	PA
clozapine odt 100mg	2	QL (270 tabs / 30 days), PA
clozapine odt 150mg	2	QL (180 tabs / 30 days), PA
clozapine odt 200mg	5	QL (135 tabs / 30 days), PA
clozapine tab 25mg	2	
clozapine tab 50mg	2	
clozapine tab 100mg	2	QL (270 tabs / 30 days)
clozapine tab 200mg	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
fluphenazine decanoate SOLN	2	
fluphenazine hcl	2	
GEODON SOLR	4	QL (6 mL / 3 days)
haloperidol TABS	2	
haloperidol decanoate SOLN	2	
haloperidol lactate inj 5 mg/ml	2	
haloperidol lactate oral conc 2 mg/ml	2	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
loxapine succinate	2	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
olanzapine SOLR	2	QL (3 vials / 1 day)
olanzapine TABS 2.5mg	2	QL (240 tabs / 30 days)
olanzapine TABS 5mg	2	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
olanzapine TABS 7.5mg	2	QL (30 tabs / 30 days)
olanzapine TABS 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
olanzapine TBDP 5mg	2	QL (30 tabs / 30 days)
olanzapine TBDP 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
paliperidone 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
paliperidone 6mg	5	QL (60 tabs / 30 days)
perphenazine TABS	2	
pimozide	2	
quetiapine fumarate TABS	2	QL (90 tabs / 30 days)
quetiapine fumarate TB24 50mg	2	QL (120 tabs / 30 days)
quetiapine fumarate TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
quetiapine fumarate TB24 300mg, 400mg	2	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
risperidone SOLN	2	QL (240 mL / 30 days)
risperidone TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
risperidone TABS 4mg	2	QL (120 tabs / 30 days)
risperidone TABS .25mg, .5mg	2	QL (90 tabs / 30 days)
risperidone TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
risperidone TBDP 4mg	2	QL (120 tabs / 30 days)
risperidone TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
thioridazine hcl TABS	4	PA; PA if 65 years and older
thiothixene	2	
trifluoperazine hcl	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days), PA
VRAYLAR 3mg	5	QL (60 caps / 30 days), PA
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR THERAPY PACK	4	PA
ziprasidone hcl	2	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap sr 24hr 5 mg	2	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	2	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	2	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	2	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (144 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	2	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
atomoxetine hcl 40mg	2	QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
guanfacine er (adhd)	4	PA; PA if 65 years and older
metadate er tab 20mg	2	QL (90 tabs / 30 days)
methylphenidate hcl TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	2	QL (90 tabs / 30 days)
methylphenidate hcl oral soln 5mg/5ml	2	QL (1800 mL / 30 days)
methylphenidate hcl oral soln 10mg/5ml	2	QL (900 mL / 30 days)
methylphenidate tab 10mg er	2	QL (90 tabs / 30 days)
methylphenidate tab 20mg er	2	QL (90 tabs / 30 days)
HYPNOTICS		

Drug Name	Drug Tier	Requirements/Limits
HETLIOZ	5	LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
temazepam 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
dihydroergotamine mesylate 1mg/ml	5	
dihydroergotamine mesylate nasal	5	QL (8 mL / 30 days)
ergotamine w/ caffeine	2	
migergot	5	
naratriptan hcl	2	QL (12 tabs / 30 days)
RELPAX	4	QL (12 tabs / 30 days)
rizatriptan benzoate	2	QL (18 tabs / 30 days)
rizatriptan benzoate odt	2	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	2	QL (24 inhalers / 30 days)
sumatriptan SOLN 20mg/act	2	QL (12 inhalers / 30 days)
sumatriptan inj 4mg/0.5ml	2	QL (18 injections / 30 days)
sumatriptan inj 6mg/0.5ml	2	QL (12 injections / 30 days)
sumatriptan succinate TABS	2	QL (12 tabs / 30 days)
zolmitriptan TABS	2	QL (12 tabs / 30 days)
zolmitriptan odt	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
lithium carbonate CAPS; TABS	1	
lithium carbonate er	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
pyridostigmine tab 60mg	2	
riluzole	2	NM
tetrabenazine 12.5mg	5	QL (240 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
glatopa	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS	2	
cyclobenzaprine hcl TABS 5mg, 10mg	4	PA; PA if 65 years and older
dantrolene sodium CAPS	2	
tizanidine hcl TABS	2	
NARCOLEPSY/CATAPLEXY		
armodafinil 50mg	2	QL (150 tabs / 30 days), PA
armodafinil 150mg	2	QL (60 tabs / 30 days), PA
armodafinil 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	2	
buprenorphine hcl SUBL	2	PA
buprenorphine hcl-naloxone hcl sl	2	QL (120 tabs / 30 days), PA
bupropion hcl (smoking deterrent)	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
disulfiram TABS	2	
naloxone inj 0.4mg/ml	2	
naloxone inj 1mg/ml	2	
naltrexone hcl TABS	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
oxandrolone TABS	2	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
testosterone cypionate SOLN	2	PA
testosterone enanthate SOLN	2	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
acarbose	2	

Drug Name	Drug Tier	Requirements/Limits
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
glimepiride 1mg	1	QL (240 tabs / 30 days)
glimepiride 2mg	1	QL (120 tabs / 30 days)
glimepiride 4mg	1	QL (60 tabs / 30 days)
glip/metform tab 2.5-250mg	1	QL (240 tabs / 30 days)
glip/metform tab 2.5-500mg	1	QL (120 tabs / 30 days)
glip/metform tab 5-500mg	1	QL (120 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg	1	QL (240 tabs / 30 days)
glipizide TB24 5mg	1	QL (120 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl 2.5mg	1	QL (240 tabs / 30 days)
glipizide xl 5mg	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
metformin er 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin er 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
nateglinide	1	QL (90 tabs / 30 days)
pioglitazone hcl	1	QL (30 tabs / 30 days)
repaglinide 2mg	1	QL (240 tabs / 30 days)
repaglinide .5mg, 1mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
alendronate sodium TABS 5mg, 10mg, 40mg	1	
alendronate sodium TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	2	B/D
pamidronate inj 30mg	2	B/D
pamidronate inj 90mg	2	B/D
zoledronic acid 5mg/100ml	2	B/D, NM
ZOLEDRONIC INJ 4MG	4	B/D, NM
zoledronic inj 4mg/5ml	2	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	5	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	LA, PA
kionex powder	2	
kionex sus 15gm/60ml	2	
sodium polystyrene sulfonate	2	
sps susp 15gm/60ml	2	
SYPRINE	5	
CONTRACEPTIVES		
altavera tab	2	
alyacen 1/35	2	
apri	2	
aranelle	2	
aubra	2	
aviane	2	
balziva	2	
bekyree	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila	2	

Drug Name	Drug Tier	Requirements/Limits
caziant pak	2	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
cyred tab	2	
deblitane	2	
delyla	2	
desogestrel-ethinyl estradiol (biphasic)	2	
drospirenone-ethinyl estradiol	2	
ELLA	4	
emoquette	2	
enpresse-28	2	
errin	2	
estarylla tab 0.25-35	2	
ethynodiol tab 1-50	2	
falmina	2	
femynor	2	
gianvi	2	
gildagia	2	
heather	2	
introvale	2	
jolessa tab 0.15-0.03 mg	2	
jolivette	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kimidess	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia tab	2	
leena	2	
lessina	2	
levonest	2	
levonor/ethi tab	2	
levonorgestrel & eth estradiol	2	
levonorgestrel-ethinyl estradiol (91-day)	2	
levora 0.15/30-28	2	
loryna	2	
low-ogestrel	2	
lutera	2	

Drug Name	Drug Tier	Requirements/Limits
lyza	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive)	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mono-linyah tab 0.25-35	2	
mononessa	2	
myzilra	2	
necon 0.5/35-28	2	
necon 1/50-28	2	
necon 7/7/7	2	
NECON 10/11 28 DAY	3	
nikki	2	
nora-be tab	2	
norethindrone (contraceptive)	2	
norethindrone acet & eth estra	2	
norgest/ethi tab 0.25/35	2	
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
NUVARING	4	
ocella tab 3-0.03mg	2	
orsythia	2	
philith	2	
pimtrea	2	
pirmella 1/35	2	
portia-28	2	
previfem	2	
quasense	2	
reclipsen	2	
setlakin tab	2	
sharobel	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina fe 1/20	2	
tilia fe	2	
tri-legest fe	2	

Drug Name	Drug Tier	Requirements/Limits
tri-linyah	2	
tri-lo marzia	2	
tri-lo-estarylla	2	
tri-lo-sprintec	2	
tri-previfem	2	
tri-sprintec	2	
trinessa	2	
trinessa lo	2	
trivora-28	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
xulane	2	
zarah	2	
zenchent	2	
zovia 1/35e	2	
zovia 1/50e	2	
ENDOMETRIOSIS		
danazol CAPS	2	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
levocarnitine (metabolic modifiers)	2	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	LA, PA
sodium phenylbutyrate	5	NM, PA
ZAVESCA	5	LA, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
ESTRACE CREA	4	
estradiol PTWK; TABS	4	PA; PA if 65 years and older
estradiol valerate OIL	2	

Drug Name	Drug Tier	Requirements/Limits
fyavolv tab 1-5mg	4	PA; PA if 65 years and older
jinteli	4	PA; PA if 65 years and older
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	4	PA; PA if 65 years and older
yuvafem vaginal tablet 10 mcg	2	
GLUCOCORTICOIDS		
cortisone acetate TABS	2	
DEXAMETHASONE CONC	4	
dexamethasone ELIX; SOLN	2	
dexamethasone TABS	1	
dexamethasone sodium phosphate	2	
fludrocortisone acetate TABS	2	
hydrocortisone TABS	2	
methylpr ace inj 40mg/ml	2	B/D
methylpr ace inj 80mg/ml	2	B/D
methylpr ss inj 1gm	2	B/D
methylpr ss inj 40mg	2	B/D
methylpr ss inj 125mg	2	B/D
methylpred pak 4mg	2	
methylpred tab 4mg	2	B/D
methylpred tab 8mg	2	B/D
methylpred tab 16mg	2	B/D
methylpred tab 32mg	2	B/D
pred sod pho sol 5mg/5ml	2	B/D
prednisolone sol 15mg/5ml	2	B/D
prednisolone sol 25mg/5ml	2	B/D
prednisolone syp 15mg/5ml	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone pak 5mg	2	
prednisone pak 10mg	2	
prednisone sol 5mg/5ml	2	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO	5	NM, PA
MISCELLANEOUS		
cabergoline	2	
calcitonin (salmon)	2	B/D
FORTEO	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
MIACALCIN	5	B/D
NATPARA	5	NM, PA
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
raloxifene hcl	2	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days)
calcium acetate (phosphate binder) CAPS	2	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS	2	QL (360 tabs / 30 days)
RENVELA PAK 0.8GM	3	QL (540 paks / 30 days)
RENVELA PAK 2.4GM	3	QL (180 paks / 30 days)
RENVELA TAB 800MG	3	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate tab	1	
norethindrone acetate TABS	2	
THYROID AGENTS		
levothyroxine sodium TABS	2	
levoxyl	2	
liothyronine sodium TABS	2	
methimazole TABS	1	
propylthiouracil TABS	2	
SYNTHROID	4	
unithroid	2	
VASOPRESSINS		

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate spray	2	NM
desmopressin acetate spray refrigerated	2	NM
desmopressin acetate tabs	2	NM
desmopressin inj 4mcg/ml	2	NM
desmopressin sol 0.01%	2	NM
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant	2	B/D
aprepitant pak 80mg & 125mg	2	B/D
compro	2	
dronabinol	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
granisetron hcl SOLN	2	
granisetron hcl TABS	2	B/D
meclizine hcl TABS	2	
metoclopramide hcl SOLN	2	
metoclopramide hcl TABS	1	
metoclopramide inj	2	
ondansetron hcl TABS	2	B/D, NM
ondansetron hcl inj	2	NM
ondansetron hcl oral soln	2	B/D, NM
ondansetron odt	2	B/D
prochlorperazine inj	2	
prochlorperazine maleate TABS	1	
prochlorperazine supp	2	
promethazine hcl SOLN; SYRP; TABS	4	PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older
ANTISPASMODICS		
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN 10mg/5ml	2	
dicyclomine hcl TABS	1	
glycopyrrolate TABS	2	
glycopyrrolate inj	2	
H2-RECEPTOR ANTAGONISTS		
famotidine SUSR	2	
famotidine TABS 20mg, 40mg	1	
famotidine inj	2	
ranitidine hcl TABS 150mg, 300mg	1	
ranitidine hcl inj	2	
ranitidine syrup	2	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
balsalazide disodium	2	
budesonide ec	5	
CANASA	4	
colocort enema 100mg	2	
DELZICOL	4	
hydrocortisone (enema)	2	
mesalamine ENEM; TBEC	2	
mesalamine w/ cleanser	2	
sulfasalazine TABS	2	
sulfasalazine ec	2	
LAXATIVES		
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-h	2	
gavilyte-n/flavor pack	2	
generlac	2	
GOLYTELY	3	
lactulose	2	
lactulose (encephalopathy)	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	2	
peg 3350/electrolytes	2	
polyethylene glycol 3350 PACK; POWD	2	
SUPREP BOWEL PREP KIT	4	
trilyte	2	
MISCELLANEOUS		
alosetron hcl	5	NM, PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium (mastocytosis)	5	
diphenoxylate w/ atropine	2	
GATTEX	5	NM, LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)
LINZESS 145mcg	3	QL (60 caps / 30 days)
loperamide hcl CAPS	2	
misoprostol TABS	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
sucralfate TABS	2	
ursodiol CAPS; TABS	2	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
esomeprazole magnesium	2	QL (30 caps / 30 days)
esomeprazole sodium inj	2	
omeprazole cap 10mg	1	QL (30 caps / 30 days)
omeprazole cap 20mg	1	QL (60 caps / 30 days)
omeprazole cap 40mg	1	QL (30 caps / 30 days)
pantoprazole sodium tbec	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	2	QL (30 tabs / 30 days)
dutasteride	2	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl	2	QL (30 caps / 30 days)
finasteride TABS 5mg	1	
tamsulosin hcl	2	
MISCELLANEOUS		
bethanechol chloride TABS	2	
potassium citrate (alkalinizer) er tabs	2	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP	1	
oxybutynin chloride TABS	2	
oxybutynin chloride TB24 5mg	2	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
tolterodine tartrate cap er	2	QL (30 caps / 30 days)
tolterodine tartrate tabs	2	
TOVIAZ	3	QL (30 tabs / 30 days)
trospium chloride TABS	2	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal	2	
metronidazole vaginal	2	
terconazole vaginal	2	
vandazole	2	
zazole cream 0.8%	2	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	4	
ELIQUIS	3	
enoxaparin sodium	2	NM
fondaparinux sodium 2.5mg/0.5ml	2	NM
fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NM
heparin sod (porcine) in d5w	3	
heparin sod inj 1000/ml	2	B/D
heparin sod inj 5000/ml	2	B/D
heparin sod inj 10000/ml	2	B/D
heparin sod inj 20000/ml	2	B/D
heparin sodium/d5w	3	
HEPARIN SODIUM/NACL 0.45%	3	
jantoven	1	
PRADAXA	4	
warfarin sodium	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	5	NM, PA
MOZOBIL	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
MISCELLANEOUS		
anagrelide hcl	2	
cilostazol	2	
CINRYZE	5	QL (20 vials / 30 days), NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid SOLN; TABS	2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole	2	

Drug Name	Drug Tier	Requirements/Limits
BRILINTA	3	
clopidogrel bisulfate TABS 75mg	1	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS	5	NM, PA
hydroxychloroquine sulfate	2	
leflunomide TABS	2	
methotrexate sodium tabs	2	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM, PA
PRIVIGEN	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SOLR	4	B/D
azathioprine TABS	2	B/D
BENLYSTA SOLR	5	NM, PA
cyclosporine CAPS; SOLN	2	B/D, NM
cyclosporine modified (for microemulsion)	2	B/D, NM
gengraf	2	B/D, NM
mycophenolate mofetil CAPS; TABS	2	B/D, NM
mycophenolate mofetil SUSR	5	B/D, NM
mycophenolate sodium	2	B/D, NM
NULOJIX	5	B/D, NM
RAPAMUNE SOLN	5	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
sirolimus TABS 2mg	5	B/D, NM
sirolimus TABS .5mg, 1mg	2	B/D, NM
tacrolimus CAPS	2	B/D, NM
ZORTRESS TAB 0.5MG	5	B/D, NM
ZORTRESS TAB 0.25MG	5	B/D, NM
ZORTRESS TAB 0.75MG	5	B/D, NM
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	

Drug Name	Drug Tier	Requirements/Limits
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
klor-con 8	2	
klor-con 10	2	
klor-con m10	2	
KLOR-CON M15	3	
klor-con m20	2	
klor-con spr cap 8meq	2	
klor-con spr cap 10meq	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
magnesium sulfate in dextrose	3	
potassium chloride CPCR	2	
potassium chloride PACK	2	
potassium chloride SOLN 10%, 20%	2	
potassium chloride TBCR	2	
potassium chloride microencapsulated crystals cr	2	
potassium chloride tab cr 10 meq	2	
sodium chloride SOLN 2.5meq/ml	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
tpn electrolytes	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
aminosyn 8.5%/electrolyte	4	B/D

Drug Name	Drug Tier	Requirements/Limits
aminosyn ii 8.5%/electrol	4	B/D
AMINOSYN II INJ 7%	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
hepatamine	4	B/D
INTRALIPID 30%	4	B/D
intralipid inj 20%	4	B/D
NEPHRAMINE	4	B/D
nutrilipid inj 20%	4	B/D
premasol sol 6%	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
dextrose 2.5%/nacl 0.45%	2	
dextrose 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
dextrose 5%/lactated ring	2	
dextrose 5%/nacl 0.2%	2	
DEXTROSE 5%/NACL 0.3%	4	
dextrose 5%/nacl 0.9%	2	
dextrose 5%/nacl 0.33%	2	
dextrose 5%/nacl 0.45%	2	
dextrose 5%/nacl 0.225%	2	
dextrose 5%/potassium chl	2	
dextrose 10% flex contain	2	
DEXTROSE 10%/NACL 0.2%	3	
dextrose 10%/nacl 0.45%	2	

Drug Name	Drug Tier	Requirements/Limits
dextrose 50%	2	
dextrose inj 70%	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
kcl0.15%/d5w/nacl0.2%	2	
KCL 0.3%/D5W/NACL 0.9%	4	
kcl 0.3%/d5w/nacl 0.45%	2	
kcl 0.15%/d5w/nacl 0.9%	2	
KCL 0.15%/D5W/NACL 0.225%	3	
kcl 0.075%/d5w/nacl 0.45%	2	
kcl/d5w inj 0.3%	2	
kcl/d5w/nacl inj 0.22%/0.45%	2	
kcl/d5w/nacl inj .15/.33%	2	
kcl/d5w/nacl inj .15/.45%	2	
kcl/nacl inj 0.3-0.9	2	
kcl/nacl inj 0.15%-0.9%	2	
lactated ringer's inj	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
pot chloride inj 2meq/ml	2	
potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride in nacl	2	
ringer's	2	
sodium chloride SOLN 3%, 5%	2	
sodium chloride 0.45%	2	
sodium chloride inj 0.9%	2	
VITAMINS		
calcitriol CAPS	2	B/D
calcitriol inj	2	B/D
calcitriol oral soln 1 mcg/ml	2	B/D
paricalcitol CAPS	2	B/D
prenatal vitamin/folic acid > 0.8 mg (generic)	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-poly-neomycin-hc	2	
BLEPHAMIDE OINT	4	
neomycin-polymy-dexameth	2	
neomycin-polymyxin-hc (ophth)	2	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sod-prednisolone	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	2	
ZYLET	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic)	2	
bacitracin-polymyxin b (ophth)	2	
BESIVANCE	3	
CILOXAN OINT	3	
ciprofloxacin hcl (ophth)	1	
erythromycin (ophth)	1	
gatifloxacin (ophth)	2	
gentak	2	
gentamicin sulfate soln (ophth)	1	
MOXEZA	3	
moxifloxacin hcl (ophth)	2	
NATACYN	4	
neomycin-bacitracin zn-polymyxin	2	
neomycin-polymyxin-gramicidin	2	
ofloxacin (ophth)	2	
polymyxin b-trimethoprim	1	
sulfacet sod oin 10% op	2	
sulfacetamide sodium (ophth)	2	
tobramycin (ophth)	1	
trifluridine SOLN	2	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
bromfenac sodium (ophth)	2	
BROMSITE	4	
dexamethasone sodium phosphate (ophth)	2	
diclofenac sodium (ophth)	2	
DUREZOL	3	
fluorometholone	2	
flurbiprofen sodium	2	
ILEVRO	3	
ketorolac tromethamine (ophth)	2	
LOTEMAX	3	
prednisolone acetate (ophth)	2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		

Drug Name	Drug Tier	Requirements/Limits
azelastine drop 0.05%	2	
BEPREVE	3	
cromolyn sodium (ophth)	1	
LASTACAFT	4	
olopatadine hcl 0.2%	2	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
betaxolol hcl (ophth)	2	
BETOPTIC-S	3	
brimonidine sol 0.2%	1	
brimonidine sol 0.15%	2	
carteolol hcl (ophth)	2	
COMBIGAN	3	
dorzolamide hcl	2	
dorzolamide hcl-timolol maleate	2	
ISTALOL	3	
latanoprost SOLN	1	
levobunolol hcl	2	
LUMIGAN	3	
metipranolol	2	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl SOLN	2	
SIMBRINZA	3	
timolol maleate (ophth) soln	1	
timolol maleate gel	2	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	LA, PA
proparacaine hcl SOLN	2	
RESTASIS	3	QL (64 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu	2	B/D
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN	2	B/D
ipratropium bromide (nasal)	2	
ANTIHISTAMINES		
azelastine spr 0.1%	2	
azelastine spr 0.15%	2	
cetirizine syrup	1	
cyproheptadine hcl SYRP; TABS	4	PA; PA if 65 years and older
diphenhydramine inj	2	
hydroxyzine hcl SOLN; SYRP; TABS	4	PA; PA if 65 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	4	PA; PA if 65 years and older
levocetirizine dihydrochloride	2	
BETA AGONISTS		
albuterol sulfate NEBU	2	B/D
albuterol sulfate SYRP	1	
albuterol sulfate TABS; TB12	2	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	2	B/D
levalbuterol tartrate hfa	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW; PACK; TABS	2	
zafirlukast	2	
MAST CELL STABILIZERS		
cromolyn sodium nebu	2	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET CAPS	5	NM, PA
ESBRIET TABS	5	PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME	5	NM, PA
XOLAIR	5	LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
flunisolide (nasal)	2	QL (2 bottles / 30 days)
fluticasone propionate (nasal)	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
budesonide (inhalation) .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
XANTHINES		
aminophylline inj	2	
THEO-24	4	
theophylline	2	
TOPICAL		
DERMATOLOGY, ACNE		
avita	2	PA
benzoyl peroxide-erythromycin	2	
claravis	2	PA
clindacin-p	2	
clindamax	2	
clindamycin phosphate (topical) GEL; LOTN; SOLN; SWAB	2	
ery pad 2%	2	
erythromycin (acne aid)	2	
myorisan	2	PA
sulfacetamide sodium (acne)	2	
tretinoin CREA	2	PA
tretinoin GEL .01%, .025%	2	PA
zenatane	2	PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical)	2	
mupirocin OINT	1	
silver sulfadiazine CREA	2	
ssd	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox CREA; GEL; SUSP	2	
ciclopirox shampoo 1%	2	
clotrimazole (topical)	2	
ketoconazole cream	2	
nyamyc	2	
nyata	2	
nystatin (topical)	2	
nystatin pow 100000	2	
nystop	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin	5	PA
calcipotriene CREA; SOLN	2	
tazarotene CREA	2	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo	1	
selenium sulfide LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	1	
alclometasone dipropionate	2	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented	2	
betamethasone valerate CREA; LOTN; OINT	2	
desoximetasone CREA; GEL; OINT	2	
fluocinolone acetonide CREA; OINT; SOLN	2	
fluocinolone acetonide oil body	2	
fluocinolone acetonide oil scalp	2	
fluocinonide CREA .05%	2	
fluocinonide GEL	2	
fluocinonide SOLN	2	
fluocinonide emulsified base	2	
fluticasone propionate CREA; OINT	2	
halobetasol propionate	2	
hydrocortisone (topical) CREA	1	
hydrocortisone (topical) LOTN	2	
hydrocortisone (topical) OINT 1%	2	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (topical) OINT 2.5%	1	
hydrocortisone butyrate cream 0.1%	2	
hydrocortisone butyrate oint 0.1%	2	
hydrocortisone butyrate soln 0.1%	2	
hydrocortisone valerate	2	
mometasone furoate CREA; OINT; SOLN	2	
TEXACORT SOLN 2.5%	4	
triamcinolone acetonide (topical) CREA; OINT	1	
triamcinolone acetonide (topical) LOTN	2	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine PTCH	2	QL (3 patches / 1 day), PA
lidocaine hcl GEL	2	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	2	QL (50 mL / 30 days), PA
lidocaine oint 5%	2	QL (50 gm / 30 days), PA
lidocaine-prilocaine	2	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate CREA; LOTN	2	
diclofenac sodium (topical) 1% gel	2	PA
doxepin hcl (antipruritic)	2	
fluorouracil (topical) CREA 5%	2	
fluorouracil (topical) SOLN	2	
imiquimod CREA	2	
metronidazole (topical) CREA; LOTN	2	
metronidazole gel 0.75%	2	
PANRETIN	5	
PICATO	3	
podofilox SOLN	2	
procto-med hc	2	
procto-pak	2	
proctosol hc cre 2.5%	2	
proctozone-hc	2	
rosadan	2	
tacrolimus (topical)	2	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	2	
permethrin cre 5%	2	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid .25%	2	

Drug Name	Drug Tier	Requirements/Limits
REGRANEX	5	PA
SANTYL	4	
sodium chlor sol 0.9% irr	2	
sterile water irrigation	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl	2	
chlorhexidine gluconate (mouth-throat)	1	
clotrimazole LOZG	2	
lidocaine hcl (mouth-throat)	1	
nystatin (mouth-throat)	2	
paroex sol 0.12%	1	
periogard	1	
pilocarpine hcl (oral)	2	
triamcinolone acetonide (mouth)	2	
OTIC		
acetic acid (otic)	2	
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  - 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

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PO Box 696578
San Antonio, TX 78269-6578
Phone: 888-850-8526, fax: 800-889-1076, TTY: 711
Email AppealsDepartmentInquiries@Premera.com

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U.S. Department of Health and Human Services,
200 Independence Ave SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019,
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日本語 (Japanese): この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。888-850-8526 (TTY: 711)までお電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 888-850-8526 (TTY: 711) 로 전화하십시오.

ភាសាខ្មែរ (Khmer):
សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្ងៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 888-850-8526 (TTY: 711)។

ລາວ (Lao):
ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 888-850-8526 (TTY: 711).

ਪੰਜਾਬੀ **(Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀ ਜਸਹਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ਼ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫ਼ਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 888-850-8526 (TTY: 711).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 888-850-8526 (TTY: 711).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 888-850-8526 (TTY: 711).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 888-850-8526 (TTY: 711).

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 888-850-8526 (TTY: 711).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 888-850-8526 (TTY: 711).

Customer Service

Premera Blue Cross Medicare Advantage
PO Box 696576
San Antonio, TX 78269-6576

This formulary was updated on **08/16/2017**.

For more recent information or other questions, please contact Premera Blue Cross Medicare Advantage at 888-850-8526 or, for TTY users, 711, October 1 through February 14, 8 a.m. to 8 p.m., seven days a week and February 15 through September 30, 8 a.m. to 8 p.m., Monday through Friday, or visit premera.com/ma.

24/7 Nurse Line

Call **855-339-8123**.
Free and confidential.

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An Independent Licensee of the Blue Cross Blue Shield Association

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. The Formulary and pharmacy network may change at any time. You will receive notice when necessary.