TUFTS MEDICARE PREFERRED HMO
2013 FORMULARY

Please Read

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

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.

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TUFTS Health Plan
Medicare Preferred

What is the Tufts Medicare Preferred HMO Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred HMO 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. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO 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 change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 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, 2013. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please visit our website at **tuftsmedicarepreferred.org** or call Customer Relations at 1-800-701-9000, Monday – Friday, 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message, and a representative will return your call on the next business day. TTY users should call 1-800-208-9562.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 Agents". 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 66. 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?

Tufts Medicare Preferred HMO 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:** Tufts Medicare Preferred HMO requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.

- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for zolpidem. This may be in addition to a standard one month or three month supply.

- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at tuftsmedicarepreferred.org.

You can ask Tufts Medicare Preferred HMO to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Tufts Medicare Preferred HMO formulary?" on the next page 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, you should first contact Customer Relations and confirm that your drug is not covered. If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.

- You can ask Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?

You can ask Tufts Medicare Preferred HMO 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 your drug even if it is not on our formulary.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the Specialty drug tier.

Generally, Tufts Medicare Preferred HMO will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered 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, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician'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 your prescriber's or prescribing physician's supporting statement.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (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 a 93-day transition supply, consistent with the 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.

For more information

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Medicare Preferred HMO, please call Customer Relations at 1-800-701-9000, Monday – Friday, 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message, and a representative will return your call on the next business day. TTY users should call 1-800-208-9562. Or visit tuftsmedicarepreferred.org.

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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Tufts Medicare Preferred's HMO Formulary

The formulary that begins on page 2 provides coverage information about some of the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred HMO has any special requirements for coverage of your drug.

B/D: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process.

HI: Home Infusion Drug.
This prescription drug may be covered under our medical benefit. For more information, call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. TTY users should call 1-800-208-9562.

LA: Limited Access Drug.
This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call the on next business day. TTY users should call 1-800-208-9562.

PA: Prior Authorization Required.
The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

STPA: Step Therapy Prior Authorization Applies.
Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

Coverage Gap:
For Tufts Medicare Preferred HMO Prime Rx Plus members, we provide coverage for Tier 1 and Tier 2 drugs in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

*** Part B Drug:**
No co-payment is required and the cost of the medication does not apply to your Part D benefit.

2013 Tufts Medicare Preferred Formulary
HMO Individual Members

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2013 Tufts Medicare Preferred Formulary
HMO Individual Members

Drug Name	Drug Tier	Coverage Notes
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
ANCOBON	Tier-4	
clotrimazole	Tier-2	
fluconazole oral suspension	Tier-2	
fluconazole tablet	Tier-1	
flucytosine	Tier-2	
GRIS-PEG (ULTRAMICROSIZE)	Tier-3	
griseofulvin microsize	Tier-2	
griseofulvin ultramicrosize	Tier-2	
itraconazole	Tier-2	PA
ketoconazole	Tier-2	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-4	QL (56 EA per 30 day(s))
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-4	QL (28 EA per 30 day(s))
NAFTIN TOPICAL CREAM	Tier-3	
NAFTIN TOPICAL GEL 1 %	Tier-3	
nystatin	Tier-2	
terbinafine	Tier-1	QL (42 EA per 42 day(s))

For Tufts Medicare Preferred HMO Prime Rx Plus members we provide coverage for Tier-1 and Tier-2 drugs through the Coverage Gap.

B/D: Medicare Part B or D \ HI: Home Infusion Drug \ LA: Limited Access Drug \ PA: Prior Authorization Required \ QL: Quantity Limit Applies \ STPA: Step Therapy Prior Authorization Applies \ Transplant: This drug is covered under Part B for members who have received a Medicare-covered organ transplant

* Part B Drug - No co-payment is required and the cost of the medication does not apply to your Part D benefit.

Drug Name	Drug Tier	Coverage Notes
Vfend oral suspension	Tier-5	QL (150 ML per 14 day(s))
voriconazole tablet 200 mg	Tier-2	QL (28 EA per 14 day(s))
voriconazole tablet 50 mg	Tier-2	QL (56 EA per 14 day(s))
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-3	
ALINIA	Tier-4	
BILTRICIDE	Tier-3	
methenamine hippurate	Tier-2	
metronidazole	Tier-2	
MONUROL	Tier-4	
neomycin	Tier-2	
PRIMSOL	Tier-3	
STROMECTOL	Tier-3	
trimethoprim	Tier-2	
Vancocin	Tier-5	
vancomycin	Tier-2	
XIFAXAN TABLET 200 MG	Tier-4	QL (9 EA per 30 day(s))
XIFAXAN TABLET 550 MG	Tier-4	PA; QL (60 EA per 30 day(s))
Zyvox	Tier-5	
ANTIMALARIALS AND ANTIPROTOZOALS		
atovaquone-proguanil	Tier-2	
chloroquine phosphate	Tier-2	
COARTEM	Tier-3	QL (24 EA per 30 day(s))
dapsone	Tier-2	
DARAPRIM	Tier-3	
hydroxychloroquine	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
mefloquine	Tier-2	
MEPRON	Tier-3	
NEBUPENT	Tier-4	B/D
paromomycin	Tier-2	
PENTAM	Tier-3	B/D
primaquine	Tier-2	
QUALAQUIN	Tier-4	
quinine sulfate	Tier-2	
tinidazole	Tier-2	
ANTIVIRALS		
abacavir	Tier-2	
acyclovir capsule	Tier-1	
acyclovir oral suspension	Tier-2	
acyclovir tablet	Tier-2	
acyclovir top	Tier-2	
amantadine hcl	Tier-2	
APTIVUS	Tier-3	
ATRIPLA	Tier-5	
BARACLUDE	Tier-3	
Complera	Tier-5	
Copegus	Tier-5	
CRIXIVAN	Tier-3	
didanosine	Tier-2	
EDURANT	Tier-3	
EMTRIVA	Tier-3	
EPIVIR ORAL SOLUTION	Tier-3	
EPIVIR HBV	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
EPZICOM	Tier-3	
famciclovir	Tier-3	
Fuzeon	Tier-5	
Hepsera	Tier-5	
Incivek	Tier-5	PA
Infergen	Tier-5	PA
INTELENCE	Tier-3	
INTRON A INJECTION SOLUTION	Tier-3	
Intron A solution for injection	Tier-5	
INTRON A SUBCUTANEOUS PEN KIT 10 MILLION UNIT/0.2 ML, 3 MILLION UNIT /0.2 ML-6 DOSES	Tier-3	
Intron A subcutaneous pen kit 5 million unit/0.2 mL	Tier-5	
INVIRASE	Tier-3	
Isentress chewable tablet 100 mg	Tier-5	QL (180 EA per 30 day(s))
Isentress chewable tablet 25 mg	Tier-5	QL (720 EA per 30 day(s))
Isentress tablet	Tier-5	QL (360 EA per 90 day(s))
KALETRA	Tier-3	
lamivudine	Tier-2	
lamivudine-zidovudine	Tier-2	
LEXIVA	Tier-3	
megestrol oral suspension	Tier-2	
megestrol tablet	Tier-1	
nevirapine	Tier-2	
NORVIR	Tier-3	
Pegasys	Tier-5	PA; QL (4 ML per 30 day(s))
Pegasys Convenience Pack	Tier-5	PA; QL (4 EA per 30 day(s))

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Drug Name	Drug Tier	Coverage Notes
Pegasys ProClick	Tier-5	PA; QL (4 ML per 30 day(s))
PegIntron	Tier-5	PA; QL (8 EA per 30 day(s))
PegIntron Redipen	Tier-5	PA; QL (4 EA per 30 day(s))
PREZISTA	Tier-3	
REBETOL ORAL SOLUTION	Tier-3	
RELENZA DISKHALER	Tier-3	QL (60 EA per 180 day(s))
RESCRIPTOR	Tier-3	
REYATAZ	Tier-3	
RibaPak Dose Pack	Tier-5	
ribasphere capsule	Tier-2	
ribasphere tablet 200 mg, 400 mg	Tier-2	
Ribasphere tablet 600 mg	Tier-5	
ribavirin	Tier-2	
rimantadine	Tier-2	
Selzentry tablet 150 mg	Tier-5	QL (60 EA per 30 day(s))
Selzentry tablet 300 mg	Tier-5	QL (120 EA per 30 day(s))
stavudine	Tier-2	
STRIBILD	Tier-3	
SUSTIVA	Tier-3	
TAMIFLU CAPSULE 30 MG	Tier-3	QL (56 EA per 180 day(s))
TAMIFLU CAPSULE 45 MG, 75 MG	Tier-3	QL (28 EA per 180 day(s))
TAMIFLU ORAL SUSPENSION	Tier-3	QL (360 ML per 180 day(s))
Tivicay	Tier-5	
TRIZIVIR	Tier-3	
TRUVADA	Tier-3	
TYZEKA	Tier-3	QL (30 EA per 30 day(s))
valacyclovir	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
Valcyte	Tier-5	
Victrelis	Tier-5	PA
VIDEX 2 GRAM PEDIATRIC	Tier-3	
VIRACEPT	Tier-3	
VIRAMUNE ORAL SUSPENSION	Tier-3	
VIRAMUNE XR	Tier-3	
VIREAD	Tier-3	
Zelboraf	Tier-5	PA
ZERIT ORAL SOLUTION	Tier-4	
ZIAGEN	Tier-3	
zidovudine	Tier-2	
BETA-LACTAM ANTIBIOTICS		
amoxicillin	Tier-1	
amoxicillin-pot clavulanate	Tier-2	
ampicillin capsule	Tier-1	
ampicillin oral suspension	Tier-2	
BICILLIN C-R	Tier-3	* Part B
BICILLIN L-A	Tier-3	* Part B
CEDAX	Tier-4	
cefaclor	Tier-2	
cefadroxil	Tier-2	
cefdinir	Tier-2	
cefpodoxime	Tier-2	
cefprozil	Tier-2	
cefuroxime axetil	Tier-2	
cephalexin	Tier-2	
dicloxacillin	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
penicillin v potassium	Tier-1	
SPECTRACEF	Tier-4	
SUPRAX CHEWABLE TABLET	Tier-4	
SUPRAX ORAL SUSPENSION	Tier-4	
SUPRAX TABLET	Tier-4	
KETOLIDES		
KETEK	Tier-3	
MACROLIDES AND CLINDAMYCIN		
azithromycin	Tier-2	
clarithromycin	Tier-2	
clindamycin hcl	Tier-2	
clindamycin pediatric	Tier-2	
Dificid	Tier-5	PA
e.e.s. 400	Tier-2	
E.E.S. GRANULES	Tier-4	
ERY-TAB	Tier-4	
eryped 200	Tier-2	
eryped 400	Tier-2	
erythrocin stearate	Tier-2	
erythromycin	Tier-2	
erythromycin ethylsuccinate	Tier-2	
PCE	Tier-4	
ZMAX	Tier-4	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
ethambutol	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
isoniazid oral solution	Tier-2	
isoniazid tablet	Tier-1	
MYCOBUTIN	Tier-3	
PASER	Tier-4	
PRIFTIN	Tier-3	
pyrazinamide	Tier-2	
RIFAMATE	Tier-4	
rifampin	Tier-2	
RIFATER	Tier-4	
SEROMYCIN	Tier-3	
SIRTURO	Tier-3	PA
TRECATOR	Tier-4	
QUINOLONES		
ciprofloxacin	Tier-1	
ciprofloxacin (mixture)	Tier-2	
LEVAQUIN ORAL SOLUTION	Tier-4	
levofloxacin oral	Tier-3	
NOROXIN	Tier-4	
ofloxacin	Tier-2	
SULFONAMIDES		
sulfadiazine	Tier-2	
sulfamethoxazole-trimethoprim oral suspension	Tier-2	
sulfamethoxazole-trimethoprim tablet	Tier-1	
TETRACYCLINES		
demeclocycline	Tier-2	
doxycycline hyclate	Tier-1	
doxycycline monohydrate capsule	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
doxycycline monohydrate oral suspension	Tier-2	
doxycycline monohydrate tablet	Tier-1	
minocycline	Tier-2	
tetracycline	Tier-1	
VIBRAMYCIN SYRUP	Tier-4	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-4	
clopidogrel	Tier-2	
dipyridamole	Tier-2	
EFFIENT	Tier-4	
BLOOD MODIFYING AGENTS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-3	QL (4 ML per 30 day(s))
Aranesp (in polysorbate) injection solution 200 mcg/mL, 300 mcg/mL	Tier-5	QL (4 ML per 30 day(s))
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	Tier-3	QL (4 ML per 30 day(s))
Aranesp (in polysorbate) injection syringe 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL	Tier-5	QL (4 ML per 30 day(s))
EPOGEN	Tier-3	QL (10 ML per 14 day(s))
Leukine	Tier-5	
Mozobil	Tier-5	PA; * Part B
Neulasta	Tier-5	QL (1 ML per 14 day(s))
Neumega	Tier-5	

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Drug Name	Drug Tier	Coverage Notes
Neupogen	Tier-5	QL (10 ML per 14 day(s))
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier-3	QL (10 ML per 14 day(s))
Procrit injection solution 20,000 unit/mL, 40,000 unit/mL	Tier-5	QL (10 ML per 14 day(s))
Promacta	Tier-5	PA; QL (30 EA per 30 day(s))
BLOOD THINNERS		
BRILINTA	Tier-4	
COUMADIN	Tier-4	
enoxaparin	Tier-2	
fondaparinux	Tier-2	
FRAGMIN	Tier-3	
jantoven	Tier-1	
PRADAXA	Tier-4	PA
warfarin	Tier-1	
XARELTO TABLET 10 MG	Tier-4	QL (35 EA per 30 day(s))
XARELTO TABLET 15 MG, 20 MG	Tier-4	
BLOOD, MISCELLANEOUS		
anagrelide	Tier-2	
cilostazol	Tier-2	
CYKLOKAPRON	Tier-3	
pentoxifylline	Tier-2	
STIMATE	Tier-4	
ticlopidine	Tier-2	
tranexamic acid	Tier-2	
CANCER DRUGS		
INJECTABLE AGENTS		

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Drug Name	Drug Tier	Coverage Notes
ABRAXANE	Tier-3	* Part B
ADRIAMYCIN PFS	Tier-3	* Part B
Alimta	Tier-5	* Part B
ALKERAN	Tier-3	* Part B
amifostine crystalline	Tier-2	* Part B
ARRANON	Tier-3	* Part B
Arzerra	Tier-5	* Part B
AVASTIN	Tier-5	* Part B
BICNU	Tier-3	* Part B
bleomycin	Tier-2	* Part B
BUSULFEX	Tier-3	* Part B
CAMPATH	Tier-3	* Part B
carboplatin	Tier-2	* Part B
CERUBIDINE	Tier-3	* Part B
cisplatin	Tier-2	* Part B
cladribine	Tier-2	* Part B
CLOLAR	Tier-3	* Part B
COSMEGEN	Tier-3	* Part B
cytarabine	Tier-2	* Part B
cytarabine (pf)	Tier-2	* Part B
CYTOVENE	Tier-3	* Part B
dacarbazine	Tier-2	* Part B
DACOGEN	Tier-3	* Part B
daunorubicin	Tier-2	* Part B
decitabine	Tier-2	* Part B
dexrazoxane	Tier-2	* Part B
DOCEFREZ	Tier-3	* Part B

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Drug Name	Drug Tier	Coverage Notes
docetaxel	Tier-2	* Part B
doxorubicin	Tier-2	* Part B
Elitek	Tier-5	* Part B
Ellence	Tier-5	* Part B
ELSPAR	Tier-3	* Part B
epirubicin	Tier-2	* Part B
ERBITUX	Tier-3	* Part B
ETOPOPHOS	Tier-3	* Part B
etoposide	Tier-2	* Part B
Faslodex	Tier-5	* Part B
fludarabine	Tier-2	* Part B
gemcitabine	Tier-2	* Part B
Halaven	Tier-5	* Part B
Herceptin	Tier-5	* Part B
idarubicin	Tier-2	* Part B
IFEX	Tier-3	* Part B
ifosfamide	Tier-2	* Part B
irinotecan	Tier-5	* Part B
Istodax	Tier-5	* Part B
IXEMPRA	Tier-3	* Part B
Jevtana	Tier-5	* Part B
Kadcyla	Tier-5	PA; * Part B
leuprolide	Tier-2	
melphalan	Tier-2	* Part B
mitomycin	Tier-2	* Part B
mitoxantrone	Tier-2	* Part B
MUSTARGEN	Tier-3	* Part B

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Drug Name	Drug Tier	Coverage Notes
ONTAK	Tier-3	* Part B
oxaliplatin	Tier-2	* Part B
paclitaxel	Tier-2	* Part B
pentostatin	Tier-2	* Part B
PERJETA	Tier-3	PA; * Part B
Proleukin	Tier-5	* Part B
Rituxan	Tier-5	PA; * Part B
Sylatron	Tier-5	PA; QL (4 EA per 28 day(s))
Synribo	Tier-5	
Taxotere	Tier-5	* Part B
thiotepa	Tier-2	* Part B
toposar	Tier-2	* Part B
topotecan	Tier-3	* Part B
Torisel	Tier-5	* Part B
Treanda	Tier-5	* Part B
UVADEX	Tier-3	* Part B
VECTIBIX	Tier-3	* Part B
Velcade	Tier-5	* Part B
Vidaza	Tier-5	* Part B
vinblastine	Tier-2	* Part B
vincristine	Tier-2	* Part B
vinorelbine	Tier-2	* Part B
YERVOY	Tier-3	* Part B
ZALTRAP	Tier-3	* Part B
ZANOSAR	Tier-3	* Part B
ORAL AGENTS		
Afinitor	Tier-5	PA; QL (30 EA per 30 day(s))

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Drug Name	Drug Tier	Coverage Notes
Afinitor Disperz	Tier-5	QL (30 EA per 30 Day(s))
anastrozole	Tier-2	
bicalutamide	Tier-2	
Bosulif tablet 100 mg	Tier-5	PA; QL (120 EA per 30 day(s))
Bosulif tablet 500 mg	Tier-5	PA; QL (30 EA per 30 day(s))
Caprelsa tablet 100 mg	Tier-5	PA; QL (60 EA per 30 day(s))
Caprelsa tablet 300 mg	Tier-5	PA; QL (30 EA per 30 day(s))
CEENU	Tier-3	
Cometriq	Tier-5	PA
cyclophosphamide	Tier-2	B/D
DROXIA	Tier-4	
EMCYT	Tier-3	
Erivedge	Tier-5	PA
exemestane	Tier-2	
FARESTON	Tier-3	
flutamide	Tier-2	
Gilotrif	Tier-5	PA; QL (30 EA per 30 Day(s))
Gleevec	Tier-5	
Hexalen	Tier-5	
hydroxyurea	Tier-2	
Iclusig tablet 15 mg	Tier-5	PA; QL (60 EA per 30 day(s))
Iclusig tablet 45 mg	Tier-5	PA; QL (30 EA per 30 day(s))
Inlyta	Tier-5	PA
Jakafi	Tier-5	PA
letrozole	Tier-2	
LEUKERAN	Tier-3	
Matulane	Tier-5	

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Drug Name	Drug Tier	Coverage Notes
Mekinist	Tier-5	PA
mercaptopurine	Tier-2	
Nexavar	Tier-5	PA; QL (220 EA per 30 day(s))
NILANDRON	Tier-3	
Pomalyst	Tier-5	PA; QL (21 EA per 21 Day(s))
REVLIMID capsule 10 mg, 15 mg, 25 mg, 5 mg	Tier-5	PA; LA
REVLIMID capsule 2.5 mg	Tier-5	PA
SOLTAMOX	Tier-3	
Sprycel tablet 100 mg, 140 mg	Tier-5	PA; QL (30 EA per 30 day(s))
Sprycel tablet 20 mg, 50 mg, 70 mg, 80 mg	Tier-5	PA; QL (60 EA per 30 day(s))
Stivarga	Tier-5	PA; QL (84 EA per 28 day(s))
Sutent	Tier-5	PA
TABLOID	Tier-3	
Tafinlar	Tier-5	PA
tamoxifen	Tier-2	
Tarceva tablet 100 mg	Tier-5	QL (90 EA per 30 day(s))
Tarceva tablet 150 mg, 25 mg	Tier-5	QL (30 EA per 30 day(s))
Targretin	Tier-5	
Tasigna	Tier-5	PA
TEMODAR ORAL	Tier-3	* Part B
Thalomid	Tier-5	
tretinoin (chemotherapy)	Tier-5	
TRISENOX	Tier-3	
Tykerb	Tier-5	PA; QL (180 EA per 30 day(s))
Votrient	Tier-5	PA; QL (120 EA per 30 day(s))
Xalkori	Tier-5	PA
Xeloda	Tier-5	* Part B

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Drug Name	Drug Tier	Coverage Notes
Xtandi	Tier-5	PA; QL (120 EA per 30 day(s))
Zolinza	Tier-5	PA
Zytiga	Tier-5	PA; QL (120 EA per 30 day(s))
PROTECTIVE AGENTS		
FUSILEV	Tier-3	* Part B
leucovorin calcium inj	Tier-2	* Part B
leucovorin calcium oral	Tier-2	
mesna	Tier-2	* Part B
MESNEX ORAL	Tier-4	
VORAXAZE	Tier-3	* Part B
ZINECARD	Tier-4	* Part B
TOPICAL		
Targretin	Tier-5	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
benazepril	Tier-1	
captopril	Tier-1	
enalapril maleate	Tier-1	
fosinopril	Tier-1	
lisinopril	Tier-1	
moexipril	Tier-2	
perindopril erbumine	Tier-2	
quinapril	Tier-2	
ramipril	Tier-2	
trandolapril	Tier-2	
ALPHA1 BLOCKERS		
CARDURA XL	Tier-4	

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Drug Name	Drug Tier	Coverage Notes
doxazosin	Tier-1	
prazosin	Tier-1	
terazosin	Tier-1	
ANGINA		
isosorbide dinitrate	Tier-1	
isosorbide mononitrate	Tier-2	
NITRO-BID	Tier-4	
nitroglycerin	Tier-2	
NITROLINGUAL	Tier-4	
NITROMIST	Tier-4	
NITROSTAT	Tier-3	
RANEXA	Tier-3	
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-3	
candesartan	Tier-3	
candesartan-hydrochlorothiazid	Tier-3	
DIOVAN	Tier-3	
eprosartan	Tier-2	
irbesartan	Tier-3	
losartan	Tier-2	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
amiodarone oral	Tier-2	
digoxin oral	Tier-1	
disopyramide	Tier-2	
flecainide	Tier-3	
LANOXIN	Tier-4	

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Drug Name	Drug Tier	Coverage Notes
LANOXIN PEDIATRIC	Tier-4	
mexiletine	Tier-2	
MULTAQ	Tier-4	
NEXTERONE	Tier-3	* Part B
NORPACE CR	Tier-4	
PACERONE	Tier-4	
propafenone	Tier-2	
quinidine gluconate oral	Tier-2	
quinidine sulfate	Tier-2	
sorine	Tier-2	
sotalol oral	Tier-1	
sotalol af	Tier-1	
TIKOSYN	Tier-3	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
amlodipine-atorvastatin	Tier-3	
amlodipine-benazepril	Tier-3	
atenolol-chlorthalidone	Tier-1	
AZOR	Tier-3	
benazepril-hydrochlorothiazide	Tier-1	
BENICAR HCT	Tier-3	
bisoprolol-hydrochlorothiazide	Tier-1	
captopril-hydrochlorothiazide	Tier-2	
clorpres	Tier-2	
DUTOPROL	Tier-4	
enalapril-hydrochlorothiazide	Tier-1	
EXFORGE	Tier-4	

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Drug Name	Drug Tier	Coverage Notes
EXFORGE HCT	Tier-4	
fosinopril-hydrochlorothiazide	Tier-1	
irbesartan-hydrochlorothiazide	Tier-3	
lisinopril-hydrochlorothiazide	Tier-1	
losartan-hydrochlorothiazide	Tier-2	
methyldopa-hydrochlorothiazide	Tier-2	
metoprolol ta-hydrochlorothiaz	Tier-2	
moexipril-hydrochlorothiazide	Tier-2	
nadolol-bendroflumethiazide	Tier-2	
propranolol-hydrochlorothiazid	Tier-2	
quinapril-hydrochlorothiazide	Tier-2	
TARKA	Tier-4	
triamterene-hydrochlorothiazid	Tier-1	
valsartan-hydrochlorothiazide	Tier-3	
BETA AND ALPHA BLOCKERS		
carvedilol	Tier-1	
COREG CR	Tier-4	
labetalol	Tier-2	
BETA BLOCKERS		
acebutolol	Tier-2	
atenolol	Tier-1	
betaxolol	Tier-2	
bisoprolol fumarate	Tier-2	
LEVATOL	Tier-4	
metoprolol succinate	Tier-2	
metoprolol tartrate	Tier-1	
nadolol	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
pindolol	Tier-2	
propranolol er capsule,24 hr,extended release	Tier-2	
propranolol oral solution	Tier-2	
propranolol tablet	Tier-1	
timolol maleate	Tier-2	
CALCIUM CHANNEL BLOCKERS		
afeditab cr	Tier-2	
amlodipine	Tier-2	
cartia xt	Tier-2	
COVERA-HS	Tier-4	
dilt-cd	Tier-2	
dilt-xr	Tier-2	
diltiazem cd capsule,extended release 24 hr	Tier-2	
diltiazem er capsule,extended release	Tier-2	
diltiazem er capsule,extended release 12 hr	Tier-2	
diltiazem tablet	Tier-1	
felodipine	Tier-2	
isradipine	Tier-2	
matzim la	Tier-2	
nicardipine oral	Tier-2	
nifediac cc	Tier-2	
nifedical xl	Tier-2	
nifedipine	Tier-2	
nimodipine	Tier-2	
nisoldipine	Tier-2	
taztia xt	Tier-2	
verapamil oral	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
CENTRALLY ACTING AGENTS		
clonidine oral	Tier-1	
clonidine transdermal	Tier-2	
guanfacine	Tier-1	
methyldopa	Tier-2	
reserpine	Tier-2	
DIURETICS		
amiloride	Tier-2	
amiloride-hydrochlorothiazide	Tier-1	
bumetanide	Tier-1	
chlorothiazide	Tier-2	
chlorthalidone	Tier-1	
furosemide oral solution	Tier-2	
furosemide tablet	Tier-1	
hydrochlorothiazide	Tier-1	
indapamide	Tier-1	
methyclothiazide	Tier-2	
metolazone	Tier-2	
spironolacton-hydrochlorothiaz	Tier-2	
spironolactone	Tier-1	
THALITONE	Tier-4	
torsemide	Tier-2	
triamterene-hydrochlorothiazid	Tier-1	
LIPID LOWERING AGENTS		
ADVICOR	Tier-4	
atorvastatin	Tier-2	
cholestyramine light	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
colestipol	Tier-2	
fenofibrate	Tier-2	
fenofibrate micronized	Tier-2	
fenofibrate nanocrystallized	Tier-2	
fenofibric acid (choline)	Tier-2	
fluvastatin	Tier-1	
gemfibrozil	Tier-2	
Juxtapid capsule 10 mg, 5 mg	Tier-5	PA; QL (30 EA per 30 Day(s))
Juxtapid capsule 20 mg	Tier-5	PA; QL (90 EA per 30 Day(s))
Kynamro	Tier-5	PA; QL (4 ML per 30 Day(s))
lovastatin	Tier-1	
LOVAZA	Tier-3	
niacor	Tier-2	
NIASPAN EXTENDED-RELEASE	Tier-3	
pravastatin	Tier-1	
PREVALITE	Tier-4	
SIMCOR	Tier-3	
simvastatin	Tier-1	
VYTORIN 10-10	Tier-4	
VYTORIN 10-20	Tier-4	
VYTORIN 10-40	Tier-4	
VYTORIN 10-80	Tier-4	
WELCHOL	Tier-4	
ZETIA	Tier-3	
POTASSIUM REPLACEMENT		
K-TAB	Tier-4	
klor-con	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
klor-con 10	Tier-2	
KLOR-CON M15	Tier-4	
klor-con m20	Tier-2	
potassium chloride er capsule,extended release 10 meq	Tier-1	
potassium chloride er capsule,extended release 8 meq	Tier-2	
potassium chloride er tablet,extended release(part/cryst)	Tier-2	
SELECTIVE ALDOSTERONE BLOCKER		
eplerenone	Tier-2	STPA
spironolactone	Tier-1	
VASODILATORS		
BIDIL	Tier-3	
hydralazine inj	Tier-2	
hydralazine oral	Tier-1	
isosorbide dinitrate	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
ACCU-CHEK ACTIVE TEST	Tier-3	* Part B
ACCU-CHEK AVIVA	Tier-3	* Part B
ACCU-CHEK AVIVA PLUS	Tier-3	* Part B
ACCU-CHEK COMFORT CURVE TEST	Tier-3	* Part B
ACCU-CHEK COMPACT TEST	Tier-3	* Part B
ACCU-CHEK SMARTVIEW STRIPS	Tier-3	* Part B
alcohol swabs	Tier-2	
curity gauze	Tier-2	
huber safety needles (disp.)	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
insulin syringe-needle u-100	Tier-3	
ONE TOUCH TEST	Tier-3	* Part B
ONE TOUCH ULTRA TEST	Tier-3	* Part B
ONE TOUCH VERIO	Tier-3	* Part B
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-3	
GLUCAGON EMERGENCY	Tier-3	
PROGLYCEM	Tier-4	
INSULINS		
HUMALOG	Tier-3	
HUMALOG KWIKPEN	Tier-4	
HUMALOG MIX 50-50	Tier-3	
HUMALOG MIX 50-50 KWIKPEN	Tier-4	
HUMALOG MIX 75-25	Tier-3	
HUMALOG MIX 75-25 KWIKPEN	Tier-4	
HUMULIN 70/30	Tier-3	
HUMULIN 70/30 PEN	Tier-4	
HUMULIN N	Tier-3	
HUMULIN N PEN	Tier-4	
HUMULIN R	Tier-3	
HUMULIN R U-500 "CONCENTRATED"	Tier-3	
LANTUS	Tier-3	
LANTUS SOLOSTAR	Tier-4	
LEVEMIR	Tier-3	
LEVEMIR FLEXPEN	Tier-4	
NOVOLIN 70/30	Tier-3	
NOVOLIN N	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
NOVOLIN R	Tier-3	
NOVOLOG	Tier-3	
NOVOLOG FLEXPEN	Tier-4	
NOVOLOG MIX 70-30	Tier-3	
NOVOLOG MIX 70-30 FLEXPEN	Tier-4	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-3	
BYETTA	Tier-3	
SYMLINPEN 120	Tier-4	
SYMLINPEN 60	Tier-4	
VICTOZA 3-PAK	Tier-4	
ORAL AGENTS		
acarbose	Tier-2	
ACTOPLUS MET	Tier-4	
ACTOPLUS MET XR	Tier-4	
ACTOS	Tier-4	
chlorpropamide	Tier-2	
DUETACT	Tier-4	
glimepiride	Tier-1	
glipizide er tablet, extended release 24 hr	Tier-2	
glipizide tablet	Tier-1	
glipizide-metformin	Tier-1	
glyburide	Tier-1	
glyburide micronized	Tier-1	
glyburide-metformin	Tier-2	
JANUMET	Tier-3	
JANUMET XR	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
JANUVIA	Tier-3	
JENTADUETO	Tier-4	
JUVISYNC	Tier-3	
KOMBIGLYZE XR	Tier-3	
Korlym	Tier-5	PA; QL (120 EA per 30 Day(s))
metformin er tablet,extended release 24 hr	Tier-2	
metformin er tablet,extended release 24hr	Tier-2	
metformin tablet	Tier-1	
nateglinide	Tier-2	
ONGLYZA	Tier-3	
pioglitazone	Tier-3	
pioglitazone-glimepiride	Tier-3	
pioglitazone-metformin	Tier-3	
PRANDIMET	Tier-4	
PRANDIN	Tier-3	
repaglinide	Tier-2	
RIOMET	Tier-4	
tolazamide	Tier-2	
tolbutamide	Tier-2	
TRADJENTA	Tier-4	
EAR, NOSE AND THROAT		
EAR		
acetasol hc	Tier-2	
acetic acid	Tier-2	
CIPRODEX	Tier-3	
COLY-MYCIN S	Tier-4	
CORTISPORIN-TC	Tier-4	

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Drug Name	Drug Tier	Coverage Notes
DERMOTIC OIL	Tier-3	
fluocinolone acetonide oil	Tier-2	
hydrocortisone-acetic acid	Tier-2	
ofloxacin	Tier-2	
MOUTH AND THROAT		
cevimeline	Tier-2	
chlorhexidine gluconate	Tier-1	
doxycycline hyclate	Tier-1	
EVOXAC	Tier-3	
periogard	Tier-1	
pilocarpine hcl	Tier-2	
sodium fluoride	Tier-2	
triamcinolone acetonide	Tier-2	
NOSE		
ASTEPRO	Tier-3	QL (120 ML per 90 day(s))
azelastine	Tier-2	QL (120 ML per 90 day(s))
BACTROBAN NASAL	Tier-4	
desloratadine	Tier-3	
flunisolide	Tier-2	QL (150 ML per 90 day(s))
fluticasone	Tier-2	QL (48 GM per 90 day(s))
hydroxyzine hcl	Tier-2	
hydroxyzine pamoate	Tier-2	
ipratropium bromide nasal spray 0.03 %	Tier-2	QL (180 ML per 90 day(s))
ipratropium bromide nasal spray 0.06 %	Tier-2	QL (90 ML per 90 day(s))
levocetirizine	Tier-2	
NASONEX	Tier-3	QL (102 GM per 90 day(s))
triamcinolone acetonide	Tier-3	QL (49.5 GM per 90 day(s))

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Drug Name	Drug Tier	Coverage Notes
TYZINE	Tier-4	
EYE		
ALLERGY		
ALOCRIL	Tier-4	
ALOMIDE	Tier-4	
azelastine	Tier-2	
cromolyn	Tier-2	
EMADINE	Tier-4	
epinastine	Tier-2	
LASTACAFT	Tier-4	
naphazoline	Tier-2	
ANTI-INFECTIVES		
AZASITE	Tier-4	QL (2.5 ML per 7 day(s))
bacitracin opht	Tier-2	
bacitracin-polymyxin b	Tier-2	
BESIVANCE	Tier-4	
BLEPHAMIDE	Tier-4	
BLEPHAMIDE S.O.P.	Tier-4	
ciprofloxacin	Tier-2	
erythromycin	Tier-2	
gentak	Tier-1	
gentamicin	Tier-1	
levofloxacin opht	Tier-2	
MOXEZA	Tier-4	
neomycin-bacitracin-poly-hc	Tier-2	
neomycin-bacitracin-polymyxin	Tier-2	
neomycin-polymyxin-hc	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
ofloxacin	Tier-2	
sulfacetamide sodium	Tier-2	
sulfacetamide-prednisolone	Tier-2	
TOBRADEX	Tier-4	
TOBRADEX ST	Tier-4	
tobramycin	Tier-2	
tobramycin-dexamethasone	Tier-2	
trimethoprim-polymyxin b	Tier-1	
VIGAMOX	Tier-4	
ANTI-INFLAMMATORIES		
ALREX	Tier-4	
bromfenac	Tier-2	
dexamethasone sodium phosphate	Tier-2	
diclofenac sodium	Tier-2	
FLAREX	Tier-4	
fluor-op	Tier-2	
fluorometholone	Tier-2	
flurbiprofen sodium	Tier-2	
FML FORTE	Tier-4	
FML S.O.P.	Tier-3	
ketorolac opht	Tier-2	
LOTEMAX EYE DROPS,SUSPENSION	Tier-4	
MAXIDEX	Tier-4	
neomycin-polymyxin-dexameth	Tier-2	
neomycin-polymyxin-gramicidin	Tier-2	
neomycin-polymyxin-hc	Tier-2	
NEVANAC	Tier-4	

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Drug Name	Drug Tier	Coverage Notes
PRED MILD	Tier-3	
PRED-G	Tier-3	
PRED-G S.O.P.	Tier-3	
prednisolone acetate	Tier-2	
PROLENSA	Tier-4	
VEXOL	Tier-3	
ZYLET	Tier-4	
ANTIVIRALS		
trifluridine	Tier-2	
ZIRGAN	Tier-4	
GLAUCOMA		
acetazolamide	Tier-2	
ALPHAGAN P EYE DROPS 0.1 %	Tier-4	
apraclonidine	Tier-2	
AZOPT	Tier-3	
betaxolol	Tier-2	
BETIMOL	Tier-3	
BETOPTIC S	Tier-4	
brimonidine	Tier-2	
carteolol	Tier-2	
COMBIGAN	Tier-4	QL (10 ML per 30 day(s))
dorzolamide	Tier-2	
dorzolamide-timolol	Tier-2	
IOPIDINE	Tier-4	
latanoprost	Tier-2	
levobunolol	Tier-1	
LUMIGAN	Tier-4	STPA

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Drug Name	Drug Tier	Coverage Notes
methazolamide	Tier-2	
metipranolol	Tier-2	
PILOPINE HS	Tier-3	
SIMBRINZA	Tier-4	
timolol eye gel forming solution	Tier-2	
timolol maleate eye drops	Tier-1	
TRAVATAN Z	Tier-4	STPA
travoprost (benzalkonium)	Tier-3	
ZIOPTAN (PF)	Tier-4	STPA; QL (90 EA per 90 day(s))
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-4	
NATACYN	Tier-4	
RESTASIS	Tier-3	PA
GASTROINTESTINAL DRUGS		
EMESIS		
ALOXI	Tier-3	B/D; QL (5 ML per 7 day(s))
ANZEMET TABLET 100 MG	Tier-3	B/D; QL (5 EA per 7 day(s))
ANZEMET TABLET 50 MG	Tier-3	B/D; QL (3 EA per 7 day(s))
CESAMET	Tier-3	B/D; QL (30 EA per 7 day(s))
compro	Tier-2	
dronabinol capsule 10 mg	Tier-5	B/D
dronabinol capsule 2.5 mg, 5 mg	Tier-2	B/D
EMEND CAPSULE 125 MG	Tier-3	B/D; QL (1 EA per 7 day(s))
EMEND CAPSULE 40 MG, 80 MG	Tier-3	B/D; QL (2 EA per 7 day(s))
EMEND CAPSULES IN A DOSE PACK	Tier-3	B/D; QL (3 EA per 7 day(s))
granisetron	Tier-2	B/D; QL (10 EA per 7 day(s))
GRANISOL	Tier-3	B/D; QL (45 ML per 7 day(s))

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Drug Name	Drug Tier	Coverage Notes
meclizine	Tier-2	
metoclopramide hcl	Tier-2	
ondansetron	Tier-2	B/D; QL (12 EA per 7 day(s))
ondansetron hcl oral solution	Tier-2	B/D; QL (150 ML per 7 day(s))
ondansetron hcl tablet 24 mg	Tier-2	B/D; QL (4 EA per 7 day(s))
ondansetron hcl tablet 4 mg, 8 mg	Tier-2	B/D; QL (12 EA per 7 day(s))
prochlorperazine	Tier-2	
prochlorperazine edisylate	Tier-2	
prochlorperazine maleate	Tier-2	
SANCUSO	Tier-4	B/D; QL (1 EA per 7 day(s))
TRANSDERM-SCOP	Tier-4	
ENZYMES		
Buphenyl	Tier-5	
CARBAGLU	Tier-3	PA
CREON	Tier-3	
CYSTAGON	Tier-4	
PANCREAZE	Tier-4	
PERTZYE	Tier-4	
sodium phenylbutyrate	Tier-2	
ULTRESA	Tier-4	
VIOKACE	Tier-4	
ZENPEP	Tier-4	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
CANTIL	Tier-4	
Cimzia	Tier-5	PA; QL (2 EA per 30 day(s))
Cimzia Powder for Reconst	Tier-5	PA; * Part B

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Drug Name	Drug Tier	Coverage Notes
COLYTE WITH FLAVOR PACKS	Tier-4	
constulose	Tier-2	
cromolyn	Tier-2	
dicyclomine	Tier-1	
enulose	Tier-2	
Fulyzaq	Tier-5	PA
Gattex One-Vial	Tier-5	PA; QL (30 EA per 30 Day(s))
generlac	Tier-2	
glycopyrrolate oral	Tier-2	
GOLYTELY	Tier-3	
HALFLYTELY-BISACODYL W-FLAV PK	Tier-3	
KRISTALOSE	Tier-3	
lactulose	Tier-2	
levocarnitine	Tier-2	B/D
levocarnitine (with sugar)	Tier-2	B/D
LINZESS	Tier-4	QL (30 EA per 30 Day(s))
loperamide	Tier-2	
LOTRONEX	Tier-3	
MOVIPREP	Tier-4	
OSMOPREP	Tier-4	
polyethylene glycol 3350	Tier-2	
propantheline	Tier-2	
SUPREP	Tier-4	
trilyte with flavor packets	Tier-2	
ursodiol	Tier-2	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		

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Drug Name	Drug Tier	Coverage Notes
CARAFATE	Tier-4	
cimetidine oral solution	Tier-2	
cimetidine tablet	Tier-1	
famotidine oral suspension	Tier-2	
famotidine tablet	Tier-1	
HELIDAC	Tier-4	
lansoprazole	Tier-3	
methscopolamine	Tier-2	
misoprostol	Tier-2	
nizatidine	Tier-2	
omeprazole	Tier-2	
omeprazole-sodium bicarbonate	Tier-3	
pantoprazole	Tier-2	
PREVPAC	Tier-4	
PYLERA	Tier-3	
ranitidine capsule	Tier-1	
ranitidine syrup	Tier-2	
ranitidine tablet	Tier-1	
RELISTOR	Tier-3	
sucralfate	Tier-2	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-3	
APRISO	Tier-3	
ASACOL	Tier-3	
ASACOL HD	Tier-3	
balsalazide	Tier-2	
budesonide	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
CANASA	Tier-3	
colocort	Tier-2	
DELZICOL	Tier-3	
DIPENTUM	Tier-3	
ENTOCORT EC	Tier-4	
hydrocortisone	Tier-2	
mesalamine-cleansing wipes	Tier-2	
PENTASA	Tier-3	
SFROWASA	Tier-4	
sulfasalazine	Tier-2	
sulfazine ec	Tier-2	
UCERIS	Tier-4	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-3	HI; * Part B
acetazolamide sodium	Tier-2	HI
acyclovir sodium	Tier-2	HI
allopurinol sodium	Tier-2	HI
AMBISOME	Tier-3	HI; * Part B
amikacin	Tier-2	HI; * Part B
AMPHOTEC	Tier-3	HI; * Part B
amphotericin b	Tier-2	HI; * Part B
ampicillin sodium	Tier-2	HI; * Part B
ampicillin-sulbactam	Tier-2	HI; * Part B
ANZEMET	Tier-3	QL (10 ML per 7 day(s))
ARGATROBAN	Tier-4	HI
ARGATROBAN IN 0.9 % SOD CHLOR	Tier-4	HI

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Drug Name	Drug Tier	Coverage Notes
ATGAM	Tier-3	HI; * Part B
atropine injection syringe 0.05 mg/ml	Tier-2	HI
AVELOX IN NACL (ISO-OSMOTIC)	Tier-3	HI; * Part B
AZACTAM	Tier-3	HI; * Part B
AZACTAM IN DEXTROSE (ISO-OSM)	Tier-3	HI; * Part B
azathioprine sodium	Tier-2	B/D
azithromycin	Tier-2	HI; * Part B
aztreonam	Tier-2	HI; * Part B
benztropine	Tier-2	HI
BONIVA IV	Tier-3	PA
bumetanide	Tier-2	HI
buprenorphine inj	Tier-2	HI
butorphanol tartrate	Tier-2	HI
calcitriol	Tier-2	
CANCIDAS	Tier-3	HI; * Part B
CAPASTAT	Tier-3	HI
cefazolin	Tier-2	HI; * Part B
cefazolin in dextrose (iso-os)	Tier-2	HI; * Part B
cefepime	Tier-2	HI; * Part B
cefotaxime	Tier-2	HI; * Part B
cefotetan	Tier-2	HI; * Part B
cefoxitin	Tier-2	HI; * Part B
cefoxitin in dextrose, iso-osm	Tier-2	HI; * Part B
ceftazidime	Tier-2	HI; * Part B
ceftazidime in d5w	Tier-2	HI; * Part B
ceftriaxone	Tier-2	HI; * Part B
cefuroxime sodium	Tier-2	HI; * Part B

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Drug Name	Drug Tier	Coverage Notes
chloramphenicol sod succinate	Tier-2	HI; * Part B
cidofovir	Tier-2	
cimetidine hcl	Tier-2	HI
ciprofloxacin	Tier-2	HI; * Part B
CLEOCIN INJ	Tier-3	HI; * Part B
CLEOCIN IN 5 % DEXTROSE	Tier-3	HI; * Part B
clindamycin phosphate	Tier-2	HI; * Part B
colistin (colistimethate na)	Tier-2	HI; * Part B
CUBICIN	Tier-5	B/D; HI
cyclosporine	Tier-2	B/D
dexamethasone sodium phosphate	Tier-2	HI
diltiazem hcl	Tier-2	HI
DORIBAX	Tier-3	HI; * Part B
doxycycline hyclate	Tier-2	HI; * Part B
duramorph (pf)	Tier-2	HI
ERAXIS(WATER DILUENT)	Tier-3	HI; * Part B
ERYTHROCIN	Tier-3	HI; * Part B
fluconazole in dextrose(iso-o)	Tier-2	HI; * Part B
FORTAZ	Tier-3	HI; * Part B
FORTAZ IN DEXTROSE 5 %	Tier-3	HI; * Part B
foscarnet	Tier-2	HI
gentamicin	Tier-2	HI; * Part B
gentamicin in nacl (iso-osm)	Tier-2	HI; * Part B
gentamicin sulfate (pf)	Tier-2	HI; * Part B
granisetron	Tier-2	B/D; HI; QL (40 ML per 7 day(s))
granisetron (pf)	Tier-2	B/D; HI; QL (40 ML per 7 day(s))
HECTOROL	Tier-3	B/D

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Drug Name	Drug Tier	Coverage Notes
heparin (porcine)	Tier-2	B/D; HI
heparin (porcine) in d5w	Tier-2	B/D; HI
heparin (porcine) in nacl (pf)	Tier-2	B/D; HI
heparin(porcine) in 0.45% nacl	Tier-2	B/D; HI
hydromorphone (pf)	Tier-2	HI
imipenem-cilastatin	Tier-2	HI; * Part B
INVANZ	Tier-3	HI; * Part B
isoniazid	Tier-2	HI
kanamycin	Tier-2	HI; * Part B
lactated ringers iv	Tier-2	HI
LEVAQUIN IN D5W	Tier-3	HI; * Part B
levocarnitine	Tier-2	B/D; HI
levofloxacin in d5w	Tier-2	HI; * Part B
lidocaine (pf)	Tier-2	HI
LINCOCIN	Tier-3	HI; * Part B
meropenem	Tier-2	HI; * Part B
MERREM	Tier-3	HI; * Part B
methadone	Tier-2	HI
methotrexate sodium (pf)	Tier-2	HI
metoprolol tartrate	Tier-2	HI
metronidazole in nacl (iso-os)	Tier-2	HI; * Part B
MYCAMINE	Tier-3	HI; * Part B
nafcillin	Tier-2	HI; * Part B
nafcillin in dextrose iso-osm	Tier-2	HI; * Part B
ondansetron hcl (pf)	Tier-2	B/D; HI
oxacillin	Tier-2	HI; * Part B
oxacillin in dextrose(iso-osm)	Tier-2	HI; * Part B

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Drug Name	Drug Tier	Coverage Notes
pamidronate	Tier-2	HI
pantoprazole	Tier-2	
penicillin g pot in dextrose	Tier-2	HI; * Part B
penicillin g potassium	Tier-2	HI; * Part B
penicillin g sodium	Tier-2	HI; * Part B
PFIZERPEN-G	Tier-3	HI; * Part B
piperacillin-tazobactam	Tier-2	HI; * Part B
polymyxin b sulfate	Tier-2	HI; * Part B
potassium chloride	Tier-2	HI
PRIMAXIN IV	Tier-3	HI; * Part B
PROGRAF IV	Tier-3	B/D; HI
PROTONIX IV	Tier-3	
Remodulin	Tier-5	PA
RETROVIR IV	Tier-3	HI
sulfamethoxazole-trimethoprim	Tier-2	HI
SYNERCID	Tier-3	HI; * Part B
TEFLARO	Tier-3	HI; * Part B
TIMENTIN	Tier-3	HI; * Part B
tobramycin in 0.9 % nacl	Tier-2	HI; * Part B
tobramycin sulfate	Tier-2	HI; * Part B
TYGACIL	Tier-3	HI; * Part B
valproate sodium	Tier-2	HI
vancomycin	Tier-2	B/D; HI
VFEND IV	Tier-3	HI; * Part B
VIBATIV	Tier-3	HI; * Part B
VISTIDE	Tier-3	HI; * Part B
voriconazole	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
ZEMPLAR	Tier-3	HI
ZINACEF	Tier-3	HI; * Part B
ZINACEF IN DEXTROSE (ISO-OSM)	Tier-3	HI; * Part B
ZINACEF IN STERILE WATER	Tier-3	HI; * Part B
ZOSYN	Tier-3	HI; * Part B
ZOSYN IN DEXTROSE (ISO-OSM)	Tier-3	HI; * Part B
Zyvox	Tier-5	HI; * Part B
ELECTROLYTES		
ammonium chloride	Tier-2	HI
d10 % & 0.45 % sodium chloride	Tier-2	HI
d2.5 %-0.45 % sodium chloride	Tier-2	HI
d5 % and 0.9 % sodium chloride	Tier-2	HI
d5 %-0.45 % sodium chloride	Tier-2	HI
dextrose 10 % & 0.2 % nacl	Tier-2	HI
dextrose 10 % in water (d10w)	Tier-2	HI
dextrose 5 % in water (d5w)	Tier-2	HI
dextrose 5%-0.2 % sod chloride	Tier-2	HI
dextrose 5%-0.3 % sod.chloride	Tier-2	HI
dextrose 5%-lactated ringers	Tier-2	HI
IONOSOL-B IN D5W	Tier-3	HI
IONOSOL-MB IN D5W	Tier-3	HI
ISOLYTE-H IN D5W	Tier-3	HI
ISOLYTE-M IN D5W	Tier-3	HI
ISOLYTE-P IN D5W	Tier-3	HI
ISOLYTE-S	Tier-3	HI
ISOLYTE-S IN D5W	Tier-3	HI
NORMOSOL-M IN D5W	Tier-3	HI

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Drug Name	Drug Tier	Coverage Notes
NORMOSOL-R IN D5W	Tier-3	HI
NORMOSOL-R PH 7.4	Tier-3	HI
PLASMA-LYTE 148	Tier-3	HI
PLASMA-LYTE A	Tier-3	HI
PLASMA-LYTE-56 IN D5W	Tier-3	HI
potassium chlorid-d5-0.45%nacl	Tier-2	HI
potassium chloride	Tier-2	HI
potassium chloride in 0.9%nacl	Tier-2	HI
potassium chloride in d5w	Tier-2	HI
potassium chloride in lr-d5	Tier-2	HI
potassium chloride-0.45 % nacl	Tier-2	HI
potassium chloride-d5-0.2%nacl	Tier-2	HI
potassium chloride-d5-0.3%nacl	Tier-2	HI
potassium chloride-d5-0.9%nacl	Tier-2	HI
ringers iv	Tier-2	HI
sodium chloride	Tier-2	HI
sodium chloride 0.45 %	Tier-2	HI
sodium chloride 0.9 %	Tier-2	HI
sodium chloride 3 %	Tier-2	HI
sodium chloride 5 %	Tier-2	HI
sodium lactate	Tier-2	HI
IV NUTRITION		
AMINOSYN 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN II 10 %	Tier-3	B/D; HI
AMINOSYN II 15%	Tier-3	B/D; HI
AMINOSYN II 7 %	Tier-3	B/D; HI
AMINOSYN II 8.5 %	Tier-3	B/D; HI

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Drug Name	Drug Tier	Coverage Notes
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN M 3.5 %	Tier-3	B/D; HI
AMINOSYN-HBC 7%	Tier-3	B/D; HI
AMINOSYN-PF 10 %	Tier-3	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-3	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX 5%/D25W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D20W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D25W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX 5%/D20W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX E 2.75%/D10W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D20W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D25W SULFIT FREE	Tier-3	B/D; HI
CLINISOL SF 15 %	Tier-3	B/D; HI
FREAMINE III 3 %-ELECTROLYTES	Tier-3	B/D; HI
FREAMINE III 8.5 %	Tier-3	B/D; HI
HEPATAMINE 8%	Tier-3	B/D; HI
HEPATASOL 8 %	Tier-3	B/D; HI
INTRALIPID	Tier-3	B/D; HI
NEPHRAMINE 5.4 %	Tier-3	B/D; HI

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Drug Name	Drug Tier	Coverage Notes
PREMASOL 10 %	Tier-3	B/D; HI
PREMASOL 6 %	Tier-3	B/D; HI
PROCALAMINE 3%	Tier-3	B/D; HI
PROSOL 20%	Tier-3	B/D; HI
tpn electrolytes	Tier-2	B/D; HI
TRAVASOL 10 %	Tier-3	B/D; HI
TROPHAMINE 10 %	Tier-3	B/D; HI
TROPHAMINE 6%	Tier-3	B/D; HI
HORMONES		
ADRENAL CORTICOSTEROIDS		
a-hydrocort	Tier-2	
cortisone	Tier-2	
DEPO-MEDROL	Tier-3	
dexamethasone oral elixir	Tier-2	
dexamethasone tablet	Tier-1	
dexamethasone intensol	Tier-2	
dexpak 13 day	Tier-2	
fludrocortisone	Tier-2	
hydrocortisone	Tier-2	
LYSODREN	Tier-3	
methylprednisolone	Tier-2	Transplant
methylprednisolone acetate	Tier-2	
methylprednisolone sodium succ	Tier-2	Transplant
MILLIPRED	Tier-4	Transplant
ORAPRED	Tier-4	Transplant
ORAPRED ODT	Tier-4	Transplant
prednisolone sodium phosphate	Tier-2	Transplant

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Drug Name	Drug Tier	Coverage Notes
prednisone oral solution	Tier-2	Transplant
prednisone tablet	Tier-1	Transplant
PREDNISONE INTENSOL	Tier-4	Transplant
SOLU-CORTEF (PF)	Tier-4	
SOLU-MEDROL (PF)	Tier-4	Transplant
VERIPRED 20	Tier-4	Transplant
ANDROGENS		
ANDROGEL	Tier-3	
ANDROXY	Tier-4	
danazol	Tier-2	
DELATESTRYL	Tier-4	
DEPO-TESTOSTERONE	Tier-4	
METHITEST	Tier-4	
oxandrolone tablet 10 mg	Tier-5	
oxandrolone tablet 2.5 mg	Tier-2	
STRIANT	Tier-4	
TESTIM	Tier-3	
testosterone cypionate	Tier-2	
testosterone enanthate	Tier-2	
TESTRED	Tier-4	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-3	* Part B
FIRMAGON	Tier-3	* Part B
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier-3	* Part B
Lupron Depot intramuscular syringe kit 7.5 mg	Tier-5	* Part B
Lupron Depot (3 Month)	Tier-5	* Part B

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Drug Name	Drug Tier	Coverage Notes
Lupron Depot (4 Month)	Tier-5	* Part B
Lupron Depot (6 Month)	Tier-5	* Part B
Lupron Depot-Ped	Tier-5	* Part B
Lupron Depot-Ped (3 Month)	Tier-5	* Part B
SYNAREL	Tier-3	
TRELSTAR	Tier-3	* Part B
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
levothroid	Tier-1	
levothyroxine	Tier-1	
levoxyl	Tier-1	
liothyronine oral	Tier-2	
methimazole	Tier-2	
propylthiouracil	Tier-2	
SYNTHROID	Tier-4	
THYROLAR-1	Tier-4	
THYROLAR-1/2	Tier-4	
THYROLAR-1/4	Tier-4	
THYROLAR-2	Tier-4	
THYROLAR-3	Tier-4	
TIROSINT	Tier-4	
unithroid	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB (PF)	Tier-3	* Part B
Actimmune	Tier-5	
ADACEL (ADOLESCENT &ADULT)(PF)	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
Adagen	Tier-5	
AFLURIA 2011-2012	Tier-3	* Part B
AFLURIA 2011-2012 (PF)	Tier-3	* Part B
BOOSTRIX	Tier-3	
Carimune NF Nanofiltered	Tier-5	PA; HI; * Part B
CERVARIX VACCINE (PF)	Tier-3	
COMVAX (PF)	Tier-3	
DAPTACEL (PEDIATRIC) (PF)	Tier-3	
DECAVAC (PF)	Tier-3	
ENGERIX-B (PF)	Tier-3	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-3	B/D
FLUARIX 2011-2012 (PF)	Tier-3	* Part B
FLULAVAL 2011-2012	Tier-3	* Part B
FLUVIRIN 2011-2012	Tier-3	* Part B
FLUVIRIN 2011-2012 (PF)	Tier-3	* Part B
FLUZONE 2011-2012	Tier-3	* Part B
FLUZONE 2011-2012 (PF)	Tier-3	* Part B
FLUZONE HIGH-DOSE 2011-12 (PF)	Tier-3	* Part B
FLUZONE INTRADERM 2011-12 (PF)	Tier-3	* Part B
Gammagard Liquid	Tier-5	PA; HI; * Part B
Gammaplex	Tier-5	PA; HI; * Part B
Gamunex-C	Tier-5	PA; HI; * Part B
GARDASIL (PF)	Tier-3	
HAVRIX (PF)	Tier-3	
HIBERIX (PF)	Tier-3	* Part B
IMOVAX RABIES VACCINE (PF)	Tier-3	
INFANRIX (PF)	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
IPOL	Tier-3	
IXIARO (PF)	Tier-3	
M-M-R II (PF)	Tier-3	
MENACTRA (PF)	Tier-3	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-3	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-3	
PEDVAX HIB (PF)	Tier-3	
PNEUMOVAX 23	Tier-3	* Part B
PREVNAR 13 (PF)	Tier-3	* Part B
Privigen	Tier-5	PA; HI; * Part B
PROQUAD (PF)	Tier-3	
RABAVERT (PF)	Tier-3	
RECOMBIVAX HB (PF)	Tier-3	B/D
ROTATEQ VACCINE	Tier-3	
tetanus toxoid,adsorbed (pf)	Tier-3	
tetanus-diphtheria toxoids-td	Tier-3	
TWINRIX (PF)	Tier-3	
TYPHIM VI	Tier-3	
VAQTA (PF)	Tier-3	
VARIVAX (PF)	Tier-3	
YF-VAX (PF)	Tier-3	
ZOSTAVAX (PF)	Tier-3	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-4	B/D
BENLYSTA	Tier-3	PA; * Part B
CELLCEPT ORAL SUSPENSION	Tier-4	B/D
cyclosporine	Tier-2	B/D

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Drug Name	Drug Tier	Coverage Notes
cyclosporine modified	Tier-2	B/D
gengraf	Tier-2	B/D
mycophenolate mofetil	Tier-2	B/D
MYFORTIC	Tier-4	B/D
NULOJIX	Tier-3	B/D
RAPAMUNE	Tier-3	B/D
Simulect	Tier-5	B/D
tacrolimus capsule 0.5 mg, 1 mg	Tier-2	B/D
tacrolimus capsule 5 mg	Tier-5	B/D
ZORTRESS	Tier-3	B/D; QL (180 EA per 90 day(s))
MISCELLANEOUS DRUGS		
ACROMEGALY		
octreotide acetate injection solution 1,000 mcg/mL, 500 mcg/mL	Tier-5	
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	Tier-2	
Sandostatin injection solution 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL	Tier-5	
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	Tier-3	
Sandostatin LAR Depot	Tier-5	
Somatuline Depot	Tier-5	* Part B
Somavert	Tier-5	PA
AMYOTROPHIC LATERAL SCLEROSIS		
Rilutek	Tier-5	
riluzole	Tier-3	
ANAPHYLAXIS EMERGENCY		
AUVI-Q	Tier-4	QL (2 EA per 7 Day(s))

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Drug Name	Drug Tier	Coverage Notes
epinephrine	Tier-2	QL (2 ML per 7 Day(s))
EPIPEN 2-PAK	Tier-3	QL (2 EA per 7 day(s))
EPIPEN JR 2-PAK	Tier-3	QL (2 EA per 7 day(s))
midodrine	Tier-2	
TWINJECT AUTOINJECTOR	Tier-3	QL (2 EA per 7 day(s))
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-3	PA
ILARIS (PF)	Tier-3	PA; * Part B
CUSHING DISEASE		
Signifor	Tier-5	PA
CYSTIC FIBROSIS		
Cayston	Tier-5	
Kalydeco	Tier-5	PA; QL (60 EA per 30 day(s))
Pulmozyme	Tier-5	B/D
Tobi	Tier-5	B/D
Tobi Podhaler	Tier-5	
CYSTINURIA		
CYSTADANE	Tier-3	
DETOXIFICATION AGENTS		
CHEMET	Tier-4	
EXJADE DISPERSIBLE TABLET 125 MG	Tier-3	
Exjade dispersible tablet 250 mg, 500 mg	Tier-5	
FABRY DISEASE		
Fabrazyme	Tier-5	PA; * Part B
GAUCHER DISEASE		
Cerezyme	Tier-5	PA; * Part B

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Drug Name	Drug Tier	Coverage Notes
Elelyso	Tier-5	PA; * Part B
VPRIV	Tier-5	PA; * Part B
Zavesca	Tier-5	PA
GROWTH HORMONE DEFICIENY		
Egrifta	Tier-5	PA
Genotropin	Tier-5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	Tier-3	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	Tier-5	PA
Humatrope injection cartridge 12 (36 unit) mg, 24 (72 unit) mg	Tier-5	PA
HUMATROPE INJECTION CARTRIDGE 6 (18 UNIT) MG	Tier-3	PA
Humatrope solution for injection	Tier-5	PA
Increlex	Tier-5	PA
Norditropin FlexPro	Tier-5	PA
Norditropin Nordiflex	Tier-5	PA
Nutropin	Tier-5	PA
Nutropin AQ	Tier-5	PA
Nutropin AQ Nuspin	Tier-5	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE	Tier-3	PA
Omnitrope subcutaneous solution	Tier-5	PA
Saizen	Tier-5	PA
Saizen click.easy	Tier-5	PA
Serostim	Tier-5	PA
TEV-TROPIN	Tier-3	PA

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Drug Name	Drug Tier	Coverage Notes
Zorbtive	Tier-5	PA
HEREDITARY ANGIOEDEMA		
Cinryze	Tier-5	PA; * Part B
Firazyr	Tier-5	PA; QL (3 ML per 7 day(s))
HEREDITARY TYROSINEMIA TYPE 2		
Orfadin	Tier-5	PA
HUNTINGTON DISEASE		
Xenazine tablet 12.5 mg	Tier-5	PA; QL (90 EA per 30 day(s))
Xenazine tablet 25 mg	Tier-5	PA; QL (120 EA per 30 day(s))
HYPERCALCEMIA		
HECTOROL	Tier-3	B/D
SENSIPAR TABLET 30 MG	Tier-3	
Sensipar tablet 60 mg, 90 mg	Tier-5	
HYPERPARATHYROIDISM		
calcitriol	Tier-2	
ZEMPLAR	Tier-3	
MUCOPOLYSACCHARIDOSIS		
Aldurazyme	Tier-5	* Part B
ELAPRASE	Tier-5	* Part B
Naglazyme	Tier-5	* Part B
MULTIPLE SCLEROSIS		
AMPYRA	Tier-3	PA; QL (60 EA per 30 day(s))
Aubagio	Tier-5	PA; QL (28 EA per 28 day(s))
Avonex	Tier-5	QL (4 EA per 30 day(s))
Avonex Administration Pack	Tier-5	QL (4 EA per 30 day(s))
Betaseron	Tier-5	QL (15 EA per 30 day(s))
Copaxone	Tier-5	QL (30 EA per 30 day(s))

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Drug Name	Drug Tier	Coverage Notes
Extavia	Tier-5	QL (15 EA per 30 day(s))
Gilenya	Tier-5	PA; QL (28 EA per 28 day(s))
Rebif	Tier-5	QL (11 ML per 30 day(s))
Rebif Titration Pack	Tier-5	QL (12 ML per 30 day(s))
Tecfidera capsule,delayed release 120 mg, 240 mg	Tier-5	PA; QL (60 EA per 30 Day(s))
Tecfidera capsule,delayed release 120 mg (14)-240 mg (46)	Tier-5	PA; QL (1 EA per 30 Day(s))
TYSABRI	Tier-5	PA; LA; * Part B
MYASTHENIA GRAVIS		
guanidine	Tier-2	
MESTINON SYRUP	Tier-4	
MESTINON TIMESPAN	Tier-3	
MYTELASE	Tier-4	
pyridostigmine bromide	Tier-2	
PAGET'S DISEASE		
etidronate disodium	Tier-2	
SKELID	Tier-3	
PHENYLKETONURIA		
Kuvan	Tier-5	PA
PHOSPHATE BINDERS		
calcium acetate	Tier-2	
FOSRENOL	Tier-3	
PHOSLYRA	Tier-3	
RENAGEL	Tier-3	
RENVELA	Tier-3	
POMPE DISEASE		

For Tufts Medicare Preferred HMO Prime Rx Plus members we provide coverage for Tier-1 and Tier-2 drugs through the Coverage Gap.

B/D: Medicare Part B or D \ HI: Home Infusion Drug \ LA: Limited Access Drug \ PA: Prior Authorization Required \ QL: Quantity Limit Applies \ STPA: Step Therapy Prior Authorization Applies \ Transplant: This drug is covered under Part B for members who have received a Medicare-covered organ transplant

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Drug Name	Drug Tier	Coverage Notes
LUMIZYME	Tier-3	* Part B
Myozyme	Tier-5	* Part B
POTASSIUM BINDER		
KAYEXALATE	Tier-4	
kionex	Tier-2	
sodium polystyrene (sorb free)	Tier-2	
PULMONARY HYPERTENSION		
Adcirca	Tier-5	PA; QL (60 EA per 30 day(s))
Letairis	Tier-5	PA
REVATIO IV	Tier-3	* Part B
Revatio oral	Tier-5	PA; QL (90 EA per 30 day(s))
sildenafil	Tier-5	PA; QL (90 EA per 30 day(s))
Tracleer	Tier-5	PA; LA
Ventavis	Tier-5	PA; LA; * Part B
RESPIRATORY SYNCYTIAL VIRUS		
Synagis	Tier-5	* Part B
SMOKING CESSATION		
buproban	Tier-2	
CHANTIX	Tier-4	QL (60 EA per 30 day(s))
CHANTIX STARTING MONTH BOX	Tier-4	QL (53 EA per 30 day(s))
NICOTROL	Tier-3	
NICOTROL NS	Tier-4	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
alfuzosin	Tier-2	
AVODART	Tier-3	
CIALIS	Tier-4	PA; QL (30 EA per 30 day(s))

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Drug Name	Drug Tier	Coverage Notes
finasteride	Tier-2	
JALYN	Tier-3	
tamsulosin	Tier-2	
UROLOGIC DISORDERS		
bethanechol chloride	Tier-2	
desmopressin	Tier-2	
DETROL LA	Tier-4	STPA
ELMIRON	Tier-4	
ENABLEX	Tier-4	STPA
flavoxate	Tier-2	
GELNIQUE	Tier-3	
MYRBETRIQ	Tier-4	STPA
oxybutynin chloride er tablet,extended release 24 hr	Tier-2	
oxybutynin chloride syrup	Tier-2	
oxybutynin chloride tablet	Tier-1	
OXYTROL	Tier-3	
potassium citrate	Tier-2	
SAMSCA	Tier-4	QL (14 EA per 7 day(s))
SANCTURA XR	Tier-4	
trospium er capsule,extended release 24 hr	Tier-3	
trospium tablet	Tier-2	
UROCIT-K 10	Tier-4	
UROCIT-K 15	Tier-4	
UROCIT-K 5	Tier-4	
VESICARE	Tier-3	
WILSON'S DISEASE		

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Drug Name	Drug Tier	Coverage Notes
DEPEN TITRATABS	Tier-3	
SYPRINE	Tier-3	
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
donepezil	Tier-2	
ergoloid	Tier-2	
EXELON ORAL SOLUTION	Tier-4	
EXELON TRANSDERMAL	Tier-4	
galantamine	Tier-2	
NAMENDA	Tier-3	
NAMENDA TITRATION PAK	Tier-3	
NAMENDA XR	Tier-3	
rivastigmine	Tier-2	
MIGRAINE THERAPY		
butalbital-acetaminop-caf-cod	Tier-2	QL (360 EA per 30 day(s))
dihydroergotamine	Tier-2	
MIGERGOT	Tier-3	
MIGRANAL	Tier-4	QL (8 ML per 30 day(s))
naratriptan	Tier-2	QL (9 EA per 30 day(s))
rizatriptan	Tier-2	QL (9 EA per 30 day(s))
sumatriptan subcutaneous	Tier-2	QL (4 ML per 30 day(s))
sumatriptan succinate oral	Tier-2	QL (9 EA per 30 day(s))
PARKINSONS DISEASE		
APOKYN	Tier-5	
AZILECT	Tier-3	
benztropine	Tier-1	
bromocriptine	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
cabergoline	Tier-2	
carbidopa-levodopa	Tier-2	
COMTAN	Tier-3	
CYCLOSET	Tier-3	
entacapone	Tier-2	
LODOSYN	Tier-3	
MIRAPEX ER	Tier-4	
NEUPRO	Tier-4	QL (30 EA per 30 day(s))
pramipexole	Tier-2	
ropinirole	Tier-2	
selegiline hcl	Tier-2	
STALEVO 100	Tier-3	
STALEVO 125	Tier-3	
STALEVO 150	Tier-3	
STALEVO 200	Tier-3	
STALEVO 50	Tier-3	
STALEVO 75	Tier-3	
TASMAR	Tier-3	
trihexyphenidyl	Tier-1	
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-3	PA
SEIZURES		
BANZEL ORAL SUSPENSION	Tier-3	PA; QL (2400 ML per 30 day(s))
BANZEL TABLET 200 MG	Tier-3	PA; QL (1440 EA per 90 day(s))
BANZEL TABLET 400 MG	Tier-3	PA; QL (720 EA per 90 day(s))
carbamazepine chewable tablet	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
carbamazepine er capsule,extended release mphase12hr	Tier-2	
carbamazepine er tablet,extended release,12 hr	Tier-2	
carbamazepine oral suspension	Tier-2	
carbamazepine tablet	Tier-1	
CELONTIN	Tier-4	
clonazepam	Tier-2	
diazepam oral	Tier-2	
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	Tier-2	
diazepam intensol	Tier-2	
DILANTIN	Tier-3	
DILANTIN INFATABS	Tier-3	
divalproex	Tier-2	
epitol	Tier-1	
ethosuximide	Tier-2	
felbamate	Tier-2	
gabapentin	Tier-2	
GABITRIL	Tier-3	
LAMICTAL ODT	Tier-4	
LAMICTAL XR	Tier-4	
lamotrigine chewable dispersible tablet	Tier-2	
lamotrigine er tablet,extended release 24 hr	Tier-3	
lamotrigine tablet	Tier-2	
levetiracetam	Tier-2	
LYRICA CAPSULE	Tier-4	STPA
LYRICA ORAL SOLUTION	Tier-3	STPA

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Drug Name	Drug Tier	Coverage Notes
ONFI ORAL SUSPENSION	Tier-4	QL (480 ML per 30 Day(s))
ONFI TABLET	Tier-4	QL (60 EA per 30 day(s))
oxcarbazepine	Tier-2	
PEGANONE	Tier-4	
phenobarbital	Tier-2	
phenytoin	Tier-2	
phenytoin sodium	Tier-2	
phenytoin sodium extended	Tier-2	
POTIGA	Tier-4	PA
primidone	Tier-2	
Sabril	Tier-5	
SAVELLA TABLET	Tier-3	STPA; QL (180 EA per 90 day(s))
STAVZOR	Tier-4	
TEGRETOL XR TABLET,EXTENDED RELEASE 100 MG	Tier-3	
tiagabine	Tier-2	
topiramate	Tier-2	
TRILEPTAL ORAL SUSPENSION	Tier-4	
valproic acid	Tier-2	
valproic acid (as sodium salt)	Tier-2	
VIMPAT IV	Tier-4	* Part B
VIMPAT ORAL SOLUTION	Tier-4	PA; QL (1200 ML per 30 day(s))
VIMPAT TABLET	Tier-4	PA; QL (180 EA per 90 day(s))
zonisamide	Tier-2	
SPASTICITY		
baclofen	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
cyclobenzaprine er capsule,extended release 24 hr	Tier-2	
cyclobenzaprine tablet	Tier-1	
dantrolene	Tier-2	
tizanidine	Tier-2	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
Actemra	Tier-5	PA; * Part B
ARTHROTEC 50	Tier-4	
ARTHROTEC 75	Tier-4	
AZASAN	Tier-4	B/D
azathioprine	Tier-2	B/D
CELEBREX	Tier-4	PA
diclofenac potassium	Tier-1	
diclofenac sodium	Tier-1	
diclofenac-misoprostol	Tier-2	
Enbrel subcutaneous kit	Tier-5	PA; QL (8 EA per 30 day(s))
Enbrel subcutaneous syringe 25 mg/0.5mL (0.51)	Tier-5	PA; QL (8.16 ML per 30 day(s))
Enbrel subcutaneous syringe 50 mg/mL (0.98 mL)	Tier-5	PA; QL (7.84 ML per 30 day(s))
fenoprofen	Tier-2	
flurbiprofen	Tier-2	
Humira	Tier-5	PA; QL (6 EA per 30 day(s))
Humira Crohn's Dis Start Pck	Tier-5	PA; QL (1 EA per 365 day(s))
INDOCIN	Tier-4	
indomethacin	Tier-1	
Kineret	Tier-5	PA; QL (20.1 ML per 30 day(s))

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Drug Name	Drug Tier	Coverage Notes
leflunomide	Tier-2	
meclofenamate	Tier-2	
meloxicam	Tier-1	
methotrexate sodium	Tier-2	B/D
nabumetone	Tier-2	
NALFON	Tier-4	
Orencia IV	Tier-5	PA; * Part B
Orencia subcutaneous	Tier-5	PA; QL (4 ML per 30 day(s))
PENNSAID	Tier-4	QL (450 ML per 30 day(s))
piroxicam	Tier-2	
Remicade	Tier-5	PA; * Part B
RIDAURA	Tier-3	
Simponi	Tier-5	PA; QL (0.5 ML per 30 day(s))
sulindac	Tier-2	
tolmetin	Tier-2	
TREXALL	Tier-4	B/D
VOLTAREN TOP	Tier-4	QL (200 GM per 1 day(s))
Xeljanz	Tier-5	PA; QL (60 EA per 30 day(s))
GOUT		
allopurinol	Tier-1	
colchicine-probenecid	Tier-2	
COLCRYS	Tier-3	QL (60 EA per 30 day(s))
probenecid	Tier-2	
ULORIC	Tier-4	STPA
PAIN, NSAID ANALGESICS		
diflunisal	Tier-2	
etodolac	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
ibuprofen oral suspension	Tier-2	
ibuprofen tablet	Tier-1	
ketoprofen	Tier-2	
mefenamic acid	Tier-2	
naproxen oral suspension	Tier-2	
naproxen tablet	Tier-1	
naproxen tablet,delayed release	Tier-1	
naproxen sodium	Tier-1	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-4	QL (32 EA per 30 day(s))
acetaminophen-codeine oral solution	Tier-2	QL (5000 ML per 30 day(s))
acetaminophen-codeine tablet 300-15 mg	Tier-2	QL (300 EA per 30 day(s))
acetaminophen-codeine tablet 300-30 mg, 300-60 mg	Tier-2	QL (400 EA per 30 day(s))
butorphanol tartrate	Tier-2	QL (7.5 ML per 30 day(s))
BUTRANS	Tier-4	QL (4 EA per 30 day(s))
co-gesic	Tier-2	QL (240 EA per 30 day(s))
codeine sulfate	Tier-2	QL (180 EA per 30 day(s))
dihydrocode-acetaminophen-caff	Tier-2	QL (168 EA per 30 day(s))
DILAUDID ORAL LIQUID	Tier-4	QL (1440 ML per 30 day(s))
endocet tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier-2	QL (360 EA per 30 day(s))
endocet tablet 10-650 mg	Tier-2	QL (180 EA per 30 day(s))
endocet tablet 7.5-500 mg	Tier-2	QL (240 EA per 30 day(s))
endodan	Tier-2	QL (360 EA per 30 day(s))
fentanyl	Tier-2	QL (10 EA per 30 day(s))
fentanyl citrate	Tier-2	QL (120 EA per 30 day(s))

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Drug Name	Drug Tier	Coverage Notes
hydrocodone-acetaminophen oral solution 2.5-108 mg/5 ml	Tier-2	QL (5540 ML per 30 day(s))
hydrocodone-acetaminophen oral solution 7.5-500 mg/15 ml	Tier-2	QL (3600 ML per 30 day(s))
hydrocodone-acetaminophen tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier-2	QL (400 EA per 30 day(s))
hydrocodone-acetaminophen tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier-2	QL (360 EA per 30 day(s))
hydrocodone-acetaminophen tablet 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg	Tier-2	QL (240 EA per 30 day(s))
hydrocodone-acetaminophen tablet 10-650 mg, 7.5-650 mg	Tier-2	QL (185 EA per 30 day(s))
hydrocodone-acetaminophen tablet 10-660 mg	Tier-2	QL (181 EA per 30 day(s))
hydrocodone-acetaminophen tablet 10-750 mg, 7.5-750 mg	Tier-2	QL (160 EA per 30 day(s))
hydrocodone-ibuprofen	Tier-2	QL (480 EA per 30 day(s))
hydromorphone	Tier-2	QL (360 EA per 30 day(s))
ibuprofen-oxycodone	Tier-2	QL (240 EA per 30 day(s))
levorphanol tartrate	Tier-2	QL (240 EA per 30 day(s))
methadone oral concentrate	Tier-2	QL (360 ML per 30 day(s))
methadone oral solution 10 mg/5 ml	Tier-2	QL (1800 ML per 30 day(s))
methadone oral solution 5 mg/5 ml	Tier-2	QL (3600 ML per 30 day(s))
methadone tablet	Tier-2	QL (120 EA per 30 day(s))
methadose	Tier-2	QL (120 EA per 30 day(s))
morphine er capsule,extended release pellets	Tier-2	QL (90 EA per 30 day(s))
morphine er tablet,extended release	Tier-2	QL (90 EA per 30 day(s))
morphine oral solution	Tier-2	QL (360 ML per 30 day(s))
morphine tablet	Tier-2	QL (180 EA per 30 day(s))
morphine concentrate	Tier-2	QL (360 ML per 30 day(s))

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Drug Name	Drug Tier	Coverage Notes
oxycodone capsule	Tier-2	QL (360 EA per 30 day(s))
oxycodone oral concentrate	Tier-2	QL (120 ML per 30 day(s))
oxycodone oral solution	Tier-2	QL (240 ML per 30 day(s))
oxycodone tablet 10 mg, 15 mg, 20 mg, 30 mg	Tier-2	QL (180 EA per 30 day(s))
oxycodone tablet 5 mg	Tier-2	QL (360 EA per 30 day(s))
oxycodone-acetaminophen capsule	Tier-2	QL (240 EA per 30 day(s))
oxycodone-acetaminophen tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier-2	QL (360 EA per 30 day(s))
oxycodone-acetaminophen tablet 10-650 mg	Tier-2	QL (180 EA per 30 day(s))
oxycodone-acetaminophen tablet 7.5-500 mg	Tier-2	QL (240 EA per 30 day(s))
oxycodone-aspirin	Tier-2	QL (360 EA per 30 day(s))
OXYCONTIN	Tier-3	QL (120 EA per 30 day(s))
oxymorphone er tablet,extended release,12 hr	Tier-3	QL (60 EA per 30 Day(s))
oxymorphone tablet	Tier-2	QL (180 EA per 30 day(s))
pentazocine-acetaminophen	Tier-2	QL (185 EA per 30 day(s))
ROXICET ORAL SOLUTION	Tier-4	QL (1850 ML per 30 day(s))
ROXICET TABLET	Tier-4	QL (240 EA per 30 day(s))
SUBSYS	Tier-4	QL (120 EA per 30 day(s))
tramadol	Tier-2	
tramadol-acetaminophen	Tier-2	QL (360 EA per 30 day(s))
ZYDONE	Tier-4	QL (300 EA per 30 day(s))
PSYCHIATRIC		
ALCOHOL DETERRENTS		
acamprosate	Tier-2	
CAMPRAL	Tier-3	
disulfiram	Tier-2	
naltrexone	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
ANXIETY		
alprazolam	Tier-2	
alprazolam intensol	Tier-2	
amitriptyline-chlordiazepoxide	Tier-2	
buspirone	Tier-1	
clorazepate dipotassium	Tier-2	
lorazepam	Tier-2	
lorazepam intensol	Tier-2	
meprobamate	Tier-2	
oxazepam	Tier-2	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-4	STPA
amphetamine salt combo	Tier-2	
CONCERTA	Tier-4	STPA
DAYTRANA	Tier-3	STPA
DESOXYN	Tier-4	
DEXEDRINE SPANSULE	Tier-4	
dexmethylphenidate	Tier-2	
dextroamphetamine	Tier-2	
dextroamphetamine-amphetamine	Tier-2	
FOCALIN XR	Tier-3	STPA
INTUNIV ER	Tier-4	QL (90 EA per 90 day(s))
METADATE CD	Tier-4	
METADATE ER	Tier-4	
methamphetamine	Tier-2	
METHYLIN CHEWABLE TABLET	Tier-3	
methylphenidate	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
QUILLIVANT XR	Tier-4	STPA
STRATTERA CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-3	QL (60 EA per 30 day(s))
STRATTERA CAPSULE 100 MG, 80 MG	Tier-3	QL (30 EA per 30 day(s))
VYVANSE	Tier-4	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-4	
lithium carbonate	Tier-1	
lithium citrate	Tier-2	
olanzapine-fluoxetine	Tier-2	STPA
RISPERDAL CONSTA	Tier-3	* Part B
risperidone	Tier-2	
SYMBYAX	Tier-3	STPA
DEPRESSION		
amitriptyline	Tier-1	
amoxapine	Tier-2	
APLENZIN	Tier-4	STPA
budeprion sr	Tier-2	
bupropion hcl	Tier-2	
citalopram	Tier-1	
clomipramine	Tier-2	
CYMBALTA CAPSULE,DELAYED RELEASE 20 MG, 30 MG	Tier-4	STPA; QL (60 EA per 30 day(s))
CYMBALTA CAPSULE,DELAYED RELEASE 60 MG	Tier-4	STPA; QL (120 EA per 30 Day(s))
desipramine	Tier-2	
desvenlafaxine	Tier-3	
doxepin capsule	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
doxepin oral concentrate	Tier-2	
EMSAM	Tier-4	STPA
escitalopram	Tier-3	
fluoxetine capsule	Tier-1	
fluoxetine capsule,delayed release	Tier-1	
fluoxetine oral solution	Tier-2	
fluoxetine tablet 10 mg, 20 mg	Tier-1	
fluoxetine tablet 60 mg	Tier-2	
fluvoxamine	Tier-2	
imipramine hcl	Tier-2	
imipramine pamoate	Tier-2	
LEXAPRO	Tier-4	STPA
LUVOX CR	Tier-4	STPA
maprotiline	Tier-2	
MARPLAN	Tier-4	
mirtazapine	Tier-2	
nefazodone	Tier-2	
nortriptyline	Tier-1	
OLEPTRO ER	Tier-4	STPA
paroxetine hcl	Tier-1	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA	Tier-4	STPA
phenelzine	Tier-2	
PRISTIQ	Tier-3	STPA
protriptyline	Tier-2	
sertraline	Tier-2	
tranylcypromine	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
trazodone	Tier-1	
trimipramine	Tier-2	
venlafaxine er capsule,extended release 24 hr	Tier-2	
VENLAFAXINE ER TABLET,EXTENDED RELEASE 24 HR	Tier-4	STPA
venlafaxine tablet	Tier-2	
VIIBRYD	Tier-4	STPA
VIVACTIL	Tier-4	
INSOMNIA		
estazolam	Tier-2	
flurazepam	Tier-2	
LUNESTA	Tier-4	STPA; QL (30 EA per 30 day(s))
ROZEREM	Tier-4	STPA; QL (30 EA per 30 day(s))
temazepam	Tier-2	
triazolam	Tier-2	
zaleplon	Tier-2	QL (30 EA per 30 day(s))
zolpidem er tablet,extended release,multiphase	Tier-2	STPA; QL (30 EA per 30 day(s))
zolpidem tablet	Tier-2	QL (30 EA per 30 day(s))
NARCOLEPSY		
modafinil	Tier-2	STPA
PROVIGIL	Tier-4	STPA
Xyrem	Tier-5	LA
OPIOID ANTAGONISTS		
BUPRENORPHINE-NALOXONE	Tier-4	PA; QL (90 EA per 30 Day(s))
naloxone	Tier-2	
SUBOXONE	Tier-4	PA
ZUBSOLV	Tier-4	PA; QL (90 EA per 30 Day(s))

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Drug Name	Drug Tier	Coverage Notes
PSYCHOSES		
ABILIFY IM	Tier-3	* Part B
ABILIFY ORAL	Tier-4	STPA
ABILIFY DISCMELT	Tier-4	STPA
ABILIFY MAINTENA	Tier-3	* Part B
chlorpromazine	Tier-2	
clozapine	Tier-2	
FANAPT	Tier-4	
FAZACLO	Tier-3	
fluphenazine decanoate	Tier-2	
fluphenazine hcl	Tier-2	
GEODON IM	Tier-4	* Part B
GEODON ORAL	Tier-4	STPA
haloperidol	Tier-1	
haloperidol decanoate	Tier-2	
haloperidol lactate	Tier-2	
INVEGA	Tier-4	STPA
INVEGA SUSTENNA	Tier-3	* Part B
LATUDA TABLET 120 MG	Tier-4	
LATUDA TABLET 20 MG, 40 MG, 80 MG	Tier-4	QL (30 EA per 30 day(s))
loxapine succinate	Tier-2	
olanzapine im	Tier-2	* Part B
olanzapine oral	Tier-2	STPA
ORAP	Tier-3	
perphenazine	Tier-2	
perphenazine-amitriptyline	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
quetiapine tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier-3	STPA
quetiapine tablet 25 mg, 50 mg	Tier-3	STPA; QL (60 EA per 30 day(s))
risperidone	Tier-2	
SAPHRIS	Tier-4	
SEROQUEL TABLET 100 MG, 200 MG, 300 MG, 400 MG	Tier-4	STPA
SEROQUEL TABLET 25 MG, 50 MG	Tier-4	STPA; QL (60 EA per 30 day(s))
SEROQUEL XR	Tier-3	STPA
thioridazine	Tier-1	
thiothixene	Tier-1	
trifluoperazine	Tier-2	
ziprasidone hcl	Tier-2	STPA
ZYPREXA IM	Tier-4	* Part B
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR DISKUS	Tier-3	QL (180 EA per 90 day(s))
ADVAIR HFA	Tier-3	QL (72 GM per 90 day(s))
albuterol sulfate oral	Tier-1	
albuterol sulfate solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	Tier-2	B/D; QL (1080 ML per 90 day(s))
albuterol sulfate solution for nebulization 5 mg/ml	Tier-2	B/D; QL (180 ML per 90 day(s))
ALVESCO AEROSOL INHALER 160 MCG/ACTUATION	Tier-4	QL (36.6 GM per 90 day(s))
ALVESCO AEROSOL INHALER 80 MCG/ACTUATION	Tier-4	QL (18.3 GM per 90 day(s))
aminophylline	Tier-2	
ASMANEX TWISTHALER	Tier-3	

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Drug Name	Drug Tier	Coverage Notes
ATROVENT HFA	Tier-3	QL (77.4 GM per 90 day(s))
BROVANA	Tier-4	B/D; QL (360 ML per 90 day(s))
budesonide	Tier-2	B/D; QL (720 ML per 90 day(s))
COMBIVENT	Tier-3	QL (88.2 GM per 90 day(s))
COMBIVENT RESPIMAT	Tier-3	QL (24 GM per 90 day(s))
cromolyn	Tier-2	B/D; QL (720 ML per 90 day(s))
elixophyllin	Tier-2	
FLOVENT DISKUS	Tier-3	QL (360 EA per 90 day(s))
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier-3	QL (72 GM per 90 day(s))
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier-3	QL (63.6 GM per 90 day(s))
FORADIL AEROLIZER	Tier-4	QL (180 EA per 90 day(s))
ipratropium bromide	Tier-2	B/D; QL (900 ML per 90 day(s))
ipratropium-albuterol	Tier-2	B/D; QL (1620 ML per 90 day(s))
levalbuterol hcl	Tier-2	B/D; QL (270 EA per 90 day(s))
LUFYLLIN	Tier-4	
MAXAIR AUTOHALER	Tier-4	QL (42 GM per 90 day(s))
metaproterenol	Tier-2	
montelukast	Tier-2	
PERFOROMIST	Tier-3	B/D; QL (360 ML per 90 day(s))
PROAIR HFA	Tier-3	QL (51 GM per 90 day(s))
PROVENTIL HFA	Tier-4	QL (40.2 GM per 90 day(s))
PULMICORT SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier-4	B/D; QL (720 ML per 90 day(s))
PULMICORT FLEXHALER	Tier-4	QL (6 EA per 90 day(s))
QVAR	Tier-4	QL (52.2 GM per 90 day(s))
SEREVENT DISKUS	Tier-4	QL (180 EA per 90 day(s))

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Drug Name	Drug Tier	Coverage Notes
SPIRIVA WITH HANDIHALER	Tier-3	QL (90 EA per 90 day(s))
SYMBICORT	Tier-3	QL (61.2 GM per 90 day(s))
terbutaline oral	Tier-2	
theophylline	Tier-2	
TUDORZA PRESSAIR	Tier-4	QL (3 EA per 90 day(s))
VENTOLIN HFA	Tier-4	QL (108 GM per 90 day(s))
XOPENEX	Tier-4	B/D; QL (810 ML per 90 day(s))
XOPENEX HFA	Tier-4	QL (90 GM per 90 day(s))
zafirlukast	Tier-2	
PULMONARY HYPERTENSION		
TYVASO	Tier-3	PA; * Part B
VENTAVIS	Tier-3	PA; * Part B
RESPIRATORY DRUGS, MISCELLANEOUS		
acetylcysteine	Tier-2	B/D
Aralast NP	Tier-5	* Part B
DALIRESP	Tier-4	
Glassia	Tier-5	* Part B
Prolastin C	Tier-5	* Part B
Xolair	Tier-5	PA; * Part B
Zemaira	Tier-5	* Part B
SKIN		
ACNE ROSACEA		
FINACEA	Tier-3	
METROGEL	Tier-4	
metronidazole	Tier-2	
ACNE VULGARIS		

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Drug Name	Drug Tier	Coverage Notes
adapalene	Tier-2	PA
amnesteem	Tier-2	
ATRALIN	Tier-4	PA
avita	Tier-2	PA
AZELEX	Tier-4	
claravis	Tier-2	
clindamycin phosphate	Tier-2	
clindamycin-benzoyl peroxide	Tier-2	
DIFFERIN	Tier-4	PA
ery pads	Tier-2	
erythromycin with ethanol	Tier-2	
erythromycin-benzoyl peroxide	Tier-2	
myorisan	Tier-2	
RETIN-A	Tier-4	PA
RETIN-A MICRO	Tier-4	PA
TRETIN-X	Tier-4	PA
TRETIN-X (GEL)	Tier-4	PA
tretinoin	Tier-2	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-4	QL (5 GM per 7 day(s))
BACTROBAN TOPICAL CREAM	Tier-3	
CORTISPORIN TOP	Tier-4	
gentamicin	Tier-1	
mupirocin	Tier-2	
mupirocin calcium	Tier-2	
silver sulfadiazine	Tier-2	
ssd	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
CORTICOSTEROIDS, TOPICAL		
ala-cort	Tier-1	
ALA-SCALP	Tier-4	
alclometasone	Tier-2	
amcinonide	Tier-2	
betamethasone dipropionate	Tier-2	
betamethasone valerate	Tier-2	
betamethasone, augmented	Tier-2	
CAPEX	Tier-4	
clobetasol	Tier-2	
clobetasol-emollient	Tier-2	
CLOBEX LOTION	Tier-4	
CLOBEX TOPICAL SPRAY	Tier-4	
CLODERM	Tier-4	
CORDRAN	Tier-4	
DERMA-SMOOTHE/FS BODY OIL	Tier-4	
desonide	Tier-2	
desoximetasone	Tier-3	
diflorasone	Tier-2	
fluocinolone	Tier-1	
fluocinonide	Tier-1	
fluocinonide-e	Tier-1	
fluticasone	Tier-2	
halobetasol propionate	Tier-2	
HALOG	Tier-4	
hydrocortisone	Tier-1	
hydrocortisone butyrate	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
hydrocortisone valerate	Tier-1	
KENALOG	Tier-4	
LOCOID LIPOCREAM	Tier-4	
lokara	Tier-2	
LUXIQ	Tier-4	
mometasone lotion 0.1 %	Tier-2	
mometasone topical cream	Tier-2	
mometasone topical ointment	Tier-2	
PANDEL	Tier-4	
prednicarbate	Tier-2	
triamcinolone acetonide	Tier-2	
triderm	Tier-2	
u-cort	Tier-1	
VANOS	Tier-4	
WESTCORT	Tier-4	
FUNGAL INFECTIONS, TOPICAL		
ciclopirox	Tier-2	
clotrimazole	Tier-2	
clotrimazole-betamethasone	Tier-2	
econazole	Tier-2	
ERTACZO	Tier-4	
EXELDERM	Tier-4	
ketoconazole	Tier-2	
MENTAX	Tier-4	
nyamyc	Tier-2	
nystatin oral	Tier-2	
nystatin topical cream	Tier-1	

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Drug Name	Drug Tier	Coverage Notes
nystatin topical ointment	Tier-2	
nystatin topical powder	Tier-2	
nystatin-triamcinolone	Tier-1	
nystop	Tier-2	
OXISTAT	Tier-3	
pedi-dri	Tier-2	
PSORIASIS AND SEBORRHEA		
8-MOP	Tier-3	
acitretin	Tier-2	
calcipotriene	Tier-2	
DOVONEX	Tier-3	
SORIATANE	Tier-3	
Stelara	Tier-5	PA; * Part B
TAZORAC	Tier-3	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-3	
lindane	Tier-2	
malathion	Tier-2	
permethrin	Tier-2	
SKLICE	Tier-4	QL (117 GM per 1 day(s))
ULESFIA	Tier-4	
TOPICAL, MISCELLANEOUS		
ammonium lactate	Tier-2	
ANUSOL-HC	Tier-4	
CARAC	Tier-3	
CORTIFOAM	Tier-4	
ELIDEL	Tier-4	STPA

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Drug Name	Drug Tier	Coverage Notes
FLUOROPLEX	Tier-3	
fluorouracil	Tier-2	
laclotion	Tier-2	
lidocaine	Tier-2	
lidocaine hcl	Tier-2	
lidocaine-prilocaine	Tier-2	
LIDODERM	Tier-3	PA; QL (90 EA per 30 day(s))
mafenide acetate	Tier-2	
OXSORALEN	Tier-3	
OXSORALEN ULTRA	Tier-3	
Panretin	Tier-5	
PICATO TOPICAL GEL 0.015 %	Tier-4	QL (3 EA per 3 day(s))
PICATO TOPICAL GEL 0.05 %	Tier-4	QL (2 EA per 2 day(s))
proctocream-hc	Tier-2	
PROTOPIC	Tier-4	STPA
prudoxin	Tier-2	
Regranex	Tier-5	
SANTYL	Tier-3	
selenium sulfide	Tier-2	
sodium chloride	Tier-2	
SOLARAZE	Tier-3	
sulfacetamide sodium (acne)	Tier-2	
SULFAMYLON	Tier-4	
SYNERA	Tier-4	
water for irrigation, sterile	Tier-2	
ZONALON	Tier-4	
VIRAL INFECTIONS, TOPICAL		

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Drug Name	Drug Tier	Coverage Notes
CONDYLOX	Tier-4	
DENAVIR	Tier-4	
imiquimod	Tier-2	
podofilox	Tier-2	
ZOVIRAX TOP	Tier-3	
WOMENS HEALTH		
CONTRACEPTIVES		
amethia	Tier-2	
amethyst	Tier-2	
apri	Tier-2	
aranelle (28)	Tier-2	
aviane	Tier-2	
balziva (28)	Tier-2	
BEYAZ	Tier-4	
briellyn	Tier-2	
camila	Tier-2	
drospirenone-ethinyl estradiol	Tier-2	
ELLA	Tier-4	QL (1 EA per 1 day(s))
emoquette	Tier-2	
errin	Tier-2	
estradiol-norethindrone acet	Tier-2	
GENERESS FE	Tier-4	
gianvi	Tier-2	
gildagia	Tier-2	
introvale	Tier-2	
jinteli	Tier-2	
junel 1.5/30 (21)	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
junel 1/20 (21)	Tier-2	
junel fe 1.5/30 (28)	Tier-2	
junel fe 1/20 (28)	Tier-2	
kariva (28)	Tier-2	
kelnor 1/35 (28)	Tier-2	
leena 28	Tier-2	
lessina	Tier-2	
levonest (28)	Tier-2	
levonorgestrel-ethinyl estrad	Tier-2	
levora-28	Tier-2	
LO LOESTRIN FE	Tier-4	
LO MINASTRIN FE	Tier-4	
LORYNA	Tier-3	
low-ogestrel (28)	Tier-2	
lyza	Tier-2	
marlissa	Tier-2	
microgestin 1.5/30 (21)	Tier-2	
microgestin 1/20 (21)	Tier-2	
microgestin fe 1.5/30 (28)	Tier-2	
microgestin fe 1/20 (28)	Tier-2	
MINASTRIN 24 FE	Tier-3	
necon 0.5/35 (28)	Tier-2	
necon 1/35 (28)	Tier-2	
NECON 10/11 (28)	Tier-3	
necon 7/7/7 (28)	Tier-2	
nora-be	Tier-2	
norethindrone (contraceptive)	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
nortrel 0.5/35 (28)	Tier-2	
nortrel 1/35 (21)	Tier-2	
nortrel 1/35 (28)	Tier-2	
nortrel 7/7/7 (28)	Tier-2	
NUVARING	Tier-3	
orsythia	Tier-2	
ORTHO EVRA	Tier-4	
ORTHO TRI-CYCLEN (28)	Tier-4	
OVCON-50 (28)	Tier-4	
pirmella	Tier-2	
portia	Tier-2	
QUARTETTE	Tier-4	
quasense	Tier-2	
SAFYRAL	Tier-4	
tri-previfem (28)	Tier-2	
tri-sprintec (28)	Tier-2	
trinessa (28)	Tier-2	
trivora (28)	Tier-2	
velivet triphasic regimen (28)	Tier-2	
vestura	Tier-2	
ZENCHENT FE	Tier-4	
zeosa	Tier-2	
zovia 1/35e (28)	Tier-2	
zovia 1/50e (28)	Tier-2	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
ACTONEL	Tier-4	STPA

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Drug Name	Drug Tier	Coverage Notes
alendronate	Tier-2	
ALORA	Tier-4	
ANGELIQ	Tier-4	
calcitonin (salmon)	Tier-2	B/D
CENESTIN	Tier-4	
CLIMARA PRO	Tier-4	
COMBIPATCH	Tier-4	
CRINONE VAGINAL GEL 8 %	Tier-3	
DELESTROGEN	Tier-4	
DEPO-ESTRADIOL	Tier-3	
DEPO-PROVERA	Tier-3	
DEPO-SUBQ PROVERA 104	Tier-3	
DIVIGEL	Tier-4	
ELESTRIN	Tier-4	
ENJUVIA	Tier-4	
ESTRACE VAGL	Tier-3	
estradiol oral	Tier-1	
estradiol transdermal	Tier-2	
estradiol valerate	Tier-2	
ESTRING	Tier-3	
estropipate	Tier-2	
EVAMIST	Tier-4	QL (8.1 ML per 1 day(s))
EVISTA	Tier-3	
FEMHRT 1/5	Tier-4	
FEMHRT LOW DOSE	Tier-4	
FEMRING	Tier-3	
FEMTRACE	Tier-4	

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Drug Name	Drug Tier	Coverage Notes
Forteo	Tier-5	PA
FOSAMAX ORAL SOLUTION	Tier-3	
ibandronate	Tier-3	STPA
medroxyprogesterone oral	Tier-1	
MENEST	Tier-4	
MENOSTAR	Tier-4	
methylergonovine	Tier-2	
MIACALCIN INJ	Tier-3	
MINIVELLE	Tier-4	
norethindrone acetate	Tier-2	
PREMARIN	Tier-4	
PREMPHASE	Tier-4	
PREMPRO	Tier-4	
progesterone micronized	Tier-2	
PROLIA	Tier-3	PA; * Part B
RECLAST	Tier-3	PA; * Part B
VAGIFEM	Tier-3	
VIVELLE-DOT	Tier-3	
Xgeva	Tier-5	PA; * Part B
zoledronic acid	Tier-2	PA; * Part B
zoledronic acid-mannitol-water	Tier-2	PA; * Part B
ZOMETA	Tier-3	PA; * Part B
PRENATAL VITAMINS		
prenatal plus with iron (ca)	Tier-2	
VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY	Tier-4	
clindamycin phosphate	Tier-2	

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Drug Name	Drug Tier	Coverage Notes
fluconazole	Tier-1	
metronidazole	Tier-2	
miconazole-3	Tier-2	
terconazole	Tier-2	
vandazole	Tier-2	
zazole	Tier-2	

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