

Tufts Medicare Preferred HMO Group Retiree 2014 Formulary



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

This formulary was updated on January 1, 2014. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Customer Relations at 1-800-701-9000 or, for TTY users, 1-800-208-9562, 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. Or visit tuftsmedicarepreferred.org.

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.

TUFTS MEDICARE PREFERRED HMO

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Group Retiree 2014 Formulary (List of Covered Drugs)

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Tufts Medicare Preferred HMO. When it refers to “plan” or “our plan,” it means Tufts Health Plan Medicare Preferred.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

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 (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 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, 2014. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages.

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 2. 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 Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO formulary?” below 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 Relations and ask if your drug is 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 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, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, 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 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 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.

As a current member, if you are admitted to or discharged from a long term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary “first fill” will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Health Plan Medicare Preferred HMO Customer Relations department.

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 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 www.medicare.gov.

Tufts Medicare Preferred HMO's 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. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred HMO formulary?" on page III for information about how to request an exception.

EC: Enhanced Coverage Drug.

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

HI: Home Infusion Drug.

This prescription drug will be covered under your medical benefit (Medicare Part B). 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. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, “How do I request an exception to the Tufts Medicare Preferred HMO formulary?” on page III for information about how to request an exception.

Transplant:

This drug is covered under Part B when used for 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.

**2014 Tufts Medicare Preferred HMO
Group Retiree Formulary**

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**2014 Tufts Medicare Preferred HMO
Group Retiree Formulary**

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-------------------------|
| ANTI-INFECTIVES AND INFECTIOUS DISEASE | | |
| ACE INHIBITORS | | |
| ATRIPLA | Tier-2 | |
| COMPLERA | Tier-2 | |
| COPEGUS | Tier-2 | |
| FUZEON SUBCUTANEOUS RECON SOLN | Tier-2 | |
| HEPSERA | Tier-2 | |
| INCIVEK | Tier-2 | PA |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML) | Tier-2 | |
| INTRON A SUBCUTANEOUS PEN INJECTOR KIT 5 MILLION UNIT/0.2 ML | Tier-2 | |
| VANCOCIN | Tier-2 | |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION | Tier-2 | QL (150 ML per 14 days) |
| ZYVOX ORAL | Tier-2 | |
| ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL | | |
| ANCOBON | Tier-3 | |
| <i>clotrimazole mucous membrane</i> | Tier-1 | |
| <i>fluconazole oral suspension for reconstitution</i> | Tier-1 | |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i> | Tier-1 | |
| <i>flucytosine</i> | Tier-1 | |
| GRIS-PEG (ULTRAMICROSIZED) | Tier-2 | |
| <i>griseofulvin microsize</i> | Tier-1 | |
| <i>griseofulvin ultramicrosize</i> | Tier-1 | |
| <i>itraconazole</i> | Tier-1 | PA |
| <i>ketoconazole oral</i> | Tier-1 | |
| <i>ketoconazole topical foam</i> | Tier-1 | |
| LAMISIL ORAL GRANULES IN PACKET 125 MG | Tier-3 | QL (56 EA per 30 days) |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|----------------------------|
| LAMISIL ORAL GRANULES IN PACKET 187.5 MG | Tier-3 | QL (28 EA per 30 days) |
| NOXAFIL ORAL | Tier-3 | |
| <i>nystatin oral tablet</i> | Tier-1 | |
| <i>terbinafine hcl oral</i> | Tier-1 | QL (42 EA per 42 days) |
| <i>voriconazole oral suspension for reconstitution</i> | Tier-1 | |
| <i>voriconazole oral tablet 200 mg</i> | Tier-1 | QL (28 EA per 14 days) |
| <i>voriconazole oral tablet 50 mg</i> | Tier-1 | QL (56 EA per 14 days) |
| ANTI-INFECTIVES, MISCELLANEOUS | | |
| ALBENZA | Tier-2 | |
| ALINIA | Tier-3 | |
| BILTRICIDE | Tier-2 | |
| <i>methenamine hippurate</i> | Tier-1 | |
| <i>metronidazole oral</i> | Tier-1 | |
| MONUROL | Tier-3 | |
| <i>neomycin</i> | Tier-1 | |
| PRIMSOL | Tier-2 | |
| STROMEKTOL | Tier-2 | |
| <i>trimethoprim</i> | Tier-1 | |
| <i>vancomycin oral capsule</i> | Tier-1 | |
| XIFAXAN ORAL TABLET 200 MG | Tier-3 | QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | Tier-3 | PA; QL (60 EA per 30 days) |
| ANTIMALARIALS AND ANTIPROTOZOALS | | |
| <i>atovaquone</i> | Tier-1 | |
| <i>atovaquone-proguanil</i> | Tier-1 | |
| <i>chloroquine phosphate oral</i> | Tier-1 | |
| COARTEM | Tier-2 | QL (24 EA per 30 days) |
| <i>dapsone</i> | Tier-1 | |
| DARAPRIM | Tier-2 | |
| <i>hydroxychloroquine oral</i> | Tier-1 | |
| <i>mefloquine</i> | Tier-1 | |
| MEPRON | Tier-2 | |
| NEBUPENT | Tier-3 | |
| <i>paromomycin</i> | Tier-1 | |
| PENTAM | Tier-2 | |
| <i>primaquine</i> | Tier-1 | |
| <i>quinine sulfate</i> | Tier-1 | |
| <i>tinidazole</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-------------------------|
| ANTIVIRALS | | |
| <i>abacavir</i> | Tier-1 | |
| <i>abacavir-lamivudine-zidovudine</i> | Tier-1 | |
| <i>acyclovir oral capsule</i> | Tier-1 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | Tier-1 | |
| <i>acyclovir oral tablet</i> | Tier-1 | |
| <i>adefovir</i> | Tier-1 | |
| <i>amantadine hcl oral</i> | Tier-1 | |
| APTIVUS | Tier-2 | |
| BARACLUDE | Tier-2 | |
| CRIXIVAN | Tier-2 | |
| <i>didanosine</i> | Tier-1 | |
| EDURANT | Tier-2 | |
| EMTRIVA | Tier-2 | |
| EPIVIR ORAL SOLUTION | Tier-2 | |
| EPIVIR HBV | Tier-2 | |
| EPZICOM | Tier-2 | |
| <i>famciclovir</i> | Tier-1 | |
| INTELENCE | Tier-2 | |
| INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML | Tier-2 | |
| INTRON A SUBCUTANEOUS PEN INJECTOR KIT 10 MILLION UNIT/0.2 ML, 3 MILLION UNIT /0.2 ML-6 DOSES | Tier-2 | |
| INVIRASE | Tier-2 | |
| ISENTRESS ORAL POWDER IN PACKET | Tier-2 | QL (180 EA per 30 days) |
| ISENTRESS ORAL TABLET | Tier-2 | QL (360 EA per 90 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | Tier-2 | QL (180 EA per 30 Days) |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | Tier-2 | QL (720 EA per 30 Days) |
| KALETRA | Tier-2 | |
| <i>lamivudine</i> | Tier-1 | |
| <i>lamivudine-zidovudine</i> | Tier-1 | |
| LEXIVA | Tier-2 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | Tier-1 | |
| <i>megestrol oral tablet</i> | Tier-1 | |
| <i>nevirapine</i> | Tier-1 | |
| NORVIR | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|---------------------------|
| OLYSIO | Tier-2 | PA |
| PEGASYS | Tier-2 | PA; QL (4 ML per 30 days) |
| PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML | Tier-2 | PA; QL (4 ML per 30 days) |
| PEGINTRON | Tier-2 | PA; QL (8 EA per 30 days) |
| PEGINTRON REDIPEN | Tier-2 | PA; QL (4 EA per 30 days) |
| PREZISTA ORAL SUSPENSION | Tier-2 | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | Tier-2 | |
| REBETOL ORAL SOLUTION | Tier-2 | |
| RELENZA DISKHALER | Tier-2 | QL (60 EA per 180 days) |
| RESCRIPTOR | Tier-2 | |
| REYATAZ | Tier-2 | |
| RIBAPAK DOSE PACK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28) | Tier-2 | |
| <i>ribasphere</i> | Tier-1 | |
| <i>ribavirin oral capsule</i> | Tier-1 | |
| <i>ribavirin oral tablet 200 mg</i> | Tier-1 | |
| <i>rimantadine</i> | Tier-1 | |
| SELZENTRY ORAL TABLET 150 MG | Tier-2 | QL (60 EA per 30 days) |
| SELZENTRY ORAL TABLET 300 MG | Tier-2 | QL (120 EA per 30 days) |
| SOVALDI | Tier-2 | |
| <i>stavudine</i> | Tier-1 | |
| STRIBILD | Tier-2 | |
| SUSTIVA | Tier-2 | |
| TAMIFLU ORAL CAPSULE 30 MG | Tier-2 | QL (56 EA per 180 days) |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG | Tier-2 | QL (28 EA per 180 days) |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML | Tier-2 | QL (360 ML per 180 days) |
| TIVICAY | Tier-2 | |
| TRIZIVIR | Tier-2 | |
| TRUVADA | Tier-2 | |
| TYZEKA | Tier-2 | QL (30 EA per 30 days) |
| VALACYCLOVIR | Tier-2 | |
| VALCYTE | Tier-2 | |
| VICTRELIS | Tier-2 | PA |
| VIDEX 2 GRAM PEDIATRIC | Tier-2 | |
| VIRACEPT ORAL TABLET | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| VIRAMUNE | Tier-2 | |
| VIRAMUNE XR | Tier-2 | |
| VIREAD | Tier-2 | |
| ZELBORAF | Tier-2 | PA |
| ZERIT ORAL RECON SOLN | Tier-3 | |
| ZIAGEN | Tier-2 | |
| <i>zidovudine</i> | Tier-1 | |
| BETA-LACTAM ANTIBIOTICS | | |
| <i>amoxicillin oral capsule</i> | Tier-1 | |
| <i>amoxicillin oral suspension for reconstitution</i> | Tier-1 | |
| <i>amoxicillin oral tablet</i> | Tier-1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | Tier-1 | |
| <i>amoxicillin-pot clavulanate</i> | Tier-1 | |
| <i>ampicillin</i> | Tier-1 | |
| BICILLIN C-R | Tier-2 | |
| BICILLIN L-A | Tier-2 | |
| CEDAX | Tier-3 | |
| <i>cefaclor oral capsule</i> | Tier-1 | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier-1 | |
| <i>cefaclor oral tablet extended release 12 hr</i> | Tier-1 | |
| <i>cefadroxil oral capsule</i> | Tier-1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | Tier-1 | |
| <i>cefadroxil oral tablet</i> | Tier-1 | |
| <i>cefdinir</i> | Tier-1 | |
| <i>cefpodoxime</i> | Tier-1 | |
| <i>cefprozil</i> | Tier-1 | |
| <i>cefuroxime axetil oral tablet</i> | Tier-1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | Tier-1 | |
| <i>cephalexin oral suspension for reconstitution</i> | Tier-1 | |
| <i>cephalexin oral tablet</i> | Tier-1 | |
| <i>dicloxacillin</i> | Tier-1 | |
| <i>penicillin v potassium</i> | Tier-1 | |
| SPECTRACEF ORAL TABLET 400 MG | Tier-3 | |
| SUPRAX | Tier-3 | |
| KETOLIDES | | |
| KETEK | Tier-2 | |
| MACROLIDES AND CLINDAMYCIN | | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>azithromycin oral</i> | Tier-1 | |
| <i>clarithromycin</i> | Tier-1 | |
| <i>clindamycin hcl</i> | Tier-1 | |
| <i>clindamycin pediatric</i> | Tier-1 | |
| DIFICID | Tier-2 | PA |
| <i>e.e.s. 400 oral tablet</i> | Tier-1 | |
| E.E.S. GRANULES | Tier-3 | |
| ERY-TAB | Tier-3 | |
| <i>eryped 200</i> | Tier-1 | |
| <i>eryped 400</i> | Tier-1 | |
| <i>erythrocin (as stearate) oral tablet 250 mg</i> | Tier-1 | |
| <i>erythromycin oral tablet</i> | Tier-1 | |
| <i>erythromycin ethylsuccinate oral tablet</i> | Tier-1 | |
| PCE | Tier-3 | |
| ZMAX | Tier-3 | |
| MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX | | |
| <i>ethambutol</i> | Tier-1 | |
| <i>isoniazid oral</i> | Tier-1 | |
| MYCOBUTIN | Tier-2 | |
| PASER | Tier-3 | |
| PRIFTIN | Tier-2 | |
| <i>pyrazinamide</i> | Tier-1 | |
| <i>rifabutin</i> | Tier-1 | |
| RIFAMATE | Tier-3 | |
| <i>rifampin intravenous</i> | Tier-1 | |
| <i>rifampin oral</i> | Tier-1 | |
| RIFATER | Tier-3 | |
| SEROMYCIN | Tier-2 | |
| SIRTURO | Tier-2 | PA |
| TRECTOR | Tier-3 | |
| QUINOLONES | | |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON | Tier-3 | |
| CIPRO XR | Tier-3 | |
| <i>ciprofloxacin oral</i> | Tier-1 | |
| <i>ciprofloxacin (mixture)</i> | Tier-1 | |
| FACTIVE | Tier-3 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| LEVOFLOXACIN ORAL | Tier-2 | |
| MOXIFLOXACIN | Tier-2 | |
| NOROXIN | Tier-3 | |
| <i>ofloxacin oral</i> | Tier-1 | |
| SULFONAMIDES | | |
| <i>sulfadiazine oral</i> | Tier-1 | |
| <i>sulfamethoxazole-trimethoprim oral</i> | Tier-1 | |
| TETRACYCLINES | | |
| <i>demeclocycline oral</i> | Tier-1 | |
| <i>doxycycline hyclate oral capsule</i> | Tier-1 | |
| <i>doxycycline hyclate oral tablet 100 mg</i> | Tier-1 | |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i> | Tier-1 | |
| <i>doxycycline monohydrate oral capsule 75 mg</i> | Tier-1 | |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | Tier-1 | |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i> | Tier-1 | |
| <i>minocycline oral</i> | Tier-1 | |
| <i>tetracycline</i> | Tier-1 | |
| VIBRAMYCIN ORAL SYRUP | Tier-3 | |
| BLOOD THINNERS AND BLOOD MODIFYING AGENTS | | |
| ANTIPLATELET THERAPY | | |
| AGGRENOX | Tier-3 | |
| <i>clopidogrel</i> | Tier-1 | |
| <i>dipyridamole oral</i> | Tier-1 | |
| EFFIENT | Tier-3 | |
| BLOOD MODIFYING AGENTS | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier-2 | QL (4 ML per 30 days) |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML | Tier-2 | QL (4 ML per 30 days) |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE | Tier-2 | QL (4 ML per 30 days) |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE | Tier-2 | QL (4 ML per 30 days) |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|----------------------------|
| EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | Tier-2 | QL (10 ML per 14 days) |
| GRANIX | Tier-2 | QL (10 ML per 14 Days) |
| LEUKINE INJECTION RECON SOLN | Tier-2 | |
| MOZOBIL | Tier-2 | PA |
| NEULASTA | Tier-2 | QL (1 ML per 14 days) |
| NEUMEGA | Tier-2 | |
| NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML | Tier-2 | QL (10 ML per 14 days) |
| NEUPOGEN INJECTION SYRINGE | Tier-2 | QL (10 ML per 14 days) |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | Tier-2 | QL (10 ML per 14 days) |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML | Tier-2 | QL (10 ML per 14 days) |
| PROMACTA | Tier-2 | PA; QL (30 EA per 30 days) |
| BLOOD THINNERS | | |
| BRILINTA | Tier-3 | |
| COUMADIN | Tier-3 | |
| ELIQUIS | Tier-3 | QL (60 EA per 30 days) |
| <i>enoxaparin</i> | Tier-1 | |
| <i>fondaparinux</i> | Tier-1 | |
| FRAGMIN SUBCUTANEOUS SOLUTION | Tier-2 | |
| FRAGMIN SUBCUTANEOUS SYRINGE | Tier-2 | |
| <i>jantoven</i> | Tier-1 | |
| PRADAXA | Tier-3 | |
| <i>warfarin</i> | Tier-1 | |
| XARELTO ORAL TABLET 10 MG | Tier-3 | QL (35 EA per 30 days) |
| XARELTO ORAL TABLET 15 MG, 20 MG | Tier-3 | |
| BLOOD, MISCELLANEOUS | | |
| <i>anagrelide</i> | Tier-1 | |
| <i>cilostazol</i> | Tier-1 | |
| CYKLOKAPRON | Tier-2 | |
| <i>pentoxifylline</i> | Tier-1 | |
| STIMATE | Tier-3 | |
| <i>ticlopidine</i> | Tier-1 | |
| <i>tranexamic acid</i> | Tier-1 | |
| CANCER DRUGS | | |
| INJECTABLE AGENTS | | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| ABRAXANE | Tier-2 | |
| ALIMTA INTRAVENOUS RECON SOLN 500 MG | Tier-2 | |
| ALKERAN INTRAVENOUS | Tier-2 | |
| <i>amifostine crystalline</i> | Tier-1 | |
| ARRANON | Tier-2 | |
| ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML | Tier-2 | |
| AVASTIN | Tier-2 | |
| <i>azacitidine</i> | Tier-1 | |
| BELEODAQ | Tier-2 | PA |
| BICNU | Tier-2 | |
| <i>bleomycin injection recon soln 30 unit</i> | Tier-1 | |
| BUSULFEX | Tier-2 | |
| <i>carboplatin intravenous solution</i> | Tier-1 | |
| <i>cisplatin</i> | Tier-1 | |
| <i>cladribine</i> | Tier-1 | |
| CLOLAR | Tier-2 | |
| COSMEGEN | Tier-2 | |
| <i>cytarabine</i> | Tier-1 | |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | Tier-1 | |
| CYTOVENE | Tier-2 | |
| <i>dacarbazine intravenous recon soln 200 mg</i> | Tier-1 | |
| DACOGEN | Tier-2 | |
| <i>daunorubicin intravenous solution</i> | Tier-1 | |
| <i>decitabine</i> | Tier-1 | |
| <i>dexrazoxane hcl intravenous recon soln 250 mg</i> | Tier-1 | |
| DOCEFREZ | Tier-2 | |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | Tier-1 | |
| <i>doxorubicin intravenous solution 50 mg/25 ml</i> | Tier-1 | |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG | Tier-2 | |
| ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML | Tier-2 | |
| <i>epirubicin intravenous solution 50 mg/25 ml</i> | Tier-1 | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML | Tier-2 | |
| ERWINAZE | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|---------------------------|
| ETOPOPHOS | Tier-2 | |
| <i>etoposide intravenous</i> | Tier-1 | |
| FASLODEX | Tier-2 | |
| <i>fludarabine intravenous recon soln</i> | Tier-1 | |
| <i>gemcitabine intravenous recon soln 1 gram</i> | Tier-1 | |
| HALAVEN | Tier-2 | |
| HERCEPTIN | Tier-2 | |
| <i>idarubicin</i> | Tier-1 | |
| IFEX INTRAVENOUS RECON SOLN 3 GRAM | Tier-2 | |
| <i>ifosfamide intravenous recon soln 1 gram</i> | Tier-1 | |
| <i>irinotecan intravenous solution 100 mg/5 ml</i> | Tier-1 | |
| ISTODAX | Tier-2 | |
| IXEMPRA INTRAVENOUS RECON SOLN 45 MG | Tier-2 | |
| JEVTANA | Tier-2 | |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG | Tier-2 | PA |
| <i>leuprolide</i> | Tier-1 | |
| <i>melphalan</i> | Tier-1 | |
| <i>mitomycin intravenous recon soln 20 mg</i> | Tier-1 | |
| <i>mitoxantrone</i> | Tier-1 | |
| MUSTARGEN | Tier-2 | |
| ONCASPAR | Tier-2 | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml</i> | Tier-1 | |
| <i>paclitaxel</i> | Tier-1 | |
| PERJETA | Tier-2 | PA |
| PROLEUKIN | Tier-2 | |
| RITUXAN | Tier-2 | PA |
| SYLATRON | Tier-2 | PA; QL (4 EA per 28 days) |
| SYNRIBO | Tier-2 | |
| TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML) | Tier-2 | |
| <i>toposar</i> | Tier-1 | |
| TOPOTECAN INTRAVENOUS RECON SOLN | Tier-2 | |
| TORISEL | Tier-2 | |
| TREANDA INTRAVENOUS RECON SOLN 100 MG | Tier-2 | |
| TRISENOX | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------------|
| UVADEX | Tier-2 | |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML) | Tier-2 | |
| VELCADE | Tier-2 | |
| VIDAZA | Tier-2 | |
| <i>vinblastine intravenous solution</i> | Tier-1 | |
| <i>vincasar pfs intravenous solution 1 mg/ml</i> | Tier-1 | |
| <i>vincristine intravenous solution 1 mg/ml</i> | Tier-1 | |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i> | Tier-1 | |
| YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML) | Tier-2 | |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML) | Tier-2 | |
| ORAL AGENTS | | |
| AFINITOR | Tier-2 | PA; QL (30 EA per 30 days) |
| AFINITOR DISPERZ | Tier-2 | PA; QL (60 EA per 30 Days) |
| ALKERAN ORAL | Tier-2 | * Part B |
| <i>anastrozole</i> | Tier-1 | |
| <i>bicalutamide</i> | Tier-1 | |
| BOSULIF ORAL TABLET 100 MG | Tier-2 | PA; QL (120 EA per 30 days) |
| BOSULIF ORAL TABLET 500 MG | Tier-2 | PA; QL (30 EA per 30 days) |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | Tier-1 | * Part B |
| CAPRELSA ORAL TABLET 100 MG | Tier-2 | PA; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | Tier-2 | PA; QL (30 EA per 30 days) |
| CEENU ORAL CAPSULE 10 MG, 40 MG | Tier-2 | |
| COMETRIQ | Tier-2 | PA |
| CYCLOPHOSPHAMIDE ORAL CAPSULE | Tier-2 | B/D |
| <i>cyclophosphamide oral tablet</i> | Tier-1 | B/D |
| DROXIA | Tier-2 | |
| EMCYT | Tier-2 | |
| ERIVEDGE | Tier-2 | PA |
| <i>exemestane</i> | Tier-1 | |
| FARESTON | Tier-2 | |
| <i>flutamide</i> | Tier-1 | |
| GILOTRIF | Tier-2 | PA |
| GLEEVEC | Tier-2 | |
| HEXALEN | Tier-2 | |
| <i>hydroxyurea</i> | Tier-1 | |
| ICLUSIG | Tier-2 | PA |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------------|
| IMBRUVICA | Tier-2 | PA |
| INLYTA | Tier-2 | PA |
| JAKAFI | Tier-2 | PA |
| <i>letrozole</i> | Tier-1 | |
| LEUKERAN | Tier-2 | |
| <i>lomustine</i> | Tier-1 | |
| MATULANE | Tier-2 | |
| MEKINIST | Tier-2 | |
| <i>mercaptopurine</i> | Tier-1 | |
| MYLERAN | Tier-2 | * Part B |
| NEXAVAR | Tier-2 | PA; QL (220 EA per 30 days) |
| NILANDRON | Tier-2 | |
| POMALYST | Tier-2 | PA; QL (21 EA per 21 Days) |
| REVLIMID | Tier-2 | PA; LA |
| SOLTAMOX | Tier-2 | |
| SPRYCEL ORAL TABLET 100 MG, 140 MG | Tier-2 | PA; QL (30 EA per 30 days) |
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG | Tier-2 | PA; QL (60 EA per 30 days) |
| STIVARGA | Tier-2 | QL (84 EA per 28 Days) |
| SUTENT | Tier-2 | PA |
| TABLOID | Tier-2 | |
| TAFINLAR | Tier-2 | PA |
| <i>tamoxifen</i> | Tier-1 | |
| TARCEVA ORAL TABLET 100 MG | Tier-2 | QL (90 EA per 30 days) |
| TARCEVA ORAL TABLET 150 MG, 25 MG | Tier-2 | QL (30 EA per 30 days) |
| TARGRETIN ORAL | Tier-2 | |
| TASIGNA | Tier-2 | PA |
| TEMODAR ORAL | Tier-2 | * Part B |
| <i>temozolomide</i> | Tier-1 | * Part B |
| THALOMID | Tier-2 | |
| <i>tretinoin (chemotherapy)</i> | Tier-1 | |
| TYKERB | Tier-2 | PA; QL (180 EA per 30 days) |
| VOTRIENT | Tier-2 | PA; QL (120 EA per 30 days) |
| XALKORI | Tier-2 | PA |
| XELODA ORAL TABLET 150 MG, 500 MG | Tier-2 | * Part B |
| XTANDI | Tier-2 | PA; QL (120 EA per 30 Days) |
| ZOLINZA | Tier-2 | PA |
| ZYDELIG | Tier-3 | PA |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------------|
| ZYKADIA | Tier-2 | PA |
| ZYTIGA | Tier-2 | PA; QL (120 EA per 30 days) |
| PROTECTIVE AGENTS | | |
| FUSILEV | Tier-2 | |
| <i>leucovorin calcium injection recon soln 100 mg, 350 mg</i> | Tier-1 | |
| <i>leucovorin calcium oral</i> | Tier-1 | |
| <i>mesna</i> | Tier-1 | |
| MESNEX ORAL | Tier-3 | |
| ZINECARD INTRAVENOUS RECON SOLN 250 MG | Tier-3 | |
| TOPICAL | | |
| TARGRETIN TOPICAL | Tier-2 | |
| CARDIOVASCULAR AGENTS | | |
| ACE INHIBITORS | | |
| <i>benazepril</i> | Tier-1 | |
| <i>captopril</i> | Tier-1 | |
| <i>enalapril maleate</i> | Tier-1 | |
| EPANED | Tier-3 | |
| <i>fosinopril</i> | Tier-1 | |
| <i>lisinopril</i> | Tier-1 | |
| <i>moexipril</i> | Tier-1 | |
| <i>perindopril erbumine</i> | Tier-1 | |
| <i>quinapril</i> | Tier-1 | |
| <i>ramipril</i> | Tier-1 | |
| <i>trandolapril</i> | Tier-1 | |
| ALPHA1 BLOCKERS | | |
| CARDURA XL | Tier-3 | |
| <i>doxazosin</i> | Tier-1 | |
| <i>prazosin oral</i> | Tier-1 | |
| <i>terazosin</i> | Tier-1 | |
| ANGINA | | |
| <i>isosorbide dinitrate oral</i> | Tier-1 | |
| <i>isosorbide mononitrate</i> | Tier-1 | |
| NITRO-BID | Tier-3 | |
| <i>nitroglycerin intravenous</i> | Tier-1 | |
| <i>nitroglycerin transdermal patch 24 hour</i> | Tier-1 | |
| <i>nitroglycerin translingual spray,non-aerosol</i> | Tier-1 | |
| NITROLINGUAL | Tier-3 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| NITROMIST | Tier-3 | |
| NITROSTAT | Tier-2 | |
| RANEXA | Tier-2 | |
| ANGIOTENSIN II RECEPTOR BLOCKERS | | |
| BENICAR | Tier-2 | |
| <i>candesartan</i> | Tier-1 | |
| DIOVAN | Tier-2 | |
| <i>eprosartan</i> | Tier-1 | |
| <i>irbesartan</i> | Tier-1 | |
| <i>losartan</i> | Tier-1 | |
| <i>telmisartan</i> | Tier-1 | |
| <i>valsartan</i> | Tier-1 | |
| ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES | | |
| <i>amiodarone oral tablet 200 mg, 400 mg</i> | Tier-1 | |
| <i>digoxin injection solution</i> | Tier-1 | |
| <i>digoxin oral solution 50 mcg/ml</i> | Tier-1 | |
| <i>digoxin oral tablet</i> | Tier-1 | |
| <i>disopyramide phosphate oral capsule</i> | Tier-1 | |
| <i>flecainide</i> | Tier-1 | |
| LANOXIN | Tier-3 | |
| LANOXIN PEDIATRIC | Tier-3 | |
| <i>mexiletine</i> | Tier-1 | |
| MULTAQ | Tier-3 | |
| NORPACE CR | Tier-3 | |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | Tier-3 | |
| <i>propafenone</i> | Tier-1 | |
| <i>quinidine gluconate oral</i> | Tier-1 | |
| <i>quinidine sulfate</i> | Tier-1 | |
| <i>sorine</i> | Tier-1 | |
| <i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> | Tier-1 | |
| <i>sotalol af oral tablet 120 mg</i> | Tier-1 | |
| TIKOSYN | Tier-2 | |
| ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS | | |
| AMLODIPINE-ATORVASTATIN | Tier-2 | |
| AMLODIPINE-BENAZEPRIL | Tier-2 | |
| AMTURNIDE | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| <i>atenolol-chlorthalidone</i> | Tier-1 | |
| AZOR | Tier-2 | |
| <i>benazepril-hydrochlorothiazide</i> | Tier-1 | |
| BENICAR HCT | Tier-2 | |
| <i>bisoprolol-hydrochlorothiazide</i> | Tier-1 | |
| <i>candesartan-hydrochlorothiazid</i> | Tier-1 | |
| <i>captopril-hydrochlorothiazide</i> | Tier-1 | |
| <i>clorpres</i> | Tier-1 | |
| DUTOPROL | Tier-3 | |
| <i>enalapril-hydrochlorothiazide</i> | Tier-1 | |
| EXFORGE | Tier-3 | |
| EXFORGE HCT | Tier-3 | |
| <i>fosinopril-hydrochlorothiazide</i> | Tier-1 | |
| <i>irbesartan-hydrochlorothiazide</i> | Tier-1 | |
| <i>lisinopril-hydrochlorothiazide</i> | Tier-1 | |
| <i>losartan-hydrochlorothiazide</i> | Tier-1 | |
| <i>methyldopa-hydrochlorothiazide</i> | Tier-1 | |
| <i>metoprolol ta-hydrochlorothiaz</i> | Tier-1 | |
| <i>moexipril-hydrochlorothiazide</i> | Tier-1 | |
| <i>nadolol-bendroflumethiazide</i> | Tier-1 | |
| <i>propranolol-hydrochlorothiazid</i> | Tier-1 | |
| <i>quinapril-hydrochlorothiazide</i> | Tier-1 | |
| TARKA | Tier-3 | |
| TEKAMLO | Tier-2 | |
| TEKTURNA HCT | Tier-2 | |
| <i>telmisartan-amlodipine</i> | Tier-1 | |
| <i>telmisartan-hydrochlorothiazid</i> | Tier-1 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Tier-1 | |
| <i>valsartan-hydrochlorothiazide</i> | Tier-1 | |
| BETA AND ALPHA BLOCKERS | | |
| <i>carvedilol</i> | Tier-1 | |
| COREG CR | Tier-3 | |
| <i>labetalol intravenous solution</i> | Tier-1 | |
| <i>labetalol oral</i> | Tier-1 | |
| BETA BLOCKERS | | |
| <i>acebutolol oral</i> | Tier-1 | |
| <i>atenolol</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>betaxolol oral</i> | Tier-1 | |
| <i>bisoprolol fumarate</i> | Tier-1 | |
| <i>metoprolol succinate</i> | Tier-1 | |
| <i>metoprolol tartrate oral</i> | Tier-1 | |
| <i>nadolol</i> | Tier-1 | |
| <i>pindolol</i> | Tier-1 | |
| <i>propranolol oral</i> | Tier-1 | |
| <i>timolol maleate oral</i> | Tier-1 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>afeditab cr</i> | Tier-1 | |
| <i>amlodipine</i> | Tier-1 | |
| CARDENE IV IN SODIUM CHLORIDE | Tier-3 | |
| <i>cartia xt</i> | Tier-1 | |
| <i>dilt-cd oral capsule,extended release 24hr 300 mg</i> | Tier-1 | |
| <i>dilt-xr</i> | Tier-1 | |
| <i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i> | Tier-1 | |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i> | Tier-1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier-1 | |
| <i>diltiazem hcl oral tablet</i> | Tier-1 | |
| <i>felodipine</i> | Tier-1 | |
| <i>isradipine</i> | Tier-1 | |
| <i>matzim la</i> | Tier-1 | |
| <i>nicardipine oral</i> | Tier-1 | |
| <i>nifedical xl</i> | Tier-1 | |
| <i>nifedipine oral capsule</i> | Tier-1 | |
| <i>nifedipine oral tablet extended release 24hr</i> | Tier-1 | |
| <i>nimodipine</i> | Tier-1 | |
| <i>nisoldipine</i> | Tier-1 | |
| <i>taztia xt</i> | Tier-1 | |
| <i>verapamil oral</i> | Tier-1 | |
| CENTRALLY ACTING AGENTS | | |
| <i>clonidine</i> | Tier-1 | |
| <i>clonidine hcl oral tablet</i> | Tier-1 | |
| <i>guanfacine</i> | Tier-1 | |
| <i>methyldopa</i> | Tier-1 | |
| <i>reserpine</i> | Tier-1 | |
| DIRECT RENIN INHIBITORS | | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| TEKTURNA | Tier-2 | |
| DIURETICS | | |
| <i>amiloride oral</i> | Tier-1 | |
| <i>amiloride-hydrochlorothiazide</i> | Tier-1 | |
| <i>bumetanide oral</i> | Tier-1 | |
| <i>chlorothiazide</i> | Tier-1 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier-1 | |
| <i>furosemide injection</i> | Tier-1 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i> | Tier-1 | |
| <i>furosemide oral tablet</i> | Tier-1 | |
| <i>hydrochlorothiazide</i> | Tier-1 | |
| <i>indapamide</i> | Tier-1 | |
| <i>methyclothiazide</i> | Tier-1 | |
| <i>metolazone</i> | Tier-1 | |
| <i>spironolacton-hydrochlorothiaz</i> | Tier-1 | |
| <i>spironolactone oral tablet 100 mg, 25 mg</i> | Tier-1 | |
| <i>torseamide intravenous solution 20 mg/2 ml (10 mg/ml)</i> | Tier-1 | |
| <i>torseamide oral</i> | Tier-1 | |
| <i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i> | Tier-1 | |
| <i>triamterene-hydrochlorothiazid oral tablet</i> | Tier-1 | |
| LIPID LOWERING AGENTS | | |
| <i>atorvastatin</i> | Tier-1 | |
| <i>cholestyramine light oral powder in packet</i> | Tier-1 | |
| <i>colestipol oral granules</i> | Tier-1 | |
| <i>colestipol oral tablet</i> | Tier-1 | |
| <i>fenofibrate</i> | Tier-1 | |
| <i>fenofibrate micronized</i> | Tier-1 | |
| <i>fenofibrate nanocrystallized</i> | Tier-1 | |
| <i>fenofibric acid (choline)</i> | Tier-1 | |
| <i>fluvastatin</i> | Tier-1 | |
| <i>gemfibrozil oral</i> | Tier-1 | |
| JUXTAPID | Tier-2 | PA |
| KYNAMRO | Tier-2 | PA |
| <i>lovastatin</i> | Tier-1 | |
| LOVAZA | Tier-2 | |
| NIACIN ORAL TABLET EXTENDED RELEASE 24 HR | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>niacor</i> | Tier-1 | |
| OMEGA-3 ACID ETHYL ESTERS | Tier-2 | |
| <i>pravastatin</i> | Tier-1 | |
| PREVALITE ORAL POWDER | Tier-3 | |
| SIMCOR | Tier-2 | |
| <i>simvastatin</i> | Tier-1 | |
| VYTORIN 10-10 | Tier-3 | |
| VYTORIN 10-20 | Tier-3 | |
| VYTORIN 10-40 | Tier-3 | |
| VYTORIN 10-80 | Tier-3 | |
| WELCHOL | Tier-3 | |
| ZETIA | Tier-2 | |
| POTASSIUM REPLACEMENT | | |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier-3 | |
| <i>klor-con 8</i> | Tier-1 | |
| <i>klor-con m10</i> | Tier-1 | |
| KLOR-CON M15 | Tier-3 | |
| <i>klor-con m20</i> | Tier-1 | |
| <i>potassium chloride oral capsule, extended release</i> | Tier-1 | |
| <i>potassium chloride oral tablet, er particles/crystals</i> | Tier-1 | |
| SELECTIVE ALDOSTERONE BLOCKER | | |
| <i>eplerenone</i> | Tier-1 | STPA |
| <i>spironolactone oral tablet 50 mg</i> | Tier-1 | |
| VASODILATORS | | |
| BIDIL | Tier-2 | |
| <i>hydralazine injection</i> | Tier-1 | |
| <i>hydralazine oral</i> | Tier-1 | |
| <i>minoxidil oral</i> | Tier-1 | |
| DIABETES MELLITUS | | |
| DIABETIC SUPPLIES | | |
| ACCU-CHEK ACTIVE TEST | Tier-2 | * Part B |
| ACCU-CHEK AVIVA | Tier-2 | * Part B |
| ACCU-CHEK AVIVA PLUS TEST STRP | Tier-2 | * Part B |
| ACCU-CHEK COMFORT CURVE TEST | Tier-2 | * Part B |
| ACCU-CHEK COMPACT TEST | Tier-2 | * Part B |
| ACCU-CHEK SMARTVIEW TEST STRIP | Tier-2 | * Part B |
| <i>alcohol swabs</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>gauze bandage topical bandage 2 x 2.5 "-yard</i> | Tier-1 | |
| HUBER SAFETY NEEDLES (DISP.) | Tier-2 | |
| INSULIN PEN NEEDLE NEEDLE 31 | Tier-2 | |
| INSULIN SYRINGE SYRINGE 0.3 ML 29 X 1" | Tier-2 | |
| INSULIN SYRINGE NEEDLELESS | Tier-2 | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 30 X 1/2" | Tier-2 | |
| ONE TOUCH TEST | Tier-2 | * Part B |
| ONE TOUCH ULTRA TEST | Tier-2 | * Part B |
| ONE TOUCH VERIO | Tier-2 | * Part B |
| GLUCOSE ELEVATING | | |
| GLUCAGEN HYPOKIT | Tier-2 | |
| GLUCAGON EMERGENCY KIT (HUMAN) | Tier-2 | |
| PROGLYCEM | Tier-3 | |
| INSULINS | | |
| HUMALOG SUBCUTANEOUS SOLUTION | Tier-2 | |
| HUMALOG KWIKPEN | Tier-2 | |
| HUMALOG MIX 50-50 | Tier-2 | |
| HUMALOG MIX 50-50 KWIKPEN | Tier-2 | |
| HUMALOG MIX 75-25 | Tier-2 | |
| HUMALOG MIX 75-25 KWIKPEN | Tier-2 | |
| HUMULIN 70/30 | Tier-2 | |
| HUMULIN 70/30 PEN | Tier-2 | |
| HUMULIN N | Tier-2 | |
| HUMULIN N PEN | Tier-2 | |
| HUMULIN R | Tier-2 | |
| HUMULIN R U-500 "CONCENTRATED" | Tier-2 | |
| LANTUS | Tier-2 | |
| LANTUS SOLOSTAR | Tier-2 | |
| LEVEMIR | Tier-2 | |
| LEVEMIR FLEXPEN | Tier-2 | |
| NOVOLIN 70/30 | Tier-2 | |
| NOVOLIN N | Tier-2 | |
| NOVOLIN R | Tier-2 | |
| NOVOLOG | Tier-2 | |
| NOVOLOG FLEXPEN | Tier-2 | |
| NOVOLOG MIX 70-30 | Tier-2 | |
| NOVOLOG MIX 70-30 FLEXPEN | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| NON-INSULIN INJECTABLES | | |
| BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON | Tier-2 | |
| BYETTA | Tier-2 | |
| SYMLINPEN 120 | Tier-2 | |
| SYMLINPEN 60 | Tier-2 | |
| VICTOZA 3-PAK | Tier-2 | |
| ORAL AGENTS | | |
| <i>acarbose</i> | Tier-1 | |
| ACTOPLUS MET XR | Tier-3 | |
| <i>chlorpropamide</i> | Tier-1 | |
| FARXIGA | Tier-3 | |
| <i>glimepiride</i> | Tier-1 | |
| <i>glipizide</i> | Tier-1 | |
| <i>glipizide-metformin</i> | Tier-1 | |
| <i>glyburide</i> | Tier-1 | |
| <i>glyburide micronized</i> | Tier-1 | |
| <i>glyburide-metformin</i> | Tier-1 | |
| INVOKANA | Tier-3 | |
| JANUMET | Tier-2 | |
| JANUMET XR | Tier-2 | |
| JANUVIA | Tier-2 | |
| JENTADUETO | Tier-2 | |
| <i>metformin oral tablet</i> | Tier-1 | |
| <i>metformin oral tablet extended release 24 hr</i> | Tier-1 | |
| <i>metformin oral tablet extended release 24hr 1,000 mg</i> | Tier-1 | |
| <i>nateglinide</i> | Tier-1 | |
| PIOGLITAZONE | Tier-2 | |
| PIOGLITAZONE-GLIMEPIRIDE | Tier-2 | |
| PIOGLITAZONE-METFORMIN | Tier-2 | |
| PRANDIMET | Tier-3 | |
| PRANDIN | Tier-2 | |
| <i>repaglinide</i> | Tier-1 | |
| RIOMET | Tier-2 | |
| <i>tolazamide</i> | Tier-1 | |
| <i>tolbutamide</i> | Tier-1 | |
| TRADJENTA | Tier-2 | |
| EAR, NOSE AND THROAT | | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|--------------------------|
| EAR | | |
| <i>acetazol hc</i> | Tier-1 | |
| <i>acetic acid otic</i> | Tier-1 | |
| CIPRO HC | Tier-2 | |
| CIPRODEX | Tier-2 | |
| COLY-MYCIN S | Tier-3 | |
| CORTISPORIN-TC | Tier-3 | |
| <i>fluocinolone acetonide oil</i> | Tier-1 | |
| <i>hydrocortisone-acetic acid</i> | Tier-1 | |
| <i>ofloxacin otic</i> | Tier-1 | |
| VOSOL-HC | Tier-3 | |
| MOUTH AND THROAT | | |
| <i>cevimeline</i> | Tier-1 | |
| <i>chlorhexidine gluconate mucous membrane</i> | Tier-1 | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | Tier-1 | |
| <i>periogard</i> | Tier-1 | |
| <i>pilocarpine hcl oral</i> | Tier-1 | |
| <i>sodium fluoride oral tablet</i> | Tier-1 | |
| <i>triamcinolone acetonide dental</i> | Tier-1 | |
| NOSE | | |
| ASTEPRO NASAL SPRAY, NON-AEROSOL | Tier-2 | QL (120 ML per 90 days) |
| <i>azelastine nasal aerosol, spray</i> | Tier-1 | QL (120 ML per 90 days) |
| AZELASTINE NASAL SPRAY, NON-AEROSOL | Tier-2 | QL (120 ML per 90 days) |
| BACTROBAN NASAL | Tier-3 | |
| <i>budesonide nasal</i> | Tier-1 | QL (68.8 GM per 90 days) |
| <i>ciproheptadine</i> | Tier-1 | |
| <i>desloratadine</i> | Tier-1 | |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> | Tier-1 | QL (150 ML per 90 Days) |
| <i>fluticasone nasal</i> | Tier-1 | QL (48 GM per 90 days) |
| <i>hydroxyzine hcl intramuscular</i> | Tier-1 | |
| <i>hydroxyzine hcl oral syrup 10 mg/5 ml</i> | Tier-1 | |
| <i>hydroxyzine hcl oral tablet</i> | Tier-1 | |
| <i>hydroxyzine pamoate</i> | Tier-1 | |
| <i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i> | Tier-1 | QL (180 ML per 90 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 0.06 %</i> | Tier-1 | QL (90 ML per 90 days) |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|---------------------------|
| <i>levocetirizine</i> | Tier-1 | |
| NASONEX | Tier-2 | QL (102 GM per 90 days) |
| TRIAMCINOLONE ACETONIDE NASAL | Tier-2 | QL (49.5 GM per 90 days) |
| TYZINE NASAL DROPS 0.05 % | Tier-3 | |
| ENHANCED COVERED DRUG | | |
| COUGH & COLD PREPARATIONS | | |
| <i>aerohist</i> | Tier-1 | EC |
| <i>aerohist plus</i> | Tier-1 | EC |
| <i>benzonatate</i> | Tier-1 | EC |
| <i>c-phen</i> | Tier-1 | EC |
| <i>c-phen dm</i> | Tier-1 | EC |
| <i>chlorphen-pseudoeph-dm tannate</i> | Tier-1 | EC |
| <i>chlorphen-pyridamine-phenyleph</i> | Tier-1 | EC |
| <i>chlorpheniramine-dm-methscop</i> | Tier-1 | EC |
| <i>chlorpheniramine-hydrocodone</i> | Tier-1 | EC |
| <i>chlorpheniramine-pe tannates</i> | Tier-1 | EC |
| <i>chlorpheniramine-pe-dm-gg</i> | Tier-1 | EC |
| <i>chlorpheniramine-phenylephrine</i> | Tier-1 | EC |
| <i>chlorpheniramine-pseudoephed</i> | Tier-1 | EC |
| <i>cpm 12</i> | Tier-1 | EC |
| <i>cpm 8-pe 20-msc 1.25</i> | Tier-1 | EC |
| <i>cpm-pe-msc</i> | Tier-1 | EC |
| ERECTILE DYSFUNCTION | | |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 40 MCG | Tier-3 | EC |
| CAVERJECT IMPULSE | Tier-3 | EC |
| CIALIS ORAL TABLET 10 MG, 20 MG | Tier-3 | EC; QL (4 EA per 30 days) |
| EDEX | Tier-3 | EC |
| LEVITRA | Tier-3 | EC; QL (4 EA per 30 days) |
| MUSE | Tier-3 | EC |
| VIAGRA | Tier-3 | EC; QL (4 EA per 30 days) |
| MISCELLANEOUS | | |
| ALCORTIN A TOPICAL GEL IN PACKET | Tier-3 | EC |
| ANALPRAM ADVANCED | Tier-3 | EC |
| ANALPRAM E | Tier-3 | EC |
| ANALPRAM-HC RECTAL CREAM 1-1 % | Tier-3 | EC |
| ANALPRAM-HC RECTAL CREAM 2.5-1 % | Tier-3 | EC |
| ANALPRAM-HC RECTAL LOTION | Tier-3 | EC |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| ANALPRAM-HC SINGLES | Tier-3 | EC |
| <i>anucort-hc</i> | Tier-1 | EC |
| ANUSOL-HC RECTAL SUPPOSITORY | Tier-3 | EC |
| <i>pramcort</i> | Tier-1 | EC |
| OBESITY MANAGEMENT | | |
| ADIPEX-P | Tier-3 | PA; EC |
| BONTRIL PDM | Tier-3 | PA; EC |
| BONTRIL SLOW-RELEASE | Tier-3 | PA; EC |
| <i>diethylpropion oral tablet</i> | Tier-1 | PA; EC |
| <i>diethylpropion oral tablet extended release</i> | Tier-1 | PA; EC |
| <i>phendimetrazine tartrate</i> | Tier-1 | PA; EC |
| <i>phentermine oral capsule</i> | Tier-1 | PA; EC |
| <i>phentermine oral tablet</i> | Tier-1 | PA; EC |
| OVULATION INDUCING AGENTS | | |
| BRAVELLE | Tier-3 | PA; EC |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | Tier-2 | PA; EC |
| FOLLISTIM AQ | Tier-2 | PA; EC |
| GONAL-F | Tier-2 | PA; EC |
| GONAL-F RFF | Tier-2 | PA; EC |
| LUVERIS | Tier-2 | PA; EC |
| MENOPUR | Tier-2 | PA; EC |
| OVIDREL | Tier-2 | PA; EC |
| REPRONEX | Tier-2 | PA; EC |
| VITAMINS/MINERALS | | |
| CEREFOLIN | Tier-3 | EC |
| CEREFOLIN NAC | Tier-3 | EC |
| <i>corvita</i> | Tier-1 | EC |
| <i>ergocalciferol (vitamin d2) oral capsule</i> | Tier-1 | EC |
| <i>folic acid oral tablet 1 mg</i> | Tier-1 | EC |
| <i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg</i> | Tier-1 | EC |
| <i>folic acid-vit b6-vit b12 oral tablet 2.5-25-2 mg</i> | Tier-1 | EC |
| MEPHYTON | Tier-3 | EC |
| NASCOBAL | Tier-2 | EC |
| NEPHRO-VITE RX | Tier-3 | EC |
| NEPHROCAPS | Tier-3 | EC |
| NEPHROCAPS QT | Tier-3 | EC |
| NEPHRONEX-SL | Tier-3 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|------------------------|
| <i>renal caps</i> | Tier-1 | EC |
| <i>triphrocaps</i> | Tier-1 | EC |
| <i>vitamin d2</i> | Tier-1 | EC |
| EYE | | |
| ALLERGY | | |
| ALOCRIAL | Tier-3 | |
| ALOMIDE | Tier-3 | |
| <i>azelastine ophthalmic</i> | Tier-1 | |
| <i>cromolyn ophthalmic</i> | Tier-1 | |
| EMADINE | Tier-3 | |
| <i>epinastine</i> | Tier-1 | |
| LASTACAFT | Tier-3 | |
| <i>naphazoline</i> | Tier-1 | |
| ANTI-INFECTIVES | | |
| AZASITE | Tier-3 | QL (2.5 ML per 7 days) |
| <i>bacitracin ophthalmic</i> | Tier-1 | |
| <i>bacitracin-polymyxin b ophthalmic</i> | Tier-1 | |
| BESIVANCE | Tier-3 | |
| BLEPHAMIDE | Tier-3 | |
| BLEPHAMIDE S.O.P. | Tier-3 | |
| <i>ciprofloxacin ophthalmic</i> | Tier-1 | |
| <i>erythromycin ophthalmic</i> | Tier-1 | |
| GARAMYCIN OPHTHALMIC DROPS | Tier-3 | |
| <i>gatifloxacin</i> | Tier-1 | |
| <i>gentak ophthalmic ointment</i> | Tier-1 | |
| <i>gentamicin ophthalmic</i> | Tier-1 | |
| <i>levofloxacin ophthalmic</i> | Tier-1 | |
| MOXEZA | Tier-3 | |
| <i>neomycin-bacitracin-poly-hc</i> | Tier-1 | |
| <i>neomycin-bacitracin-polymyxin</i> | Tier-1 | |
| <i>neomycin-polymyxin-hc otic drops,suspension</i> | Tier-1 | |
| <i>ofloxacin ophthalmic</i> | Tier-1 | |
| <i>polymyxin b sulf-trimethoprim</i> | Tier-1 | |
| <i>sulfacetamide sodium ophthalmic</i> | Tier-1 | |
| <i>sulfacetamide-prednisolone</i> | Tier-1 | |
| TOBRADEX | Tier-3 | |
| TOBRADEX ST | Tier-3 | |
| <i>tobramycin</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>tobramycin-dexamethasone</i> | Tier-1 | |
| VIGAMOX | Tier-3 | |
| ANTI-INFLAMMATORIES | | |
| ALREX | Tier-3 | |
| <i>bromfenac</i> | Tier-1 | |
| <i>dexamethasone sodium phosphate ophthalmic</i> | Tier-1 | |
| <i>diclofenac sodium ophthalmic</i> | Tier-1 | |
| FLAREX | Tier-3 | |
| <i>fluorometholone</i> | Tier-1 | |
| <i>flurbiprofen sodium</i> | Tier-1 | |
| FML FORTE | Tier-3 | |
| FML S.O.P. | Tier-2 | |
| <i>ketorolac ophthalmic</i> | Tier-1 | |
| LOTEMAX OPHTHALMIC DROPS,SUSPENSION | Tier-3 | |
| MAXIDEX | Tier-3 | |
| <i>neomycin-polymyxin-dexameth</i> | Tier-1 | |
| <i>neomycin-polymyxin-gramicidin</i> | Tier-1 | |
| <i>neomycin-polymyxin-hc ophthalmic</i> | Tier-1 | |
| <i>neomycin-polymyxin-hc otic solution</i> | Tier-1 | |
| NEVANAC | Tier-3 | |
| PRED MILD | Tier-2 | |
| PRED-G | Tier-2 | |
| PRED-G S.O.P. | Tier-2 | |
| <i>prednisolone acetate</i> | Tier-1 | |
| PROLENSA | Tier-3 | |
| VEXOL | Tier-2 | |
| ZYLET | Tier-3 | |
| ANTIVIRALS | | |
| <i>trifluridine</i> | Tier-1 | |
| ZIRGAN | Tier-3 | |
| GLAUCOMA | | |
| <i>acetazolamide oral</i> | Tier-1 | |
| ALPHAGAN P OPHTHALMIC DROPS 0.1 % | Tier-3 | |
| <i>apraclonidine</i> | Tier-1 | |
| AZOPT | Tier-2 | |
| <i>betaxolol ophthalmic</i> | Tier-1 | |
| BETIMOL | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|------------------------------|
| BETOPTIC S | Tier-3 | |
| <i>brimonidine</i> | Tier-1 | |
| <i>carteolol</i> | Tier-1 | |
| COMBIGAN | Tier-3 | QL (10 ML per 30 days) |
| <i>dorzolamide</i> | Tier-1 | |
| <i>dorzolamide-timolol</i> | Tier-1 | |
| IOPIDINE | Tier-3 | |
| <i>latanoprost</i> | Tier-1 | |
| <i>levobunolol ophthalmic drops 0.5 %</i> | Tier-1 | |
| LUMIGAN | Tier-3 | STPA |
| <i>methazolamide oral</i> | Tier-1 | |
| <i>metipranolol</i> | Tier-1 | |
| <i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i> | Tier-1 | |
| SIMBRINZA | Tier-3 | |
| <i>timolol maleate ophthalmic</i> | Tier-1 | |
| TRAVATAN Z | Tier-3 | STPA |
| <i>travoprost (benzalkonium)</i> | Tier-1 | |
| ZIOPTAN (PF) | Tier-3 | STPA; QL (90 EA per 90 days) |
| OPHTHALMIC DRUGS, MISCELLANEOUS | | |
| ALCAINE | Tier-3 | |
| NATACYN | Tier-3 | |
| RESTASIS | Tier-2 | PA |
| GASTROINTESTINAL DRUGS | | |
| EMESIS | | |
| ALOXI | Tier-2 | B/D; QL (5 ML per 7 days) |
| ANZEMET ORAL TABLET 100 MG | Tier-2 | B/D; QL (5 EA per 7 days) |
| ANZEMET ORAL TABLET 50 MG | Tier-2 | B/D; QL (3 EA per 7 days) |
| CESAMET | Tier-2 | B/D; QL (30 EA per 7 days) |
| <i>compro</i> | Tier-1 | |
| <i>dronabinol</i> | Tier-1 | B/D; QL (21 EA per 7 Days) |
| EMEND ORAL CAPSULE 125 MG | Tier-2 | B/D; QL (1 EA per 7 days) |
| EMEND ORAL CAPSULE 40 MG, 80 MG | Tier-2 | B/D; QL (2 EA per 7 days) |
| EMEND ORAL CAPSULE,DOSE PACK | Tier-2 | B/D; QL (3 EA per 7 days) |
| <i>granisetron oral</i> | Tier-1 | B/D; QL (10 EA per 7 days) |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | Tier-1 | |
| <i>metoclopramide hcl injection solution</i> | Tier-1 | |
| <i>metoclopramide hcl oral</i> | Tier-1 | |
| <i>ondansetron</i> | Tier-1 | B/D; QL (12 EA per 7 days) |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------------|
| <i>ondansetron hcl oral solution</i> | Tier-1 | B/D; QL (150 ML per 7 days) |
| <i>ondansetron hcl oral tablet 24 mg</i> | Tier-1 | B/D; QL (4 EA per 7 days) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Tier-1 | B/D; QL (12 EA per 7 days) |
| <i>prochlorperazine</i> | Tier-1 | |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | Tier-1 | |
| <i>prochlorperazine maleate oral</i> | Tier-1 | |
| SANCUSO | Tier-3 | B/D; QL (1 EA per 7 days) |
| TRANSDERM-SCOP | Tier-3 | |
| ENZYMES | | |
| BUPHENYL | Tier-2 | |
| CARBAGLU | Tier-2 | PA |
| CREON | Tier-2 | |
| CYSTAGON | Tier-3 | |
| PANCREAZE | Tier-3 | |
| PERTZYE | Tier-3 | |
| ULTRESA | Tier-3 | |
| VIOKACE | Tier-3 | |
| ZENPEP | Tier-3 | |
| GASTROINTESTINAL DRUGS, MISCELLANEOUS | | |
| <i>amoxicil-clarithromy-lansopraz</i> | Tier-1 | |
| CANTIL | Tier-3 | |
| CIMZIA | Tier-2 | PA; QL (2 EA per 30 days) |
| CIMZIA POWDER FOR RECONST | Tier-2 | PA |
| <i>constulose</i> | Tier-1 | |
| <i>cromolyn oral</i> | Tier-1 | |
| <i>dicyclomine oral capsule</i> | Tier-1 | |
| <i>dicyclomine oral solution</i> | Tier-1 | |
| <i>dicyclomine oral tablet</i> | Tier-1 | |
| <i>enulose</i> | Tier-1 | |
| FULYZAQ | Tier-3 | PA |
| GATTEX ONE-VIAL | Tier-2 | PA |
| <i>generlac</i> | Tier-1 | |
| <i>glycopyrrolate oral</i> | Tier-1 | |
| HALFLYTELY-BISACODYL W-FLAV PK | Tier-2 | |
| KRISTALOSE | Tier-2 | |
| <i>lactulose oral solution 10 gram/15 ml</i> | Tier-1 | |
| <i>levocarnitine oral tablet</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>levocarnitine (with sugar)</i> | Tier-1 | |
| <i>loperamide oral capsule</i> | Tier-1 | |
| LOTRONEX | Tier-2 | |
| MOVIPREP | Tier-3 | |
| OSMOPREP | Tier-3 | |
| <i>polyethylene glycol 3350 oral powder</i> | Tier-1 | |
| <i>propantheline</i> | Tier-1 | |
| SUCLEAR | Tier-3 | |
| SUPREP | Tier-3 | |
| <i>trilyte with flavor packets</i> | Tier-1 | |
| <i>ursodiol</i> | Tier-1 | |
| GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD) | | |
| <i>cimetidine</i> | Tier-1 | |
| <i>cimetidine hcl oral</i> | Tier-1 | |
| <i>famotidine oral suspension</i> | Tier-1 | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | Tier-1 | |
| LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE(DR/EC) | Tier-2 | |
| <i>methscopolamine oral</i> | Tier-1 | |
| <i>misoprostol</i> | Tier-1 | |
| <i>nizatidine</i> | Tier-1 | |
| <i>omeprazole oral capsule, delayed release(dr/ec)</i> | Tier-1 | |
| <i>omeprazole-sodium bicarbonate</i> | Tier-1 | |
| <i>pantoprazole oral</i> | Tier-1 | |
| PREVPAC | Tier-3 | |
| PYLERA | Tier-2 | |
| RABEPRAZOLE | Tier-2 | |
| <i>ranitidine hcl oral capsule</i> | Tier-1 | |
| <i>ranitidine hcl oral syrup</i> | Tier-1 | |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i> | Tier-1 | |
| RELISTOR SUBCUTANEOUS KIT | Tier-2 | |
| <i>sucralfate oral tablet</i> | Tier-1 | |
| INFLAMMATORY BOWEL DISEASE | | |
| AMITIZA | Tier-2 | |
| APRISO | Tier-2 | |
| ASACOL HD | Tier-2 | |
| <i>balsalazide</i> | Tier-1 | |
| <i>budesonide oral</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|--------------------------------|
| CANASA | Tier-2 | |
| <i>colocort</i> | Tier-1 | |
| DELZICOL | Tier-2 | |
| DIPENTUM | Tier-2 | |
| ENTOCORT EC | Tier-3 | |
| <i>hydrocortisone rectal enema</i> | Tier-1 | |
| PENTASA | Tier-2 | |
| SFROWASA | Tier-3 | |
| <i>sulfasalazine oral tablet</i> | Tier-1 | |
| <i>sulfazine ec</i> | Tier-1 | |
| UCERIS | Tier-3 | |
| HOME INFUSION THERAPY | | |
| ACUTE CARE DRUGS | | |
| ABELCET | Tier-2 | HI |
| <i>acetazolamide sodium</i> | Tier-1 | HI |
| <i>acyclovir sodium intravenous solution</i> | Tier-1 | HI |
| AMBISOME | Tier-2 | HI |
| <i>amikacin injection solution 500 mg/2 ml</i> | Tier-1 | HI; Part B |
| <i>amphotericin b</i> | Tier-1 | HI |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i> | Tier-1 | HI; Part B |
| <i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i> | Tier-1 | HI; Part B |
| ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML | Tier-2 | B/D; HI; QL (10 ML per 7 days) |
| ARGATROBAN | Tier-3 | HI |
| ARGATROBAN IN 0.9 % SOD CHLOR | Tier-3 | HI |
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i> | Tier-1 | HI |
| AVELOX IN NAACL (ISO-OSMOTIC) | Tier-2 | HI; Part B |
| AZACTAM INJECTION RECON SOLN 2 GRAM | Tier-2 | HI; Part B |
| AZACTAM IN DEXTROSE (ISO-OSM) | Tier-2 | HI; Part B |
| <i>azithromycin intravenous</i> | Tier-1 | HI; Part B |
| <i>aztreonam injection recon soln 1 gram</i> | Tier-1 | HI; Part B |
| <i>benztropine injection</i> | Tier-1 | HI |
| BONIVA INTRAVENOUS | Tier-2 | PA; HI |
| <i>bumetanide injection</i> | Tier-1 | HI |
| <i>buprenorphine hcl injection syringe</i> | Tier-1 | HI |
| <i>butorphanol tartrate injection</i> | Tier-1 | HI |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>calcitriol intravenous solution 1 mcg/ml</i> | Tier-1 | HI |
| CANCIDAS | Tier-2 | HI |
| CAPASTAT | Tier-2 | HI |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | Tier-1 | HI; Part B |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i> | Tier-1 | HI; Part B |
| <i>cefepime</i> | Tier-1 | HI; Part B |
| <i>cefotaxime</i> | Tier-1 | HI; Part B |
| <i>cefotetan</i> | Tier-1 | HI; Part B |
| <i>cefoxitin</i> | Tier-1 | HI; Part B |
| <i>cefoxitin in dextrose, iso-osm</i> | Tier-1 | HI; Part B |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> | Tier-1 | HI; Part B |
| <i>ceftazidime in d5w</i> | Tier-1 | HI; Part B |
| <i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i> | Tier-1 | HI; Part B |
| <i>ceftriaxone intravenous recon soln</i> | Tier-1 | HI; Part B |
| <i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i> | Tier-1 | HI; Part B |
| <i>cefuroxime sodium intravenous</i> | Tier-1 | HI; Part B |
| <i>chloramphenicol sod succinate</i> | Tier-1 | HI; Part B |
| <i>cidofovir</i> | Tier-1 | HI |
| <i>ciprofloxacin intravenous solution 400 mg/40 ml</i> | Tier-1 | HI; Part B |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i> | Tier-1 | HI; Part B |
| CLEOCIN INJECTION | Tier-2 | HI; Part B |
| CLEOCIN IN 5 % DEXTROSE | Tier-2 | HI; Part B |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> | Tier-1 | HI; Part B |
| <i>colistin (colistimethate na)</i> | Tier-1 | HI; Part B |
| CUBICIN | Tier-2 | HI; Part B |
| <i>cyclosporine intravenous</i> | Tier-1 | B/D; HI |
| <i>dexamethasone sodium phosphate injection solution 4 mg/ml</i> | Tier-1 | HI |
| <i>diltiazem hcl intravenous</i> | Tier-1 | HI |
| DORIBAX INTRAVENOUS RECON SOLN 500 MG | Tier-2 | HI; Part B |
| <i>duramorph (pf)</i> | Tier-1 | HI |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG | Tier-2 | HI |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|--------------------------------|
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | Tier-2 | HI; Part B |
| <i>esomeprazole sodium</i> | Tier-1 | HI |
| <i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i> | Tier-1 | HI; Part B |
| FORTAZ INJECTION RECON SOLN 2 GRAM, 6 GRAM | Tier-2 | HI; Part B |
| FORTAZ IN DEXTROSE 5 % | Tier-2 | HI; Part B |
| <i>foscarnet</i> | Tier-1 | HI |
| <i>gentamicin injection solution 40 mg/ml</i> | Tier-1 | HI; Part B |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i> | Tier-1 | HI; Part B |
| <i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i> | Tier-1 | HI; Part B |
| <i>granisetron intravenous solution 1 mg/ml (1 ml)</i> | Tier-1 | B/D; HI; QL (40 ML per 7 days) |
| <i>granisetron (pf) intravenous solution 100 mcg/ml</i> | Tier-1 | B/D; HI; QL (40 ML per 7 days) |
| HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML | Tier-2 | HI |
| <i>heparin (porcine) injection solution</i> | Tier-1 | HI |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> | Tier-1 | HI |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i> | Tier-1 | HI |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | Tier-1 | HI |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i> | Tier-1 | HI |
| <i>imipenem-cilastatin</i> | Tier-1 | HI; Part B |
| INVANZ INJECTION | Tier-2 | HI; Part B |
| <i>isoniazid injection</i> | Tier-1 | HI |
| <i>kanamycin</i> | Tier-1 | HI; Part B |
| <i>lactated ringers intravenous</i> | Tier-1 | HI |
| <i>levocarnitine intravenous</i> | Tier-1 | HI |
| <i>levofloxacin intravenous</i> | Tier-1 | HI; Part B |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i> | Tier-1 | HI; Part B |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i> | Tier-1 | HI |
| LINCOCIN | Tier-2 | HI; Part B |
| <i>meropenem intravenous recon soln 500 mg</i> | Tier-1 | HI; Part B |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| MERREM INTRAVENOUS RECON SOLN 500 MG | Tier-2 | HI; Part B |
| <i>methadone injection</i> | Tier-1 | HI |
| <i>methotrexate sodium (pf)</i> | Tier-1 | HI |
| <i>metoprolol tartrate intravenous solution</i> | Tier-1 | HI |
| <i>metronidazole in nacl (iso-os)</i> | Tier-1 | HI; Part B |
| MYCAMINE | Tier-2 | HI |
| <i>nafcillin injection recon soln 1 gram, 10 gram</i> | Tier-1 | HI; Part B |
| <i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i> | Tier-1 | HI; Part B |
| <i>ondansetron hcl (pf) injection solution</i> | Tier-1 | B/D; HI |
| <i>oxacillin injection recon soln 1 gram, 10 gram</i> | Tier-1 | HI; Part B |
| <i>oxacillin in dextrose(iso-osm)</i> | Tier-1 | HI; Part B |
| <i>pamidronate intravenous solution</i> | Tier-1 | HI |
| <i>pantoprazole intravenous</i> | Tier-1 | HI |
| <i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i> | Tier-1 | HI; Part B |
| <i>penicillin g potassium injection recon soln 5 million unit</i> | Tier-1 | HI; Part B |
| <i>penicillin g sodium</i> | Tier-1 | HI; Part B |
| PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT | Tier-2 | HI; Part B |
| <i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i> | Tier-1 | HI; Part B |
| <i>polymyxin b sulfate</i> | Tier-1 | HI; Part B |
| <i>potassium chloride intravenous piggyback 20 meq/100 ml, 30 meq/100 ml</i> | Tier-1 | HI |
| PRIMAXIN IV | Tier-2 | HI; Part B |
| PROGRAF INTRAVENOUS | Tier-2 | B/D; HI |
| PROTONIX INTRAVENOUS | Tier-2 | HI |
| REMODULIN | Tier-2 | PA; HI |
| RETROVIR INTRAVENOUS | Tier-2 | HI |
| <i>streptomycin intramuscular</i> | Tier-1 | HI; Part B |
| <i>sulfamethoxazole-trimethoprim intravenous</i> | Tier-1 | HI |
| SYNERCID | Tier-2 | HI; Part B |
| TEFLARO | Tier-2 | HI; Part B |
| TIMENTIN INTRAVENOUS RECON SOLN 3.1 G | Tier-2 | HI; Part B |
| <i>tobramycin in 0.9 % nacl intravenous piggyback 80 mg/100 ml</i> | Tier-1 | HI; Part B |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>tobramycin sulfate injection solution</i> | Tier-1 | HI; Part B |
| TYGACIL | Tier-2 | HI; Part B |
| <i>valproate sodium</i> | Tier-1 | HI |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i> | Tier-1 | HI; Part B |
| VFEND IV | Tier-2 | HI |
| VISTIDE | Tier-2 | HI |
| <i>voriconazole intravenous</i> | Tier-1 | HI |
| ZANOSAR | Tier-2 | * Part B |
| ZEMPLAR INTRAVENOUS | Tier-2 | HI |
| ZINACEF IN DEXTROSE (ISO-OSM) | Tier-2 | HI; Part B |
| ZINACEF IN STERILE WATER | Tier-2 | HI; Part B |
| ZOSYN INTRAVENOUS RECON SOLN 3.375 GRAM | Tier-2 | HI; Part B |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML | Tier-2 | HI; Part B |
| ZYVOX INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML | Tier-2 | HI; Part B |
| ELECTROLYTES | | |
| <i>ammonium chloride</i> | Tier-1 | HI |
| <i>d10 % & 0.45 % sodium chloride</i> | Tier-1 | HI |
| <i>d2.5 %-0.45 % sodium chloride</i> | Tier-1 | HI |
| <i>d5 % and 0.9 % sodium chloride</i> | Tier-1 | HI |
| <i>d5 %-0.45 % sodium chloride</i> | Tier-1 | HI |
| <i>dextrose 10 % and 0.2 % nacl</i> | Tier-1 | HI |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution</i> | Tier-1 | HI |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | Tier-1 | HI |
| <i>dextrose 5 %-lactated ringers</i> | Tier-1 | HI |
| <i>dextrose 5%-0.2 % sod chloride</i> | Tier-1 | HI |
| <i>dextrose 5%-0.3 % sod.chloride</i> | Tier-1 | HI |
| IONOSOL-B IN D5W | Tier-2 | HI |
| IONOSOL-MB IN D5W | Tier-2 | HI |
| ISOLYTE S IN 5 % DEXTROSE | Tier-2 | HI |
| ISOLYTE-H IN 5 % DEXTROSE | Tier-2 | HI |
| ISOLYTE-P IN 5 % DEXTROSE | Tier-2 | HI |
| ISOLYTE-S | Tier-2 | HI |
| <i>magnesium sulfate injection</i> | Tier-1 | HI |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| NORMOSOL-M IN 5 % DEXTROSE | Tier-2 | HI |
| NORMOSOL-R IN 5 % DEXTROSE | Tier-2 | HI |
| NORMOSOL-R PH 7.4 | Tier-2 | HI |
| PLASMA-LYTE 148 | Tier-2 | HI |
| PLASMA-LYTE A | Tier-2 | HI |
| PLASMA-LYTE-56 IN 5 % DEXTROSE | Tier-2 | HI |
| <i>potassium chlorid-d5-0.45%nacl</i> | Tier-1 | HI |
| <i>potassium chloride intravenous parenteral solution</i> | Tier-1 | HI |
| <i>potassium chloride intravenous piggyback 10 meq/100 ml, 40 meq/100 ml</i> | Tier-1 | HI |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | Tier-1 | HI |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> | Tier-1 | HI |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> | Tier-1 | HI |
| <i>potassium chloride-0.45 % nacl</i> | Tier-1 | HI |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i> | Tier-1 | HI |
| <i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i> | Tier-1 | HI |
| <i>potassium chloride-d5-0.9%nacl</i> | Tier-1 | HI |
| <i>ringers intravenous</i> | Tier-1 | HI |
| <i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i> | Tier-1 | HI |
| <i>sodium chloride 0.45 % intravenous parenteral solution</i> | Tier-1 | HI |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | Tier-1 | HI |
| <i>sodium chloride 3 %</i> | Tier-1 | HI |
| <i>sodium chloride 5 %</i> | Tier-1 | HI |
| <i>sodium lactate intravenous</i> | Tier-1 | HI |
| IV NUTRITION | | |
| AMINOSYN 8.5 %-ELECTROLYTES | Tier-2 | B/D; HI |
| AMINOSYN II 10 % | Tier-2 | B/D; HI |
| AMINOSYN II 15 % | Tier-2 | B/D; HI |
| AMINOSYN II 7 % (OLD FORMULA) | Tier-2 | B/D; HI |
| AMINOSYN II 8.5 %(OLD FORMULA) | Tier-2 | B/D; HI |
| AMINOSYN II 8.5 %-ELECTROLYTES | Tier-2 | B/D; HI |
| AMINOSYN M 3.5 % | Tier-2 | B/D; HI |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| AMINOSYN-HBC 7% | Tier-2 | B/D; HI |
| AMINOSYN-PF 10 % | Tier-2 | B/D; HI |
| AMINOSYN-PF 7 % (SULFITE-FREE) | Tier-2 | B/D; HI |
| CLINIMIX 5%/D15W SULFITE FREE | Tier-2 | B/D; HI |
| CLINIMIX 5%/D25W SULFITE-FREE | Tier-2 | B/D; HI |
| CLINIMIX 2.75%/D5W SULFIT FREE | Tier-2 | B/D; HI |
| CLINIMIX 4.25%-D20W SULF-FREE | Tier-2 | B/D; HI |
| CLINIMIX 4.25%-D25W SULF-FREE | Tier-2 | B/D; HI |
| CLINIMIX 4.25%/D10W SULF FREE | Tier-2 | B/D; HI |
| CLINIMIX 4.25%/D5W SULFIT FREE | Tier-2 | B/D; HI |
| CLINIMIX 5%-D20W(SULFITE-FREE) | Tier-2 | B/D; HI |
| CLINIMIX E 2.75%/D10W SUL FREE | Tier-2 | B/D; HI |
| CLINIMIX E 2.75%/D5W SULF FREE | Tier-2 | B/D; HI |
| CLINIMIX E 4.25%/D25W SUL FREE | Tier-2 | B/D; HI |
| CLINIMIX E 4.25%/D5W SULF FREE | Tier-2 | B/D; HI |
| CLINIMIX E 5%/D15W SULFIT FREE | Tier-2 | B/D; HI |
| CLINIMIX E 5%/D20W SULFIT FREE | Tier-2 | B/D; HI |
| CLINIMIX E 5%/D25W SULFIT FREE | Tier-2 | B/D; HI |
| CLINISOL SF 15 % | Tier-2 | B/D; HI |
| HEPATAMINE 8% | Tier-2 | B/D; HI |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | Tier-2 | B/D; HI |
| NEPHRAMINE 5.4 % | Tier-2 | B/D; HI |
| PREMASOL 10 % | Tier-2 | B/D; HI |
| PREMASOL 6 % | Tier-2 | B/D; HI |
| PROCALAMINE 3% | Tier-2 | B/D; HI |
| PROSOL 20 % | Tier-2 | B/D; HI |
| <i>tpn electrolytes</i> | Tier-1 | B/D; HI |
| TRAVASOL 10 % | Tier-2 | B/D; HI |
| TROPHAMINE 10 % | Tier-2 | B/D; HI |
| TROPHAMINE 6% | Tier-2 | B/D; HI |
| HORMONES | | |
| ADRENAL CORTICOSTEROIDS | | |
| <i>a-hydrocort</i> | Tier-1 | |
| <i>cortisone</i> | Tier-1 | |
| DEPO-MEDROL | Tier-2 | |
| <i>dexamethasone oral elixir</i> | Tier-1 | |
| <i>dexamethasone oral tablet</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| <i>dexamethasone intensol</i> | Tier-1 | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml</i> | Tier-1 | |
| <i>dexpak 13 day</i> | Tier-1 | |
| <i>fludrocortisone</i> | Tier-1 | |
| <i>hydrocortisone oral</i> | Tier-1 | |
| LYSODREN | Tier-2 | |
| <i>methylprednisolone</i> | Tier-1 | |
| <i>methylprednisolone acetate</i> | Tier-1 | |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | Tier-1 | |
| <i>methylprednisolone sodium succ intravenous</i> | Tier-1 | |
| MILLIPRED | Tier-3 | |
| ORAPRED | Tier-3 | |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING 15 MG, 30 MG | Tier-3 | |
| <i>prednisolone sodium phosphate ophthalmic</i> | Tier-1 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier-1 | |
| <i>prednisone oral solution</i> | Tier-1 | |
| <i>prednisone oral tablet</i> | Tier-1 | |
| PREDNISON INTENSOL | Tier-3 | |
| SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML | Tier-3 | |
| SOLU-MEDROL (PF) INJECTION | Tier-3 | |
| SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML | Tier-3 | |
| <i>triamcinolone acetonide injection</i> | Tier-1 | |
| VERIPRED 20 | Tier-3 | |
| ANDROGENS | | |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | Tier-2 | |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) | Tier-2 | |
| ANDROXY | Tier-3 | |
| <i>danazol oral</i> | Tier-1 | |
| DEPO-TESTOSTERONE | Tier-3 | |
| METHITEST | Tier-3 | |
| <i>oxandrolone</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| STRIANT | Tier-3 | |
| <i>testosterone cypionate</i> | Tier-1 | |
| <i>testosterone enanthate</i> | Tier-1 | |
| TESTRED | Tier-3 | |
| GONADOTROPIN RELEASING AGONISTS | | |
| ELIGARD | Tier-2 | |
| FIRMAGON | Tier-2 | |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | Tier-2 | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | Tier-2 | |
| LUPRON DEPOT (4 MONTH) | Tier-2 | |
| LUPRON DEPOT (6 MONTH) | Tier-2 | |
| LUPRON DEPOT-PED | Tier-2 | |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | Tier-2 | |
| SYNAREL | Tier-2 | |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | Tier-2 | |
| TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML | Tier-2 | |
| THYROID REPLACEMENT AND ANTITHYROID AGENTS | | |
| <i>levothyroxine intravenous recon soln 100 mcg</i> | Tier-1 | |
| <i>levothyroxine oral</i> | Tier-1 | |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier-1 | |
| <i>liothyronine oral</i> | Tier-1 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier-1 | |
| <i>propylthiouracil</i> | Tier-1 | |
| SYNTHROID | Tier-3 | |
| THYROLAR-1 | Tier-3 | |
| THYROLAR-1/2 | Tier-3 | |
| THYROLAR-1/4 | Tier-3 | |
| THYROLAR-2 | Tier-3 | |
| THYROLAR-3 | Tier-3 | |
| TIROSINT | Tier-3 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier-1 | |
| IMMUNOLOGIC AGENTS | | |
| IMMUNE STIMULANTS | | |
| ACTHIB (PF) | Tier-2 | |
| ACTIMMUNE | Tier-2 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION | Tier-2 | |
| ADAGEN | Tier-2 | |
| AFLURIA 2011-2012 | Tier-2 | * Part B |
| AFLURIA 2011-2012 (PF) | Tier-2 | * Part B |
| ATGAM | Tier-2 | |
| <i>bcg vaccine, live (pf)</i> | Tier-1 | |
| BIVIGAM | Tier-2 | PA; * Part B |
| BOOSTRIX TDAP | Tier-2 | |
| CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM | Tier-2 | PA; * Part B |
| CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE | Tier-2 | |
| COMVAX (PF) | Tier-2 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) | Tier-2 | |
| DECAVAC (PF) INTRAMUSCULAR SYRINGE | Tier-2 | |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE | Tier-2 | B/D |
| ENGERIX-B PEDIATRIC (PF) | Tier-2 | B/D |
| FLUARIX 2011-2012 (PF) | Tier-2 | * Part B |
| FLULAVAL 2011-2012 | Tier-2 | * Part B |
| FLUVIRIN 2011-2012 | Tier-2 | * Part B |
| FLUVIRIN 2011-2012 (PF) | Tier-2 | * Part B |
| FLUZONE 2011-2012 | Tier-2 | * Part B |
| FLUZONE 2011-2012 (PF) | Tier-2 | * Part B |
| FLUZONE HIGH-DOSE 2011-12 (PF) | Tier-2 | * Part B |
| FLUZONE INTRADERM 2011-12 (PF) | Tier-2 | * Part B |
| GAMASTAN S/D | Tier-2 | PA; * Part B |
| GAMMAGARD LIQUID | Tier-2 | PA; * Part B |
| GAMMAPLEX | Tier-2 | PA; * Part B |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | Tier-2 | PA; * Part B |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| GARDASIL (PF) | Tier-2 | |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML | Tier-2 | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | Tier-2 | |
| HIBERIX (PF) | Tier-2 | |
| IMOVAX RABIES VACCINE (PF) | Tier-2 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION | Tier-2 | |
| IPOL INJECTION SUSPENSION | Tier-2 | |
| IXIARO (PF) | Tier-2 | |
| M-M-R II (PF) | Tier-2 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION | Tier-2 | |
| MENOMUNE - A/C/Y/W-135 (PF) | Tier-2 | |
| MENVEO A-C-Y-W-135-DIP (PF) | Tier-2 | |
| PEDVAX HIB (PF) | Tier-2 | |
| PNEUMOVAX 23 INJECTION INJECTABLE | Tier-2 | * Part B |
| PREVNAR 13 (PF) | Tier-2 | * Part B |
| PRIVIGEN | Tier-2 | PA; * Part B |
| PROQUAD (PF) | Tier-2 | |
| RABAVERT (PF) | Tier-2 | |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML | Tier-2 | B/D |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML | Tier-2 | B/D |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML | Tier-2 | |
| ROTATEQ VACCINE | Tier-2 | |
| <i>tetanus toxoid,adsorbed (pf)</i> | Tier-1 | |
| <i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i> | Tier-1 | |
| <i>tetanus-diphtheria toxoids-td</i> | Tier-1 | |
| THYMOGLOBULIN | Tier-2 | PA; * Part B |
| TWINRIX (PF) INTRAMUSCULAR SUSPENSION | Tier-2 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION | Tier-2 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|------------------------------|
| VAQTA (PF) INTRAMUSCULAR SYRINGE | Tier-2 | |
| VARIVAX (PF) | Tier-2 | |
| VIVOTIF BERNA VACCINE | Tier-2 | |
| YF-VAX (PF) | Tier-2 | |
| ZOSTAVAX (PF) | Tier-2 | |
| IMMUNOSUPPRESSIVES | | |
| ASTAGRAF XL | Tier-3 | B/D |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG | Tier-2 | PA |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION | Tier-3 | B/D |
| <i>cyclosporine oral capsule</i> | Tier-1 | B/D |
| <i>cyclosporine modified</i> | Tier-1 | B/D |
| <i>engraf</i> | Tier-1 | B/D |
| <i>mycophenolate mofetil</i> | Tier-1 | B/D |
| <i>mycophenolate sodium</i> | Tier-1 | B/D |
| MYFORTIC | Tier-3 | B/D |
| NULOJIX | Tier-2 | B/D |
| RAPAMUNE | Tier-2 | B/D |
| SIMULECT INTRAVENOUS RECON SOLN 20 MG | Tier-2 | B/D |
| <i>sirolimus oral tablet 0.5 mg</i> | Tier-1 | B/D |
| <i>tacrolimus</i> | Tier-1 | B/D |
| ZORTRESS | Tier-2 | B/D; QL (180 EA per 90 days) |
| MISCELLANEOUS DRUGS | | |
| ACROMEGALY | | |
| <i>octreotide acetate injection solution</i> | Tier-1 | |
| SANDOSTATIN | Tier-2 | |
| SANDOSTATIN LAR DEPOT | Tier-2 | |
| SOMATULINE DEPOT | Tier-2 | |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG | Tier-2 | PA |
| AMYOTROPHIC LATERAL SCLEROSIS | | |
| RILUTEK | Tier-2 | |
| RILUZOLE | Tier-2 | |
| ANAPHYLAXIS EMERGENCY | | |
| AUVI-Q | Tier-2 | QL (2 EA per 7 Days) |
| <i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|----------------------------|
| EPIPEN 2-PAK | Tier-2 | QL (2 EA per 7 days) |
| EPIPEN JR 2-PAK | Tier-2 | QL (2 EA per 7 days) |
| <i>midodrine</i> | Tier-1 | |
| TWINJECT AUTOINJECTOR | Tier-2 | QL (2 EA per 7 days) |
| CASTLEMAN DISEASE | | |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG | Tier-2 | PA |
| CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES | | |
| ARCALYST | Tier-2 | PA |
| ILARIS (PF) | Tier-2 | PA |
| CUSHING DISEASE | | |
| SIGNIFOR | Tier-2 | PA; QL (60 ML per 30 Days) |
| CYSTIC FIBROSIS | | |
| BETHKIS | Tier-2 | |
| CAYSTON | Tier-2 | |
| KALYDECO | Tier-2 | PA; QL (60 EA per 30 days) |
| PULMOZYME | Tier-2 | |
| TOBI | Tier-2 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE | Tier-2 | |
| <i>tobramycin in 0.225 % nacl</i> | Tier-1 | |
| VIBATIV INTRAVENOUS RECON SOLN 250 MG | Tier-2 | HI; Part B |
| CYSTINURIA | | |
| CYSTADANE | Tier-2 | |
| DETOXIFICATION AGENTS | | |
| CHEMET | Tier-3 | |
| EXJADE | Tier-2 | |
| FABRY DISEASE | | |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG | Tier-2 | PA |
| GAUCHER DISEASE | | |
| CEREZYME INTRAVENOUS RECON SOLN 200 UNIT | Tier-2 | PA |
| ELELYSO | Tier-2 | PA |
| VPRIV | Tier-2 | PA |
| ZAVESCA | Tier-2 | PA |
| GROWTH HORMONE DEFICIENCY | | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|--------------------------|
| EGRIFTA SUBCUTANEOUS RECON SOLN 2 MG | Tier-2 | PA |
| NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML) | Tier-2 | PA |
| GROWTH HORMONE DEFICIENCY | | |
| GENOTROPIN | Tier-2 | PA |
| GENOTROPIN MINIQUICK | Tier-2 | PA |
| HUMATROPE | Tier-2 | PA |
| INCRELEX | Tier-2 | PA |
| NORDITROPIN FLEXPRO | Tier-2 | PA |
| NORDITROPIN NORDIFLEX | Tier-2 | PA |
| NUTROPIN SUBCUTANEOUS RECON SOLN 10 MG | Tier-2 | PA |
| NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 20 MG/2 ML (10 MG/ML) | Tier-2 | PA |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS CARTRIDGE 5 MG/2 ML (2.5 MG/ML) | Tier-2 | PA |
| OMNITROPE | Tier-2 | PA |
| SAIZEN SUBCUTANEOUS RECON SOLN 5 MG | Tier-2 | PA |
| SAIZEN CLICK.EASY | Tier-2 | PA |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | Tier-2 | PA |
| TEV-TROPIN | Tier-2 | PA |
| ZORBTIVE | Tier-2 | PA |
| HEREDITARY ANGIOEDEMA | | |
| ALDURAZYME | Tier-2 | |
| CINRYZE | Tier-2 | PA |
| ELAPRASE | Tier-2 | |
| FIRAZYR | Tier-2 | PA; QL (3 ML per 7 days) |
| LUMIZYME | Tier-2 | |
| MYOZYME | Tier-2 | |
| NAGLAZYME | Tier-2 | |
| REMICADE | Tier-2 | PA |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML | Tier-2 | |
| VIMPAT INTRAVENOUS | Tier-3 | |
| HEREDITARY TYROSINEMIA TYPE 2 | | |
| ORFADIN | Tier-2 | PA |
| HUNTINGTON DISEASE | | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------------|
| XENAZINE ORAL TABLET 12.5 MG | Tier-2 | PA; QL (90 EA per 30 days) |
| XENAZINE ORAL TABLET 25 MG | Tier-2 | PA; QL (120 EA per 30 days) |
| HYPERCALCEMIA | | |
| HECTOROL ORAL | Tier-2 | |
| SENSIPAR | Tier-2 | |
| HYPERPARATHYROIDISM | | |
| <i>calcitriol oral</i> | Tier-1 | |
| <i>calcitriol topical</i> | Tier-1 | |
| <i>doxercalciferol</i> | Tier-1 | |
| <i>paricalcitol</i> | Tier-1 | |
| ZEMPLAR ORAL | Tier-2 | |
| MULTIPLE SCLEROSIS | | |
| AMPYRA | Tier-2 | PA; QL (60 EA per 30 days) |
| AUBAGIO | Tier-2 | PA; QL (30 EA per 30 Days) |
| AVONEX INTRAMUSCULAR KIT | Tier-2 | QL (4 EA per 30 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT | Tier-2 | QL (4 EA per 30 days) |
| BETASERON SUBCUTANEOUS KIT | Tier-2 | QL (15 EA per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE KIT | Tier-2 | QL (30 EA per 30 days) |
| EXTAVIA SUBCUTANEOUS KIT | Tier-2 | QL (15 EA per 30 days) |
| GILENYA | Tier-2 | PA; QL (28 EA per 28 days) |
| REBIF (WITH ALBUMIN) | Tier-2 | QL (11 ML per 30 days) |
| REBIF TITRATION PACK | Tier-2 | QL (12 ML per 30 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG | Tier-2 | PA; QL (60 EA per 30 Days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | Tier-2 | PA; QL (1 EA per 30 Days) |
| TYSABRI | Tier-2 | PA; LA |
| MYASTHENIA GRAVIS | | |
| <i>guanidine</i> | Tier-1 | |
| MESTINON ORAL SYRUP | Tier-3 | |
| MESTINON TIMESPAN | Tier-2 | |
| MYTELASE | Tier-3 | |
| <i>pyridostigmine bromide</i> | Tier-1 | |
| PAGET'S DISEASE | | |
| <i>etidronate disodium</i> | Tier-1 | |
| PHENYLKETONURIA | | |
| KUVAN ORAL TABLET,SOLUBLE | Tier-2 | PA |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|----------------------------|
| PHOSPHATE BINDERS | | |
| <i>calcium acetate oral capsule</i> | Tier-1 | |
| FOSRENOL | Tier-2 | |
| PHOSLYRA | Tier-2 | |
| RENAGEL | Tier-2 | |
| RENVELA | Tier-2 | |
| VELPHORO | Tier-3 | |
| POTASSIUM BINDER | | |
| <i>kionex oral powder</i> | Tier-1 | |
| <i>sodium polystyrene (sorb free)</i> | Tier-1 | |
| PULMONARY HYPERTENSION | | |
| ADCIRCA | Tier-2 | PA; QL (60 EA per 30 days) |
| ADEMPAS | Tier-2 | PA |
| LETAIRIS | Tier-2 | PA |
| OPSUMIT | Tier-2 | PA |
| REVATIO INTRAVENOUS | Tier-2 | PA |
| SILDENAFIL | Tier-2 | PA |
| TRACLEER | Tier-2 | PA; LA |
| SMOKING CESSATION | | |
| <i>buproban</i> | Tier-1 | |
| CHANTIX | Tier-3 | QL (60 EA per 30 Days) |
| CHANTIX STARTING MONTH BOX | Tier-3 | QL (53 EA per 30 days) |
| NICOTROL | Tier-2 | |
| NICOTROL NS | Tier-3 | |
| SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin</i> | Tier-1 | |
| AVODART | Tier-2 | |
| CIALIS ORAL TABLET 2.5 MG, 5 MG | Tier-3 | PA; QL (30 EA per 30 days) |
| <i>finasteride oral tablet 5 mg</i> | Tier-1 | |
| JALYN | Tier-2 | |
| <i>tamsulosin</i> | Tier-1 | |
| UROLOGIC DISORDERS | | |
| <i>bethanechol chloride</i> | Tier-1 | |
| <i>desmopressin injection</i> | Tier-1 | |
| <i>desmopressin nasal spray,non-aerosol</i> | Tier-1 | |
| <i>desmopressin oral</i> | Tier-1 | |
| DETROL LA | Tier-3 | STPA |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-------------------------|
| ELMIRON | Tier-3 | |
| ENABLEX | Tier-3 | STPA |
| <i>flavoxate</i> | Tier-1 | |
| GELNIQUE | Tier-2 | |
| LITHOSTAT | Tier-3 | |
| MYRBETRIQ | Tier-3 | STPA |
| <i>oxybutynin chloride oral</i> | Tier-1 | |
| OXYTROL | Tier-2 | |
| <i>potassium citrate</i> | Tier-1 | |
| SAMSCA | Tier-3 | |
| TOLTERODINE | Tier-2 | |
| <i>tropium</i> | Tier-1 | |
| UROCIT-K 10 | Tier-3 | |
| UROCIT-K 15 | Tier-3 | |
| UROCIT-K 5 | Tier-3 | |
| VESICARE | Tier-2 | |
| WILSON'S DISEASE | | |
| DEPEN TITRATABS | Tier-2 | |
| SYPRINE | Tier-2 | |
| NEUROLOGICAL DRUGS | | |
| ALZHEIMERS DISEASE | | |
| <i>donepezil</i> | Tier-1 | |
| <i>ergoloid</i> | Tier-1 | |
| EXELON TRANSDERMAL | Tier-3 | |
| <i>galantamine</i> | Tier-1 | |
| NAMENDA | Tier-2 | |
| NAMENDA TITRATION PAK | Tier-2 | |
| NAMENDA XR | Tier-2 | |
| <i>rivastigmine tartrate</i> | Tier-1 | |
| MIGRAINE THERAPY | | |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>dihydroergotamine injection</i> | Tier-1 | |
| MIGERGOT | Tier-2 | |
| MIGRANAL | Tier-3 | QL (8 ML per 30 days) |
| <i>naratriptan</i> | Tier-1 | QL (9 EA per 30 days) |
| <i>rizatriptan</i> | Tier-1 | QL (12 EA per 30 Days) |
| <i>sumatriptan</i> | Tier-1 | QL (8 EA per 30 days) |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|--------------------------|
| <i>sumatriptan succinate oral</i> | Tier-1 | QL (9 EA per 30 days) |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | Tier-1 | QL (4 ML per 30 days) |
| <i>sumatriptan succinate subcutaneous solution</i> | Tier-1 | QL (8 ML per 30 days) |
| <i>zolmitriptan</i> | Tier-1 | QL (6 EA per 30 days) |
| PARKINSONS DISEASE | | |
| APOKYN | Tier-2 | |
| AZILECT | Tier-2 | |
| <i>benztropine oral</i> | Tier-1 | |
| <i>bromocriptine</i> | Tier-1 | |
| <i>cabergoline</i> | Tier-1 | |
| <i>carbidopa</i> | Tier-1 | |
| <i>carbidopa-levodopa</i> | Tier-1 | |
| <i>carbidopa-levodopa-entacapone</i> | Tier-1 | |
| CYCLOSET | Tier-2 | |
| <i>entacapone</i> | Tier-1 | |
| LODOSYN | Tier-2 | |
| MIRAPEX ER | Tier-3 | |
| NEUPRO | Tier-3 | QL (30 EA per 30 Days) |
| <i>pramipexole</i> | Tier-1 | |
| <i>ropinirole</i> | Tier-1 | |
| <i>selegiline hcl</i> | Tier-1 | |
| STALEVO 100 | Tier-2 | |
| STALEVO 125 | Tier-2 | |
| STALEVO 150 | Tier-2 | |
| STALEVO 200 | Tier-2 | |
| STALEVO 50 | Tier-2 | |
| STALEVO 75 | Tier-2 | |
| TASMAR ORAL TABLET 100 MG | Tier-2 | |
| <i>trihexyphenidyl</i> | Tier-1 | |
| PSEUDOBULBAR AFFECT | | |
| NUEDEXTA | Tier-2 | PA |
| SEIZURES | | |
| APTIOM | Tier-3 | PA |
| BANZEL ORAL SUSPENSION | Tier-2 | QL (2400 ML per 30 days) |
| BANZEL ORAL TABLET 200 MG | Tier-2 | QL (1440 EA per 90 days) |
| BANZEL ORAL TABLET 400 MG | Tier-2 | QL (720 EA per 90 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-------------------------|
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | Tier-1 | |
| <i>carbamazepine oral tablet</i> | Tier-1 | |
| <i>carbamazepine oral tablet extended release 12 hr</i> | Tier-1 | |
| <i>carbamazepine oral tablet, chewable</i> | Tier-1 | |
| CELONTIN ORAL CAPSULE 300 MG | Tier-3 | |
| <i>clonazepam</i> | Tier-1 | |
| <i>diazepam oral solution 5 mg/5 ml</i> | Tier-1 | |
| <i>diazepam oral tablet</i> | Tier-1 | |
| <i>diazepam rectal</i> | Tier-1 | |
| <i>diazepam intensol</i> | Tier-1 | |
| DILANTIN | Tier-2 | |
| DILANTIN INFATABS | Tier-2 | |
| <i>divalproex</i> | Tier-1 | |
| <i>epitol</i> | Tier-1 | |
| <i>ethosuximide</i> | Tier-1 | |
| <i>felbamate</i> | Tier-1 | |
| FYCOMPA | Tier-3 | PA |
| <i>gabapentin oral capsule</i> | Tier-1 | |
| <i>gabapentin oral solution 250 mg/5 ml</i> | Tier-1 | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Tier-1 | |
| GABITRIL | Tier-2 | |
| HORIZANT | Tier-3 | QL (60 EA per 30 days) |
| LAMICTAL ODT | Tier-3 | |
| <i>lamotrigine oral tablet</i> | Tier-1 | |
| LAMOTRIGINE ORAL TABLET EXTENDED RELEASE 24HR | Tier-2 | |
| <i>lamotrigine oral tablet, chewable dispersible</i> | Tier-1 | |
| <i>levetiracetam intravenous</i> | Tier-1 | |
| <i>levetiracetam oral solution 100 mg/ml</i> | Tier-1 | |
| <i>levetiracetam oral tablet</i> | Tier-1 | |
| <i>levetiracetam oral tablet extended release 24 hr</i> | Tier-1 | |
| LYRICA | Tier-3 | STPA |
| ONFI ORAL SUSPENSION | Tier-3 | |
| ONFI ORAL TABLET 10 MG, 20 MG | Tier-3 | QL (60 EA per 30 days) |
| <i>oxcarbazepine</i> | Tier-1 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | Tier-3 | QL (30 EA per 30 Days) |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG | Tier-3 | QL (120 EA per 30 Days) |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-------------------------------|
| PEGANONE | Tier-3 | |
| <i>phenobarbital</i> | Tier-1 | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | Tier-1 | |
| <i>phenytoin oral tablet, chewable</i> | Tier-1 | |
| <i>phenytoin sodium intravenous solution</i> | Tier-1 | |
| <i>phenytoin sodium extended</i> | Tier-1 | |
| POTIGA | Tier-3 | PA |
| <i>primidone</i> | Tier-1 | |
| QUDEXY XR | Tier-3 | |
| SABRIL | Tier-2 | |
| SAVELLA ORAL TABLET | Tier-2 | STPA; QL (180 EA per 90 days) |
| STAVZOR | Tier-3 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG | Tier-2 | |
| <i>tiagabine</i> | Tier-1 | |
| <i>topiramate oral capsule, sprinkle</i> | Tier-1 | |
| <i>topiramate oral tablet</i> | Tier-1 | |
| TROKENDI XR | Tier-3 | |
| <i>valproic acid</i> | Tier-1 | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Tier-1 | |
| VIMPAT ORAL SOLUTION | Tier-3 | PA; QL (1200 ML per 30 days) |
| VIMPAT ORAL TABLET | Tier-3 | PA; QL (180 EA per 90 days) |
| <i>zonisamide</i> | Tier-1 | |
| SPASTICITY | | |
| <i>baclofen</i> | Tier-1 | |
| <i>cyclobenzaprine</i> | Tier-1 | |
| <i>dantrolene</i> | Tier-1 | |
| <i>tizanidine</i> | Tier-1 | |
| PAIN AND INFLAMMATORY DISEASES | | |
| ARTHRITIS | | |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML) | Tier-2 | PA |
| ACTEMRA SUBCUTANEOUS | Tier-2 | PA |
| ARTHROTEC 50 | Tier-3 | |
| ARTHROTEC 75 | Tier-3 | |
| AZASAN | Tier-3 | B/D |
| <i>azathioprine</i> | Tier-1 | B/D |
| CELEBREX | Tier-3 | PA |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|------------------------------|
| <i>diclofenac potassium</i> | Tier-1 | |
| <i>diclofenac sodium oral</i> | Tier-1 | |
| <i>diclofenac sodium topical</i> | Tier-1 | |
| <i>diclofenac-misoprostol</i> | Tier-1 | |
| ENBREL SUBCUTANEOUS KIT | Tier-2 | PA; QL (8 EA per 30 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51) | Tier-2 | PA; QL (8.16 ML per 30 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML) | Tier-2 | PA; QL (7.84 ML per 30 days) |
| <i>fenoprofen oral tablet</i> | Tier-1 | |
| <i>flurbiprofen</i> | Tier-1 | |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML | Tier-2 | PA; QL (6 EA per 30 days) |
| HUMIRA CROHN'S DIS START PCK | Tier-2 | PA; QL (1 EA per 365 days) |
| INDOCIN ORAL | Tier-3 | |
| <i>indomethacin oral</i> | Tier-1 | |
| KINERET | Tier-2 | PA; QL (20.1 ML per 30 days) |
| <i>leflunomide</i> | Tier-1 | |
| <i>meclofenamate oral</i> | Tier-1 | |
| <i>meloxicam</i> | Tier-1 | |
| <i>methotrexate sodium oral</i> | Tier-1 | B/D |
| <i>nabumetone</i> | Tier-1 | |
| NALFON ORAL CAPSULE 400 MG | Tier-3 | |
| ORENCIA | Tier-2 | PA; QL (4 ML per 30 days) |
| ORENCIA (WITH MALTOSE) | Tier-2 | PA |
| OTREXUP (PF) | Tier-3 | |
| PENNSAID | Tier-3 | |
| <i>piroxicam</i> | Tier-1 | |
| RIDAURA | Tier-2 | |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | Tier-2 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | Tier-2 | PA; QL (0.5 ML per 28 days) |
| SIMPONI ARIA | Tier-2 | PA |
| <i>sulindac oral</i> | Tier-1 | |
| <i>tolmetin</i> | Tier-1 | |
| TREXALL | Tier-3 | B/D |
| VOLTAREN TOPICAL | Tier-3 | |
| XELJANZ | Tier-2 | PA; QL (60 EA per 30 Days) |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|--------------------------|
| GOUT | | |
| <i>allopurinol</i> | Tier-1 | |
| <i>colchicine-probenecid</i> | Tier-1 | |
| COLCRYS | Tier-2 | QL (60 EA per 30 days) |
| <i>probenecid</i> | Tier-1 | |
| ULORIC | Tier-3 | STPA |
| PAIN, NSAID ANALGESICS | | |
| <i>diflunisal</i> | Tier-1 | |
| <i>etodolac</i> | Tier-1 | |
| <i>ibuprofen oral suspension</i> | Tier-1 | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Tier-1 | |
| <i>ketoprofen oral capsule</i> | Tier-1 | |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | Tier-1 | |
| <i>mefenamic acid</i> | Tier-1 | |
| <i>naproxen</i> | Tier-1 | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | Tier-1 | |
| PAIN, OPIOID AND OTHER ANALGESICS | | |
| ABSTRAL | Tier-3 | QL (32 EA per 30 days) |
| <i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i> | Tier-1 | QL (5000 ML per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg</i> | Tier-1 | QL (300 EA per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i> | Tier-1 | QL (400 EA per 30 days) |
| <i>butorphanol tartrate nasal</i> | Tier-1 | QL (7.5 ML per 30 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR | Tier-3 | QL (4 EA per 30 Days) |
| <i>codeine sulfate oral tablet</i> | Tier-1 | QL (180 EA per 30 days) |
| DILAUDID ORAL LIQUID | Tier-3 | QL (1440 ML per 30 days) |
| <i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>endodan</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>fentanyl</i> | Tier-1 | QL (10 EA per 30 days) |
| <i>fentanyl citrate</i> | Tier-1 | QL (120 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | Tier-1 | QL (5540 ML per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i> | Tier-1 | QL (400 EA per 30 days) |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|--------------------------|
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | Tier-1 | QL (480 EA per 30 days) |
| <i>hydromorphone oral tablet</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i> | Tier-1 | QL (30 EA per 30 days) |
| <i>ibuprofen-oxycodone</i> | Tier-1 | QL (240 EA per 30 days) |
| LAZANDA | Tier-3 | QL (30 EA per 30 Days) |
| <i>levorphanol tartrate</i> | Tier-1 | QL (240 EA per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | Tier-1 | QL (1800 ML per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | Tier-1 | QL (3600 ML per 30 days) |
| <i>methadone oral tablet</i> | Tier-1 | QL (120 EA per 30 days) |
| <i>morphine oral capsule, er multiphase 24 hr</i> | Tier-1 | QL (60 EA per 30 days) |
| <i>morphine oral capsule, extend. release pellets</i> | Tier-1 | QL (90 EA per 30 Days) |
| <i>morphine oral solution</i> | Tier-1 | QL (360 ML per 30 days) |
| <i>morphine oral tablet</i> | Tier-1 | QL (180 EA per 30 days) |
| <i>morphine oral tablet extended release</i> | Tier-1 | QL (90 EA per 30 days) |
| <i>morphine concentrate oral solution</i> | Tier-1 | QL (360 ML per 30 days) |
| <i>oxycodone oral capsule</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>oxycodone oral concentrate</i> | Tier-1 | QL (120 ML per 30 days) |
| <i>oxycodone oral solution</i> | Tier-1 | QL (2400 ML per 30 Days) |
| <i>oxycodone oral tablet 10 mg, 20 mg</i> | Tier-1 | QL (180 EA per 30 Days) |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> | Tier-1 | QL (180 EA per 30 days) |
| <i>oxycodone oral tablet 5 mg</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier-1 | QL (360 EA per 30 days) |
| <i>oxycodone-aspirin</i> | Tier-1 | QL (360 EA per 30 days) |
| OXYCONTIN | Tier-2 | QL (120 EA per 30 days) |
| <i>oxymorphone oral tablet</i> | Tier-1 | QL (180 EA per 30 days) |
| OXYMORPHONE ORAL TABLET EXTENDED RELEASE 12 HR | Tier-2 | QL (60 EA per 30 Days) |
| ROXICET ORAL SOLUTION | Tier-3 | QL (1850 ML per 30 days) |
| SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY | Tier-3 | QL (120 EA per 30 Days) |
| <i>tramadol oral tablet</i> | Tier-1 | |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i> | Tier-1 | |
| <i>tramadol oral tablet, er multiphase 24 hr 300 mg</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-------------------------|
| <i>tramadol-acetaminophen</i> | Tier-1 | QL (360 EA per 30 days) |
| XARTEMIS XR | Tier-3 | QL (120 EA per 30 days) |
| PSYCHIATRIC | | |
| ALCOHOL DETERRENTS | | |
| <i>acamprosate</i> | Tier-1 | |
| CAMPRAL | Tier-2 | |
| <i>disulfiram</i> | Tier-1 | |
| <i>naltrexone oral</i> | Tier-1 | |
| ANXIETY | | |
| <i>alprazolam</i> | Tier-1 | |
| <i>alprazolam intensol</i> | Tier-1 | |
| <i>amitriptyline-chlordiazepoxide</i> | Tier-1 | |
| <i>bupirone</i> | Tier-1 | |
| <i>clorazepate dipotassium</i> | Tier-1 | |
| <i>lorazepam oral tablet</i> | Tier-1 | |
| <i>lorazepam intensol</i> | Tier-1 | |
| <i>meprobamate</i> | Tier-1 | |
| <i>oxazepam</i> | Tier-1 | |
| ATTENTION DEFICIT DISORDER | | |
| ADDERALL XR | Tier-3 | STPA |
| <i>amphetamine salt combo</i> | Tier-1 | |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | Tier-1 | |
| DAYTRANA | Tier-2 | STPA |
| DESOXYN | Tier-3 | |
| <i>dexedrine</i> | Tier-1 | |
| DEXEDRINE SPANSULE | Tier-3 | |
| <i>dexmethylphenidate</i> | Tier-1 | |
| <i>dextroamphetamine oral capsule, extended release</i> | Tier-1 | |
| <i>dextroamphetamine oral tablet</i> | Tier-1 | |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> | Tier-1 | |
| FOCALIN XR | Tier-2 | STPA |
| INTUNIV ER | Tier-3 | QL (90 EA per 90 days) |
| METADATE CD | Tier-3 | |
| METADATE ER | Tier-3 | |
| <i>methamphetamine</i> | Tier-1 | |
| METHYLIN ORAL SOLUTION | Tier-2 | |
| METHYLIN ORAL TABLET,CHEWABLE | Tier-2 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|------------------------------|
| <i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i> | Tier-1 | |
| <i>methylphenidate oral capsule,er biphasic 50-50</i> | Tier-1 | |
| <i>methylphenidate oral solution</i> | Tier-1 | |
| <i>methylphenidate oral tablet</i> | Tier-1 | |
| <i>methylphenidate oral tablet extended release 20 mg</i> | Tier-1 | |
| <i>methylphenidate oral tablet extended release 24hr</i> | Tier-1 | |
| QUILLIVANT XR | Tier-3 | STPA |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG | Tier-2 | QL (60 EA per 30 days) |
| STRATTERA ORAL CAPSULE 100 MG, 80 MG | Tier-2 | QL (30 EA per 30 days) |
| VYVANSE | Tier-3 | STPA |
| BIPOLAR DISORDER | | |
| EQUETRO | Tier-3 | |
| <i>lithium carbonate</i> | Tier-1 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | Tier-1 | |
| <i>olanzapine-fluoxetine</i> | Tier-1 | STPA |
| <i>risperidone oral tablet,disintegrating</i> | Tier-1 | |
| DEPRESSION | | |
| <i>amitriptyline</i> | Tier-1 | |
| AMOXAPINE | Tier-2 | |
| ALENZIN | Tier-3 | STPA |
| BRINTELLIX | Tier-3 | STPA |
| <i>budeprion sr oral tablet extended release 150 mg</i> | Tier-1 | |
| <i>bupropion hcl</i> | Tier-1 | |
| <i>citalopram</i> | Tier-1 | |
| <i>clomipramine</i> | Tier-1 | |
| CYMBALTA | Tier-3 | STPA; QL (60 EA per 30 days) |
| <i>desipramine oral</i> | Tier-1 | |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR | Tier-2 | |
| <i>doxepin oral</i> | Tier-1 | |
| DULOXETINE | Tier-2 | QL (60 EA per 30 days) |
| EMSAM | Tier-3 | STPA |
| <i>escitalopram oxalate</i> | Tier-1 | |
| FETZIMA | Tier-3 | STPA |
| <i>fluoxetine</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|------------------------------|
| <i>fluvoxamine</i> | Tier-1 | |
| FORFIVO XL | Tier-3 | STPA |
| <i>imipramine hcl</i> | Tier-1 | |
| <i>imipramine pamoate</i> | Tier-1 | |
| KHEDEZLA | Tier-3 | STPA |
| LUVOX CR | Tier-3 | STPA |
| <i>maprotiline</i> | Tier-1 | |
| MARPLAN | Tier-3 | |
| <i>mirtazapine</i> | Tier-1 | |
| <i>nefazodone</i> | Tier-1 | |
| <i>nortriptyline</i> | Tier-1 | |
| OLEPTRO ER | Tier-3 | STPA |
| <i>paroxetine hcl oral tablet</i> | Tier-1 | |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | Tier-1 | |
| PAXIL ORAL SUSPENSION | Tier-3 | |
| PEXEVA | Tier-3 | STPA |
| <i>phenelzine</i> | Tier-1 | |
| <i>protriptyline</i> | Tier-1 | |
| <i>sertraline</i> | Tier-1 | |
| <i>tranylcypromine</i> | Tier-1 | |
| <i>trazodone</i> | Tier-1 | |
| <i>trimipramine</i> | Tier-1 | |
| <i>venlafaxine oral capsule,extended release 24hr</i> | Tier-1 | |
| <i>venlafaxine oral tablet</i> | Tier-1 | |
| VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR | Tier-3 | STPA |
| VIIBRYD | Tier-3 | STPA |
| VIVACTIL | Tier-3 | |
| INSOMNIA | | |
| <i>estazolam</i> | Tier-1 | |
| ESZOPICLONE | Tier-2 | QL (30 EA per 30 days) |
| <i>flurazepam</i> | Tier-1 | |
| LUNESTA | Tier-3 | STPA; QL (30 EA per 30 days) |
| ROZEREM | Tier-3 | STPA; QL (30 EA per 30 days) |
| <i>temazepam</i> | Tier-1 | |
| <i>triazolam</i> | Tier-1 | |
| <i>zaleplon</i> | Tier-1 | QL (30 EA per 30 days) |
| <i>zolpidem oral tablet</i> | Tier-1 | QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|------------------------------|
| <i>zolpidem oral tablet,ext release multiphase</i> | Tier-1 | STPA; QL (30 EA per 30 days) |
| ZOLPIMIST | Tier-3 | STPA |
| NARCOLEPSY | | |
| <i>modafinil</i> | Tier-1 | STPA |
| NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG | Tier-3 | STPA |
| XYREM | Tier-2 | LA |
| OPIOID ANTAGONISTS | | |
| <i>buprenorphine-naloxone</i> | Tier-1 | PA; QL (90 EA per 30 days) |
| <i>naloxone injection syringe 1 mg/ml</i> | Tier-1 | |
| SUBOXONE SUBLINGUAL FILM | Tier-3 | PA; QL (90 EA per 30 Days) |
| ZUBSOLV | Tier-3 | PA; QL (90 EA per 30 days) |
| PSYCHOSES | | |
| ABILIFY INTRAMUSCULAR | Tier-2 | |
| ABILIFY ORAL | Tier-3 | STPA |
| ABILIFY DISCMELT | Tier-3 | STPA |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG | Tier-2 | |
| ARALAST NP INTRAVENOUS RECON SOLN 500 MG | Tier-2 | |
| <i>chlorpromazine</i> | Tier-1 | |
| <i>clozapine oral tablet</i> | Tier-1 | |
| FANAPT | Tier-3 | |
| FAZACLO | Tier-2 | |
| <i>fluphenazine decanoate</i> | Tier-1 | |
| <i>fluphenazine hcl</i> | Tier-1 | |
| GEODON INTRAMUSCULAR | Tier-3 | |
| GLASSIA | Tier-2 | |
| <i>haloperidol</i> | Tier-1 | |
| <i>haloperidol decanoate</i> | Tier-1 | |
| <i>haloperidol lactate</i> | Tier-1 | |
| INVEGA | Tier-3 | STPA |
| INVEGA SUSTENNA | Tier-2 | |
| LATUDA ORAL TABLET 120 MG | Tier-3 | QL (30 EA per 30 Days) |
| LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG | Tier-3 | QL (30 EA per 30 days) |
| LATUDA ORAL TABLET 80 MG | Tier-3 | QL (60 EA per 30 Days) |
| <i>loxapine succinate</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|------------------------------|
| <i>olanzapine intramuscular</i> | Tier-1 | |
| <i>olanzapine oral</i> | Tier-1 | STPA |
| ORAP | Tier-2 | |
| <i>perphenazine</i> | Tier-1 | |
| <i>perphenazine-amitriptyline</i> | Tier-1 | |
| PROLASTIN-C | Tier-2 | |
| PROLIA | Tier-2 | PA |
| <i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i> | Tier-1 | STPA |
| <i>quetiapine oral tablet 25 mg, 50 mg</i> | Tier-1 | STPA; QL (60 EA per 30 days) |
| RISPERDAL CONSTA | Tier-2 | |
| <i>risperidone oral solution</i> | Tier-1 | |
| <i>risperidone oral tablet</i> | Tier-1 | |
| SAPHRIS (BLACK CHERRY) | Tier-3 | |
| SEROQUEL XR | Tier-2 | STPA |
| STELARA SUBCUTANEOUS SYRINGE | Tier-2 | PA |
| <i>thioridazine</i> | Tier-1 | |
| <i>thiothixene</i> | Tier-1 | |
| <i>trifluoperazine</i> | Tier-1 | |
| VERSACLOZ | Tier-3 | |
| XGEVA | Tier-2 | PA |
| XOLAIR | Tier-2 | PA |
| ZEMAIRA | Tier-2 | |
| <i>ziprasidone hcl</i> | Tier-1 | STPA |
| ZYPREXA INTRAMUSCULAR | Tier-3 | |
| RESPIRATORY DRUGS | | |
| ASTHMA | | |
| ADVAIR DISKUS | Tier-2 | QL (180 EA per 90 days) |
| ADVAIR HFA | Tier-2 | QL (72 GM per 90 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | Tier-1 | QL (1080 ML per 90 days) |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i> | Tier-1 | QL (180 ML per 90 days) |
| <i>albuterol sulfate oral</i> | Tier-1 | |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | Tier-3 | QL (36.6 GM per 90 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION | Tier-3 | QL (18.3 GM per 90 days) |
| <i>aminophylline intravenous solution 250 mg/10 ml</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|--------------------------|
| ANORO ELLIPTA | Tier-3 | QL (180 EA per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) | Tier-2 | QL (360 EA per 90 Days) |
| ATROVENT HFA | Tier-2 | QL (77.4 GM per 90 days) |
| BREO ELLIPTA | Tier-3 | QL (180 EA per 90 days) |
| BROVANA | Tier-3 | QL (360 ML per 90 days) |
| <i>budesonide inhalation</i> | Tier-1 | QL (720 ML per 90 days) |
| COMBIVENT RESPIMAT | Tier-2 | QL (24 GM per 90 Days) |
| <i>cromolyn inhalation</i> | Tier-1 | QL (720 ML per 90 days) |
| <i>elixophyllin oral elixir 80 mg/15 ml</i> | Tier-1 | |
| FLOVENT DISKUS | Tier-2 | QL (360 EA per 90 days) |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACTUATION, 220 MCG/ACTUATION | Tier-2 | QL (72 GM per 90 days) |
| FLOVENT HFA INHALATION AEROSOL 44 MCG/ACTUATION | Tier-2 | QL (63.6 GM per 90 days) |
| FORADIL AEROLIZER | Tier-3 | QL (180 EA per 90 days) |
| <i>ipratropium bromide inhalation</i> | Tier-1 | QL (900 ML per 90 days) |
| <i>ipratropium-albuterol</i> | Tier-1 | QL (1620 ML per 90 days) |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i> | Tier-1 | QL (810 ML per 90 Days) |
| <i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> | Tier-1 | QL (270 EA per 90 days) |
| LUFYLLIN | Tier-3 | |
| <i>metaproterenol oral</i> | Tier-1 | |
| <i>montelukast</i> | Tier-1 | |
| PERFOROMIST | Tier-2 | QL (360 ML per 90 days) |
| PROAIR HFA | Tier-2 | QL (51 GM per 90 days) |
| PROVENTIL HFA | Tier-3 | QL (40.2 GM per 90 days) |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML | Tier-3 | QL (720 ML per 90 days) |
| PULMICORT FLEXHALER | Tier-3 | QL (6 EA per 90 days) |
| QVAR | Tier-3 | QL (52.2 GM per 90 days) |
| SEREVENT DISKUS | Tier-2 | QL (180 EA per 90 days) |
| SPIRIVA WITH HANDIHALER | Tier-2 | QL (90 EA per 90 days) |
| SYMBICORT | Tier-2 | QL (30.6 GM per 90 days) |
| <i>terbutaline oral</i> | Tier-1 | |
| <i>theophylline oral tablet extended release</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|----------------------------|
| <i>theophylline oral tablet extended release 12 hr</i> | Tier-1 | |
| TUDORZA PRESSAIR | Tier-3 | QL (3 EA per 90 Days) |
| VENTOLIN HFA | Tier-3 | QL (108 GM per 90 days) |
| XOPENEX HFA | Tier-3 | QL (90 GM per 90 days) |
| <i>zafirlukast</i> | Tier-1 | |
| PULMONARY HYPERTENSION | | |
| <i>epoprostenol (glycine)</i> | Tier-1 | PA; * Part B |
| FLOLAN | Tier-2 | PA; * Part B |
| ORENITRAM | Tier-3 | PA; QL (60 EA per 30 days) |
| TYVASO | Tier-2 | PA |
| VELETRI | Tier-2 | PA; * Part B |
| VENTAVIS | Tier-2 | PA |
| RESPIRATORY DRUGS, MISCELLANEOUS | | |
| <i>acetylcysteine solution</i> | Tier-1 | |
| DALIRESP | Tier-3 | |
| SKIN | | |
| ACNE ROSACEA | | |
| FINACEA | Tier-2 | |
| METROGEL TOPICAL GEL 1 % | Tier-3 | |
| <i>metronidazole topical cream</i> | Tier-1 | |
| <i>metronidazole topical gel</i> | Tier-1 | |
| <i>metronidazole topical lotion</i> | Tier-1 | |
| NORITATE | Tier-3 | |
| ACNE VULGARIS | | |
| <i>adapalene</i> | Tier-1 | PA |
| <i>amnesteem</i> | Tier-1 | |
| ATRALIN | Tier-3 | PA |
| <i>avita</i> | Tier-1 | PA |
| AZELEX | Tier-3 | |
| <i>claravis</i> | Tier-1 | |
| <i>clindamycin phosphate topical</i> | Tier-1 | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | Tier-1 | |
| DIFFERIN TOPICAL GEL 0.3 % | Tier-3 | PA |
| DIFFERIN TOPICAL LOTION | Tier-3 | PA |
| <i>ery pads</i> | Tier-1 | |
| <i>erythromycin with ethanol topical gel</i> | Tier-1 | |
| <i>erythromycin with ethanol topical solution</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| <i>erythromycin-benzoyl peroxide</i> | Tier-1 | |
| FABIOR | Tier-3 | PA |
| <i>neuac</i> | Tier-1 | |
| RETIN-A | Tier-3 | PA |
| RETIN-A MICRO | Tier-3 | PA |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 % | Tier-3 | PA |
| TRETIN-X TOPICAL COMBO PACK | Tier-3 | PA |
| <i>tretinoin topical</i> | Tier-1 | PA |
| BACTERIAL INFECTIONS, TOPICAL | | |
| ALTABAX | Tier-3 | QL (5 GM per 7 days) |
| CORTISPORIN TOPICAL | Tier-3 | |
| <i>gentamicin topical</i> | Tier-1 | |
| <i>mupirocin</i> | Tier-1 | |
| <i>mupirocin calcium</i> | Tier-1 | |
| <i>silver sulfadiazine</i> | Tier-1 | |
| <i>ssd</i> | Tier-1 | |
| CORTICOSTEROIDS, TOPICAL | | |
| <i>ala-cort topical cream</i> | Tier-1 | |
| ALA-SCALP | Tier-3 | |
| <i>alclometasone</i> | Tier-1 | |
| <i>amcinonide</i> | Tier-1 | |
| <i>betamethasone dipropionate</i> | Tier-1 | |
| <i>betamethasone valerate</i> | Tier-1 | |
| <i>betamethasone, augmented</i> | Tier-1 | |
| CAPEX | Tier-3 | |
| <i>clobetasol topical foam</i> | Tier-1 | |
| <i>clobetasol topical gel</i> | Tier-1 | |
| <i>clobetasol topical lotion</i> | Tier-1 | |
| <i>clobetasol topical ointment</i> | Tier-1 | |
| <i>clobetasol topical shampoo</i> | Tier-1 | |
| <i>clobetasol topical solution</i> | Tier-1 | |
| <i>clobetasol-emollient topical cream</i> | Tier-1 | |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL | Tier-3 | |
| <i>clodan</i> | Tier-1 | |
| CLODERM | Tier-3 | |
| CORDRAN TOPICAL LOTION | Tier-3 | |
| CORDRAN TAPE LARGE ROLL | Tier-3 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| <i>desonide</i> | Tier-1 | |
| <i>desoximetasone</i> | Tier-1 | |
| <i>diflorasone</i> | Tier-1 | |
| <i>fluocinolone</i> | Tier-1 | |
| <i>fluocinonide topical cream 0.1 %</i> | Tier-1 | |
| <i>fluocinonide topical gel</i> | Tier-1 | |
| <i>fluocinonide topical ointment</i> | Tier-1 | |
| <i>fluocinonide topical solution</i> | Tier-1 | |
| <i>fluocinonide-e</i> | Tier-1 | |
| <i>fluticasone topical</i> | Tier-1 | |
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| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier-1 | |
| <i>triderm topical cream</i> | Tier-1 | |
| <i>u-cort</i> | Tier-1 | |
| VANOS | Tier-3 | |
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| <i>clotrimazole-betamethasone</i> | Tier-1 | |
| <i>econazole topical</i> | Tier-1 | |
| ERTACZO | Tier-3 | |
| EXELDERM | Tier-3 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| <i>ketoconazole topical cream</i> | Tier-1 | |
| <i>ketoconazole topical shampoo</i> | Tier-1 | |
| MENTAX | Tier-3 | |
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| <i>nystatin-triamcinolone</i> | Tier-1 | |
| <i>nystop</i> | Tier-1 | |
| OXISTAT | Tier-2 | |
| <i>pedi-dri</i> | Tier-1 | |
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| <i>calcipotriene</i> | Tier-1 | |
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| DOVONEX | Tier-2 | |
| <i>methoxsalen rapid</i> | Tier-1 | |
| SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG | Tier-2 | |
| TAZORAC | Tier-2 | PA |
| SCABIES AND PEDICULOSIS | | |
| EURAX | Tier-2 | |
| <i>lindane</i> | Tier-1 | |
| <i>malathion</i> | Tier-1 | |
| <i>permethrin topical cream</i> | Tier-1 | |
| SKLICE | Tier-3 | |
| ULESFIA | Tier-3 | |
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| <i>ammonium lactate topical</i> | Tier-1 | |
| ANUSOL-HC RECTAL CREAM | Tier-3 | |
| CARAC | Tier-2 | |
| CORTIFOAM | Tier-3 | |
| ELIDEL | Tier-3 | STPA |
| FLUOROPLEX | Tier-2 | |
| <i>fluorouracil intravenous solution 2.5 gram/50 ml</i> | Tier-1 | |
| <i>fluorouracil topical cream 5 %</i> | Tier-1 | |
| <i>fluorouracil topical solution</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|----------------------------|
| <i>laclotion</i> | Tier-1 | |
| LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED | Tier-2 | PA; QL (90 EA per 30 days) |
| <i>lidocaine topical ointment</i> | Tier-1 | |
| <i>lidocaine hcl mucous membrane</i> | Tier-1 | |
| <i>lidocaine-prilocaine topical cream</i> | Tier-1 | |
| LIDODERM | Tier-2 | PA; QL (90 EA per 30 days) |
| <i>mafenide acetate</i> | Tier-1 | |
| OXSORALEN | Tier-2 | |
| OXSORALEN ULTRA | Tier-2 | |
| PANRETIN | Tier-2 | |
| PICATO | Tier-3 | |
| <i>proctocream-hc</i> | Tier-1 | |
| <i>proctosol hc</i> | Tier-1 | |
| PROTOPIC | Tier-3 | STPA |
| <i>prudoxin</i> | Tier-1 | |
| REGRANEX | Tier-2 | |
| SANTYL | Tier-2 | |
| <i>selenium sulfide topical suspension 2.5 %</i> | Tier-1 | |
| <i>sodium chloride irrigation</i> | Tier-1 | |
| SOLARAZE | Tier-2 | |
| <i>sulfacetamide sodium (acne)</i> | Tier-1 | |
| SULFAMYLON | Tier-3 | |
| SYNERA | Tier-3 | |
| <i>water for irrigation, sterile</i> | Tier-1 | |
| ZONALON | Tier-3 | |
| VIRAL INFECTIONS, TOPICAL | | |
| <i>acyclovir topical</i> | Tier-1 | |
| CONDYLOX TOPICAL GEL | Tier-3 | |
| DENAVIR | Tier-3 | |
| <i>imiquimod</i> | Tier-1 | |
| <i>podofilox</i> | Tier-1 | |
| ZOVIRAX TOPICAL | Tier-2 | |
| WOMENS HEALTH | | |
| CONTRACEPTIVES | | |
| <i>amethia</i> | Tier-1 | |
| <i>amethyst</i> | Tier-1 | |
| <i>apri</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| <i>aranelle (28)</i> | Tier-1 | |
| <i>aubra</i> | Tier-1 | |
| <i>aviane</i> | Tier-1 | |
| <i>balziva (28)</i> | Tier-1 | |
| BEYAZ | Tier-3 | |
| <i>briellyn</i> | Tier-1 | |
| <i>camila</i> | Tier-1 | |
| <i>delyla (28)</i> | Tier-1 | |
| <i>drospirenone-ethinyl estradiol</i> | Tier-1 | |
| ELLA | Tier-3 | QL (1 EA per 1 day) |
| <i>emoquette</i> | Tier-1 | |
| <i>errin</i> | Tier-1 | |
| <i>estradiol-norethindrone acet</i> | Tier-1 | |
| <i>falmina (28)</i> | Tier-1 | |
| GENERESS FE | Tier-3 | |
| <i>gianvi (28)</i> | Tier-1 | |
| <i>gildagia</i> | Tier-1 | |
| <i>gildess oral tablet 1.5-30 mg-mcg</i> | Tier-1 | |
| <i>introvale</i> | Tier-1 | |
| <i>jinteli</i> | Tier-1 | |
| <i>junel 1.5/30 (21)</i> | Tier-1 | |
| <i>junel 1/20 (21)</i> | Tier-1 | |
| <i>junel fe 1.5/30 (28)</i> | Tier-1 | |
| <i>junel fe 1/20 (28)</i> | Tier-1 | |
| <i>kariva (28)</i> | Tier-1 | |
| <i>kelnor 1/35 (28)</i> | Tier-1 | |
| <i>leena 28</i> | Tier-1 | |
| <i>lessina</i> | Tier-1 | |
| LEVONEST (28) | Tier-3 | |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i> | Tier-1 | |
| <i>levora-28</i> | Tier-1 | |
| LO LOESTRIN FE | Tier-3 | |
| <i>low-ogestrel (28)</i> | Tier-1 | |
| <i>marlissa</i> | Tier-1 | |
| MINASTRIN 24 FE | Tier-2 | |
| <i>necon 0.5/35 (28)</i> | Tier-1 | |
| <i>necon 1/35 (28)</i> | Tier-1 | |

| Drug Name | Drug Tier | Coverage Notes |
|---|------------------|-----------------------|
| NECON 10/11 (28) | Tier-2 | |
| <i>necon 7/7/7 (28)</i> | Tier-1 | |
| <i>nikki (28)</i> | Tier-1 | |
| <i>nora-be</i> | Tier-1 | |
| <i>norlyroc</i> | Tier-1 | |
| <i>nortrel 0.5/35 (28)</i> | Tier-1 | |
| <i>nortrel 1/35 (21)</i> | Tier-1 | |
| <i>nortrel 1/35 (28)</i> | Tier-1 | |
| <i>nortrel 7/7/7 (28)</i> | Tier-1 | |
| NUVARING | Tier-2 | |
| <i>orsythia</i> | Tier-1 | |
| ORTHO EVRA | Tier-3 | |
| ORTHO TRI-CYCLEN (28) | Tier-3 | |
| OVCON-50 (28) | Tier-3 | |
| <i>portia</i> | Tier-1 | |
| <i>quasense</i> | Tier-1 | |
| SAFYRAL | Tier-3 | |
| <i>tri-previfem (28)</i> | Tier-1 | |
| <i>tri-sprintec (28)</i> | Tier-1 | |
| <i>trinessa (28)</i> | Tier-1 | |
| <i>trivora (28)</i> | Tier-1 | |
| <i>velivet triphasic regimen (28)</i> | Tier-1 | |
| VYFEMLA (28) | Tier-3 | |
| ZENCHENT (28) | Tier-3 | |
| ZENCHENT FE | Tier-3 | |
| <i>zeosa</i> | Tier-1 | |
| <i>zovia 1/35e (28)</i> | Tier-1 | |
| <i>zovia 1/50e (28)</i> | Tier-1 | |
| MENOPAUSAL SYMPTOMS/OSTEOPOROSIS | | |
| ACTONEL | Tier-3 | STPA |
| <i>alendronate</i> | Tier-1 | |
| ALORA | Tier-3 | |
| ANGELIQ ORAL TABLET 0.5-1 MG | Tier-3 | |
| <i>calcitonin (salmon)</i> | Tier-1 | |
| CENESTIN | Tier-3 | |
| CLIMARA PRO | Tier-3 | |
| COMBIPATCH | Tier-3 | |

| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| CRINONE VAGINAL GEL 8 % | Tier-2 | |
| DELESTROGEN | Tier-3 | |
| DEPO-ESTRADIOL | Tier-2 | |
| DEPO-PROVERA INTRAMUSCULAR SOLUTION | Tier-2 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION | Tier-2 | |
| DEPO-SUBQ PROVERA 104 | Tier-2 | |
| DIVIGEL TRANSDERMAL GEL IN PACKET 1 (0.1) MG (%) | Tier-3 | |
| ELESTRIN | Tier-3 | |
| ENJUVIA | Tier-3 | |
| ESTRACE VAGINAL | Tier-2 | |
| <i>estradiol oral</i> | Tier-1 | |
| ESTRADIOL TRANSDERMAL | Tier-2 | |
| <i>estradiol valerate</i> | Tier-1 | |
| ESTRING | Tier-2 | |
| <i>estropipate</i> | Tier-1 | |
| EVAMIST | Tier-3 | QL (8.1 ML per 1 day) |
| EVISTA | Tier-2 | |
| FEMHRT 1/5 | Tier-3 | |
| FEMHRT LOW DOSE | Tier-3 | |
| FEMRING | Tier-2 | |
| FORTEO | Tier-2 | PA |
| FOSAMAX ORAL SOLUTION | Tier-2 | |
| <i>ibandronate intravenous solution</i> | Tier-1 | PA |
| IBANDRONATE ORAL | Tier-2 | STPA |
| <i>medroxyprogesterone oral</i> | Tier-1 | |
| MENEST | Tier-3 | |
| MENOSTAR | Tier-3 | |
| <i>methylergonovine oral</i> | Tier-1 | |
| MIACALCIN INJECTION | Tier-2 | |
| MINIVELLE | Tier-3 | |
| <i>norethindrone acetate</i> | Tier-1 | |
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| PREMPHASE | Tier-3 | |
| PREMPRO | Tier-3 | |
| <i>progesterone micronized</i> | Tier-1 | |
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| Drug Name | Drug Tier | Coverage Notes |
|--|------------------|-----------------------|
| RECLAST | Tier-2 | PA |
| RISEDRONATE | Tier-2 | |
| VAGIFEM | Tier-2 | |
| VIVELLE-DOT | Tier-2 | |
| <i>xulane</i> | Tier-1 | |
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| PRENATAL VITAMINS | | |
| <i>prenatal vitamin oral tablet</i> | Tier-1 | |
| VAGINAL INFECTIONS | | |
| CLEOCIN VAGINAL SUPPOSITORY | Tier-3 | |
| <i>clindamycin phosphate vaginal</i> | Tier-1 | |
| <i>fluconazole oral tablet 150 mg</i> | Tier-1 | |
| GYNAZOLE-1 VAGINAL CREAM | Tier-3 | |
| <i>metronidazole vaginal</i> | Tier-1 | |
| <i>miconazole-3 vaginal suppository</i> | Tier-1 | |
| <i>terconazole</i> | Tier-1 | |
| <i>vandazole</i> | Tier-1 | |
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| <i>quinine sulfate</i> | 4 | <i>ribavirin</i> | 6 | SIGNIFOR | 43 |
| QVAR | 59 | RIDAURA | 51 | SILDENAFIL | 46 |
| RABAVERT (PF) | 41 | <i>rifabutin</i> | 8 | | |
| | | RIFAMATE | 8 | <i>silver sulfadiazine</i> | 61 |
| | | <i>rifampin</i> | 8 | | |

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| SIMBRINZA | 28 | STALEVO 100 | | SYMLINPEN 120 | |
| SIMCOR | 20 | STALEVO 125 | 48 | SYMLINPEN 60 | 22 |
| SIMPONI | 51 | STALEVO 150 | 48 | SYNAGIS | 44 |
| SIMPONI ARIA | 51 | STALEVO 200 | 48 | SYNAREL | 39 |
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| <i>simvastatin</i> | 20 | STALEVO 75 | 48 | SYNERCID | 34 |
| <i>sirolimus</i> | 42 | STALEVO 100 | 48 | SYNRIBO | 12 |
| SIRTURO | 8 | STALEVO 125 | 48 | SYNTHROID | 39 |
| SKLICE | 63 | STALEVO 150 | 48 | SYPRINE | 47 |
| <i>sodium chloride</i> | 36, 64 | STALEVO 200 | 48 | TABLOID | 14 |
| <i>sodium chloride 0.45 %</i> | 36 | STALEVO 50 | 48 | <i>tacrolimus</i> | 42 |
| <i>sodium chloride 0.9 %</i> | 36 | STALEVO 75 | 48 | TAFINLAR | 14 |
| <i>sodium chloride 3 %</i> | 36 | <i>stavudine</i> | 6 | TAMIFLU | 6 |
| <i>sodium chloride 5 %</i> | 36 | STAVZOR | 50 | <i>tamoxifen</i> | 14 |
| <i>sodium fluoride</i> | 23 | STELARA | 58 | <i>tamsulosin</i> | 46 |
| <i>sodium lactate</i> | 36 | STIMATE | 10 | TARCEVA | 14 |
| <i>sodium polystyrene (sorb free)</i> | 46 | STIVARGA | 14 | TARGRETIN | 14, 15 |
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| SOLTAMOX | 14 | <i>streptomycin</i> | 34 | TASIGNA | 14 |
| SOLU-CORTEF (PF) | 38 | STRIANT | 39 | TASMAR | 48 |
| SOLU-MEDROL (PF) | 38 | STRIBILD | 6 | TAXOTERE | 12 |
| SOMATULINE DEPOT | 42 | STROMECTOL | 4 | TAZORAC | 63 |
| SOMAVERT | 42 | SUBOXONE | 57 | <i>taztia xt</i> | 18 |
| SORIATANE | 63 | SUBSYS | 53 | TECFIDERA | 45 |
| <i>sorine</i> | 16 | SUCLEAR | 30 | TEFLARO | 34 |
| <i>sotalol</i> | 16 | <i>sucralfate</i> | 30 | TEGRETOL XR | 50 |
| <i>sotalol af</i> | 16 | <i>sulfacetamide sodium</i> | 26 | TEKAMLO | 17 |
| SOVALDI | 6 | <i>sulfacetamide sodium (acne)</i> | 64 | TEKTURNA | 19 |
| SPECTRACEF | 7 | <i>sulfacetamide-prednisolone</i> | 26 | TEKTURNA HCT | 17 |
| SPIRIVA WITH HANDIHALER | 59 | <i>sulfadiazine</i> | 9 | <i>telmisartan</i> | 16 |
| <i>spironolactone</i> | 19, 20 | <i>sulfamethoxazole-trimethoprim</i> | 9, 34 | <i>telmisartan-amlodipine</i> | 17 |
| <i>spironolacton-hydrochlorothiaz</i> | 19 | SULFAMYLON | 64 | <i>telmisartan-hydrochlorothiazid</i> | 17 |
| SPRYCEL | 14 | <i>sulfasalazine</i> | 31 | <i>temazepam</i> | 56 |
| <i>ssd</i> | 61 | <i>sulfazine ec</i> | 31 | TEMODAR | 14 |
| | | <i>sulindac</i> | 51 | <i>temozolomide</i> | 14 |
| | | <i>sumatriptan</i> | 47 | <i>terazosin</i> | 15 |
| | | <i>sumatriptan succinate</i> | 48 | <i>terbinafine hcl</i> | 4 |
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| | | SUPREP | 30 | <i>terconazole</i> | 68 |
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| | | SUTENT | 14 | | |
| | | SYLATRON | 12 | | |
| | | SYLVANT | 43 | | |
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| TESTRED | 39 | <i>tolmetin</i> | 51 | <i>trihexyphenidyl</i> | 48 |
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| <i>tetanus-diphtheria toxoids-td</i> | 41 | <i>toposar</i> | 12 | <i>trimipramine</i> | 56 |
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| THYROLAR-1 | 39 | <i>tramadol-acetaminophen</i> | 54 | TROKENDI XR | 50 |
| THYROLAR-1/2 | 39 | <i>trandolapril</i> | 15 | TROPHAMINE 10 % | 37 |
| THYROLAR-1/4 | 39 | <i>tranexamic acid</i> | 10 | TROPHAMINE 6% | 37 |
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| <i>tiagabine</i> | 50 | TRAVASOL 10 % | 37 | TUDORZA PRESSAIR | 60 |
| <i>ticlopidine</i> | 10 | TRAVATAN Z | 28 | TWINJECT AUTOINJECTOR | 43 |
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