

Tufts Medicare Preferred HMO Group Retiree 2015 Formulary



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

This formulary was updated on January 1, 2015. 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 GROUP RETIREE

2015 Formulary (List of Covered Drugs)

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

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 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 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, 2015. 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 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 Health Plan Medicare Preferred HMO prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Tufts Health Plan 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 <http://www.medicare.gov>.

Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Tufts Health Plan Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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 Health Plan 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 may be covered under your Medicare Part B benefit. Home Infusion drugs that are not covered under Medicare Part B will be covered under Medicare Part D. 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.

**2015 Tufts Medicare Preferred Formulary
HMO Employer Group Members**

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**2015 Tufts Medicare Preferred Formulary
HMO Employer Group Members**

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
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	
<i>griseofulvin microsize</i>	Tier-1	
<i>griseofulvin ultramicrosize</i>	Tier-1	
<i>itraconazole</i>	Tier-1	PA
<i>ketoconazole oral</i>	Tier-1	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-3	QL (56 EA per 30 days)
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	
ONMEL	Tier-3	PA
<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>ivermectin oral</i>	Tier-1	
<i>linezolid oral</i>	Tier-1	
<i>methenamine hippurate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral</i>	Tier-1	
MONUROL	Tier-3	
<i>neomycin</i>	Tier-1	
<i>nitrofurantoin macrocrystal</i>	Tier-1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier-1	
<i>nitrofurantoin oral</i>	Tier-1	
PRIMSOL	Tier-2	
STROMEKTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	
VANCOCIN	Tier-2	
<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)
ZYVOX ORAL	Tier-2	
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	
ANTIVIRALS		
<i>abacavir</i>	Tier-1	
<i>abacavir-lamivudine-zidovudine</i>	Tier-1	
<i>acyclovir oral</i>	Tier-1	
<i>adefovir</i>	Tier-1	
<i>amantadine hcl</i>	Tier-1	
APTIVUS	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
ATRIPLA	Tier-2	
BARACLUDE	Tier-2	
COMPLERA	Tier-2	
COPEGUS	Tier-2	
CRIXIVAN	Tier-2	
<i>didanosine</i>	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	
<i>entecavir</i>	Tier-1	
EPIVIR HBV	Tier-2	
EPIVIR ORAL SOLUTION	Tier-2	
EPZICOM	Tier-2	
EVOTAZ	Tier-2	
<i>famciclovir</i>	Tier-1	
FUZEON SUBCUTANEOUS RECON SOLN	Tier-2	
HARVONI	Tier-2	PA
HEPSERA	Tier-2	
INTELENCE	Tier-2	
INTRON A INJECTION	Tier-2	
INVIRASE	Tier-2	
ISENTRESS ORAL POWDER IN PACKET	Tier-2	
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>nevirapine</i>	Tier-1	
NORVIR	Tier-2	
PEGASYS PROCLICK	Tier-2	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier-2	PA; QL (4 ML per 28 Days)
PEGASYS SUBCUTANEOUS SYRINGE	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)
PREZCOBIX	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
PREZISTA	Tier-2	
REBETOL ORAL SOLUTION	Tier-2	
RELENZA DISKHALER	Tier-2	QL (60 EA per 180 days)
RESCRIPTOR	Tier-2	
REYATAZ	Tier-2	
<i>ribasphere</i>	Tier-1	
RIBASPHERE RIBAPAK	Tier-2	
<i>ribavirin</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	PA
<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	Tier-2	QL (360 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	Tier-2	QL (360 ML per 180 days)
TIVICAY	Tier-2	
TRIUMEQ	Tier-2	
TRIZIVIR	Tier-2	
TRUVADA	Tier-2	
TYBOST	Tier-2	
TYZEKA	Tier-2	QL (30 EA per 30 days)
<i>valacyclovir</i>	Tier-2	
VALCYTE	Tier-2	
<i>valganciclovir</i>	Tier-1	
VIDEX 2 GRAM PEDIATRIC	Tier-2	
VIDEX 4 GRAM PEDIATRIC	Tier-2	
VIRACEPT ORAL TABLET	Tier-2	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	Tier-2	
VIREAD	Tier-2	
VITEKTA	Tier-2	
ZIAGEN	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<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</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</i>	Tier-1	
<i>cefadroxil</i>	Tier-1	
<i>cefdinir</i>	Tier-1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	Tier-1	
<i>cefixime</i>	Tier-1	
<i>cefpodoxime</i>	Tier-1	
<i>cefprozil</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	
<i>cephalexin</i>	Tier-1	
<i>dicloxacillin</i>	Tier-1	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX ORAL CAPSULE	Tier-3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	Tier-3	
SUPRAX ORAL TABLET,CHEWABLE	Tier-3	
KETOLIDES		
KETEK	Tier-2	
MACROLIDES AND CLINDAMYCIN		
<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	
<i>eryped 200</i>	Tier-1	
<i>eryped 400</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
ERY-TAB	Tier-3	
<i>erythrocin (as stearate)</i>	Tier-1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
<i>erythromycin 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	
PASER	Tier-3	
PRIFTIN	Tier-2	
<i>pyrazinamide</i>	Tier-1	
<i>rifabutin</i>	Tier-1	
RIFAMATE	Tier-3	
<i>rifampin oral</i>	Tier-1	
RIFATER	Tier-3	
SIRTURO	Tier-2	PA
TRECTOR	Tier-3	
QUINOLONES		
CIPRO XR	Tier-3	
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin (mixture)</i>	Tier-1	
<i>ciprofloxacin hcl oral</i>	Tier-1	
<i>levofloxacin oral</i>	Tier-2	
<i>moxifloxacin</i>	Tier-2	
<i>ofloxacin oral tablet 400 mg</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</i>	Tier-1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier-1	
<i>doxycycline monohydrate oral tablet</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>aspirin-dipyridamole</i>	Tier-2	
BRILINTA ORAL TABLET 90 MG	Tier-3	
<i>clopidogrel</i>	Tier-1	
<i>dipyridamole oral</i>	Tier-1	
EFFIENT	Tier-3	
<i>ticlopidine</i>	Tier-1	
ZONTIVITY	Tier-3	
BLOOD MODIFYING AGENTS		
ARANESP (IN POLYSORBATE)	Tier-2	QL (4 ML per 30 days)
EPOGEN	Tier-2	QL (10 ML per 14 days)
GRANIX	Tier-2	QL (10 ML per 14 days)
LEUKINE INJECTION RECON SOLN	Tier-2	
MIRCERA	Tier-2	QL (0.3 ML per 14 days)
MOZOBIL	Tier-2	PA
NEULASTA SUBCUTANEOUS SYRINGE	Tier-2	QL (1 ML per 14 days)
NEUMEGA	Tier-2	
NEUPOGEN	Tier-2	QL (10 ML per 14 days)
PROCRIT	Tier-2	QL (10 ML per 14 days)
PROMACTA	Tier-2	PA; QL (30 EA per 30 days)
BLOOD THINNERS		
COUMADIN ORAL	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	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SAVAYSA	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	
XARELTO ORAL TABLETS,DOSE PACK	Tier-3	QL (51 EA per 365 days)
BLOOD, MISCELLANEOUS		
<i>anagrelide</i>	Tier-1	
<i>cilostazol</i>	Tier-1	
<i>pentoxifylline</i>	Tier-1	
STIMATE	Tier-3	
<i>tranexamic acid</i>	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-2	
ALIMTA	Tier-2	
ALKERAN INTRAVENOUS	Tier-2	
<i>amifostine crystalline</i>	Tier-1	
ARRANON	Tier-2	
ARZERRA	Tier-2	
AVASTIN	Tier-2	
<i>azacitidine</i>	Tier-1	
BELEODAQ	Tier-2	
BICNU	Tier-2	
<i>bleomycin</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	
CYRAMZA	Tier-2	PA
<i>cytarabine</i>	Tier-1	
<i>cytarabine (pf)</i>	Tier-1	
CYTOVENE	Tier-2	
<i>dacarbazine</i>	Tier-1	
DACOGEN	Tier-2	
<i>daunorubicin intravenous solution</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
DAUNOXOME	Tier-2	
<i>decitabine</i>	Tier-1	
<i>dexrazoxane hcl</i>	Tier-1	
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	Tier-2	
<i>docetaxel intravenous solution 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/2 ml (final), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml), 80 mg/8 ml (final)</i>	Tier-1	
<i>doxorubicin</i>	Tier-1	
<i>doxorubicin, peg-liposomal</i>	Tier-1	
ELITEK	Tier-2	
ELLENC	Tier-2	
ELSPAR	Tier-2	
<i>epirubicin</i>	Tier-1	
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML	Tier-2	
ERWINAZE	Tier-2	
ETOPOPHOS	Tier-2	
<i>etoposide intravenous</i>	Tier-1	
FASLODEX	Tier-2	
<i>fludarabine intravenous recon soln</i>	Tier-1	
<i>fluorouracil intravenous</i>	Tier-1	
<i>gemcitabine</i>	Tier-1	
HALAVEN	Tier-2	
HERCEPTIN	Tier-2	
<i>idarubicin</i>	Tier-1	
<i>ifosfamide</i>	Tier-1	
<i>irinotecan</i>	Tier-1	
ISTODAX	Tier-2	
IXEMPRA	Tier-2	
JEVTANA	Tier-2	
KADCYLA INTRAVENOUS RECON SOLN 160 MG	Tier-2	PA
KEYTRUDA	Tier-2	
<i>leuprolide</i>	Tier-1	
<i>melphalan hcl</i>	Tier-1	
<i>mitomycin</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone</i>	Tier-1	
MUSTARGEN	Tier-2	
ONCASPAR	Tier-2	
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	Tier-2	
<i>oxaliplatin</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	
<i>toposar</i>	Tier-1	
<i>topotecan intravenous recon soln</i>	Tier-1	
TORISEL	Tier-2	
TREANDA INTRAVENOUS RECON SOLN	Tier-2	
TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML	Tier-2	
TRISENOX	Tier-2	
UVADEX	Tier-2	
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20 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</i>	Tier-1	
<i>vinorelbine</i>	Tier-1	
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	Tier-2	
ZALTRAP	Tier-2	
ZANOSAR	Tier-2	
ORAL AGENTS		
8-MOP	Tier-2	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene</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</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)
COMETRIQ	Tier-2	PA
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-2	B/D
DROXIA	Tier-2	
EMCYT	Tier-2	
ERIVEDGE	Tier-2	PA
<i>exemestane</i>	Tier-1	
FARESTON	Tier-2	
FARYDAK	Tier-2	PA
<i>flutamide</i>	Tier-1	
GILOTRIF	Tier-2	PA
GLEEVEC	Tier-2	
GLEOSTINE	Tier-3	
HEXALEN	Tier-2	
HYCAMTIN ORAL	Tier-2	Part B
<i>hydroxyurea</i>	Tier-1	
IBRANCE	Tier-2	PA
ICLUSIG	Tier-2	PA
IMBRUVICA	Tier-2	PA
INLYTA	Tier-2	PA
JAKAFI	Tier-2	PA
LENVIMA	Tier-2	PA
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
<i>lomustine</i>	Tier-1	
LYNPARZA	Tier-2	PA
LYSODREN	Tier-2	
MATULANE	Tier-2	
<i>megestrol oral tablet</i>	Tier-1	
MEKINIST	Tier-2	PA
<i>mercaptopurine</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
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)
PURIXAN	Tier-2	
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	PA; QL (90 EA per 30 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
<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
XTANDI	Tier-2	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-2	PA
ZOLINZA	Tier-2	PA
ZYDELIG	Tier-2	PA
ZYKADIA	Tier-2	PA
ZYTIGA	Tier-2	PA; QL (120 EA per 30 days)
PROTECTIVE AGENTS		
FUSILEV	Tier-2	
<i>leucovorin calcium</i>	Tier-1	
LEVOLEUCOVORIN CALCIUM	Tier-2	
<i>mesna</i>	Tier-1	
MESNEX ORAL	Tier-3	
ZINECARD (AS HCL)	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
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		
CORLANOR	Tier-3	PA
<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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<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>digitek</i>	Tier-1	
<i>digoxin injection solution</i>	Tier-1	
<i>digoxin oral</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-1	
<i>flecainide</i>	Tier-1	
LANOXIN ORAL	Tier-3	
LANOXIN PEDIATRIC	Tier-3	
<i>mexiletine</i>	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	
PACERONE ORAL TABLET 100 MG	Tier-3	
<i>propafenone</i>	Tier-1	
<i>quinidine gluconate oral</i>	Tier-1	
<i>quinidine sulfate oral tablet</i>	Tier-1	
<i>sorine</i>	Tier-1	
<i>sotalol af</i>	Tier-1	
<i>sotalol oral</i>	Tier-1	
SOTYLIZE	Tier-3	
TIKOSYN	Tier-2	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine-atorvastatin</i>	Tier-2	
<i>amlodipine-benazepril</i>	Tier-2	
<i>amlodipine-valsartan</i>	Tier-2	
<i>amlodipine-valsartan-hcthiazid</i>	Tier-2	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
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	
TEKTURNA HCT	Tier-2	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hydrochlorothiazid</i>	Tier-1	
<i>trandolapril-verapamil</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</i>	Tier-1	
<i>atenolol</i>	Tier-1	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-1	
<i>amlodipine</i>	Tier-1	
<i>cartia xt</i>	Tier-1	
<i>diltiazem hcl oral</i>	Tier-1	
<i>dilt-xr</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 oral tablet</i>	Tier-1	
<i>methyldopa</i>	Tier-1	
NORTHERA	Tier-2	PA
<i>reserpine</i>	Tier-1	
DIRECT RENIN INHIBITORS		
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</i>	Tier-1	
<i>eplerenone</i>	Tier-1	STPA
<i>furosemide oral</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone</i>	Tier-1	
<i>spironolactone</i>	Tier-1	
<i>spironolacton-hydrochlorothiaz</i>	Tier-1	
<i>toremide oral</i>	Tier-1	
<i>triamterene-hydrochlorothiazid</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	
CRESTOR	Tier-3	PA
<i>fenofibrate micronized</i>	Tier-1	
<i>fenofibrate nanocrystallized</i>	Tier-1	
<i>fenofibrate oral capsule</i>	Tier-1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 54 mg</i>	Tier-1	
<i>fenofibric acid (choline)</i>	Tier-1	
<i>fluvastatin oral capsule</i>	Tier-1	
<i>gemfibrozil oral</i>	Tier-1	
JUXTAPID	Tier-2	PA
KYNAMRO	Tier-2	PA
<i>lovastatin</i>	Tier-1	
LOVAZA	Tier-3	
<i>niacin oral tablet extended release 24 hr</i>	Tier-2	
<i>niacor</i>	Tier-1	
<i>omega-3 acid ethyl esters</i>	Tier-2	
<i>pravastatin</i>	Tier-1	
PREVALITE ORAL POWDER	Tier-3	
SIMCOR	Tier-2	
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-2	
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	

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

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REPLACEMENT		
<i>klor-con 10</i>	Tier-1	
<i>klor-con 8</i>	Tier-1	
KLOR-CON M15	Tier-3	
<i>klor-con m20</i>	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier-3	
<i>potassium chloride oral capsule, extended release</i>	Tier-1	
<i>potassium chloride oral liquid</i>	Tier-1	
<i>potassium chloride oral tablet extended release 20 meq, 8 meq</i>	Tier-1	
<i>potassium chloride oral tablet, er particles/crystals</i>	Tier-1	
VASODILATORS		
BIDIL	Tier-2	
<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 pads</i>	Tier-1	
<i>assure id insulin safety syringe 1 ml 29 x 1/2"</i>	Tier-1	
<i>curity gauze topical bandage 2 x 2 "</i>	Tier-1	
INSULIN SYRINGE NEEDLELESS	Tier-2	
<i>insulin syringe syringe 1/2 ml 29 x 1/2"</i>	Tier-1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 X 5/16"	Tier-2	
ONETOUCH ULTRA TEST	Tier-2	Part B
ONETOUCH VERIO	Tier-2	Part B
PEN NEEDLE, DIABETIC NEEDLE 31	Tier-2	
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-2	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM	Tier-3	
INSULINS		
HUMALOG	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 N	Tier-2	
HUMULIN R	Tier-2	
HUMULIN R U-500 "CONCENTRATED"	Tier-2	
LANTUS	Tier-2	
LANTUS SOLOSTAR	Tier-2	
LEVEMIR	Tier-2	
LEVEMIR FLEXTOUCH	Tier-2	
TOUJEO SOLOSTAR	Tier-3	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-2	
BYETTA	Tier-2	
SYMLINPEN 120	Tier-2	
SYMLINPEN 60	Tier-2	
TRULICITY	Tier-3	
VICTOZA 3-PAK	Tier-2	
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-3	
<i>chlorpropamide</i>	Tier-1	PA
FARXIGA	Tier-3	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide-metformin</i>	Tier-1	
<i>glyburide</i>	Tier-1	PA
<i>glyburide micronized</i>	Tier-1	PA
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-3	
INVOKAMET	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
INVOKANA	Tier-3	
JANUMET	Tier-2	
JANUMET XR	Tier-2	
JANUVIA	Tier-2	
JARDIANCE	Tier-3	
JENTADUETO	Tier-2	
<i>metformin</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone</i>	Tier-2	
<i>pioglitazone-glimepiride</i>	Tier-1	
<i>pioglitazone-metformin</i>	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	
XIGDUO XR	Tier-3	
EAR, NOSE AND THROAT		
EAR		
<i>acetazol hc</i>	Tier-1	
<i>acetic acid otic</i>	Tier-1	
CIPRO HC	Tier-2	
CIPRODEX	Tier-2	
<i>fluocinolone acetonide oil</i>	Tier-1	
<i>hydrocortisone-acetic acid</i>	Tier-1	
<i>ofloxacin otic</i>	Tier-1	
MOUTH AND THROAT		
<i>cevimeline</i>	Tier-1	
<i>chlorhexidine gluconate mucous membrane</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		
<i>azelastine nasal</i>	Tier-1	QL (120 ML per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
BACTROBAN NASAL	Tier-3	
<i>cyproheptadine</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 oral</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)
<i>levocetirizine</i>	Tier-1	
NASONEX	Tier-2	QL (102 GM per 90 days)
<i>olopatadine</i>	Tier-1	QL (91.5 GM per 90 days)
<i>triamcinolone acetonide nasal</i>	Tier-2	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS	Tier-3	
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier-1	EC
<i>chlorpheniramine-pseudoephed</i>	Tier-1	EC
<i>hydrocodone-chlorpheniramine</i>	Tier-1	EC
ERECTILE DYSFUNCTION		
CAVERJECT	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	Tier-3	EC
ANALPRAM-HC SINGLES	Tier-3	EC
<i>anucort-hc</i>	Tier-1	EC
ANUSOL-HC RECTAL SUPPOSITORY	Tier-3	EC

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

Drug Name	Drug Tier	Requirements/Limits
<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</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phentermine</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		
<i>b-plex plus</i>	Tier-1	EC
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</i>	Tier-1	EC
<i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg, 2.5-25-2 mg</i>	Tier-1	EC
MEPHYTON	Tier-3	EC
NASCOBAL	Tier-2	EC
NEPHROCAPS	Tier-3	EC
NEPHROCAPS QT	Tier-3	EC
NEPHRONEX-SL	Tier-3	EC
NEPHRO-VITE RX	Tier-3	EC
<i>renal caps</i>	Tier-1	EC
<i>triphrocaps</i>	Tier-1	EC
<i>vitamin d2</i>	Tier-1	EC

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

Drug Name	Drug Tier	Requirements/Limits
EYE		
ALLERGY		
ALOCRIL	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	
<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 hcl 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	
<i>tobramycin-dexamethasone</i>	Tier-1	
VIGAMOX	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
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	Tier-3	
MAXIDEX	Tier-3	
<i>neomycin-polymyxin b-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	
<i>prednisolone sodium phosphate ophthalmic</i>	Tier-1	
PROLENSA	Tier-3	
VEXOL	Tier-2	
ZYLET	Tier-3	
ANTIVIRALS		
<i>trifluridine</i>	Tier-1	
ZIRGAN	Tier-3	
GLAUCOMA		
<i>acetazolamide</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 OPHTHALMIC DROPS 0.5 %	Tier-2	
BETOPTIC S	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bimatoprost</i>	Tier-1	
<i>brimonidine</i>	Tier-1	
<i>carteolol</i>	Tier-1	
COMBIGAN	Tier-3	
<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 OPHTHALMIC DROPS 0.01 %	Tier-3	STPA
<i>methazolamide oral</i>	Tier-1	
<i>metipranolol</i>	Tier-1	
<i>pilocarpine hcl ophthalmic</i>	Tier-1	
RESCULA	Tier-3	
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	
<i>atropine ophthalmic drops</i>	Tier-1	
NATACYN	Tier-3	
<i>proparacaine</i>	Tier-1	
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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl 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 oral</i>	Tier-1	
<i>ondansetron</i>	Tier-1	B/D; QL (12 EA per 7 days)
<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 maleate oral</i>	Tier-1	
SANCUSO	Tier-3	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-3	
ENZYMES		
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>alosetron</i>	Tier-1	
CANTIL	Tier-3	
<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-2	PA
GATTEX ONE-VIAL	Tier-2	PA
<i>generlac</i>	Tier-1	
<i>glycopyrrolate oral</i>	Tier-1	
KRISTALOSE	Tier-2	
<i>lactulose</i>	Tier-1	
<i>levocarnitine (with sugar)</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral capsule</i>	Tier-1	
LOTRONEX	Tier-2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	Tier-1	
MOVANTIK	Tier-3	
MOVIPREP	Tier-3	
OSMOPREP	Tier-3	
<i>peg 3350-electrolytes</i>	Tier-1	
<i>peg-3350 with flavor packs</i>	Tier-1	
<i>peg-electrolyte soln</i>	Tier-1	
<i>polyethylene glycol 3350 oral powder</i>	Tier-1	
<i>propantheline</i>	Tier-1	
SUPREP BOWEL PREP KIT	Tier-3	
<i>trilyte with flavor packets</i>	Tier-1	
<i>ursodiol</i>	Tier-1	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicil-clarithromy-lansopraz</i>	Tier-1	
CARAFATE ORAL SUSPENSION	Tier-3	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl oral</i>	Tier-1	
DEXILANT	Tier-3	PA
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	Tier-2	
<i>famotidine oral suspension</i>	Tier-1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	Tier-2	
<i>methscopolamine oral</i>	Tier-1	
<i>misoprostol</i>	Tier-1	
NEXIUM	Tier-3	PA
<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	
<i>rabeprazole</i>	Tier-2	
<i>ranitidine hcl oral capsule</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl oral syrup</i>	Tier-1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
RELISTOR SUBCUTANEOUS SOLUTION	Tier-2	
RELISTOR SUBCUTANEOUS SYRINGE	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	
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	
LINZESS	Tier-2	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	Tier-1	
PENTASA	Tier-2	
SFROWASA	Tier-3	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfazine ec</i>	Tier-1	
UCERIS ORAL	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</i>	Tier-1	HI; Part B
<i>amphotericin b</i>	Tier-1	HI
<i>ampicillin sodium</i>	Tier-1	HI; Part B
<i>ampicillin-sulbactam</i>	Tier-1	HI; Part B
ANZEMET INTRAVENOUS	Tier-2	HI; QL (10 ML per 7 days)
ARGATROBAN	Tier-3	HI
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	Tier-3	HI

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

Drug Name	Drug Tier	Requirements/Limits
ATGAM	Tier-2	HI; Part B
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	Tier-1	HI
AVELOX IN NACL (ISO-OSMOTIC)	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
<i>bumetanide injection</i>	Tier-1	HI
<i>buprenorphine hcl injection syringe</i>	Tier-1	HI
<i>butorphanol tartrate injection</i>	Tier-1	HI
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier-1	HI
CANCIDAS	Tier-2	HI
CAPASTAT	Tier-2	HI
CARDENE IV IN SODIUM CHLORIDE	Tier-3	HI
<i>cefazolin</i>	Tier-1	HI; Part B
<i>cefazolin in 0.9% sod chloride intravenous solution</i>	Tier-1	HI; Part B
<i>cefazolin in 0.9% sod chloride intravenous syringe 1 gram/10 ml</i>	Tier-1	HI; Part B
<i>cefazolin in dextrose (iso-os)</i>	Tier-1	HI; Part B
<i>cefazolin in dextrose 5 %</i>	Tier-1	HI; Part B
<i>cefazolin in sterile water</i>	Tier-1	HI; Part B
<i>cefepime</i>	Tier-1	HI; Part B
<i>cefepime in dextrose 5 %</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</i>	Tier-1	HI; Part B
<i>ceftazidime in d5w</i>	Tier-1	HI; Part B
<i>ceftriaxone injection</i>	Tier-1	HI; Part B
<i>ceftriaxone intravenous recon soln</i>	Tier-1	HI; Part B
<i>cefuroxime sodium</i>	Tier-1	HI; Part B
<i>chloramphenicol sod succinate</i>	Tier-1	HI; Part B
<i>cidofovir</i>	Tier-1	HI
<i>ciprofloxacin in 5 % dextrose</i>	Tier-1	HI; Part B
<i>ciprofloxacin lactate</i>	Tier-1	HI; Part B
<i>clindamycin in 5 % dextrose</i>	Tier-1	HI; Part B
<i>clindamycin phosphate injection</i>	Tier-1	HI; Part B

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous</i>	Tier-1	HI; Part B
<i>colistin (colistimethate na)</i>	Tier-1	HI; Part B
CRESEMBA INTRAVENOUS	Tier-2	
CUBICIN	Tier-2	HI; Part B
<i>cyclosporine intravenous</i>	Tier-1	B/D; HI
CYKLOKAPRON	Tier-2	HI
DALVANCE	Tier-2	HI; Part B
<i>dexamethasone in 0.9 % nacl</i>	Tier-1	HI
<i>dexamethasone sodium phos (pf)</i>	Tier-1	HI
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier-1	HI
<i>diltiazem hcl intravenous</i>	Tier-1	HI
<i>diphenhydramine hcl injection</i>	Tier-1	HI
DORIBAX	Tier-2	HI; Part B
<i>duramorph (pf)</i>	Tier-1	HI
ERAXIS(WATER DILUENT)	Tier-2	HI; Part B
ERYTHROCIN	Tier-2	HI; Part B
<i>esomeprazole sodium</i>	Tier-1	HI
<i>fluconazole in dextrose(iso-o)</i>	Tier-1	HI; Part B
<i>gentamicin in nacl (iso-osm)</i>	Tier-1	HI; Part B
<i>gentamicin injection</i>	Tier-1	HI; Part B
<i>gentamicin sulfate (ped) (pf)</i>	Tier-1	HI; Part B
<i>gentamicin sulfate (pf)</i>	Tier-1	HI; Part B
<i>granisetron (pf)</i>	Tier-1	B/D; HI; QL (40 ML per 7 days)
<i>granisetron hcl intravenous</i>	Tier-1	B/D; HI; QL (40 ML per 7 days)
<i>heparin (porcine) in 0.9% nacl</i>	Tier-1	HI
<i>heparin (porcine) in 5 % dex</i>	Tier-1	HI
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 100 unit/100 ml (1 unit/ml), 2,000 unit/1,000 ml, 3,000 unit/500 ml (6 unit/ml), 30,000 unit/1,000 ml</i>	Tier-1	HI
<i>heparin (porcine) injection solution</i>	Tier-1	HI
<i>heparin(porcine) in 0.45% nacl</i>	Tier-1	HI
<i>heparin, porcine (pf) injection</i>	Tier-1	HI
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier-1	HI
<i>heparin, porcine (pf) intravenous syringe</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

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

Drug Name	Drug Tier	Requirements/Limits
INVANZ INJECTION	Tier-2	HI; Part B
<i>isoniazid injection</i>	Tier-1	HI
<i>lactated ringers intravenous</i>	Tier-1	HI
<i>levocarnitine intravenous</i>	Tier-1	HI
<i>levofloxacin in d5w</i>	Tier-1	HI; Part B
<i>levofloxacin intravenous</i>	Tier-1	HI; Part B
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	Tier-1	HI
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	Tier-1	HI
LINCOCIN	Tier-2	HI; Part B
<i>linezolid intravenous</i>	Tier-1	Part B
<i>meropenem</i>	Tier-1	HI; Part B
<i>methadone injection</i>	Tier-1	HI
<i>methotrexate sodium (pf)</i>	Tier-1	HI
<i>metoclopramide hcl injection solution</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
<i>moxifloxacin-sod.ace,sul-water</i>	Tier-1	
MYCAMINE	Tier-2	HI
<i>nafcillin</i>	Tier-1	HI; Part B
<i>nafcillin in dextrose iso-osm</i>	Tier-1	HI; Part B
<i>ondansetron hcl (pf) injection solution</i>	Tier-1	B/D; HI
<i>ondansetron hcl (pf) injection syringe</i>	Tier-1	B/D
<i>oxacillin</i>	Tier-1	HI; Part B
<i>oxacillin in dextrose(iso-osm)</i>	Tier-1	HI; Part B
<i>paricalcitol hemodialysis port injection</i>	Tier-1	HI
<i>penicillin g pot in 0.9 % nacl</i>	Tier-1	HI; Part B
<i>penicillin g pot in dextrose</i>	Tier-1	HI; Part B
<i>penicillin g potassium</i>	Tier-1	HI; Part B
<i>penicillin g sodium</i>	Tier-1	HI; Part B
<i>pfizerpen-g</i>	Tier-1	HI; Part B
<i>piperacillin-tazobactam</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</i>	Tier-1	HI
<i>prochlorperazine edisylate</i>	Tier-1	HI; Part B
PROGRAF INTRAVENOUS	Tier-2	B/D; HI
<i>promethazine injection solution</i>	Tier-1	HI
RETROVIR INTRAVENOUS	Tier-2	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous</i>	Tier-1	HI
<i>streptomycin intramuscular</i>	Tier-1	HI; Part B
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier-1	HI; Part B
SYNERCID	Tier-2	HI; Part B
TEFLARO	Tier-2	HI; Part B
TIMENTIN INTRAVENOUS PIGGYBACK	Tier-2	HI; Part B
<i>tobramycin in 0.9 % nacl</i>	Tier-1	HI; Part B
<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</i>	Tier-1	HI; Part B
VISTIDE	Tier-2	HI
<i>voriconazole intravenous</i>	Tier-1	HI
ZEMPLAR INTRAVENOUS	Tier-2	HI
ZERBAXA	Tier-2	HI; Part B
ZYVOX INTRAVENOUS	Tier-2	HI; Part B
ELECTROLYTES		
<i>ammonium chloride</i>	Tier-1	HI
<i>d10 % & 0.45 % sodium chloride</i>	Tier-1	HI
<i>d10 %-0.9 % 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)</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
<i>dextrose with sodium chloride</i>	Tier-1	HI
<i>dextrose-kcl-nacl</i>	Tier-1	HI
IONOSOL-B IN D5W	Tier-2	HI
IONOSOL-MB IN D5W	Tier-2	HI
ISOLYTE-P IN 5 % DEXTROSE	Tier-2	HI
ISOLYTE-S	Tier-2	HI
NORMOSOL-M IN 5 % DEXTROSE	Tier-2	HI
NORMOSOL-R IN 5 % DEXTROSE	Tier-2	HI

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

Drug Name	Drug Tier	Requirements/Limits
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 in 0.9%nacl</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</i>	Tier-1	HI
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	Tier-1	HI
<i>potassium chloride intravenous solution</i>	Tier-1	HI
<i>potassium chloride-0.45 % nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.2%nacl</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 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 chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier-1	HI
<i>sodium lactate intravenous solution</i>	Tier-1	HI
IV NUTRITION		
AMINOSYN 7 % WITH ELECTROLYTES	Tier-2	B/D; HI
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 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN M 3.5 %	Tier-2	B/D; HI
AMINOSYN-HBC 7%	Tier-2	B/D; HI
AMINOSYN-PF 10 %	Tier-2	B/D; HI

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-2	B/D; HI
AMINOSYN-RF 5.2 %	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%/D10W SULF FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/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 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%/D10W SUL 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
FREAMINE HBC 6.9 %	Tier-2	B/D; HI
HEPATAMINE 8%	Tier-2	B/D; HI
INTRALIPID	Tier-2	B/D; HI
NEPHRAMINE 5.4 %	Tier-2	B/D; HI
NUTRILIPID	Tier-2	B/D
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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone intensol</i>	Tier-1	
<i>dexamethasone oral elixir</i>	Tier-1	
<i>dexamethasone oral tablet</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	
MEDROL ORAL TABLET 2 MG	Tier-3	
<i>methylprednisolone</i>	Tier-1	
<i>methylprednisolone acetate</i>	Tier-1	
<i>methylprednisolone sodium succ</i>	Tier-1	
MILLIPRED	Tier-3	Transplant
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Tier-3	Transplant
<i>prednisolone sodium phosphate oral</i>	Tier-1	Transplant
PREDNISONE INTENSOL	Tier-3	Transplant
<i>prednisone oral solution</i>	Tier-1	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
SOLU-CORTEF	Tier-3	
SOLU-CORTEF (PF)	Tier-3	
SOLU-MEDROL	Tier-3	
SOLU-MEDROL (PF)	Tier-3	
<i>triamcinolone acetonide injection</i>	Tier-1	
VERIPRED 20	Tier-3	Transplant
ANDROGENS		
AVEED	Tier-3	
<i>danazol oral</i>	Tier-1	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	Tier-3	
<i>oxandrolone</i>	Tier-1	
TESTIM	Tier-3	
<i>testosterone</i>	Tier-1	
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	Tier-1	
<i>testosterone enanthate</i>	Tier-1	
TESTRED	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-2	
FIRMAGON KIT W DILUENT SYRINGE	Tier-2	
LUPRON DEPOT	Tier-2	
LUPRON DEPOT (3 MONTH)	Tier-2	
LUPRON DEPOT (4 MONTH)	Tier-2	
LUPRON DEPOT (6 MONTH)	Tier-2	
LUPRON DEPOT-PED	Tier-2	
SYNAREL	Tier-2	
TRELSTAR	Tier-2	
TRELSTAR DEPOT	Tier-2	
TRELSTAR LA	Tier-2	
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levothyroxine</i>	Tier-1	
<i>levoxyl</i>	Tier-1	
<i>liothyronine oral</i>	Tier-1	
<i>methimazole</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	
TRIOSTAT	Tier-2	
<i>unithroid</i>	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB (PF)	Tier-2	Part B
ACTIMMUNE	Tier-2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier-2	
ADAGEN	Tier-2	
<i>bcg vaccine, live (pf)</i>	Tier-1	
BEXSERO (PF)	Tier-2	
BIVIGAM	Tier-2	PA

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

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP	Tier-2	
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	Tier-2	PA; Part B
CERVARIX VACCINE (PF)	Tier-2	
COMVAX (PF)	Tier-2	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-2	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	Tier-2	B/D
ENGRIX-B PEDIATRIC (PF)	Tier-2	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	Tier-2	PA; Part B
GAMASTAN S/D	Tier-2	PA; Part B
GAMMAGARD LIQUID	Tier-2	PA; Part B
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier-2	PA; Part B
GAMMAPLEX	Tier-2	PA
GAMUNEX-C	Tier-2	PA; Part B
GARDASIL (PF)	Tier-2	
GARDASIL 9 (PF)	Tier-2	
HAVRIX (PF)	Tier-2	
HYPERRAB S/D (PF)	Tier-2	
IMOVAX RABIES VACCINE (PF)	Tier-2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	Tier-2	
IPOL	Tier-2	
IXIARO (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	
M-M-R II (PF)	Tier-2	
OCTAGAM	Tier-2	PA; Part B
PEDVAX HIB (PF)	Tier-2	
PNEUMOVAX 23 INJECTION SOLUTION	Tier-2	Part B
PREVNAR 13 (PF)	Tier-2	Part B
PRIVIGEN	Tier-2	PA; Part B
PROQUAD (PF)	Tier-2	
QUADRACEL (PF)	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF)	Tier-2	
RECOMBIVAX HB (PF)	Tier-2	B/D
ROTARIX	Tier-2	
ROTATEQ VACCINE	Tier-2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	Tier-2	
<i>tetanus,diphtheria tox ped(pf)</i>	Tier-1	
<i>tetanus-diphtheria toxoids-td</i>	Tier-1	
THYMOGLOBULIN	Tier-2	
TRUMENBA	Tier-2	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	Tier-2	
TYPHIM VI	Tier-2	
VAQTA (PF)	Tier-2	
VARIVAX (PF)	Tier-2	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-2	
VIVOTIF BERNA VACCINE	Tier-2	
YF-VAX (PF)	Tier-2	
ZOSTAVAX (PF)	Tier-2	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-3	B/D
BENLYSTA	Tier-2	PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	Tier-3	B/D
<i>cyclosporine modified</i>	Tier-1	B/D
<i>cyclosporine oral capsule</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	Tier-2	B/D
<i>sirolimus</i>	Tier-1	B/D
<i>tacrolimus oral</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	

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

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN	Tier-2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	Tier-2	
SIGNIFOR LAR	Tier-2	PA; QL (1 EA per 28 days)
SOMATULINE DEPOT	Tier-2	
SOMAVERT	Tier-2	PA
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole</i>	Tier-2	
ANAPHYLAXIS EMERGENCY		
AUVI-Q	Tier-2	QL (2 EA per 1 day)
<i>epinephrine injection auto-injector</i>	Tier-1	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-2	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-2	QL (2 EA per 1 day)
<i>midodrine</i>	Tier-1	
BOTULINUM TOXINS		
BOTOX	Tier-2	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	Tier-2	PA
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	Tier-2	PA
CASTLEMAN DISEASE		
SYLVANT	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 PODHALER	Tier-2	
<i>tobramycin in 0.225 % nacl</i>	Tier-1	
CYSTINURIA		
CYSTADANE	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
DETOXIFICATION AGENTS		
CHEMET	Tier-3	
EXJADE	Tier-2	
FERRIPROX	Tier-2	
JADENU	Tier-2	
FABRY DISEASE		
FABRAZYME	Tier-2	PA
GAUCHER DISEASE		
CERDELGA	Tier-2	PA
CEREZYME	Tier-2	
ELELYSO	Tier-2	PA
VPRIV	Tier-2	PA
ZAVESCA	Tier-2	PA
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-2	PA
GENOTROPIN	Tier-2	PA
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	Tier-2	PA
NORDITROPIN FLEXPRO	Tier-2	PA
NUTROPIN AQ	Tier-2	PA
NUTROPIN AQ NUSPIN	Tier-2	PA
OMNITROPE	Tier-2	PA
SAIZEN	Tier-2	PA
SAIZEN CLICK.EASY	Tier-2	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier-2	PA
ZOMACTON	Tier-2	PA
ZORBTIVE	Tier-2	PA
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	Tier-2	
CINRYZE	Tier-2	PA
FIRAZYR	Tier-2	PA; QL (3 ML per 7 days)
RUCONEST	Tier-3	
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN	Tier-2	PA

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

Drug Name	Drug Tier	Requirements/Limits
HUNTINGTON DISEASE		
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		
SENSIPAR	Tier-2	
HYPERPARATHYROIDISM		
<i>calcitriol oral</i>	Tier-1	
<i>doxercalciferol</i>	Tier-1	
<i>paricalcitol oral</i>	Tier-1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier-2	
HYPOPARATHYROIDISM		
NATPARA	Tier-2	PA; QL (2 EA per 28 days)
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-2	
ELAPRASE	Tier-2	
LUMIZYME	Tier-2	
NAGLAZYME	Tier-2	
TYSABRI	Tier-2	PA; LA
MULTIPLE SCLEROSIS		
AMPYRA	Tier-2	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-2	PA; QL (30 EA per 30 days)
AVONEX (WITH ALBUMIN)	Tier-2	QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR 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 20 MG/ML	Tier-2	
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier-2	QL (12 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT	Tier-2	QL (15 EA per 30 days)
GILENYA	Tier-2	PA; QL (30 EA per 30 Days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier-2	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier-2	QL (1 ML per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier-2	QL (1 ML per 28 days)
REBIF (WITH ALBUMIN)	Tier-2	QL (12 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE	Tier-2	QL (12 ML per 30 days)
REBIF TITRATION PACK	Tier-2	QL (12 ML per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-2	PA; QL (60 EA per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-2	PA; QL (60 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	
<i>pyridostigmine bromide</i>	Tier-1	
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-1	
PHENYLKETONURIA		
KUVAN ORAL POWDER IN PACKET 500 MG	Tier-2	PA
KUVAN ORAL TABLET,SOLUBLE	Tier-2	PA
PHEOCHROMOCYTOMA		
DEMSEER	Tier-2	
PHOSPHATE BINDERS		
AURYXIA	Tier-3	
<i>calcium acetate oral capsule</i>	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	
RENAGEL	Tier-2	
RENVELA	Tier-2	
VELPHORO	Tier-3	
POMPE DISEASE		
MYOZYME	Tier-2	
POTASSIUM BINDER		
<i>kionex oral powder</i>	Tier-1	
<i>sodium polystyrene (sorb free)</i>	Tier-1	
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-2	
VIRAZOLE	Tier-2	PA
SMOKING CESSATION		
<i>buprobam</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
CHANTIX	Tier-3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	Tier-3	QL (56 EA per 28 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	
UREA CYCLE DISORDERS		
RAVICTI	Tier-2	PA
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-1	
<i>desmopressin injection</i>	Tier-1	
<i>desmopressin nasal solution</i>	Tier-1	
<i>desmopressin nasal spray,non-aerosol</i>	Tier-1	
<i>desmopressin oral</i>	Tier-1	
ELMIRON	Tier-3	
ENABLEX	Tier-3	STPA
<i>flavoxate</i>	Tier-1	
GELNIQUE	Tier-2	
MYRBETRIQ	Tier-3	STPA
<i>oxybutynin chloride oral</i>	Tier-1	
OXYTROL	Tier-2	
<i>potassium citrate</i>	Tier-1	
SAMSCA	Tier-3	
<i>tolterodine</i>	Tier-2	
<i>trospium</i>	Tier-1	
UROCIT-K 10	Tier-3	
UROCIT-K 15	Tier-3	
UROCIT-K 5	Tier-3	
VESICARE	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>memantine</i>	Tier-2	
NAMENDA	Tier-2	
NAMENDA TITRATION PAK	Tier-2	QL (49 EA per 365 days)
NAMENDA XR	Tier-2	
<i>rivastigmine tartrate</i>	Tier-1	
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-1	QL (8 EA per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	Tier-1	QL (360 EA per 30 days)
<i>dihydroergotamine injection</i>	Tier-1	
<i>dihydroergotamine nasal</i>	Tier-1	QL (12 ML per 30 days)
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	QL (12 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 (9 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier-1	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	Tier-1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</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		
<i>apokyn</i>	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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa</i>	Tier-1	
<i>carbidopa-levodopa-entacapone</i>	Tier-1	
CYCLOSET	Tier-2	
DUOPA	Tier-3	
<i>entacapone</i>	Tier-1	
MIRAPEX ER	Tier-3	
NEUPRO	Tier-3	QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	Tier-1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg</i>	Tier-1	
<i>ropinirole</i>	Tier-1	
RYTARY	Tier-3	
<i>selegiline hcl</i>	Tier-1	
TASMAR	Tier-2	
<i>tolcapone</i>	Tier-1	
<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</i>	Tier-1	
CELONTIN	Tier-3	
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	Tier-3	
<i>clonazepam</i>	Tier-1	
<i>diazepam intensol</i>	Tier-1	
<i>diazepam oral solution</i>	Tier-1	
<i>diazepam oral tablet</i>	Tier-1	
<i>diazepam rectal</i>	Tier-1	
DILANTIN	Tier-2	
DILANTIN EXTENDED	Tier-2	
DILANTIN INFATABS	Tier-2	
DILANTIN-125	Tier-2	
<i>divalproex</i>	Tier-1	
<i>epitol</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide</i>	Tier-1	
<i>felbamate</i>	Tier-1	
FYCOMPA ORAL TABLET	Tier-3	PA
<i>gabapentin</i>	Tier-1	
GABITRIL	Tier-2	
HORIZANT	Tier-3	QL (60 EA per 30 Days)
<i>lamotrigine oral tablet</i>	Tier-1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier-2	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier-1	
<i>lamotrigine oral tablet, disintegrating</i>	Tier-1	
<i>levetiracetam</i>	Tier-1	
<i>levetiracetam in nacl (iso-os)</i>	Tier-1	
LYRICA	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	
ONFI ORAL TABLET	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)
PEGANONE	Tier-3	
<i>phenobarbital</i>	Tier-1	
<i>phenytoin oral suspension</i>	Tier-1	
<i>phenytoin oral tablet, chewable</i>	Tier-1	
<i>phenytoin sodium extended</i>	Tier-1	
<i>phenytoin sodium intravenous solution</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)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	Tier-2	
<i>tiagabine</i>	Tier-1	
<i>topiramate</i>	Tier-1	
TROKENDI XR	Tier-3	
<i>valproic acid</i>	Tier-1	
<i>valproic acid (as sodium salt) oral solution</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
VIMPAT INTRAVENOUS	Tier-3	
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 oral tablet</i>	Tier-1	
<i>dantrolene</i>	Tier-1	
<i>tizanidine</i>	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-2	PA
AZASAN	Tier-3	B/D
<i>azathioprine</i>	Tier-1	B/D
CIMZIA	Tier-2	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-2	PA; Part B
<i>diclofenac sodium topical</i>	Tier-1	
ENBREL SUBCUTANEOUS RECON SOLN	Tier-2	PA; QL (8 EA per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	Tier-2	PA; QL (8.16 ML per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	Tier-2	PA; QL (7.84 ML per 28 Days)
ENBREL SURECLICK	Tier-2	PA; QL (7.84 ML per 28 days)
HUMIRA	Tier-2	PA; QL (6 EA per 30 days)
HUMIRA CROHN'S DIS START PCK	Tier-2	PA; QL (4.8 EA per 365 days)
KINERET	Tier-2	PA; QL (20.1 ML per 30 days)
<i>leflunomide</i>	Tier-1	
<i>methotrexate sodium oral</i>	Tier-1	B/D
ORENCIA	Tier-2	PA; QL (4 ML per 28 Days)
ORENCIA (WITH MALTOSE)	Tier-2	PA; Part B
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML	Tier-3	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	Tier-3	
RASUVO (PF)	Tier-3	
REMICADE	Tier-2	PA
RIDAURA	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA	Tier-2	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier-2	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier-2	PA; QL (4 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 Days)
TREXALL	Tier-3	B/D
VOLTAREN TOPICAL	Tier-3	
XELJANZ	Tier-2	PA; QL (60 EA per 30 days)
GOUT		
<i>allopurinol</i>	Tier-1	
<i>colchicine oral capsule</i>	Tier-1	
<i>colchicine oral tablet</i>	Tier-1	QL (120 EA per 30 days)
<i>colchicine-probenecid</i>	Tier-1	
COLCRYS	Tier-2	QL (120 EA per 30 Days)
<i>probenecid</i>	Tier-1	
ULORIC	Tier-3	STPA
PAIN, NSAID ANALGESICS		
CELEBREX	Tier-3	PA
<i>celecoxib</i>	Tier-2	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium oral</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-1	
<i>diflunisal</i>	Tier-1	
<i>etodolac</i>	Tier-1	
<i>fenoprofen oral tablet</i>	Tier-1	
<i>flurbiprofen</i>	Tier-1	
<i>ibuprofen oral suspension</i>	Tier-1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	
INDOCIN ORAL	Tier-3	
<i>indomethacin oral</i>	Tier-1	
<i>ketoprofen</i>	Tier-1	
<i>meclofenamate oral</i>	Tier-1	
<i>mefenamic acid</i>	Tier-1	
<i>meloxicam</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone</i>	Tier-1	
<i>naproxen</i>	Tier-1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i>	Tier-1	
<i>oxaprozin</i>	Tier-1	
<i>piroxicam</i>	Tier-1	
<i>sulindac oral</i>	Tier-1	
<i>tolmetin</i>	Tier-1	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-3	PA; QL (120 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)
ACTIQ	Tier-3	PA; QL (120 EA per 30 days)
<i>butorphanol tartrate nasal</i>	Tier-1	QL (7.5 ML per 30 days)
BUTRANS	Tier-3	QL (4 EA per 28 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)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL	Tier-3	QL (60 EA 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>fentanyl citrate</i>	Tier-1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier-1	QL (10 EA per 30 days)
FENTORA	Tier-3	PA; 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)
<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 liquid</i>	Tier-1	QL (720 ML per 30 days)
<i>hydromorphone oral tablet</i>	Tier-1	QL (360 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier-1	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER	Tier-3	QL (60 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Tier-1	QL (240 EA per 30 days)
LAZANDA	Tier-3	PA; 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 concentrate oral solution</i>	Tier-1	QL (540 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 90 mg</i>	Tier-1	
<i>morphine oral capsule,extend.release pellets</i>	Tier-1	QL (90 EA per 30 Days)
<i>morphine oral solution</i>	Tier-1	QL (960 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>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, 15 mg, 20 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 oral tablet,oral only,ext.rel.12 hr</i>	Tier-1	QL (120 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 ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	Tier-2	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier-1	QL (60 EA per 30 Days)
<i>pentazocine-naloxone</i>	Tier-1	
SUBSYS	Tier-3	PA; QL (120 EA per 30 days)
<i>tramadol</i>	Tier-1	
<i>tramadol-acetaminophen</i>	Tier-1	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate</i>	Tier-1	
<i>disulfiram</i>	Tier-1	
<i>naltrexone oral</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
ANXIETY		
<i>alprazolam</i>	Tier-1	
<i>alprazolam intensol</i>	Tier-1	
<i>amitriptyline-chlordiazepoxide</i>	Tier-1	
<i>buspirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-1	
<i>lorazepam intensol</i>	Tier-1	
<i>lorazepam oral tablet</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	
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
<i>guanfacine oral tablet extended release 24 hr</i>	Tier-1	QL (90 EA per 90 days)
INTUNIV ER	Tier-3	QL (90 EA per 90 days)
KAPVAY	Tier-3	
METADATE CD	Tier-3	
METADATE ER	Tier-3	
<i>methamphetamine</i>	Tier-1	
METHYLIN ORAL SOLUTION	Tier-2	
METHYLIN ORAL TABLET,CHEWABLE	Tier-2	
<i>methylphenidate oral</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)

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

Drug Name	Drug Tier	Requirements/Limits
VYVANSE	Tier-3	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-3	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-1	STPA
RISPERDAL CONSTA	Tier-2	
<i>risperidone oral tablet,disintegrating</i>	Tier-1	
DEPRESSION		
<i>amitriptyline</i>	Tier-1	
<i>amoxapine</i>	Tier-1	
APLENZIN	Tier-3	STPA
BRINTELLIX	Tier-3	STPA
<i>bupropion hcl</i>	Tier-1	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-1	
<i>desipramine oral</i>	Tier-1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	Tier-3	STPA
<i>doxepin oral</i>	Tier-1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	Tier-2	QL (60 EA per 30 Days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	Tier-2	QL (90 EA per 30 days)
DULOXETINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	Tier-3	STPA; 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	
<i>fluvoxamine</i>	Tier-1	
<i>imipramine hcl</i>	Tier-1	
<i>imipramine pamoate</i>	Tier-1	
IRENKA	Tier-3	STPA; QL (60 EA per 30 days)
KHEDEZLA	Tier-3	STPA
<i>maprotiline</i>	Tier-1	
MARPLAN	Tier-3	
<i>mirtazapine</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone</i>	Tier-1	
<i>nortriptyline</i>	Tier-1	
<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	
PRISTIQ	Tier-3	STPA
<i>protriptyline</i>	Tier-1	
<i>sertraline</i>	Tier-1	
SURMONTIL	Tier-2	
<i>tranylcypromine</i>	Tier-1	
<i>trazodone</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 ORAL TABLET	Tier-3	STPA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	Tier-3	STPA
INSOMNIA		
<i>estazolam</i>	Tier-1	
<i>eszopiclone</i>	Tier-2	QL (30 EA per 30 days)
<i>flurazepam</i>	Tier-1	
HETLIOZ	Tier-3	PA
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)
<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	Tier-3	STPA
XYREM	Tier-2	LA
OPIOID ANTAGONISTS		
BUNAVAIL	Tier-3	PA; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sublingual</i>	Tier-1	PA; QL (90 EA per 30 days)
<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 SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier-3	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier-2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	Tier-2	
ABILIFY ORAL TABLET	Tier-3	STPA
<i>aripiprazole oral tablet</i>	Tier-2	STPA
<i>chlorpromazine</i>	Tier-1	
<i>clozapine</i>	Tier-1	
FANAPT	Tier-3	STPA
FAZACLO	Tier-2	
<i>fluphenazine decanoate</i>	Tier-1	
<i>fluphenazine hcl</i>	Tier-1	
GEODON INTRAMUSCULAR	Tier-3	
<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, 20 MG, 40 MG, 60 MG	Tier-3	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (60 EA per 30 Days)
<i>loxapine succinate</i>	Tier-1	
<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	
<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)

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

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML	Tier-2	
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
SAPHRIS	Tier-3	STPA
SAPHRIS (BLACK CHERRY)	Tier-3	STPA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier-2	STPA
<i>thioridazine</i>	Tier-1	
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-1	
VERSACLOZ	Tier-3	
<i>ziprasidone hcl</i>	Tier-1	STPA
ZYPREXA INTRAMUSCULAR	Tier-2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	Tier-2	
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</i>	Tier-1	
ANORO ELLIPTA	Tier-2	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-3	QL (90 EA per 90 days)
ASMANEX TWISTHALER	Tier-2	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	Tier-2	QL (180 EA per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	Tier-2	QL (90 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)
<i>budesonide nasal</i>	Tier-1	
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 days)
<i>cromolyn inhalation</i>	Tier-1	QL (720 ML per 90 days)
<i>elixophyllin</i>	Tier-1	
FLOVENT DISKUS	Tier-2	QL (360 EA per 90 days)
FLOVENT HFA	Tier-2	QL (72 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</i>	Tier-1	QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	Tier-1	QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier-1	QL (810 EA per 90 days)
<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)
PROAIR RESPICLICK	Tier-2	QL (6 EA per 90 days)
PROVENTIL HFA	Tier-3	QL (40.2 GM per 90 days)
PULMICORT FLEXHALER	Tier-3	QL (6 EA per 90 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier-3	QL (720 ML per 90 days)
QVAR	Tier-2	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-2	QL (180 EA per 90 days)
SPIRIVA RESPIMAT	Tier-2	QL (12 GM per 90 days)
SPIRIVA WITH HANDIHALER	Tier-2	QL (90 EA per 90 days)
STRIVERDI RESPIMAT	Tier-3	QL (180 GM per 90 days)
SYMBICORT	Tier-2	QL (30.6 GM per 90 Days)
<i>terbutaline oral</i>	Tier-1	
<i>theophylline oral solution</i>	Tier-1	
<i>theophylline oral tablet extended release</i>	Tier-1	
<i>theophylline oral tablet extended release 12 hr</i>	Tier-1	
TUDORZA PRESSAIR	Tier-3	QL (3 EA per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
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	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET	Tier-2	PA; QL (270 EA per 30 days)
OFEV	Tier-2	PA; QL (60 EA per 30 days)
PULMONARY HYPERTENSION		
ADCIRCA	Tier-2	PA; QL (60 EA per 30 days)
ADEMPAS	Tier-2	PA
<i>epoprostenol (glycine)</i>	Tier-1	PA; Part B
FLOLAN	Tier-2	PA; Part B
LETAIRIS	Tier-2	PA
OPSUMIT	Tier-2	PA
ORENITRAM	Tier-3	PA
REMODULIN	Tier-2	PA
REVATIO INTRAVENOUS	Tier-2	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	Tier-2	PA
<i>sildenafil intravenous</i>	Tier-1	PA
<i>sildenafil oral</i>	Tier-2	PA; QL (90 EA per 30 days)
TRACLEER	Tier-2	PA; LA
TYVASO	Tier-2	PA; Part B
VELETRI	Tier-2	PA; Part B
VENTAVIS	Tier-2	PA; Part B
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-1	
ARALAST NP	Tier-2	
DALIRESP	Tier-3	
GLASSIA	Tier-2	
GRASTEK	Tier-3	PA
PROLASTIN-C	Tier-2	
PROLIA	Tier-2	PA
RAGWITEK	Tier-3	PA
XOLAIR	Tier-2	PA
ZEMAIRA	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
SKIN		
ACNE ROSACEA		
FINACEA TOPICAL GEL	Tier-2	
<i>metronidazole topical cream</i>	Tier-1	
<i>metronidazole topical gel</i>	Tier-1	
<i>metronidazole topical lotion</i>	Tier-1	
NORITATE	Tier-3	
SOOLANTRA	Tier-3	
ACNE VULGARIS		
ABSORICA	Tier-3	
<i>adapalene topical cream</i>	Tier-1	PA
<i>adapalene topical gel</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	
CLINDAGEL	Tier-3	
<i>clindamax topical gel</i>	Tier-1	
<i>clindamycin phosphate topical</i>	Tier-1	
<i>clindamycin-benzoyl peroxide</i>	Tier-1	
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	
<i>erythromycin-benzoyl peroxide</i>	Tier-1	
EVOCLIN	Tier-3	
FABIOR	Tier-3	PA
RETIN-A	Tier-3	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.1 %	Tier-3	PA
RETIN-A MICRO TOPICAL GEL 0.04 %	Tier-3	PA
<i>tretinoin microspheres topical gel with pump</i>	Tier-1	PA
<i>tretinoin topical cream</i>	Tier-1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier-1	PA
<i>tretin-x cream kit topical combo pack 0.05 %</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-3	
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>apexicon e</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 topical spray,non-aerosol</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 TAPE LARGE ROLL	Tier-3	
CORDRAN TOPICAL LOTION	Tier-3	
<i>cormax topical solution</i>	Tier-1	
<i>desonide</i>	Tier-1	
<i>desoximetasone</i>	Tier-1	
<i>diflorasone</i>	Tier-1	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone topical</i>	Tier-1	
<i>halobetasol propionate</i>	Tier-1	
HALOG	Tier-3	
<i>hydrocortisone butyrate topical ointment</i>	Tier-1	
<i>hydrocortisone butyrate topical solution</i>	Tier-1	
<i>hydrocortisone butyr-emollient</i>	Tier-1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-1	
KENALOG TOPICAL	Tier-3	
<i>mometasone</i>	Tier-1	
PANDEL	Tier-3	
<i>prednicarbate</i>	Tier-1	
<i>triamcinolone acetonide topical</i>	Tier-1	
TRIANEX	Tier-3	
<i>triderm topical cream</i>	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-1	
<i>clotrimazole topical</i>	Tier-1	
<i>clotrimazole-betamethasone</i>	Tier-1	
<i>econazole topical</i>	Tier-1	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
<i>ketoconazole topical</i>	Tier-1	
MENTAX	Tier-3	
<i>naftifine</i>	Tier-1	
NAFTIN	Tier-2	
<i>nyamyc</i>	Tier-1	
<i>nystatin oral suspension</i>	Tier-1	
<i>nystatin topical</i>	Tier-1	
<i>nystatin-triamcinolone</i>	Tier-1	
<i>nystop</i>	Tier-1	
OXISTAT	Tier-2	
PSORIASIS AND SEBORRHEA		
<i>acitretin</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene</i>	Tier-1	
<i>calcipotriene-betamethasone</i>	Tier-1	
<i>calcitriol topical</i>	Tier-1	
COSENTYX PEN	Tier-2	PA; QL (1 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-1	
OTEZLA	Tier-2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier-2	PA; QL (55 EA per 365 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	Tier-2	PA; QL (27 EA per 365 days)
OXSORALEN	Tier-2	
SORIATANE	Tier-2	
STELARA SUBCUTANEOUS SYRINGE	Tier-2	PA
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	
TOPICAL, MISCELLANEOUS		
<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 topical</i>	Tier-1	
<i>lidocaine hcl mucous membrane</i>	Tier-1	
<i>lidocaine hcl urethral</i>	Tier-1	
<i>lidocaine topical adhesive patch,medicated</i>	Tier-2	PA; QL (90 EA per 30 Days)
<i>lidocaine topical ointment</i>	Tier-1	
<i>lidocaine-prilocaine topical cream</i>	Tier-1	
<i>panretin</i>	Tier-2	
PICATO	Tier-3	
<i>proctosol hc</i>	Tier-1	
PROTOPIC	Tier-3	STPA

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

Drug Name	Drug Tier	Requirements/Limits
<i>pradoxin</i>	Tier-1	
REGRANEX	Tier-2	
SANTYL	Tier-2	
<i>selenium sulfide topical suspension</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-2	
<i>tacrolimus topical</i>	Tier-1	
UCERIS RECTAL	Tier-2	
VALCHLOR	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 CREAM	Tier-2	
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-1	
<i>amethyst</i>	Tier-1	
<i>apri</i>	Tier-1	
<i>aranelle (28)</i>	Tier-1	
<i>ashlyna</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>deblitane</i>	Tier-1	
<i>delyla (28)</i>	Tier-1	
<i>desog-e.estradiol/e.estradiol</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier-1	
ELLA	Tier-2	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 24 fe</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>junel fe 24</i>	Tier-1	
<i>kariva (28)</i>	Tier-1	
<i>kelnor 1/35 (28)</i>	Tier-1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier-1	
<i>larin 1.5/30 (21)</i>	Tier-1	
<i>larin 1/20 (21)</i>	Tier-1	
<i>larin fe</i>	Tier-1	
<i>leena 28</i>	Tier-1	
<i>lessina</i>	Tier-1	
<i>levonest (28)</i>	Tier-1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	Tier-1	
<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>lopreeza</i>	Tier-1	
<i>loryna (28)</i>	Tier-1	
<i>low-ogestrel (28)</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>marlissa</i>	Tier-1	
<i>microgestin 1.5/30 (21)</i>	Tier-1	
<i>microgestin 1/20 (21)</i>	Tier-1	
<i>microgestin fe 1.5/30 (28)</i>	Tier-1	
<i>microgestin fe 1/20 (28)</i>	Tier-1	
<i>mimvey</i>	Tier-1	
<i>mimvey lo</i>	Tier-1	
MINASTRIN 24 FE	Tier-2	
<i>mononessa (28)</i>	Tier-1	
<i>natazia</i>	Tier-1	
<i>necon 0.5/35 (28)</i>	Tier-1	
<i>necon 1/35 (28)</i>	Tier-1	
<i>necon 1/50 (28)</i>	Tier-1	
<i>necon 10/11 (28)</i>	Tier-1	
<i>necon 7/7/7 (28)</i>	Tier-1	
<i>nikki (28)</i>	Tier-1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier-1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier-1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</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 TRI-CYCLEN (28)	Tier-3	
<i>portia</i>	Tier-1	
<i>quasense</i>	Tier-1	
SAFYRAL	Tier-3	
<i>sharobel</i>	Tier-1	
<i>tarina fe</i>	Tier-1	
<i>trinessa (28)</i>	Tier-1	
<i>tri-previfem (28)</i>	Tier-1	
<i>tri-sprintec (28)</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trivora (28)</i>	Tier-1	
<i>velivet triphasic regimen (28)</i>	Tier-1	
<i>vyfemla (28)</i>	Tier-1	
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	Tier-3	
<i>calcitonin (salmon)</i>	Tier-1	
CENESTIN ORAL TABLET 1.25 MG	Tier-3	
CLIMARA PRO	Tier-3	
COMBIPATCH	Tier-3	
CRINONE	Tier-2	
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA	Tier-2	
DEPO-SUBQ PROVERA 104	Tier-2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG (0.1 %), 0.5 MG (0.1 %)	Tier-3	
ELESTRIN	Tier-3	
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG	Tier-3	
ESTRACE VAGINAL	Tier-2	
<i>estradiol</i>	Tier-1	
<i>estradiol valerate</i>	Tier-1	
ESTRING	Tier-2	
<i>estropipate</i>	Tier-1	
EVAMIST	Tier-3	
FEMHRT LOW DOSE	Tier-3	
FEMRING	Tier-2	
FORTEO	Tier-2	PA
<i>ibandronate intravenous</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate oral</i>	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-2	
<i>norethindrone acetate</i>	Tier-1	
<i>pamidronate intravenous solution</i>	Tier-1	
PREMARIN	Tier-3	
PREMPHASE	Tier-3	
PREMPRO	Tier-3	
<i>progesterone micronized</i>	Tier-1	
<i>raloxifene</i>	Tier-1	
RECLAST	Tier-2	
<i>risedronate</i>	Tier-2	STPA
VAGIFEM	Tier-2	
VIVELLE-DOT	Tier-2	
XGEVA	Tier-2	PA
<i>zoledronic acid intravenous solution</i>	Tier-1	
<i>zoledronic acid-mannitol-water intravenous solution</i>	Tier-1	
PRENATAL VITAMINS		
<i>prenatal vitamins low iron</i>	Tier-1	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-3	
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	
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<i>terconazole</i>	Tier-1	
<i>vandazole</i>	Tier-1	

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<i>benazepril</i>	15	<i>buprenorphine hcl</i>	31, 56	<i>cefazolin in dextrose (iso-os)</i>	31
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<i>cefditoren pivoxil</i>	7	CINRYZE	42	CLINIMIX E 5%/D25W SULFIT	
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<i>ceftazidime</i>	31	<i>citalopram</i>	54	<i>clonazepam</i>	47
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d10 %-0.9 % sodium chloride	34	dextrose 10 % in water (d10w)	34	doxycycline monohydrate	8, 9
d2.5 %-0.45 % sodium chloride	34	dextrose 5 % in water (d5w)	34	dronabinol	27
d5 % and 0.9 % sodium chloride	34	dextrose 5 %-lactated ringers	34	drospirenone-ethinyl estradiol	65
d5 %-0.45 % sodium chloride	34	dextrose 5%-0.2 % sod chloride	34	DROXIA	13
dacarbazine	10	dextrose 5%-0.3 % sod.chloride	34	duloxetine	54
DACOGEN	10	dextrose with sodium chloride	34	DULOXETINE	54
DALIRESP	59	dextrose-kcl-nacl	34	DUOPA	47
DALVANCE	32	diazepam	47	duramorph (pf)	32
danazol	37	diazepam intensol	47	DUTOPROL	17
dantrolene	49	diclofenac potassium	50	DYSPORT	41
dapsone	4	diclofenac sodium	26, 49, 50	e.e.s. 400	7
DAPTACEL (DTAP PEDIATRIC)	39	diclofenac-misoprostol	50	E.E.S. GRANULES	7
(PF)	39	dicloxacillin	7	econazole	62
DARAPRIM	4	dicyclomine	28	EDEX	23
daunorubicin	10	didanosine	5	EDURANT	5
DAUNOXOME	11	diethylpropion	24	EFFIENT	9
DAYTRANA	53	DIFFERIN	60	EGRIFTA	42
deblitane	64	DIFICID	7	ELAPRASE	43
decitabine	11	diflorasone	61	ELELYSO	42
DELESTROGEN	67	diflunisal	50	ELESTRIN	67
delyla (28)	64	digitek	16	ELIDEL	63
DELZICOL	30	digoxin	16	ELIGARD	38
demeclocycline	8	dihydroergotamine	46	ELIQUIS	9
DEMSEER	44	DILANTIN	47	ELITEK	11
DENAVIR	64	DILANTIN EXTENDED	47	elixophyllin	58
DEPEN TITRATABS	46	DILANTIN INFATABS	47	ELLA	65
DEPO-ESTRADIOL	67	DILANTIN-125	47	ELLENCE	11
DEPO-MEDROL	36	DILAUDID	51	ELMIRON	45
DEPO-PROVERA	67	diltiazem hcl	18, 32	ELSPAR	11
DEPO-SUBQ PROVERA	104, 67	dilt-xr	18	EMADINE	25
DEPO-TESTOSTERONE	37			EMBEDA	51
desipramine	54			EMCYT	13
				EMEND	27
				emoquette	65
				EMSAM	54

EMTRIVA	5	estradiol	67	FLEBOGAMMA DIF	39
ENABLEX	45	estradiol valerate	67	flecainide	16
enalapril maleate	15	estradiol-norethindrone acet	65	FLOLAN	59
enalapril-hydrochlorothiazide	17	ESTRING	67	FLOVENT DISKUS	58
ENBREL	49	estropipate	67	FLOVENT HFA	58
ENBREL SURECLICK	49	eszopiclone	55	fluconazole	3, 68
endocet	51	ethambutol	8	fluconazole in dextrose(iso-o)	32
ENERGIX-B (PF)	39	ethosuximide	48	flucytosine	3
ENERGIX-B PEDIATRIC (PF)	39	etidronate disodium	44	fludarabine	11
	39	etodolac	50	fludrocortisone	37
ENJUVIA	67	ETOPOPHOS	11	flunisolide	23
enoxaparin	9	etoposide	11	fluocinolone	61
entacapone	47	EURAX	63	fluocinolone acetone oil	22
entecavir	5	EVAMIST	67	fluocinonide	61
ENTOCORT EC	30	EVOCLIN	60	fluocinonide-e	62
enulose	28	EVOTAZ	5	fluorometholone	26
EPANED	15	EXELDERM	62	FLUOROPLEX	63
epinastine	25	EXELON	46	fluorouracil	11, 63
epinephrine	41	exemestane	13	fluoxetine	54
EPIPEN 2-PAK	41	EXFORGE	17	fluphenazine decanoate	56
EPIPEN JR 2-PAK	41	EXFORGE HCT	17	fluphenazine hcl	56
epirubicin	11	EXJADE	42	flurazepam	55
epitol	47	EXTAVIA	43	flurbiprofen	50
EPIVIR	5	FABIOR	60	flurbiprofen sodium	26
EPIVIR HBV	5	FABRAZYME	42	flutamide	13
eplerenone	18	falmina (28)	65	fluticasone	23, 62
EPOGEN	9	famciclovir	5	fluvastatin	19
epoprostenol (glycine)	59	famotidine	29	fluvoxamine	54
eprosartan	15	FANAPT	56	FML FORTE	26
EPZICOM	5	FARESTON	13	FML S.O.P.	26
EQUETRO	54	FARXIGA	21	FOCALIN XR	53
ERAXIS(WATER DILUENT)	32	FARYDAK	13	folic acid	24
ERBITUX	11	FASLODEX	11	folic acid-vit b6-vit b12	24
ergocalciferol (vitamin d2)	24	FAZACLO	56	FOLLISTIM AQ	24
ergoloid	46	felbamate	48	fondaparinux	9
ERIVEDGE	13	felodipine	18	FORADIL AEROLIZER	58
errin	65	FEMHRT LOW DOSE	67	FORTEO	67
ERTACZO	62	FEMRING	67	fosinopril	15
ERWINAZE	11	fenofibrate	19	fosinopril-hydrochlorothiazide	17
ery pads	60	fenofibrate micronized	19	FOSRENOL	44
eryped 200	7	fenofibrate nanocrystallized	19	FRAGMIN	9
eryped 400	7	fenofibric acid (choline)	19	FREAMINE HBC 6.9 %	36
ERY-TAB	8	fenopropfen	50	FULYZAQ	28
ERYTHROCIN	32	fentanyl	51	furosemide	18
erythrocin (as stearate)	8	fentanyl citrate	51	FUSILEV	14
erythromycin	8, 25	FENTORA	51	FUZEON	5
erythromycin ethylsuccinate	8	FERRIPROX	42	FYCOMPA	48
erythromycin with ethanol	60	FETZIMA	54	gabapentin	48
erythromycin-benzoyl peroxide	60	FINACEA	60	GABITRIL	48
ESBRIET	59	finasteride	45	galantamine	46
escitalopram oxalate	54	FIRAZYR	42	GAMASTAN S/D	39
esomeprazole magnesium	29	FIRMAGON KIT W DILUENT		GAMMAGARD LIQUID	39
esomeprazole sodium	32	SYRINGE	38	GAMMAKED	39
estazolam	55	FLAREX	26	GAMMAPLEX	39
ESTRACE	67	flavoxate	45	GAMUNEX-C	39

GARAMYCIN	25	haloperidol lactate	56	ibuprofen	50
GARDASIL (PF)	39	HARVONI	5	ibuprofen-oxycodone	52
GARDASIL 9 (PF)	39	HAVRIX (PF)	39	ICLUSIG	13
gatifloxacin	25	heparin (porcine)	32	idarubicin	11
GATTEX ONE-VIAL	28	heparin (porcine) in 0.9% nacl	32	ifosfamide	11
GELNIQUE	45	heparin (porcine) in 5 % dex	32	ILARIS (PF)	41
gemcitabine	11	heparin (porcine) in nacl (pf)	32	IMBRUVICA	13
gemfibrozil	19	heparin(porcine) in 0.45% nacl	32	imipenem-cilastatin	32
GENERESS FE	65		32	imipramine hcl	54
generlac	28	heparin, porcine (pf)	32	imipramine pamoate	54
gengraf	40	HEPATAMINE 8%	36	imiquimod	64
GENOTROPIN	42	HEPSERA	5	IMOVAX RABIES VACCINE	
GENOTROPIN MINISQUICK	42	HERCEPTIN	11	(PF)	39
gentak	25	HETLIOZ	55	INCRELEX	42
gentamicin	25, 32, 61	HEXALEN	13	indapamide	18
gentamicin in nacl (iso-osm)	32	HORIZANT	48	INDOCIN	50
gentamicin sulfate (ped) (pf)	32	HUMALOG	21	indomethacin	50
gentamicin sulfate (pf)	32	HUMALOG KWIKPEN	21	INFANRIX (DTAP) (PF)	39
GEODON	56	HUMALOG MIX 50-50	21	INLYTA	13
gianvi (28)	65	HUMALOG MIX 50-50	21	insulin syringe	20
gildagia	65	KWIKPEN	21	INSULIN SYRINGE	
gildess	65	HUMALOG MIX 75-25	21	NEEDLELESS	20
gildess 24 fe	65	HUMALOG MIX 75-25	21	INSULIN SYRINGE-NEEDLE	
GILENYA	43	KWIKPEN	21	U-100	20
GILOTRIF	13	HUMATROPE	42	INTELENCE	5
GLASSIA	59	HUMIRA	49	INTRALIPID	36
GLEEVEC	13	HUMIRA CROHN'S DIS START		INTRON A	5
GLEOSTINE	13	PCK	49	introvale	65
glimepiride	21	HUMULIN 70/30	21	INTUNIV ER	53
glipizide	21	HUMULIN N	21	INVANZ	33
glipizide-metformin	21	HUMULIN R	21	INVEGA	56
GLUCAGEN HYPOKIT	20	HUMULIN R U-500	21	INVEGA SUSTENNA	56
GLUCAGON EMERGENCY KIT		"CONCENTRATED"	21	INVIRASE	5
(HUMAN)	20	HYCANTIN	13	INVOKAMET	21
glyburide	21	hydralazine	20	INVOKANA	22
glyburide micronized	21	hydrochlorothiazide	18	IONOSOL-B IN D5W	34
glyburide-metformin	21	hydrocodone-acetaminophen	51	IONOSOL-MB IN D5W	34
glycopyrrolate	28	hydrocodone-chlorpheniramine		IOPIDINE	27
GLYXAMBI	21		23	IPOL	39
GONAL-F	24	hydrocodone-ibuprofen	51	ipratropium bromide	23, 58
GONAL-F RFF	24	hydrocortisone	30, 37, 62	ipratropium-albuterol	58
granisetron (pf)	32	hydrocortisone butyrate	62	irbesartan	15
granisetron hcl	28, 32	hydrocortisone butyr-emollient	62	irbesartan-hydrochlorothiazide	
GRANIX	9	hydrocortisone valerate	62		17
GRASTEK	59	hydrocortisone-acetic acid	22	IRENKA	54
griseofulvin microsize	3	hydromorphone	51	irinotecan	11
griseofulvin ultramicrosize	3	hydromorphone (pf)	32	ISENTRESS	5
guanfacine	18, 53	hydroxychloroquine	4	ISOLYTE-P IN 5 % DEXTROSE	
guanidine	44	hydroxyurea	13		34
GYNAZOLE-1	68	hydroxyzine hcl	23	ISOLYTE-S	34
HALAVEN	11	hydroxyzine pamoate	23	isoniazid	8, 33
halobetasol propionate	62	HYPERRAB S/D (PF)	39	isosorbide dinitrate	15
HALOG	62	HYSINGLA ER	52	isosorbide mononitrate	15
haloperidol	56	ibandronate	67, 68	isradipine	18
haloperidol decanoate	56	IBRANCE	13	ISTODAX	11

itraconazole	3	LANTUS	21	loperamide	29
ivermectin	3	LANTUS SOLOSTAR	21	lopreza	65
IXEMPRA	11	larin 1.5/30 (21)	65	lorazepam	53
IXIARO (PF)	39	larin 1/20 (21)	65	lorazepam intensol	53
JADENU	42	larin fe	65	loryna (28)	65
JAKAFI	13	LASTACAPT	25	losartan	15
JALYN	45	latanoprost	27	losartan-hydrochlorothiazide	17
jantoven	9	LATUDA	56	LOTEMAX	26
JANUMET	22	LAZANDA	52	LOTRONEX	29
JANUMET XR	22	leena 28	65	lovastatin	19
JANUVIA	22	leflunomide	49	LOVAZA	19
JARDIANCE	22	LENVIMA	13	low-ogestrel (28)	65
JENTADUETO	22	lessina	65	loxapine succinate	56
JEVTANA	11	LETAIRIS	59	LUMIGAN	27
jinteli	65	letrozole	13	LUMIZYME	43
junel 1.5/30 (21)	65	leucovorin calcium	14	LUPRON DEPOT	38
junel 1/20 (21)	65	LEUKERAN	13	LUPRON DEPOT (3 MONTH)	38
junel fe 1.5/30 (28)	65	LEUKINE	9	LUPRON DEPOT (4 MONTH)	38
junel fe 1/20 (28)	65	leuprolide	11	LUPRON DEPOT (6 MONTH)	38
junel fe 24	65	levalbuterol hcl	58	LUPRON DEPOT-PED	38
JUXTAPID	19	LEVEMIR	21	LUVERIS	24
KADCYLA	11	LEVEMIR FLEXTOUCH	21	LYNPARZA	13
KALETRA	5	levetiracetam	48	LYRICA	48
KALYDECO	41	levetiracetam in nacl (iso-os)	48	LYSODREN	13
KAPVAY	53	LEVITRA	23	malathion	63
kariva (28)	65	levobunolol	27	maprotiline	54
kelnor 1/35 (28)	65	levocarnitine	28, 33	marlissa	66
KENALOG	62	levocarnitine (with sugar)	28	MARPLAN	54
KETEK	7	levocetirizine	23	MATULANE	13
ketoconazole	3, 62	levofloxacin	8, 25, 33	matzim la	18
ketoprofen	50	levofloxacin in d5w	33	MAXIDEX	26
ketorolac	26	LEVOLEUCOVORIN CALCIUM	14	meclizine	28
KEYTRUDA	11		14	meclofenamate	50
KHEDEZLA	54	levonest (28)	65	MEDROL	37
KINERET	49	levonorgestrel-ethinyl estrad	65	medroxyprogesterone	68
kionex	44	levora-28	65	mefenamic acid	50
klor-con 10	20	levorphanol tartrate	52	mefloquine	4
klor-con 8	20	levothyroxine	38	megestrol	13, 29
KLOR-CON M15	20	levoxyl	38	MEKINIST	13
klor-con m20	20	LEXIVA	5	meloxicam	50
KRISTALOSE	28	lidocaine	63	melpalan hcl	11
K-TAB	20	lidocaine (pf)	33	memantine	46
KUVAN	44	lidocaine hcl	33, 63	MENACTRA (PF)	39
KYNAMRO	19	lidocaine-prilocaine	63	MENEST	68
l norgest/e.estradiol-e.estrad	65	LINCOCIN	33	MENOMUNE - A/C/Y/W-135	39
labetalol	17	lindane	63	(PF)	24
lactated ringers	33	linezolid	3, 33	MENOPUR	68
lactulose	28	LINZESS	30	MENTAX	62
LAMISIL	3	liothyronine	38	MENVEO A-C-Y-W-135-DIP	39
lamivudine	5	lisinopril	15	(PF)	24
lamivudine-zidovudine	5	lisinopril-hydrochlorothiazide	17	MENSTAR	68
lamotrigine	48	lithium carbonate	54	MENTAX	62
LANOXIN	16	lithium citrate	54	MENVEO A-C-Y-W-135-DIP	39
LANOXIN PEDIATRIC	16	LO LOESTRIN FE	65	(PF)	24
lansoprazole	29	lomustine	13	MEPHYTON	24

meprobamate	53	mimvey	66	naphazoline	25
MEPRON	4	mimvey lo	66	naproxen	51
mercaptapurine	13	MINASTRIN 24 FE	66	naproxen sodium	51
meropenem	33	MINIVELLE	68	naratriptan	46
mesalamine with cleansing wipe		minocycline	9	NASCOBAL	24
	30	minoxidil	20	NASONEX	23
mesna	14	MIRAPEX ER	47	NATACYN	27
MESNEX	14	MIRCERA	9	natazia	66
MESTINON	44	mirtazapine	54	nateglinide	22
MESTINON TIMESPAN	44	misoprostol	29	NATPARA	43
METADATE CD	53	mitomycin	11	NEBUPENT	4
METADATE ER	53	mitoxantrone	12	necon 0.5/35 (28)	66
metaproterenol	58	M-M-R II (PF)	39	necon 1/35 (28)	66
metformin	22	modafinil	55	necon 1/50 (28)	66
methadone	33, 52	moexipril	15	necon 10/11 (28)	66
methamphetamine	53	moexipril-hydrochlorothiazide	17	necon 7/7/7 (28)	66
methazolamide	27	mometasone	62	nefazodone	55
methenamine hippurate	3	mononessa (28)	66	neomycin	4
methimazole	38	montelukast	58	neomycin-bacitracin-poly-hc	25
METHITEST	37	MONUROL	4	neomycin-bacitracin-polymyxin	
methotrexate sodium	49	morphine	52		25
methotrexate sodium (pf)	33	morphine concentrate	52	neomycin-polymyxin b-dexameth	
methoxsalen rapid	63	MOVANTIK	29		26
methscopolamine	29	MOVIPREP	29	neomycin-polymyxin-gramicidin	
methyclothiazide	18	MOXEZA	25		26
methyl dopa	18	moxifloxacin	8	neomycin-polymyxin-hc	25, 26
methyl dopa-hydrochlorothiazide		moxifloxacin-sod.ace,sul-water		NEPHRAMINE 5.4 %	36
	17		33	NEPHROCAPS	24
methylergonovine	68	MOZOBIL	9	NEPHROCAPS QT	24
METHYLIN	53	MULTAQ	16	NEPHRONEX-SL	24
methylphenidate	53	mupirocin	61	NEPHRO-VITE RX	24
methylprednisolone	37	mupirocin calcium	61	NEULASTA	9
methylprednisolone acetate	37	MUSE	23	NEUMEGA	9
methylprednisolone sodium succ		MUSTARGEN	12	NEUPOGEN	9
	37	MYCAMINE	33	NEUPRO	47
metipranolol	27	mycophenolate mofetil	40	NEVANAC	26
metoclopramide hcl	28, 33	mycophenolate sodium	40	nevirapine	5
metolazone	19	MYFORTIC	40	NEXAVAR	14
metoprolol succinate	17	MYLERAN	14	NEXIUM	29
metoprolol ta-hydrochlorothiaz		MYOZYME	44	niacin	19
	17	MYRBETRIQ	45	niacor	19
metoprolol tartrate	17, 33	nabumetone	51	nicardipine	18
metronidazole	4, 60, 68	nadolol	17	NICOTROL	45
metronidazole in nacl (iso-os)	33	nadolol-bendroflumethiazide	17	NICOTROL NS	45
mexiletine	16	nafcillin	33	nifedical xl	18
MIACALCIN	68	nafcillin in dextrose iso-osm	33	nifedipine	18
miconazole-3	68	naftifine	62	nikki (28)	66
microgestin 1.5/30 (21)	66	NAFTIN	62	NILANDRON	14
microgestin 1/20 (21)	66	NAGLAZYME	43	nimodipine	18
microgestin fe 1.5/30 (28)	66	naloxone	56	nisoldipine	18
microgestin fe 1/20 (28)	66	naltrexone	52	NITRO-BID	15
midodrine	41	NAMENDA	46	nitrofurantoin	4
MIGERGOT	46	NAMENDA TITRATION PAK		nitrofurantoin macrocrystal	4
MIGRANAL	46		46	nitrofurantoin monohyd/m-cryst	4
MILLIPRED	37	NAMENDA XR	46	nitroglycerin	15

NITROMIST	15	ONMEL	3	PEGINTRON REDIPEN	5
NITROSTAT	15	OPDIVO	12	PEN NEEDLE, DIABETIC	20
nizatidine	29	OPSUMIT	59	penicillin g pot in 0.9 % nacl	33
NORDITROPIN FLEXPPO	42	ORAP	56	penicillin g pot in dextrose	33
noreth-ethinyl estradiol-iron	66	ORAPRED ODT	37	penicillin g potassium	33
norethindrone acetate	68	ORENCIA	49	penicillin g sodium	33
norethindrone ac-eth estradiol	66	ORENCIA (WITH MALTOSE)	49	penicillin v potassium	7
norethindrone-e.estradiol-iron	66	ORENITRAM	59	PENNSAID	49
NORITATE	60	ORFADIN	42	PENTAM	4
norlyroc	66	orsythia	66	PENTASA	30
NORMOSOL-M IN 5 %		ORTHO TRI-CYCLEN (28)	66	pentazocine-naloxone	52
DEXTROSE	34	OSMOPREP	29	pentoxifylline	10
NORMOSOL-R IN 5 %		OTEZLA	63	PERFOROMIST	58
DEXTROSE	34	OTEZLA STARTER	63	perindopril erbumine	15
NORMOSOL-R PH 7.4	35	OTREXUP (PF)	49	periogard	22
NORPACE CR	16	OVIDREL	24	PERJETA	12
NORTHERA	18	oxacillin	33	permethrin	63
nortrel 0.5/35 (28)	66	oxacillin in dextrose(iso-osm)	33	perphenazine	56
nortrel 1/35 (21)	66	oxaliplatin	12	perphenazine-amitriptyline	56
nortrel 1/35 (28)	66	oxandrolone	37	PERTZYE	28
nortrel 7/7/7 (28)	66	oxaprozin	51	PEXEVA	55
nortriptyline	55	oxazepam	53	pfizerpen-g	33
NORVIR	5	oxcarbazepine	48	phendimetrazine tartrate	24
NOXAFIL	3	OXISTAT	62	phenelzine	55
NUEDEXTA	47	OXSORALEN	63	phenobarbital	48
NULOJIX	40	OXTELLAR XR	48	phentermine	24
NUTRILIPID	36	oxybutynin chloride	45	phenytoin	48
NUTROPIN AQ	42	oxycodone	52	phenytoin sodium	48
NUTROPIN AQ NUSPIN	42	oxycodone-acetaminophen	52	phenytoin sodium extended	48
NUVARING	66	oxycodone-aspirin	52	PHOSLYRA	44
NUVESSA	68	OXYCONTIN	52	PICATO	63
NUVIGIL	55	oxymorphone	52	pilocarpine hcl	22, 27
nyamyc	62	OXYTROL	45	pindolol	17
nystatin	3, 62	PACERONE	16	pioglitazone	22
nystatin-triamcinolone	62	paclitaxel	12	pioglitazone-glimepiride	22
nystop	62	pamidronate	68	pioglitazone-metformin	22
OCTAGAM	39	PANCREAZE	28	piperacillin-tazobactam	33
octreotide acetate	40	PANDEL	62	piroxicam	51
OFEV	59	panretin	63	PLASMA-LYTE 148	35
ofloxacin	8, 22, 25	pantoprazole	29	PLASMA-LYTE A	35
olanzapine	56	paricalcitol	33, 43	PLASMA-LYTE-56 IN 5 %	
olanzapine-fluoxetine	54	paromomycin	4	DEXTROSE	35
olopatadine	23	paroxetine hcl	55	PLEGRIDY	43
omega-3 acid ethyl esters	19	PASER	8	PNEUMOVAX 23	39
omeprazole	29	PAXIL	55	podofilox	64
omeprazole-sodium bicarbonate	29	PCE	8	polyethylene glycol 3350	29
OMNITROPE	42	PEDVAX HIB (PF)	39	polymyxin b sulfate	33
ONCASPARG	12	peg 3350-electrolytes	29	polymyxin b sulf-trimethoprim	25
ondansetron	28	peg-3350 with flavor packs	29	POMALYST	14
ondansetron hcl	28	PEGANONE	48	portia	66
ondansetron hcl (pf)	33	PEGASYS	5	potassium chlorid-d5-0.45%nacl	35
ONETOUCH ULTRA TEST	20	PEGASYS PROCLICK	5	potassium chloride	20, 33, 35
ONETOUCH VERIO	20	peg-electrolyte soln	29	potassium chloride in 0.9%nacl	35
ONFI	48	PEGINTRON	5		

<i>potassium chloride in 5 % dex</i>	35	PROGLYCEM.....	21	REGRANEX.....	64
<i>potassium chloride in lr-d5</i>	35	PROGRAF.....	33	RELENZA DISKHALER.....	6
<i>potassium chloride-0.45 % nacl</i>	35	PROLASTIN-C.....	59	RELISTOR.....	30
<i>potassium chloride-d5-0.2%nacl</i>	35	PROLENSA.....	26	REMICADE.....	49
<i>potassium chloride-d5-0.3%nacl</i>	35	PROLEUKIN.....	12	REMODULIN.....	59
<i>potassium chloride-d5-0.9%nacl</i>	35	PROLIA.....	59	RENAGEL.....	44
<i>potassium citrate</i>	45	PROMACTA.....	9	<i>renal caps</i>	24
POTIGA.....	48	<i>promethazine</i>	33	REVELA.....	44
PRADAXA.....	9	<i>propafenone</i>	16	<i>repaglinide</i>	22
<i>pramcort</i>	24	<i>propantheline</i>	29	REPRONEX.....	24
<i>pramipexole</i>	47	<i>proparacaine</i>	27	RESCRIPTOR.....	6
PRANDIMET.....	22	<i>propranolol</i>	17	RESCULA.....	27
PRANDIN.....	22	<i>propranolol-hydrochlorothiazid</i>	17	<i>reserpine</i>	18
<i>pravastatin</i>	19	<i>propylthiouracil</i>	38	RESTASIS.....	27
<i>prazosin</i>	15	PROQUAD (PF).....	39	RETIN-A.....	60
PRED MILD.....	26	PROSOL 20 %.....	36	RETIN-A MICRO.....	60
PRED-G.....	26	PROTOPIC.....	63	RETIN-A MICRO PUMP.....	60
PRED-G S.O.P.....	26	<i>protriptyline</i>	55	RETROVIR.....	33
<i>prednicarbate</i>	62	PROVENTIL HFA.....	58	REVATIO.....	59
<i>prednisolone acetate</i>	26	<i>prudoxin</i>	64	REVLIMID.....	14
<i>prednisolone sodium phosphate</i>	26, 37	PULMICORT.....	58	REYATAZ.....	6
<i>prednisone</i>	37	PULMICORT FLEXHALER.....	58	<i>ribasphere</i>	6
PREDNISONE INTENSOL.....	37	PULMOZYME.....	41	RIBASPHERE RIBAPAK.....	6
PREMARIN.....	68	PURIXAN.....	14	<i>ribavirin</i>	6
PREMASOL 10 %.....	36	PYLERA.....	29	RIDAURA.....	49
PREMASOL 6 %.....	36	<i>pyrazinamide</i>	8	<i>rifabutin</i>	8
PREMPHASE.....	68	<i>pyridostigmine bromide</i>	44	RIFAMATE.....	8
PREMPRO.....	68	QUADRACEL (PF).....	39	<i>rifampin</i>	8, 34
<i>prenatal vitamins low iron</i>	68	<i>quasense</i>	66	RIFATER.....	8
PREVALITE.....	19	QUDEXY XR.....	48	<i>riluzole</i>	41
PREVNAR 13 (PF).....	39	<i>quetiapine</i>	56	<i>rimantadine</i>	6
PREVPAC.....	29	QUILLIVANT XR.....	53	<i>ringers</i>	35
PREZCOBIX.....	5	<i>quinapril</i>	15	RIOMET.....	22
PREZISTA.....	6	<i>quinapril-hydrochlorothiazide</i>	17	<i>risedronate</i>	68
PRIFTIN.....	8	<i>quinidine gluconate</i>	16	RISPERDAL CONSTA.....	54, 57
<i>primaquine</i>	4	<i>quinidine sulfate</i>	16	<i>risperidone</i>	54, 57
<i>primidone</i>	48	<i>quinine sulfate</i>	4	RITUXAN.....	12
PRIMSOL.....	4	QVAR.....	58	<i>rivastigmine tartrate</i>	46
PRISTIQ.....	55	RABAVERT (PF).....	40	<i>rizatriptan</i>	46
PRIVIGEN.....	39	<i>rabeprazole</i>	29	<i>ropinirole</i>	47
PROAIR HFA.....	58	RAGWITEK.....	59	ROTARIX.....	40
PROAIR RESPICLICK.....	58	<i>raloxifene</i>	68	ROTATEQ VACCINE.....	40
<i>probenecid</i>	50	<i>ramipril</i>	15	ROZEREM.....	55
PROCALAMINE 3%.....	36	RANEXA.....	15	RUCONEST.....	42
<i>prochlorperazine</i>	28	<i>ranitidine hcl</i>	29, 30	RYTARY.....	47
<i>prochlorperazine edisylate</i>	33	RAPAMUNE.....	40	SABRIL.....	48
<i>prochlorperazine maleate</i>	28	RASUVO (PF).....	49	SAFYRAL.....	66
PROCRIT.....	9	RAVICTI.....	45	SAIZEN.....	42
<i>proctosol hc</i>	63	REBETOL.....	6	SAIZEN CLICK.EASY.....	42
<i>progesterone micronized</i>	68	REBIF (WITH ALBUMIN).....	43	SAMSCA.....	45
		REBIF REBIDOSE.....	44	SANCUSO.....	28
		REBIF TITRATION PACK.....	44	SANDOSTATIN.....	41
		RECLAST.....	68	SANDOSTATIN LAR DEPOT.....	41
		RECOMBIVAX HB (PF).....	40	SANTYL.....	64

SAPHRIS	57	spironolacton-hydrochlorothiaz	14
SAPHRIS (BLACK CHERRY)	57	SPRYCEL	14
SAVAYSA	10	ssd	61
SAVELLA	48	stavudine	6
selegiline hcl	47	STELARA	63
selenium sulfide	64	STIMATE	10
SELZENTRY	6	STIVARGA	14
SENSIPAR	43	STRATTERA	53
SEREVENT DISKUS	58	streptomycin	34
SEROQUEL XR	57	STRIBILD	6
SEROSTIM	42	STRIVERDI RESPIMAT	58
sertraline	55	STROMEKTOL	4
SFROWASA	30	SUBOXONE	56
sharobel	66	SUBSYS	52
SIGNIFOR	41	sucrafate	30
SIGNIFOR LAR	41	sulfacetamide sodium	25
sildenafil	59	sulfacetamide sodium (acne)	64
silver sulfadiazine	61	sulfacetamide-prednisolone	25
SIMBRINZA	27	sulfadiazine	8
SIMCOR	19	sulfamethoxazole-trimethoprim	8, 34
SIMPONI	50	SULFAMYLON	64
SIMPONI ARIA	50	sulfasalazine	30
SIMULECT	40	sulfazine ec	30
simvastatin	19	sulindac	51
sirolimus	40	sumatriptan	46
SIRTURO	8	sumatriptan succinate	46
SKLICE	63	SUPRAX	7
sodium chloride	35, 64	SUPREP BOWEL PREP KIT	29
sodium chloride 0.45 %	35	SURMONTIL	55
sodium chloride 0.9 %	35	SUSTIVA	6
sodium chloride 3 %	35	SUTENT	14
sodium chloride 5 %	35	SYLATRON	12
sodium fluoride	22	SYLVANT	41
sodium lactate	35	SYMBICORT	58
sodium polystyrene (sorb free)	44	SYMLINPEN 120	21
SOLARAZE	64	SYMLINPEN 60	21
SOLTAMOX	14	SYNAGIS	44
SOLU-CORTEF	37	SYNAREL	38
SOLU-CORTEF (PF)	37	SYNERA	64
SOLU-MEDROL	37	SYNERCID	34
SOLU-MEDROL (PF)	37	SYNRIBO	12
SOMATULINE DEPOT	41	SYNTHROID	38
SOMAVERT	41	SYPRINE	46
SOOLANTRA	60	TABLOID	14
SORIATANE	63	tacrolimus	40, 64
sorine	16	TAFINLAR	14
sotalol	16	TAMIFLU	6
sotalol af	16	tamoxifen	14
SOTYLIZE	16	tamsulosin	45
SOVALDI	6	TARCEVA	14
SPIRIVA RESPIMAT	58	TARGRETIN	14
SPIRIVA WITH HANDIHALER	58	tarina fe	66
spironolactone	19	TARKA	17
		TASIGNA	14
		TASMAR	47
		TAZORAC	63
		taztia xt	18
		TECFIDERA	44
		TEFLARO	34
		TEGRETOL XR	48
		TEKTURNA	18
		TEKTURNA HCT	17
		telmisartan	16
		telmisartan-amlodipine	17
		telmisartan-hydrochlorothiazid	17
		temazepam	55
		temozolomide	14
		TENIVAC (PF)	40
		terazosin	15
		terbinafine hcl	3
		terbutaline	58
		terconazole	68
		TESTIM	37
		testosterone	37
		testosterone cypionate	37
		testosterone enanthate	37
		TESTRED	37
		tetanus,diphtheria tox ped(pf)	40
		tetanus-diphtheria toxoids-td	40
		tetracycline	9
		THALOMID	14
		theophylline	58
		thioridazine	57
		thiothixene	57
		THYMOGLOBULIN	40
		THYROLAR-1	38
		THYROLAR-1/2	38
		THYROLAR-1/4	38
		THYROLAR-2	38
		THYROLAR-3	38
		tiagabine	48
		ticlopidine	9
		TIKOSYN	16
		TIMENTIN	34
		timolol maleate	17, 27
		tinidazole	4
		TIROSINT	38
		TIVICAY	6
		tizanidine	49
		TOBI PODHALER	41
		TOBRADEX	25
		TOBRADEX ST	25
		tobramycin	25
		tobramycin in 0.225 % nacl	41
		tobramycin in 0.9 % nacl	34
		tobramycin sulfate	34
		tobramycin-dexamethasone	25

tolazamide	22	TRIZIVIR	6	VERIPRED 20	37
tolbutamide	22	TROKENDI XR	48	VERSACLOZ	57
tolcapone	47	TROPHAMINE 10 %	36	VESICARE	45
tolmetin	51	TROPHAMINE 6%	36	VEXOL	26
tolterodine	45	<i>trospium</i>	45	VIAGRA	23
topiramate	48	TRULICITY	21	VIBRAMYCIN	9
toposar	12	TRUMENBA	40	VICTOZA 3-PAK	21
topotecan	12	TRUVADA	6	VIDAZA	12
TORISEL	12	TUDORZA PRESSAIR	58	VIDEX 2 GRAM PEDIATRIC	6
torseamide	19	TWINRIX (PF)	40	VIDEX 4 GRAM PEDIATRIC	6
TOUJEO SOLOSTAR	21	TYBOST	6	VIGAMOX	25
<i>tpn electrolytes</i>	36	TYGACIL	34	VIIBRYD	55
TRACLEER	59	TYKERB	14	VIMPAT	49
TRADJENTA	22	TYPHIM VI	40	<i>vinblastine</i>	12
<i>tramadol</i>	52	TYSABRI	43, 44	<i>vincasar pfs</i>	12
<i>tramadol-acetaminophen</i>	52	TYVASO	59	<i>vincristine</i>	12
<i>trandolapril</i>	15	TYZEKA	6	<i>vinorelbine</i>	12
<i>trandolapril-verapamil</i>	17	TYZINE	23	VIOKACE	28
<i>tranexamic acid</i>	10	UCERIS	30, 64	VIRACEPT	6
TRANSDERM-SCOP	28	ULESFIA	63	VIRAMUNE XR	6
<i>tranylcypromine</i>	55	ULORIC	50	VIRAZOLE	44
TRAVASOL 10 %	36	ULTRESA	28	VIREAD	6
TRAVATAN Z	27	<i>unithroid</i>	38	VISTIDE	34
<i>travoprost (benzalkonium)</i>	27	UROCIT-K 10	45	<i>vitamin d2</i>	24
<i>trazodone</i>	55	UROCIT-K 15	45	VITEKTA	6
TREANDA	12	UROCIT-K 5	45	VIVELLE-DOT	68
TRECATOR	8	<i>ursodiol</i>	29	VIVOTIF BERNA VACCINE	40
TRELSTAR	38	UVADEX	12	VOLTAREN	50
TRELSTAR DEPOT	38	VAGIFEM	68	<i>voriconazole</i>	3, 34
TRELSTAR LA	38	<i>valacyclovir</i>	6	VOTRIENT	14
<i>tretinoin</i>	60	VALCHLOR	64	VPRIV	42
<i>tretinoin (chemotherapy)</i>	14	VALCYTE	6	<i>vyfemla (28)</i>	67
<i>tretinoin microspheres</i>	60	<i>valganciclovir</i>	6	VYTORIN 10-10	19
<i>tretin-x cream kit</i>	60	<i>valproate sodium</i>	34	VYTORIN 10-20	19
TREXALL	50	<i>valproic acid</i>	48	VYTORIN 10-40	19
<i>triamcinolone acetonide</i>	22, 23, 37, 62	<i>valproic acid (as sodium salt)</i>	48	VYTORIN 10-80	19
<i>triamterene-hydrochlorothiazid</i>	19	<i>valsartan</i>	16	VYVANSE	54
.....	19	<i>valsartan-hydrochlorothiazide</i>	17	<i>warfarin</i>	10
TRIANEX	62	VANCOCIN	4	<i>water for irrigation, sterile</i>	64
<i>triazolam</i>	55	<i>vancomycin</i>	4, 34	WELCHOL	19
<i>triderm</i>	62	<i>vandazole</i>	68	XALKORI	14
<i>trifluoperazine</i>	57	VAQTA (PF)	40	XARELTO	10
<i>trifluridine</i>	26	VARIVAX (PF)	40	XELJANZ	50
<i>trihexyphenidyl</i>	47	VARIZIG	40	XENAZINE	43
<i>trilyte with flavor packets</i>	29	VASCEPA	19	XEOMIN	41
<i>trimethoprim</i>	4	VECTIBIX	12	XGEVA	68
<i>trinessa (28)</i>	66	VELCADE	12	XIFAXAN	4
TRIOSTAT	38	VELETRI	59	XIGDUO XR	22
<i>triphrocaps</i>	24	<i>velivet triphasic regimen (28)</i>	67	XOLAIR	59
<i>tri-previfem (28)</i>	66	VELPHORO	44	XOPENEX HFA	59
TRISENOX	12	<i>venlafaxine</i>	55	XTANDI	14
<i>tri-sprintec (28)</i>	66	VENLAFAXINE	55	XYREM	55
TRIUMEQ	6	VENTAVIS	59	YERVOY	12
<i>trivora (28)</i>	67	VENTOLIN HFA	59	YF-VAX (PF)	40
.....	67	<i>verapamil</i>	18	<i>zafirlukast</i>	59

<i>zaleplon</i>	55
ZALTRAP	12
ZANOSAR	12
ZAVESCA	42
ZELBORAF	14
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ZENCHENT FE	67
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<i>zeosa</i>	67
ZERBAXA	34
ZETIA	19
ZIAGEN	6
<i>zidovudine</i>	7
ZINECARD (AS HCL)	14
ZIOPTAN (PF)	27
<i>ziprasidone hcl</i>	57
ZIRGAN	26
ZMAX	8
<i>zoledronic acid</i>	68
<i>zoledronic acid-mannitol-water</i>	68
ZOLINZA	14
<i>zolmitriptan</i>	46
<i>zolpidem</i>	55
ZOLPIMIST	55
ZOMACTON	42
ZONALON	64
<i>zonisamide</i>	49
ZONTIVITY	9
ZORBTIVE	42
ZORTRESS	40
ZOSTAVAX (PF)	40
<i>zovia 1/35e (28)</i>	67
<i>zovia 1/50e (28)</i>	67
ZOVIRAX	64
ZUBSOLV	56
ZYDELIG	14
ZYKADIA	14
ZYLET	26
ZYPREXA	57
ZYPREXA RELPREVV	57
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