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 Health Plan
Medicare Preferred

TUFTS MEDICARE PREFERRED HMO GROUP RETIREE

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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

Table of Contents

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
ANCOBON	Tier-3	
clotrimazole mucous membrane	Tier-1	
fluconazole oral suspension for reconstitution	Tier-1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	Tier-1	
flucytosine	Tier-1	
griseofulvin microsize	Tier-1	
griseofulvin ultramicrosize	Tier-1	
itraconazole	Tier-1	PA
ketoconazole oral	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	
nystatin oral tablet	Tier-1	
ONMEL	Tier-3	PA
terbinafine hcl oral	Tier-1	QL (42 EA per 42 days)
voriconazole oral suspension for reconstitution	Tier-1	
voriconazole oral tablet 200 mg	Tier-1	QL (28 EA per 14 days)
voriconazole oral tablet 50 mg	Tier-1	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-2	
ALINIA	Tier-3	
BILTRICIDE	Tier-2	
ivermectin oral	Tier-1	
linezolid oral	Tier-1	
methenamine hippurate	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
metronidazole oral	Tier-1	
MONUROL	Tier-3	
neomycin	Tier-1	
nitrofurantoin macrocrystal	Tier-1	
nitrofurantoin monohyd/m-cryst	Tier-1	
nitrofurantoin oral	Tier-1	
PRIMSOL	Tier-2	
STROMECTOL	Tier-2	
trimethoprim	Tier-1	
VANCOCIN	Tier-2	
vancomycin oral capsule	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		
atovaquone	Tier-1	
atovaquone-proguanil	Tier-1	
chloroquine phosphate oral	Tier-1	
COARTEM	Tier-2	QL (24 EA per 30 days)
dapsone	Tier-1	
DARAPRIM	Tier-2	
hydroxychloroquine oral	Tier-1	
mefloquine	Tier-1	
MEPRON	Tier-2	
NEBUPENT	Tier-3	
paromomycin	Tier-1	
PENTAM	Tier-2	
primaquine	Tier-1	
quinine sulfate	Tier-1	
tinidazole	Tier-1	
ANTIVIRALS		
abacavir	Tier-1	
abacavir-lamivudine-zidovudine	Tier-1	
acyclovir oral	Tier-1	
adefovir	Tier-1	
amantadine hcl	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	
didanosine	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	
entecavir	Tier-1	
EPIVIR HBV	Tier-2	
EPIVIR ORAL SOLUTION	Tier-2	
EPZICOM	Tier-2	
EVOTAZ	Tier-2	
famciclovir	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	
lamivudine	Tier-1	
lamivudine-zidovudine	Tier-1	
LEXIVA	Tier-2	
nevirapine	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	
ribasphere	Tier-1	
RIBASPHERE RIBAPAK	Tier-2	
ribavirin	Tier-1	
rimantadine	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
stavudine	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)
valacyclovir	Tier-2	
VALCYTE	Tier-2	
valganciclovir	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
zidovudine	Tier-1	
BETA-LACTAM ANTIBIOTICS		
amoxicillin oral capsule	Tier-1	
amoxicillin oral suspension for reconstitution	Tier-1	
amoxicillin oral tablet	Tier-1	
amoxicillin oral tablet,chewable	Tier-1	
amoxicillin-pot clavulanate	Tier-1	
ampicillin	Tier-1	
BICILLIN C-R	Tier-2	
BICILLIN L-A	Tier-2	
CEDAX	Tier-3	
cefaclor	Tier-1	
cefadroxil	Tier-1	
cefdinir	Tier-1	
cefditoren pivoxil oral tablet 400 mg	Tier-1	
cefixime	Tier-1	
cefpodoxime	Tier-1	
cefprozil	Tier-1	
cefuroxime axetil oral tablet	Tier-1	
cephalexin	Tier-1	
dicloxacillin	Tier-1	
penicillin v potassium	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		
azithromycin oral	Tier-1	
clarithromycin	Tier-1	
clindamycin hcl	Tier-1	
clindamycin pediatric	Tier-1	
DIFICID	Tier-2	PA
e.e.s. 400 oral tablet	Tier-1	
E.E.S. GRANULES	Tier-3	
eryped 200	Tier-1	
eryped 400	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	
erythrocin (as stearate)	Tier-1	
erythromycin ethylsuccinate oral tablet	Tier-1	
erythromycin oral tablet	Tier-1	
PCE	Tier-3	
ZMAX	Tier-3	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
ethambutol	Tier-1	
isoniazid oral	Tier-1	
PASER	Tier-3	
PRIFTIN	Tier-2	
pyrazinamide	Tier-1	
rifabutin	Tier-1	
RIFAMATE	Tier-3	
rifampin oral	Tier-1	
RIFATER	Tier-3	
SIRTURO	Tier-2	PA
TRECATOR	Tier-3	
QUINOLONES		
CIPRO XR	Tier-3	
ciprofloxacin	Tier-1	
ciprofloxacin (mixture)	Tier-1	
ciprofloxacin hcl oral	Tier-1	
levofloxacin oral	Tier-2	
moxifloxacin	Tier-2	
ofloxacin oral tablet 400 mg	Tier-1	
SULFONAMIDES		
sulfadiazine oral	Tier-1	
sulfamethoxazole-trimethoprim oral	Tier-1	
TETRACYCLINES		
demeclocycline oral	Tier-1	
doxycycline hyclate oral capsule	Tier-1	
doxycycline hyclate oral tablet	Tier-1	
doxycycline hyclate oral tablet,delayed release (dr/ec)	Tier-1	
doxycycline monohydrate oral capsule	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
doxycycline monohydrate oral suspension for reconstitution	Tier-1	
doxycycline monohydrate oral tablet	Tier-1	
minocycline oral	Tier-1	
tetracycline	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-3	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-3	
aspirin-dipyridamole	Tier-2	
BRILINTA ORAL TABLET 90 MG	Tier-3	
clopidogrel	Tier-1	
dipyridamole oral	Tier-1	
EFFIENT	Tier-3	
ticlopidine	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)
enoxaparin	Tier-1	
fondaparinux	Tier-1	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-2	
FRAGMIN SUBCUTANEOUS SYRINGE	Tier-2	
jantoven	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	
warfarin	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		
anagrelide	Tier-1	
cilostazol	Tier-1	
pentoxifylline	Tier-1	
STIMATE	Tier-3	
tranexamic acid	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-2	
ALIMTA	Tier-2	
ALKERAN INTRAVENOUS	Tier-2	
amifostine crystalline	Tier-1	
ARRANON	Tier-2	
ARZERRA	Tier-2	
AVASTIN	Tier-2	
azacitidine	Tier-1	
BELEODAQ	Tier-2	
BICNU	Tier-2	
bleomycin	Tier-1	
BUSULFEX	Tier-2	
carboplatin intravenous solution	Tier-1	
cisplatin	Tier-1	
cladribine	Tier-1	
CLOLAR	Tier-2	
COSMEGEN	Tier-2	
CYRAMZA	Tier-2	PA
cytarabine	Tier-1	
cytarabine (pf)	Tier-1	
CYTOVENE	Tier-2	
dacarbazine	Tier-1	
DACOGEN	Tier-2	
daunorubicin intravenous solution	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	
decitabine	Tier-1	
dexrazoxane hcl	Tier-1	
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG	Tier-2	
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)	Tier-1	
doxorubicin	Tier-1	
doxorubicin, peg-liposomal	Tier-1	
ELITEK	Tier-2	
ELLENCE	Tier-2	
ELSPAR	Tier-2	
epirubicin	Tier-1	
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML	Tier-2	
ERWINAZE	Tier-2	
ETOPOPHOS	Tier-2	
etoposide intravenous	Tier-1	
FASLODEX	Tier-2	
fludarabine intravenous recon soln	Tier-1	
fluorouracil intravenous	Tier-1	
gemcitabine	Tier-1	
HALAVEN	Tier-2	
HERCEPTIN	Tier-2	
idarubicin	Tier-1	
ifosfamide	Tier-1	
irinotecan	Tier-1	
ISTODAX	Tier-2	
IXEMPRA	Tier-2	
JEVTANA	Tier-2	
KADCYLA INTRAVENOUS RECON SOLN 160 MG	Tier-2	PA
KEYTRUDA	Tier-2	
leuprolide	Tier-1	
melphalan hcl	Tier-1	
mitomycin	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
mitoxantrone	Tier-1	
MUSTARGEN	Tier-2	
ONCASPAR	Tier-2	
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	Tier-2	
oxaliplatin	Tier-1	
paclitaxel	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	
toposar	Tier-1	
topotecan intravenous recon soln	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	
vinblastine intravenous solution	Tier-1	
vincasar pfs intravenous solution 1 mg/ml	Tier-1	
vincristine	Tier-1	
vinorelbine	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
anastrozole	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
bexarotene	Tier-1	
bicalutamide	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)
capecitabine	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
exemestane	Tier-1	
FARESTON	Tier-2	
FARYDAK	Tier-2	PA
flutamide	Tier-1	
GILOTRIF	Tier-2	PA
GLEEVEC	Tier-2	
GLEOSTINE	Tier-3	
HEXALEN	Tier-2	
HYCAMTIN ORAL	Tier-2	Part B
hydroxyurea	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
letrozole	Tier-1	
LEUKERAN	Tier-2	
lomustine	Tier-1	
LYNPARZA	Tier-2	PA
LYSODREN	Tier-2	
MATULANE	Tier-2	
megestrol oral tablet	Tier-1	
MEKINIST	Tier-2	PA
mercaptopurine	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
tamoxifen	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
temozolomide	Tier-1	Part B
THALOMID	Tier-2	
tretinoin (chemotherapy)	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	
leucovorin calcium	Tier-1	
LEVOLEUCOVORIN CALCIUM	Tier-2	
mesna	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		
benazepril	Tier-1	
captopril	Tier-1	
enalapril maleate	Tier-1	
EPANED	Tier-3	
fosinopril	Tier-1	
lisinopril	Tier-1	
moexipril	Tier-1	
perindopril erbumine	Tier-1	
quinapril	Tier-1	
ramipril	Tier-1	
trandolapril	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL	Tier-3	
doxazosin	Tier-1	
prazosin oral	Tier-1	
terazosin	Tier-1	
ANGINA		
CORLANOR	Tier-3	PA
isosorbide dinitrate oral	Tier-1	
isosorbide mononitrate	Tier-1	
NITRO-BID	Tier-3	
nitroglycerin intravenous	Tier-1	
nitroglycerin transdermal patch 24 hour	Tier-1	
nitroglycerin translingual spray,non-aerosol	Tier-1	
NITROMIST	Tier-3	
NITROSTAT	Tier-2	
RANEXA	Tier-2	
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-2	
candesartan	Tier-1	
DIOVAN	Tier-2	
eprosartan	Tier-1	
irbesartan	Tier-1	
losartan	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
telmisartan	Tier-1	
valsartan	Tier-1	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
amiodarone oral tablet 200 mg, 400 mg	Tier-1	
digitek	Tier-1	
digoxin injection solution	Tier-1	
digoxin oral	Tier-1	
disopyramide phosphate oral capsule	Tier-1	
flecainide	Tier-1	
LANOXIN ORAL	Tier-3	
LANOXIN PEDIATRIC	Tier-3	
mexiletine	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	
PACERONE ORAL TABLET 100 MG	Tier-3	
propafenone	Tier-1	
quinidine gluconate oral	Tier-1	
quinidine sulfate oral tablet	Tier-1	
sorine	Tier-1	
sotalol af	Tier-1	
sotalol oral	Tier-1	
SOTYLIZE	Tier-3	
TIKOSYN	Tier-2	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
amlodipine-atorvastatin	Tier-2	
amlodipine-benazepril	Tier-2	
amlodipine-valsartan	Tier-2	
amlodipine-valsartan-hcthiazid	Tier-2	
atenolol-chlorthalidone	Tier-1	
AZOR	Tier-2	
benazepril-hydrochlorothiazide	Tier-1	
BENICAR HCT	Tier-2	
bisoprolol-hydrochlorothiazide	Tier-1	
candesartan-hydrochlorothiazid	Tier-1	
captopril-hydrochlorothiazide	Tier-1	
clorpres	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	
enalapril-hydrochlorothiazide	Tier-1	
EXFORGE	Tier-3	
EXFORGE HCT	Tier-3	
fosinopril-hydrochlorothiazide	Tier-1	
irbesartan-hydrochlorothiazide	Tier-1	
lisinopril-hydrochlorothiazide	Tier-1	
losartan-hydrochlorothiazide	Tier-1	
methyldopa-hydrochlorothiazide	Tier-1	
metoprolol ta-hydrochlorothiaz	Tier-1	
moexipril-hydrochlorothiazide	Tier-1	
nadolol-bendroflumethiazide	Tier-1	
propranolol-hydrochlorothiazid	Tier-1	
quinapril-hydrochlorothiazide	Tier-1	
TARKA	Tier-3	
TEKTURNA HCT	Tier-2	
telmisartan-amlodipine	Tier-1	
telmisartan-hydrochlorothiazid	Tier-1	
trandolapril-verapamil	Tier-1	
valsartan-hydrochlorothiazide	Tier-1	
BETA AND ALPHA BLOCKERS		
carvedilol	Tier-1	
COREG CR	Tier-3	
labetalol intravenous solution	Tier-1	
labetalol oral	Tier-1	
BETA BLOCKERS		
acebutolol	Tier-1	
atenolol	Tier-1	
betaxolol oral	Tier-1	
bisoprolol fumarate	Tier-1	
metoprolol succinate	Tier-1	
metoprolol tartrate oral	Tier-1	
nadolol	Tier-1	
pindolol	Tier-1	
propranolol oral	Tier-1	
timolol maleate oral	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		
afeditab cr	Tier-1	
amlodipine	Tier-1	
cartia xt	Tier-1	
diltiazem hcl oral	Tier-1	
dilt-xr	Tier-1	
felodipine	Tier-1	
isradipine	Tier-1	
matzim la	Tier-1	
nicardipine oral	Tier-1	
nifedical xl	Tier-1	
nifedipine oral capsule	Tier-1	
nifedipine oral tablet extended release 24hr	Tier-1	
nimodipine	Tier-1	
nisoldipine	Tier-1	
taztia xt	Tier-1	
verapamil oral	Tier-1	
CENTRALLY ACTING AGENTS		
clonidine	Tier-1	
clonidine hcl oral tablet	Tier-1	
guanfacine oral tablet	Tier-1	
methyldopa	Tier-1	
NORTHERA	Tier-2	PA
reserpine	Tier-1	
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-2	
DIURETICS		
amiloride oral	Tier-1	
amiloride-hydrochlorothiazide	Tier-1	
bumetanide oral	Tier-1	
chlorothiazide	Tier-1	
chlorthalidone	Tier-1	
eplerenone	Tier-1	STPA
furosemide oral	Tier-1	
hydrochlorothiazide	Tier-1	
indapamide	Tier-1	
methyclothiazide	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
metolazone	Tier-1	
spironolactone	Tier-1	
spironolacton-hydrochlorothiaz	Tier-1	
torsemide oral	Tier-1	
triamterene-hydrochlorothiazid	Tier-1	
LIPID LOWERING AGENTS		
atorvastatin	Tier-1	
cholestyramine light oral powder in packet	Tier-1	
colestipol oral granules	Tier-1	
colestipol oral tablet	Tier-1	
CRESTOR	Tier-3	PA
fenofibrate micronized	Tier-1	
fenofibrate nanocrystallized	Tier-1	
fenofibrate oral capsule	Tier-1	
fenofibrate oral tablet 120 mg, 160 mg, 54 mg	Tier-1	
fenofibric acid (choline)	Tier-1	
fluvastatin oral capsule	Tier-1	
gemfibrozil oral	Tier-1	
JUXTAPID	Tier-2	PA
KYNAMRO	Tier-2	PA
lovastatin	Tier-1	
LOVAZA	Tier-3	
niacin oral tablet extended release 24 hr	Tier-2	
niacor	Tier-1	
omega-3 acid ethyl esters	Tier-2	
pravastatin	Tier-1	
PREVALITE ORAL POWDER	Tier-3	
SIMCOR	Tier-2	
simvastatin	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		
klor-con 10	Tier-1	
klor-con 8	Tier-1	
KLOR-CON M15	Tier-3	
klor-con m20	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier-3	
potassium chloride oral capsule, extended release	Tier-1	
potassium chloride oral liquid	Tier-1	
potassium chloride oral tablet extended release 20 meq, 8 meq	Tier-1	
potassium chloride oral tablet,er particles/crystals	Tier-1	
VASODILATORS		
BIDIL	Tier-2	
hydralazine oral	Tier-1	
minoxidil oral	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
alcohol pads	Tier-1	
assure id insulin safety syringe 1 ml 29 x 1/2"	Tier-1	
curity gauze topical bandage 2 x 2 "	Tier-1	
INSULIN SYRINGE NEEDLELESS	Tier-2	
insulin syringe syringe 1/2 ml 29 x 1/2"	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		
acarbose	Tier-1	
ACTOPLUS MET XR	Tier-3	
chlorpropamide	Tier-1	PA
FARXIGA	Tier-3	
glimepiride	Tier-1	
glipizide	Tier-1	
glipizide-metformin	Tier-1	
glyburide	Tier-1	PA
glyburide micronized	Tier-1	PA
glyburide-metformin	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	
metformin	Tier-1	
nateglinide	Tier-1	
pioglitazone	Tier-2	
pioglitazone-glimepiride	Tier-1	
pioglitazone-metformin	Tier-2	
PRANDIMET	Tier-3	
PRANDIN	Tier-2	
repaglinide	Tier-1	
RIOMET	Tier-2	
tolazamide	Tier-1	
tolbutamide	Tier-1	
TRADJENTA	Tier-2	
XIGDUO XR	Tier-3	
EAR, NOSE AND THROAT		
EAR		
acetasol hc	Tier-1	
acetic acid otic	Tier-1	
CIPRO HC	Tier-2	
CIPRODEX	Tier-2	
fluocinolone acetonide oil	Tier-1	
hydrocortisone-acetic acid	Tier-1	
ofloxacin otic	Tier-1	
MOUTH AND THROAT		
cevimeline	Tier-1	
chlorhexidine gluconate mucous membrane	Tier-1	
periogard	Tier-1	
pilocarpine hcl oral	Tier-1	
sodium fluoride oral tablet	Tier-1	
triamcinolone acetonide dental	Tier-1	
NOSE		
azelastine nasal	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	
cyproheptadine	Tier-1	
desloratadine	Tier-1	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier-1	QL (150 ML per 90 Days)
fluticasone nasal	Tier-1	QL (48 GM per 90 days)
hydroxyzine hcl oral	Tier-1	
hydroxyzine pamoate	Tier-1	
ipratropium bromide nasal spray,non-aerosol 0.03 %	Tier-1	QL (180 ML per 90 days)
ipratropium bromide nasal spray,non-aerosol 0.06 %	Tier-1	QL (90 ML per 90 days)
levocetirizine	Tier-1	
NASONEX	Tier-2	QL (102 GM per 90 days)
olopatadine	Tier-1	QL (91.5 GM per 90 days)
triamcinolone acetonide nasal	Tier-2	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS	Tier-3	
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
benzonatate oral capsule 100 mg, 200 mg	Tier-1	EC
chlorpheniramine-pseudoephed	Tier-1	EC
hydrocodone-chlorpheniramine	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
anucort-hc	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
pramcort	Tier-1	EC
OBESITY MANAGEMENT		
ADIPEX-P	Tier-3	PA; EC
BONTRIL PDM	Tier-3	PA; EC
BONTRIL SLOW-RELEASE	Tier-3	PA; EC
diethylpropion	Tier-1	PA; EC
phendimetrazine tartrate	Tier-1	PA; EC
phentermine	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		
b-plex plus	Tier-1	EC
CEREFOLIN	Tier-3	EC
CEREFOLIN NAC	Tier-3	EC
corvita	Tier-1	EC
ergocalciferol (vitamin d2) oral capsule	Tier-1	EC
folic acid oral tablet	Tier-1	EC
folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg, 2.5-25-2 mg	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
renal caps	Tier-1	EC
triphrocaps	Tier-1	EC
vitamin d2	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	
azelastine ophthalmic	Tier-1	
cromolyn ophthalmic	Tier-1	
EMADINE	Tier-3	
epinastine	Tier-1	
LASTACAFT	Tier-3	
naphazoline	Tier-1	
ANTI-INFECTIVES		
AZASITE	Tier-3	
bacitracin ophthalmic	Tier-1	
bacitracin-polymyxin b ophthalmic	Tier-1	
BESIVANCE	Tier-3	
BLEPHAMIDE	Tier-3	
BLEPHAMIDE S.O.P.	Tier-3	
ciprofloxacin hcl ophthalmic	Tier-1	
erythromycin ophthalmic	Tier-1	
GARAMYCIN OPHTHALMIC DROPS	Tier-3	
gatifloxacin	Tier-1	
gentak ophthalmic ointment	Tier-1	
gentamicin ophthalmic	Tier-1	
levofloxacin ophthalmic	Tier-1	
MOXEZA	Tier-3	
neomycin-bacitracin-poly-hc	Tier-1	
neomycin-bacitracin-polymyxin	Tier-1	
neomycin-polymyxin-hc otic drops,suspension	Tier-1	
ofloxacin ophthalmic	Tier-1	
polymyxin b sulf-trimethoprim	Tier-1	
sulfacetamide sodium ophthalmic	Tier-1	
sulfacetamide-prednisolone	Tier-1	
TOBRADEX	Tier-3	
TOBRADEX ST	Tier-3	
tobramycin	Tier-1	
tobramycin-dexamethasone	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	
bromfenac	Tier-1	
dexamethasone sodium phosphate ophthalmic	Tier-1	
diclofenac sodium ophthalmic	Tier-1	
FLAREX	Tier-3	
fluorometholone	Tier-1	
flurbiprofen sodium	Tier-1	
FML FORTE	Tier-3	
FML S.O.P.	Tier-2	
ketorolac ophthalmic	Tier-1	
LOTEMAX	Tier-3	
MAXIDEX	Tier-3	
neomycin-polymyxin b-dexameth	Tier-1	
neomycin-polymyxin-gramicidin	Tier-1	
neomycin-polymyxin-hc ophthalmic	Tier-1	
neomycin-polymyxin-hc otic solution	Tier-1	
NEVANAC	Tier-3	
PRED MILD	Tier-2	
PRED-G	Tier-2	
PRED-G S.O.P.	Tier-2	
prednisolone acetate	Tier-1	
prednisolone sodium phosphate ophthalmic	Tier-1	
PROLENSA	Tier-3	
VEXOL	Tier-2	
ZYLET	Tier-3	
ANTIVIRALS		
trifluridine	Tier-1	
ZIRGAN	Tier-3	
GLAUCOMA		
acetazolamide	Tier-1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	Tier-3	
apraclonidine	Tier-1	
AZOPT	Tier-2	
betaxolol ophthalmic	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
bimatoprost	Tier-1	
brimonidine	Tier-1	
carteolol	Tier-1	
COMBIGAN	Tier-3	
dorzolamide	Tier-1	
dorzolamide-timolol	Tier-1	
IOPIDINE	Tier-3	
latanoprost	Tier-1	
levobunolol ophthalmic drops 0.5 %	Tier-1	
LUMIGAN OPHTHALMIC DROPS 0.01 %	Tier-3	STPA
methazolamide oral	Tier-1	
metipranolol	Tier-1	
pilocarpine hcl ophthalmic	Tier-1	
RESCULA	Tier-3	
SIMBRINZA	Tier-3	
timolol maleate ophthalmic	Tier-1	
TRAVATAN Z	Tier-3	STPA
travoprost (benzalkonium)	Tier-1	
ZIOPTAN (PF)	Tier-3	STPA; QL (90 EA per 90 days)
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-3	
atropine ophthalmic drops	Tier-1	
NATACYN	Tier-3	
proparacaine	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)
compro	Tier-1	
dronabinol	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
granisetron hcl oral	Tier-1	B/D; QL (10 EA per 7 days)
meclizine oral tablet 12.5 mg, 25 mg	Tier-1	
metoclopramide hcl oral	Tier-1	
ondansetron	Tier-1	B/D; QL (12 EA per 7 days)
ondansetron hcl oral solution	Tier-1	B/D; QL (150 ML per 7 days)
ondansetron hcl oral tablet 24 mg	Tier-1	B/D; QL (4 EA per 7 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier-1	B/D; QL (12 EA per 7 days)
prochlorperazine	Tier-1	
prochlorperazine maleate oral	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		
alosetron	Tier-1	
CANTIL	Tier-3	
constulose	Tier-1	
cromolyn oral	Tier-1	
dicyclomine oral capsule	Tier-1	
dicyclomine oral solution	Tier-1	
dicyclomine oral tablet	Tier-1	
enulose	Tier-1	
FULYZAQ	Tier-2	PA
GATTEX ONE-VIAL	Tier-2	PA
generlac	Tier-1	
glycopyrrolate oral	Tier-1	
KRISTALOSE	Tier-2	
lactulose	Tier-1	
levocarnitine (with sugar)	Tier-1	
levocarnitine oral tablet	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
loperamide oral capsule	Tier-1	
LOTRONEX	Tier-2	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)	Tier-1	
MOVANTIK	Tier-3	
MOVIPREP	Tier-3	
OSMOPREP	Tier-3	
peg 3350-electrolytes	Tier-1	
peg-3350 with flavor packs	Tier-1	
peg-electrolyte soln	Tier-1	
polyethylene glycol 3350 oral powder	Tier-1	
propantheline	Tier-1	
SUPREP BOWEL PREP KIT	Tier-3	
trilyte with flavor packets	Tier-1	
ursodiol	Tier-1	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
amoxicil-clarithromy-lansopraz	Tier-1	
CARAFATE ORAL SUSPENSION	Tier-3	
cimetidine	Tier-1	
cimetidine hcl oral	Tier-1	
DEXILANT	Tier-3	PA
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier-2	
famotidine oral suspension	Tier-1	
famotidine oral tablet 20 mg, 40 mg	Tier-1	
lansoprazole oral capsule,delayed release(dr/ec)	Tier-2	
methscopolamine oral	Tier-1	
misoprostol	Tier-1	
NEXIUM	Tier-3	PA
nizatidine	Tier-1	
omeprazole oral capsule,delayed release(dr/ec)	Tier-1	
omeprazole-sodium bicarbonate	Tier-1	
pantoprazole oral	Tier-1	
PREVPAC	Tier-3	
PYLERA	Tier-2	
rabeprazole	Tier-2	
ranitidine hcl oral capsule	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
ranitidine hcl oral syrup	Tier-1	
ranitidine hcl oral tablet 150 mg, 300 mg	Tier-1	
RELISTOR SUBCUTANEOUS SOLUTION	Tier-2	
RELISTOR SUBCUTANEOUS SYRINGE	Tier-2	
sucralfate oral tablet	Tier-1	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL HD	Tier-2	
balsalazide	Tier-1	
budesonide oral	Tier-1	
CANASA	Tier-2	
colocort	Tier-1	
DELZICOL	Tier-2	
DIPENTUM	Tier-2	
ENTOCORT EC	Tier-3	
hydrocortisone rectal enema	Tier-1	
LINZESS	Tier-2	QL (30 EA per 30 days)
mesalamine with cleansing wipe	Tier-1	
PENTASA	Tier-2	
SFROWASA	Tier-3	
sulfasalazine oral tablet	Tier-1	
sulfazine ec	Tier-1	
UCERIS ORAL	Tier-3	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-2	HI
acetazolamide sodium	Tier-1	HI
acyclovir sodium intravenous solution	Tier-1	HI
AMBISOME	Tier-2	HI
amikacin	Tier-1	HI; Part B
amphotericin b	Tier-1	HI
ampicillin sodium	Tier-1	HI; Part B
ampicillin-sulbactam	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
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	Tier-1	HI
AVELOX IN NACL (ISO-OSMOTIC)	Tier-2	HI; Part B
azithromycin intravenous	Tier-1	HI; Part B
aztreonam injection recon soln 1 gram	Tier-1	HI; Part B
benztropine injection	Tier-1	HI
bumetanide injection	Tier-1	HI
buprenorphine hcl injection syringe	Tier-1	HI
butorphanol tartrate injection	Tier-1	HI
calcitriol intravenous solution 1 mcg/ml	Tier-1	HI
CANCIDAS	Tier-2	HI
CAPASTAT	Tier-2	HI
CARDENE IV IN SODIUM CHLORIDE	Tier-3	HI
cefazolin	Tier-1	HI; Part B
cefazolin in 0.9% sod chloride intravenous solution	Tier-1	HI; Part B
cefazolin in 0.9% sod chloride intravenous syringe 1 gram/10 ml	Tier-1	HI; Part B
cefazolin in dextrose (iso-os)	Tier-1	HI; Part B
cefazolin in dextrose 5 %	Tier-1	HI; Part B
cefazolin in sterile water	Tier-1	HI; Part B
cefepime	Tier-1	HI; Part B
cefepime in dextrose 5 %	Tier-1	HI; Part B
cefotaxime	Tier-1	HI; Part B
cefotetan	Tier-1	HI; Part B
cefoxitin	Tier-1	HI; Part B
cefoxitin in dextrose, iso-osm	Tier-1	HI; Part B
ceftazidime	Tier-1	HI; Part B
ceftazidime in d5w	Tier-1	HI; Part B
ceftriaxone injection	Tier-1	HI; Part B
ceftriaxone intravenous recon soln	Tier-1	HI; Part B
cefuroxime sodium	Tier-1	HI; Part B
chloramphenicol sod succinate	Tier-1	HI; Part B
cidofovir	Tier-1	HI
ciprofloxacin in 5 % dextrose	Tier-1	HI; Part B
ciprofloxacin lactate	Tier-1	HI; Part B
clindamycin in 5 % dextrose	Tier-1	HI; Part B
clindamycin phosphate injection	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
clindamycin phosphate intravenous	Tier-1	HI; Part B
colistin (colistimethate na)	Tier-1	HI; Part B
CRESEMBA INTRAVENOUS	Tier-2	
CUBICIN	Tier-2	HI; Part B
cyclosporine intravenous	Tier-1	B/D; HI
CYKLOKAPRON	Tier-2	HI
DALVANCE	Tier-2	HI; Part B
dexamethasone in 0.9 % nacl	Tier-1	HI
dexamethasone sodium phos (pf)	Tier-1	HI
dexamethasone sodium phosphate injection solution 4 mg/ml	Tier-1	HI
diltiazem hcl intravenous	Tier-1	HI
diphenhydramine hcl injection	Tier-1	HI
DORIBAX	Tier-2	HI; Part B
duramorph (pf)	Tier-1	HI
ERAXIS(WATER DILUENT)	Tier-2	HI; Part B
ERYTHROCIN	Tier-2	HI; Part B
esomeprazole sodium	Tier-1	HI
fluconazole in dextrose(iso-o)	Tier-1	HI; Part B
gentamicin in nacl (iso-osm)	Tier-1	HI; Part B
gentamicin injection	Tier-1	HI; Part B
gentamicin sulfate (ped) (pf)	Tier-1	HI; Part B
gentamicin sulfate (pf)	Tier-1	HI; Part B
granisetron (pf)	Tier-1	B/D; HI; QL (40 ML per 7 days)
granisetron hcl intravenous	Tier-1	B/D; HI; QL (40 ML per 7 days)
heparin (porcine) in 0.9% nacl	Tier-1	HI
heparin (porcine) in 5 % dex	Tier-1	HI
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	Tier-1	HI
heparin (porcine) injection solution	Tier-1	HI
heparin(porcine) in 0.45% nacl	Tier-1	HI
heparin, porcine (pf) injection	Tier-1	HI
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier-1	HI
heparin, porcine (pf) intravenous syringe	Tier-1	HI
hydromorphone (pf) injection solution 10 mg/ml	Tier-1	HI
imipenem-cilastatin	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
isoniazid injection	Tier-1	HI
lactated ringers intravenous	Tier-1	HI
levocarnitine intravenous	Tier-1	HI
levofloxacin in d5w	Tier-1	HI; Part B
levofloxacin intravenous	Tier-1	HI; Part B
lidocaine (pf) injection solution 5 mg/ml (0.5 %)	Tier-1	HI
lidocaine hcl injection solution 20 mg/ml (2 %)	Tier-1	HI
LINCOCIN	Tier-2	HI; Part B
linezolid intravenous	Tier-1	Part B
meropenem	Tier-1	HI; Part B
methadone injection	Tier-1	HI
methotrexate sodium (pf)	Tier-1	HI
metoclopramide hcl injection solution	Tier-1	HI
metoprolol tartrate intravenous solution	Tier-1	HI
metronidazole in nacl (iso-os)	Tier-1	HI; Part B
moxifloxacin-sod.ace,sul-water	Tier-1	
MYCAMINE	Tier-2	HI
nafcillin	Tier-1	HI; Part B
nafcillin in dextrose iso-osm	Tier-1	HI; Part B
ondansetron hcl (pf) injection solution	Tier-1	B/D; HI
ondansetron hcl (pf) injection syringe	Tier-1	B/D
oxacillin	Tier-1	HI; Part B
oxacillin in dextrose(iso-osm)	Tier-1	HI; Part B
paricalcitol hemodialysis port injection	Tier-1	HI
penicillin g pot in 0.9 % nacl	Tier-1	HI; Part B
penicillin g pot in dextrose	Tier-1	HI; Part B
penicillin g potassium	Tier-1	HI; Part B
penicillin g sodium	Tier-1	HI; Part B
pfizerpen-g	Tier-1	HI; Part B
piperacillin-tazobactam	Tier-1	HI; Part B
polymyxin b sulfate	Tier-1	HI; Part B
potassium chloride intravenous piggyback 20 meq/100 ml	Tier-1	HI
prochlorperazine edisylate	Tier-1	HI; Part B
PROGRAF INTRAVENOUS	Tier-2	B/D; HI
promethazine injection solution	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
rifampin intravenous	Tier-1	HI
streptomycin intramuscular	Tier-1	HI; Part B
sulfamethoxazole-trimethoprim intravenous	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
tobramycin in 0.9 % nacl	Tier-1	HI; Part B
tobramycin sulfate injection solution	Tier-1	HI; Part B
TYGACIL	Tier-2	HI; Part B
valproate sodium	Tier-1	HI
vancomycin intravenous	Tier-1	HI; Part B
VISTIDE	Tier-2	HI
voriconazole intravenous	Tier-1	HI
ZEMPLAR INTRAVENOUS	Tier-2	HI
ZERBAXA	Tier-2	HI; Part B
ZYVOX INTRAVENOUS	Tier-2	HI; Part B
ELECTROLYTES		
ammonium chloride	Tier-1	HI
d10 % & 0.45 % sodium chloride	Tier-1	HI
d10 %-0.9 % sodium chloride	Tier-1	HI
d2.5 %-0.45 % sodium chloride	Tier-1	HI
d5 % and 0.9 % sodium chloride	Tier-1	HI
d5 %-0.45 % sodium chloride	Tier-1	HI
dextrose 10 % and 0.2 % nacl	Tier-1	HI
dextrose 10 % in water (d10w)	Tier-1	HI
dextrose 5 % in water (d5w) intravenous parenteral solution	Tier-1	HI
dextrose 5 %-lactated ringers	Tier-1	HI
dextrose 5%-0.2 % sod chloride	Tier-1	HI
dextrose 5%-0.3 % sod.chloride	Tier-1	HI
dextrose with sodium chloride	Tier-1	HI
dextrose-kcl-nacl	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
potassium chlorid-d5-0.45%nacl	Tier-1	HI
potassium chloride in 0.9%nacl	Tier-1	HI
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	Tier-1	HI
potassium chloride in lr-d5	Tier-1	HI
potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml	Tier-1	HI
potassium chloride intravenous solution	Tier-1	HI
potassium chloride-0.45 % nacl	Tier-1	HI
potassium chloride-d5-0.2%nacl	Tier-1	HI
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	Tier-1	HI
potassium chloride-d5-0.9%nacl	Tier-1	HI
ringers intravenous	Tier-1	HI
sodium chloride 0.45 % intravenous parenteral solution	Tier-1	HI
sodium chloride 0.9 % intravenous parenteral solution	Tier-1	HI
sodium chloride 3 %	Tier-1	HI
sodium chloride 5 %	Tier-1	HI
sodium chloride intravenous parenteral solution 2.5 meq/ml	Tier-1	HI
sodium lactate intravenous solution	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
tpn electrolytes	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		
a-hydrocort	Tier-1	
cortisone	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
dexamethasone intensol	Tier-1	
dexamethasone oral elixir	Tier-1	
dexamethasone oral tablet	Tier-1	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier-1	
dexpak 13 day	Tier-1	
fludrocortisone	Tier-1	
hydrocortisone oral	Tier-1	
MEDROL ORAL TABLET 2 MG	Tier-3	
methylprednisolone	Tier-1	
methylprednisolone acetate	Tier-1	
methylprednisolone sodium succ	Tier-1	
MILLIPRED	Tier-3	Transplant
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Tier-3	Transplant
prednisolone sodium phosphate oral	Tier-1	Transplant
PREDNISONE INTENSOL	Tier-3	Transplant
prednisone oral solution	Tier-1	Transplant
prednisone oral tablet	Tier-1	Transplant
SOLU-CORTEF	Tier-3	
SOLU-CORTEF (PF)	Tier-3	
SOLU-MEDROL	Tier-3	
SOLU-MEDROL (PF)	Tier-3	
triamcinolone acetonide injection	Tier-1	
VERIPRED 20	Tier-3	Transplant
ANDROGENS		
AVEED	Tier-3	
danazol oral	Tier-1	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	Tier-3	
oxandrolone	Tier-1	
TESTIM	Tier-3	
testosterone	Tier-1	
testosterone cypionate intramuscular oil 200 mg/ml	Tier-1	
testosterone enanthate	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		
levothyroxine	Tier-1	
levoxyl	Tier-1	
liothyronine oral	Tier-1	
methimazole	Tier-1	
propylthiouracil	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	
unithroid	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	
bcg vaccine, live (pf)	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	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier-2	B/D
ENGERIX-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	
tetanus,diphtheria tox ped(pf)	Tier-1	
tetanus-diphtheria toxoids-td	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
cyclosporine modified	Tier-1	B/D
cyclosporine oral capsule	Tier-1	B/D
gengraf	Tier-1	B/D
mycophenolate mofetil	Tier-1	B/D
mycophenolate sodium	Tier-1	B/D
MYFORTIC	Tier-3	B/D
NULOJIX	Tier-2	B/D
RAPAMUNE	Tier-2	B/D
SIMULECT	Tier-2	B/D
sirolimus	Tier-1	B/D
tacrolimus oral	Tier-1	B/D
ZORTRESS	Tier-2	B/D; QL (180 EA per 90 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
octreotide acetate injection solution	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		
riluzole	Tier-2	
ANAPHYLAXIS EMERGENCY		
AUVI-Q	Tier-2	QL (2 EA per 1 day)
epinephrine injection auto-injector	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)
midodrine	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	
tobramycin in 0.225 % nacl	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		
calcitriol oral	Tier-1	
doxercalciferol	Tier-1	
paricalcitol oral	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		
guanidine	Tier-1	
MESTINON ORAL SYRUP	Tier-3	
MESTINON TIMESPAN	Tier-2	
pyridostigmine bromide	Tier-1	
PAGET'S DISEASE		
etidronate disodium	Tier-1	
PHENYLKETONURIA		
KUVAN ORAL POWDER IN PACKET 500 MG	Tier-2	PA
KUVAN ORAL TABLET,SOLUBLE	Tier-2	PA
PHEOCHROMOCYTOMA		
DEMSER	Tier-2	
PHOSPHATE BINDERS		
AURYXIA	Tier-3	
calcium acetate oral capsule	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	
RENAGEL	Tier-2	
RENVELA	Tier-2	
VELPHORO	Tier-3	
POMPE DISEASE		
MYOZYME	Tier-2	
POTASSIUM BINDER		
kionex oral powder	Tier-1	
sodium polystyrene (sorb free)	Tier-1	
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-2	
VIRAZOLE	Tier-2	PA
SMOKING CESSATION		
buproban	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		
alfuzosin	Tier-1	
AVODART	Tier-2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier-3	PA; QL (30 EA per 30 days)
finasteride oral tablet 5 mg	Tier-1	
JALYN	Tier-2	
tamsulosin	Tier-1	
UREA CYCLE DISORDERS		
RAVICTI	Tier-2	PA
UROLOGIC DISORDERS		
bethanechol chloride	Tier-1	
desmopressin injection	Tier-1	
desmopressin nasal solution	Tier-1	
desmopressin nasal spray,non-aerosol	Tier-1	
desmopressin oral	Tier-1	
ELMIRON	Tier-3	
ENABLEX	Tier-3	STPA
flavoxate	Tier-1	
GELNIQUE	Tier-2	
MYRBETRIQ	Tier-3	STPA
oxybutynin chloride oral	Tier-1	
OXYTROL	Tier-2	
potassium citrate	Tier-1	
SAMSCA	Tier-3	
tolterodine	Tier-2	
trospium	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		
donepezil	Tier-1	
ergoloid	Tier-1	
EXELON TRANSDERMAL	Tier-3	
galantamine	Tier-1	
memantine	Tier-2	
NAMENDA	Tier-2	
NAMENDA TITRATION PAK	Tier-2	QL (49 EA per 365 days)
NAMENDA XR	Tier-2	
rivastigmine tartrate	Tier-1	
MIGRAINE THERAPY		
almotriptan malate	Tier-1	QL (8 EA per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier-1	QL (360 EA per 30 days)
dihydroergotamine injection	Tier-1	
dihydroergotamine nasal	Tier-1	QL (12 ML per 30 days)
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	QL (12 ML per 30 Days)
naratriptan	Tier-1	QL (9 EA per 30 days)
rizatriptan	Tier-1	QL (12 EA per 30 Days)
sumatriptan	Tier-1	QL (9 EA per 30 days)
sumatriptan succinate oral	Tier-1	QL (9 EA per 30 days)
sumatriptan succinate subcutaneous cartridge	Tier-1	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous pen injector	Tier-1	QL (4 ML per 30 Days)
sumatriptan succinate subcutaneous solution	Tier-1	QL (8 ML per 30 Days)
zolmitriptan	Tier-1	QL (6 EA per 30 days)
PARKINSONS DISEASE		
apokyn	Tier-2	
AZILECT	Tier-2	
benztropine oral	Tier-1	
bromocriptine	Tier-1	
cabergoline	Tier-1	
carbidopa	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
carbidopa-levodopa	Tier-1	
carbidopa-levodopa-entacapone	Tier-1	
CYCLOSET	Tier-2	
DUOPA	Tier-3	
entacapone	Tier-1	
MIRAPEX ER	Tier-3	
NEUPRO	Tier-3	QL (30 EA per 30 days)
pramipexole oral tablet	Tier-1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg	Tier-1	
ropinirole	Tier-1	
RYTARY	Tier-3	
selegiline hcl	Tier-1	
TASMAR	Tier-2	
tolcapone	Tier-1	
trihexyphenidyl	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)
carbamazepine	Tier-1	
CELONTIN	Tier-3	
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	Tier-3	
clonazepam	Tier-1	
diazepam intensol	Tier-1	
diazepam oral solution	Tier-1	
diazepam oral tablet	Tier-1	
diazepam rectal	Tier-1	
DILANTIN	Tier-2	
DILANTIN EXTENDED	Tier-2	
DILANTIN INFATABS	Tier-2	
DILANTIN-125	Tier-2	
divalproex	Tier-1	
epitol	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
ethosuximide	Tier-1	
felbamate	Tier-1	
FYCOMPA ORAL TABLET	Tier-3	PA
gabapentin	Tier-1	
GABITRIL	Tier-2	
HORIZANT	Tier-3	QL (60 EA per 30 Days)
lamotrigine oral tablet	Tier-1	
lamotrigine oral tablet extended release 24hr	Tier-2	
lamotrigine oral tablet, chewable dispersible	Tier-1	
lamotrigine oral tablet,disintegrating	Tier-1	
levetiracetam	Tier-1	
levetiracetam in nacl (iso-os)	Tier-1	
LYRICA	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	
ONFI ORAL TABLET	Tier-3	QL (60 EA per 30 days)
oxcarbazepine	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	
phenobarbital	Tier-1	
phenytoin oral suspension	Tier-1	
phenytoin oral tablet,chewable	Tier-1	
phenytoin sodium extended	Tier-1	
phenytoin sodium intravenous solution	Tier-1	
POTIGA	Tier-3	PA
primidone	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	
tiagabine	Tier-1	
topiramate	Tier-1	
TROKENDI XR	Tier-3	
valproic acid	Tier-1	
valproic acid (as sodium salt) oral solution	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)
zonisamide	Tier-1	
SPASTICITY		
baclofen	Tier-1	
cyclobenzaprine oral tablet	Tier-1	
dantrolene	Tier-1	
tizanidine	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-2	PA
AZASAN	Tier-3	B/D
azathioprine	Tier-1	B/D
CIMZIA	Tier-2	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-2	PA; Part B
diclofenac sodium topical	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)
leflunomide	Tier-1	
methotrexate sodium oral	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		
allopurinol	Tier-1	
colchicine oral capsule	Tier-1	
colchicine oral tablet	Tier-1	QL (120 EA per 30 days)
colchicine-probenecid	Tier-1	
COLCRYS	Tier-2	QL (120 EA per 30 Days)
probenecid	Tier-1	
ULORIC	Tier-3	STPA
PAIN, NSAID ANALGESICS		
CELEBREX	Tier-3	PA
celecoxib	Tier-2	PA
diclofenac potassium	Tier-1	
diclofenac sodium oral	Tier-1	
diclofenac-misoprostol	Tier-1	
diflunisal	Tier-1	
etodolac	Tier-1	
fenoprofen oral tablet	Tier-1	
flurbiprofen	Tier-1	
ibuprofen oral suspension	Tier-1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier-1	
INDOCIN ORAL	Tier-3	
indomethacin oral	Tier-1	
ketoprofen	Tier-1	
meclofenamate oral	Tier-1	
mefenamic acid	Tier-1	
meloxicam	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
nabumetone	Tier-1	
naproxen	Tier-1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier-1	
naproxen sodium oral tablet, er multiphase 24 hr 500 mg	Tier-1	
oxaprozin	Tier-1	
piroxicam	Tier-1	
sulindac oral	Tier-1	
tolmetin	Tier-1	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-3	PA; QL (120 EA per 30 days)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier-1	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	Tier-1	QL (300 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	Tier-1	QL (400 EA per 30 days)
ACTIQ	Tier-3	PA; QL (120 EA per 30 days)
butorphanol tartrate nasal	Tier-1	QL (7.5 ML per 30 days)
BUTRANS	Tier-3	QL (4 EA per 28 Days)
codeine sulfate oral tablet	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)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier-1	QL (360 EA per 30 days)
fentanyl citrate	Tier-1	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier-1	QL (10 EA per 30 days)
FENTORA	Tier-3	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier-1	QL (5540 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier-1	QL (400 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier-1	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier-1	QL (480 EA per 30 days)
hydromorphone oral liquid	Tier-1	QL (720 ML per 30 days)
hydromorphone oral tablet	Tier-1	QL (360 EA per 30 days)
hydromorphone oral tablet extended release 24 hr	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)
ibuprofen-oxycodone	Tier-1	QL (240 EA per 30 days)
LAZANDA	Tier-3	PA; QL (30 EA per 30 days)
levorphanol tartrate	Tier-1	QL (240 EA per 30 days)
methadone oral solution 10 mg/5 ml	Tier-1	QL (1800 ML per 30 days)
methadone oral solution 5 mg/5 ml	Tier-1	QL (3600 ML per 30 days)
methadone oral tablet	Tier-1	QL (120 EA per 30 days)
morphine concentrate oral solution	Tier-1	QL (540 ML per 30 days)
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg	Tier-1	QL (60 EA per 30 days)
morphine oral capsule, er multiphase 24 hr 90 mg	Tier-1	
morphine oral capsule,extend.release pellets	Tier-1	QL (90 EA per 30 Days)
morphine oral solution	Tier-1	QL (960 ML per 30 days)
morphine oral tablet	Tier-1	QL (180 EA per 30 days)
morphine oral tablet extended release	Tier-1	QL (90 EA per 30 days)
oxycodone oral capsule	Tier-1	QL (360 EA per 30 days)
oxycodone oral concentrate	Tier-1	QL (120 ML per 30 days)
oxycodone oral solution	Tier-1	QL (2400 ML per 30 Days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	Tier-1	QL (180 EA per 30 days)
oxycodone oral tablet 5 mg	Tier-1	QL (360 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr	Tier-1	QL (120 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier-1	QL (360 EA per 30 days)
oxycodone-aspirin	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)
oxymorphone oral tablet	Tier-1	QL (180 EA per 30 days)
oxymorphone oral tablet extended release 12 hr	Tier-1	QL (60 EA per 30 Days)
pentazocine-naloxone	Tier-1	
SUBSYS	Tier-3	PA; QL (120 EA per 30 days)
tramadol	Tier-1	
tramadol-acetaminophen	Tier-1	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
acamprosate	Tier-1	
disulfiram	Tier-1	
naltrexone oral	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		
alprazolam	Tier-1	
alprazolam intensol	Tier-1	
amitriptyline-chlordiazepoxide	Tier-1	
buspirone	Tier-1	
clorazepate dipotassium	Tier-1	
lorazepam intensol	Tier-1	
lorazepam oral tablet	Tier-1	
meprobamate	Tier-1	
oxazepam	Tier-1	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-3	STPA
amphetamine salt combo	Tier-1	
clonidine hcl oral tablet extended release 12 hr	Tier-1	
DAYTRANA	Tier-2	STPA
DESOXYN	Tier-3	
DEXEDRINE SPANSULE	Tier-3	
dexmethylphenidate	Tier-1	
dextroamphetamine oral capsule, extended release	Tier-1	
dextroamphetamine oral tablet	Tier-1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	Tier-1	
FOCALIN XR	Tier-2	STPA
guanfacine oral tablet extended release 24 hr	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	
methamphetamine	Tier-1	
METHYLIN ORAL SOLUTION	Tier-2	
METHYLIN ORAL TABLET,CHEWABLE	Tier-2	
methylphenidate oral	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	
lithium carbonate	Tier-1	
lithium citrate	Tier-1	
olanzapine-fluoxetine	Tier-1	STPA
RISPERDAL CONSTA	Tier-2	
risperidone oral tablet,disintegrating	Tier-1	
DEPRESSION		
amitriptyline	Tier-1	
amoxapine	Tier-1	
APLENZIN	Tier-3	STPA
BRINTELLIX	Tier-3	STPA
bupropion hcl	Tier-1	
citalopram	Tier-1	
clomipramine	Tier-1	
desipramine oral	Tier-1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	Tier-3	STPA
doxepin oral	Tier-1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	Tier-2	QL (60 EA per 30 Days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	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
escitalopram oxalate	Tier-1	
FETZIMA	Tier-3	STPA
fluoxetine	Tier-1	
fluvoxamine	Tier-1	
imipramine hcl	Tier-1	
imipramine pamoate	Tier-1	
IRENKA	Tier-3	STPA; QL (60 EA per 30 days)
KHEDEZLA	Tier-3	STPA
maprotiline	Tier-1	
MARPLAN	Tier-3	
mirtazapine	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
nefazodone	Tier-1	
nortriptyline	Tier-1	
paroxetine hcl oral tablet	Tier-1	
paroxetine hcl oral tablet extended release 24 hr	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA	Tier-3	STPA
phenelzine	Tier-1	
PRISTIQ	Tier-3	STPA
protriptyline	Tier-1	
sertraline	Tier-1	
SURMONTIL	Tier-2	
tranylcypromine	Tier-1	
trazodone	Tier-1	
venlafaxine oral capsule,extended release 24hr	Tier-1	
venlafaxine oral tablet	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		
estazolam	Tier-1	
eszopiclone	Tier-2	QL (30 EA per 30 days)
flurazepam	Tier-1	
HETLIOZ	Tier-3	PA
ROZEREM	Tier-3	STPA; QL (30 EA per 30 days)
temazepam	Tier-1	
triazolam	Tier-1	
zaleplon	Tier-1	QL (30 EA per 30 days)
zolpidem oral tablet	Tier-1	QL (30 EA per 30 days)
zolpidem oral tablet,ext release multiphase	Tier-1	STPA; QL (30 EA per 30 days)
ZOLPIMIST	Tier-3	STPA
NARCOLEPSY		
modafinil	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
buprenorphine hcl sublingual	Tier-1	PA; QL (90 EA per 30 days)
buprenorphine-naloxone	Tier-1	PA; QL (90 EA per 30 days)
naloxone injection syringe 1 mg/ml	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
aripiprazole oral tablet	Tier-2	STPA
chlorpromazine	Tier-1	
clozapine	Tier-1	
FANAPT	Tier-3	STPA
FAZACLO	Tier-2	
fluphenazine decanoate	Tier-1	
fluphenazine hcl	Tier-1	
GEODON INTRAMUSCULAR	Tier-3	
haloperidol	Tier-1	
haloperidol decanoate	Tier-1	
haloperidol lactate	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)
loxapine succinate	Tier-1	
olanzapine intramuscular	Tier-1	
olanzapine oral	Tier-1	STPA
ORAP	Tier-2	
perphenazine	Tier-1	
perphenazine-amitriptyline	Tier-1	
quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier-1	STPA
quetiapine oral tablet 25 mg, 50 mg	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	
risperidone oral solution	Tier-1	
risperidone oral tablet	Tier-1	
SAPHRIS	Tier-3	STPA
SAPHRIS (BLACK CHERRY)	Tier-3	STPA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier-2	STPA
thioridazine	Tier-1	
thiothixene	Tier-1	
trifluoperazine	Tier-1	
VERSACLOZ	Tier-3	
ziprasidone hcl	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)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	Tier-1	QL (1080 ML per 90 days)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	Tier-1	QL (180 ML per 90 days)
albuterol sulfate oral	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)
aminophylline intravenous	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)
budesonide inhalation	Tier-1	QL (720 ML per 90 days)
budesonide nasal	Tier-1	
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 days)
cromolyn inhalation	Tier-1	QL (720 ML per 90 days)
elixophyllin	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)
ipratropium bromide inhalation	Tier-1	QL (900 ML per 90 days)
ipratropium-albuterol	Tier-1	QL (1620 ML per 90 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml	Tier-1	QL (3240 ML per 90 days)
levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml	Tier-1	QL (1620 ML per 90 days)
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	Tier-1	QL (810 EA per 90 days)
metaproterenol oral	Tier-1	
montelukast	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)
terbutaline oral	Tier-1	
theophylline oral solution	Tier-1	
theophylline oral tablet extended release	Tier-1	
theophylline oral tablet extended release 12 hr	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)
zafirlukast	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
epoprostenol (glycine)	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
sildenafil intravenous	Tier-1	PA
sildenafil oral	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		
acetylcysteine	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	
metronidazole topical cream	Tier-1	
metronidazole topical gel	Tier-1	
metronidazole topical lotion	Tier-1	
NORITATE	Tier-3	
SOOLANTRA	Tier-3	
ACNE VULGARIS		
ABSORICA	Tier-3	
adapalene topical cream	Tier-1	PA
adapalene topical gel	Tier-1	PA
amnesteem	Tier-1	
ATRALIN	Tier-3	PA
avita	Tier-1	PA
AZELEX	Tier-3	
claravis	Tier-1	
CLINDAGEL	Tier-3	
clindamax topical gel	Tier-1	
clindamycin phosphate topical	Tier-1	
clindamycin-benzoyl peroxide	Tier-1	
DIFFERIN TOPICAL LOTION	Tier-3	PA
ery pads	Tier-1	
erythromycin with ethanol topical gel	Tier-1	
erythromycin with ethanol topical solution	Tier-1	
erythromycin-benzoyl peroxide	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
tretinoin microspheres topical gel with pump	Tier-1	PA
tretinoin topical cream	Tier-1	PA
tretinoin topical gel 0.01 %, 0.025 %	Tier-1	PA
tretin-x cream kit topical combo pack 0.05 %	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	
gentamicin topical	Tier-1	
mupirocin	Tier-1	
mupirocin calcium	Tier-1	
silver sulfadiazine	Tier-1	
ssd	Tier-1	
CORTICOSTEROIDS, TOPICAL		
ala-cort topical cream	Tier-1	
ALA-SCALP	Tier-3	
alclometasone	Tier-1	
amcinonide	Tier-1	
apexicon e	Tier-1	
betamethasone dipropionate	Tier-1	
betamethasone valerate	Tier-1	
betamethasone, augmented	Tier-1	
CAPEX	Tier-3	
clobetasol topical foam	Tier-1	
clobetasol topical gel	Tier-1	
clobetasol topical lotion	Tier-1	
clobetasol topical ointment	Tier-1	
clobetasol topical shampoo	Tier-1	
clobetasol topical solution	Tier-1	
clobetasol topical spray,non-aerosol	Tier-1	
clobetasol-emollient topical cream	Tier-1	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	Tier-3	
clodan	Tier-1	
CLODERM	Tier-3	
CORDRAN TAPE LARGE ROLL	Tier-3	
CORDRAN TOPICAL LOTION	Tier-3	
cormax topical solution	Tier-1	
desonide	Tier-1	
desoximetasone	Tier-1	
diflorasone	Tier-1	
fluocinolone	Tier-1	
fluocinonide	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
fluocinonide-e	Tier-1	
fluticasone topical	Tier-1	
halobetasol propionate	Tier-1	
HALOG	Tier-3	
hydrocortisone butyrate topical ointment	Tier-1	
hydrocortisone butyrate topical solution	Tier-1	
hydrocortisone butyr-emollient	Tier-1	
hydrocortisone topical cream 1 %, 2.5 %	Tier-1	
hydrocortisone topical lotion 2.5 %	Tier-1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier-1	
hydrocortisone valerate	Tier-1	
KENALOG TOPICAL	Tier-3	
mometasone	Tier-1	
PANDEL	Tier-3	
prednicarbate	Tier-1	
triamcinolone acetonide topical	Tier-1	
TRIANEX	Tier-3	
triderm topical cream	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
ciclopirox	Tier-1	
clotrimazole topical	Tier-1	
clotrimazole-betamethasone	Tier-1	
econazole topical	Tier-1	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
ketoconazole topical	Tier-1	
MENTAX	Tier-3	
naftifine	Tier-1	
NAFTIN	Tier-2	
nyamyc	Tier-1	
nystatin oral suspension	Tier-1	
nystatin topical	Tier-1	
nystatin-triamcinolone	Tier-1	
nystop	Tier-1	
OXISTAT	Tier-2	
PSORIASIS AND SEBORRHEA		
acitretin	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
calcipotriene	Tier-1	
calcipotriene-betamethasone	Tier-1	
calcitriol topical	Tier-1	
COSENTYX PEN	Tier-2	PA; QL (1 ML per 28 days)
methoxsalen rapid	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	
lindane	Tier-1	
malathion	Tier-1	
permethrin topical cream	Tier-1	
SKLICE	Tier-3	
ULESFIA	Tier-3	
TOPICAL, MISCELLANEOUS		
ammonium lactate topical	Tier-1	
ANUSOL-HC RECTAL CREAM	Tier-3	
CARAC	Tier-2	
CORTIFOAM	Tier-3	
ELIDEL	Tier-3	STPA
FLUOROPLEX	Tier-2	
fluorouracil topical	Tier-1	
lidocaine hcl mucous membrane	Tier-1	
lidocaine hcl urethral	Tier-1	
lidocaine topical adhesive patch,medicated	Tier-2	PA; QL (90 EA per 30 Days)
lidocaine topical ointment	Tier-1	
lidocaine-prilocaine topical cream	Tier-1	
panretin	Tier-2	
PICATO	Tier-3	
proctosol hc	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
prudoxin	Tier-1	
REGRANEX	Tier-2	
SANTYL	Tier-2	
selenium sulfide topical suspension	Tier-1	
sodium chloride irrigation	Tier-1	
SOLARAZE	Tier-2	
sulfacetamide sodium (acne)	Tier-1	
SULFAMYLON	Tier-3	
SYNERA	Tier-2	
tacrolimus topical	Tier-1	
UCERIS RECTAL	Tier-2	
VALCHLOR	Tier-3	
water for irrigation, sterile	Tier-1	
ZONALON	Tier-3	
VIRAL INFECTIONS, TOPICAL		
acyclovir topical	Tier-1	
CONDYLOX TOPICAL GEL	Tier-3	
DENAVIR	Tier-3	
imiquimod	Tier-1	
podofilox	Tier-1	
ZOVIRAX TOPICAL CREAM	Tier-2	
WOMENS HEALTH		
CONTRACEPTIVES		
amethia	Tier-1	
amethyst	Tier-1	
apri	Tier-1	
aranelle (28)	Tier-1	
ashlyna	Tier-1	
aubra	Tier-1	
aviane	Tier-1	
balziva (28)	Tier-1	
BEYAZ	Tier-3	
briellyn	Tier-1	
camila	Tier-1	
deblitane	Tier-1	
delyla (28)	Tier-1	
desog-e.estradiol/e.estradiol	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
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	Tier-1	
ELLA	Tier-2	QL (1 EA per 1 day)
emoquette	Tier-1	
errin	Tier-1	
estradiol-norethindrone acet	Tier-1	
falmina (28)	Tier-1	
GENERESS FE	Tier-3	
gianvi (28)	Tier-1	
gildagia	Tier-1	
gildess 24 fe	Tier-1	
gildess oral tablet 1.5-30 mg-mcg	Tier-1	
introvale	Tier-1	
jinteli	Tier-1	
junel 1.5/30 (21)	Tier-1	
junel 1/20 (21)	Tier-1	
junel fe 1.5/30 (28)	Tier-1	
junel fe 1/20 (28)	Tier-1	
junel fe 24	Tier-1	
kariva (28)	Tier-1	
kelnor 1/35 (28)	Tier-1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier-1	
larin 1.5/30 (21)	Tier-1	
larin 1/20 (21)	Tier-1	
larin fe	Tier-1	
leena 28	Tier-1	
lessina	Tier-1	
levonest (28)	Tier-1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	Tier-1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	Tier-1	
levora-28	Tier-1	
LO LOESTRIN FE	Tier-3	
lopreeza	Tier-1	
loryna (28)	Tier-1	
low-ogestrel (28)	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
marlissa	Tier-1	
microgestin 1.5/30 (21)	Tier-1	
microgestin 1/20 (21)	Tier-1	
microgestin fe 1.5/30 (28)	Tier-1	
microgestin fe 1/20 (28)	Tier-1	
mimvey	Tier-1	
mimvey lo	Tier-1	
MINASTRIN 24 FE	Tier-2	
mononessa (28)	Tier-1	
natazia	Tier-1	
necon 0.5/35 (28)	Tier-1	
necon 1/35 (28)	Tier-1	
necon 1/50 (28)	Tier-1	
necon 10/11 (28)	Tier-1	
necon 7/7/7 (28)	Tier-1	
nikki (28)	Tier-1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	Tier-1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier-1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier-1	
norlyroc	Tier-1	
nortrel 0.5/35 (28)	Tier-1	
nortrel 1/35 (21)	Tier-1	
nortrel 1/35 (28)	Tier-1	
nortrel 7/7/7 (28)	Tier-1	
NUVARING	Tier-2	
orsythia	Tier-1	
ORTHO TRI-CYCLEN (28)	Tier-3	
portia	Tier-1	
quasense	Tier-1	
SAFYRAL	Tier-3	
sharobel	Tier-1	
tarina fe	Tier-1	
trinessa (28)	Tier-1	
tri-previfem (28)	Tier-1	
tri-sprintec (28)	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
trivora (28)	Tier-1	
velivet triphasic regimen (28)	Tier-1	
vyfemla (28)	Tier-1	
ZENCHENT (28)	Tier-3	
ZENCHENT FE	Tier-3	
zeosa	Tier-1	
zovia 1/35e (28)	Tier-1	
zovia 1/50e (28)	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
ACTONEL	Tier-3	STPA
alendronate	Tier-1	
ALORA	Tier-3	
ANGELIQ	Tier-3	
calcitonin (salmon)	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	
estradiol	Tier-1	
estradiol valerate	Tier-1	
ESTRING	Tier-2	
estropipate	Tier-1	
EVAMIST	Tier-3	
FEMHRT LOW DOSE	Tier-3	
FEMRING	Tier-2	
FORTEO	Tier-2	PA
ibandronate intravenous	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
ibandronate oral	Tier-2	STPA
medroxyprogesterone oral	Tier-1	
MENEST	Tier-3	
MENOSTAR	Tier-3	
methylergonovine oral	Tier-1	
MIACALCIN INJECTION	Tier-2	
MINIVELLE	Tier-2	
norethindrone acetate	Tier-1	
pamidronate intravenous solution	Tier-1	
PREMARIN	Tier-3	
PREMPHASE	Tier-3	
PREMPRO	Tier-3	
progesterone micronized	Tier-1	
raloxifene	Tier-1	
RECLAST	Tier-2	
risedronate	Tier-2	STPA
VAGIFEM	Tier-2	
VIVELLE-DOT	Tier-2	
XGEVA	Tier-2	PA
zoledronic acid intravenous solution	Tier-1	
zoledronic acid-mannitol-water intravenous solution	Tier-1	
PRENATAL VITAMINS		
prenatal vitamins low iron	Tier-1	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-3	
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
clindamycin phosphate vaginal	Tier-1	
fluconazole oral tablet 150 mg	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
metronidazole vaginal	Tier-1	
miconazole-3 vaginal suppository	Tier-1	
NUVESSA	Tier-3	
terconazole	Tier-1	
vandazole	Tier-1	

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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**.

Tufts Health Plan Medicare Preferred is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal.

This information is available for free in other languages. Please call our Customer Relations number 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.

Esta información está disponible gratuitamente en otros idiomas. Sírvase llamar a nuestro número de Servicio al Cliente al 1-800-701-9000 o, para usuarios con problemas auditivos (TTY), al 1-800-208-9562, de lunes a viernes, desde las 8:00 a.m. hasta las 8:00 p.m. (desde el 1 de octubre hasta el 14 de febrero hay representantes disponibles los 7 días de la semana, desde las 8:00 a.m. hasta las 8:00 p.m.). Después del horario de atención y en días feriados, por favor deje un mensaje y un representante le devolverá su llamada el día laborable siguiente.

TUFTS Health Plan
Medicare Preferred

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