

Tufts Medicare Preferred HMO 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.

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TUFTS MEDICARE PREFERRED HMO

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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 3. 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 65. 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 3. 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 Member Services 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 Member Services 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 3 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 65.

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.

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.

Coverage Gap:

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

Part B Drug:

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

Your Prescription Drug Costs

	HMO Saver RX Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties		HMO Basic RX Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties		HMO Value RX HMO Prime RX Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties		HMO Prime RX Plus Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties	
Deductible	\$200 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$150 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$0		\$0	
Copays	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply
Tier 1	\$6	\$15	\$4	\$10	\$4	\$10	\$2	\$5
Tier 2	\$12	\$30	\$8	\$21	\$8	\$21	\$5	\$12
Tier 3	\$45	\$135	\$45	\$135	\$45	\$135	\$30	\$90
Tier 4	\$95	\$285	\$95	\$285	\$95	\$285	\$80	\$240
Tier 5	28%	28%	29%	29%	33%	33%	33%	33%
Coverage Gap Stage								
After your total prescription drug costs reach \$2,960, and until your payments reach \$4,700, you pay:								
	<ul style="list-style-type: none"> • 65% of costs for Part D generic drugs • 45% of costs for Part D brand drugs 						<ul style="list-style-type: none"> • Tier 1 copayments for generic drugs on tier 1 • Tier 2 copayments for generic drugs on tier 2 • 65% of costs for All other Part D generic drugs • 45% of costs for Part D brand drugs 	
Catastrophic Coverage Stage								
After the coverage gap, when your payments for the year are greater than \$4,700, you pay the greater of:								
	5% per prescription, or \$2.65 per prescription for Part D generic drugs, \$6.60 per prescription for Part D brand drugs.							

Your Prescription Drug Costs continued

	HMO Basic RX Worcester county		HMO Value RX HMO Prime RX Worcester county	
Deductible	\$100 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$0	
Copays	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply
Tier 1	\$4	\$10	\$4	\$10
Tier 2	\$6	\$15	\$6	\$15
Tier 3	\$35	\$105	\$35	\$105
Tier 4	\$65	\$195	\$65	\$195
Tier 5	30%	30%	33%	33%
Coverage Gap Stage				
After your total prescription drug costs reach \$2,960, and until your payments reach \$4,700, you pay:				
	<ul style="list-style-type: none"> • 65% of costs for Part D generic drugs • 45% of costs for Part D brand drugs 			
Catastrophic Coverage Stage				
After the coverage gap, when your payments for the year are greater than \$4,700, you pay the greater of:				
	5% per prescription, or \$2.65 per prescription for Part D generic drugs, \$6.60 per prescription for Part D brand drugs.			

**2015 Tufts Medicare Preferred Formulary
HMO Individual Members**

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**2015 Tufts Medicare Preferred Formulary
HMO Individual Members**

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
ANCOBON	Tier-4	
<i>clotrimazole mucous membrane</i>	Tier-2	
<i>fluconazole oral suspension for reconstitution</i>	Tier-2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier-1	
<i>flucytosine</i>	Tier-2	
<i>griseofulvin microsize</i>	Tier-2	
<i>griseofulvin ultramicrosize</i>	Tier-2	
<i>itraconazole</i>	Tier-2	PA
<i>ketoconazole oral</i>	Tier-2	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-4	QL (56 EA per 30 days)
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-4	QL (28 EA per 30 days)
NOXAFIL ORAL	Tier-4	
<i>nystatin oral tablet</i>	Tier-2	
ONMEL	Tier-4	PA
<i>terbinafine hcl oral</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension for reconstitution</i>	Tier-2	
<i>voriconazole oral tablet 200 mg</i>	Tier-2	QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-2	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-3	
ALINIA	Tier-4	
BILTRICIDE	Tier-3	
<i>ivermectin oral</i>	Tier-2	
<i>linezolid oral</i>	Tier-2	

You can find information on what the symbols and abbreviations on this table mean by going to page V. For Tufts Medicare Preferred HMO Prime Rx Plus members we provide coverage for Tier-1 and Tier-2 drugs through the Coverage Gap.

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	Tier-2	
<i>metronidazole oral</i>	Tier-2	
MONUROL	Tier-4	
<i>neomycin</i>	Tier-2	
<i>nitrofurantoin macrocrystal</i>	Tier-2	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier-2	
<i>nitrofurantoin oral</i>	Tier-2	
PRIMSOL	Tier-3	
STROMEKTOL	Tier-3	
<i>trimethoprim</i>	Tier-2	
VANCOCIN	Tier-5	
<i>vancomycin oral capsule</i>	Tier-2	
XIFAXAN ORAL TABLET 200 MG	Tier-4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-4	PA; QL (60 EA per 30 days)
ZYVOX ORAL	Tier-5	
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-2	
<i>atovaquone-proguanil</i>	Tier-2	
<i>chloroquine phosphate oral</i>	Tier-2	
COARTEM	Tier-3	QL (24 EA per 30 days)
<i>dapsone</i>	Tier-2	
DARAPRIM	Tier-3	
<i>hydroxychloroquine oral</i>	Tier-2	
<i>mefloquine</i>	Tier-2	
MEPRON	Tier-3	
NEBUPENT	Tier-4	
<i>paromomycin</i>	Tier-2	
PENTAM	Tier-3	
<i>primaquine</i>	Tier-2	
<i>quinine sulfate</i>	Tier-2	
<i>tinidazole</i>	Tier-2	
ANTIVIRALS		
<i>abacavir</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine</i>	Tier-2	
<i>acyclovir oral capsule</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral suspension</i>	Tier-2	
<i>acyclovir oral tablet</i>	Tier-2	
<i>adefovir</i>	Tier-2	
<i>amantadine hcl</i>	Tier-2	
APTIVUS	Tier-3	
ATRIPLA	Tier-5	
BARACLUDE	Tier-3	
COMPLERA	Tier-5	
COPEGUS	Tier-5	
CRIXIVAN	Tier-3	
<i>didanosine</i>	Tier-2	
EDURANT	Tier-3	
EMTRIVA	Tier-3	
<i>entecavir</i>	Tier-2	
EPIVIR HBV	Tier-3	
EPIVIR ORAL SOLUTION	Tier-3	
EPZICOM	Tier-3	
EVOTAZ	Tier-3	
<i>famciclovir</i>	Tier-2	
FUZEON SUBCUTANEOUS RECON SOLN	Tier-5	
HARVONI	Tier-5	PA
HEPSERA	Tier-5	
INTELENCE	Tier-3	
INTRON A INJECTION RECON SOLN	Tier-3	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier-3	
INVIRASE	Tier-3	
ISENTRESS ORAL POWDER IN PACKET	Tier-3	
ISENTRESS ORAL TABLET	Tier-3	QL (360 EA per 90 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier-3	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier-3	QL (720 EA per 30 days)
KALETRA	Tier-3	
<i>lamivudine</i>	Tier-2	
<i>lamivudine-zidovudine</i>	Tier-2	
LEXIVA	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine</i>	Tier-2	
NORVIR	Tier-3	
PEGASYS	Tier-5	PA; QL (4 ML per 30 days)
PEGASYS PROCLICK	Tier-5	PA; QL (4 ML per 30 days)
PEGINTRON	Tier-5	PA; QL (8 EA per 30 days)
PEGINTRON REDIPEN	Tier-5	PA; QL (4 EA per 30 days)
PREZCOBIX	Tier-3	
PREZISTA	Tier-3	
REBETOL ORAL SOLUTION	Tier-3	
RELENZA DISKHALER	Tier-3	QL (60 EA per 180 days)
RESCRIPTOR	Tier-3	
REYATAZ	Tier-3	
<i>ribasphere</i>	Tier-2	
<i>ribasphere ribapak</i>	Tier-5	
<i>ribavirin</i>	Tier-2	
<i>rimantadine</i>	Tier-2	
SELZENTRY ORAL TABLET 150 MG	Tier-5	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-5	QL (120 EA per 30 days)
SOVALDI	Tier-5	PA
<i>stavudine</i>	Tier-2	
STRIBILD	Tier-3	
SUSTIVA	Tier-3	
TAMIFLU ORAL CAPSULE 30 MG	Tier-3	QL (56 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-3	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	Tier-3	QL (360 ML per 180 days)
TIVICAY	Tier-5	
TRIUMEQ	Tier-3	
TRIZIVIR	Tier-3	
TRUVADA	Tier-3	
TYBOST	Tier-3	
TYZEKA	Tier-3	QL (30 EA per 30 days)
<i>valacyclovir</i>	Tier-3	
VALCYTE	Tier-5	
<i>valganciclovir</i>	Tier-2	
VIDEX 2 GRAM PEDIATRIC	Tier-3	

You can find information on what the symbols and abbreviations on this table mean by going to page V. For Tufts Medicare Preferred HMO Prime Rx Plus members we provide coverage for Tier-1 and Tier-2 drugs through the Coverage Gap.

Drug Name	Drug Tier	Requirements/Limits
VIDEX 4 GRAM PEDIATRIC	Tier-3	
VIRACEPT ORAL TABLET	Tier-3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	Tier-3	
VIREAD	Tier-3	
VITEKTA	Tier-3	
ZIAGEN	Tier-3	
<i>zidovudine</i>	Tier-2	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet, chewable</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-2	
<i>ampicillin oral capsule</i>	Tier-1	
<i>ampicillin oral suspension for reconstitution</i>	Tier-2	
BICILLIN C-R	Tier-3	
BICILLIN L-A	Tier-3	
CEDAX	Tier-4	
<i>cefaclor</i>	Tier-2	
<i>cefadroxil</i>	Tier-2	
<i>cefdinir</i>	Tier-2	
<i>cefditoren pivoxil oral tablet 400 mg</i>	Tier-2	
<i>cefixime</i>	Tier-2	
<i>cefpodoxime</i>	Tier-2	
<i>cefprozil</i>	Tier-2	
<i>cefuroxime axetil oral tablet</i>	Tier-2	
<i>cephalexin</i>	Tier-2	
<i>dicloxacillin</i>	Tier-2	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX ORAL CAPSULE	Tier-4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	Tier-4	
SUPRAX ORAL TABLET,CHEWABLE	Tier-4	
KETOLIDES		
KETEK	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin</i>	Tier-2	
<i>clarithromycin</i>	Tier-2	
<i>clindamycin hcl</i>	Tier-2	
<i>clindamycin pediatric</i>	Tier-2	
DIFICID	Tier-5	PA
<i>e.e.s. 400 oral tablet</i>	Tier-2	
E.E.S. GRANULES	Tier-4	
<i>eryped 200</i>	Tier-2	
<i>eryped 400</i>	Tier-2	
ERY-TAB	Tier-4	
<i>erythrocin (as stearate)</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-2	
<i>erythromycin oral tablet</i>	Tier-2	
PCE	Tier-4	
ZMAX	Tier-4	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
<i>ethambutol</i>	Tier-2	
<i>isoniazid oral solution</i>	Tier-2	
<i>isoniazid oral tablet</i>	Tier-1	
PASER	Tier-4	
PRIFTIN	Tier-3	
<i>pyrazinamide</i>	Tier-2	
<i>rifabutin</i>	Tier-2	
RIFAMATE	Tier-4	
<i>rifampin oral</i>	Tier-2	
RIFATER	Tier-4	
SIRTURO	Tier-3	PA
TRECTOR	Tier-4	
QUINOLONES		
CIPRO XR	Tier-4	
<i>ciprofloxacin</i>	Tier-2	
<i>ciprofloxacin (mixture)</i>	Tier-2	
<i>ciprofloxacin hcl oral</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral</i>	Tier-3	
<i>moxifloxacin</i>	Tier-3	
<i>ofloxacin oral tablet 400 mg</i>	Tier-2	
SULFONAMIDES		
<i>sulfadiazine oral</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
TETRACYCLINES		
<i>demeclocycline oral</i>	Tier-2	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral capsule, delayed release(dr/ec)</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg, 50 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier-1	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
<i>minocycline oral</i>	Tier-2	
<i>tetracycline</i>	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-4	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-4	
<i>aspirin-dipyridamole</i>	Tier-3	
BRILINTA ORAL TABLET 90 MG	Tier-4	
<i>clopidogrel</i>	Tier-2	
<i>dipyridamole oral</i>	Tier-2	
EFFIENT	Tier-4	
<i>ticlopidine</i>	Tier-2	
ZONTIVITY	Tier-4	
BLOOD MODIFYING AGENTS		
ARANESP (IN POLYSORBATE)	Tier-3	QL (4 ML per 30 days)
EPOGEN	Tier-3	QL (10 ML per 14 days)
GRANIX	Tier-5	QL (10 ML per 14 Days)

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Drug Name	Drug Tier	Requirements/Limits
LEUKINE INJECTION RECON SOLN	Tier-5	
MIRCERA	Tier-3	QL (0.3 ML per 14 days)
MOZOBIL	Tier-3	
NEULASTA SUBCUTANEOUS SYRINGE	Tier-5	QL (1 ML per 14 days)
NEUMEGA	Tier-5	
NEUPOGEN	Tier-5	QL (10 ML per 14 days)
PROCRIT	Tier-3	QL (10 ML per 14 days)
PROMACTA	Tier-5	PA; QL (30 EA per 30 days)
BLOOD THINNERS		
COUMADIN ORAL	Tier-4	
ELIQUIS	Tier-4	QL (60 EA per 30 days)
<i>enoxaparin</i>	Tier-2	
<i>fondaparinux</i>	Tier-2	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-3	
FRAGMIN SUBCUTANEOUS SYRINGE	Tier-3	
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-4	QL (60 EA per 30 days)
SAVAYSA	Tier-4	
<i>warfarin</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-4	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-4	
XARELTO ORAL TABLETS,DOSE PACK	Tier-4	QL (51 EA per 365 days)
BLOOD, MISCELLANEOUS		
<i>anagrelide</i>	Tier-2	
<i>cilostazol</i>	Tier-2	
<i>pentoxifylline</i>	Tier-2	
STIMATE	Tier-4	
<i>tranexamic acid</i>	Tier-2	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-3	
ALIMTA	Tier-3	
ALKERAN INTRAVENOUS	Tier-3	
<i>amifostine crystalline</i>	Tier-2	
ARRANON	Tier-3	
ARZERRA	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
AVASTIN	Tier-3	
<i>azacitidine</i>	Tier-2	
BELEODAQ	Tier-3	
BICNU	Tier-3	
<i>bleomycin</i>	Tier-2	
BUSULFEX	Tier-3	
<i>carboplatin intravenous solution</i>	Tier-2	
<i>cisplatin</i>	Tier-2	
<i>cladribine</i>	Tier-2	
CLOLAR	Tier-3	
COSMEGEN	Tier-3	
CYRAMZA	Tier-3	PA
<i>cytarabine</i>	Tier-2	
<i>cytarabine (pf)</i>	Tier-2	
CYTOVENE	Tier-3	
<i>dacarbazine</i>	Tier-2	
DACOGEN	Tier-3	
<i>daunorubicin intravenous solution</i>	Tier-2	
DAUNOXOME	Tier-3	
<i>decitabine</i>	Tier-2	
<i>dexrazoxane hcl</i>	Tier-2	
DOCEFREZ	Tier-3	
<i>docetaxel</i>	Tier-2	
<i>doxorubicin</i>	Tier-2	
<i>doxorubicin, peg-liposomal</i>	Tier-2	
ELITEK	Tier-3	
ELLENC	Tier-3	
ELSPAR	Tier-3	
<i>epirubicin</i>	Tier-2	
ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML	Tier-3	
ERWINAZE	Tier-3	
ETOPOPHOS	Tier-3	
<i>etoposide intravenous</i>	Tier-2	
FASLODEX	Tier-3	
<i>fludarabine intravenous recon soln</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine</i>	Tier-2	
HALAVEN	Tier-3	
HERCEPTIN	Tier-3	
<i>idarubicin</i>	Tier-2	
<i>ifosfamide</i>	Tier-2	
<i>irinotecan</i>	Tier-2	
ISTODAX	Tier-3	
IXEMPRA	Tier-3	
JEVTANA	Tier-3	
KADCYLA INTRAVENOUS RECON SOLN 160 MG	Tier-3	PA
KEYTRUDA	Tier-5	
<i>leuprolide</i>	Tier-2	
<i>melphalan hcl</i>	Tier-2	
<i>mitomycin</i>	Tier-2	
<i>mitoxantrone</i>	Tier-2	
MUSTARGEN	Tier-3	
ONCASPAR	Tier-3	
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	Tier-5	
<i>oxaliplatin</i>	Tier-2	
<i>paclitaxel</i>	Tier-2	
PERJETA	Tier-3	PA
PROLEUKIN	Tier-3	
RITUXAN	Tier-3	PA
SYLATRON	Tier-5	PA; QL (4 EA per 28 days)
SYNRIBO	Tier-3	
THIOTEPA	Tier-3	
<i>toposar</i>	Tier-2	
<i>topotecan intravenous recon soln</i>	Tier-2	
TORISEL	Tier-3	
TREANDA INTRAVENOUS RECON SOLN 100 MG	Tier-3	
TREANDA INTRAVENOUS SOLUTION 45 MG/0.5 ML	Tier-3	
TRISENOX	Tier-3	
UVADEX	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
VECTIBIX INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML)	Tier-3	
VELCADE	Tier-3	
VIDAZA	Tier-3	
<i>vinblastine intravenous solution</i>	Tier-2	
<i>vincasar pfs</i>	Tier-2	
<i>vincristine</i>	Tier-2	
<i>vinorelbine</i>	Tier-2	
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML)	Tier-3	
ZALTRAP	Tier-3	
ZANOSAR	Tier-3	
ORAL AGENTS		
8-MOP	Tier-3	
AFINITOR	Tier-5	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier-5	PA; QL (60 EA per 30 Days)
ALKERAN ORAL	Tier-3	Part B
<i>anastrozole</i>	Tier-2	
<i>bexarotene</i>	Tier-2	
<i>bicalutamide</i>	Tier-2	
BOSULIF ORAL TABLET 100 MG	Tier-5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-5	PA; QL (30 EA per 30 days)
<i>capecitabine</i>	Tier-2	Part B
CAPRELSA ORAL TABLET 100 MG	Tier-5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-5	PA; QL (30 EA per 30 days)
COMETRIQ	Tier-5	PA
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-3	B/D
DROXIA	Tier-3	
EMCYT	Tier-3	
ERIVEDGE	Tier-5	PA
<i>exemestane</i>	Tier-2	
FARESTON	Tier-3	
FARYDAK	Tier-5	PA
<i>flutamide</i>	Tier-2	
GILOTRIF	Tier-5	PA
GLEEVEC	Tier-5	

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE	Tier-4	
HEXALEN	Tier-5	
HYCAMTIN ORAL	Tier-3	Part B
<i>hydroxyurea</i>	Tier-2	
IBRANCE	Tier-5	PA
ICLUSIG	Tier-5	PA
IMBRUVICA	Tier-5	PA
INLYTA	Tier-5	PA
JAKAFI	Tier-5	PA
LENVIMA	Tier-5	PA
<i>letrozole</i>	Tier-2	
LEUKERAN	Tier-3	
<i>lomustine</i>	Tier-2	
LYNPARZA	Tier-5	PA
LYSODREN	Tier-3	
MATULANE	Tier-5	
<i>megestrol oral tablet</i>	Tier-1	
MEKINIST	Tier-5	PA
<i>mercaptopurine</i>	Tier-2	
MYLERAN	Tier-3	Part B
NEXAVAR	Tier-5	PA; QL (220 EA per 30 days)
NILANDRON	Tier-3	
POMALYST	Tier-5	PA; QL (21 EA per 21 Days)
PURIXAN	Tier-3	
REVLIMID	Tier-5	PA; LA
SOLTAMOX	Tier-3	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-5	PA; QL (60 EA per 30 days)
STIVARGA	Tier-5	PA; QL (90 EA per 30 Days)
SUTENT	Tier-5	PA
TABLOID	Tier-3	
TAFINLAR	Tier-5	PA
<i>tamoxifen</i>	Tier-2	
TARCEVA ORAL TABLET 100 MG	Tier-5	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-5	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TARGRETIN ORAL	Tier-5	
TASIGNA	Tier-5	PA
<i>temozolomide</i>	Tier-2	Part B
THALOMID	Tier-5	
<i>tretinoin (chemotherapy)</i>	Tier-2	
TYKERB	Tier-5	PA; QL (180 EA per 30 days)
VOTRIENT	Tier-5	PA; QL (120 EA per 30 days)
XALKORI	Tier-5	PA
XTANDI	Tier-5	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-5	PA
ZOLINZA	Tier-5	PA
ZYDELIG	Tier-4	PA
ZYKADIA	Tier-5	PA
ZYTIGA	Tier-5	PA; QL (120 EA per 30 days)
PROTECTIVE AGENTS		
FUSILEV	Tier-3	
<i>leucovorin calcium</i>	Tier-2	
LEVOLEUCOVORIN CALCIUM	Tier-3	
<i>mesna</i>	Tier-2	
MESNEX ORAL	Tier-4	
ZINECARD (AS HCL)	Tier-3	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-4	
<i>fosinopril</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril</i>	Tier-1	
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin</i>	Tier-1	
<i>prazosin oral</i>	Tier-1	
<i>terazosin</i>	Tier-1	
ANGINA		
CORLANOR	Tier-4	PA
<i>isosorbide dinitrate oral</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-2	
NITRO-BID	Tier-4	
<i>nitroglycerin intravenous</i>	Tier-2	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-2	
<i>nitroglycerin translingual spray,non-aerosol</i>	Tier-2	
NITROMIST	Tier-4	
NITROSTAT	Tier-3	
RANEXA	Tier-3	
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-3	
<i>candesartan</i>	Tier-1	
DIOVAN	Tier-3	
<i>eprosartan</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan</i>	Tier-1	
<i>telmisartan</i>	Tier-1	
<i>valsartan</i>	Tier-1	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier-2	
<i>digitek</i>	Tier-1	
<i>digoxin injection solution</i>	Tier-1	
<i>digoxin oral</i>	Tier-1	
<i>disopyramide phosphate oral capsule</i>	Tier-2	
<i>flecainide</i>	Tier-2	
LANOXIN ORAL	Tier-4	
LANOXIN PEDIATRIC	Tier-4	
<i>mexiletine</i>	Tier-2	
MULTAQ	Tier-4	
NORPACE CR	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
PACERONE ORAL TABLET 100 MG	Tier-4	
<i>propafenone</i>	Tier-2	
<i>quinidine gluconate oral</i>	Tier-2	
<i>quinidine sulfate oral tablet</i>	Tier-2	
<i>sorine</i>	Tier-2	
<i>sotalol af</i>	Tier-1	
<i>sotalol oral</i>	Tier-1	
SOTYLIZE	Tier-4	
TIKOSYN	Tier-3	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine-atorvastatin</i>	Tier-3	
<i>amlodipine-benazepril</i>	Tier-3	
<i>amlodipine-valsartan</i>	Tier-3	
<i>amlodipine-valsartan-hcthiazyd</i>	Tier-3	
<i>atenolol-chlorthalidone</i>	Tier-1	
AZOR	Tier-3	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-3	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan-hydrochlorothiazid</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-2	
DUTOPROL	Tier-4	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
EXFORGE	Tier-4	
EXFORGE HCT	Tier-4	
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan-hydrochlorothiazide</i>	Tier-1	
<i>methyldopa-hydrochlorothiazide</i>	Tier-2	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier-2	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-2	
<i>propranolol-hydrochlorothiazid</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TARKA	Tier-4	
TEKTURNA HCT	Tier-3	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hydrochlorothiazid</i>	Tier-1	
<i>trandolapril-verapamil</i>	Tier-2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-4	
<i>labetalol intravenous solution</i>	Tier-2	
<i>labetalol oral</i>	Tier-2	
BETA BLOCKERS		
<i>acebutolol</i>	Tier-2	
<i>atenolol</i>	Tier-1	
<i>betaxolol oral</i>	Tier-2	
<i>bisoprolol fumarate</i>	Tier-2	
<i>metoprolol succinate</i>	Tier-2	
<i>metoprolol tartrate oral</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-2	
<i>propranolol oral capsule,extended release 24 hr</i>	Tier-2	
<i>propranolol oral solution</i>	Tier-2	
<i>propranolol oral tablet</i>	Tier-1	
<i>timolol maleate oral</i>	Tier-2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-2	
<i>amlodipine</i>	Tier-2	
<i>cartia xt</i>	Tier-2	
<i>diltiazem hcl oral capsule, extended release</i>	Tier-2	
<i>diltiazem hcl oral capsule,ext release degradable</i>	Tier-2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier-2	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	Tier-2	
<i>diltiazem hcl oral tablet</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet extended release 24 hr</i>	Tier-2	
<i>dilt-xr</i>	Tier-2	
<i>felodipine</i>	Tier-2	
<i>isradipine</i>	Tier-2	
<i>matzim la</i>	Tier-2	
<i>nicardipine oral</i>	Tier-2	
<i>nifedical xl</i>	Tier-2	
<i>nifedipine oral capsule</i>	Tier-2	
<i>nifedipine oral tablet extended release 24hr</i>	Tier-2	
<i>nimodipine</i>	Tier-2	
<i>nisoldipine</i>	Tier-2	
<i>taztia xt</i>	Tier-2	
<i>verapamil oral</i>	Tier-1	
CENTRALLY ACTING AGENTS		
<i>clonidine</i>	Tier-2	
<i>clonidine hcl oral tablet</i>	Tier-1	
<i>guanfacine oral tablet</i>	Tier-1	
<i>methyldopa</i>	Tier-2	
NORTHERA	Tier-5	PA
<i>reserpine</i>	Tier-2	
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-3	
DIURETICS		
<i>amiloride oral</i>	Tier-2	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide oral</i>	Tier-1	
<i>chlorothiazide</i>	Tier-2	
<i>chlorthalidone</i>	Tier-1	
<i>eplerenone</i>	Tier-2	STPA
<i>furosemide oral solution</i>	Tier-2	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-2	
<i>metolazone</i>	Tier-2	
<i>spironolactone</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolacton-hydrochlorothiaz</i>	Tier-2	
<i>toremide oral</i>	Tier-2	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	Tier-1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	Tier-1	
LIPID LOWERING AGENTS		
<i>atorvastatin</i>	Tier-2	
<i>cholestyramine light oral powder in packet</i>	Tier-2	
<i>colestipol oral granules</i>	Tier-2	
<i>colestipol oral tablet</i>	Tier-2	
CRESTOR	Tier-4	PA
<i>fenofibrate micronized</i>	Tier-2	
<i>fenofibrate nanocrystallized</i>	Tier-2	
<i>fenofibrate oral capsule</i>	Tier-2	
<i>fenofibrate oral tablet 120 mg, 160 mg, 54 mg</i>	Tier-2	
<i>fenofibric acid (choline)</i>	Tier-2	
<i>fluvastatin oral capsule</i>	Tier-1	
<i>gemfibrozil oral</i>	Tier-2	
JUXTAPID	Tier-5	PA
KYNAMRO	Tier-5	PA
<i>lovastatin</i>	Tier-1	
LOVAZA	Tier-4	
<i>niacin oral tablet extended release 24 hr</i>	Tier-3	
<i>niacor</i>	Tier-2	
<i>omega-3 acid ethyl esters</i>	Tier-3	
<i>pravastatin</i>	Tier-1	
PREVALITE ORAL POWDER	Tier-4	
SIMCOR	Tier-3	
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-3	
VYTORIN 10-10	Tier-4	
VYTORIN 10-20	Tier-4	
VYTORIN 10-40	Tier-4	
VYTORIN 10-80	Tier-4	
WELCHOL	Tier-4	
ZETIA	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REPLACEMENT		
<i>klor-con 10</i>	Tier-2	
<i>klor-con 8</i>	Tier-2	
KLOR-CON M15	Tier-4	
<i>klor-con m20</i>	Tier-2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier-4	
<i>potassium chloride oral capsule, extended release 10 meq</i>	Tier-1	
<i>potassium chloride oral capsule, extended release 8 meq</i>	Tier-2	
<i>potassium chloride oral liquid</i>	Tier-2	
<i>potassium chloride oral tablet, er particles/crystals</i>	Tier-2	
VASODILATORS		
BIDIL	Tier-3	
<i>hydralazine oral</i>	Tier-1	
<i>minoxidil oral</i>	Tier-2	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
ACCU-CHEK ACTIVE TEST	Tier-3	Part B
ACCU-CHEK AVIVA	Tier-3	Part B
ACCU-CHEK AVIVA PLUS TEST STRP	Tier-3	Part B
ACCU-CHEK COMFORT CURVE TEST	Tier-3	Part B
ACCU-CHEK COMPACT TEST	Tier-3	Part B
ACCU-CHEK SMARTVIEW TEST STRIP	Tier-3	Part B
<i>alcohol pads</i>	Tier-2	
<i>assure id insulin safety syringe 1 ml 29 x 1/2"</i>	Tier-2	
<i>curity gauze topical bandage 2 x 2 "</i>	Tier-2	
INSULIN SYRINGE NEEDLELESS	Tier-3	
<i>insulin syringe syringe 1/2 ml 29 x 1/2"</i>	Tier-2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 X 5/16"	Tier-3	
ONETOUCH ULTRA TEST	Tier-3	Part B
ONETOUCH VERIO	Tier-3	Part B
PEN NEEDLE, DIABETIC NEEDLE 31	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-3	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier-3	
PROGLYCEM	Tier-4	
INSULINS		
HUMALOG	Tier-3	
HUMALOG KWIKPEN	Tier-3	
HUMALOG MIX 50-50	Tier-3	
HUMALOG MIX 50-50 KWIKPEN	Tier-3	
HUMALOG MIX 75-25	Tier-3	
HUMALOG MIX 75-25 KWIKPEN	Tier-3	
HUMULIN 70/30	Tier-3	
HUMULIN N	Tier-3	
HUMULIN R	Tier-3	
HUMULIN R U-500 (CONCENTRATED)	Tier-3	
LANTUS	Tier-3	
LANTUS SOLOSTAR	Tier-3	
LEVEMIR	Tier-3	
LEVEMIR FLEXTOUCH	Tier-3	
TOUJEO SOLOSTAR	Tier-4	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-3	
BYETTA	Tier-3	
SYMLINPEN 120	Tier-3	
SYMLINPEN 60	Tier-3	
TRULICITY	Tier-4	
VICTOZA 3-PAK	Tier-3	
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-4	
<i>chlorpropamide</i>	Tier-1	PA
FARXIGA	Tier-4	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide-metformin</i>	Tier-1	
<i>glyburide</i>	Tier-1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized</i>	Tier-1	PA
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-4	
INVOKAMET	Tier-4	
INVOKANA	Tier-4	
JANUMET	Tier-3	
JANUMET XR	Tier-3	
JANUVIA	Tier-3	
JARDIANCE	Tier-4	
JENTADUETO	Tier-3	
<i>metformin</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone</i>	Tier-3	
<i>pioglitazone-glimepiride</i>	Tier-2	
<i>pioglitazone-metformin</i>	Tier-3	
PRANDIMET	Tier-4	
PRANDIN	Tier-3	
<i>repaglinide</i>	Tier-1	
RIOMET	Tier-3	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-3	
XIGDUO XR	Tier-4	
EAR, NOSE AND THROAT		
EAR		
<i>acetasol hc</i>	Tier-2	
<i>acetic acid otic</i>	Tier-2	
CIPRO HC	Tier-3	
CIPRODEX	Tier-3	
<i>fluocinolone acetonide oil</i>	Tier-2	
<i>hydrocortisone-acetic acid</i>	Tier-2	
<i>ofloxacin otic</i>	Tier-2	
MOUTH AND THROAT		
<i>cevimeline</i>	Tier-2	
<i>chlorhexidine gluconate mucous membrane</i>	Tier-1	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl oral</i>	Tier-2	
<i>sodium fluoride oral tablet</i>	Tier-2	
<i>triamcinolone acetonide dental</i>	Tier-2	
NOSE		
<i>azelastine nasal</i>	Tier-2	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-4	
<i>cyproheptadine</i>	Tier-2	
<i>desloratadine</i>	Tier-2	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier-2	QL (150 ML per 90 Days)
<i>fluticasone nasal</i>	Tier-2	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral</i>	Tier-2	
<i>hydroxyzine pamoate</i>	Tier-2	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Tier-2	QL (180 ML per 90 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>	Tier-2	QL (90 ML per 90 days)
<i>levocetirizine</i>	Tier-2	
NASONEX	Tier-3	QL (102 GM per 90 days)
<i>olopatadine</i>	Tier-2	
<i>triamcinolone acetonide nasal</i>	Tier-3	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS	Tier-4	
EYE		
ALLERGY		
ALOCRIIL	Tier-4	
ALOMIDE	Tier-4	
<i>azelastine ophthalmic</i>	Tier-2	
<i>cromolyn ophthalmic</i>	Tier-2	
EMADINE	Tier-4	
<i>epinastine</i>	Tier-2	
LASTACFT	Tier-4	
<i>naphazoline</i>	Tier-2	
ANTI-INFECTIVES		
AZASITE	Tier-4	
<i>bacitracin ophthalmic</i>	Tier-2	
<i>bacitracin-polymyxin b ophthalmic</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
BESIVANCE	Tier-4	
BLEPHAMIDE	Tier-4	
BLEPHAMIDE S.O.P.	Tier-4	
<i>ciprofloxacin hcl ophthalmic</i>	Tier-2	
<i>erythromycin ophthalmic</i>	Tier-2	
GARAMYCIN OPHTHALMIC DROPS	Tier-4	
<i>gatifloxacin</i>	Tier-2	
<i>gentak ophthalmic ointment</i>	Tier-1	
<i>gentamicin ophthalmic</i>	Tier-1	
<i>levofloxacin ophthalmic</i>	Tier-2	
MOXEZA	Tier-4	
<i>neomycin-bacitracin-poly-hc</i>	Tier-2	
<i>neomycin-bacitracin-polymyxin</i>	Tier-2	
<i>neomycin-polymyxin-hc otic drops,suspension</i>	Tier-2	
<i>ofloxacin ophthalmic</i>	Tier-2	
<i>polymyxin b sulf-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic</i>	Tier-2	
<i>sulfacetamide-prednisolone</i>	Tier-2	
TOBRADEX	Tier-4	
TOBRADEX ST	Tier-4	
<i>tobramycin</i>	Tier-2	
<i>tobramycin-dexamethasone</i>	Tier-2	
VIGAMOX	Tier-4	
ANTI-INFLAMMATORIES		
ALREX	Tier-4	
<i>bromfenac</i>	Tier-2	
<i>dexamethasone sodium phosphate ophthalmic</i>	Tier-2	
<i>diclofenac sodium ophthalmic</i>	Tier-2	
FLAREX	Tier-4	
<i>fluorometholone</i>	Tier-2	
<i>flurbiprofen sodium</i>	Tier-2	
FML FORTE	Tier-4	
FML S.O.P.	Tier-3	
<i>ketorolac ophthalmic</i>	Tier-2	
LOTEMAX	Tier-4	
MAXIDEX	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth</i>	Tier-2	
<i>neomycin-polymyxin-gramicidin</i>	Tier-2	
<i>neomycin-polymyxin-hc ophthalmic</i>	Tier-2	
<i>neomycin-polymyxin-hc otic solution</i>	Tier-2	
NEVANAC	Tier-4	
PRED MILD	Tier-3	
PRED-G	Tier-3	
PRED-G S.O.P.	Tier-3	
<i>prednisolone acetate</i>	Tier-2	
PROLENSA	Tier-4	
VEXOL	Tier-3	
ZYLET	Tier-4	
ANTIVIRALS		
<i>trifluridine</i>	Tier-2	
ZIRGAN	Tier-4	
GLAUCOMA		
<i>acetazolamide</i>	Tier-2	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	Tier-4	
<i>apraclonidine</i>	Tier-2	
AZOPT	Tier-3	
<i>betaxolol ophthalmic</i>	Tier-2	
BETIMOL OPHTHALMIC DROPS 0.5 %	Tier-3	
BETOPTIC S	Tier-4	
<i>bimatoprost</i>	Tier-2	
<i>brimonidine</i>	Tier-2	
<i>carteolol</i>	Tier-2	
COMBIGAN	Tier-4	
<i>dorzolamide</i>	Tier-2	
<i>dorzolamide-timolol</i>	Tier-2	
IOPIDINE	Tier-4	
<i>latanoprost</i>	Tier-2	
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier-1	
LUMIGAN	Tier-4	STPA
<i>methazolamide oral</i>	Tier-2	
<i>metipranolol</i>	Tier-2	
<i>pilocarpine hcl ophthalmic</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
RESCULA	Tier-4	
SIMBRINZA	Tier-4	
<i>timolol maleate ophthalmic drops</i>	Tier-1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-2	
TRAVATAN Z	Tier-4	STPA
<i>travoprost (benzalkonium)</i>	Tier-2	
ZIOPTAN (PF)	Tier-4	STPA; QL (90 EA per 90 days)
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-4	
<i>atropine ophthalmic drops</i>	Tier-2	
NATACYN	Tier-4	
<i>proparacaine</i>	Tier-2	
RESTASIS	Tier-3	PA
GASTROINTESTINAL DRUGS		
EMESIS		
ALOXI	Tier-3	B/D; QL (5 ML per 7 days)
ANZEMET ORAL TABLET 100 MG	Tier-3	B/D; QL (5 EA per 7 days)
ANZEMET ORAL TABLET 50 MG	Tier-3	B/D; QL (3 EA per 7 days)
CESAMET	Tier-3	B/D; QL (30 EA per 7 days)
<i>compro</i>	Tier-2	
<i>dronabinol</i>	Tier-2	B/D; QL (21 EA per 7 Days)
EMEND ORAL CAPSULE 125 MG	Tier-3	B/D; QL (1 EA per 7 days)
EMEND ORAL CAPSULE 40 MG, 80 MG	Tier-3	B/D; QL (2 EA per 7 days)
EMEND ORAL CAPSULE,DOSE PACK	Tier-3	B/D; QL (3 EA per 7 days)
<i>granisetron hcl oral</i>	Tier-2	B/D; QL (10 EA per 7 days)
<i>meclizine oral tablet</i>	Tier-2	
<i>metoclopramide hcl oral</i>	Tier-2	
<i>ondansetron</i>	Tier-2	B/D; QL (12 EA per 7 days)
<i>ondansetron hcl oral solution</i>	Tier-2	B/D; QL (150 ML per 7 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier-2	B/D; QL (4 EA per 7 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier-2	B/D; QL (12 EA per 7 days)
<i>prochlorperazine</i>	Tier-2	
<i>prochlorperazine maleate oral</i>	Tier-2	
SANCUSO	Tier-4	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
ENZYMES		
CARBAGLU	Tier-3	PA
CREON	Tier-3	
CYSTAGON	Tier-4	
PANCREAZE	Tier-4	
PERTZYE	Tier-4	
ULTRESA	Tier-4	
VIOKACE	Tier-4	
ZENPEP	Tier-4	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alose tron</i>	Tier-2	
CANTIL	Tier-4	
<i>constulose</i>	Tier-2	
<i>cromolyn oral</i>	Tier-2	
<i>dicyclomine oral capsule</i>	Tier-1	
<i>dicyclomine oral solution</i>	Tier-1	
<i>dicyclomine oral tablet</i>	Tier-1	
<i>enulose</i>	Tier-2	
FULYZAQ	Tier-3	PA
GATTEX ONE-VIAL	Tier-5	PA
<i>generlac</i>	Tier-2	
<i>glycopyrrolate oral</i>	Tier-2	
KRISTALOSE	Tier-3	
<i>lactulose</i>	Tier-2	
<i>levocarnitine (with sugar)</i>	Tier-2	
<i>levocarnitine oral tablet</i>	Tier-2	
<i>loperamide oral capsule</i>	Tier-2	
LOTRONEX	Tier-3	
<i>megestrol oral suspension</i>	Tier-2	
MOVANTIK	Tier-4	
MOVIPREP	Tier-4	
OSMOPREP	Tier-4	
<i>peg 3350-electrolytes</i>	Tier-2	
<i>peg-3350 with flavor packs</i>	Tier-2	
<i>peg-electrolyte soln</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral powder</i>	Tier-2	
<i>propantheline</i>	Tier-2	
SUPREP BOWEL PREP KIT	Tier-4	
<i>trilyte with flavor packets</i>	Tier-2	
<i>ursodiol</i>	Tier-2	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicil-clarithromy-lansopraz</i>	Tier-2	
CARAFATE ORAL SUSPENSION	Tier-4	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl oral</i>	Tier-2	
DEXILANT	Tier-4	PA
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	Tier-3	
<i>famotidine oral suspension</i>	Tier-2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	Tier-3	
<i>methscopolamine oral</i>	Tier-2	
<i>misoprostol</i>	Tier-2	
NEXIUM	Tier-4	PA
<i>nizatidine</i>	Tier-2	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	Tier-2	
<i>omeprazole-sodium bicarbonate</i>	Tier-2	
<i>pantoprazole oral</i>	Tier-2	
PREVPAC	Tier-4	
PYLERA	Tier-3	
<i>rabeprazole</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
RELISTOR SUBCUTANEOUS SOLUTION	Tier-3	
RELISTOR SUBCUTANEOUS SYRINGE	Tier-3	
<i>sucralfate oral tablet</i>	Tier-2	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-3	
APRISO	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
ASACOL HD	Tier-3	
<i>balsalazide</i>	Tier-2	
<i>budesonide oral</i>	Tier-2	
CANASA	Tier-3	
<i>colocort</i>	Tier-2	
DELZICOL	Tier-3	
DIPENTUM	Tier-3	
ENTOCORT EC	Tier-4	
<i>hydrocortisone rectal enema</i>	Tier-2	
LINZESS	Tier-3	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	Tier-2	
PENTASA	Tier-3	
SFROWASA	Tier-4	
<i>sulfasalazine oral tablet</i>	Tier-2	
<i>sulfazine ec</i>	Tier-2	
UCERIS ORAL	Tier-4	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-3	HI
<i>acetazolamide sodium</i>	Tier-2	HI
<i>acyclovir sodium intravenous solution</i>	Tier-2	HI
AMBISOME	Tier-3	HI
<i>amikacin</i>	Tier-2	HI; Part B
<i>amphotericin b</i>	Tier-2	HI
<i>ampicillin sodium</i>	Tier-2	HI; Part B
<i>ampicillin-sulbactam</i>	Tier-2	HI; Part B
ANZEMET INTRAVENOUS	Tier-3	HI; QL (10 ML per 7 days)
ARGATROBAN	Tier-4	HI
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	Tier-4	HI
ATGAM	Tier-3	HI; Part B
<i>atropine injection</i>	Tier-2	HI
<i>atropine intravenous</i>	Tier-2	HI
AVELOX IN NAACL (ISO-OSMOTIC)	Tier-3	HI; Part B
<i>azithromycin intravenous</i>	Tier-2	HI; Part B
<i>aztreonam</i>	Tier-2	HI; Part B

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Drug Name	Drug Tier	Requirements/Limits
<i>benztropine injection</i>	Tier-2	HI
<i>bumetanide injection</i>	Tier-2	HI
<i>buprenorphine hcl injection syringe</i>	Tier-2	HI
<i>butorphanol tartrate injection</i>	Tier-2	HI
<i>calcitriol intravenous</i>	Tier-2	HI
CANCIDAS	Tier-3	HI
CAPASTAT	Tier-3	HI
CARDENE IV IN SODIUM CHLORIDE	Tier-4	HI
<i>cefazolin</i>	Tier-2	HI; Part B
<i>cefazolin in 0.9% sod chloride intravenous solution</i>	Tier-2	HI; Part B
<i>cefazolin in 0.9% sod chloride intravenous syringe 1 gram/10 ml</i>	Tier-2	HI; Part B
<i>cefazolin in dextrose (iso-os)</i>	Tier-2	HI; Part B
<i>cefazolin in dextrose 5 %</i>	Tier-2	HI; Part B
<i>cefazolin in sterile water</i>	Tier-2	HI; Part B
<i>cefepime</i>	Tier-2	HI; Part B
<i>cefepime in dextrose 5 %</i>	Tier-2	HI; Part B
<i>cefotaxime</i>	Tier-2	HI; Part B
<i>cefotetan</i>	Tier-2	HI; Part B
<i>cefoxitin</i>	Tier-2	HI; Part B
<i>cefoxitin in dextrose, iso-osm</i>	Tier-2	HI; Part B
<i>ceftazidime</i>	Tier-2	HI; Part B
<i>ceftazidime in d5w</i>	Tier-2	HI; Part B
<i>ceftriaxone injection</i>	Tier-2	HI; Part B
<i>ceftriaxone intravenous recon soln</i>	Tier-2	HI; Part B
<i>cefuroxime sodium</i>	Tier-2	HI; Part B
<i>chloramphenicol sod succinate</i>	Tier-2	HI; Part B
<i>cidofovir</i>	Tier-2	HI
<i>ciprofloxacin in 5 % dextrose</i>	Tier-2	HI; Part B
<i>ciprofloxacin intravenous</i>	Tier-2	HI; Part B
<i>ciprofloxacin lactate</i>	Tier-2	HI; Part B
<i>clindamycin in 5 % dextrose</i>	Tier-2	HI; Part B
<i>clindamycin phosphate injection</i>	Tier-2	HI; Part B
<i>clindamycin phosphate intravenous</i>	Tier-2	HI; Part B
<i>colistin (colistimethate na)</i>	Tier-2	HI; Part B

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Drug Name	Drug Tier	Requirements/Limits
CRESEMBA INTRAVENOUS	Tier-5	HI
CUBICIN	Tier-3	HI; Part B
<i>cyclosporine intravenous</i>	Tier-2	B/D; HI
CYKLOKAPRON	Tier-3	HI
DALVANCE	Tier-3	HI; Part B
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier-2	HI
<i>diltiazem hcl intravenous</i>	Tier-2	HI
<i>diphenhydramine hcl injection</i>	Tier-2	HI
DORIBAX	Tier-3	HI; Part B
<i>duramorph (pf)</i>	Tier-2	HI
ERAXIS(WATER DILUENT)	Tier-3	HI; Part B
ERYTHROCIN	Tier-3	HI; Part B
<i>esomeprazole sodium</i>	Tier-2	HI
<i>fluconazole in dextrose(iso-o)</i>	Tier-2	HI; Part B
<i>gentamicin in nacl (iso-osm)</i>	Tier-2	HI; Part B
<i>gentamicin injection</i>	Tier-2	HI; Part B
<i>gentamicin sulfate (ped) (pf)</i>	Tier-2	HI; Part B
<i>gentamicin sulfate (pf)</i>	Tier-2	HI; Part B
<i>granisetron (pf)</i>	Tier-2	B/D; HI; QL (40 ML per 7 days)
<i>granisetron hcl intravenous</i>	Tier-2	B/D; HI; QL (40 ML per 7 days)
<i>heparin (porcine) in 0.9% nacl</i>	Tier-2	HI
<i>heparin (porcine) in 5 % dex</i>	Tier-2	HI
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 100 unit/100 ml (1 unit/ml), 2,000 unit/1,000 ml, 3,000 unit/500 ml (6 unit/ml), 30,000 unit/1,000 ml</i>	Tier-2	HI
<i>heparin (porcine) injection solution</i>	Tier-2	HI
<i>heparin(porcine) in 0.45% nacl</i>	Tier-2	HI
<i>heparin, porcine (pf)</i>	Tier-2	HI
<i>hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml</i>	Tier-2	HI
<i>imipenem-cilastatin</i>	Tier-2	HI; Part B
INVANZ INJECTION	Tier-3	HI; Part B
<i>isoniazid injection</i>	Tier-2	HI
<i>lactated ringers intravenous</i>	Tier-2	HI
<i>levocarnitine intravenous</i>	Tier-2	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w</i>	Tier-2	HI; Part B
<i>levofloxacin intravenous</i>	Tier-2	HI; Part B
<i>lidocaine (pf) injection solution 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	Tier-2	HI
LINCOCIN	Tier-3	HI; Part B
<i>linezolid intravenous</i>	Tier-2	HI; Part B
<i>meropenem</i>	Tier-2	HI; Part B
<i>methadone injection</i>	Tier-2	HI
<i>methotrexate sodium (pf)</i>	Tier-2	HI
<i>metoclopramide hcl injection solution</i>	Tier-2	HI
<i>metoprolol tartrate intravenous solution</i>	Tier-2	HI
<i>metronidazole in nacl (iso-os)</i>	Tier-2	HI; Part B
<i>moxifloxacin-sod.ace,sul-water</i>	Tier-2	HI; Part B
MYCAMINE	Tier-3	HI
<i>nafcillin</i>	Tier-2	HI; Part B
<i>nafcillin in dextrose iso-osm</i>	Tier-2	HI; Part B
<i>ondansetron hcl (pf) injection solution</i>	Tier-2	B/D; HI
<i>ondansetron hcl (pf) injection syringe</i>	Tier-2	B/D
<i>oxacillin</i>	Tier-2	HI; Part B
<i>oxacillin in dextrose(iso-osm)</i>	Tier-2	HI; Part B
<i>penicillin g pot in 0.9 % nacl</i>	Tier-2	HI; Part B
<i>penicillin g pot in dextrose</i>	Tier-2	HI; Part B
<i>penicillin g potassium</i>	Tier-2	HI; Part B
<i>penicillin g sodium</i>	Tier-2	HI; Part B
<i>pfizerpen-g</i>	Tier-2	HI; Part B
<i>piperacillin-tazobactam</i>	Tier-2	HI; Part B
<i>polymyxin b sulfate</i>	Tier-2	HI; Part B
<i>potassium chloride intravenous piggyback 20 meq/100 ml</i>	Tier-2	HI
<i>prochlorperazine edisylate</i>	Tier-2	HI
PROGRAF INTRAVENOUS	Tier-3	B/D; HI
<i>promethazine injection solution</i>	Tier-2	HI
RETROVIR INTRAVENOUS	Tier-3	HI
<i>rifampin intravenous</i>	Tier-2	HI; Part B
<i>streptomycin intramuscular</i>	Tier-2	HI; Part B
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier-2	HI; Part B

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Drug Name	Drug Tier	Requirements/Limits
SYNERCID	Tier-3	HI; Part B
TEFLARO	Tier-3	HI; Part B
TIMENTIN INTRAVENOUS PIGGYBACK	Tier-3	HI; Part B
TIMENTIN INTRAVENOUS RECON SOLN 31 GRAM	Tier-3	HI; Part B
<i>tobramycin in 0.9 % nacl</i>	Tier-2	HI; Part B
<i>tobramycin sulfate injection solution</i>	Tier-2	HI; Part B
TYGACIL	Tier-3	HI; Part B
<i>valproate sodium</i>	Tier-2	HI
<i>vancomycin intravenous</i>	Tier-2	HI; Part B
VISTIDE	Tier-3	HI
<i>voriconazole intravenous</i>	Tier-2	HI
ZEMPLAR INTRAVENOUS	Tier-3	HI
ZERBAXA	Tier-5	HI; Part B
ZYVOX INTRAVENOUS	Tier-3	HI; Part B
ELECTROLYTES		
<i>ammonium chloride</i>	Tier-2	HI
<i>d10 % & 0.45 % sodium chloride</i>	Tier-2	HI
<i>d10 %-0.9 % sodium chloride</i>	Tier-2	HI
<i>d2.5 %-0.45 % sodium chloride</i>	Tier-2	HI
<i>d5 % and 0.9 % sodium chloride</i>	Tier-2	HI
<i>d5 %-0.45 % sodium chloride</i>	Tier-2	HI
<i>dextrose 10 % and 0.2 % nacl</i>	Tier-2	HI
<i>dextrose 10 % in water (d10w)</i>	Tier-2	HI
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier-2	HI
<i>dextrose 5 %-lactated ringers</i>	Tier-2	HI
<i>dextrose 5%-0.2 % sod chloride</i>	Tier-2	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier-2	HI
<i>dextrose with sodium chloride</i>	Tier-2	HI
<i>dextrose-kcl-nacl</i>	Tier-2	HI
IONOSOL-B IN D5W	Tier-3	HI
IONOSOL-MB IN D5W	Tier-3	HI
ISOLYTE-P IN 5 % DEXTROSE	Tier-3	HI
ISOLYTE-S	Tier-3	HI
NORMOSOL-M IN 5 % DEXTROSE	Tier-3	HI

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R IN 5 % DEXTROSE	Tier-3	HI
NORMOSOL-R PH 7.4	Tier-3	HI
PLASMA-LYTE 148	Tier-3	HI
PLASMA-LYTE A	Tier-3	HI
PLASMA-LYTE-56 IN 5 % DEXTROSE	Tier-3	HI
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-2	HI
<i>potassium chloride in 0.9%nacl</i>	Tier-2	HI
<i>potassium chloride in 5 % dex</i>	Tier-2	HI
<i>potassium chloride in lr-d5</i>	Tier-2	HI
<i>potassium chloride intravenous</i>	Tier-2	HI
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	Tier-2	HI
<i>potassium chloride-0.45 % nacl</i>	Tier-2	HI
<i>potassium chloride-d5-0.2%nacl</i>	Tier-2	HI
<i>potassium chloride-d5-0.3%nacl</i>	Tier-2	HI
<i>potassium chloride-d5-0.9%nacl</i>	Tier-2	HI
<i>potassium cl in d10-0.2 % nacl</i>	Tier-2	HI
<i>ringers intravenous</i>	Tier-2	HI
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	Tier-2	HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier-2	HI
<i>sodium chloride 3 %</i>	Tier-2	HI
<i>sodium chloride 5 %</i>	Tier-2	HI
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier-2	HI
<i>sodium lactate intravenous solution</i>	Tier-2	HI
IV NUTRITION		
AMINOSYN 7 % WITH ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN II 10 %	Tier-3	B/D; HI
AMINOSYN II 15 %	Tier-3	B/D; HI
AMINOSYN II 7 %	Tier-3	B/D; HI
AMINOSYN II 8.5 %	Tier-3	B/D; HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN M 3.5 %	Tier-3	B/D; HI

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC 7%	Tier-3	B/D; HI
AMINOSYN-PF 10 %	Tier-3	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-3	B/D; HI
AMINOSYN-RF 5.2 %	Tier-3	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX 5%/D25W SULFITE-FREE	Tier-3	B/D; HI
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX 4.25%-D20W SULF-FREE	Tier-3	B/D; HI
CLINIMIX 4.25%-D25W SULF-FREE	Tier-3	B/D; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	Tier-3	B/D; HI
CLINIMIX E 2.75%/D10W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D10W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D20W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D25W SULFIT FREE	Tier-3	B/D; HI
CLINISOL SF 15 %	Tier-3	B/D; HI
FREAMINE HBC 6.9 %	Tier-3	B/D; HI
HEPATAMINE 8%	Tier-3	B/D; HI
INTRALIPID	Tier-3	B/D; HI
NEPHRAMINE 5.4 %	Tier-3	B/D; HI
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier-3	B/D
PREMASOL 10 %	Tier-3	B/D; HI
PREMASOL 6 %	Tier-3	B/D; HI
PROCALAMINE 3%	Tier-3	B/D; HI
PROSOL 20 %	Tier-3	B/D; HI
<i>tpn electrolytes</i>	Tier-2	B/D; HI
TRAVASOL 10 %	Tier-3	B/D; HI
TROPHAMINE 10 %	Tier-3	B/D; HI
TROPHAMINE 6%	Tier-3	B/D; HI

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Drug Name	Drug Tier	Requirements/Limits
HORMONES		
ADRENAL CORTICOSTEROIDS		
<i>a-hydrocort</i>	Tier-2	
<i>cortisone</i>	Tier-2	
DEPO-MEDROL	Tier-3	
<i>dexamethasone in 0.9 % nacl</i>	Tier-2	
<i>dexamethasone intensol</i>	Tier-2	
<i>dexamethasone oral elixir</i>	Tier-2	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexamethasone sodium phos (pf)</i>	Tier-2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier-2	
<i>dexpak 13 day</i>	Tier-2	
<i>fludrocortisone</i>	Tier-2	
<i>hydrocortisone oral</i>	Tier-2	
MEDROL ORAL TABLET 2 MG	Tier-4	
<i>methylprednisolone</i>	Tier-2	
<i>methylprednisolone acetate</i>	Tier-2	
<i>methylprednisolone sodium succ</i>	Tier-2	
MILLIPRED	Tier-4	Transplant
ORAPRED ODT	Tier-4	Transplant
<i>prednisolone sodium phosphate ophthalmic</i>	Tier-2	
<i>prednisolone sodium phosphate oral</i>	Tier-2	Transplant
PREDNISON INTENSOL	Tier-4	Transplant
<i>prednisone oral solution</i>	Tier-2	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
SOLU-CORTEF	Tier-4	
SOLU-CORTEF (PF)	Tier-4	
SOLU-MEDROL	Tier-4	
SOLU-MEDROL (PF)	Tier-4	
<i>triamcinolone acetonide injection</i>	Tier-2	
VERIPRED 20	Tier-4	Transplant
ANDROGENS		
AVEED	Tier-4	
<i>danazol oral</i>	Tier-2	
DEPO-TESTOSTERONE	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
METHITEST	Tier-4	
<i>oxandrolone</i>	Tier-2	
TESTIM	Tier-4	
<i>testosterone</i>	Tier-2	
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	Tier-2	
<i>testosterone enanthate</i>	Tier-2	
TESTRED	Tier-4	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-3	
FIRMAGON KIT W DILUENT SYRINGE	Tier-3	
LUPRON DEPOT	Tier-3	
LUPRON DEPOT (3 MONTH)	Tier-3	
LUPRON DEPOT (4 MONTH)	Tier-3	
LUPRON DEPOT (6 MONTH)	Tier-3	
LUPRON DEPOT-PED	Tier-3	
SYNAREL	Tier-3	
TRELSTAR	Tier-3	
TRELSTAR DEPOT	Tier-3	
TRELSTAR LA	Tier-3	
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
ARMOUR THYROID	Tier-4	
<i>levothyroxine intravenous</i>	Tier-2	
<i>levothyroxine oral</i>	Tier-1	
<i>levoxyl</i>	Tier-1	
<i>liothyronine oral</i>	Tier-2	
<i>methimazole</i>	Tier-2	
<i>propylthiouracil</i>	Tier-2	
SYNTHROID	Tier-4	
THYROLAR-1	Tier-4	
THYROLAR-1/2	Tier-4	
THYROLAR-1/4	Tier-4	
THYROLAR-2	Tier-4	
THYROLAR-3	Tier-4	
TIROSINT	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
TRIOSTAT	Tier-3	
<i>unithroid</i>	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB (PF)	Tier-3	Part B
ACTIMMUNE	Tier-5	
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier-3	
ADAGEN	Tier-5	
<i>bcg vaccine, live (pf)</i>	Tier-2	
BEXSERO (PF)	Tier-3	
BIVIGAM	Tier-5	PA; Part B
BOOSTRIX TDAP	Tier-3	
CARIMUNE NF NANOFILTERED	Tier-3	PA; Part B
CERVARIX VACCINE (PF)	Tier-3	
COMVAX (PF)	Tier-3	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier-3	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-3	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	Tier-5	PA; HI; Part B
GAMASTAN S/D	Tier-3	PA; Part B
GAMMAGARD LIQUID	Tier-3	PA; Part B
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier-5	PA; Part B
GAMMAPLEX	Tier-5	PA; Part B
GAMUNEX-C	Tier-3	PA; Part B
GARDASIL (PF)	Tier-3	
GARDASIL 9 (PF)	Tier-3	
HAVRIX (PF)	Tier-3	
HYPERRAB S/D (PF)	Tier-3	Part B
IMOVAX RABIES VACCINE (PF)	Tier-3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	Tier-3	
IPOL	Tier-3	
IXIARO (PF)	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier-3	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-3	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-3	
M-M-R II (PF)	Tier-3	
OCTAGAM	Tier-3	PA; Part B
PEDVAX HIB (PF)	Tier-3	
PNEUMOVAX 23 INJECTION SOLUTION	Tier-3	Part B
PREVNAR 13 (PF)	Tier-3	Part B
PRIVIGEN	Tier-3	PA; Part B
PROQUAD (PF)	Tier-3	
QUADRACEL (PF)	Tier-3	
RABAVERT (PF)	Tier-3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier-3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	Tier-3	B/D
ROTARIX	Tier-3	
ROTATEQ VACCINE	Tier-3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	Tier-3	
<i>tetanus,diphtheria tox ped(pf)</i>	Tier-2	
<i>tetanus-diphtheria toxoids-td</i>	Tier-2	
THYMOGLOBULIN	Tier-3	
TRUMENBA	Tier-3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	Tier-3	
TYPHIM VI	Tier-3	
VAQTA (PF)	Tier-3	
VARIVAX (PF)	Tier-3	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-3	
VIVOTIF BERNA VACCINE	Tier-3	
YF-VAX (PF)	Tier-3	
ZOSTAVAX (PF)	Tier-3	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-4	B/D
BENLYSTA	Tier-3	PA

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Drug Name	Drug Tier	Requirements/Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	Tier-4	B/D
<i>cyclosporine modified</i>	Tier-2	B/D
<i>cyclosporine oral capsule</i>	Tier-2	B/D
<i>engraf</i>	Tier-2	B/D
<i>mycophenolate mofetil</i>	Tier-2	B/D
<i>mycophenolate sodium</i>	Tier-2	B/D
MYFORTIC	Tier-4	B/D
NULOJIX	Tier-3	B/D
RAPAMUNE	Tier-3	B/D
SIMULECT	Tier-5	B/D
<i>sirolimus</i>	Tier-2	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	Tier-2	B/D
<i>tacrolimus oral capsule 5 mg</i>	Tier-5	B/D
ZORTRESS	Tier-3	B/D; QL (180 EA per 90 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate injection solution</i>	Tier-2	
SANDOSTATIN	Tier-3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	Tier-5	
SIGNIFOR LAR	Tier-5	PA; QL (1 EA per 28 days)
SOMATULINE DEPOT	Tier-3	
SOMAVERT	Tier-5	PA
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole</i>	Tier-3	
ANAPHYLAXIS EMERGENCY		
AUVI-Q	Tier-3	QL (2 EA per 1 day)
<i>epinephrine injection auto-injector</i>	Tier-2	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-3	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-3	QL (2 EA per 1 day)
<i>midodrine</i>	Tier-2	
BOTULINUM TOXINS		
BOTOX	Tier-3	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	Tier-3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V. For Tufts Medicare Preferred HMO Prime Rx Plus members we provide coverage for Tier-1 and Tier-2 drugs through the Coverage Gap.

Drug Name	Drug Tier	Requirements/Limits
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	Tier-3	PA
CASTLEMAN DISEASE		
SYLVANT	Tier-5	PA
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-3	PA
ILARIS (PF)	Tier-3	PA
CUSHING DISEASE		
SIGNIFOR	Tier-5	PA; QL (60 ML per 30 days)
CYSTIC FIBROSIS		
BETHKIS	Tier-5	
CAYSTON	Tier-5	
KALYDECO	Tier-5	PA; QL (60 EA per 30 days)
PULMOZYME	Tier-5	
TOBI PODHALER	Tier-5	
<i>tobramycin in 0.225 % nacl</i>	Tier-2	
CYSTINURIA		
CYSTADANE	Tier-3	
DETOXIFICATION AGENTS		
CHEMET	Tier-4	
EXJADE	Tier-3	
FERRIPROX	Tier-3	
JADENU	Tier-3	
FABRY DISEASE		
FABRAZYME	Tier-3	PA
GAUCHER DISEASE		
CERDELGA	Tier-3	PA
CEREZYME	Tier-5	
ELELYSO	Tier-3	PA
VPRIV	Tier-3	PA
ZAVESCA	Tier-5	PA
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-5	PA
GENOTROPIN	Tier-3	PA
GENOTROPIN MINIQUICK	Tier-3	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMATROPE	Tier-3	PA
INCRELEX	Tier-5	PA
NORDITROPIN FLEXPPO	Tier-5	PA
NORDITROPIN NORDIFLEX	Tier-5	PA
NUTROPIN AQ NUSPIN	Tier-5	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	Tier-5	PA
OMNITROPE	Tier-3	PA
SAIZEN	Tier-5	PA
SAIZEN CLICK.EASY	Tier-5	PA
SEROSTIM	Tier-5	PA
ZOMACTON	Tier-3	PA
ZORBTIVE	Tier-5	PA
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	Tier-3	
CINRYZE	Tier-3	PA
FIRAZYR	Tier-5	PA; QL (3 ML per 7 days)
RUCONEST	Tier-4	
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN	Tier-5	PA
HUNTINGTON DISEASE		
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier-5	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier-5	PA; QL (120 EA per 30 days)
XENAZINE ORAL TABLET 12.5 MG	Tier-5	PA; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-5	PA; QL (120 EA per 30 days)
HYPERCALCEMIA		
SENSIPAR	Tier-3	
HYPERPARATHYROIDISM		
<i>calcitriol oral</i>	Tier-2	
<i>doxercalciferol</i>	Tier-2	
<i>paricalcitol</i>	Tier-2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier-3	
HYPOPARATHYROIDISM		
NATPARA	Tier-5	PA; QL (2 EA per 28 days)
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
ELAPRASE	Tier-3	
LUMIZYME	Tier-3	
NAGLAZYME	Tier-3	
TYSABRI	Tier-5	PA; LA
MULTIPLE SCLEROSIS		
AMPYRA	Tier-3	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-5	PA; QL (30 EA per 30 Days)
AVONEX (WITH ALBUMIN)	Tier-5	QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier-5	QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier-5	QL (4 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	Tier-5	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Tier-5	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier-5	QL (12 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT	Tier-5	QL (15 EA per 30 days)
GILENYA	Tier-5	PA; QL (30 EA per 30 Days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier-5	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier-5	QL (1 ML per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier-5	QL (1 ML per 28 days)
REBIF (WITH ALBUMIN)	Tier-5	QL (12 ML per 30 days)
REBIF REBIDOSE	Tier-5	QL (12 ML per 30 days)
REBIF TITRATION PACK	Tier-5	QL (12 ML per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-5	PA; QL (60 EA per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-5	PA; QL (60 EA per 30 Days)
MYASTHENIA GRAVIS		
<i>guanidine</i>	Tier-2	
MESTINON ORAL SYRUP	Tier-4	
MESTINON TIMESPAN	Tier-3	
<i>pyridostigmine bromide</i>	Tier-2	
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
PHENYLKETONURIA		
KUVAN ORAL POWDER IN PACKET 500 MG	Tier-5	PA
KUVAN ORAL TABLET,SOLUBLE	Tier-5	PA
PHEOCHROMOCYTOMA		
DEMSER	Tier-5	
<i>phenoxybenzamine</i>	Tier-2	
PHOSPHATE BINDERS		
AURYXIA	Tier-4	
<i>calcium acetate oral capsule</i>	Tier-2	
FOSRENOL	Tier-3	
PHOSLYRA	Tier-3	
RENAGEL	Tier-3	
RENVELA	Tier-3	
VELPHORO	Tier-4	
POMPE DISEASE		
MYOZYME	Tier-3	
POTASSIUM BINDER		
<i>kionex oral powder</i>	Tier-2	
<i>sodium polystyrene (sorb free)</i>	Tier-2	
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-3	
VIRAZOLE	Tier-3	PA
SMOKING CESSATION		
<i>buproban</i>	Tier-2	
CHANTIX	Tier-4	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	Tier-4	QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX	Tier-4	QL (53 EA per 30 days)
NICOTROL	Tier-3	
NICOTROL NS	Tier-4	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin</i>	Tier-2	
AVODART	Tier-3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier-4	PA; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	Tier-2	
JALYN	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin</i>	Tier-2	
UREA CYCLE DISORDERS		
RAVICTI	Tier-5	PA
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-2	
<i>desmopressin injection</i>	Tier-2	
<i>desmopressin nasal solution</i>	Tier-2	
<i>desmopressin nasal spray,non-aerosol</i>	Tier-2	
<i>desmopressin oral</i>	Tier-2	
ELMIRON	Tier-4	
ENABLEX	Tier-4	STPA
<i>flavoxate</i>	Tier-2	
GELNIQUE	Tier-3	
MYRBETRIQ	Tier-4	STPA
<i>oxybutynin chloride oral syrup</i>	Tier-2	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier-2	
OXYTROL	Tier-3	
<i>potassium citrate</i>	Tier-2	
SAMSCA	Tier-4	
<i>tolterodine</i>	Tier-3	
<i>trospium</i>	Tier-2	
UROCIT-K 10	Tier-4	
UROCIT-K 15	Tier-4	
UROCIT-K 5	Tier-4	
VESICARE	Tier-3	
WILSON'S DISEASE		
DEPEN TITRATABS	Tier-3	
SYPRINE	Tier-3	
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil</i>	Tier-2	
<i>ergoloid</i>	Tier-2	
EXELON TRANSDERMAL	Tier-4	
<i>galantamine</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablet</i>	Tier-3	
<i>memantine oral tablets,dose pack</i>	Tier-3	
NAMENDA	Tier-3	
NAMENDA TITRATION PAK	Tier-3	QL (49 EA per 365 days)
NAMENDA XR	Tier-3	
<i>rivastigmine tartrate</i>	Tier-2	
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-2	QL (8 EA per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>dihydroergotamine injection</i>	Tier-2	
<i>dihydroergotamine nasal</i>	Tier-2	QL (12 ML per 30 days)
MIGERGOT	Tier-3	
MIGRANAL	Tier-4	QL (12 ML per 30 Days)
<i>naratriptan</i>	Tier-2	QL (9 EA per 30 days)
<i>rizatriptan</i>	Tier-2	QL (12 EA per 30 Days)
<i>sumatriptan</i>	Tier-2	QL (9 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier-2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	Tier-2	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	Tier-2	QL (4 ML per 30 Days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier-2	QL (8 ML per 30 Days)
<i>zolmitriptan</i>	Tier-2	QL (6 EA per 30 days)
PARKINSONS DISEASE		
APOKYN	Tier-5	
AZILECT	Tier-3	
<i>benztropine oral</i>	Tier-1	
<i>bromocriptine</i>	Tier-2	
<i>cabergoline</i>	Tier-2	
<i>carbidopa</i>	Tier-2	
<i>carbidopa-levodopa</i>	Tier-2	
<i>carbidopa-levodopa-entacapone</i>	Tier-2	
CYCLOSET	Tier-3	
DUOPA	Tier-4	
<i>entacapone</i>	Tier-2	
MIRAPEX ER	Tier-4	
NEUPRO	Tier-4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole</i>	Tier-2	
<i>ropinirole</i>	Tier-2	
RYTARY	Tier-4	
<i>selegiline hcl</i>	Tier-2	
TASMAR	Tier-3	
<i>tolcapone</i>	Tier-2	
<i>trihexyphenidyl</i>	Tier-1	
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-3	PA
SEIZURES		
APTIOM	Tier-4	PA
BANZEL ORAL SUSPENSION	Tier-3	QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	Tier-3	QL (1440 EA per 90 days)
BANZEL ORAL TABLET 400 MG	Tier-3	QL (720 EA per 90 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier-2	
<i>carbamazepine oral suspension</i>	Tier-2	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier-2	
<i>carbamazepine oral tablet, chewable</i>	Tier-2	
CELONTIN	Tier-4	
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	Tier-4	
<i>clonazepam</i>	Tier-2	
<i>diazepam intensol</i>	Tier-2	
<i>diazepam oral solution</i>	Tier-2	
<i>diazepam oral tablet</i>	Tier-2	
<i>diazepam rectal</i>	Tier-2	
DILANTIN	Tier-3	
DILANTIN EXTENDED	Tier-3	
DILANTIN INFATABS	Tier-3	
DILANTIN-125	Tier-3	
<i>divalproex</i>	Tier-2	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-2	
<i>felbamate</i>	Tier-2	
FYCOMPA ORAL TABLET	Tier-4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i>	Tier-2	
GABITRIL	Tier-3	
HORIZANT	Tier-4	QL (60 EA per 30 Days)
<i>lamotrigine oral tablet</i>	Tier-2	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier-3	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier-2	
<i>lamotrigine oral tablet, disintegrating</i>	Tier-2	
<i>levetiracetam</i>	Tier-2	
<i>levetiracetam in nacl (iso-os)</i>	Tier-2	
LYRICA	Tier-4	STPA
ONFI ORAL SUSPENSION	Tier-4	
ONFI ORAL TABLET	Tier-4	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier-4	QL (30 EA per 30 Days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier-4	QL (120 EA per 30 Days)
PEGANONE	Tier-4	
<i>phenobarbital</i>	Tier-2	
<i>phenytoin oral suspension</i>	Tier-2	
<i>phenytoin oral tablet, chewable</i>	Tier-2	
<i>phenytoin sodium extended</i>	Tier-2	
<i>phenytoin sodium intravenous solution</i>	Tier-2	
POTIGA	Tier-4	PA
<i>primidone</i>	Tier-2	
QUDEXY XR	Tier-4	
SABRIL	Tier-5	
SAVELLA ORAL TABLET	Tier-3	STPA; QL (180 EA per 90 days)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	Tier-3	
<i>tiagabine</i>	Tier-2	
<i>topiramate</i>	Tier-2	
TROKENDI XR	Tier-4	
<i>valproic acid</i>	Tier-2	
<i>valproic acid (as sodium salt) oral solution</i>	Tier-2	
VIMPAT INTRAVENOUS	Tier-4	
VIMPAT ORAL SOLUTION	Tier-4	PA; QL (1200 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET	Tier-4	PA; QL (180 EA per 90 days)
<i>zonisamide</i>	Tier-2	
SPASTICITY		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine oral tablet</i>	Tier-1	
<i>dantrolene</i>	Tier-2	
<i>tizanidine</i>	Tier-2	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-3	PA
AZASAN	Tier-4	B/D
<i>azathioprine</i>	Tier-2	B/D
CIMZIA	Tier-5	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-3	PA
<i>diclofenac sodium topical</i>	Tier-2	
ENBREL SUBCUTANEOUS RECON SOLN	Tier-5	PA; QL (8 EA per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	Tier-5	PA; QL (8.16 ML per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	Tier-5	PA; QL (7.84 ML per 28 Days)
ENBREL SURECLICK	Tier-5	PA; QL (7.84 ML per 28 days)
HUMIRA	Tier-5	PA; QL (6 EA per 30 days)
HUMIRA PEN CROHN'S-UC-HS START	Tier-5	PA; QL (4.8 EA per 365 days)
KINERET	Tier-5	PA; QL (20.1 ML per 30 days)
<i>leflunomide</i>	Tier-2	
<i>methotrexate sodium oral</i>	Tier-2	B/D
ORENCIA	Tier-5	PA; QL (4 ML per 28 Days)
ORENCIA (WITH MALTOSE)	Tier-3	PA
OTREXUP (PF)	Tier-4	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	Tier-4	
RASUVO (PF)	Tier-4	
REMICADE	Tier-3	PA
RIDAURA	Tier-3	
SIMPONI ARIA	Tier-5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier-5	PA; QL (1 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier-5	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier-5	PA; QL (4 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier-5	PA; QL (0.5 ML per 28 Days)
TREXALL	Tier-4	B/D
VOLTAREN TOPICAL	Tier-4	
XELJANZ	Tier-5	PA; QL (60 EA per 30 days)
GOUT		
<i>allopurinol</i>	Tier-1	
<i>colchicine oral capsule</i>	Tier-2	
<i>colchicine oral tablet</i>	Tier-2	QL (120 EA per 30 days)
<i>colchicine-probenecid</i>	Tier-2	
COLCRYS	Tier-3	QL (120 EA per 30 Days)
<i>probenecid</i>	Tier-2	
ULORIC	Tier-4	STPA
PAIN, NSAID ANALGESICS		
CELEBREX	Tier-4	PA
<i>celecoxib</i>	Tier-3	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium oral</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-2	
<i>diflunisal</i>	Tier-2	
<i>etodolac</i>	Tier-2	
<i>fenoprofen</i>	Tier-2	
<i>flurbiprofen</i>	Tier-2	
<i>ibuprofen oral suspension</i>	Tier-2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	
INDOCIN ORAL	Tier-4	
<i>indomethacin oral</i>	Tier-1	
<i>ketoprofen</i>	Tier-2	
<i>meclofenamate oral</i>	Tier-2	
<i>mefenamic acid</i>	Tier-2	
<i>meloxicam oral suspension</i>	Tier-2	
<i>meloxicam oral tablet</i>	Tier-1	
<i>nabumetone</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral suspension</i>	Tier-2	
<i>naproxen oral tablet</i>	Tier-1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier-1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier-1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	Tier-1	
<i>oxaprozin</i>	Tier-2	
<i>piroxicam</i>	Tier-2	
<i>sulindac oral</i>	Tier-2	
<i>tolmetin</i>	Tier-2	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-4	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier-2	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier-2	QL (300 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Tier-2	QL (400 EA per 30 days)
ACTIQ	Tier-4	PA; QL (120 EA per 30 days)
<i>butorphanol tartrate nasal</i>	Tier-2	QL (7.5 ML per 30 days)
BUTRANS	Tier-4	QL (4 EA per 28 Days)
<i>codeine sulfate oral tablet</i>	Tier-2	QL (180 EA per 30 days)
DILAUDID ORAL LIQUID	Tier-4	QL (1440 ML per 30 days)
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL	Tier-4	QL (60 EA per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>fentanyl citrate</i>	Tier-2	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier-2	QL (10 EA per 30 days)
FENTORA	Tier-4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier-2	QL (5540 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-2	QL (400 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier-2	QL (480 EA per 30 days)
<i>hydromorphone oral liquid</i>	Tier-2	QL (720 ML per 30 days)
<i>hydromorphone oral tablet</i>	Tier-2	QL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier-2	QL (30 EA per 30 days)
HYSINGLA ER	Tier-4	QL (60 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Tier-2	QL (240 EA per 30 days)
LAZANDA	Tier-4	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate</i>	Tier-2	QL (240 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	Tier-2	QL (1800 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	Tier-2	QL (3600 ML per 30 days)
<i>methadone oral tablet</i>	Tier-2	QL (120 EA per 30 days)
<i>morphine concentrate oral solution</i>	Tier-2	QL (540 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg</i>	Tier-2	QL (60 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 90 mg</i>	Tier-2	
<i>morphine oral capsule, extend. release pellets</i>	Tier-2	QL (90 EA per 30 Days)
<i>morphine oral solution</i>	Tier-2	QL (960 ML per 30 days)
<i>morphine oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release</i>	Tier-2	QL (90 EA per 30 days)
<i>oxycodone oral capsule</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>	Tier-2	QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	Tier-2	QL (2400 ML per 30 Days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-2	QL (360 EA per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	Tier-3	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier-2	QL (60 EA per 30 Days)
<i>pentazocine-naloxone</i>	Tier-2	
SUBSYS	Tier-4	PA; QL (120 EA per 30 days)
<i>tramadol</i>	Tier-2	
<i>tramadol-acetaminophen</i>	Tier-2	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram</i>	Tier-2	
<i>naltrexone oral</i>	Tier-2	
ANXIETY		
<i>alprazolam</i>	Tier-2	
<i>alprazolam intensol</i>	Tier-2	
<i>amitriptyline-chlordiazepoxide</i>	Tier-2	
<i>buspirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-2	
<i>lorazepam intensol</i>	Tier-2	
<i>lorazepam oral tablet</i>	Tier-2	
<i>meprobamate</i>	Tier-2	
<i>oxazepam</i>	Tier-2	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-4	STPA
<i>amphetamine salt combo</i>	Tier-2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier-2	
DAYTRANA	Tier-3	STPA
DESOXYN	Tier-4	
DEXEDRINE SPANSULE	Tier-4	
<i>dexmethylphenidate</i>	Tier-2	
<i>dextroamphetamine oral capsule, extended release</i>	Tier-2	
<i>dextroamphetamine oral tablet</i>	Tier-2	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	Tier-2	
FOCALIN XR	Tier-3	STPA
<i>guanfacine oral tablet extended release 24 hr</i>	Tier-2	QL (90 EA per 90 days)
INTUNIV ER	Tier-4	QL (90 EA per 90 days)
KAPVAY	Tier-4	
METADATE CD	Tier-4	
METADATE ER	Tier-4	
<i>methamphetamine</i>	Tier-2	
METHYLIN ORAL SOLUTION	Tier-3	
METHYLIN ORAL TABLET,CHEWABLE	Tier-3	
<i>methylphenidate oral</i>	Tier-2	
QUILLIVANT XR	Tier-4	STPA

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Drug Name	Drug Tier	Requirements/Limits
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-3	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	Tier-3	QL (30 EA per 30 days)
VYVANSE	Tier-4	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-4	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-2	STPA
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 50 MG/2 ML	Tier-3	
<i>risperidone oral tablet,disintegrating</i>	Tier-2	
DEPRESSION		
<i>amitriptyline</i>	Tier-1	
<i>amoxapine</i>	Tier-2	
APLENZIN	Tier-4	STPA
BRINTELLIX	Tier-4	STPA
<i>bupropion hcl</i>	Tier-2	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-2	
<i>desipramine oral</i>	Tier-2	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	Tier-4	STPA
<i>doxepin oral capsule</i>	Tier-1	
<i>doxepin oral concentrate</i>	Tier-2	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 Days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	Tier-3	QL (90 EA per 30 days)
DULOXETINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	Tier-4	STPA; QL (60 EA per 30 days)
EMSAM	Tier-4	STPA
<i>escitalopram oxalate</i>	Tier-2	
FETZIMA	Tier-4	STPA
<i>fluoxetine oral capsule</i>	Tier-1	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	Tier-1	
<i>fluoxetine oral solution</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier-1	
<i>fluoxetine oral tablet 60 mg</i>	Tier-2	
<i>fluvoxamine</i>	Tier-2	
<i>imipramine hcl</i>	Tier-2	
<i>imipramine pamoate</i>	Tier-2	
IRENKA	Tier-4	STPA; QL (60 EA per 30 days)
KHEDEZLA	Tier-4	STPA
<i>maprotiline</i>	Tier-2	
MARPLAN	Tier-4	
<i>mirtazapine</i>	Tier-2	
<i>nefazodone</i>	Tier-2	
<i>nortriptyline</i>	Tier-1	
<i>paroxetine hcl oral tablet</i>	Tier-1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA	Tier-4	STPA
<i>phenelzine</i>	Tier-2	
PRISTIQ	Tier-4	STPA
<i>protriptyline</i>	Tier-2	
<i>sertraline</i>	Tier-2	
SURMONTIL	Tier-3	
<i>tranylcypromine</i>	Tier-2	
<i>trazodone</i>	Tier-1	
<i>venlafaxine oral capsule,extended release 24hr</i>	Tier-2	
<i>venlafaxine oral tablet</i>	Tier-2	
VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	Tier-4	STPA
VIIBRYD ORAL TABLET	Tier-4	STPA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	Tier-4	STPA
INSOMNIA		
<i>estazolam</i>	Tier-2	
<i>eszopiclone</i>	Tier-3	QL (30 EA per 30 days)
<i>flurazepam</i>	Tier-2	
HETLIOZ	Tier-4	PA
ROZEREM	Tier-4	STPA; 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. For Tufts Medicare Preferred HMO Prime Rx Plus members we provide coverage for Tier-1 and Tier-2 drugs through the Coverage Gap.

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i>	Tier-2	
<i>triazolam</i>	Tier-2	
<i>zaleplon</i>	Tier-2	QL (30 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier-2	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	Tier-2	STPA; QL (30 EA per 30 days)
ZOLPIMIST	Tier-4	STPA
NARCOLEPSY		
<i>modafinil</i>	Tier-2	STPA
NUVIGIL	Tier-4	STPA
XYREM	Tier-5	LA
OPIOID ANTAGONISTS		
BUNAVAIL	Tier-4	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier-2	
SUBOXONE SUBLINGUAL FILM	Tier-4	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-4	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier-3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	Tier-3	
ABILIFY ORAL TABLET	Tier-4	STPA
<i>aripiprazole oral tablet</i>	Tier-3	STPA
<i>chlorpromazine</i>	Tier-2	
<i>clozapine</i>	Tier-2	
FANAPT	Tier-4	STPA
FAZACLO	Tier-3	
<i>fluphenazine decanoate</i>	Tier-2	
<i>fluphenazine hcl</i>	Tier-2	
GEODON INTRAMUSCULAR	Tier-4	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-2	
<i>haloperidol lactate</i>	Tier-2	
INVEGA	Tier-4	STPA

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA	Tier-3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-4	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-4	STPA; QL (60 EA per 30 Days)
<i>loxapine succinate</i>	Tier-2	
<i>olanzapine intramuscular</i>	Tier-2	
<i>olanzapine oral</i>	Tier-2	STPA
ORAP	Tier-3	
<i>perphenazine</i>	Tier-2	
<i>perphenazine-amitriptyline</i>	Tier-2	
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	STPA
<i>quetiapine oral tablet 25 mg, 50 mg</i>	Tier-2	STPA; QL (60 EA per 30 days)
REXULTI	Tier-4	STPA
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML	Tier-3	
<i>risperidone oral solution</i>	Tier-2	
<i>risperidone oral tablet</i>	Tier-2	
SAPHRIS	Tier-4	STPA
SAPHRIS (BLACK CHERRY)	Tier-4	STPA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier-3	STPA
<i>thioridazine</i>	Tier-1	
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-2	
VERSACLOZ	Tier-4	
<i>ziprasidone hcl</i>	Tier-2	STPA
ZYPREXA INTRAMUSCULAR	Tier-3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	Tier-3	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR DISKUS	Tier-3	QL (180 EA per 90 days)
ADVAIR HFA	Tier-3	QL (72 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	Tier-2	QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier-2	QL (180 ML per 90 days)
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier-4	QL (36.6 GM per 90 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier-4	QL (18.3 GM per 90 days)
<i>aminophylline intravenous</i>	Tier-2	
ANORO ELLIPTA	Tier-3	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-4	QL (90 EA per 90 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	Tier-3	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-3	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	Tier-3	QL (180 EA per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	Tier-3	QL (90 EA per 90 days)
BROVANA	Tier-4	QL (360 ML per 90 days)
<i>budesonide inhalation</i>	Tier-2	QL (720 ML per 90 days)
<i>budesonide nasal</i>	Tier-2	
COMBIVENT RESPIMAT	Tier-3	QL (24 GM per 90 days)
<i>cromolyn inhalation</i>	Tier-2	QL (720 ML per 90 days)
<i>elixophyllin</i>	Tier-2	
FLOVENT DISKUS	Tier-3	QL (360 EA per 90 days)
FLOVENT HFA	Tier-3	QL (72 GM per 90 days)
FORADIL AEROLIZER	Tier-4	QL (180 EA per 90 Days)
<i>ipratropium bromide inhalation</i>	Tier-2	QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-2	QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml</i>	Tier-2	QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	Tier-2	QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier-2	QL (810 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/3 ml</i>	Tier-2	QL (810 ML per 90 days)
<i>metaproterenol oral</i>	Tier-2	
<i>montelukast</i>	Tier-2	
PERFOROMIST	Tier-3	QL (360 ML per 90 Days)
PROAIR HFA	Tier-3	QL (51 GM per 90 days)
PROAIR RESPICLICK	Tier-3	QL (6 EA per 90 days)
PROVENTIL HFA	Tier-4	QL (40.2 GM per 90 days)
PULMICORT FLEXHALER	Tier-4	QL (6 EA per 90 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier-4	QL (720 ML per 90 days)
QVAR	Tier-3	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-3	QL (180 EA per 90 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier-3	QL (12 GM per 90 days)
SPIRIVA WITH HANDIHALER	Tier-3	QL (90 EA per 90 days)
STRIVERDI RESPIMAT	Tier-4	QL (180 GM per 90 days)
SYMBICORT	Tier-3	QL (30.6 GM per 90 Days)
<i>terbutaline oral</i>	Tier-2	
<i>theophylline oral solution</i>	Tier-2	
<i>theophylline oral tablet extended release</i>	Tier-2	
<i>theophylline oral tablet extended release 12 hr</i>	Tier-2	
TUDORZA PRESSAIR	Tier-4	QL (3 EA per 90 days)
VENTOLIN HFA	Tier-4	QL (108 GM per 90 days)
XOPENEX HFA	Tier-4	QL (90 GM per 90 days)
<i>zafirlukast</i>	Tier-2	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET	Tier-5	PA; QL (270 EA per 30 days)
OFEV	Tier-5	PA; QL (60 EA per 30 days)
PULMONARY HYPERTENSION		
ADCIRCA	Tier-5	PA; QL (60 EA per 30 days)
ADEMPAS	Tier-5	PA
<i>epoprostenol (glycine)</i>	Tier-2	PA; Part B
FLOLAN	Tier-3	PA; Part B
LETAIRIS	Tier-5	PA
OPSUMIT	Tier-5	PA
ORENITRAM	Tier-4	PA

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN	Tier-3	PA
REVATIO INTRAVENOUS	Tier-3	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	Tier-3	PA
<i>sildenafil intravenous</i>	Tier-2	PA
<i>sildenafil oral</i>	Tier-3	PA; QL (90 EA per 30 days)
TRACLEER	Tier-5	PA; LA
TYVASO	Tier-3	PA; Part B
VELETRI	Tier-3	PA; Part B
VENTAVIS	Tier-3	PA; Part B
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-2	
ARALAST NP	Tier-3	
DALIRESP	Tier-4	
GLASSIA	Tier-3	
GRASTEK	Tier-4	PA
PROLASTIN-C	Tier-3	
PROLIA	Tier-3	PA
RAGWITEK	Tier-4	PA
XOLAIR	Tier-3	PA
ZEMAIRA	Tier-3	
SKIN		
ACNE ROSACEA		
FINACEA	Tier-3	
<i>metronidazole topical cream</i>	Tier-2	
<i>metronidazole topical gel</i>	Tier-2	
<i>metronidazole topical lotion</i>	Tier-2	
NORITATE	Tier-4	
SOOLANTRA	Tier-4	
ACNE VULGARIS		
ABSORICA	Tier-4	
<i>adapalene topical cream</i>	Tier-2	PA
<i>adapalene topical gel</i>	Tier-2	PA
<i>amnesteem</i>	Tier-2	
ATRALIN	Tier-4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>avita</i>	Tier-2	PA
AZELEX	Tier-4	
<i>claravis</i>	Tier-2	
CLINDAGEL	Tier-4	
<i>clindamax topical gel</i>	Tier-2	
<i>clindamycin phosphate topical</i>	Tier-2	
<i>clindamycin-benzoyl peroxide</i>	Tier-2	
DIFFERIN TOPICAL LOTION	Tier-4	PA
<i>ery pads</i>	Tier-2	
<i>erythromycin with ethanol topical gel</i>	Tier-2	
<i>erythromycin with ethanol topical solution</i>	Tier-2	
<i>erythromycin-benzoyl peroxide</i>	Tier-2	
EVOCLIN	Tier-4	
FABIOR	Tier-4	PA
RETIN-A	Tier-4	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.1 %	Tier-4	PA
RETIN-A MICRO TOPICAL GEL 0.04 %	Tier-4	PA
<i>tretinoin microspheres topical gel with pump</i>	Tier-2	PA
<i>tretinoin topical cream</i>	Tier-2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier-2	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.05 %	Tier-4	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-4	
CORTISPORIN TOPICAL	Tier-4	
<i>gentamicin topical</i>	Tier-1	
<i>mupirocin</i>	Tier-2	
<i>mupirocin calcium</i>	Tier-2	
<i>silver sulfadiazine</i>	Tier-2	
<i>ssd</i>	Tier-2	
CORTICOSTEROIDS, TOPICAL		
<i>ala-cort topical cream</i>	Tier-1	
ALA-SCALP	Tier-4	
<i>alclometasone</i>	Tier-2	
<i>amcinonide</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>apexicon e</i>	Tier-2	
<i>betamethasone dipropionate</i>	Tier-2	
<i>betamethasone valerate</i>	Tier-2	
<i>betamethasone, augmented</i>	Tier-2	
CAPEX	Tier-4	
<i>clobetasol topical foam</i>	Tier-2	
<i>clobetasol topical gel</i>	Tier-2	
<i>clobetasol topical lotion</i>	Tier-2	
<i>clobetasol topical ointment</i>	Tier-2	
<i>clobetasol topical shampoo</i>	Tier-2	
<i>clobetasol topical solution</i>	Tier-2	
<i>clobetasol topical spray,non-aerosol</i>	Tier-2	
<i>clobetasol-emollient topical cream</i>	Tier-2	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	Tier-4	
<i>clodan</i>	Tier-2	
CLODERM	Tier-4	
CORDRAN TAPE LARGE ROLL	Tier-4	
CORDRAN TOPICAL LOTION	Tier-4	
<i>cormax topical solution</i>	Tier-2	
<i>desonide</i>	Tier-2	
<i>desoximetasone</i>	Tier-2	
<i>diflorasone</i>	Tier-2	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone topical</i>	Tier-2	
<i>halobetasol propionate</i>	Tier-2	
HALOG	Tier-4	
<i>hydrocortisone butyrate topical ointment</i>	Tier-1	
<i>hydrocortisone butyrate topical solution</i>	Tier-1	
<i>hydrocortisone butyr-emollient</i>	Tier-1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-1	
KENALOG TOPICAL	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone</i>	Tier-2	
PANDEL	Tier-4	
<i>prednicarbate</i>	Tier-2	
<i>triamcinolone acetonide topical</i>	Tier-2	
TRIANEX	Tier-4	
<i>triderm topical cream</i>	Tier-2	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-2	
<i>clotrimazole topical</i>	Tier-2	
<i>clotrimazole-betamethasone</i>	Tier-2	
<i>econazole topical</i>	Tier-2	
ERTACZO	Tier-4	
EXELDERM	Tier-4	
<i>ketoconazole topical</i>	Tier-2	
MENTAX	Tier-4	
<i>naftifine</i>	Tier-2	
NAFTIN	Tier-3	
<i>nyamyc</i>	Tier-2	
<i>nystatin oral suspension</i>	Tier-2	
<i>nystatin topical cream</i>	Tier-1	
<i>nystatin topical ointment</i>	Tier-2	
<i>nystatin topical powder</i>	Tier-2	
<i>nystatin-triamcinolone</i>	Tier-1	
<i>nystop</i>	Tier-2	
OXISTAT	Tier-3	
PSORIASIS AND SEBORRHEA		
<i>acitretin</i>	Tier-2	
<i>calcipotriene</i>	Tier-2	
<i>calcipotriene-betamethasone</i>	Tier-2	
<i>calcitriol topical</i>	Tier-2	
COSENTYX PEN	Tier-5	PA; QL (1 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-2	
OTEZLA	Tier-5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier-5	PA; QL (55 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	Tier-5	PA; QL (27 EA per 365 days)
OXSORALEN	Tier-3	
SORIATANE	Tier-3	
STELARA SUBCUTANEOUS SYRINGE	Tier-3	PA
TAZORAC	Tier-3	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-3	
<i>lindane</i>	Tier-2	
<i>malathion</i>	Tier-2	
<i>permethrin topical cream</i>	Tier-2	
SKLICE	Tier-4	
ULESFIA	Tier-4	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate topical</i>	Tier-2	
ANUSOL-HC RECTAL CREAM	Tier-4	
CARAC	Tier-3	
CORTIFOAM	Tier-4	
ELIDEL	Tier-4	STPA
FLUOROPLEX	Tier-3	
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	Tier-2	
<i>fluorouracil topical</i>	Tier-2	
<i>lidocaine hcl mucous membrane gel</i>	Tier-2	
<i>lidocaine hcl mucous membrane solution</i>	Tier-2	
<i>lidocaine hcl urethral</i>	Tier-2	
<i>lidocaine topical adhesive patch,medicated</i>	Tier-3	PA; QL (90 EA per 30 Days)
<i>lidocaine topical ointment</i>	Tier-2	
<i>lidocaine-prilocaine topical cream</i>	Tier-2	
PANRETIN	Tier-5	
PICATO	Tier-4	
<i>proctosol hc</i>	Tier-2	
PROTOPIC	Tier-4	STPA
<i>prudoxin</i>	Tier-2	
REGRANEX	Tier-3	
SANTYL	Tier-3	
<i>selenium sulfide topical suspension</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride irrigation</i>	Tier-2	
SOLARAZE	Tier-3	
<i>sulfacetamide sodium (acne)</i>	Tier-2	
SULFAMYLON	Tier-4	
SYNERA	Tier-3	
<i>tacrolimus topical</i>	Tier-2	
UCERIS RECTAL	Tier-3	
VALCHLOR	Tier-4	
<i>water for irrigation, sterile</i>	Tier-2	
ZONALON	Tier-4	
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir topical</i>	Tier-2	
CONDYLOX TOPICAL GEL	Tier-4	
DENAVIR	Tier-4	
<i>imiquimod</i>	Tier-2	
<i>podofilox</i>	Tier-2	
ZOVIRAX TOPICAL CREAM	Tier-3	
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-2	
<i>amethyst</i>	Tier-2	
<i>apri</i>	Tier-2	
<i>aranelle (28)</i>	Tier-2	
<i>ashlyna</i>	Tier-2	
<i>aubra</i>	Tier-2	
<i>aviane</i>	Tier-2	
<i>balziva (28)</i>	Tier-2	
BEYAZ	Tier-4	
<i>briellyn</i>	Tier-2	
<i>camila</i>	Tier-2	
<i>deblitane</i>	Tier-2	
<i>delyla (28)</i>	Tier-2	
<i>desog-e.estradiol/e.estradiol</i>	Tier-2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier-2	
ELLA	Tier-3	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>emoquette</i>	Tier-2	
<i>errin</i>	Tier-2	
<i>estradiol-norethindrone acet</i>	Tier-2	
<i>falmina (28)</i>	Tier-2	
GENERESS FE	Tier-4	
<i>gildagia</i>	Tier-2	
<i>gildess 24 fe</i>	Tier-2	
<i>gildess oral tablet 1.5-30 mg-mcg</i>	Tier-2	
<i>introvale</i>	Tier-2	
<i>jinteli</i>	Tier-2	
<i>junel 1.5/30 (21)</i>	Tier-2	
<i>junel 1/20 (21)</i>	Tier-2	
<i>junel fe 1.5/30 (28)</i>	Tier-2	
<i>junel fe 1/20 (28)</i>	Tier-2	
<i>junel fe 24</i>	Tier-2	
<i>kariva (28)</i>	Tier-2	
<i>kelnor 1/35 (28)</i>	Tier-2	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier-2	
<i>larin 1.5/30 (21)</i>	Tier-2	
<i>larin 1/20 (21)</i>	Tier-2	
<i>larin fe</i>	Tier-2	
<i>lessina</i>	Tier-2	
<i>levonest (28)</i>	Tier-2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	Tier-2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier-2	
<i>levora-28</i>	Tier-2	
LO LOESTRIN FE	Tier-4	
<i>lopreeza</i>	Tier-2	
<i>low-ogestrel (28)</i>	Tier-2	
<i>marlissa</i>	Tier-2	
<i>microgestin 1.5/30 (21)</i>	Tier-2	
<i>microgestin 1/20 (21)</i>	Tier-2	
<i>microgestin fe 1.5/30 (28)</i>	Tier-2	
<i>microgestin fe 1/20 (28)</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
MINASTRIN 24 FE	Tier-3	
<i>necon 0.5/35 (28)</i>	Tier-2	
<i>necon 1/35 (28)</i>	Tier-2	
NECON 10/11 (28)	Tier-3	
<i>necon 7/7/7 (28)</i>	Tier-2	
<i>nikki (28)</i>	Tier-2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier-2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier-2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier-2	
<i>norlyroc</i>	Tier-2	
<i>nortrel 0.5/35 (28)</i>	Tier-2	
<i>nortrel 1/35 (21)</i>	Tier-2	
<i>nortrel 1/35 (28)</i>	Tier-2	
<i>nortrel 7/7/7 (28)</i>	Tier-2	
NUVARING	Tier-3	
<i>orsythia</i>	Tier-2	
ORTHO TRI-CYCLEN (28)	Tier-4	
<i>portia</i>	Tier-2	
<i>quasense</i>	Tier-2	
SAFYRAL	Tier-4	
<i>sharobel</i>	Tier-2	
<i>tarina fe</i>	Tier-2	
<i>trinessa (28)</i>	Tier-2	
<i>tri-previfem (28)</i>	Tier-2	
<i>tri-sprintec (28)</i>	Tier-2	
<i>trivora (28)</i>	Tier-2	
<i>velivet triphasic regimen (28)</i>	Tier-2	
<i>vyfemla (28)</i>	Tier-2	
ZENCHENT (28)	Tier-4	
ZENCHENT FE	Tier-4	
<i>zeosa</i>	Tier-2	
<i>zovia 1/35e (28)</i>	Tier-2	
<i>zovia 1/50e (28)</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
ACTONEL	Tier-4	STPA
<i>alendronate</i>	Tier-2	
ALORA	Tier-4	
ANGELIQ	Tier-4	
<i>calcitonin (salmon)</i>	Tier-2	
CENESTIN ORAL TABLET 1.25 MG	Tier-4	
CLIMARA PRO	Tier-4	
COMBIPATCH	Tier-4	
CRINONE	Tier-3	
DELESTROGEN	Tier-4	
DEPO-ESTRADIOL	Tier-3	
DEPO-PROVERA	Tier-3	
DEPO-SUBQ PROVERA 104	Tier-3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG (0.1 %), 0.5 MG (0.1 %)	Tier-4	
ELESTRIN	Tier-4	
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG	Tier-4	
ESTRACE VAGINAL	Tier-3	
<i>estradiol oral</i>	Tier-1	
<i>estradiol transdermal</i>	Tier-2	
<i>estradiol valerate</i>	Tier-2	
ESTRING	Tier-3	
<i>estropipate</i>	Tier-2	
EVAMIST	Tier-4	
FEMHRT LOW DOSE	Tier-4	
FEMRING	Tier-3	
FORTEO	Tier-5	PA
<i>ibandronate intravenous</i>	Tier-2	
<i>ibandronate oral</i>	Tier-3	STPA
<i>medroxyprogesterone oral</i>	Tier-1	
MENEST	Tier-4	
MENOSTAR	Tier-4	
<i>methylgonovine oral</i>	Tier-2	
MIACALCIN INJECTION	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
MINIVELLE	Tier-3	
<i>norethindrone acetate</i>	Tier-2	
<i>pamidronate intravenous solution</i>	Tier-2	
PREMARIN	Tier-4	
PREMPHASE	Tier-4	
PREMPRO	Tier-4	
<i>progesterone micronized</i>	Tier-2	
<i>raloxifene</i>	Tier-2	
RECLAST	Tier-3	
<i>risedronate</i>	Tier-3	STPA
VAGIFEM	Tier-3	
VIVELLE-DOT	Tier-3	
XGEVA	Tier-3	PA
<i>zoledronic acid intravenous solution</i>	Tier-2	
<i>zoledronic acid-mannitol-water intravenous solution</i>	Tier-2	
PRENATAL VITAMINS		
<i>prenatal vitamins low iron</i>	Tier-2	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-4	
CLEOCIN VAGINAL SUPPOSITORY	Tier-4	
<i>clindamycin phosphate vaginal</i>	Tier-2	
<i>fluconazole oral tablet 150 mg</i>	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-4	
<i>metronidazole vaginal</i>	Tier-2	
<i>miconazole-3 vaginal suppository</i>	Tier-2	
NUVESSA	Tier-4	
<i>terconazole</i>	Tier-2	
<i>vandazole</i>	Tier-2	

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TEST STRP	21	ALOMIDE	24	amphotericin b	30
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acetaminophen-codeine	52	ALREX	25	ANCOBON	3
acetazolamide	26	ALTABAX	62	ANGELIQ	69
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acetic acid	23	amantadine hcl	5	ANUSOL-HC	65
acetylcysteine	61	AMBISOME	30	ANZEMET	27, 30
acitretin	64	amcinonide	62	apexicon e	63
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ACTHIB (PF)	39	amethyst	66	APOKYN	47
ACTIMMUNE	39	amifostine crystalline	10	apraclonidine	26
ACTIQ	52	amikacin	30	apri	66
ACTONEL	69	amiloride	19	APRISO	29
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ADVAIR DISKUS	58	AMINOSYN M 3.5 %	35	ARMOUR THYROID	38
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afeditab cr	18	AMINOSYN-PF 10 %	36	ARZERRA	10
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bacitracin	24	BROVANA	59	cefazolin	31
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BACTROBAN NASAL	24	BUNAVAIL	57	cefazolin in dextrose 5 %	31
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BARACLUDE	5	bupropion hcl	55	cefepime	31
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<i>dantrolene</i>	<i>dextrose-kcl-nacl</i>	EDURANT	5
<i>dapsone</i> 48	EFFIENT	9
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<i>eryped 400</i>	8	<i>fenofibric acid (choline)</i>	20	FUSILEV	15
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levonest (28)	67	meclufenamate	51	metolazone	19
levonorgestrel-ethinyl estrad	67	MEDROL	37	metoprolol succinate	18

<i>metoprolol ta-hydrochlorothiaz</i>		<i>nadolol-bendroflumethiazide</i>	17	NITRO-BID	16
.....	17	<i>nafcillin</i>	33	<i>nitrofurantoin</i>	4
<i>metoprolol tartrate</i>	18, 33	<i>nafcillin in dextrose iso-osm</i>	33	<i>nitrofurantoin macrocrystal</i>	4
<i>metronidazole</i>	4, 61, 70	<i>naftifine</i>	64	<i>nitrofurantoin monohyd/m-cryst</i>	4
<i>metronidazole in nacl (iso-os)</i>	33	NAFTIN	64	<i>nitroglycerin</i>	16
<i>mexiletine</i>	16	NAGLAZYME	44	NITROMIST	16
MIACALCIN	69	<i>naloxone</i>	57	NITROSTAT	16
<i>miconazole-3</i>	70	<i>naltrexone</i>	54	<i>nizatidine</i>	29
<i>microgestin 1.5/30 (21)</i>	67	NAMENDA	47	NORDITROPIN FLEXPRO	43
<i>microgestin 1/20 (21)</i>	67	NAMENDA TITRATION PAK		NORDITROPIN NORDIFLEX	
<i>microgestin fe 1.5/30 (28)</i>	67	.....	47	.....	43
<i>microgestin fe 1/20 (28)</i>	67	NAMENDA XR	47	<i>noreth-ethinyl estradiol-iron</i>	68
<i>midodrine</i>	41	<i>naphazoline</i>	24	<i>norethindrone acetate</i>	70
MIGERGOT	47	<i>naproxen</i>	52	<i>norethindrone ac-eth estradiol</i>	68
MIGRANAL	47	<i>naproxen sodium</i>	52	<i>norethindrone-e.estradiol-iron</i>	68
MILLIPRED	37	<i>naratriptan</i>	47	NORITATE	61
MINASTRIN 24 FE	68	NASONEX	24	<i>norlyroc</i>	68
MINIVELLE	70	NATACYN	27	NORMOSOL-M IN 5 %	
<i>minocycline</i>	9	<i>nateglinide</i>	23	DEXTROSE	34
<i>minoxidil</i>	21	NATPARA	43	NORMOSOL-R IN 5 %	
MIRAPEX ER	47	NEBUPENT	4	DEXTROSE	35
MIRCERA	10	<i>necon 0.5/35 (28)</i>	68	NORMOSOL-R PH 7.4	35
<i>mirtazapine</i>	56	<i>necon 1/35 (28)</i>	68	NORPACE CR	16
<i>misoprostol</i>	29	NECON 10/11 (28)	68	NORTHERA	19
<i>mitomycin</i>	12	<i>necon 7/7/7 (28)</i>	68	<i>nortrel 0.5/35 (28)</i>	68
<i>mitoxantrone</i>	12	<i>nefazodone</i>	56	<i>nortrel 1/35 (21)</i>	68
M-M-R II (PF)	40	<i>neomycin</i>	4	<i>nortrel 1/35 (28)</i>	68
<i>modafinil</i>	57	<i>neomycin-bacitracin-poly-hc</i>	25	<i>nortrel 7/7/7 (28)</i>	68
<i>moexipril</i>	15	<i>neomycin-bacitracin-polymyxin</i>		<i>nortriptyline</i>	56
<i>moexipril-hydrochlorothiazide</i>	17	.....	25	NORVIR	6
<i>mometasone</i>	64	<i>neomycin-polymyxin b-dexameth</i>		NOXAFIL	3
<i>montelukast</i>	60	.....	26	NUEDEXTA	48
MONUROL	4	<i>neomycin-polymyxin-gramicidin</i>		NULOJIX	41
<i>morphine</i>	53	.....	26	NUTRILIPID	36
<i>morphine concentrate</i>	53	<i>neomycin-polymyxin-hc</i>	25, 26	NUTROPIN AQ	43
MOVANTIK	28	NEPHRAMINE 5.4 %	36	NUTROPIN AQ NUSPIN	43
MOVIPREP	28	NEULASTA	10	NUVARING	68
MOXEZA	25	NEUMEGA	10	NUVESSA	70
<i>moxifloxacin</i>	9	NEUPOGEN	10	NUVIGIL	57
<i>moxifloxacin-sod.ace,sul-water</i>		NEUPRO	47	<i>nyamyc</i>	64
.....	33	NEVANAC	26	<i>nystatin</i>	3, 64
MOZOBIL	10	<i>nevirapine</i>	6	<i>nystatin-triamcinolone</i>	64
MULTAQ	16	NEXAVAR	14	<i>nystop</i>	64
<i>mupirocin</i>	62	NEXIUM	29	OCTAGAM	40
<i>mupirocin calcium</i>	62	<i>niacin</i>	20	<i>octreotide acetate</i>	41
MUSTARGEN	12	<i>niacor</i>	20	OFEV	60
MYCAMINE	33	<i>nicardipine</i>	19	<i>ofloxacin</i>	9, 23, 25
<i>mycophenolate mofetil</i>	41	NICOTROL	45	<i>olanzapine</i>	58
<i>mycophenolate sodium</i>	41	NICOTROL NS	45	<i>olanzapine-fluoxetine</i>	55
MYFORTIC	41	<i>nifedical xl</i>	19	<i>olopatadine</i>	24
MYLERAN	14	<i>nifedipine</i>	19	<i>omega-3 acid ethyl esters</i>	20
MYOZYME	45	<i>nikki (28)</i>	68	<i>omeprazole</i>	29
MYRBETRIQ	46	NILANDRON	14	<i>omeprazole-sodium bicarbonate</i>	
<i>nabumetone</i>	51	<i>nimodipine</i>	19	.....	29
<i>nadolol</i>	18	<i>nisoldipine</i>	19	OMNITROPE	43

ONCASPAR	12	<i>peg-3350 with flavor packs</i>	28	<i>potassium chlorid-d5-0.45%nacl</i>	
<i>ondansetron</i>	27	PEGANONE	49		35
<i>ondansetron hcl</i>	27	PEGASYS	6	<i>potassium chloride</i>	21, 33, 35
<i>ondansetron hcl (pf)</i>	33	PEGASYS PROCLICK	6	<i>potassium chloride in 0.9%nacl</i>	
ONETOUCH ULTRA TEST	21	<i>peg-electrolyte soln</i>	28		35
ONETOUCH VERIO	21	PEGINTRON	6	<i>potassium chloride in 5 % dex</i>	35
ONFI	49	PEGINTRON REDIPEN	6	<i>potassium chloride in lr-d5</i>	35
ONMEL	3	PEN NEEDLE, DIABETIC	21	<i>potassium chloride-0.45 % nacl</i>	
OPDIVO	12	<i>penicillin g pot in 0.9 % nacl</i>	33		35
OPSUMIT	60	<i>penicillin g pot in dextrose</i>	33	<i>potassium chloride-d5-0.2%nacl</i>	
ORAP	58	<i>penicillin g potassium</i>	33		35
ORAPRED ODT	37	<i>penicillin g sodium</i>	33	<i>potassium chloride-d5-0.3%nacl</i>	
ORENCIA	50	<i>penicillin v potassium</i>	7		35
ORENCIA (WITH MALTOSE)		PENNSAID	50	<i>potassium chloride-d5-0.9%nacl</i>	
	50	PENTAM	4		35
ORENITRAM	60	PENTASA	30	<i>potassium citrate</i>	46
ORFADIN	43	<i>pentazocine-naloxone</i>	53	<i>potassium cl in d10-0.2 % nacl</i>	35
<i>orsythia</i>	68	<i>pentoxifylline</i>	10	POTIGA	49
ORTHO TRI-CYCLEN (28)	68	PERFOROMIST	60	PRADAXA	10
OSMOPREP	28	<i>perindopril erbumine</i>	15	<i>pramipexole</i>	48
OTEZLA	64	<i>periogard</i>	24	PRANDIMET	23
OTEZLA STARTER	64, 65	PERJETA	12	PRANDIN	23
OTREXUP (PF)	50	<i>permethrin</i>	65	<i>pravastatin</i>	20
<i>oxacillin</i>	33	<i>perphenazine</i>	58	<i>prazosin</i>	16
<i>oxacillin in dextrose(iso-osm)</i>	33	<i>perphenazine-amitriptyline</i>	58	PRED MILD	26
<i>oxaliplatin</i>	12	PERTZYE	28	PRED-G	26
<i>oxandrolone</i>	38	PEXEVA	56	PRED-G S.O.P.	26
<i>oxaprozin</i>	52	<i>pfizerpen-g</i>	33	<i>prednicarbate</i>	64
<i>oxazepam</i>	54	<i>phenelzine</i>	56	<i>prednisolone acetate</i>	26
<i>oxcarbazepine</i>	49	<i>phenobarbital</i>	49	<i>prednisolone sodium phosphate</i>	
OXISTAT	64	<i>phenoxybenzamine</i>	45		37
OXSORALEN	65	<i>phenytoin</i>	49	<i>prednisone</i>	37
OXTELLAR XR	49	<i>phenytoin sodium</i>	49	PREDNISON INTENSOL	37
<i>oxybutynin chloride</i>	46	<i>phenytoin sodium extended</i>	49	PREMARIN	70
<i>oxycodone</i>	53	PHOSLYRA	45	PREMASOL 10 %	36
<i>oxycodone-acetaminophen</i>	53	PICATO	65	PREMASOL 6 %	36
<i>oxycodone-aspirin</i>	53	<i>pilocarpine hcl</i>	24, 26	PREMPHASE	70
OXYCONTIN	53	<i>pindolol</i>	18	PREMPRO	70
<i>oxymorphone</i>	53	<i>pioglitazone</i>	23	<i>prenatal vitamins low iron</i>	70
OXYTROL	46	<i>pioglitazone-glimepiride</i>	23	PREVALITE	20
PACERONE	17	<i>pioglitazone-metformin</i>	23	PREVNAR 13 (PF)	40
<i>paclitaxel</i>	12	<i>piperacillin-tazobactam</i>	33	PREVPAC	29
<i>pamidronate</i>	70	<i>piroxicam</i>	52	PREZCOBIX	6
PANCREAZE	28	PLASMA-LYTE 148	35	PREZISTA	6
PANDEL	64	PLASMA-LYTE A	35	PRIFTIN	8
PANRETIN	65	PLASMA-LYTE-56 IN 5 %		<i>primaquine</i>	4
<i>pantoprazole</i>	29	DEXTROSE	35	<i>primidone</i>	49
<i>paricalcitol</i>	43	PLEGRIDY	44	PRIMSOL	4
<i>paromomycin</i>	4	PNEUMOVAX 23	40	PRISTIQ	56
<i>paroxetine hcl</i>	56	<i>podofilox</i>	66	PRIVIGEN	40
PASER	8	<i>polyethylene glycol 3350</i>	29	PROAIR HFA	60
PAXIL	56	<i>polymyxin b sulfate</i>	33	PROAIR RESPICLICK	60
PCE	8	<i>polymyxin b sulf-trimethoprim</i>	25	<i>probenecid</i>	51
PEDVAX HIB (PF)	40	POMALYST	14	PROCALAMINE 3%	36
<i>peg 3350-electrolytes</i>	28	<i>portia</i>	68	<i>prochlorperazine</i>	27

<i>prochlorperazine edisylate</i>	33	REBIF (WITH ALBUMIN).....	44	SANDOSTATIN.....	41
<i>prochlorperazine maleate</i>	27	REBIF REBIDOSE.....	44	SANDOSTATIN LAR DEPOT.....	41
PROCRIT.....	10	REBIF TITRATION PACK.....	44	.....	41
<i>proctosol hc</i>	65	RECLAST.....	70	SANTYL.....	65
<i>progesterone micronized</i>	70	RECOMBIVAX HB (PF).....	40	SAPHRIS.....	58
PROGLYCEM.....	22	REGRANEX.....	65	SAPHRIS (BLACK CHERRY).....	58
PROGRAF.....	33	RELENZA DISKHALER.....	6	.....	58
PROLASTIN-C.....	61	RELISTOR.....	29	SAVAYSA.....	10
PROLENSA.....	26	REMICADE.....	50	SAVELLA.....	49
PROLEUKIN.....	12	REMODULIN.....	61	<i>selegiline hcl</i>	48
PROLIA.....	61	RENAGEL.....	45	<i>selenium sulfide</i>	65
PROMACTA.....	10	REVELA.....	45	SELZENTRY.....	6
<i>promethazine</i>	33	<i>repaglinide</i>	23	SENSIPAR.....	43
<i>propafenone</i>	17	RESCRIPTOR.....	6	SEREVENT DISKUS.....	60
<i>propantheline</i>	29	RESCULA.....	27	SEROQUEL XR.....	58
<i>proparacaine</i>	27	<i>reserpine</i>	19	SEROSTIM.....	43
<i>propranolol</i>	18	RESTASIS.....	27	<i>sertraline</i>	56
<i>propranolol-hydrochlorothiazid</i>	17	RETIN-A.....	62	SFROWASA.....	30
.....	17	RETIN-A MICRO.....	62	<i>sharobel</i>	68
<i>propylthiouracil</i>	38	RETIN-A MICRO PUMP.....	62	SIGNIFOR.....	42
PROQUAD (PF).....	40	RETROVIR.....	33	SIGNIFOR LAR.....	41
PROSOL 20 %.....	36	REVATIO.....	61	<i>sildenafil</i>	61
PROTOPIC.....	65	REVLIMID.....	14	<i>silver sulfadiazine</i>	62
<i>protriptyline</i>	56	REXULTI.....	58	SIMBRINZA.....	27
PROVENTIL HFA.....	60	REYATAZ.....	6	SIMCOR.....	20
<i>prudoxin</i>	65	<i>ribasphere</i>	6	SIMPONI.....	50, 51
PULMICORT.....	60	<i>ribasphere ribapak</i>	6	SIMPONI ARIA.....	50
PULMICORT FLEXHALER.....	60	<i>ribavirin</i>	6	SIMULECT.....	41
PULMOZYME.....	42	RIDAURA.....	50	<i>simvastatin</i>	20
PURIXAN.....	14	<i>rifabutin</i>	8	<i>sirolimus</i>	41
PYLERA.....	29	RIFAMATE.....	8	SIRTURO.....	8
<i>pyrazinamide</i>	8	<i>rifampin</i>	8, 33	SKLICE.....	65
<i>pyridostigmine bromide</i>	44	RIFATER.....	8	<i>sodium chloride</i>	35, 66
QUADRACEL (PF).....	40	<i>riluzole</i>	41	<i>sodium chloride 0.45 %</i>	35
<i>quasense</i>	68	<i>rimantadine</i>	6	<i>sodium chloride 0.9 %</i>	35
QUDEXY XR.....	49	<i>ringers</i>	35	<i>sodium chloride 3 %</i>	35
<i>quetiapine</i>	58	RIOMET.....	23	<i>sodium chloride 5 %</i>	35
QUILLIVANT XR.....	54	<i>risedronate</i>	70	<i>sodium fluoride</i>	24
<i>quinapril</i>	15	RISPERDAL CONSTA.....	55, 58	<i>sodium lactate</i>	35
<i>quinapril-hydrochlorothiazide</i>	18	<i>risperidone</i>	55, 58	<i>sodium polystyrene (sorb free)</i>	45
<i>quinidine gluconate</i>	17	RITUXAN.....	12	SOLARAZE.....	66
<i>quinidine sulfate</i>	17	<i>rivastigmine tartrate</i>	47	SOLTAMOX.....	14
<i>quinine sulfate</i>	4	<i>rizatriptan</i>	47	SOLU-CORTEF.....	37
QVAR.....	60	<i>ropinirole</i>	48	SOLU-CORTEF (PF).....	37
RABAVERT (PF).....	40	ROTARIX.....	40	SOLU-MEDROL.....	37
<i>rabeprazole</i>	29	ROTATEQ VACCINE.....	40	SOLU-MEDROL (PF).....	37
RAGWITEK.....	61	ROZEREM.....	56	SOMATULINE DEPOT.....	41
<i>raloxifene</i>	70	RUCONEST.....	43	SOMAVERT.....	41
<i>ramipril</i>	15	RYTARY.....	48	SOOLANTRA.....	61
RANEXA.....	16	SABRIL.....	49	SORIATANE.....	65
<i>ranitidine hcl</i>	29	SAFYRAL.....	68	<i>sorine</i>	17
RAPAMUNE.....	41	SAIZEN.....	43	<i>sotalol</i>	17
RASUVO (PF).....	50	SAIZEN CLICK.EASY.....	43	<i>sotalol af</i>	17
RAVICTI.....	46	SAMSCA.....	46	SOTYLIZE.....	17
REBETOL.....	6	SANCUSO.....	27	SOVALDI.....	6

SPIRIVA RESPIMAT	60	TARCEVA	14	TOBRADEX ST	25
SPIRIVA WITH HANDIHALER		TARGRETIN	15	<i>tobramycin</i>	25
	60	<i>tarina fe</i>	68	<i>tobramycin in 0.225 % nacl</i>	42
<i>spironolactone</i>	19	TARKA	18	<i>tobramycin in 0.9 % nacl</i>	34
<i>spironolacton-hydrochlorothiaz</i>		TASIGNA	15	<i>tobramycin sulfate</i>	34
	20	TASMAR	48	<i>tobramycin-dexamethasone</i>	25
SPRYCEL	14	TAZORAC	65	<i>tolazamide</i>	23
<i>ssd</i>	62	<i>taztia xt</i>	19	<i>tolbutamide</i>	23
<i>stavudine</i>	6	TECFIDERA	44	<i>tolcapone</i>	48
STELARA	65	TEFLARO	34	<i>tolmetin</i>	52
STIMATE	10	TEGRETOL XR	49	<i>tolterodine</i>	46
STIVARGA	14	TEKTURNA	19	<i>topiramate</i>	49
STRATTERA	55	TEKTURNA HCT	18	<i>toposar</i>	12
<i>streptomycin</i>	33	<i>telmisartan</i>	16	<i>topotecan</i>	12
STRIBILD	6	<i>telmisartan-amlodipine</i>	18	TORISEL	12
STRIVERDI RESPIMAT	60	<i>telmisartan-hydrochlorothiazid</i>		<i>torse mide</i>	20
STROMECTOL	4		18	TOUJEO SOLOSTAR	22
SUBOXONE	57	<i>temazepam</i>	57	<i>tpn electrolytes</i>	36
SUBSYS	53	<i>temozolomide</i>	15	TRACLEER	61
<i>sucrafate</i>	29	TENIVAC (PF)	40	TRADJENTA	23
<i>sulfacetamide sodium</i>	25	<i>terazosin</i>	16	<i>tramadol</i>	53
<i>sulfacetamide sodium (acne)</i>	66	<i>terbinafine hcl</i>	3	<i>tramadol-acetaminophen</i>	53
<i>sulfacetamide-prednisolone</i>	25	<i>terbutaline</i>	60	<i>trandolapril</i>	15
<i>sulfadiazine</i>	9	<i>terconazole</i>	70	<i>trandolapril-verapamil</i>	18
<i>sulfamethoxazole-trimethoprim</i>		TESTIM	38	<i>tranexamic acid</i>	10
	9, 33	<i>testosterone</i>	38	TRANSDERM-SCOP	27
SULFAMYLON	66	<i>testosterone cypionate</i>	38	<i>tranylcypro mine</i>	56
<i>sulfasalazine</i>	30	<i>testosterone enanthate</i>	38	TRAVASOL 10 %	36
<i>sulfazine ec</i>	30	TESTRED	38	TRAVATAN Z	27
<i>sulindac</i>	52	<i>tetanus,diphtheria tox ped(pf)</i>	40	<i>travoprost (benzalkonium)</i>	27
<i>sumatriptan</i>	47	<i>tetanus-diphtheria toxoids-td</i>	40	<i>trazodone</i>	56
<i>sumatriptan succinate</i>	47	<i>tetrabenazine</i>	43	TREANDA	12
SUPRAX	7	<i>tetracycline</i>	9	TRECTOR	8
SUPREP BOWEL PREP KIT	29	THALOMID	15	TRELSTAR	38
SURMONTIL	56	<i>theophylline</i>	60	TRELSTAR DEPOT	38
SUSTIVA	6	<i>thioridazine</i>	58	TRELSTAR LA	38
SUTENT	14	THIOTEPA	12	<i>tretinoin</i>	62
SYLATRON	12	<i>thiothixene</i>	58	<i>tretinoin (chemotherapy)</i>	15
SYLVANT	42	THYMOGLOBULIN	40	<i>tretinoin microspheres</i>	62
SYMBICORT	60	THYROLAR-1	38	TRETIN-X CREAM KIT	62
SYMLINPEN 120	22	THYROLAR-1/2	38	TREXALL	51
SYMLINPEN 60	22	THYROLAR-1/4	38	<i>triamcinolone acetonide</i>	
SYNAGIS	45	THYROLAR-2	38		24, 37, 64
SYNAREL	38	THYROLAR-3	38	<i>triamterene-hydrochlorothiazid</i>	
SYNERA	66	<i>tiagabine</i>	49		18, 20
SYNERCID	34	<i>ticlopidine</i>	9	TRIANEX	64
SYNRIBO	12	TIKOSYN	17	<i>triazolam</i>	57
SYNTHROID	38	TIMENTIN	34	<i>triderm</i>	64
SYPRINE	46	<i>timolol maleate</i>	18, 27	<i>trifluoperazine</i>	58
TABLOID	14	<i>tinidazole</i>	4	<i>trifluridine</i>	26
<i>tacrolimus</i>	41, 66	TIROSINT	38	<i>trihexyphenidyl</i>	48
TAFINLAR	14	TIVICAY	6	<i>trilyte with flavor packets</i>	29
TAMIFLU	6	<i>tizanidine</i>	50	<i>trimethoprim</i>	4
<i>tamoxifen</i>	14	TOBI PODHALER	42	<i>trinessa (28)</i>	68
<i>tamsulosin</i>	46	TOBRADEX	25	TRIOSTAT	39

<i>tri-previfem (28)</i>	68	<i>venlafaxine</i>	56	YERVOY.....	13
TRISENOX.....	12	VENLAFAXINE.....	56	YF-VAX (PF).....	40
<i>tri-sprintec (28)</i>	68	VENTAVIS.....	61	<i>zafirlukast</i>	60
TRIUMEQ.....	6	VENTOLIN HFA.....	60	<i>zaleplon</i>	57
<i>trivora (28)</i>	68	<i>verapamil</i>	19	ZALTRAP.....	13
TRIZIVIR.....	6	VERIPRED 20.....	37	ZANOSAR.....	13
TROKENDI XR.....	49	VERSACLOZ.....	58	ZAVESCA.....	42
TROPHAMINE 10 %.....	36	VESICARE.....	46	ZELBORAF.....	15
TROPHAMINE 6%.....	36	VEXOL.....	26	ZEMAIRA.....	61
<i>trospium</i>	46	VIBRAMYCIN.....	9	ZEMPLAR.....	34, 43
TRULICITY.....	22	VICTOZA 3-PAK.....	22	ZENCHENT (28).....	68
TRUMENBA.....	40	VIDAZA.....	13	ZENCHENT FE.....	68
TRUVADA.....	6	VIDEX 2 GRAM PEDIATRIC.....	6	ZENPEP.....	28
TUDORZA PRESSAIR.....	60	VIDEX 4 GRAM PEDIATRIC.....	7	<i>zeosa</i>	68
TWINRIX (PF).....	40	VIGAMOX.....	25	ZERBAXA.....	34
TYBOST.....	6	VIIBRYD.....	56	ZETIA.....	20
TYGACIL.....	34	VIMPAT.....	49, 50	ZIAGEN.....	7
TYKERB.....	15	<i>vinblastine</i>	13	<i>zidovudine</i>	7
TYPHIM VI.....	40	<i>vincasar pfs</i>	13	ZINECARD (AS HCL).....	15
TYSABRI.....	44	<i>vincristine</i>	13	ZIOPTAN (PF).....	27
TYVASO.....	61	<i>vinorelbine</i>	13	<i>ziprasidone hcl</i>	58
TYZEKA.....	6	VIOKACE.....	28	ZIRGAN.....	26
TYZINE.....	24	VIRACEPT.....	7	ZMAX.....	8
UCERIS.....	30, 66	VIRAMUNE XR.....	7	<i>zoledronic acid</i>	70
ULESFIA.....	65	VIRAZOLE.....	45	<i>zoledronic acid-mannitol-water</i>	70
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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
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