

TUFTS MEDICARE PREFERRED HMO PLANS | 2016

Tufts Medicare Preferred HMO 2016 Formulary (List of Covered Drugs)

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

This formulary was updated on November 1, 2016. For more recent information or other questions, please contact us at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. Or visit tuftsmedicarepreferred.org.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

TUFTS MEDICARE PREFERRED HMO

2016 Formulary (List of Covered Drugs)

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Tufts Health Plan 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, 2016. 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, 2017, 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 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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, 2016. 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. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. 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 *ROZEREM*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred HMO to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Tufts Medicare Preferred HMO formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered.

If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.
- You can ask Tufts Medicare Preferred HMO to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Tufts Medicare Preferred HMO Formulary?

You can ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-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 Medicare Preferred HMO Customer Relations department.

For more information

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

If you have questions about Tufts Medicare Preferred HMO, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

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

B/D: Medicare Part B or D

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

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, “How do I request an exception to the Tufts Medicare Preferred HMO formulary?” on page III for information about how to request an exception.

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 Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties	
Deductible	\$300 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$250 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$200 (for your Tier 3, Tier 4 and Tier 5 drugs)	
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
Tier 1	\$6	\$15	\$4	\$10	\$4	\$10
Tier 2	\$12	\$30	\$8	\$21	\$8	\$21
Tier 3	\$47	\$141	\$47	\$141	\$47	\$141
Tier 4	\$100	\$300	\$100	\$300	\$100	\$300
Tier 5	26%	26%	27%	27%	28%	28%
Coverage Gap Stage After your total prescription drug costs reach \$3,310, and until your payments reach \$4,850, you pay:						
	<ul style="list-style-type: none"> • 58% 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 \$4,850, you pay the greater of:						
	5% per prescription, or \$2.95 per prescription for Part D generic drugs, \$7.40 per prescription for Part D brand drugs.					

Your Prescription Drug Costs

	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	\$0		\$0	
Copays	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply
Tier 1	\$4	\$10	\$2	\$5
Tier 2	\$8	\$21	\$4	\$10
Tier 3	\$47	\$141	\$30	\$90
Tier 4	\$100	\$300	\$80	\$240
Tier 5	33%	33%	33%	33%
Coverage Gap Stage After your total prescription drug costs reach \$3,310, and until your payments reach \$4,850, you pay:				
	<ul style="list-style-type: none"> • 58% 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 • 58% 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 \$4,850, you pay the greater of:				
	5% per prescription, or \$2.95 per prescription for Part D generic drugs, \$7.40 per prescription for Part D brand drugs.			

Your Prescription Drug Costs continued

	HMO Basic Rx Worcester county		HMO Value Rx Worcester county		HMO Prime Rx Worcester county	
Deductible	\$250 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$200 (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	Retail 30-day supply	Mail order 90-day supply
Tier 1	\$4	\$10	\$4	\$10	\$4	\$10
Tier 2	\$6	\$15	\$6	\$15	\$6	\$15
Tier 3	\$47	\$141	\$47	\$141	\$47	\$141
Tier 4	\$75	\$225	\$75	\$225	\$75	\$225
Tier 5	27%	27%	28%	28%	33%	33%

Coverage Gap Stage

After your total prescription drug costs reach \$3,310, and until your payments reach \$4,850, you pay:

- 58% 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 \$4,850, you pay the greater of:

5% per prescription, or \$2.95 per prescription for Part D generic drugs, \$7.40 per prescription for Part D brand drugs.

**Tufts Medicare Preferred HMO
2016 Formulary (List of Covered Drugs)**

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE	3
BLOOD THINNERS AND BLOOD MODIFYING AGENTS	9
CANCER DRUGS	11
CARDIOVASCULAR AGENTS	16
DIABETES MELLITUS	22
EAR, NOSE AND THROAT	24
EYE	24
GASTROINTESTINAL DRUGS	27
HOME INFUSION THERAPY	30
HORMONES	35
IMMUNOLOGIC AGENTS	37
MISCELLANEOUS DRUGS	39
NEUROLOGICAL DRUGS	45
PAIN AND INFLAMMATORY DISEASES	48
PSYCHIATRIC	52
RESPIRATORY DRUGS	57
SKIN	60
WOMENS HEALTH	64

**Tufts Medicare Preferred HMO
2016 Formulary (List of Covered Drugs)**

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole</i>	Tier-2	
CRESEMBA	Tier-5	
<i>fluconazole oral suspension reconstituted</i>	Tier-2	
<i>fluconazole oral tablet</i>	Tier-1	
<i>flucytosine</i>	Tier-5	
<i>griseofulvin microsize</i>	Tier-2	
<i>griseofulvin ultramicrosize</i>	Tier-2	
<i>itraconazole</i>	Tier-2	PA
<i>ketoconazole</i>	Tier-2	
NOXAFIL	Tier-5	
<i>nystatin</i>	Tier-2	
<i>terbinafine hcl</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	Tier-5	
<i>voriconazole oral tablet 200 mg</i>	Tier-5	QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-5	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-5	
ALINIA	Tier-4	
BILTRICIDE	Tier-3	
<i>ivermectin</i>	Tier-2	
<i>linezolid oral suspension reconstituted</i>	Tier-5	
<i>linezolid oral tablet</i>	Tier-2	
<i>methenamine hippurate</i>	Tier-2	
<i>metronidazole</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
MONUROL	Tier-4	
<i>neomycin sulfate</i>	Tier-2	
<i>nitrofurantoin macrocrystal</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd macro</i>	Tier-2	PA; QL (90 EA per 365 days)
SIVEXTRO	Tier-5	
STROMECTOL	Tier-3	
<i>trimethoprim</i>	Tier-2	
<i>vancomycin hcl</i>	Tier-2	
XIFAXAN ORAL TABLET 200 MG	Tier-5	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-5	PA
ZYVOX	Tier-5	
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-5	
<i>atovaquone-proguanil hcl</i>	Tier-2	
<i>chloroquine phosphate</i>	Tier-2	
COARTEM	Tier-3	QL (24 EA per 3 days)
<i>dapsone</i>	Tier-2	
DARAPRIM	Tier-3	
<i>hydroxychloroquine sulfate</i>	Tier-2	
<i>mefloquine hcl</i>	Tier-2	
NEBUPENT	Tier-4	B/D
<i>paromomycin sulfate</i>	Tier-2	
PENTAM	Tier-3	
<i>primaquine phosphate</i>	Tier-2	
<i>quinine sulfate</i>	Tier-2	
<i>tinidazole</i>	Tier-2	
ANTIVIRALS		
<i>abacavir sulfate</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine</i>	Tier-5	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-2	
<i>acyclovir oral tablet</i>	Tier-2	
<i>adefovir dipivoxil</i>	Tier-5	
<i>amantadine hcl</i>	Tier-2	
APTIVUS	Tier-5	

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
ATRIPLA	Tier-5	
COMPLERA	Tier-5	
COPEGUS	Tier-5	
CRIXIVAN	Tier-3	
DESCOVY	Tier-5	
<i>didanosine</i>	Tier-2	
EDURANT	Tier-5	
EMTRIVA	Tier-3	
<i>entecavir</i>	Tier-5	
EPIVIR	Tier-3	
EPZICOM	Tier-5	
EVOTAZ	Tier-5	
<i>famciclovir</i>	Tier-2	
FUZEON	Tier-5	
GENVOYA	Tier-5	
HARVONI	Tier-5	PA
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-3	
INTELENCE ORAL TABLET 200 MG	Tier-5	
INTRON A	Tier-3	
INVIRASE	Tier-5	
ISENTRESS ORAL PACKET	Tier-3	
ISENTRESS ORAL TABLET	Tier-5	QL (360 EA per 90 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-3	QL (720 EA per 30 days)
KALETRA ORAL SOLUTION	Tier-5	
KALETRA ORAL TABLET 100-25 MG	Tier-3	
KALETRA ORAL TABLET 200-50 MG	Tier-5	
<i>lamivudine</i>	Tier-2	
<i>lamivudine-zidovudine</i>	Tier-2	
LEXIVA ORAL SUSPENSION	Tier-3	
LEXIVA ORAL TABLET	Tier-5	
<i>nevirapine</i>	Tier-2	
<i>nevirapine er</i>	Tier-2	
NORVIR	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
ODEFSEY	Tier-5	
PEGASYS	Tier-5	QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-5	QL (4 ML per 28 days)
PEGINTRON	Tier-5	QL (4 EA per 28 days)
PEG-INTRON REDIPEN	Tier-5	QL (4 EA per 28 days)
PREZCOBIX	Tier-5	
PREZISTA	Tier-5	
REBETOL	Tier-3	
RELENZA DISKHALER	Tier-3	QL (60 EA per 180 days)
RESCRIPTOR	Tier-3	
REYATAZ	Tier-5	
<i>ribasphere</i>	Tier-2	
<i>ribasphere ribapak</i>	Tier-5	
<i>ribavirin</i>	Tier-2	
<i>rimantadine hcl</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-5	
SUSTIVA ORAL CAPSULE 200 MG	Tier-5	
SUSTIVA ORAL CAPSULE 50 MG	Tier-3	
SUSTIVA ORAL TABLET	Tier-5	
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 RECONSTITUTED	Tier-3	QL (360 ML per 180 days)
TIVICAY ORAL TABLET 10 MG	Tier-4	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-5	
TRIUMEQ	Tier-5	
TRUVADA	Tier-5	
TYBOST	Tier-3	
TYZEKA	Tier-5	QL (30 EA per 30 days)
<i>valacyclovir hcl</i>	Tier-3	
VALCYTE	Tier-5	
<i>valganciclovir hcl</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
VIDEX	Tier-3	
VIRACEPT ORAL TABLET 250 MG	Tier-3	
VIRACEPT ORAL TABLET 625 MG	Tier-5	
VIRAMUNE XR TABLET 100 MG	Tier-3	
VIREAD	Tier-5	
VITEKTA	Tier-5	
ZIAGEN	Tier-3	
<i>zidovudine</i>	Tier-2	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-2	
<i>amoxicillin-pot clavulanate er</i>	Tier-2	
<i>ampicillin oral capsule</i>	Tier-1	
<i>ampicillin oral suspension reconstituted</i>	Tier-2	
BICILLIN C-R	Tier-3	
BICILLIN C-R 900/300	Tier-3	
BICILLIN L-A	Tier-3	
CEDAX	Tier-4	
<i>cefaclor</i>	Tier-2	
<i>cefaclor er</i>	Tier-2	
<i>cefadroxil</i>	Tier-2	
<i>cefdinir</i>	Tier-2	
<i>cefixime</i>	Tier-2	
<i>cefpodoxime proxetil</i>	Tier-2	
<i>cefprozil</i>	Tier-2	
<i>cefuroxime axetil</i>	Tier-2	
<i>cephalexin</i>	Tier-2	
<i>dicloxacillin sodium</i>	Tier-2	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX	Tier-4	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin</i>	Tier-2	
<i>clarithromycin</i>	Tier-2	
<i>clarithromycin er</i>	Tier-2	
<i>clindamycin hcl</i>	Tier-2	
<i>clindamycin palmitate hcl</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
DIFICID	Tier-5	PA
<i>e.e.s. 400</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 stearate</i>	Tier-2	
<i>erythromycin base</i>	Tier-2	
<i>erythromycin ethylsuccinate</i>	Tier-2	
PCE	Tier-4	
ZMAX	Tier-4	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
<i>ethambutol hcl</i>	Tier-2	
<i>isoniazid oral syrup</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</i>	Tier-2	
RIFATER	Tier-4	
SIRTURO	Tier-3	PA
TRECTOR	Tier-4	
QUINOLONES		
<i>ciprofloxacin</i>	Tier-2	
<i>ciprofloxacin hcl</i>	Tier-1	
<i>ciprofloxacin-ciproflox hcl er</i>	Tier-2	
<i>levofloxacin</i>	Tier-3	
<i>moxifloxacin hcl</i>	Tier-3	
<i>ofloxacin</i>	Tier-2	
SULFONAMIDES		
<i>sulfadiazine</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>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	Tier-2	
<i>doxycycline hyclate</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier-2	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
<i>minocycline hcl</i>	Tier-2	
<i>minocycline hcl er</i>	Tier-2	
<i>tetracycline hcl</i>	Tier-1	
VIBRAMYCIN	Tier-4	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-4	
<i>aspirin-dipyridamole er</i>	Tier-3	
BRILINTA	Tier-4	
<i>clopidogrel bisulfate</i>	Tier-2	
<i>dipyridamole</i>	Tier-2	PA
EFFIENT	Tier-4	
ZONTIVITY	Tier-4	
BLOOD MODIFYING AGENTS		
ARANESP (ALBUMIN FREE) INJECTION 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	Tier-5	QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION 25 MCG/0.42ML, 40 MCG/0.4ML	Tier-3	QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 25 MCG/ML	Tier-3	QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-5	QL (4 ML per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-3	QL (10 ML per 14 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
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	Tier-5	QL (10 ML per 14 days)
FRAGMIN	Tier-5	
GRANIX	Tier-5	QL (10 ML per 14 days)
LEUKINE	Tier-5	
MIRCERA INJECTION 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier-3	QL (0.3 ML per 14 days)
MIRCERA INJECTION 200 MCG/0.3ML	Tier-5	QL (0.3 ML per 14 days)
MOZOBIL	Tier-5	
NEULASTA	Tier-5	QL (1 ML per 14 days)
NEUPOGEN	Tier-5	QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-3	QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Tier-5	QL (10 ML per 14 days)
PROMACTA	Tier-5	PA; QL (30 EA per 30 days)
ZARXIO	Tier-5	QL (10 ML per 14 days)
BLOOD THINNERS		
COUMADIN	Tier-4	
ELIQUIS	Tier-3	
<i>enoxaparin sodium injection</i>	Tier-5	
<i>enoxaparin solution 100 mg/ml, 120 mg/0.8ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier-2	
<i>enoxaparin solution 150 mg/ml</i>	Tier-5	
<i>fondaparinux solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier-5	
<i>fondaparinux solution 2.5 mg/0.5ml</i>	Tier-2	
FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	Tier-5	
FRAGMIN SUBCUTANEOUS 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier-3	
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-3	
<i>warfarin sodium</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-3	QL (35 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
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-3	
XARELTO STARTER PACK	Tier-3	
BLOOD, MISCELLANEOUS		
<i>anagrelide hcl</i>	Tier-2	
<i>cilostazol</i>	Tier-2	
<i>pentoxifylline er</i>	Tier-2	
STIMATE	Tier-4	
<i>tranexamic acid</i>	Tier-2	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-5	
ALIMTA	Tier-5	
ALKERAN	Tier-5	
ARRANON	Tier-5	
AVASTIN	Tier-5	
<i>azacitidine</i>	Tier-5	
BELEODAQ	Tier-5	
BICNU	Tier-5	
<i>bleomycin sulfate</i>	Tier-2	
BUSULFEX	Tier-5	
<i>carboplatin</i>	Tier-2	
<i>cisplatin</i>	Tier-2	
<i>cladribine</i>	Tier-2	
CLOLAR	Tier-5	
COSMEGEN	Tier-5	
CYRAMZA	Tier-3	PA
<i>cytarabine</i>	Tier-2	
<i>cytarabine (pf)</i>	Tier-2	
<i>dacarbazine</i>	Tier-2	
DACOGEN	Tier-5	
DARZALEX	Tier-5	
<i>daunorubicin hcl</i>	Tier-2	
DECITABINE	Tier-5	
<i>dexrazoxane</i>	Tier-2	
DOCEFREZ	Tier-5	
<i>docetaxel</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>doxorubicin hcl</i>	Tier-2	
<i>doxorubicin hcl liposomal</i>	Tier-2	
ELITEK	Tier-5	
ELLENCÉ	Tier-5	
EMPLICITI	Tier-5	
<i>epirubicin hcl</i>	Tier-2	
ERBITUX	Tier-5	
ERWINAZE	Tier-5	
ETOPOPHOS	Tier-5	
<i>etoposide</i>	Tier-2	
FASLODEX	Tier-5	
<i>fludarabine phosphate</i>	Tier-2	
<i>fluorouracil</i>	Tier-2	
<i>ganciclovir sodium</i>	Tier-2	
<i>gemcitabine hcl</i>	Tier-2	
HALAVEN	Tier-5	
HERCEPTIN	Tier-5	
<i>idarubicin hcl</i>	Tier-2	
<i>ifosfamide</i>	Tier-2	
<i>irinotecan hcl</i>	Tier-2	
ISTODAX	Tier-5	
IXEMPRA KIT	Tier-5	
JEVTANA	Tier-5	
KADCYLA	Tier-5	PA
KEYTRUDA	Tier-5	
<i>leuprolide acetate</i>	Tier-2	
<i>melphalan hcl</i>	Tier-2	
<i>mitomycin</i>	Tier-2	
<i>mitoxantrone hcl</i>	Tier-2	
MUSTARGEN	Tier-5	
ONCASPAR	Tier-5	
OPDIVO	Tier-5	
<i>oxaliplatin</i>	Tier-2	
<i>paclitaxel</i>	Tier-2	
PERJETA	Tier-5	PA
PROLEUKIN	Tier-5	

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
RITUXAN	Tier-5	PA
SYLATRON	Tier-5	QL (4 EA per 28 days)
SYNRIBO	Tier-5	
TECENTRIQ	Tier-5	
THIOTEPA	Tier-3	
<i>topotecan hcl</i>	Tier-2	
TORISEL	Tier-5	
TREANDA	Tier-5	
TRISENOX	Tier-5	
UVADEX	Tier-3	
VECTIBIX	Tier-5	
VELCADE	Tier-5	
<i>vinblastine sulfate</i>	Tier-2	
<i>vincasar pfs</i>	Tier-2	
<i>vincristine sulfate</i>	Tier-2	
<i>vinorelbine tartrate</i>	Tier-2	
YERVOY	Tier-5	
YONDELIS	Tier-5	
ZALTRAP	Tier-5	
ZANOSAR	Tier-5	
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)
ALECENSA	Tier-5	PA
ALKERAN	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)
CABOMETYX	Tier-5	PA
<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 (100 MG DAILY DOSE)	Tier-5	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
COMETRIQ (140 MG DAILY DOSE)	Tier-5	PA
COMETRIQ (60 MG DAILY DOSE)	Tier-5	PA
COTELLIC	Tier-5	PA
CYCLOPHOSPHAMIDE	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	
GLEOSTINE	Tier-4	
HEXALEN	Tier-5	
HYCAMTIN	Tier-3	Part B
<i>hydroxyurea</i>	Tier-2	
IBRANCE	Tier-5	PA
ICLUSIG	Tier-5	PA
<i>imatinib mesylate</i>	Tier-3	
IMBRUVICA	Tier-5	PA
INLYTA	Tier-5	PA
IRESSA	Tier-5	PA
JAKAFI	Tier-5	PA
LENVIMA 10 MG DAILY DOSE	Tier-5	PA
LENVIMA 14 MG DAILY DOSE	Tier-5	PA
LENVIMA 18 MG DAILY DOSE	Tier-5	PA
LENVIMA 20 MG DAILY DOSE	Tier-5	PA
LENVIMA 24 MG DAILY DOSE	Tier-5	PA
LENVIMA 8 MG DAILY DOSE	Tier-5	PA
<i>letrozole</i>	Tier-2	
LEUKERAN	Tier-3	
LONSURF	Tier-5	PA
LYNPARZA	Tier-5	PA
LYSODREN	Tier-3	
MATULANE	Tier-5	

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>megestrol acetate</i>	Tier-1	PA
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-5	
<i>nilutamide</i>	Tier-5	
NINLARO	Tier-5	PA
ODOMZO	Tier-5	PA
POMALYST	Tier-5	PA
PURIXAN	Tier-3	
REVLIMID	Tier-5	PA
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
TAGRISSE ORAL TABLET 40 MG	Tier-5	PA; QL (30 EA per 30 days)
TAGRISSE ORAL TABLET 80 MG	Tier-5	PA
<i>tamoxifen citrate</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)
TARGRETIN	Tier-5	
TASIGNA	Tier-5	PA
<i>temozolomide</i>	Tier-2	Part B
THALOMID	Tier-5	
<i>tretinoin</i>	Tier-2	
TYKERB	Tier-5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-4	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-5	PA
VENCLEXTA STARTING PACK	Tier-5	PA
VOTRIENT	Tier-5	PA; QL (120 EA per 30 days)
XALKORI	Tier-5	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
XELODA	Tier-3	Part B
XTANDI	Tier-5	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-5	PA
ZOLINZA	Tier-5	PA
ZYDELIG	Tier-5	PA
ZYKADIA	Tier-5	PA
ZYTIGA	Tier-5	PA; QL (120 EA per 30 days)
PROTECTIVE AGENTS		
<i>amifostine</i>	Tier-2	
FUSILEV	Tier-3	
<i>leucovorin calcium</i>	Tier-2	
LEVOLEUCOVORIN CALCIUM	Tier-3	
<i>mesna</i>	Tier-2	
MESNEX	Tier-4	
ZINECARD	Tier-3	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril hcl</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-4	
<i>fosinopril sodium</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril hcl</i>	Tier-1	
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril hcl</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL	Tier-4	
<i>doxazosin mesylate</i>	Tier-1	
<i>prazosin hcl</i>	Tier-1	
<i>terazosin hcl</i>	Tier-1	
ANGINA		
CORLANOR	Tier-4	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
<i>isosorbide dinitrate</i>	Tier-1	
<i>isosorbide dinitrate er</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-2	
<i>isosorbide mononitrate er</i>	Tier-2	
NITRO-BID	Tier-4	
<i>nitroglycerin</i>	Tier-2	
NITROMIST	Tier-4	
NITROSTAT	Tier-3	
RANEXA	Tier-3	
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-3	
<i>candesartan cilexetil</i>	Tier-1	
<i>eprosartan mesylate</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan potassium</i>	Tier-1	
<i>telmisartan</i>	Tier-3	
<i>valsartan</i>	Tier-2	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl</i>	Tier-2	
<i>digitek</i>	Tier-1	
<i>digoxin injection</i>	Tier-1	
<i>digoxin oral solution</i>	Tier-1	PA
<i>digoxin oral tablet 125 mcg</i>	Tier-1	
<i>digoxin oral tablet 250 mcg</i>	Tier-1	PA
<i>disopyramide phosphate</i>	Tier-2	PA
<i>dofetilide</i>	Tier-3	
<i>flecainide acetate</i>	Tier-2	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	Tier-4	
LANOXIN TABLET 187.5 MCG, 250 MCG	Tier-4	PA
<i>mexiletine hcl</i>	Tier-2	
MULTAQ	Tier-4	
NORPACE CR	Tier-4	PA
<i>propafenone hcl</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>propafenone hcl er</i>	Tier-2	
<i>quinidine gluconate er</i>	Tier-2	
<i>quinidine sulfate</i>	Tier-2	
<i>sorine</i>	Tier-2	
<i>sotalol hcl</i>	Tier-1	
<i>sotalol hcl (af)</i>	Tier-1	
SOTYLIZE	Tier-4	
TIKOSYN	Tier-3	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl</i>	Tier-3	
<i>amlodipine besylate-valsartan</i>	Tier-3	
<i>amlodipine-atorvastatin</i>	Tier-3	
<i>amlodipine-valsartan-hctz</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 cilexetil-hctz</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-2	
DUTOPROL	Tier-4	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
ENTRESTO	Tier-4	PA
<i>fosinopril sodium-hctz</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan potassium-hctz</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide</i>	Tier-2	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-2	
<i>propranolol-hctz</i>	Tier-2	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TEKTURNA HCT	Tier-3	
<i>telmisartan-amlodipine</i>	Tier-1	

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>telmisartan-hctz</i>	Tier-3	
<i>trandolapril-verapamil hcl er</i>	Tier-2	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-4	
<i>labetalol hcl</i>	Tier-2	
BETA BLOCKERS		
<i>acebutolol hcl</i>	Tier-2	
<i>atenolol</i>	Tier-1	
<i>betaxolol hcl</i>	Tier-2	
<i>bisoprolol fumarate</i>	Tier-2	
<i>metoprolol succinate er</i>	Tier-2	
<i>metoprolol tartrate</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-2	
<i>propranolol hcl er</i>	Tier-2	
<i>propranolol hcl oral solution</i>	Tier-2	
<i>propranolol hcl oral tablet</i>	Tier-1	
<i>timolol maleate</i>	Tier-2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-2	
<i>amlodipine besylate</i>	Tier-2	
<i>cartia xt</i>	Tier-2	
<i>diltiazem hcl</i>	Tier-1	
<i>diltiazem hcl er</i>	Tier-2	
<i>diltiazem hcl er beads</i>	Tier-2	
<i>diltiazem hcl er coated beads</i>	Tier-2	
<i>dilt-xr</i>	Tier-2	
<i>felodipine er</i>	Tier-2	
<i>isradipine</i>	Tier-2	
<i>matzim la</i>	Tier-2	
<i>nicardipine hcl</i>	Tier-2	
<i>nifedical xl</i>	Tier-2	
<i>nifedipine</i>	Tier-2	PA
<i>nifedipine er osmotic release</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>nimodipine</i>	Tier-2	
<i>nisoldipine er</i>	Tier-2	
<i>taztia xt</i>	Tier-2	
<i>verapamil hcl</i>	Tier-1	
<i>verapamil hcl er</i>	Tier-1	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl oral</i>	Tier-1	
<i>clonidine hcl transdermal</i>	Tier-2	
NORTHERA	Tier-5	PA
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-3	
DIURETICS		
<i>amiloride hcl</i>	Tier-2	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide</i>	Tier-1	
<i>chlorothiazide</i>	Tier-2	
<i>chlorthalidone</i>	Tier-1	
EDECRIN	Tier-3	
<i>eplerenone</i>	Tier-2	
<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	
<i>spironolactone-hctz</i>	Tier-2	
<i>toremide</i>	Tier-2	
<i>triamterene-hctz</i>	Tier-1	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium</i>	Tier-2	
<i>cholestyramine light</i>	Tier-2	
<i>colestipol hcl</i>	Tier-2	
CRESTOR	Tier-4	PA
<i>fenofibrate</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>fenofibrate micronized</i>	Tier-2	
<i>fenofibric acid</i>	Tier-2	
<i>fluvastatin sodium</i>	Tier-3	
<i>fluvastatin sodium er</i>	Tier-3	
<i>gemfibrozil</i>	Tier-2	
JUXTAPID	Tier-5	PA
KYNAMRO	Tier-5	PA
<i>lovastatin</i>	Tier-1	
<i>niacin er</i>	Tier-3	
<i>niacor</i>	Tier-2	
<i>omega-3-acid ethyl esters</i>	Tier-3	
<i>pravastatin sodium</i>	Tier-1	
PREVALITE	Tier-4	
REPATHA	Tier-5	PA
REPATHA PUSHTRONEX SYSTEM	Tier-5	PA
REPATHA SURECLICK	Tier-5	PA
<i>rosuvastatin calcium</i>	Tier-3	PA
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-3	
VYTORIN	Tier-4	
WELCHOL	Tier-4	
ZETIA	Tier-3	
POTASSIUM REPLACEMENT		
<i>klor-con</i>	Tier-1	
<i>klor-con 10</i>	Tier-1	
KLOR-CON M15	Tier-4	
<i>klor-con m20</i>	Tier-1	
<i>klor-con sprinkle</i>	Tier-1	
K-TAB	Tier-4	
<i>potassium chloride</i>	Tier-1	
<i>potassium chloride crys er</i>	Tier-1	
<i>potassium chloride er</i>	Tier-1	
VASODILATORS		
BIDIL	Tier-3	
<i>hydralazine hcl</i>	Tier-1	
<i>minoxidil</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
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	Tier-2	
COMFORT ASSIST INSULIN SYRINGE	Tier-3	
EXEL COMFORT POINT PEN NEEDLE	Tier-3	
<i>global alcohol prep ease</i>	Tier-2	
<i>lancets</i>	Tier-2	Part B
ONETOUCH ULTRA	Tier-3	Part B
ONETOUCH VERIO	Tier-3	Part B
<i>preferred plus insulin syringe</i>	Tier-2	
RELI-ON INSULIN SYRINGE	Tier-3	
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-3	
GLUCAGON EMERGENCY	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	
HUMULIN R U-500 KWIKPEN	Tier-3	
LANTUS	Tier-3	
LANTUS SOLOSTAR	Tier-3	
TOUJEO SOLOSTAR	Tier-4	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-3	
SYMLINPEN 120	Tier-3	
SYMLINPEN 60	Tier-3	
TRULICITY	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
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-4	
<i>chlorpropamide</i>	Tier-1	PA
FARXIGA	Tier-3	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide er</i>	Tier-1	
<i>glipizide-metformin hcl</i>	Tier-1	
<i>glyburide</i>	Tier-1	PA
<i>glyburide micronized</i>	Tier-1	PA
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-4	
INVOKAMET	Tier-3	
INVOKANA	Tier-3	
JANUMET	Tier-3	
JANUMET XR	Tier-3	
JANUVIA	Tier-3	
JENTADUETO	Tier-3	
JENTADUETO XR	Tier-3	
<i>metformin hcl</i>	Tier-1	
<i>metformin hcl er</i>	Tier-1	
<i>metformin hcl er (osm)</i>	Tier-1	
<i>miglitol</i>	Tier-3	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone hcl</i>	Tier-3	
<i>pioglitazone hcl-glimepiride</i>	Tier-2	
<i>pioglitazone hcl-metformin hcl</i>	Tier-3	
<i>repaglinide</i>	Tier-1	
<i>repaglinide-metformin hcl</i>	Tier-3	
RIOMET	Tier-3	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-3	
XIGDUO XR	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
EAR, NOSE AND THROAT		
EAR		
<i>acetazol hc</i>	Tier-2	
<i>acetic acid</i>	Tier-2	
CIPRO HC	Tier-3	
CIPRODEX	Tier-3	
<i>fluocinolone acetonide</i>	Tier-2	
<i>hydrocortisone-acetic acid</i>	Tier-2	
<i>ofloxacin</i>	Tier-2	
MOUTH AND THROAT		
<i>cevimeline hcl</i>	Tier-2	
<i>chlorhexidine gluconate (rx and otc)</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-2	
<i>triamcinolone acetonide</i>	Tier-2	
NOSE		
<i>azelastine hcl</i>	Tier-2	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-4	
<i>budesonide</i>	Tier-2	
<i>cyproheptadine hcl</i>	Tier-2	PA
<i>desloratadine</i>	Tier-2	
<i>flunisolide</i>	Tier-2	QL (150 ML per 90 days)
<i>fluticasone propionate</i>	Tier-2	QL (48 GM per 90 days)
<i>hydroxyzine hcl</i>	Tier-2	PA
<i>hydroxyzine pamoate</i>	Tier-2	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier-2	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier-2	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride</i>	Tier-2	
<i>mometasone furoate</i>	Tier-3	
NASONEX	Tier-3	QL (102 GM per 90 days)
<i>olopatadine hcl</i>	Tier-2	QL (91.5 GM per 90 days)
TYZINE	Tier-4	
EYE		
ALLERGY		
ALOCRIAL	Tier-4	

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
ALOMIDE	Tier-4	
<i>azelastine hcl</i>	Tier-2	
<i>cromolyn sodium</i>	Tier-2	
EMADINE	Tier-4	
<i>epinastine hcl</i>	Tier-2	
LASTACAFT	Tier-4	
<i>olopatadine hcl</i>	Tier-3	
ANTI-INFECTIVES		
AZASITE	Tier-4	
<i>bacitracin</i>	Tier-2	
<i>bacitracin-polymyxin b</i>	Tier-2	
<i>bacitra-neomycin-polymyxin-hc</i>	Tier-2	
BESIVANCE	Tier-4	
BLEPHAMIDE	Tier-4	
BLEPHAMIDE S.O.P.	Tier-4	
<i>ciprofloxacin hcl</i>	Tier-2	
<i>erythromycin</i>	Tier-2	
<i>gatifloxacin</i>	Tier-2	
<i>gentak</i>	Tier-1	
<i>gentamicin sulfate</i>	Tier-1	
<i>levofloxacin</i>	Tier-2	
MOXEZA	Tier-4	
<i>neomycin-bacitracin zn-polymyx</i>	Tier-2	
<i>neomycin-polymyxin-hc</i>	Tier-2	
<i>ofloxacin</i>	Tier-2	
<i>polymyxin b-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium</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 sodium</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>dexamethasone sodium phosphate</i>	Tier-2	
<i>diclofenac sodium</i>	Tier-2	
DUREZOL	Tier-4	
FLAREX	Tier-4	
<i>fluorometholone</i>	Tier-2	
<i>flurbiprofen sodium</i>	Tier-2	
FML	Tier-3	
FML FORTE	Tier-4	
ILEVRO	Tier-4	
<i>ketorolac tromethamine</i>	Tier-2	
LOTEMAX	Tier-4	
MAXIDEX	Tier-4	
<i>neomycin-polymyxin-dexameth</i>	Tier-2	
<i>neomycin-polymyxin-gramicidin</i>	Tier-2	
<i>neomycin-polymyxin-hc</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	
ZYLET	Tier-4	
ANTIVIRALS		
<i>trifluridine</i>	Tier-2	
ZIRGAN	Tier-4	
GLAUCOMA		
<i>acetazolamide</i>	Tier-2	
<i>acetazolamide er</i>	Tier-2	
ALPHAGAN P	Tier-4	
<i>apraclonidine hcl</i>	Tier-2	
AZOPT	Tier-3	
<i>betaxolol hcl</i>	Tier-2	
BETIMOL	Tier-3	
BETOPTIC-S	Tier-4	
<i>bimatoprost</i>	Tier-2	
<i>brimonidine tartrate</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>carteolol hcl</i>	Tier-2	
COMBIGAN	Tier-4	
<i>dorzolamide hcl</i>	Tier-2	
<i>dorzolamide hcl-timolol mal</i>	Tier-2	
IOPIDINE	Tier-4	
<i>latanoprost</i>	Tier-2	
<i>levobunolol hcl</i>	Tier-1	
LUMIGAN	Tier-4	ST
<i>methazolamide</i>	Tier-2	
<i>metipranolol</i>	Tier-2	
PHOSPHOLINE IODIDE	Tier-3	
<i>pilocarpine hcl</i>	Tier-2	
SIMBRINZA	Tier-4	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-2	
<i>timolol maleate ophthalmic solution</i>	Tier-1	
TRAVATAN Z	Tier-4	ST
ZIOPTAN	Tier-4	ST
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-4	
<i>atropine sulfate</i>	Tier-2	
NATACYN	Tier-4	
<i>proparacaine hcl</i>	Tier-2	
RESTASIS	Tier-3	PA
GASTROINTESTINAL DRUGS		
EMESIS		
AKYNZEO	Tier-4	B/D
ALOXI	Tier-5	B/D
ANZEMET	Tier-3	B/D
CESAMET	Tier-3	B/D
<i>compro</i>	Tier-2	
<i>dronabinol</i>	Tier-2	B/D
EMEND	Tier-3	B/D
<i>granisetron hcl</i>	Tier-2	B/D
<i>meclizine hcl</i>	Tier-2	
<i>metoclopramide hcl</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>ondansetron</i>	Tier-2	B/D
<i>ondansetron hcl</i>	Tier-2	B/D
<i>prochlorperazine</i>	Tier-2	
<i>prochlorperazine maleate</i>	Tier-2	
<i>promethazine hcl</i>	Tier-2	
<i>promethazine hcl oral</i>	Tier-2	PA
SANCUSO	Tier-4	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP PATCH	Tier-4	
VARUBI	Tier-4	B/D
ENZYMES		
CARBAGLU	Tier-3	PA
CREON	Tier-3	
CYSTAGON	Tier-4	
PANCREAZE	Tier-4	
PERTZYE	Tier-4	
VIOKACE	Tier-4	
ZENPEP	Tier-4	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron hcl</i>	Tier-2	
CHOLBAM	Tier-5	PA
<i>constulose</i>	Tier-2	
<i>cromolyn sodium</i>	Tier-2	
<i>dicyclomine hcl</i>	Tier-1	
<i>enulose</i>	Tier-2	
GATTEX	Tier-5	PA
<i>generlac</i>	Tier-2	
<i>glycopyrrolate</i>	Tier-2	
KRISTALOSE	Tier-3	
<i>lactulose</i>	Tier-2	
<i>levocarnitine</i>	Tier-2	
<i>loperamide hcl</i>	Tier-2	
<i>megestrol acetate</i>	Tier-2	PA
MOVIPREP	Tier-4	
OICALIVA	Tier-5	PA; QL (30 EA per 30 days)
OSMOPREP	Tier-4	

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>peg 3350-kcl-na bicarb-nacl</i>	Tier-2	
<i>peg-3350/electrolytes</i>	Tier-2	
<i>polyethylene glycol 3350</i>	Tier-2	
<i>propantheline bromide</i>	Tier-2	
RELISTOR ORAL	Tier-4	
RELISTOR SUBCUTANEOUS*	Tier-5	
SUPREP BOWEL PREP	Tier-4	
<i>trilyte</i>	Tier-2	
<i>ursodiol</i>	Tier-2	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz</i>	Tier-2	
CARAFATE	Tier-4	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl</i>	Tier-2	
DEXILANT	Tier-4	PA
<i>esomeprazole magnesium</i>	Tier-3	PA
<i>famotidine oral suspension reconstituted</i>	Tier-2	
<i>famotidine oral tablet</i>	Tier-1	
<i>lansoprazole</i>	Tier-3	
<i>methscopolamine bromide</i>	Tier-2	
<i>misoprostol</i>	Tier-2	
<i>nizatidine</i>	Tier-2	
<i>omeprazole</i>	Tier-2	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Tier-2	
<i>omeprazole-sodium bicarbonate oral packet</i>	Tier-3	
<i>pantoprazole sodium</i>	Tier-2	
PYLERA	Tier-3	
<i>rabeprazole sodium</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-2	
<i>ranitidine hcl oral tablet</i>	Tier-1	
<i>sucralfate</i>	Tier-2	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	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
APRISO	Tier-3	
ASACOL HD	Tier-3	
<i>balsalazide disodium</i>	Tier-2	
<i>budesonide</i>	Tier-2	
CANASA	Tier-3	
<i>colocort</i>	Tier-2	
DELZICOL	Tier-3	
DIPENTUM	Tier-3	
<i>hydrocortisone</i>	Tier-2	
LIALDA	Tier-3	
LINZESS	Tier-3	QL (30 EA per 30 days)
<i>mesalamine</i>	Tier-3	
<i>mesalamine-cleanser</i>	Tier-2	
PENTASA	Tier-3	
SFROWASA	Tier-4	
<i>sulfasalazine</i>	Tier-2	
UCERIS	Tier-4	
UCERIS ORAL	Tier-5	
VIBERZI	Tier-5	

HOME INFUSION THERAPY

ACUTE CARE DRUGS

ABELCET	Tier-3	HI
<i>acetazolamide sodium</i>	Tier-2	HI
<i>acyclovir sodium</i>	Tier-2	HI
AMBISOME	Tier-3	HI
<i>amikacin sulfate</i>	Tier-2	HI; Part B
<i>aminophylline</i>	Tier-2	HI
<i>amphotericin b</i>	Tier-2	HI
<i>ampicillin sodium</i>	Tier-2	HI; Part B
<i>ampicillin-sulbactam sodium</i>	Tier-2	HI; Part B
ARGATROBAN	Tier-4	HI
<i>atropine sulfate</i>	Tier-2	HI
AVELOX	Tier-3	HI; Part B
AVYCAZ	Tier-3	HI; Part B
<i>azithromycin</i>	Tier-2	HI; Part B
<i>aztreonam</i>	Tier-2	HI; Part B

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>bactocill in dextrose</i>	Tier-2	HI; Part B
<i>benztropine mesylate</i>	Tier-2	HI
<i>bumetanide</i>	Tier-2	HI
<i>buprenorphine hcl</i>	Tier-2	HI
<i>butorphanol tartrate</i>	Tier-2	HI
<i>calcitriol</i>	Tier-2	HI
CANCIDAS	Tier-5	HI
CAPASTAT SULFATE	Tier-3	HI
CARDENE IV	Tier-4	HI
<i>cefazolin sodium</i>	Tier-2	HI; Part B
<i>cefepime hcl</i>	Tier-2	HI; Part B
<i>cefepime-dextrose</i>	Tier-2	HI; Part B
<i>cefotaxime sodium</i>	Tier-2	HI; Part B
<i>cefotetan disodium</i>	Tier-2	HI; Part B
<i>cefoxitin sodium</i>	Tier-2	HI; Part B
<i>cefoxitin sodium-dextrose</i>	Tier-2	HI; Part B
<i>ceftazidime</i>	Tier-2	HI; Part B
<i>ceftazidime and dextrose</i>	Tier-2	HI; Part B
<i>ceftriaxone sodium</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</i>	Tier-2	HI; Part B
<i>ciprofloxacin in d5w</i>	Tier-2	HI; Part B
<i>clindamycin phosphate</i>	Tier-2	HI; Part B
<i>clindamycin phosphate in d5w</i>	Tier-2	HI; Part B
<i>colistimethate sodium</i>	Tier-2	HI; Part B
CRESEMBA	Tier-5	HI
CUBICIN	Tier-5	HI; Part B
<i>cyclosporine</i>	Tier-2	B/D; HI
CYKLOKAPRON	Tier-3	HI
DALVANCE	Tier-3	HI; Part B
<i>dexamethasone sodium phosphate</i>	Tier-2	HI
<i>diltiazem hcl</i>	Tier-2	HI
<i>diphenhydramine hcl</i>	Tier-2	HI
DORIBAX	Tier-3	HI; Part B

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
DOXY 100	Tier-4	HI; Part B
<i>duramorph</i>	Tier-2	HI
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	Tier-3	HI
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	Tier-3	
ERYTHROCIN LACTOBIONATE	Tier-3	HI; Part B
<i>esomeprazole sodium</i>	Tier-2	HI
<i>fluconazole in dextrose</i>	Tier-2	HI
<i>fluconazole in sodium chloride</i>	Tier-2	
<i>gentamicin in saline</i>	Tier-2	HI; Part B
<i>gentamicin sulfate</i>	Tier-2	HI; Part B
<i>granisetron hcl</i>	Tier-2	B/D; HI
<i>heparin sodium (porcine)</i>	Tier-2	HI
<i>hydroxyzine hcl</i>	Tier-2	HI
<i>imipenem-cilastatin</i>	Tier-2	HI; Part B
INVANZ	Tier-3	HI; Part B
<i>isoniazid</i>	Tier-2	HI
<i>labetalol hcl</i>	Tier-2	HI
<i>lactated ringers</i>	Tier-2	HI
<i>levetiracetam in nacl</i>	Tier-2	HI
<i>levocarnitine</i>	Tier-2	HI
<i>levofloxacin</i>	Tier-2	HI; Part B
<i>levofloxacin in d5w</i>	Tier-2	HI; Part B
<i>levothyroxine sodium</i>	Tier-2	HI
LINCOCIN	Tier-3	HI; Part B
<i>lincomycin hcl</i>	Tier-2	HI; Part B
<i>linezolid</i>	Tier-2	HI; Part B
<i>meropenem</i>	Tier-2	HI; Part B
<i>methadone hcl</i>	Tier-2	HI
<i>methotrexate sodium</i>	Tier-2	HI
<i>methotrexate sodium (pf)</i>	Tier-2	HI
<i>metoclopramide hcl</i>	Tier-2	HI
<i>metoprolol tartrate intravenous* solution 1 mg/ml</i>	Tier-2	HI
<i>metoprolol tartrate intravenous* solution 5 mg/5ml</i>	Tier-2	
<i>metronidazole in nacl</i>	Tier-2	HI; Part B

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>morphine sulfate (pf)</i>	Tier-2	HI
<i>moxifloxacin hcl</i>	Tier-2	HI; Part B
MYCAMINE	Tier-3	HI
<i>nafcillin sodium</i>	Tier-2	HI; Part B
<i>nafcillin sodium in dextrose</i>	Tier-2	
<i>ondansetron hcl</i>	Tier-2	B/D; HI
ORBACTIV	Tier-3	HI; Part B
<i>oxacillin sodium</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>piperacillin sod-tazobactam so</i>	Tier-2	HI; Part B
<i>polymyxin b sulfate</i>	Tier-2	HI; Part B
<i>prochlorperazine edisylate</i>	Tier-2	HI
PROGRAF	Tier-3	B/D; HI
<i>promethazine hcl</i>	Tier-2	HI
RETROVIR	Tier-3	HI
<i>rifampin</i>	Tier-2	HI; Part B
SIVEXTRO	Tier-3	HI; Part B
<i>streptomycin sulfate</i>	Tier-2	HI; Part B
<i>sulfamethoxazole-trimethoprim</i>	Tier-2	HI; Part B
SYNERCID	Tier-3	HI; Part B
TEFLARO	Tier-3	HI; Part B
<i>tobramycin sulfate</i>	Tier-2	HI; Part B
TYGACIL	Tier-3	HI; Part B
<i>valproate sodium</i>	Tier-2	HI
<i>vancomycin hcl</i>	Tier-2	HI; Part B
<i>voriconazole</i>	Tier-2	HI
ZERBAXA	Tier-5	HI; Part B
ELECTROLYTES		
<i>ammonium chloride</i>	Tier-2	HI
<i>dextrose</i>	Tier-2	HI
<i>dextrose in lactated ringers</i>	Tier-2	HI
<i>dextrose-nacl</i>	Tier-2	HI
IONOSOL-B IN D5W	Tier-3	HI
IONOSOL-MB IN D5W	Tier-3	HI

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
ISOLYTE-P IN D5W	Tier-3	HI
ISOLYTE-S	Tier-3	HI
<i>kcl in dextrose-nacl</i>	Tier-2	HI
<i>kcl-lactated ringers-d5w</i>	Tier-2	HI
<i>magnesium sulfate</i>	Tier-2	HI
NORMOSOL-M IN D5W	Tier-3	HI
NORMOSOL-R IN D5W	Tier-3	HI
NORMOSOL-R PH 7.4	Tier-3	HI
PLASMA-LYTE 148	Tier-3	HI
PLASMA-LYTE A	Tier-3	HI
PLASMA-LYTE-56 IN D5W	Tier-3	HI
<i>potassium chloride</i>	Tier-2	HI
<i>potassium chloride in dextrose</i>	Tier-2	HI
<i>potassium chloride in nacl</i>	Tier-2	HI
<i>ringers</i>	Tier-2	HI
<i>sodium chloride</i>	Tier-2	HI
<i>sodium lactate</i>	Tier-2	HI
IV NUTRITION		
AMINOSYN II	Tier-3	B/D; HI
AMINOSYN II/ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN M	Tier-3	B/D; HI
AMINOSYN/ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN-HBC	Tier-3	B/D; HI
AMINOSYN-PF	Tier-3	B/D; HI
AMINOSYN-RF	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (2.75/10)	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (2.75/5)	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (4.25/10)	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (4.25/25)	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (4.25/5)	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (5/15)	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (5/20)	Tier-3	B/D; HI
CLINIMIX E/DEXTROSE (5/25)	Tier-3	B/D; HI
CLINIMIX/DEXTROSE (2.75/5)	Tier-3	B/D; HI
CLINIMIX/DEXTROSE (4.25/10)	Tier-3	B/D; HI
CLINIMIX/DEXTROSE (4.25/20)	Tier-3	B/D; HI

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
CLINIMIX/DEXTROSE (4.25/25)	Tier-3	B/D; HI
CLINIMIX/DEXTROSE (4.25/5)	Tier-3	B/D; HI
CLINIMIX/DEXTROSE (5/15)	Tier-3	B/D; HI
CLINIMIX/DEXTROSE (5/20)	Tier-3	B/D; HI
CLINIMIX/DEXTROSE (5/25)	Tier-3	B/D; HI
CLINISOL SF	Tier-3	B/D; HI
FREAMINE HBC	Tier-3	B/D; HI
HEPATAMINE	Tier-3	B/D; HI
INTRALIPID	Tier-3	B/D; HI
NEPHRAMINE	Tier-3	B/D; HI
NUTRILIPID	Tier-3	B/D; HI
PLENAMINE	Tier-3	HI
PREMASOL	Tier-3	B/D; HI
PROCALAMINE	Tier-3	B/D; HI
PROSOL	Tier-3	B/D; HI
<i>tpn electrolytes</i>	Tier-2	B/D; HI
TRAVASOL	Tier-3	B/D; HI
TROPHAMINE	Tier-3	B/D; HI

HORMONES

ADRENAL CORTICOSTEROIDS

<i>cortisone acetate</i>	Tier-2	
DEPO-MEDROL	Tier-3	
<i>dexamethasone intensol</i>	Tier-2	
<i>dexamethasone oral elixir</i>	Tier-2	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexpak 13 day</i>	Tier-2	
<i>fludrocortisone acetate</i>	Tier-2	
HP ACTHAR	Tier-5	
<i>hydrocortisone</i>	Tier-2	
MEDROL	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	

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>prednisolone sodium phosphate oral</i>	Tier-2	Transplant
PREDNISONO INTENSOL	Tier-4	Transplant
<i>prednisone oral</i>	Tier-2	
<i>prednisone oral solution</i>	Tier-2	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
SOLU-CORTEF	Tier-4	
SOLU-MEDROL	Tier-4	
VERIPRED 20	Tier-4	Transplant
ANDROGENS		
AVEED	Tier-4	
<i>danazol</i>	Tier-2	
DEPO-TESTOSTERONE	Tier-4	
METHITEST	Tier-4	
<i>methyltestosterone</i>	Tier-5	
<i>oxandrolone</i>	Tier-2	
<i>testosterone</i>	Tier-2	
<i>testosterone cypionate</i>	Tier-2	
<i>testosterone enanthate</i>	Tier-2	
TESTRED	Tier-5	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-3	
FIRMAGON SOLUTION 120 MG	Tier-5	
FIRMAGON SOLUTION 80 MG	Tier-3	
LUPRON DEPOT	Tier-5	
LUPRON DEPOT-PED	Tier-5	
SYNAREL	Tier-3	
TRELSTAR MIXJECT	Tier-3	
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	Tier-1	
<i>levoxyl</i>	Tier-1	
<i>liothyronine sodium</i>	Tier-2	
<i>methimazole</i>	Tier-2	
<i>propylthiouracil</i>	Tier-2	
SYNTHROID	Tier-4	

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
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	
TRIOSTAT	Tier-3	
<i>unithroid</i>	Tier-1	

IMMUNOLOGIC AGENTS

IMMUNE STIMULANTS

ACTHIB	Tier-3	Part B
ACTIMMUNE	Tier-5	
ADACEL	Tier-3	
ADAGEN	Tier-5	
<i>bcg vaccine</i>	Tier-2	
BEXSERO	Tier-3	
BIVIGAM	Tier-5	PA; Part B
BOOSTRIX	Tier-3	
CARIMUNE NF	Tier-5	PA
CERVARIX	Tier-3	
DAPTACEL	Tier-3	
<i>diphtheria-tetanus toxoids dt</i>	Tier-2	
ENGERIX-B	Tier-3	B/D
FLEBOGAMMA DIF	Tier-5	PA; Part B
GAMASTAN S/D	Tier-3	PA; Part B
GAMMAGARD	Tier-5	PA; Part B
GAMMAKED	Tier-5	PA; Part B
GAMMAPLEX	Tier-5	PA; Part B
GAMUNEX-C	Tier-5	PA; Part B
GARDASIL	Tier-3	
GARDASIL 9	Tier-3	
HAVRIX	Tier-3	
HIBERIX	Tier-3	
HYPERRAB S/D	Tier-3	
IMOVAX RABIES	Tier-3	
INFANRIX	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
IPOL	Tier-3	
IXIARO	Tier-3	
MENACTRA	Tier-3	
MENHIBRIX	Tier-3	
MENOMUNE	Tier-3	
MENVEO	Tier-3	
M-M-R II	Tier-3	
OCTAGAM	Tier-3	PA; Part B
PEDVAX HIB	Tier-3	
PNEUMOVAX 23	Tier-3	Part B
PREVNAR 13	Tier-3	Part B
PRIVIGEN	Tier-5	PA; Part B
PROQUAD	Tier-3	
QUADRACEL	Tier-3	
RABAVERT	Tier-3	
RECOMBIVAX HB	Tier-3	B/D
ROTARIX	Tier-3	
ROTATEQ	Tier-3	
TENIVAC	Tier-3	
<i>tetanus-diphtheria toxoids td</i>	Tier-2	
TRUMENBA	Tier-3	
TWINRIX	Tier-3	
TYPHIM VI	Tier-3	
VAQTA	Tier-3	
VARIVAX	Tier-3	
VARIZIG	Tier-3	
YF-VAX	Tier-3	
ZOSTAVAX	Tier-3	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-4	B/D
ATGAM	Tier-3	B/D
BENLYSTA	Tier-3	PA
CELLCEPT	Tier-5	B/D
<i>cyclosporine</i>	Tier-2	B/D
<i>cyclosporine modified</i>	Tier-2	B/D
ENVARUSUS XR	Tier-4	B/D

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>gengraf</i>	Tier-2	B/D
<i>mycophenolate mofetil</i>	Tier-2	B/D
<i>mycophenolate sodium</i>	Tier-2	B/D
NULOJIX	Tier-5	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
THYMOGLOBULIN	Tier-3	B/D
ZORTRESS	Tier-3	B/D; QL (180 EA per 90 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate</i>	Tier-2	
SANDOSTATIN LAR DEPOT	Tier-5	
SIGNIFOR LAR	Tier-5	PA; QL (2 EA per 28 days)
SOMATULINE DEPOT	Tier-5	
SOMAVERT	Tier-5	PA
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole</i>	Tier-3	
ANAPHYLAXIS EMERGENCY		
ADRENALICK	Tier-3	QL (2 EA per 1 day)
<i>epinephrine</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 hcl</i>	Tier-2	
BOTULINUM TOXINS		
BOTOX	Tier-3	PA
DYSPORT	Tier-3	PA
XEOMIN	Tier-3	PA
CASTLEMAN DISEASE		
SYLVANT	Tier-5	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
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-5	PA
ILARIS	Tier-5	PA
CUSHING DISEASE		
KORLYM	Tier-5	PA; QL (120 EA per 30 days)
SIGNIFOR	Tier-5	PA; QL (60 ML per 30 days)
CYSTIC FIBROSIS		
BETHKIS	Tier-5	B/D
CAYSTON	Tier-5	
KALYDECO	Tier-5	PA; QL (60 EA per 30 days)
ORKAMBI	Tier-5	PA; QL (120 EA per 30 days)
PULMOZYME	Tier-5	B/D
TOBI PODHALER	Tier-5	
<i>tobramycin</i>	Tier-5	B/D
CYSTINURIA		
CYSTADANE	Tier-3	
DETOXIFICATION AGENTS		
CHEMET	Tier-4	
EXJADE	Tier-5	
FERRIPROX ORAL SOLUTION	Tier-5	
FERRIPROX ORAL TABLET	Tier-3	
JADENU	Tier-5	
FABRY DISEASE		
FABRAZYME	Tier-5	PA
GAUCHER DISEASE		
CERDELGA	Tier-5	PA
CEREZYME	Tier-5	PA
ELELYSO	Tier-5	PA
VPRIV	Tier-5	PA
ZAVESCA	Tier-5	PA
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-5	PA
GENOTROPIN	Tier-3	PA
GENOTROPIN MINIQUICK	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
HUMATROPE	Tier-3	PA
INCRELEX	Tier-5	PA
NORDITROPIN FLEXPPO	Tier-5	PA
NUTROPIN AQ NUSPIN 10	Tier-5	PA
NUTROPIN AQ NUSPIN 20	Tier-5	PA
NUTROPIN AQ NUSPIN 5	Tier-5	PA
NUTROPIN AQ PEN	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	Tier-3	
CINRYZE	Tier-5	PA
FIRAZYR	Tier-5	PA; QL (3 ML per 7 days)
RUCONEST	Tier-5	
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 ORAL TABLET 30 MG	Tier-3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	Tier-5	
HYPERPARATHYROIDISM		
<i>calcitriol</i>	Tier-2	
<i>doxercalciferol</i>	Tier-2	
<i>paricalcitol</i>	Tier-2	
HYPOPARATHYROIDISM		
NATPARA	Tier-5	PA; QL (2 EA per 28 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
HYPOPHOSPHATASIA		
STRENSIQ	Tier-5	PA; QL (48 ML per 28 days)
LYSOSOMAL ACID LIPASE DEFICIENCY		
KANUMA	Tier-5	PA
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-5	
ELAPRASE	Tier-5	
LUMIZYME	Tier-5	
NAGLAZYME	Tier-5	
MULTIPLE SCLEROSIS		
AMPYRA	Tier-5	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-5	PA; QL (30 EA per 30 days)
AVONEX	Tier-5	QL (4 EA per 28 days)
AVONEX PEN	Tier-5	QL (4 EA per 28 days)
AVONEX PREFILLED	Tier-5	QL (4 EA per 28 days)
BETASERON	Tier-5	QL (15 EA per 30 days)
COPAXONE 20 MG/ML	Tier-5	QL (30 ML per 30 days)
COPAXONE 40 MG/ML	Tier-5	QL (12 ML per 28 days)
EXTAVIA	Tier-5	QL (15 EA per 30 days)
GILENYA	Tier-5	PA; QL (30 EA per 30 days)
PLEGRIDY	Tier-5	QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	Tier-5	
REBIF	Tier-5	QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-5	QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	Tier-5	QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-5	QL (12 ML per 28 days)
TECFIDERA ORAL STARTER PACK	Tier-5	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-5	PA; QL (60 EA per 30 days)
TYSABRI	Tier-5	PA
MYASTHENIA GRAVIS		
<i>guanidine hcl</i>	Tier-2	
MESTINON ORAL SYRUP	Tier-4	
MESTINON TABLET ER	Tier-3	
<i>pyridostigmine bromide</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>pyridostigmine bromide er</i>	Tier-2	
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-2	
PHENYLKETONURIA		
KUVAN	Tier-5	PA
PHEOCHROMOCYTOMA		
DEMSER	Tier-5	
DIBENZYLINE	Tier-4	
<i>phenoxybenzamine hcl</i>	Tier-3	
PHOSPHATE BINDERS		
AURYXIA	Tier-4	
<i>calcium acetate (phos binder)</i>	Tier-2	
FOSRENOL	Tier-3	
PHOSLYRA	Tier-3	
RENAGEL	Tier-3	
REVELA ORAL PACKET	Tier-5	
REVELA ORAL TABLET	Tier-3	
VELPHORO	Tier-5	
POTASSIUM BINDER		
<i>kionex</i>	Tier-2	
<i>sodium polystyrene sulfonate</i>	Tier-2	
<i>sps</i>	Tier-2	
VELTASSA	Tier-5	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS	Tier-5	PA
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-5	
VIRAZOLE	Tier-5	
SMOKING CESSATION		
<i>bupropion hcl er (smoking det)</i>	Tier-2	
CHANTIX	Tier-4	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	Tier-4	QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK	Tier-4	QL (53 EA per 28 days)
NICOTROL	Tier-3	
NICOTROL NS	Tier-4	

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
SUCRASE DEFICIENCY		
SUCRAID	Tier-5	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	Tier-2	
AVODART	Tier-3	
CIALIS	Tier-4	PA; QL (30 EA per 30 days)
<i>dutasteride</i>	Tier-3	
<i>dutasteride-tamsulosin hcl</i>	Tier-3	
<i>finasteride</i>	Tier-2	
JALYN	Tier-3	
<i>tamsulosin hcl</i>	Tier-2	
UREA CYCLE DISORDERS		
BUPHENYL	Tier-5	
RAVICTI	Tier-5	PA
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-2	
<i>darifenacin hydrobromide er</i>	Tier-3	
<i>desmopressin ace rhinal tube</i>	Tier-2	
<i>desmopressin ace spray refrig</i>	Tier-2	
<i>desmopressin acetate</i>	Tier-2	
ELMIRON	Tier-4	
ENABLEX	Tier-4	ST
<i>flavoxate hcl</i>	Tier-2	
GELNIQUE	Tier-3	
MYRBETRIQ	Tier-4	ST
<i>oxybutynin chloride er</i>	Tier-2	
<i>oxybutynin chloride oral syrup</i>	Tier-2	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<i>potassium citrate er</i>	Tier-2	
SAMSCA	Tier-4	
<i>tolterodine tartrate</i>	Tier-3	
<i>tolterodine tartrate er</i>	Tier-3	
<i>trospium chloride</i>	Tier-2	
<i>trospium chloride er</i>	Tier-2	
UROCIT-K 10	Tier-4	

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
UROCIT-K 15	Tier-4	
UROCIT-K 5	Tier-4	
VESICARE	Tier-3	
WILSON'S DISEASE		
CUPRIMINE	Tier-5	
DEPEN TITRATABS	Tier-3	
SYPRINE	Tier-3	
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil hcl</i>	Tier-2	
<i>ergoloid mesylates</i>	Tier-2	
EXELON	Tier-4	
<i>galantamine hydrobromide</i>	Tier-2	
<i>galantamine hydrobromide er</i>	Tier-2	
<i>memantine hcl</i>	Tier-3	
NAMENDA XR	Tier-3	
NAMENDA XR TITRATION PACK	Tier-3	
<i>rivastigmine</i>	Tier-2	
<i>rivastigmine tartrate</i>	Tier-2	
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-2	
<i>dihydroergotamine mesylate</i>	Tier-2	PA
<i>frovatriptan succinate</i>	Tier-3	
MIGERGOT	Tier-3	
MIGRANAL	Tier-4	
<i>naratriptan hcl</i>	Tier-2	
<i>rizatriptan benzoate</i>	Tier-2	
<i>sumatriptan</i>	Tier-2	
<i>sumatriptan succinate</i>	Tier-2	
<i>sumatriptan succinate refill</i>	Tier-2	
<i>zolmitriptan</i>	Tier-2	
PARKINSONS DISEASE		
APOKYN	Tier-5	
AZILECT	Tier-3	
<i>benztropine mesylate</i>	Tier-1	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
<i>bromocriptine mesylate</i>	Tier-2	
<i>cabergoline</i>	Tier-2	
<i>carbidopa</i>	Tier-2	
<i>carbidopa-levodopa</i>	Tier-2	
<i>carbidopa-levodopa er</i>	Tier-2	
<i>carbidopa-levodopa-entacapone</i>	Tier-2	
CYCLOSET	Tier-3	
DUOPA	Tier-4	
<i>entacapone</i>	Tier-2	
NEUPRO	Tier-4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride</i>	Tier-2	
<i>pramipexole dihydrochloride er</i>	Tier-2	
<i>ropinirole hcl</i>	Tier-2	
<i>ropinirole hcl er</i>	Tier-2	
RYTARY	Tier-4	
<i>selegiline hcl</i>	Tier-2	
TASMAR	Tier-3	
<i>tolcapone</i>	Tier-2	
<i>trihexyphenidyl hcl</i>	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-3	PA
SEIZURES		
APTIOM	Tier-4	PA
BANZEL	Tier-3	
BRIVIACT	Tier-5	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-2	
<i>carbamazepine er oral tablet extended release 12 hr* 100 mg</i>	Tier-3	
<i>carbamazepine er oral tablet extended release 12 hr* 200 mg, 400 mg</i>	Tier-2	
<i>carbamazepine oral suspension</i>	Tier-2	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet chewable</i>	Tier-2	
CELONTIN	Tier-4	
CEREBYX	Tier-4	

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>clonazepam</i>	Tier-2	
<i>diazepam</i>	Tier-2	
<i>diazepam intensol</i>	Tier-2	
DILANTIN	Tier-3	
DILANTIN INFATABS	Tier-3	
<i>divalproex sodium</i>	Tier-2	
<i>divalproex sodium er</i>	Tier-2	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-2	
<i>felbamate</i>	Tier-2	
FYCOMPA	Tier-4	PA
<i>gabapentin</i>	Tier-2	
GABITRIL	Tier-3	
HORIZANT	Tier-4	QL (60 EA per 30 days)
<i>lamotrigine</i>	Tier-2	
<i>lamotrigine er</i>	Tier-3	
<i>levetiracetam</i>	Tier-2	
<i>levetiracetam er</i>	Tier-2	
LYRICA	Tier-4	ST
ONFI ORAL SUSPENSION	Tier-4	
ONFI ORAL TABLET	Tier-4	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-2	
OXTELLAR XR	Tier-4	
PEGANONE	Tier-4	
<i>phenobarbital</i>	Tier-2	PA
<i>phenytoin</i>	Tier-2	
<i>phenytoin sodium</i>	Tier-2	
<i>phenytoin sodium extended</i>	Tier-2	
POTIGA	Tier-4	PA
<i>primidone</i>	Tier-2	
QUDEXY XR	Tier-4	
<i>roweepra</i>	Tier-2	
SABRIL	Tier-5	
SAVELLA	Tier-3	ST; QL (180 EA per 90 days)
SPRITAM ORAL 1000 MG, 750 MG	Tier-5	
SPRITAM ORAL 250 MG, 500 MG	Tier-4	

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
TEGRETOL-XR	Tier-3	
<i>tiagabine hcl</i>	Tier-2	
<i>topiramate</i>	Tier-2	
<i>topiramate er</i>	Tier-2	
TROKENDI XR	Tier-4	
<i>valproate sodium</i>	Tier-2	
<i>valproic acid</i>	Tier-2	
VIMPAT INTRAVENOUS	Tier-4	
VIMPAT ORAL SOLUTION	Tier-4	PA
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 hcl</i>	Tier-1	PA
<i>dantrolene sodium</i>	Tier-2	
<i>tizanidine hcl</i>	Tier-2	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-3	PA
AZASAN	Tier-4	B/D
<i>azathioprine</i>	Tier-2	B/D
<i>azathioprine sodium</i>	Tier-2	B/D
CIMZIA	Tier-3	PA
CIMZIA PREFILLED	Tier-5	PA; QL (2 EA per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-3	
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-2	
<i>diclofenac sodium transdermal solution</i>	Tier-2	
ENBREL SUBCUTANEOUS 25 MG/0.5ML	Tier-5	PA; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS 50 MG/ML	Tier-5	PA; QL (7.84 ML per 28 days)
ENBREL SUBCUTANEOUS KIT	Tier-5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK	Tier-5	PA; QL (7.84 ML per 28 days)
HUMIRA	Tier-5	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START	Tier-5	PA
HUMIRA PEN	Tier-5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CROHNS STARTER	Tier-5	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
HUMIRA PEN-PSORIASIS STARTER	Tier-5	PA
KINERET	Tier-5	PA; QL (20.1 ML per 28 days)
<i>leflunomide</i>	Tier-2	
<i>methotrexate</i>	Tier-2	B/D
ORENCIA CLICKJECT	Tier-5	PA
ORENCIA INTRAVENOUS	Tier-3	PA
ORENCIA SUBCUTANEOUS	Tier-5	PA; QL (4 ML per 28 days)
OTREXUP	Tier-4	
REMICADE	Tier-5	PA
RIDAURA	Tier-5	
SIMPONI ARIA	Tier-5	PA
SIMPONI SUBCUTANEOUS 100 MG/ML	Tier-5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS 100 MG/ML	Tier-5	PA; QL (4 ML per 28 days)
SIMPONI SUBCUTANEOUS 50 MG/0.5ML	Tier-5	PA; QL (0.5 ML per 28 days)
TREXALL	Tier-4	B/D
VOLTAREN	Tier-4	
XELJANZ	Tier-5	PA; QL (60 EA per 30 days)
XELJANZ XR	Tier-5	PA; QL (30 EA per 30 days)
GOUT		
<i>allopurinol</i>	Tier-1	
<i>colchicine</i>	Tier-2	
<i>colchicine-probenecid</i>	Tier-2	
<i>probenecid</i>	Tier-2	
ULORIC	Tier-4	ST
PAIN, NSAID ANALGESICS		
<i>celecoxib</i>	Tier-3	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
<i>diclofenac sodium er</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-2	
<i>diflunisal</i>	Tier-2	
<i>etodolac</i>	Tier-2	
<i>etodolac er</i>	Tier-2	
<i>fenoprofen calcium</i>	Tier-2	
<i>flurbiprofen</i>	Tier-2	
<i>ibuprofen oral suspension</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>ibuprofen oral tablet</i>	Tier-1	
INDOCIN ORAL SUSPENSION	Tier-4	
<i>indomethacin</i>	Tier-1	PA
<i>indomethacin er</i>	Tier-1	PA
<i>ketoprofen</i>	Tier-2	
<i>ketoprofen er</i>	Tier-2	
<i>meclofenamate sodium</i>	Tier-2	
<i>mefenamic acid</i>	Tier-2	
<i>meloxicam</i>	Tier-1	
<i>nabumetone</i>	Tier-2	
<i>naproxen dr</i>	Tier-1	
<i>naproxen oral suspension</i>	Tier-2	
<i>naproxen oral tablet</i>	Tier-1	
<i>naproxen sodium</i>	Tier-1	
<i>naproxen sodium er</i>	Tier-1	
<i>oxaprozin</i>	Tier-2	
<i>piroxicam</i>	Tier-2	
<i>sulindac</i>	Tier-2	
<i>tolmetin sodium</i>	Tier-2	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-5	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine</i>	Tier-2	QL (5000 ML per 30 days)
<i>acetaminophen-codeine #2</i>	Tier-2	QL (300 EA per 30 days)
<i>acetaminophen-codeine #3</i>	Tier-2	QL (400 EA per 30 days)
<i>acetaminophen-codeine #4</i>	Tier-2	QL (400 EA per 30 days)
ACTIQ	Tier-5	PA; QL (120 EA per 30 days)
BELBUCA	Tier-4	QL (60 EA per 30 days)
<i>butorphanol tartrate</i>	Tier-2	QL (7.5 ML per 30 days)
BUTRANS	Tier-4	QL (4 EA per 28 days)
<i>codeine sulfate</i>	Tier-2	QL (180 EA per 30 days)
DILAUDID	Tier-4	QL (1440 ML per 30 days)
EMBEDA	Tier-4	QL (60 EA per 30 days)
<i>endocet</i>	Tier-2	QL (360 EA per 30 days)
<i>fentanyl</i>	Tier-2	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Tier-5	PA; QL (120 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
FENTORA	Tier-5	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</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 10-200 mg, 5-200 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 hcl er</i>	Tier-2	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid†</i>	Tier-2	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	Tier-2	QL (360 EA per 30 days)
HYSINGLA ER	Tier-4	QL (60 EA per 30 days)
LAZANDA	Tier-5	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate</i>	Tier-2	QL (240 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier-2	QL (1800 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier-2	QL (3600 ML per 30 days)
<i>methadone hcl oral tablet</i>	Tier-2	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate)</i>	Tier-2	QL (540 ML per 30 days)
<i>morphine sulfate er</i>	Tier-2	QL (60 EA per 30 days)
<i>morphine sulfate er beads</i>	Tier-2	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	Tier-2	QL (960 ML per 30 days)
<i>morphine sulfate oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone hcl er oral 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone hcl er oral 15 mg, 30 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	Tier-2	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	Tier-2	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen</i>	Tier-2	QL (240 EA per 30 days)
OXYCONTIN	Tier-3	QL (120 EA per 30 days)
<i>oxymorphone hcl</i>	Tier-2	QL (180 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>oxymorphone hcl er</i>	Tier-2	QL (60 EA per 30 days)
SUBSYS	Tier-5	PA; QL (120 EA per 30 days)
<i>tramadol hcl</i>	Tier-2	
<i>tramadol hcl er</i>	Tier-2	
<i>tramadol hcl er (biphasic)</i>	Tier-2	
<i>tramadol-acetaminophen</i>	Tier-2	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	Tier-2	
<i>disulfiram</i>	Tier-2	
<i>naltrexone hcl</i>	Tier-2	
VIVITROL	Tier-3	
ANXIETY		
<i>alprazolam</i>	Tier-2	
<i>alprazolam er</i>	Tier-2	
<i>alprazolam intensol</i>	Tier-2	
<i>alprazolam xr</i>	Tier-2	
<i>buspirone hcl</i>	Tier-1	
<i>chlordiazepoxide-amitriptyline</i>	Tier-2	
<i>clorazepate dipotassium</i>	Tier-2	
<i>lorazepam</i>	Tier-2	
<i>lorazepam intensol</i>	Tier-2	
<i>oxazepam</i>	Tier-2	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-4	ST
<i>amphetamine-dextroamphet er</i>	Tier-2	
<i>amphetamine-dextroamphetamine</i>	Tier-2	
<i>clonidine hcl er</i>	Tier-2	
DESOXYN	Tier-4	
DEXEDRINE	Tier-4	
<i>dexmethylphenidate hcl</i>	Tier-2	
<i>dexmethylphenidate hcl er</i>	Tier-2	
<i>dextroamphetamine sulfate</i>	Tier-2	
<i>dextroamphetamine sulfate er</i>	Tier-2	
FOCALIN XR	Tier-3	ST

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>guanfacine hcl er</i>	Tier-2	PA; QL (90 EA per 90 days)
KAPVAY	Tier-4	
METADATE CD	Tier-4	
METADATE ER	Tier-4	
<i>methamphetamine hcl</i>	Tier-2	
METHYLIN	Tier-3	
<i>methylphenidate hcl</i>	Tier-2	
<i>methylphenidate hcl er</i>	Tier-2	
<i>methylphenidate hcl er (cd)</i>	Tier-2	
<i>methylphenidate hcl er (la)</i>	Tier-2	
QUILLIVANT XR	Tier-4	ST
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	ST
BIPOLAR DISORDER		
EQUETRO	Tier-4	
<i>lithium</i>	Tier-1	
<i>lithium carbonate</i>	Tier-1	
<i>lithium carbonate er</i>	Tier-1	
<i>olanzapine-fluoxetine hcl</i>	Tier-2	ST
RISPERDAL CONSTA	Tier-3	
<i>risperidone</i>	Tier-2	
DEPRESSION		
<i>amitriptyline hcl</i>	Tier-1	PA
<i>amoxapine</i>	Tier-2	
APLENZIN TABLET ER 174 MG, 348 MG	Tier-4	ST
APLENZIN TABLET ER 522 MG	Tier-5	ST
<i>bupropion hcl</i>	Tier-2	
<i>bupropion hcl er (sr)</i>	Tier-2	
<i>bupropion hcl er (xl)</i>	Tier-2	
<i>citalopram hydrobromide</i>	Tier-1	
<i>clomipramine hcl</i>	Tier-2	PA
<i>desipramine hcl</i>	Tier-2	
<i>desvenlafaxine er</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>doxepin hcl oral capsule</i>	Tier-1	PA
<i>doxepin hcl oral concentrate</i>	Tier-2	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier-3	QL (90 EA per 30 days)
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	Tier-4	ST; QL (60 EA per 30 days)
EMSAM	Tier-5	ST
<i>escitalopram oxalate</i>	Tier-2	
FETZIMA	Tier-4	ST
FETZIMA TITRATION	Tier-4	ST
<i>fluoxetine hcl oral capsule</i>	Tier-1	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier-1	
<i>fluoxetine hcl oral solution</i>	Tier-2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier-1	
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier-2	
<i>fluvoxamine maleate</i>	Tier-2	
<i>fluvoxamine maleate er</i>	Tier-2	
<i>imipramine hcl</i>	Tier-2	PA
<i>imipramine pamoate</i>	Tier-2	PA
IRENKA	Tier-4	ST; QL (60 EA per 30 days)
KHEDEZLA	Tier-4	ST
<i>maprotiline hcl</i>	Tier-2	
MARPLAN	Tier-4	
<i>mirtazapine</i>	Tier-2	
<i>nefazodone hcl</i>	Tier-2	
<i>nortriptyline hcl</i>	Tier-1	
<i>paroxetine hcl</i>	Tier-1	
<i>paroxetine hcl er</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA	Tier-4	ST
<i>phenelzine sulfate</i>	Tier-2	
PRISTIQ	Tier-4	ST
<i>protriptyline hcl</i>	Tier-2	
<i>sertraline hcl</i>	Tier-2	
SURMONTIL	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
<i>tranylcypromine sulfate</i>	Tier-2	
<i>trazodone hcl</i>	Tier-1	
<i>trimipramine maleate</i>	Tier-2	PA
TRINTELLIX	Tier-4	ST
<i>venlafaxine hcl</i>	Tier-2	
<i>venlafaxine hcl er</i>	Tier-2	
VIIBRYD	Tier-4	ST
VIIBRYD STARTER PACK	Tier-4	ST
INSOMNIA		
<i>estazolam</i>	Tier-2	
<i>eszopiclone</i>	Tier-3	PA; QL (90 EA per 365 days)
<i>flurazepam hcl</i>	Tier-2	
HETLIOZ	Tier-4	PA
ROZEREM	Tier-4	QL (30 EA per 30 days)
SILENOR	Tier-4	QL (30 EA per 30 days)
<i>temazepam</i>	Tier-2	
<i>triazolam</i>	Tier-2	
<i>zaleplon</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate er</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate oral</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate sublingual</i>	Tier-3	PA; QL (90 EA per 365 days)
NARCOLEPSY		
<i>armodafinil</i>	Tier-3	PA
<i>modafinil</i>	Tier-2	PA
NUVIGIL	Tier-4	PA
XYREM	Tier-5	
OPIOID ANTAGONISTS		
BUNAVAIL	Tier-4	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl</i>	Tier-2	PA; QL (90 EA per 30 days)
EVZIO	Tier-4	PA; QL (1.6 ML per 30 days)
<i>naloxone hcl</i>	Tier-2	
NARCAN	Tier-4	
SUBOXONE	Tier-4	PA; QL (90 EA per 30 days)
ZUBSOLV	Tier-4	PA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V. 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
PSYCHOSES		
ABILIFY MAINTENA	Tier-5	
<i>aripiprazole</i>	Tier-3	ST
ARISTADA	Tier-5	
<i>chlorpromazine hcl</i>	Tier-2	
<i>clozapine</i>	Tier-2	
FANAPT	Tier-4	ST
FANAPT TITRATION PACK	Tier-4	ST
FAZACLO	Tier-3	
<i>fluphenazine decanoate</i>	Tier-2	
<i>fluphenazine hcl</i>	Tier-2	
GEODON INTRAMUSCULAR INJECTION	Tier-4	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-2	
<i>haloperidol lactate</i>	Tier-2	
INVEGA TABLET ER 1.5 MG	Tier-4	ST
INVEGA TABLET ER 3 MG, 6 MG, 9 MG	Tier-5	ST
INVEGA SUSTENNA 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-5	
INVEGA SUSTENNA 39 MG/0.25ML	Tier-3	
INVEGA TRINZA	Tier-3	
LATUDA ORAL TABLET 120 MG	Tier-5	ST; QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	Tier-4	ST; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-4	ST; QL (60 EA per 30 days)
<i>loxapine succinate</i>	Tier-2	
<i>molindone hcl</i>	Tier-3	
NUPLAZID	Tier-5	PA; QL (60 EA per 30 days)
<i>olanzapine intramuscular</i>	Tier-2	
<i>olanzapine oral</i>	Tier-2	ST
ORAP	Tier-3	
<i>paliperidone er</i>	Tier-3	
<i>perphenazine</i>	Tier-2	
<i>perphenazine-amitriptyline</i>	Tier-2	
<i>pimozide</i>	Tier-2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	ST

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>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-2	ST; QL (60 EA per 30 days)
REXULTI	Tier-4	
SAPHRIS	Tier-4	ST
SEROQUEL XR	Tier-3	ST
<i>thioridazine hcl</i>	Tier-1	PA
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine hcl</i>	Tier-2	
VERSACLOZ	Tier-4	
VRAYLAR THERAPY PACK	Tier-4	
VRAYLAR ORAL CAPSULE	Tier-5	
<i>ziprasidone hcl</i>	Tier-2	ST
ZYPREXA	Tier-3	
ZYPREXA RELPREVV	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)
<i>albuterol sulfate er</i>	Tier-1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier-2	B/D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Tier-2	B/D; QL (180 EA per 90 days)
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION AEROSOL, SOLUTION 160 MCG/ACT	Tier-4	QL (36.6 GM per 90 days)
ALVESCO INHALATION AEROSOL, SOLUTION 80 MCG/ACT	Tier-4	QL (18.3 GM per 90 days)
ANORO ELLIPTA	Tier-3	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-4	QL (90 EA per 90 days)
ASMANEX 120 METERED DOSES	Tier-3	QL (360 EA per 90 days)
ASMANEX 30 METERED DOSES	Tier-3	QL (360 EA per 90 days)
ASMANEX 60 METERED DOSES	Tier-3	QL (360 EA per 90 days)
ASMANEX HFA	Tier-3	QL (39 GM per 90 days)
ATROVENT HFA	Tier-3	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH	Tier-3	QL (180 EA per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V. 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
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 200-25 MCG/INH	Tier-3	QL (90 EA per 90 days)
BROVANA	Tier-4	B/D; QL (360 ML per 90 days)
<i>budesonide</i>	Tier-2	B/D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-3	QL (24 GM per 90 days)
<i>cromolyn sodium</i>	Tier-2	B/D; 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)
<i>ipratropium bromide</i>	Tier-2	B/D; QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-2	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier-2	B/D; QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier-2	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier-2	B/D; QL (810 EA per 90 days)
<i>metaproterenol sulfate</i>	Tier-2	
<i>montelukast sodium</i>	Tier-2	
PERFOROMIST	Tier-3	B/D; 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 INHALATION SUSPENSION 1 MG/2ML	Tier-4	QL (720 ML per 90 days)
PULMICORT FLEXHALER	Tier-4	QL (6 EA per 90 days)
QVAR	Tier-3	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-3	QL (180 EA per 90 days)
SPIRIVA HANDIHALER	Tier-3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	Tier-3	QL (12 GM 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 sulfate</i>	Tier-2	
<i>theophylline</i>	Tier-2	
<i>theophylline er</i>	Tier-2	
TUDORZA PRESSAIR	Tier-4	QL (3 EA per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V. 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
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
ADEMPAS	Tier-5	PA
LETAIRIS	Tier-5	PA
OPSUMIT	Tier-5	PA
ORENITRAM	Tier-4	PA
REMODULIN	Tier-5	PA
REVATIO	Tier-3	PA
<i>sildenafil citrate intravenous</i>	Tier-2	PA
<i>sildenafil citrate oral</i>	Tier-3	PA
TRACLEER	Tier-5	PA
TYVASO	Tier-3	PA
UPTRAVI	Tier-5	PA
VENTAVIS	Tier-3	PA
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-2	B/D
ARALAST NP	Tier-5	
DALIRESP	Tier-4	
GLASSIA	Tier-3	
GRASTEK	Tier-4	PA
NUCALA	Tier-5	PA
ORALAIR	Tier-4	PA
PROLASTIN-C	Tier-5	
RAGWITEK	Tier-4	PA
XOLAIR	Tier-5	PA
ZEMAIRA	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
SKIN		
ACNE ROSACEA		
FINACEA	Tier-3	
<i>metronidazole</i>	Tier-2	
NORITATE	Tier-4	
SOOLANTRA	Tier-4	
ACNE VULGARIS		
ABSORICA	Tier-4	
<i>adapalene</i>	Tier-2	PA
ATRALIN	Tier-4	PA
<i>avita</i>	Tier-2	PA
AZELEX	Tier-4	
<i>benzoyl peroxide-erythromycin</i>	Tier-2	
<i>claravis</i>	Tier-2	
CLINDAGEL	Tier-4	
<i>clindamax</i>	Tier-2	
<i>clindamycin phos-benzoyl perox</i>	Tier-2	
<i>clindamycin phosphate</i>	Tier-2	
<i>clindamycin-tretinoin</i>	Tier-3	
DIFFERIN	Tier-4	PA
<i>ery</i>	Tier-2	
<i>erythromycin</i>	Tier-2	
EVOCLIN	Tier-4	
FABIOR	Tier-4	PA
RETIN-A	Tier-4	PA
RETIN-A MICRO	Tier-4	PA
<i>tretinoin</i>	Tier-2	PA
<i>tretinoin microsphere</i>	Tier-2	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-4	
CORTISPORIN	Tier-4	
<i>gentamicin sulfate</i>	Tier-1	
<i>mupirocin</i>	Tier-2	
<i>mupirocin calcium</i>	Tier-2	
<i>silver sulfadiazine</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>ssd</i>	Tier-2	
CORTICOSTEROIDS, TOPICAL		
<i>ala cort</i>	Tier-1	
ALA SCALP	Tier-4	
<i>alclometasone dipropionate</i>	Tier-2	
<i>amcinonide</i>	Tier-2	
<i>apexicon e</i>	Tier-2	
<i>betamethasone dipropionate</i>	Tier-2	
<i>betamethasone dipropionate aug</i>	Tier-2	
<i>betamethasone valerate</i>	Tier-2	
CAPEX	Tier-4	
<i>clobetasol propionate</i>	Tier-2	
<i>clobetasol propionate e</i>	Tier-2	
<i>clodan</i>	Tier-2	
CLODERM PUMP	Tier-4	
CORDRAN	Tier-4	
<i>cormax scalp application</i>	Tier-2	
<i>desonide</i>	Tier-2	
<i>desoximetasone</i>	Tier-2	
<i>diflorasone diacetate</i>	Tier-2	
<i>fluocinolone acetonide</i>	Tier-1	
<i>fluocinolone acetonide body</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>flurandrenolide</i>	Tier-2	
<i>fluticasone propionate</i>	Tier-2	
<i>halobetasol propionate</i>	Tier-2	
HALOG	Tier-4	
<i>hydrocortisone</i>	Tier-1	
<i>hydrocortisone butyr lipo base</i>	Tier-1	
<i>hydrocortisone butyrate</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-3	
KENALOG	Tier-4	
<i>mometasone furoate</i>	Tier-2	
PANDEL	Tier-4	
<i>prednicarbate</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>triamcinolone acetonide</i>	Tier-2	
TRIANEX	Tier-4	
<i>triderm</i>	Tier-2	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-2	
<i>ciclopirox olamine</i>	Tier-2	
<i>clotrimazole</i>	Tier-2	
<i>clotrimazole-betamethasone</i>	Tier-2	
<i>econazole nitrate</i>	Tier-2	
ERTACZO	Tier-4	
EXELDERM	Tier-4	
<i>ketconazole</i>	Tier-2	
MENTAX	Tier-4	
<i>naftifine hcl external cream 1 %</i>	Tier-2	
<i>naftifine hcl external cream 2 %</i>	Tier-3	
NAFTIN	Tier-3	
<i>nyamyc</i>	Tier-2	
<i>nystatin external cream</i>	Tier-1	
<i>nystatin external ointment</i>	Tier-2	
<i>nystatin external powder</i>	Tier-2	
<i>nystatin mouth/throat</i>	Tier-2	
<i>nystatin-triamcinolone</i>	Tier-3	
<i>nystop</i>	Tier-2	
<i>oxiconazole nitrate</i>	Tier-3	
OXISTAT	Tier-3	
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule 10 mg</i>	Tier-2	
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	Tier-5	
<i>calcipotriene</i>	Tier-2	
<i>calcipotriene-betameth diprop</i>	Tier-2	
<i>calcitriol</i>	Tier-2	
COSENTYX SENSOREADY PEN	Tier-5	PA; QL (2 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-5	
OTEZLA	Tier-5	PA
STELARA	Tier-3	PA
TALTZ	Tier-5	PA; QL (4 ML per 28 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
TAZORAC	Tier-4	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-3	
<i>lindane</i>	Tier-2	
<i>malathion</i>	Tier-2	
<i>permethrin</i>	Tier-2	
SKLICE	Tier-4	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate</i>	Tier-2	
ANUSOL-HC	Tier-4	
<i>doxepin hcl</i>	Tier-2	
ELIDEL	Tier-4	ST
<i>fluorouracil</i>	Tier-2	
<i>lidocaine external ointment</i>	Tier-2	
<i>lidocaine external patch</i>	Tier-3	PA; QL (90 EA per 30 days)
<i>lidocaine hcl</i>	Tier-2	
<i>lidocaine viscous</i>	Tier-2	
<i>lidocaine-prilocaine</i>	Tier-2	
<i>neomycin-polymyxin b</i>	Tier-2	
PANRETIN	Tier-5	
PICATO	Tier-4	
<i>procto-med hc</i>	Tier-2	
<i>procto-pak</i>	Tier-2	
<i>proctosol hc</i>	Tier-2	
<i>proctozone-hc</i>	Tier-2	
<i>prudoxin</i>	Tier-2	
REGRANEX	Tier-3	
SANTYL	Tier-3	
<i>selenium sulfide</i>	Tier-2	
<i>sodium chloride</i>	Tier-2	
<i>sterile water for irrigation</i>	Tier-2	
<i>sulfacetamide sodium</i>	Tier-2	
SULFAMYLON	Tier-4	
<i>tacrolimus</i>	Tier-2	
TARGRETIN	Tier-5	
VALCHLOR	Tier-5	

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
ZONALON	Tier-4	
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir</i>	Tier-2	
CONDYLOX	Tier-4	
DENAVIR	Tier-4	
<i>imiquimod</i>	Tier-2	
<i>podofilox</i>	Tier-2	
ZOVIRAX	Tier-3	
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-2	
<i>amethyst</i>	Tier-2	
<i>apri</i>	Tier-2	
<i>aranelle</i>	Tier-2	
<i>ashlyna</i>	Tier-2	
<i>aubra</i>	Tier-2	
<i>aviane</i>	Tier-2	
<i>balziva</i>	Tier-2	
BEYAZ	Tier-4	
<i>briellyn</i>	Tier-2	
<i>camila</i>	Tier-2	
<i>deblitane</i>	Tier-2	
<i>delyla</i>	Tier-2	
<i>desogestrel-ethinyl estradiol</i>	Tier-2	
<i>drospirenone-ethinyl estradiol</i>	Tier-2	
<i>emoquette</i>	Tier-2	
<i>errin</i>	Tier-2	
<i>estradiol-norethindrone acet</i>	Tier-2	
<i>falmina</i>	Tier-2	
GENERESS FE	Tier-4	
<i>gildagia</i>	Tier-2	
<i>introvale</i>	Tier-2	
<i>jinteli</i>	Tier-2	
<i>junel 1.5/30</i>	Tier-2	
<i>junel 1/20</i>	Tier-2	
<i>junel fe 1.5/30</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>junel fe 1/20</i>	Tier-2	
<i>junel fe 24</i>	Tier-2	
<i>kariva</i>	Tier-2	
<i>kelnor 1/35</i>	Tier-2	
<i>larin 1.5/30</i>	Tier-2	
<i>larin 1/20</i>	Tier-2	
<i>larin fe 1.5/30</i>	Tier-2	
<i>larin fe 1/20</i>	Tier-2	
<i>lessina</i>	Tier-2	
<i>levonest</i>	Tier-2	
<i>levonorgest-eth estrad 91-day</i>	Tier-2	
<i>levonorgestrel-ethinyl estradiol</i>	Tier-2	
<i>levora 0.15/30 (28)</i>	Tier-2	
LO LOESTRIN FE	Tier-4	
<i>marlissa</i>	Tier-2	PA
<i>microgestin 1.5/30</i>	Tier-2	
<i>microgestin 1/20</i>	Tier-2	
<i>microgestin fe 1.5/30</i>	Tier-2	
<i>microgestin fe 1/20</i>	Tier-2	
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</i>	Tier-2	
<i>nikki</i>	Tier-2	
<i>norethin ace-eth estrad-fe</i>	Tier-2	
<i>norethindrone-eth estradiol</i>	Tier-2	
<i>norethin-eth estradiol-fe</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</i>	Tier-2	
NUVARING	Tier-3	
<i>orsythia</i>	Tier-2	
ORTHO TRI-CYCLEN (28)	Tier-4	

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>portia-28</i>	Tier-2	
<i>quasense</i>	Tier-2	
SAFYRAL	Tier-4	
<i>sharobel</i>	Tier-2	
<i>tarina fe 1/20</i>	Tier-2	
<i>trinessa (28)</i>	Tier-2	
<i>tri-previfem</i>	Tier-2	
<i>tri-sprintec</i>	Tier-2	
<i>trivora (28)</i>	Tier-2	
<i>velivet</i>	Tier-2	
<i>vyfemla</i>	Tier-2	
ZENCHENT	Tier-4	
ZENCHENT FE	Tier-4	
<i>zovia 1/35e (28)</i>	Tier-2	
<i>zovia 1/50e (28)</i>	Tier-2	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium</i>	Tier-2	
ALORA	Tier-4	PA
ANGELIQ	Tier-4	
<i>calcitonin (salmon)</i>	Tier-2	
COMBIPATCH	Tier-4	PA
CRINONE	Tier-3	
DELESTROGEN	Tier-4	
DEPO-ESTRADIOL	Tier-3	
DEPO-PROVERA	Tier-3	
DIVIGEL	Tier-4	
DUAVEE	Tier-4	PA
ELESTRIN	Tier-4	
ESTRACE	Tier-3	
<i>estradiol oral</i>	Tier-1	PA
<i>estradiol transdermal</i>	Tier-2	PA
<i>estradiol valerate</i>	Tier-2	
ESTRING	Tier-3	
<i>estropipate</i>	Tier-2	PA
EVAMIST	Tier-4	

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
FEMHRT LOW DOSE	Tier-4	PA
FEMRING	Tier-3	
FORTEO	Tier-5	PA
<i>fyavolv</i>	Tier-2	PA
<i>ibandronate sodium intravenous</i>	Tier-2	
<i>ibandronate sodium oral</i>	Tier-3	
<i>medroxyprogesterone acetate</i>	Tier-1	
MENEST	Tier-4	PA
MENOSTAR	Tier-4	PA
<i>methylergonovine maleate</i>	Tier-2	
MIACALCIN	Tier-3	
<i>norethindrone acetate</i>	Tier-2	
<i>pamidronate disodium</i>	Tier-2	
PREMARIN INJECTION	Tier-4	
PREMARIN ORAL	Tier-4	PA
PREMARIN VAGINAL	Tier-4	
PREMPHASE	Tier-4	PA
PREMPRO	Tier-4	PA
<i>progesterone micronized</i>	Tier-2	
PROLIA	Tier-3	PA
<i>raloxifene hcl</i>	Tier-2	
RECLAST	Tier-3	
<i>risedronate sodium</i>	Tier-3	
VAGIFEM	Tier-3	
XGEVA	Tier-5	PA
<i>zoledronic acid</i>	Tier-2	
PRENATAL VITAMINS		
<i>prenatal</i>	Tier-2	
PRETERM BIRTH		
<i>hydroxyprogesterone caproate</i>	Tier-3	
MAKENA	Tier-3	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-4	
CLEOCIN	Tier-4	
<i>clindamycin phosphate</i>	Tier-2	
GYNAZOLE-1	Tier-4	

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>metronidazole</i>	Tier-2	
<i>miconazole 3</i>	Tier-2	
NUVESSA	Tier-4	
<i>terconazole</i>	Tier-2	
<i>vandazole</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.

Index

8-MOP	13	ALCAINE	27	<i>amlodipine-atorvastatin</i>	18
<i>abacavir sulfate</i>	4	<i>alclometasone dipropionate</i>	61	<i>amlodipine-valsartan-hctz</i>	18
<i>abacavir-lamivudine-zidovudine</i>	4	ALDURAZYME	42	<i>ammonium chloride</i>	33
ABELCET	30	ALECENSA	13	<i>ammonium lactate</i>	63
ABILIFY MAINTENA	56	<i>alendronate sodium</i>	66	<i>amoxapine</i>	53
ABRAXANE	11	<i>alfuzosin hcl er</i>	44	<i>amoxicill-clarithro-lansopraz</i>	29
ABSORICA	60	ALIMTA	11	<i>amoxicillin</i>	7
ABSTRAL	50	ALINIA	3	<i>amoxicillin-pot clavulanate</i>	7
<i>acamprosate calcium</i>	52	ALKERAN	11, 13	<i>amoxicillin-pot clavulanate er</i>	7
<i>acarbose</i>	23	<i>allopurinol</i>	49	<i>amphetamine-dextroamphet er</i>	52
<i>acebutolol hcl</i>	19	<i>almotriptan malate</i>	45	<i>amphetamine-dextroamphetamine</i>	52
<i>acetaminophen-codeine</i>	50	ALOCRIIL	24		52
<i>acetaminophen-codeine #2</i>	50	ALOMIDE	25	<i>amphotericin b</i>	30
<i>acetaminophen-codeine #3</i>	50	ALORA	66	<i>ampicillin</i>	7
<i>acetaminophen-codeine #4</i>	50	<i>alosetron hcl</i>	28	<i>ampicillin sodium</i>	30
<i>acetasol hc</i>	24	ALOXI	27	<i>ampicillin-sulbactam sodium</i>	30
<i>acetazolamide</i>	26	ALPHAGAN P	26	AMPYRA	42
<i>acetazolamide er</i>	26	<i>alprazolam</i>	52	<i>anagrelide hcl</i>	11
<i>acetazolamide sodium</i>	30	<i>alprazolam er</i>	52	<i>anastrozole</i>	13
<i>acetic acid</i>	24	<i>alprazolam intensol</i>	52	ANGELIQ	66
<i>acetylcysteine</i>	59	<i>alprazolam xr</i>	52	ANORO ELLIPTA	57
<i>acitretin</i>	62	ALREX	25	ANUSOL-HC	63
ACTEMRA	48	ALTABAX	60	ANZEMET	27
ACTHIB	37	ALVESCO	57	<i>apexicon e</i>	61
ACTIMMUNE	37	<i>amantadine hcl</i>	4	APLENZIN	53
ACTIQ	50	AMBISOME	30	APOKYN	45
ACTOPLUS MET XR	23	<i>amcinonide</i>	61	<i>apraclonidine hcl</i>	26
<i>acyclovir</i>	4, 64	<i>amethia</i>	64	<i>apri</i>	64
<i>acyclovir sodium</i>	30	<i>amethyst</i>	64	APRISO	30
ADACEL	37	<i>amifostine</i>	16	APTIOM	46
ADAGEN	37	<i>amikacin sulfate</i>	30	APTIVUS	4
<i>adapalene</i>	60	<i>amiloride hcl</i>	20	ARALAST NP	59
ADCIRCA	59	<i>amiloride-hydrochlorothiazide</i>	20	<i>aranelle</i>	64
ADDERALL XR	52	<i>aminophylline</i>	30	ARANESP (ALBUMIN FREE)	9
<i>adefovir dipivoxil</i>	4	AMINOSYN II	34	ARCALYST	40
ADEMPAS	59	AMINOSYN II/ELECTROLYTES	34	ARCAPTA NEOHALER	57
ADRENACLICK	39		34	ARGATROBAN	30
ADVAIR DISKUS	57	AMINOSYN M	34	<i>aripiprazole</i>	56
ADVAIR HFA	57	AMINOSYN/ELECTROLYTES	34	ARISTADA	56
<i>afeditab cr</i>	19		34	<i>armodafinil</i>	55
AFINITOR	13	AMINOSYN-HBC	34	ARRANON	11
AFINITOR DISPERZ	13	AMINOSYN-PF	34	ASACOL HD	30
AGGRENEX	9	AMINOSYN-RF	34	<i>ashlyna</i>	64
AKYNZEO	27	<i>amiodarone hcl</i>	17	ASMANEX 120 METERED	
<i>ala cort</i>	61	AMITIZA	29	DOSES	57
ALA SCALP	61	<i>amitriptyline hcl</i>	53	ASMANEX 30 METERED	
ALBENZA	3	<i>amlodipine besy-benazepril hcl</i>	18	DOSES	57
<i>albuterol sulfate</i>	57		18	ASMANEX 60 METERED	
<i>albuterol sulfate er</i>	57	<i>amlodipine besylate</i>	19	DOSES	57
		<i>amlodipine besylate-valsartan</i>	18	ASMANEX HFA	57

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.

<i>aspirin-dipyridamole er</i>	9	<i>benazepril hcl</i>	16	BUPHENYL.....	44
<i>assure insulin safety syringe</i>	22	<i>benazepril-hydrochlorothiazide</i>	18	<i>buprenorphine hcl</i>	31, 55
ASTAGRAF XL.....	38	BENICAR.....	17	<i>buprenorphine hcl-naloxone hcl</i>	55
<i>atenolol</i>	19	BENICAR HCT.....	18	<i>bupropion hcl</i>	53
<i>atenolol-chlorthalidone</i>	18	BENLYSTA.....	38	<i>bupropion hcl er (smoking det)</i>	43
ATGAM.....	38	<i>benzoyl peroxide-erythromycin</i>	60	<i>bupropion hcl er (sr)</i>	53
<i>atorvastatin calcium</i>	20	<i>benztropine mesylate</i>	31, 45	<i>bupropion hcl er (xl)</i>	53
<i>atovaquone</i>	4	BERINERT.....	41	<i>bupropion hcl er (xl)</i>	53
<i>atovaquone-proguanil hcl</i>	4	BESIVANCE.....	25	<i>bupropion hcl er (xl)</i>	53
ATRALIN.....	60	<i>betamethasone dipropionate</i>	61	<i>bupropion hcl er (xl)</i>	53
ATRIPLA.....	5	<i>betamethasone dipropionate aug</i>	61	<i>bupropion hcl er (xl)</i>	53
<i>atropine sulfate</i>	27, 30	<i>betamethasone valerate</i>	61	BUSULFEX.....	11
ATROVENT HFA.....	57	BETASERON.....	42	<i>butorphanol tartrate</i>	31, 50
AUBAGIO.....	42	<i>betaxolol hcl</i>	19, 26	BUTRANS.....	50
<i>aubra</i>	64	<i>bethanechol chloride</i>	44	BYDUREON.....	22
AURYXIA.....	43	BETHKIS.....	40	<i>cabergoline</i>	46
AVASTIN.....	11	BETIMOL.....	26	CABOMETYX.....	13
AVC VAGINAL.....	67	BETOPTIC-S.....	26	<i>calcipotriene</i>	62
AVEED.....	36	<i>bexarotene</i>	13	<i>calcipotriene-betameth diprop</i>	62
AVELOX.....	30	BEXSERO.....	37	<i>calcitonin (salmon)</i>	66
<i>aviane</i>	64	BEYAZ.....	64	<i>calcitriol</i>	31, 41, 62
<i>avita</i>	60	<i>bicalutamide</i>	13	<i>calcium acetate (phos binder)</i>	43
AVODART.....	44	BICILLIN C-R.....	7	<i>camila</i>	64
AVONEX.....	42	BICILLIN C-R 900/300.....	7	CANASA.....	30
AVONEX PEN.....	42	BICILLIN L-A.....	7	CANCIDAS.....	31
AVONEX PREFILLED.....	42	BICNU.....	11	<i>candesartan cilexetil</i>	17
AVYCAZ.....	30	BIDIL.....	21	<i>candesartan cilexetil-hctz</i>	18
<i>azacitidine</i>	11	BILTRICIDE.....	3	CAPASTAT SULFATE.....	31
AZASAN.....	48	<i>bimatoprost</i>	26	<i>capecitabine</i>	13
AZASITE.....	25	<i>bisoprolol fumarate</i>	19	CAPEX.....	61
<i>azathioprine</i>	48	<i>bisoprolol-hydrochlorothiazide</i>	18	CAPRELSA.....	13
<i>azathioprine sodium</i>	48	BIVIGAM.....	37	<i>captropril</i>	16
<i>azelastine hcl</i>	24, 25	<i>bleomycin sulfate</i>	11	<i>captropril-hydrochlorothiazide</i>	18
AZELEX.....	60	BLEPHAMIDE.....	25	CARAFATE.....	29
AZILECT.....	45	BLEPHAMIDE S.O.P.....	25	CARBAGLU.....	28
<i>azithromycin</i>	7, 30	BOOSTRIX.....	37	<i>carbamazepine</i>	46
AZOPT.....	26	BOSULIF.....	13	<i>carbamazepine er</i>	46
AZOR.....	18	BOTOX.....	39	<i>carbidopa</i>	46
<i>aztreonam</i>	30	BREO ELLIPTA.....	57, 58	<i>carbidopa-levodopa</i>	46
<i>bacitracin</i>	25	<i>briellyn</i>	64	<i>carbidopa-levodopa er</i>	46
<i>bacitracin-polymyxin b</i>	25	BRILINTA.....	9	<i>carbidopa-levodopa-entacapone</i>	46
<i>bacitra-neomycin-polymyxin-hc</i>	25	<i>brimonidine tartrate</i>	26	<i>carboplatin</i>	11
<i>baclofen</i>	48	BRIVIACT.....	46	CARDENE IV.....	31
<i>bactocill in dextrose</i>	31	<i>bromfenac sodium</i>	25	CARDURA XL.....	16
BACTROBAN NASAL.....	24	<i>bromocriptine mesylate</i>	46	CARIMUNE NF.....	37
<i>balsalazide disodium</i>	30	BROVANA.....	58	<i>carteolol hcl</i>	27
<i>balziva</i>	64	<i>budesonide</i>	24, 30, 58	<i>cartia xt</i>	19
BANZEL.....	46	<i>bumetanide</i>	20, 31	<i>carvedilol</i>	19
<i>bcg vaccine</i>	37	BUNAVAIL.....	55	CAYSTON.....	40
BELBUCA.....	50			CEDAX.....	7
BELEODAQ.....	11			<i>cefaclor</i>	7
				<i>cefaclor er</i>	7
				<i>cefadroxil</i>	7

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.

<i>cefazolin sodium</i>	31	CINRYZE.....	41	CLINIMIX/DEXTROSE (5/20)	
<i>cefdinir</i>	7	CIPRO HC.....	24	.....	35
<i>cefepime hcl</i>	31	CIPRODEX.....	24	CLINIMIX/DEXTROSE (5/25)	
<i>cefepime-dextrose</i>	31	<i>ciprofloxacin</i>	8, 31	.....	35
<i>cefixime</i>	7	<i>ciprofloxacin hcl</i>	8, 25	CLINISOL SF.....	35
<i>cefotaxime sodium</i>	31	<i>ciprofloxacin in d5w</i>	31	<i>clobetasol propionate</i>	61
<i>cefotetan disodium</i>	31	<i>ciprofloxacin-ciproflox hcl er</i>	8	<i>clobetasol propionate e</i>	61
<i>cefoxitin sodium</i>	31	<i>cisplatin</i>	11	<i>clodan</i>	61
<i>cefoxitin sodium-dextrose</i>	31	<i>citalopram hydrobromide</i>	53	CLODERM PUMP.....	61
<i>cefpodoxime proxetil</i>	7	<i>cladribine</i>	11	CLOLAR.....	11
<i>cefprozil</i>	7	<i>claravis</i>	60	<i>clomipramine hcl</i>	53
<i>ceftazidime</i>	31	<i>clarithromycin</i>	7	<i>clonazepam</i>	47
<i>ceftazidime and dextrose</i>	31	<i>clarithromycin er</i>	7	<i>clonidine hcl</i>	20
<i>ceftriaxone sodium</i>	31	CLEOCIN.....	67	<i>clonidine hcl er</i>	52
<i>cefuroxime axetil</i>	7	CLINDAGEL.....	60	<i>clopidogrel bisulfate</i>	9
<i>cefuroxime sodium</i>	31	<i>clindamax</i>	60	<i>clorazepate dipotassium</i>	52
<i>celecoxib</i>	49	<i>clindamycin hcl</i>	7	<i>clorpres</i>	18
CELLCEPT.....	38	<i>clindamycin palmitate hcl</i>	7	<i>clotrimazole</i>	3, 62
CELONTIN.....	46	<i>clindamycin phos-benzoyl perox</i>		<i>clotrimazole-betamethasone</i>	62
<i>cephalexin</i>	7	.....	60	<i>clozapine</i>	56
CERDELGA.....	40	<i>clindamycin phosphate</i> ...	31, 60, 67	COARTEM.....	4
CEREBYX.....	46	<i>clindamycin phosphate in d5w</i>	31	<i>codeine sulfate</i>	50
CEREZYME.....	40	<i>clindamycin-tretinoin</i>	60	<i>colchicine</i>	49
CERVARIX.....	37	CLINIMIX E/DEXTROSE		<i>colchicine-probenecid</i>	49
CESAMET.....	27	(2.75/10).....	34	<i>colestipol hcl</i>	20
<i>cevimeline hcl</i>	24	CLINIMIX E/DEXTROSE		<i>colistimethate sodium</i>	31
CHANTIX.....	43	(2.75/5).....	34	<i>colocort</i>	30
CHANTIX CONTINUING		CLINIMIX E/DEXTROSE		COMBIGAN.....	27
MONTH PAK.....	43	(4.25/10).....	34	COMBIPATCH.....	66
CHANTIX STARTING MONTH		CLINIMIX E/DEXTROSE		COMBIVENT RESPIMAT.....	58
PAK.....	43	(4.25/25).....	34	COMETRIQ (100 MG DAILY	
CHEMET.....	40	CLINIMIX E/DEXTROSE		DOSE).....	13
<i>chloramphenicol sod succinate</i>	31	(4.25/5).....	34	COMETRIQ (140 MG DAILY	
<i>chlordiazepoxide-amitriptyline</i>	52	CLINIMIX E/DEXTROSE (5/15)		DOSE).....	14
<i>chlorhexidine gluconate (rx and</i>		.....	34	COMETRIQ (60 MG DAILY	
<i>otc)</i>	24	CLINIMIX E/DEXTROSE (5/20)		DOSE).....	14
<i>chloroquine phosphate</i>	4	.....	34	COMFORT ASSIST INSULIN	
<i>chlorothiazide</i>	20	CLINIMIX E/DEXTROSE (5/25)		SYRINGE.....	22
<i>chlorpromazine hcl</i>	56	.....	34	COMPLERA.....	5
<i>chlorpropamide</i>	23	CLINIMIX/DEXTROSE (2.75/5)		<i>compro</i>	27
<i>chlorthalidone</i>	20	.....	34	CONDYLOX.....	64
CHOLBAM.....	28	CLINIMIX/DEXTROSE (4.25/10)		<i>constulose</i>	28
<i>cholestyramine light</i>	20	.....	34	COPAXONE.....	42
CIALIS.....	44	CLINIMIX/DEXTROSE (4.25/20)		COPEGUS.....	5
<i>ciclopirox</i>	62	.....	34	CORDRAN.....	61
<i>ciclopirox olamine</i>	62	CLINIMIX/DEXTROSE (4.25/25)		COREG CR.....	19
<i>cidofovir</i>	31	.....	35	CORLANOR.....	16
<i>cilostazol</i>	11	CLINIMIX/DEXTROSE (4.25/5)		<i>cormax scalp application</i>	61
<i>cimetidine</i>	29	.....	35	<i>cortisone acetate</i>	35
<i>cimetidine hcl</i>	29	CLINIMIX/DEXTROSE (5/15)		CORTISPORIN.....	60
CIMZIA.....	48	.....	35	COSENTYX SENSOREADY	
CIMZIA PREFILLED.....	48			PEN.....	62

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.

COSMEGEN	11	<i>desmopressin ace spray refrig</i>	44	<i>disulfiram</i>	52
COTELLIC	14	<i>desmopressin acetate</i>	44	<i>divalproex sodium</i>	47
COUMADIN	10	<i>desogestrel-ethinyl estradiol</i>	64	<i>divalproex sodium er</i>	47
CREON	28	<i>desonide</i>	61	DIVIGEL	66
CRESEMBA	3, 31	<i>desoximetasone</i>	61	DOCEFREZ	11
CRESTOR	20	DESOXYN	52	<i>docetaxel</i>	11
CRINONE	66	<i>desvenlafaxine er</i>	53	<i>dofetilide</i>	17
CRIXIVAN	5	<i>dexamethasone</i>	35	<i>donepezil hcl</i>	45
<i>cromolyn sodium</i>	25, 28, 58	<i>dexamethasone intensol</i>	35	DORIBAX	31
CUBICIN	31	<i>dexamethasone sodium phosphate</i>	26, 31	<i>dorzolamide hcl</i>	27
CUPRIMINE	45	DEXEDRINE	52	<i>dorzolamide hcl-timolol mal</i>	27
<i>cyclobenzaprine hcl</i>	48	DEXILANT	29	<i>doxazosin mesylate</i>	16
CYCLOPHOSPHAMIDE	14	<i>dexmethylphenidate hcl</i>	52	<i>doxepin hcl</i>	54, 63
CYCLOSET	46	<i>dexmethylphenidate hcl er</i>	52	<i>doxercalciferol</i>	41
<i>cyclosporine</i>	31, 38	<i>dexpak 13 day</i>	35	<i>doxorubicin hcl</i>	12
<i>cyclosporine modified</i>	38	<i>dexrazoxane</i>	11	<i>doxorubicin hcl liposomal</i>	12
CYKLOKAPRON	31	<i>dextroamphetamine sulfate</i>	52	DOXY 100	32
<i>cyproheptadine hcl</i>	24	<i>dextroamphetamine sulfate er</i>	52	<i>doxycycline hyclate</i>	9
CYRAMZA	11	<i>dextrose</i>	33	<i>doxycycline monohydrate</i>	9
CYSTADANE	40	<i>dextrose in lactated ringers</i>	33	<i>dronabinol</i>	27
CYSTAGON	28	<i>dextrose-nacl</i>	33	<i>drospirenone-ethinyl estradiol</i>	64
<i>cytarabine</i>	11	<i>diazepam</i>	47	DROXIA	14
<i>cytarabine (pf)</i>	11	<i>diazepam intensol</i>	47	DUAVEE	66
<i>dacarbazine</i>	11	DIBENZYLINE	43	<i>duloxetine hcl</i>	54
DACOGEN	11	<i>diclofenac potassium</i>	49	DULOXETINE HCL	54
DALIRESP	59	<i>diclofenac sodium</i>	26, 48, 49	DUOPA	46
DALVANCE	31	<i>diclofenac sodium er</i>	49	<i>duramorph</i>	32
<i>danazol</i>	36	<i>diclofenac-misoprostol</i>	49	DUREZOL	26
<i>dantrolene sodium</i>	48	<i>dicloxacin sodium</i>	7	<i>dutasteride</i>	44
<i>dapsone</i>	4	<i>dicyclomine hcl</i>	28	<i>dutasteride-tamsulosin hcl</i>	44
DAPTACEL	37	<i>didanosine</i>	5	DUTOPROL	18
DARAPRIM	4	DIFFERIN	60	DYSPORT	39
<i>darifenacin hydrobromide er</i>	44	DIFICID	8	<i>e.e.s. 400</i>	8
DARZALEX	11	<i>diflorasone diacetate</i>	61	E.E.S. GRANULES	8
<i>daunorubicin hcl</i>	11	<i>diflunisal</i>	49	<i>econazole nitrate</i>	62
<i>deblitane</i>	64	<i>digitek</i>	17	EDECIN	20
DECITABINE	11	<i>digoxin</i>	17	EDURANT	5
DELESTROGEN	66	<i>dihydroergotamine mesylate</i>	45	EFFIENT	9
<i>delyla</i>	64	DILANTIN	47	EGRIFTA	40
DELZICOL	30	DILANTIN INFATABS	47	ELAPRASE	42
<i>demeclocycline hcl</i>	9	DILAUDID	50	ELELYSO	40
DEMSER	43	<i>diltiazem hcl</i>	19, 31	ELESTRIN	66
DENAVIR	64	<i>diltiazem hcl er</i>	19	ELIDEL	63
DEPEN TITRATABS	45	<i>diltiazem hcl er beads</i>	19	ELIGARD	36
DEPO-ESTRADIOL	66	<i>diltiazem hcl er coated beads</i>	19	ELIQUIS	10
DEPO-MEDROL	35	<i>dilt-xr</i>	19	ELITEK	12
DEPO-PROVERA	66	DIPENTUM	30	<i>elixophyllin</i>	58
DEPO-TESTOSTERONE	36	<i>diphenhydramine hcl</i>	31	ELLECE	12
DESCOVY	5	<i>diphtheria-tetanus toxoids dt</i>	37	ELMIRON	44
<i>desipramine hcl</i>	53	<i>dipyridamole</i>	9	EMADINE	25
<i>desloratadine</i>	24	<i>disopyramide phosphate</i>	17	EMBEDA	50
<i>desmopressin ace rhinal tube</i>	44			EMCYT	14

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.

EMEND	27	<i>estazolam</i>	55	FETZIMA TITRATION	54
<i>emoquette</i>	64	ESTRACE	66	FINACEA	60
EMPLICITI	12	<i>estradiol</i>	66	<i>finasteride</i>	44
EMSAM	54	<i>estradiol valerate</i>	66	FIRAZYR	41
EMTRIVA	5	<i>estradiol-norethindrone acet</i>	64	FIRMAGON	36
ENABLEX	44	ESTRING	66	FLAREX	26
<i>enalapril maleate</i>	16	<i>estropipate</i>	66	<i>flavoxate hcl</i>	44
<i>enalapril-hydrochlorothiazide</i>	18	<i>eszopiclone</i>	55	FLEBOGAMMA DIF	37
ENBREL	48	<i>ethambutol hcl</i>	8	<i>flecainide acetate</i>	17
ENBREL SURECLICK	48	<i>ethosuximide</i>	47	FLOVENT DISKUS	58
<i>endocet</i>	50	<i>etidronate disodium</i>	43	FLOVENT HFA	58
ENGERIX-B	37	<i>etodolac</i>	49	<i>fluconazole</i>	3
<i>enoxaparin sodium</i>	10	<i>etodolac er</i>	49	<i>fluconazole in dextrose</i>	32
<i>entacapone</i>	46	ETOPOPHOS	12	<i>fluconazole in sodium chloride</i>	32
<i>entecavir</i>	5	<i>etoposide</i>	12	<i>flucytosine</i>	3
ENTRESTO	18	EURAX	63	<i>fludarabine phosphate</i>	12
<i>enulose</i>	28	EVAMIST	66	<i>fludrocortisone acetate</i>	35
ENVARUSUS XR	38	EVOCLIN	60	<i>flunisolide</i>	24
EPANED	16	EVOTAZ	5	<i>fluocinolone acetonide</i>	24, 61
<i>epinastine hcl</i>	25	EVZIO	55	<i>fluocinolone acetonide body</i>	61
<i>epinephrine</i>	39	EXEL COMFORT POINT PEN		<i>fluocinonide</i>	61
EPIPEN 2-PAK	39	NEEDLE	22	<i>fluocinonide-e</i>	61
EPIPEN JR 2-PAK	39	EXELDERM	62	<i>fluorometholone</i>	26
<i>epirubicin hcl</i>	12	EXELON	45	<i>fluorouracil</i>	12, 63
<i>epitol</i>	47	<i>exemestane</i>	14	<i>fluoxetine hcl</i>	54
EPIVIR	5	EXJADE	40	<i>fluphenazine decanoate</i>	56
<i>eplerenone</i>	20	EXTAVIA	42	<i>fluphenazine hcl</i>	56
EPOGEN	9, 10	FABIOR	60	<i>flurandrenolide</i>	61
<i>eprosartan mesylate</i>	17	FABRAZYME	40	<i>flurazepam hcl</i>	55
EPZICOM	5	<i>falmina</i>	64	<i>flurbiprofen</i>	49
EQUETRO	53	<i>famciclovir</i>	5	<i>flurbiprofen sodium</i>	26
ERAXIS	32	<i>famotidine</i>	29	<i>flutamide</i>	14
ERBITUX	12	FANAPT	56	<i>fluticasone propionate</i>	24, 61
<i>ergoloid mesylates</i>	45	FANAPT TITRATION PACK	56	<i>fluvastatin sodium</i>	21
ERIVEDGE	14	FARESTON	14	<i>fluvastatin sodium er</i>	21
<i>errin</i>	64	FARXIGA	23	<i>fluvoxamine maleate</i>	54
ERTACZO	62	FARYDAK	14	<i>fluvoxamine maleate er</i>	54
ERWINAZE	12	FASLODEX	12	FML	26
<i>ery</i>	60	FAZACLO	56	FML FORTE	26
<i>eryped 200</i>	8	<i>felbamate</i>	47	FOCALIN XR	52
<i>eryped 400</i>	8	<i>felodipine er</i>	19	<i>fondaparinux sodium</i>	10
ERY-TAB	8	FEMHRT LOW DOSE	67	FORTEO	67
ERYTHROCIN		FEMRING	67	<i>fosinopril sodium</i>	16
LACTOBIONATE	32	<i>fenofibrate</i>	20	<i>fosinopril sodium-hctz</i>	18
<i>erythrocin stearate</i>	8	<i>fenofibrate micronized</i>	21	FOSRENOL	43
<i>erythromycin</i>	25, 60	<i>fenofibric acid</i>	21	FRAGMIN	10
<i>erythromycin base</i>	8	<i>fenopofen calcium</i>	49	FREAMINE HBC	35
<i>erythromycin ethylsuccinate</i>	8	<i>fentanyl</i>	50	<i>frovatriptan succinate</i>	45
ESBRIET	59	<i>fentanyl citrate</i>	50	<i>furosemide</i>	20
<i>escitalopram oxalate</i>	54	FENTORA	51	FUSILEV	16
<i>esomeprazole magnesium</i>	29	FERRIPROX	40	FUZEON	5
<i>esomeprazole sodium</i>	32	FETZIMA	54	<i>fyavolv</i>	67

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.

FYCOMPA	47	<i>guanfacine hcl er</i>	53	<i>hydrocortisone-acetic acid</i>	24
<i>gabapentin</i>	47	<i>guanidine hcl</i>	42	<i>hydromorphone hcl</i>	51
GABITRIL	47	GYNAZOLE-1	67	<i>hydromorphone hcl er</i>	51
<i>galantamine hydrobromide</i>	45	HALAVEN	12	<i>hydroxychloroquine sulfate</i>	4
<i>galantamine hydrobromide er</i>	45	<i>halobetasol propionate</i>	61	<i>hydroxyprogesterone caproate</i>	67
GAMASTAN S/D	37	HALOG	61	<i>hydroxyurea</i>	14
GAMMAGARD	37	<i>haloperidol</i>	56	<i>hydroxyzine hcl</i>	24, 32
GAMMAKED	37	<i>haloperidol decanoate</i>	56	<i>hydroxyzine pamoate</i>	24
GAMMAPLEX	37	<i>haloperidol lactate</i>	56	HYPERRAB S/D	37
GAMUNEX-C	37	HARVONI	5	HYSINGLA ER	51
<i>ganciclovir sodium</i>	12	HAVRIX	37	<i>ibandronate sodium</i>	67
GARDASIL	37	<i>heparin sodium (porcine)</i>	32	IBRANCE	14
GARDASIL 9	37	HEPATAMINE	35	<i>ibuprofen</i>	49, 50
<i>gatifloxacin</i>	25	HERCEPTIN	12	ICLUSIG	14
GATTEX	28	HETLIOZ	55	<i>idarubicin hcl</i>	12
GELNIQUE	44	HEXALEN	14	<i>ifosfamide</i>	12
<i>gemcitabine hcl</i>	12	HIBERIX	37	ILARIS	40
<i>gemfibrozil</i>	21	HORIZANT	47	ILEVRO	26
GENERESS FE	64	HP ACTHAR	35	<i>imatinib mesylate</i>	14
<i>generlac</i>	28	HUMALOG	22	IMBRUVICA	14
<i>gengraf</i>	39	HUMALOG KWIKPEN	22	<i>imipenem-cilastatin</i>	32
GENOTROPIN	40	HUMALOG MIX 50/50	22	<i>imipramine hcl</i>	54
GENOTROPIN MINIQUICK	40	HUMALOG MIX 50/50	22	<i>imipramine pamoate</i>	54
<i>gentak</i>	25	KWIKPEN	22	<i>imiquimod</i>	64
<i>gentamicin in saline</i>	32	HUMALOG MIX 75/25	22	IMOVAX RABIES	37
<i>gentamicin sulfate</i>	25, 32, 60	HUMALOG MIX 75/25	22	INCRELEX	41
GENVOYA	5	KWIKPEN	22	<i>indapamide</i>	20
GEODON INTRAMUSCULAR		HUMATROPE	41	INDOCIN ORAL SUSPENSION	
INJECTION	56	HUMIRA	48		50
<i>gildagia</i>	64	HUMIRA PEDIATRIC CROHNS		<i>indomethacin</i>	50
GILENYA	42	START	48	<i>indomethacin er</i>	50
GILOTRIF	14	HUMIRA PEN	48	INFANRIX	37
GLASSIA	59	HUMIRA PEN-CROHNS		INLYTA	14
GLEEVEC	14	STARTER	48	INTELENCE	5
GLEOSTINE	14	HUMIRA PEN-PSORIASIS		INTRALIPID	35
<i>glimepiride</i>	23	STARTER	49	INTRON A	5
<i>glipizide</i>	23	HUMULIN 70/30	22	<i>introvale</i>	64
<i>glipizide er</i>	23	HUMULIN N	22	INVANZ	32
<i>glipizide-metformin hcl</i>	23	HUMULIN R	22	INVEGA	56
<i>global alcohol prep ease</i>	22	HUMULIN R U-500		INVEGA SUSTENNA	56
GLUCAGEN HYPOKIT	22	(CONCENTRATED)	22	INVEGA TRINZA	56
GLUCAGON EMERGENCY	22	HUMULIN R U-500 KWIKPEN		INVIRASE	5
<i>glyburide</i>	23		22	INVOKAMET	23
<i>glyburide micronized</i>	23	HYCAMTIN	14	INVOKANA	23
<i>glyburide-metformin</i>	23	<i>hydralazine hcl</i>	21	IONOSOL-B IN D5W	33
<i>glycopyrrolate</i>	28	<i>hydrochlorothiazide</i>	20	IONOSOL-MB IN D5W	33
GLYXAMBI	23	<i>hydrocodone-acetaminophen</i>	51	IOPIDINE	27
<i>granisetron hcl</i>	27, 32	<i>hydrocodone-ibuprofen</i>	51	IPOL	38
GRANIX	10	<i>hydrocortisone</i>	30, 35, 61	<i>ipratropium bromide</i>	24, 58
GRASTEK	59	<i>hydrocortisone butyr lipo base</i>	61	<i>ipratropium-albuterol</i>	58
<i>griseofulvin microsize</i>	3	<i>hydrocortisone butyrate</i>	61	<i>irbesartan</i>	17
<i>griseofulvin ultramicrosize</i>	3	<i>hydrocortisone valerate</i>	61		

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.

<i>irbesartan-hydrochlorothiazide</i>	KHEDEZLA	54	<i>leuprolide acetate</i>	12
..... 18	KINERET	49	<i>levalbuteol hcl</i>	58
IRENKA	<i>kionex</i>	43	<i>levetiracetam</i>	47
IRESSA	<i>klor-con</i>	21	<i>levetiracetam er</i>	47
<i>irinotecan hcl</i>	<i>klor-con 10</i>	21	<i>levetiracetam in nacl</i>	32
ISENTRESS	KLOR-CON M15	21	<i>levobunolol hcl</i>	27
ISOLYTE-P IN D5W	<i>klor-con m20</i>	21	<i>levocarnitine</i>	28, 32
ISOLYTE-S	<i>klor-con sprinkle</i>	21	<i>levocetirizine dihydrochloride</i>	24
<i>isoniazid</i>	KORLYM	40	<i>levofloxacin</i>	8, 25, 32
<i>isosorbide dinitrate</i>	KRISTALOSE	28	<i>levofloxacin in d5w</i>	32
<i>isosorbide dinitrate er</i>	K-TAB	21	LEVOLEUCOVORIN CALCIUM	..... 16
<i>isosorbide mononitrate</i>	KUVAN	43	<i>levonest</i>	65
<i>isosorbide mononitrate er</i>	KYNAMRO	21	<i>levonorgest-eth estrad 91-day</i>	65
<i>isradipine</i>	<i>labetalol hcl</i>	19, 32	<i>levonorgestrel-ethinyl estradiol</i>	..... 65
ISTODAX	<i>lactated ringers</i>	32	<i>levora 0.15/30 (28)</i>	65
<i>itraconazole</i>	<i>lactulose</i>	28	<i>levorphanol tartrate</i>	51
<i>ivermectin</i>	<i>lamivudine</i>	5	<i>levorphanol tartrate</i>	..... 51
IXEMPRA KIT	<i>lamivudine-zidovudine</i>	5	<i>levothyroxine sodium</i>	32, 36
IXIARO	<i>lamotrigine</i>	47	<i>levoxyl</i>	36
JADENU	<i>lamotrigine er</i>	47	LEXIVA	5
JAKAFI	<i>lancets</i>	22	LIALDA	30
JALYN	LANOXIN	17	<i>lidocaine</i>	63
<i>jantoven</i>	<i>lansoprazole</i>	29	<i>lidocaine hcl</i>	63
JANUMET	LANTUS	22	<i>lidocaine viscous</i>	63
JANUMET XR	LANTUS SOLOSTAR	22	<i>lidocaine-prilocaine</i>	63
JANUVIA	<i>larin 1.5/30</i>	65	LINCOCIN	32
JENTADUETO	<i>larin 1/20</i>	65	<i>lincomycin hcl</i>	32
JENTADUETO XR	<i>larin fe 1.5/30</i>	65	<i>lindane</i>	63
JEVTANA	<i>larin fe 1/20</i>	65	<i>linezolid</i>	3, 32
<i>jinteli</i>	LASTACRAFT	25	LINZESS	30
<i>junel 1.5/30</i>	<i>latanoprost</i>	27	<i>liothyronine sodium</i>	36
<i>junel 1/20</i>	LATUDA	56	<i>lisinopril</i>	16
<i>junel fe 1.5/30</i>	LAZANDA	51	<i>lisinopril-hydrochlorothiazide</i>	18
<i>junel fe 1/20</i>	<i>leflunomide</i>	49	<i>lithium</i>	53
<i>junel fe 24</i>	LENVIMA 10 MG DAILY DOSE	..... 14	<i>lithium carbonate</i>	53
JUXTAPID	LENVIMA 14 MG DAILY DOSE	..... 14	<i>lithium carbonate er</i>	53
KADCYLA	LENVIMA 18 MG DAILY DOSE	..... 14	LO LOESTRIN FE	65
KALETRA	LENVIMA 20 MG DAILY DOSE	..... 14	LONSURF	14
KALYDECO	LENVIMA 24 MG DAILY DOSE	..... 14	<i>loperamide hcl</i>	28
KANUMA	LENVIMA 8 MG DAILY DOSE	..... 14	<i>lorazepam</i>	52
KAPVAY	<i>lessina</i>	65	<i>lorazepam intensol</i>	52
<i>kariva</i>	LETAIRIS	59	<i>losartan potassium</i>	17
<i>kcl in dextrose-nacl</i>	<i>letrozole</i>	14	<i>losartan potassium-hctz</i>	18
<i>kcl-lactated ringers-d5w</i>	<i>leucovorin calcium</i>	16	LOTEMAX	26
<i>kelnor 1/35</i>	LEUKERAN	14	<i>lovastatin</i>	21
KENALOG	LEUKINE	10	<i>loxapine succinate</i>	56
<i>ketoconazole</i>			LUMIGAN	27
<i>ketoprofen</i>			LUMIZYME	42
<i>ketoprofen er</i>			LUPRON DEPOT	36
<i>ketorolac tromethamine</i>			LUPRON DEPOT-PED	36
KEVEYIS			LYNPARZA	14
KEYTRUDA				

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.

LYRICA	47	<i>methscopolamine bromide</i>	29	<i>morphine sulfate (concentrate)</i>	51
LYSODREN	14	<i>methyclothiazide</i>	20	<i>morphine sulfate (pf)</i>	33
<i>magnesium sulfate</i>	34	<i>methylergonovine maleate</i>	67	<i>morphine sulfate er</i>	51
MAKENA	67	METHYLIN	53	<i>morphine sulfate er beads</i>	51
<i>malathion</i>	63	<i>methylphenidate hcl</i>	53	MOVIPREP	28
<i>maprotiline hcl</i>	54	<i>methylphenidate hcl er</i>	53	MOXEZA	25
<i>marlissa</i>	65	<i>methylphenidate hcl er (cd)</i>	53	<i>moxifloxacin hcl</i>	8, 33
MARPLAN	54	<i>methylphenidate hcl er (la)</i>	53	MOZOBIL	10
MATULANE	14	<i>methylprednisolone</i>	35	MULTAQ	17
<i>matzim la</i>	19	<i>methylprednisolone acetate</i>	35	<i>mupirocin</i>	60
MAXIDEX	26	<i>methylprednisolone sodium succ</i>	35	<i>mupirocin calcium</i>	60
<i>meclizine hcl</i>	27	<i>methyltestosterone</i>	36	MUSTARGEN	12
<i>meclofenamate sodium</i>	50	<i>metipranolol</i>	27	MYCAMINE	33
MEDROL	35	<i>metoclopramide hcl</i>	27, 32	<i>mycophenolate mofetil</i>	39
<i>medroxyprogesterone acetate</i>	67	<i>metolazone</i>	20	<i>mycophenolate sodium</i>	39
<i>mefenamic acid</i>	50	<i>metoprolol succinate er</i>	19	MYLERAN	15
<i>mefloquine hcl</i>	4	<i>metoprolol tartrate</i>	19, 32	MYRBETRIQ	44
<i>megestrol acetate</i>	15, 28	<i>metoprolol-hydrochlorothiazide</i>	18	<i>nabumetone</i>	50
MEKINIST	15	<i>metronidazole</i>	3, 60, 68	<i>nadolol</i>	19
<i>meloxicam</i>	50	<i>metronidazole in nacl</i>	32	<i>nadolol-bendroflumethiazide</i>	18
<i>melphalan hcl</i>	12	<i>mexiletine hcl</i>	17	<i>nafacillin sodium</i>	33
<i>memantine hcl</i>	45	MIACALCIN	67	<i>nafacillin sodium in dextrose</i>	33
MENACTRA	38	<i>miconazole 3</i>	68	<i>naftifine hcl</i>	62
MENEST	67	<i>microgestin 1.5/30</i>	65	NAFTIN	62
MENHIBRIX	38	<i>microgestin 1/20</i>	65	NAGLAZYME	42
MENOMUNE	38	<i>microgestin fe 1.5/30</i>	65	<i>naloxone hcl</i>	55
MENOSTAR	67	<i>microgestin fe 1/20</i>	65	<i>naltrexone hcl</i>	52
MENTAX	62	<i>midodrine hcl</i>	39	NAMENDA XR	45
MENVEO	38	MIGERGOT	45	NAMENDA XR TITRATION	
<i>mercaptapurine</i>	15	<i>miglitol</i>	23	PACK	45
<i>meropenem</i>	32	MIGRANAL	45	<i>naproxen</i>	50
<i>mesalamine</i>	30	MILLIPRED	35	<i>naproxen dr</i>	50
<i>mesalamine-cleanser</i>	30	MINASTRIN 24 FE	65	<i>naproxen sodium</i>	50
<i>mesna</i>	16	<i>minocycline hcl</i>	9	<i>naproxen sodium er</i>	50
MESNEX	16	<i>minocycline hcl er</i>	9	<i>naratriptan hcl</i>	45
MESTINON	42	<i>minoxidil</i>	21	NARCAN	55
METADATE CD	53	MIRCERA	10	NASONEX	24
METADATE ER	53	<i>mirtazapine</i>	54	NATACYN	27
<i>metaproterenol sulfate</i>	58	<i>misoprostol</i>	29	<i>nateglinide</i>	23
<i>metformin hcl</i>	23	<i>mitomycin</i>	12	NATPARA	41
<i>metformin hcl er</i>	23	<i>mitoxantrone hcl</i>	12	NEBUPENT	4
<i>metformin hcl er (osm)</i>	23	M-M-R II	38	<i>necon 0.5/35 (28)</i>	65
<i>methadone hcl</i>	32, 51	<i>modafinil</i>	55	<i>necon 1/35 (28)</i>	65
<i>methamphetamine hcl</i>	53	<i>moexipril hcl</i>	16	NECON 10/11 (28)	65
<i>methazolamide</i>	27	<i>moexipril-hydrochlorothiazide</i>	18	<i>necon 7/7/7</i>	65
<i>methenamine hippurate</i>	3	<i>molindone hcl</i>	56	<i>nefazodone hcl</i>	54
<i>methimazole</i>	36	<i>mometasone furoate</i>	24, 61	<i>neomycin sulfate</i>	4
METHITEST	36	<i>montelukast sodium</i>	58	<i>neomycin-bacitracin zn-polymyx</i>	25
<i>methotrexate</i>	49	MONUROL	4	<i>neomycin-polymyxin b</i>	63
<i>methotrexate sodium</i>	32	<i>morphine sulfate</i>	51	<i>neomycin-polymyxin-dexameth</i>	26
<i>methotrexate sodium (pf)</i>	32				
<i>methoxsalen rapid</i>	62				

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.

<i>neomycin-polymyxin-gramicidin</i>	NUEDEXTA	46	<i>oxacillin sodium</i>	33
26	NULOJIX	39	<i>oxaliplatin</i>	12
<i>neomycin-polymyxin-hc</i>	NUPLAZID	56	<i>oxandrolone</i>	36
25, 26	NUTRILIPID	35	<i>oxaprozin</i>	50
NEPHRAMINE	NUTROPIN AQ NUSPIN 10	41	<i>oxazepam</i>	52
35	NUTROPIN AQ NUSPIN 20	41	<i>oxcarbazepine</i>	47
NEULASTA	NUTROPIN AQ NUSPIN 5	41	<i>oxiconazole nitrate</i>	62
10	NUTROPIN AQ PEN	41	OXISTAT	62
NEUPOGEN	NUVARING	65	OXTELLAR XR	47
10	NUVESSA	68	<i>oxybutynin chloride</i>	44
NEUPRO	NUVIGIL	55	<i>oxybutynin chloride er</i>	44
46	<i>nyamyc</i>	62	<i>oxycodone hcl</i>	51
NEVANAC	<i>nystatin</i>	3, 62	<i>oxycodone hcl er</i>	51
26	<i>nystatin-triamcinolone</i>	62	<i>oxycodone-acetaminophen</i>	51
<i>nevirapine</i>	<i>nystop</i>	62	<i>oxycodone-aspirin</i>	51
5	OALIVA	28	<i>oxycodone-ibuprofen</i>	51
<i>nevirapine er</i>	OCTAGAM	38	OXYCONTIN	51
5	<i>octreotide acetate</i>	39	<i>oxymorphone hcl</i>	51
NEXAVAR	ODEFSEY	6	<i>oxymorphone hcl er</i>	52
15	ODOMZO	15	<i>paclitaxel</i>	12
<i>niacin er</i>	OFEV	59	<i>paliperidone er</i>	56
21	<i>ofloxacin</i>	8, 24, 25	<i>pamidronate disodium</i>	67
<i>niacor</i>	<i>olanzapine</i>	56	PANCREAZE	28
21	<i>olanzapine-fluoxetine hcl</i>	53	PANDEL	61
<i>nicardipine hcl</i>	<i>olopatadine hcl</i>	24, 25	PANRETIN	63
19	<i>omega-3-acid ethyl esters</i>	21	<i>pantoprazole sodium</i>	29
NICOTROL	<i>omeprazole</i>	29	<i>paricalcitol</i>	41
43	<i>omeprazole-sodium bicarbonate</i>	29	<i>paromomycin sulfate</i>	4
NICOTROL NS	OMNITROPE	41	<i>paroxetine hcl</i>	54
43	ONCASPAR	12	<i>paroxetine hcl er</i>	54
<i>nifedical xl</i>	<i>ondansetron</i>	28	PASER	8
19	<i>ondansetron hcl</i>	28, 33	PAXIL ORAL SUSPENSION	54
<i>nifedipine</i>	ONETOUCH ULTRA	22	PCE	8
19	ONETOUCH VERIO	22	PEDVAX HIB	38
<i>nifedipine er osmotic release</i>	ONFI	47	<i>peg 3350-kcl-na bicarb-nacl</i>	29
19	OPDIVO	12	<i>peg-3350/electrolytes</i>	29
<i>nikki</i>	OPSUMIT	59	PEGANONE	47
65	ORALAIR	59	PEGASYS	6
NILANDRON	ORAP	56	PEGASYS PROCLICK	6
15	ORAPRED ODT	35	PEGINTRON	6
<i>nilutamide</i>	ORBACTIV	33	PEG-INTRON REDIPEN	6
15	ORENCIA	49	<i>penicillin g pot in dextrose</i>	33
<i>nimodipine</i>	ORENCIA CLICKJECT	49	<i>penicillin g potassium</i>	33
20	ORENITRAM	59	<i>penicillin g sodium</i>	33
NINLARO	ORFADIN	41	<i>penicillin v potassium</i>	7
15	ORKAMBI	40	PENTAM	4
<i>nisoldipine er</i>	<i>orsythia</i>	65	PENTASA	30
20	ORTHO TRI-CYCLEN (28)	65	<i>pentoxifylline er</i>	11
NITRO-BID	OSMOPREP	28	PERFOROMIST	58
17	OTEZLA	62	<i>perindopril erbumine</i>	16
<i>nitrofurantoin macrocrystal</i>	OTREXUP	49	<i>periogard</i>	24
4			PERJETA	12
<i>nitrofurantoin monohyd macro</i>				
4				
<i>nitroglycerin</i>				
17				
NITROMIST				
17				
NITROSTAT				
17				
<i>nizatidine</i>				
29				
NORDITROPIN FLEXPRO				
41				
<i>norethin ace-eth estrad-fe</i>				
65				
<i>norethindrone acetate</i>				
67				
<i>norethindrone-eth estradiol</i>				
65				
<i>norethin-eth estradiol-fe</i>				
65				
NORITATE				
60				
<i>norlyroc</i>				
65				
NORMOSOL-M IN D5W				
34				
NORMOSOL-R IN D5W				
34				
NORMOSOL-R PH 7.4				
34				
NORPACE CR				
17				
NORTHERA				
20				
<i>nortrel 0.5/35 (28)</i>				
65				
<i>nortrel 1/35 (21)</i>				
65				
<i>nortrel 1/35 (28)</i>				
65				
<i>nortrel 7/7/7</i>				
65				
<i>nortriptyline hcl</i>				
54				
NORVIR				
5				
NOXAFIL				
3				
NUCALA				
59				

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.

<i>permethrin</i>	63	<i>prednicarbate</i>	61	<i>protriptyline hcl</i>	54
<i>perphenazine</i>	56	<i>prednisolone acetate</i>	26	PROVENTIL HFA.....	58
<i>perphenazine-amitriptyline</i>	56	<i>prednisolone sodium phosphate</i>		<i>prudoxin</i>	63
PERTZYE.....	28	.....	35, 36	PULMICORT FLEXHALER.....	58
PEXEVA.....	54	<i>prednisone</i>	36	PULMICORT INHALATION	
<i>phenelzine sulfate</i>	54	PREDNISONONE INTENSOL.....	36	SUSPENSION 1 MG/2ML.....	58
<i>phenobarbital</i>	47	<i>preferred plus insulin syringe</i>	22	PULMOZYME.....	40
<i>phenoxybenzamine hcl</i>	43	PREMARIN.....	67	PURIXAN.....	15
<i>phenytoin</i>	47	PREMASOL.....	35	PYLERA.....	29
<i>phenytoin sodium</i>	47	PREMPHASE.....	67	<i>pyrazinamide</i>	8
<i>phenytoin sodium extended</i>	47	PREMPRO.....	67	<i>pyridostigmine bromide</i>	42
PHOSLYRA.....	43	<i>prenatal</i>	67	<i>pyridostigmine bromide er</i>	43
PHOSPHOLINE IODIDE.....	27	PREVALITE.....	21	QUADRACEL.....	38
PICATO.....	63	PREVNAR 13.....	38	<i>quasense</i>	66
<i>pilocarpine hcl</i>	24, 27	PREZCOBIX.....	6	QUDEXY XR.....	47
<i>pimozide</i>	56	PREZISTA.....	6	<i>quetiapine fumarate</i>	56, 57
<i>pindolol</i>	19	PRIFTIN.....	8	QUILLIVANT XR.....	53
<i>pioglitazone hcl</i>	23	<i>primaquine phosphate</i>	4	<i>quinapril hcl</i>	16
<i>pioglitazone hcl-glimepiride</i>	23	<i>primidone</i>	47	<i>quinapril-hydrochlorothiazide</i>	18
<i>pioglitazone hcl-metformin hcl</i>	23	PRISTIQ.....	54	<i>quinidine gluconate er</i>	18
<i>piperacillin sod-tazobactam so</i>	33	PRIVIGEN.....	38	<i>quinidine sulfate</i>	18
<i>piroxicam</i>	50	PROAIR HFA.....	58	<i>quinine sulfate</i>	4
PLASMA-LYTE 148.....	34	PROAIR RESPICLICK.....	58	QVAR.....	58
PLASMA-LYTE A.....	34	<i>probenecid</i>	49	RABAVERT.....	38
PLASMA-LYTE-56 IN D5W.....	34	PROCALAMINE.....	35	<i>rabeprazole sodium</i>	29
PLEGRIDY.....	42	<i>prochlorperazine</i>	28	RAGWITEK.....	59
PLEGRIDY STARTER PACK		<i>prochlorperazine edisylate</i>	33	<i>raloxifene hcl</i>	67
.....	42	<i>prochlorperazine maleate</i>	28	<i>ramipril</i>	16
PLENAMINE.....	35	PROCRIT.....	10	RANEXA.....	17
PNEUMOVAX 23.....	38	<i>procto-med hc</i>	63	<i>ranitidine hcl</i>	29
<i>podofilox</i>	64	<i>procto-pak</i>	63	RAPAMUNE.....	39
<i>polyethylene glycol 3350</i>	29	<i>proctosol hc</i>	63	RAVICTI.....	44
<i>polymyxin b sulfate</i>	33	<i>proctozone-hc</i>	63	REBETOL.....	6
<i>polymyxin b-trimethoprim</i>	25	<i>progesterone micronized</i>	67	REBIF.....	42
POMALYST.....	15	PROGLYCEM.....	22	REBIF REBIDOSE.....	42
<i>portia-28</i>	66	PROGRAF.....	33	REBIF REBIDOSE TITRATION	
<i>potassium chloride</i>	21, 34	PROLASTIN-C.....	59	PACK.....	42
<i>potassium chloride crys er</i>	21	PROLENSA.....	26	REBIF TITRATION PACK.....	42
<i>potassium chloride er</i>	21	PROLEUKIN.....	12	RECLAST.....	67
<i>potassium chloride in dextrose</i>	34	PROLIA.....	67	RECOMBIVAX HB.....	38
<i>potassium chloride in nacl</i>	34	PROMACTA.....	10	REGRANEX.....	63
<i>potassium citrate er</i>	44	<i>promethazine hcl</i>	28, 33	RELENZA DISKHALER.....	6
POTIGA.....	47	<i>propafenone hcl</i>	17	RELI-ON INSULIN SYRINGE	
PRADAXA.....	10	<i>propafenone hcl er</i>	18	.....	22
<i>pramipexole dihydrochloride</i>	46	<i>propantheline bromide</i>	29	RELISTOR.....	29
<i>pramipexole dihydrochloride er</i>		<i>proparacaine hcl</i>	27	REMICADE.....	49
.....	46	<i>propranolol hcl</i>	19	REMODULIN.....	59
<i>pravastatin sodium</i>	21	<i>propranolol hcl er</i>	19	RENAGEL.....	43
<i>prazosin hcl</i>	16	<i>propranolol-hctz</i>	18	REVELA.....	43
PRED MILD.....	26	<i>propylthiouracil</i>	36	<i>repaglinide</i>	23
PRED-G.....	26	PROQUAD.....	38	<i>repaglinide-metformin hcl</i>	23
PRED-G S.O.P.....	26	PROSOL.....	35	REPATHA.....	21

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.

REPATHA PUSHTRONEX SYSTEM	21	<i>selenium sulfide</i>	63	<i>streptomycin sulfate</i>	33
REPATHA SURECLICK	21	SELZENTRY	6	STRIBILD	6
RESCRIPTOR	6	SENSIPAR	41	STRIVERDI RESPIMAT	58
RESTASIS	27	SEREVENT DISKUS	58	STROMECTOL	4
RETIN-A	60	SEROQUEL XR	57	SUBOXONE	55
RETIN-A MICRO	60	SEROSTIM	41	SUBSYS	52
RETROVIR	33	<i>sertraline hcl</i>	54	SUCRAID	44
REVATIO	59	SFROWASA	30	<i>sucralfate</i>	29
REVLIMID	15	<i>sharobel</i>	66	<i>sulfacetamide sodium</i>	25, 63
REXULTI	57	SIGNIFOR	40	<i>sulfacetamide-prednisolone</i>	25
REYATAZ	6	SIGNIFOR LAR	39	<i>sulfadiazine</i>	8
<i>ribasphere</i>	6	<i>sildenafil citrate</i>	59	<i>sulfamethoxazole-trimethoprim</i>	9, 33
<i>ribasphere ribapak</i>	6	SILENOR	55	SULFAMYLON	63
<i>ribavirin</i>	6	<i>silver sulfadiazine</i>	60	<i>sulfasalazine</i>	30
RIDAURA	49	SIMBRINZA	27	<i>sulindac</i>	50
<i>rifabutin</i>	8	SIMPONI	49	<i>sumatriptan</i>	45
RIFAMATE	8	SIMPONI ARIA	49	<i>sumatriptan succinate</i>	45
<i>rifampin</i>	8, 33	SIMULECT	39	<i>sumatriptan succinate refill</i>	45
RIFATER	8	<i>simvastatin</i>	21	SUPRAX	7
<i>riluzole</i>	39	<i>sirolimus</i>	39	SUPREP BOWEL PREP	29
<i>rimantadine hcl</i>	6	SIRTURO	8	SURMONTIL	54
<i>ringers</i>	34	SIVEXTRO	4, 33	SURMONTIL	54
RIOMET	23	SKLICE	63	SUSTIVA	6
<i>risedronate sodium</i>	67	<i>sodium chloride</i>	34, 63	SUTENT	15
RISPERDAL CONSTA	53	<i>sodium lactate</i>	34	SYLATRON	13
<i>risperidone</i>	53	<i>sodium polystyrene sulfonate</i>	43	SYLVANT	39
RITUXAN	13	SOLTAMOX	15	SYMBICORT	58
<i>rivastigmine</i>	45	SOLU-CORTEF	36	SYMLINPEN 120	22
<i>rivastigmine tartrate</i>	45	SOLU-MEDROL	36	SYMLINPEN 60	22
<i>rizatriptan benzoate</i>	45	SOMATULINE DEPOT	39	SYNAGIS	43
<i>ropinirole hcl</i>	46	SOMAVERT	39	SYNAREL	36
<i>ropinirole hcl er</i>	46	SOOLANTRA	60	SYNERCID	33
<i>rosuvastatin calcium</i>	21	<i>sorine</i>	18	SYNRIBO	13
ROTARIX	38	<i>sotalol hcl</i>	18	SYNTHROID	36
ROTATEQ	38	<i>sotalol hcl (af)</i>	18	SYPRINE	45
<i>roweepira</i>	47	SOTYLIZE	18	TABLOID	15
ROZEREM	55	SOVALDI	6	<i>tacrolimus</i>	39, 63
RUCONEST	41	SPIRIVA HANDIHALER	58	TAFINLAR	15
RYTARY	46	SPIRIVA RESPIMAT	58	TAGRISSE	15
SABRIL	47	<i>spironolactone</i>	20	TALTZ	62
SAFYRAL	66	<i>spironolactone-hctz</i>	20	TAMIFLU	6
SAIZEN	41	SPRITAM	47	<i>tamoxifen citrate</i>	15
SAIZEN CLICK.EASY	41	SPRYCEL	15	<i>tamsulosin hcl</i>	44
SAMSCA	44	<i>sps</i>	43	TARCEVA	15
SANCUSO	28	<i>ssd</i>	61	TARGRETIN	15, 63
SANDOSTATIN LAR DEPOT	39	<i>stavudine</i>	6	<i>tarina fe 1/20</i>	66
SANTYL	63	STELARA	62	TASIGNA	15
SAPHRIS	57	<i>sterile water for irrigation</i>	63	TASMAR	46
SAVELLA	47	STIMATE	11	TAZORAC	63
<i>selegiline hcl</i>	46	STIVARGA	15	<i>taztia xt</i>	20
		STRATTERA	53	TECENTRIQ	13
		STRENSIQ	42	TECFIDERA	42

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.

TEFLARO	33	<i>topiramate</i>	48	TRUMENBA	38
TEGRETOL-XR	48	<i>topiramate er</i>	48	TRUVADA	6
TEKTRUNA	20	<i>topotecan hcl</i>	13	TUDORZA PRESSAIR	58
TEKTRUNA HCT	18	TORISEL	13	TWINRIX	38
<i>telmisartan</i>	17	<i>torsemide</i>	20	TYBOST	6
<i>telmisartan-amlodipine</i>	18	TOUJEO SOLOSTAR	22	TYGACIL	33
<i>telmisartan-hctz</i>	19	<i>tpn electrolytes</i>	35	TYKERB	15
<i>temazepam</i>	55	TRACLEER	59	TYPHIM VI	38
<i>temozolomide</i>	15	TRADJENTA	23	TYSABRI	42
TENIVAC	38	<i>tramadol hcl</i>	52	TYVASO	59
<i>terazosin hcl</i>	16	<i>tramadol hcl er</i>	52	TYZEKA	6
<i>terbinafine hcl</i>	3	<i>tramadol hcl er (biphasic)</i>	52	TYZINE	24
<i>terbutaline sulfate</i>	58	<i>tramadol-acetaminophen</i>	52	UCERIS	30
<i>terconazole</i>	68	<i>trandolapril</i>	16	ULORIC	49
<i>testosterone</i>	36	<i>trandolapril-verapamil hcl er</i>	19	<i>unithroid</i>	37
<i>testosterone cypionate</i>	36	<i>tranexamic acid</i>	11	UPTRAVI	59
<i>testosterone enanthate</i>	36	TRANSDERM-SCOP PATCH		UROCIT-K 10	44
TESTRED	36		28	UROCIT-K 15	45
<i>tetanus-diphtheria toxoids td</i>	38	<i>tranylcypromine sulfate</i>	55	UROCIT-K 5	45
<i>tetrabenazine</i>	41	TRAVASOL	35	<i>ursodiol</i>	29
<i>tetracycline hcl</i>	9	TRAVATAN Z	27	UVADEX	13
THALOMID	15	<i>trazodone hcl</i>	55	VAGIFEM	67
<i>theophylline</i>	58	TREANDA	13	<i>valacyclovir hcl</i>	6
<i>theophylline er</i>	58	TRECATOR	8	VALCHLOR	63
<i>thioridazine hcl</i>	57	TRELSTAR MIXJECT	36	VALCYTE	6
THIOTEPA	13	<i>tretinoin</i>	15, 60	<i>valganciclovir hcl</i>	6
<i>thiothixene</i>	57	<i>tretinoin microsphere</i>	60	<i>valproate sodium</i>	33, 48
THYMOGLOBULIN	39	TREXALL	49	<i>valproic acid</i>	48
THYROLAR-1	37	<i>triamcinolone acetonide</i>	24, 62	<i>valsartan</i>	17
THYROLAR-1/2	37	<i>triamterene-hctz</i>	20	<i>valsartan-hydrochlorothiazide</i>	19
THYROLAR-1/4	37	TRIANEX	62	<i>vancomycin hcl</i>	4, 33
THYROLAR-2	37	<i>triazolam</i>	55	<i>vandazole</i>	68
THYROLAR-3	37	<i>triderm</i>	62	VAQTA	38
<i>tiagabine hcl</i>	48	<i>trifluoperazine hcl</i>	57	VARIVAX	38
TIKOSYN	18	<i>trifluridine</i>	26	VARIZIG	38
<i>timolol maleate</i>	19, 27	<i>trihexyphenidyl hcl</i>	46	VARUBI	28
<i>tinidazole</i>	4	<i>trilyte</i>	29	VASCEPA	21
TIROSINT	37	<i>trimethoprim</i>	4	VECTIBIX	13
TIVICAY	6	<i>trimipramine maleate</i>	55	VELCADE	13
<i>tizanidine hcl</i>	48	<i>trinessa (28)</i>	66	<i>velivet</i>	66
TOBI PODHALER	40	TRINTELLIX	55	VELPHORO	43
TOBRADEX	25	TRIOSTAT	37	VELTASSA	43
TOBRADEX ST	25	<i>tri-previfem</i>	66	VENCLEXTA	15
<i>tobramycin</i>	25, 40	TRISENOX	13	VENCLEXTA STARTING PACK	
<i>tobramycin sulfate</i>	33	<i>tri-sprintec</i>	66		15
<i>tobramycin-dexamethasone</i>	25	TRIUMEQ	6	<i>venlafaxine hcl</i>	55
<i>tolazamide</i>	23	<i>trivora (28)</i>	66	<i>venlafaxine hcl er</i>	55
<i>tolbutamide</i>	23	TROKENDI XR	48	VENTAVIS	59
<i>tolcapone</i>	46	TROPHAMINE	35	VENTOLIN HFA	59
<i>tolmetin sodium</i>	50	<i>trospium chloride</i>	44	<i>verapamil hcl</i>	20
<i>tolterodine tartrate</i>	44	<i>trospium chloride er</i>	44	<i>verapamil hcl er</i>	20
<i>tolterodine tartrate er</i>	44	TRULICITY	22	VERIPRED 20	36

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.

VERSACLOZ	57	ZANOSAR	13
VESICARE	45	ZARXIO	10
VIBERZI	30	ZAVESCA	40
VIBRAMYCIN	9	ZELBORAF	16
VIDEX	7	ZEMAIRA	59
VIGAMOX	25	ZENCHENT	66
VIIBRYD	55	ZENCHENT FE	66
VIIBRYD STARTER PACK	55	ZENPEP	28
VIMPAT	48	ZERBAXA	33
<i>vinblastine sulfate</i>	13	ZETIA	21
<i>vincasar pfs</i>	13	ZIAGEN	7
<i>vincristine sulfate</i>	13	<i>zidovudine</i>	7
<i>vinorelbine tartrate</i>	13	ZINECARD	16
VIOKACE	28	ZIOPTAN	27
VIRACEPT	7	<i>ziprasidone hcl</i>	57
VIRAMUNE XR TABLET 100 MG	7	ZIRGAN	26
VIRAZOLE	43	ZMAX	8
VIREAD	7	<i>zoledronic acid</i>	67
VITEKTA	7	ZOLINZA	16
VIVITROL	52	<i>zolmitriptan</i>	45
VOLTAREN	49	<i>zolpidem tartrate</i>	55
<i>voriconazole</i>	3, 33	<i>zolpidem tartrate er</i>	55
VOTRIENT	15	ZOMACTON	41
VPRIV	40	ZONALON	64
VRAYLAR	57	<i>zonisamide</i>	48
<i>vyfemla</i>	66	ZONTIVITY	9
VYTORIN	21	ZORBTIVE	41
VYVANSE	53	ZORTRESS	39
<i>warfarin sodium</i>	10	ZOSTAVAX	38
WELCHOL	21	<i>zovia 1/35e (28)</i>	66
XALKORI	15	<i>zovia 1/50e (28)</i>	66
XARELTO	10, 11	ZOVIRAX	64
XARELTO STARTER PACK	11	ZUBSOLV	55
XELJANZ	49	ZYDELIG	16
XELJANZ XR	49	ZYKADIA	16
XELODA	16	ZYLET	26
XENAZINE	41	ZYPREXA	57
XEOMIN	39	ZYPREXA RELPREVV	57
XGEVA	67	ZYTIGA	16
XIFAXAN	4	ZYVOX	4
XIGDUO XR	23		
XOLAIR	59		
XOPENEX HFA	59		
XTANDI	16		
XYREM	55		
YERVOY	13		
YF-VAX	38		
YONDELIS	13		
<i>zafirlukast</i>	59		
<i>zaleplon</i>	55		
ZALTRAP	13		

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.

This formulary was updated on November 1, 2016. For more recent information or other questions, please contact us 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.

The Formulary may change at any time. You will receive notice when necessary.

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.



705 Mount Auburn Street,
Watertown, MA 02472