

TUFTS MEDICARE PREFERRED HMO PLANS | 2017

Tufts Medicare Preferred HMO 2017 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, 2017. 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

2017 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, 2017. 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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, 2017. 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 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 69. 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.
- **Non-extended Day Supply Drug:** For certain drugs, Tufts Medicare Preferred HMO limits quantities up to a 30-day supply per fill.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact 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 3 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 69.

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.

NDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available through a designated Special Pharmacy provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

SP-CVS/specialty: 1-800-237-2767

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	\$350 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$300 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$250 (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	\$12	\$4	\$8	\$4	\$8
Tier 2	\$12	\$24	\$8	\$16	\$8	\$16
Tier 3	\$47	\$94	\$47	\$94	\$47	\$94
Tier 4	\$100	\$300	\$100	\$300	\$100	\$300
Tier 5	26%	N/A	27%	N/A	28%	N/A
Coverage Gap Stage After your total prescription drug costs reach \$3,700, and until your payments reach \$4,950, you pay:						
	<ul style="list-style-type: none"> • 51% of costs for Part D generic drugs • 40% of costs for Part D brand drugs 					
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$4,950, you pay the greater of:						
	5% per prescription, or \$3.30 per prescription for Part D generic drugs, \$8.25 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	\$8	\$2	\$4
Tier 2	\$8	\$16	\$4	\$8
Tier 3	\$47	\$94	\$30	\$60
Tier 4	\$100	\$300	\$80	\$240
Tier 5	33%	N/A	33%	N/A
Coverage Gap Stage After your total prescription drug costs reach \$3,700, and until your payments reach \$4,950, you pay:				
	<ul style="list-style-type: none"> • 51% of costs for Part D generic drugs • 40% of costs for Part D brand drugs 		<ul style="list-style-type: none"> • Tier 1 copayments for preferred generic drugs on tier 1 • Tier 2 copayments for generic drugs on tier 2 • 51% of costs for All other Part D generic drugs • 40% of costs for Part D brand drugs 	
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$4,950, you pay the greater of:				
	5% per prescription, or \$3.30 per prescription for Part D generic drugs, \$8.25 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	\$300 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$250 (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	\$8	\$4	\$8	\$4	\$8
Tier 2	\$6	\$12	\$6	\$12	\$6	\$12
Tier 3	\$47	\$94	\$47	\$94	\$47	\$94
Tier 4	\$85	\$255	\$85	\$255	\$85	\$255
Tier 5	27%	N/A	28%	N/A	33%	N/A
Coverage Gap Stage						
After your total prescription drug costs reach \$3,700, and until your payments reach \$4,950, you pay:						
	<ul style="list-style-type: none"> • 51% of costs for Part D generic drugs • 40% of costs for Part D brand drugs 					
Catastrophic Coverage Stage						
After the coverage gap, when your payments for the year are greater than \$4,950, you pay the greater of:						
	5% per prescription, or \$3.30 per prescription for Part D generic drugs, \$8.25 per prescription for Part D brand drugs.					

Tufts Medicare Preferred HMO
2017 Formulary (List of Covered Drugs)

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Tufts Medicare Preferred HMO

2017 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	NDS
<i>fluconazole oral suspension reconstituted</i>	Tier-2	
<i>fluconazole oral tablet</i>	Tier-1	
<i>flucytosine</i>	Tier-5	NDS
<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	NDS
<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	NDS
<i>voriconazole oral tablet 200 mg</i>	Tier-5	NDS; QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-5	NDS; QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-5	NDS
ALINIA	Tier-4	
BILTRICIDE	Tier-3	
<i>ivermectin</i>	Tier-2	
<i>linezolid</i>	Tier-5	NDS
<i>methenamine hippurate</i>	Tier-2	
<i>metronidazole</i>	Tier-2	
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	NDS

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
STROMECTOL	Tier-3	
<i>trimethoprim</i>	Tier-2	
<i>vancomycin hcl</i>	Tier-5	NDS
XIFAXAN ORAL TABLET 200 MG	Tier-5	NDS
XIFAXAN ORAL TABLET 550 MG	Tier-5	PA; NDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-5	NDS
<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	B/D
<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 sulfate-lamivudine</i>	Tier-3	
<i>abacavir-lamivudine-zidovudine</i>	Tier-5	NDS
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-3	
<i>acyclovir oral tablet</i>	Tier-2	
<i>adefovir dipivoxil</i>	Tier-5	NDS
<i>amantadine hcl</i>	Tier-2	
APTIVUS	Tier-5	NDS
ATRIPLA	Tier-5	NDS
COMPLERA	Tier-5	NDS
COPEGUS	Tier-4	SP-CVS specialty
CRIVAN	Tier-3	
DESCOVY	Tier-5	NDS

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>didanosine</i>	Tier-2	
EDURANT	Tier-5	NDS
EMTRIVA	Tier-3	
<i>entecavir</i>	Tier-5	NDS
EPCLUSA	Tier-5	PA; NDS; SP-CVS specialty
EPIVIR	Tier-3	
EPZICOM	Tier-4	
EVOTAZ	Tier-5	NDS
<i>famciclovir</i>	Tier-2	
FUZEON	Tier-5	NDS; SP-CVS specialty
GENVOYA	Tier-5	NDS
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-3	
INTELENCE ORAL TABLET 200 MG	Tier-5	NDS
INTRON A	Tier-3	SP-CVS specialty
INVIRASE	Tier-5	NDS
ISENTRESS HD	Tier-5	NDS; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	Tier-3	
ISENTRESS ORAL TABLET	Tier-5	NDS; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-5	NDS; 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	NDS
KALETRA ORAL TABLET 100-25 MG	Tier-3	
KALETRA ORAL TABLET 200-50 MG	Tier-5	NDS
<i>lamivudine</i>	Tier-2	
<i>lamivudine-zidovudine</i>	Tier-2	
LEXIVA ORAL SUSPENSION	Tier-3	
LEXIVA ORAL TABLET	Tier-5	NDS
<i>lopinavir-ritonavir</i>	Tier-3	
<i>nevirapine</i>	Tier-2	
<i>nevirapine er</i>	Tier-2	
NORVIR	Tier-3	
ODEFSEY	Tier-5	NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier-3	QL (56 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier-3	QL (28 EA per 180 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
PEGASYS	Tier-5	NDS; SP-CVS specialty; QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-5	NDS; SP-CVS specialty; QL (4 ML per 28 days)
PEGINTRON	Tier-5	NDS; SP-CVS specialty; QL (4 EA per 28 days)
PEG-INTRON REDIPEN	Tier-5	NDS; SP-CVS specialty; QL (4 EA per 28 days)
PREZCOBIX	Tier-5	NDS
PREZISTA	Tier-5	NDS
REBETOL	Tier-3	SP-CVS specialty
RELENZA DISKHALER	Tier-3	QL (60 EA per 180 days)
RESCRIPTOR	Tier-3	
REYATAZ	Tier-5	NDS
<i>ribasphere</i>	Tier-2	SP-CVS specialty
RIBASPHERE RIBAPAK ORAL TABLET 200 & 400 MG	Tier-5	NDS; SP-CVS specialty
<i>ribasphere ribapak oral tablet 400 & 600 mg, 400 mg, 600 mg</i>	Tier-5	NDS; SP-CVS specialty
<i>ribavirin</i>	Tier-2	SP-CVS specialty
<i>rimantadine hcl</i>	Tier-2	
SELZENTRY ORAL TABLET 150 MG	Tier-5	NDS; QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	Tier-4	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-5	NDS; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	Tier-4	QL (60 EA per 30 days)
SOVALDI	Tier-5	PA; NDS; SP-CVS specialty
<i>stavudine</i>	Tier-2	
STRIBILD	Tier-5	NDS
SUSTIVA ORAL CAPSULE 200 MG	Tier-5	NDS
SUSTIVA ORAL CAPSULE 50 MG	Tier-3	
SUSTIVA ORAL TABLET	Tier-5	NDS
TAMIFLU ORAL SOLUTION	Tier-3	QL (360 ML per 180 days)
TIVICAY ORAL TABLET 10 MG	Tier-4	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-5	NDS
TRIUMEQ	Tier-5	NDS
TRUVADA	Tier-5	NDS
TYBOST	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
<i>valacyclovir hcl</i>	Tier-3	
VALCYTE	Tier-5	NDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier-5	NDS
<i>valganciclovir hcl oral tablet</i>	Tier-3	
VEMLIDY	Tier-5	NDS
VIDEX	Tier-3	
VIRACEPT ORAL TABLET 250 MG	Tier-3	
VIRACEPT ORAL TABLET 625 MG	Tier-5	NDS
VIREAD	Tier-5	NDS
ZERIT	Tier-3	
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</i>	Tier-1	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin</i>	Tier-2	
<i>clarithromycin er</i>	Tier-2	
<i>clindamycin capsules</i>	Tier-2	
<i>clindamycin oral solution</i>	Tier-3	
DIFICID	Tier-5	PA; NDS
<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-3	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-2	
<i>erythromycin base oral tablet</i>	Tier-3	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier-3	
<i>erythromycin ethylsuccinate oral tablet</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-5	PA; NDS
TRECTOR	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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 oral capsule 100 mg</i>	Tier-3	
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier-3	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>	Tier-3	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 200 mg, 50 mg, 75 mg</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 100 mg, 50 mg, 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier-3	
<i>minocycline hcl</i>	Tier-2	
<i>minocycline hcl er</i>	Tier-2	
<i>tetracycline hcl</i>	Tier-3	
VIBRAMYCIN	Tier-4	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
<i>aspirin-dipyridamole er</i>	Tier-3	
BRILINTA	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate</i>	Tier-2	
<i>dipyridamole</i>	Tier-2	
EFFIENT	Tier-4	
<i>prasugrel hcl</i>	Tier-3	
ZONTIVITY	Tier-4	
BLOOD MODIFYING AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	Tier-5	NDS; SP-CVS specialty; QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	Tier-3	SP-CVS specialty; QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	Tier-3	SP-CVS specialty; QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 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	NDS; SP-CVS specialty; QL (4 ML per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-3	SP-CVS specialty; QL (10 ML per 14 days)
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	Tier-5	NDS; SP-CVS specialty; QL (10 ML per 14 days)
GRANIX	Tier-5	NDS; SP-CVS specialty; QL (10 ML per 14 days)
LEUKINE	Tier-5	NDS; SP-CVS specialty
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier-3	QL (0.3 ML per 14 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML	Tier-5	NDS; QL (0.3 ML per 14 days)
MOZOBIL	Tier-5	NDS
NEULASTA	Tier-5	NDS; SP-CVS specialty; QL (1 ML per 14 days)
NEUPOGEN	Tier-5	NDS; SP-CVS specialty; QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier-3	SP-CVS specialty; QL (10 ML per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Tier-5	NDS; SP-CVS specialty; QL (10 ML per 14 days)
PROMACTA	Tier-5	PA; NDS; SP-CVS specialty; QL (30 EA per 30 days)
ZARXIO	Tier-5	NDS; SP-CVS specialty; QL (10 ML per 14 days)
BLOOD THINNERS		
COUMADIN	Tier-4	
ELIQUIS	Tier-3	
<i>enoxaparin sodium injection</i>	Tier-3	
<i>enoxaparin sodium subcutaneous 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-3	
<i>enoxaparin sodium subcutaneous solution 150 mg/ml</i>	Tier-5	NDS
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier-5	NDS
<i>fondaparinux sodium subcutaneous 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, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier-5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier-3	
<i>jantoven</i>	Tier-1	
<i>warfarin sodium</i>	Tier-1	
XARELTO	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	NDS

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Drug Name	Drug Tier	Requirements/Limits
ALIMTA	Tier-5	NDS
ALKERAN	Tier-5	NDS
ARRANON	Tier-5	NDS
AVASTIN	Tier-5	NDS
<i>azacitidine</i>	Tier-5	NDS
BAVENCIO	Tier-5	NDS
BELEODAQ	Tier-5	NDS
BICNU	Tier-5	NDS
<i>bleomycin sulfate</i>	Tier-2	PA
<i>busulfan</i>	Tier-2	
BUSULFEX	Tier-5	NDS
CAMPTOSAR	Tier-3	
<i>carboplatin</i>	Tier-2	
<i>cisplatin</i>	Tier-2	
<i>cladribine</i>	Tier-2	
<i>clofarabine</i>	Tier-2	
CLOLAR	Tier-5	NDS
COSMEGEN	Tier-5	NDS
CYRAMZA	Tier-3	PA
<i>cytarabine</i>	Tier-2	PA
<i>cytarabine (pf)</i>	Tier-2	PA
<i>dacarbazine</i>	Tier-2	
DACOGEN	Tier-5	NDS
DARZALEX	Tier-5	NDS
<i>daunorubicin hcl</i>	Tier-2	
<i>decitabine</i>	Tier-5	NDS
<i>dexrazoxane</i>	Tier-2	
<i>docetaxel</i>	Tier-5	NDS
<i>doxorubicin hcl</i>	Tier-2	
<i>doxorubicin hcl liposomal</i>	Tier-2	
ELITEK	Tier-5	NDS
ELLEENCE	Tier-5	NDS
EMPLICITI	Tier-5	NDS
<i>epirubicin hcl</i>	Tier-2	
ERBITUX	Tier-5	NDS
ERWINAZE	Tier-5	NDS

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Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS	Tier-5	NDS
<i>etoposide</i>	Tier-2	
FASLODEX	Tier-5	NDS
<i>fludarabine phosphate</i>	Tier-2	
<i>fluorouracil</i>	Tier-2	PA
<i>ganciclovir sodium</i>	Tier-2	PA
<i>gemcitabine hcl</i>	Tier-5	NDS
HALAVEN	Tier-5	NDS
HERCEPTIN	Tier-5	NDS
<i>idarubicin hcl</i>	Tier-2	
<i>ifosfamide</i>	Tier-2	
IMFINZI	Tier-5	NDS
<i>irinotecan hcl</i>	Tier-2	
ISTODAX (OVERFILL)	Tier-5	NDS
JEVTANA	Tier-5	NDS
KADCYLA	Tier-5	PA; NDS
KEYTRUDA	Tier-5	NDS
LARTRUVO	Tier-5	NDS
<i>melphalan hcl</i>	Tier-2	
<i>mitomycin</i>	Tier-2	
<i>mitoxantrone hcl</i>	Tier-2	
MUSTARGEN	Tier-5	NDS
OPDIVO	Tier-5	NDS
<i>oxaliplatin</i>	Tier-2	
<i>paclitaxel</i>	Tier-2	
PERJETA	Tier-5	PA; NDS
PROLEUKIN	Tier-5	NDS
RITUXAN	Tier-5	PA; NDS
SYLATRON	Tier-5	NDS; SP-CVS specialty; QL (4 EA per 28 days)
SYNRIBO	Tier-5	NDS
TECENTRIQ	Tier-5	NDS
THIOTEPA	Tier-3	
<i>topotecan hcl</i>	Tier-5	NDS
TORISEL	Tier-5	NDS
TREANDA	Tier-5	NDS

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Drug Name	Drug Tier	Requirements/Limits
TRISENOX	Tier-5	NDS
UVADEX	Tier-3	
VECTIBIX	Tier-5	NDS
VELCADE	Tier-5	NDS
<i>vinblastine sulfate</i>	Tier-2	PA
<i>vincasar pfs</i>	Tier-2	PA
<i>vincristine sulfate</i>	Tier-2	PA
<i>vinorelbine tartrate</i>	Tier-2	
VYXEOS	Tier-5	NDS
YERVOY	Tier-5	NDS
YONDELIS	Tier-5	NDS
ZALTRAP	Tier-5	NDS
ZANOSAR	Tier-5	NDS
ORAL AGENTS		
AFINITOR	Tier-5	PA; NDS; SP-CVS specialty; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier-5	PA; NDS; SP-CVS specialty; QL (60 EA per 30 days)
ALECENSA	Tier-5	PA; NDS; SP-CVS specialty
ALKERAN	Tier-3	Part B
ALUNBRIG	Tier-5	PA; NDS
<i>anastrozole</i>	Tier-2	
<i>bexarotene</i>	Tier-2	SP-CVS specialty
<i>bicalutamide</i>	Tier-2	
BOSULIF ORAL TABLET 100 MG	Tier-5	PA; NDS; SP-CVS specialty; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-5	PA; NDS; SP-CVS specialty; QL (30 EA per 30 days)
CABOMETYX	Tier-5	PA; NDS; SP-CVS specialty
<i>capecitabine</i>	Tier-2	Part B; SP-CVS/specialty
CAPRELSA ORAL TABLET 100 MG	Tier-5	PA; NDS; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-5	PA; NDS; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE)	Tier-5	PA; NDS
COMETRIQ (140 MG DAILY DOSE)	Tier-5	PA; NDS
COMETRIQ (60 MG DAILY DOSE)	Tier-5	PA; NDS
COTELLIC	Tier-5	PA; NDS; SP-CVS specialty
CYCLOPHOSPHAMIDE	Tier-3	B/D; SP-CVS specialty

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Drug Name	Drug Tier	Requirements/Limits
DROXIA	Tier-3	
EMCYT	Tier-3	SP-CVS specialty
ERIVEDGE	Tier-5	PA; NDS; SP-CVS specialty
<i>etoposide</i>	Tier-2	Part B; SP-CVS specialty
<i>exemestane</i>	Tier-2	
FARESTON	Tier-3	
FARYDAK	Tier-5	PA; NDS; SP-CVS specialty
<i>flutamide</i>	Tier-2	
GILOTRIF	Tier-5	PA; NDS
GLEOSTINE	Tier-4	SP-CVS specialty
HEXALEN	Tier-5	NDS
HYCAMTIN	Tier-3	Part B; SP-CVS/specialty
<i>hydroxyurea</i>	Tier-2	
IBRANCE	Tier-5	PA; NDS; SP-CVS specialty
ICLUSIG	Tier-5	PA; NDS
IDHIFA	Tier-5	PA; NDS; QL (30 EA per 30 days)
<i>imatinib mesylate</i>	Tier-3	SP-CVS specialty
IMBRUVICA	Tier-5	PA; NDS
INLYTA	Tier-5	PA; NDS; SP-CVS specialty
IRESSA	Tier-5	PA; NDS
JAKAFI	Tier-5	PA; NDS; SP-CVS specialty
KISQALI 200 DOSE	Tier-5	PA; NDS; SP-CVS specialty
KISQALI 400 DOSE	Tier-5	PA; NDS; SP-CVS specialty
KISQALI 600 DOSE	Tier-5	PA; NDS; SP-CVS specialty
KISQALI FEMARA 200 DOSE	Tier-5	PA; NDS; SP-CVS specialty
KISQALI FEMARA 400 DOSE	Tier-5	PA; NDS; SP-CVS specialty
KISQALI FEMARA 600 DOSE	Tier-5	PA; NDS; SP-CVS specialty
KYPROLIS	Tier-5	NDS
LENVIMA 10 MG DAILY DOSE	Tier-5	PA; NDS
LENVIMA 14 MG DAILY DOSE	Tier-5	PA; NDS
LENVIMA 18 MG DAILY DOSE	Tier-5	PA; NDS
LENVIMA 20 MG DAILY DOSE	Tier-5	PA; NDS
LENVIMA 24 MG DAILY DOSE	Tier-5	PA; NDS
LENVIMA 8 MG DAILY DOSE	Tier-5	PA; NDS
<i>letrozole</i>	Tier-2	
LEUKERAN	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
LONSURF	Tier-5	PA; NDS; SP-CVS specialty
LYNPARZA	Tier-5	PA; NDS
LYSODREN	Tier-3	
MATULANE	Tier-5	NDS
<i>megestrol acetate</i>	Tier-1	
MEKINIST	Tier-5	PA; NDS; SP-CVS specialty
<i>mercaptopurine</i>	Tier-2	
MYLERAN	Tier-3	Part B
NERLYNX	Tier-5	PA; NDS
NEXAVAR	Tier-5	PA; NDS; SP-CVS specialty; QL (220 EA per 30 days)
NILANDRON	Tier-5	NDS
<i>nilutamide</i>	Tier-5	NDS
NINLARO	Tier-5	PA; NDS; SP-CVS specialty
ODOMZO	Tier-5	PA; NDS; SP-CVS specialty
POMALYST	Tier-5	PA; NDS; SP-CVS specialty
PURIXAN	Tier-5	NDS
REVLIMID	Tier-5	PA; NDS; SP-CVS specialty
RUBRACA	Tier-5	PA; NDS; QL (120 EA per 30 days)
RYDAPT	Tier-5	PA; NDS
SOLTAMOX	Tier-3	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-5	PA; NDS; SP-CVS specialty; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-5	PA; NDS; SP-CVS specialty; QL (60 EA per 30 days)
STIVARGA	Tier-5	PA; NDS; SP-CVS specialty; QL (90 EA per 30 days)
SUTENT	Tier-5	PA; NDS; SP-CVS specialty
TABLOID	Tier-3	SP-CVS specialty
TAFINLAR	Tier-5	PA; NDS; SP-CVS specialty
TAGRISSE	Tier-5	PA; NDS
<i>tamoxifen citrate</i>	Tier-2	
TARCEVA ORAL TABLET 100 MG	Tier-5	NDS; SP-CVS specialty; QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-5	NDS; SP-CVS specialty; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TARGRETIN	Tier-5	NDS; SP-CVS specialty
TASIGNA	Tier-5	PA; NDS; SP-CVS specialty
<i>temozolomide</i>	Tier-3	Part B; SP-CVS/specialty
THALOMID	Tier-5	NDS; SP-CVS specialty
<i>tretinoin</i>	Tier-2	SP-CVS specialty
TYKERB	Tier-5	PA; NDS; SP-CVS specialty; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-4	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-5	PA; NDS
VENCLEXTA STARTING PACK	Tier-5	PA; NDS
VOTRIENT	Tier-5	PA; NDS; SP-CVS specialty; QL (120 EA per 30 days)
XALKORI	Tier-5	PA; NDS; SP-CVS specialty
XTANDI	Tier-5	PA; NDS; SP-CVS specialty; QL (120 EA per 30 days)
ZEJULA	Tier-5	PA; NDS
ZELBORAF	Tier-5	PA; NDS; SP-CVS specialty
ZOLINZA	Tier-5	PA; NDS; SP-CVS specialty
ZURAMPIC	Tier-4	PA
ZYDELIG	Tier-5	PA; NDS
ZYKADIA	Tier-5	PA; NDS; SP-CVS specialty
ZYTIGA ORAL TABLET 250 MG	Tier-5	PA; NDS; SP-CVS specialty; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	Tier-5	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)

PROTECTIVE AGENTS

FUSILEV	Tier-5	NDS
<i>leucovorin calcium</i>	Tier-2	
<i>levoleucovorin calcium</i>	Tier-5	NDS
<i>mesna</i>	Tier-2	
MESNEX	Tier-5	NDS
ZINECARD	Tier-3	

CARDIOVASCULAR AGENTS

ACE INHIBITORS

<i>benazepril hcl</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
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
<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 intravenous</i>	Tier-2	
<i>nitroglycerin sublingual</i>	Tier-3	
<i>nitroglycerin transdermal</i>	Tier-2	
<i>nitroglycerin translingual</i>	Tier-2	
NITROMIST	Tier-4	
NITROSTAT	Tier-3	
RANEXA	Tier-3	
ANGIOTENSIN II RECEPTOR BLOCKERS		
<i>candesartan cilexetil</i>	Tier-1	
<i>eprosartan mesylate</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan potassium</i>	Tier-1	
<i>olmesartan medoxomil</i>	Tier-3	
<i>telmisartan</i>	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan</i>	Tier-2	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl</i>	Tier-2	
<i>digitek</i>	Tier-1	
<i>digoxin</i>	Tier-1	
<i>disopyramide phosphate</i>	Tier-2	
<i>dofetilide</i>	Tier-3	
<i>flecainide acetate</i>	Tier-2	
LANOXIN	Tier-4	
<i>mexiletine hcl</i>	Tier-2	
MULTAQ	Tier-4	
NORPACE CR	Tier-4	
<i>propafenone hcl</i>	Tier-2	
<i>propafenone hcl er</i>	Tier-3	
<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-olmesartan</i>	Tier-3	
<i>amlodipine-valsartan-hctz</i>	Tier-3	
<i>atenolol-chlorthalidone</i>	Tier-1	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan cilxetil-hctz</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-2	
DUTOPROL	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<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>olmesartan medoxomil-hctz</i>	Tier-3	
<i>olmesartan-amlodipine-hctz</i>	Tier-3	
<i>propranolol-hctz</i>	Tier-2	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TEKTURNA HCT	Tier-3	
<i>telmisartan-amlodipine</i>	Tier-1	
<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 oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Tier-3	
<i>nadolol</i>	Tier-3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>nifedipine</i>	Tier-2	
<i>nifedipine er</i>	Tier-2	
<i>nifedipine er osmotic release</i>	Tier-2	
<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; NDS
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	
EDECIN	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone</i>	Tier-2	
<i>ethacrynic acid</i>	Tier-3	
<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	
<i>ezetimibe</i>	Tier-3	
<i>ezetimibe-simvastatin</i>	Tier-3	
<i>fenofibrate</i>	Tier-2	
<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; NDS
KYNAMRO	Tier-5	PA; NDS; SP-CVS specialty
<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; NDS; SP-CVS specialty
REPATHA PUSHTRONEX SYSTEM	Tier-5	PA; NDS; SP-CVS specialty
REPATHA SURECLICK	Tier-5	PA; NDS; SP-CVS specialty
<i>rosuvastatin calcium</i>	Tier-3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-3	
VYTORIN	Tier-4	
WELCHOL	Tier-4	
ZETIA	Tier-4	
POTASSIUM REPLACEMENT		
<i>klor-con</i>	Tier-1	
<i>klor-con 10</i>	Tier-1	
<i>klor-con m10</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	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	Tier-2	
<i>comfort assist insulin syringe</i>	Tier-2	
<i>exel comfort point pen needle</i>	Tier-2	
<i>gauze pads</i>	Tier-2	
<i>global alcohol prep ease</i>	Tier-2	
<i>insulin syringe</i>	Tier-2	
INSULIN SYRINGE	Tier-3	
<i>lancets</i>	Tier-2	Part B
ONETOUCH TEST STRIPS	Tier-3	Part B
<i>preferred plus insulin syringe</i>	Tier-2	
RELI-ON INSULIN SYRINGE	Tier-3	
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
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 70/30 KWIKPEN	Tier-3	
HUMULIN N	Tier-3	
HUMULIN N KWIKPEN	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	
TANZEUM	Tier-4	
TRULICITY	Tier-3	
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-4	
<i>chlorpropamide</i>	Tier-1	PA
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-4	
INVOKAMET	Tier-3	
INVOKAMET XR	Tier-3	
INVOKANA	Tier-3	
JANUMET	Tier-3	
JANUMET XR	Tier-3	
JANUVIA	Tier-3	
JARDIANCE	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 (generic for glumetza)</i>	Tier-1	
<i>metformin hcl er 1,000 mg</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	
SYNJARDY	Tier-3	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-3	

EAR, NOSE AND THROAT

EAR

<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-3	

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Drug Name	Drug Tier	Requirements/Limits
MOUTH AND THROAT		
<i>cevimeline hcl</i>	Tier-2	
<i>chlorhexidine gluconate</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-2	
<i>triamcinolone acetamide</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	
<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	QL (102 GM per 90 days)
<i>olopatadine hcl</i>	Tier-2	QL (91.5 GM per 90 days)
<i>triamcinolone acetamide</i>	Tier-3	
EYE		
ALLERGY		
ALOCRIAL	Tier-4	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b</i>	Tier-2	
<i>bacitra-neomycin-polymyxin-hc</i>	Tier-2	
BESIVANCE	Tier-3	
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>moxifloxacin hcl</i>	Tier-3	
<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-3	
ANTI-INFLAMMATORIES		
ALREX	Tier-3	
<i>bromfenac sodium</i>	Tier-2	
<i>dexamethasone sodium phosphate</i>	Tier-2	
<i>diclofenac sodium</i>	Tier-2	
DUREZOL	Tier-3	
FLAREX	Tier-4	
<i>fluorometholone</i>	Tier-2	
<i>flurbiprofen sodium</i>	Tier-2	
FML	Tier-3	
FML FORTE	Tier-4	
ILEVRO	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine</i>	Tier-2	
LOTEMAX	Tier-3	
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	
<i>prednisolone sodium phosphate</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 0.1%	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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
LUMIGAN	Tier-3	
<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-3	
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>atropine sulfate</i>	Tier-2	
CYSTARAN	Tier-3	
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; NDS
ANZEMET	Tier-3	B/D
<i>aprepitant</i>	Tier-3	B/D
CESAMET	Tier-3	B/D
<i>compro</i>	Tier-2	
<i>dronabinol</i>	Tier-3	B/D
EMEND	Tier-3	B/D
EMEND TRI-PACK	Tier-3	B/D
<i>granisetron hcl</i>	Tier-2	B/D
<i>meclizine hcl</i>	Tier-2	
<i>metoclopramide hcl</i>	Tier-2	
<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 oral</i>	Tier-2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl rectal</i>	Tier-2	
SANCUSO	Tier-4	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP PATCH	Tier-4	
VARUBI	Tier-4	B/D
ENZYMES		
CARBAGLU	Tier-5	PA; NDS
CREON	Tier-3	
CYSTAGON	Tier-4	
PANCREAZE	Tier-4	
VIOKACE	Tier-4	
ZENPEP	Tier-4	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron hcl</i>	Tier-5	NDS
CHOLBAM	Tier-5	PA; NDS
<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; NDS; SP-CVS specialty
<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	
MOVANTI-K	Tier-4	
MOVIPREP	Tier-4	
MYTESI	Tier-3	PA
OCALIVA	Tier-5	PA; NDS; SP-CVS specialty; QL (90 EA per 90 days)
OSMOPREP	Tier-4	
<i>peg 3350-kcl-na bicarb-nacl</i>	Tier-2	
<i>peg-3350/electrolytes</i>	Tier-2	
<i>polyethylene glycol 3350</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propantheline bromide</i>	Tier-2	
RELISTOR	Tier-5	NDS
SUPREP BOWEL PREP KIT	Tier-4	
<i>trilyte</i>	Tier-2	
<i>ursodiol</i>	Tier-2	
XERMELO	Tier-5	PA; NDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz</i>	Tier-3	
CARAFATE SUSPENSION	Tier-4	
<i>cimetidine</i>	Tier-1	
<i>cimetidine solution</i>	Tier-2	
<i>esomeprazole magnesium</i>	Tier-3	
<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</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	
UCERIS	Tier-4	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-3	
APRISO	Tier-3	
ASACOL HD	Tier-4	
<i>balsalazide disodium</i>	Tier-2	
<i>budesonide</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
CANASA	Tier-3	
<i>colocort</i>	Tier-2	
DELZICOL	Tier-4	
DIPENTUM	Tier-4	
<i>hydrocortisone</i>	Tier-2	
LIALDA	Tier-4	
<i>mesalamine</i>	Tier-3	
<i>mesalamine-cleanser</i>	Tier-2	
PENTASA	Tier-4	
SFROWASA	Tier-4	
<i>sulfasalazine</i>	Tier-2	
UCERIS	Tier-5	NDS
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-5	PA; NDS
<i>acetazolamide sodium</i>	Tier-2	
<i>acyclovir sodium</i>	Tier-2	PA
AMBISOME	Tier-5	PA; NDS
<i>amikacin sulfate</i>	Tier-2	HI; Part B
<i>aminophylline</i>	Tier-2	
<i>amphotericin b</i>	Tier-2	PA
<i>ampicillin sodium</i>	Tier-2	HI; Part B
<i>ampicillin-sulbactam sodium</i>	Tier-2	HI; Part B
ARGATROBAN	Tier-4	
<i>atropine sulfate</i>	Tier-2	
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
<i>bactocill in dextrose</i>	Tier-2	HI; Part B
<i>benztropine mesylate</i>	Tier-2	
<i>bumetanide</i>	Tier-2	
<i>butorphanol tartrate</i>	Tier-2	
<i>calcitriol</i>	Tier-2	
CANCIDAS	Tier-5	NDS

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Drug Name	Drug Tier	Requirements/Limits
CAPASTAT SULFATE	Tier-3	
CARDENE IV	Tier-4	
<i>casprofungin acetate</i>	Tier-5	NDS
<i>cefazolin sodium</i>	Tier-2	HI; Part B
<i>cefepime hcl</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>ceftazidime</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-3	
<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	NDS
CUBICIN	Tier-5	HI; Part B; NDS
<i>cyclosporine</i>	Tier-2	B/D
DALVANCE	Tier-3	HI; Part B
<i>daptomycin</i>	Tier-2	HI; Part B
<i>dexamethasone sodium phosphate</i>	Tier-2	
<i>diltiazem hcl</i>	Tier-2	
<i>diphenhydramine hcl</i>	Tier-2	
DORIBAX	Tier-3	HI; Part B
DOXY 100	Tier-4	HI; Part B
EMEND	Tier-3	B/D
ERAXIS	Tier-3	
ERYTHROCIN LACTOBIONATE	Tier-3	HI; Part B
<i>esomeprazole sodium</i>	Tier-2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine)</i>	Tier-2	
<i>hydroxyzine hcl</i>	Tier-2	
<i>imipenem-cilastatin</i>	Tier-2	HI; Part B
INVANZ	Tier-3	HI; Part B
<i>isoniazid</i>	Tier-2	
<i>labetalol hcl</i>	Tier-2	
<i>levetiracetam in nacl</i>	Tier-2	
<i>levofloxacin</i>	Tier-2	HI; Part B
<i>levofloxacin in d5w</i>	Tier-2	HI; Part B
<i>levothyroxine sodium</i>	Tier-2	
<i>lidocaine hcl</i>	Tier-2	
<i>lidocaine hcl (pf)</i>	Tier-2	
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>methotrexate sodium</i>	Tier-2	B/D
<i>methotrexate sodium (pf)</i>	Tier-2	B/D
<i>metoclopramide hcl</i>	Tier-2	
<i>metoprolol tartrate</i>	Tier-2	
<i>metronidazole in nacl</i>	Tier-2	HI; Part B
<i>moxifloxacin hcl</i>	Tier-2	HI; Part B
MYCAMINE	Tier-3	
<i>nafcillin sodium</i>	Tier-2	HI; Part B
<i>ondansetron hcl</i>	Tier-2	B/D
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	
PROGRAF INJECTION	Tier-3	B/D
<i>promethazine hcl</i>	Tier-2	
RETROVIR	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin</i>	Tier-2	HI; Part B
SIVEXTRO	Tier-3	HI; Part B
<i>streptomycin sulfate</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim</i>	Tier-2	HI; Part B
SYNERCID	Tier-5	HI; Part B; NDS
TEFLARO	Tier-3	HI; Part B
<i>tigecycline</i>	Tier-2	HI; Part B
<i>tobramycin sulfate</i>	Tier-2	HI; Part B
TYGACIL	Tier-3	HI; Part B
<i>valproate sodium</i>	Tier-2	
<i>vancomycin hcl</i>	Tier-2	HI; Part B
<i>voriconazole</i>	Tier-2	
ZERBAXA	Tier-5	HI; Part B; NDS
ELECTROLYTES		
<i>dextrose</i>	Tier-2	
<i>dextrose in lactated ringers</i>	Tier-2	
<i>dextrose-nacl</i>	Tier-2	
IONOSOL-B IN D5W	Tier-3	
IONOSOL-MB IN D5W	Tier-3	
ISOLYTE-P IN D5W	Tier-3	
ISOLYTE-S	Tier-3	
<i>kcl in dextrose-nacl</i>	Tier-2	
<i>kcl-lactated ringers-d5w</i>	Tier-2	
<i>lactated ringers</i>	Tier-2	
<i>magnesium sulfate</i>	Tier-2	
NORMOSOL-M IN D5W	Tier-3	
NORMOSOL-R IN D5W	Tier-3	
NORMOSOL-R PH 7.4	Tier-3	
PLASMA-LYTE 148	Tier-3	
PLASMA-LYTE A	Tier-3	
<i>potassium chloride</i>	Tier-2	
<i>potassium chloride in dextrose</i>	Tier-2	
<i>potassium chloride in nacl</i>	Tier-2	
<i>ringers</i>	Tier-2	
<i>sodium chloride</i>	Tier-2	
<i>sodium lactate</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
IV NUTRITION		
AMINOSYN II	Tier-3	B/D
AMINOSYN II/ELECTROLYTES	Tier-3	B/D
AMINOSYN/ELECTROLYTES	Tier-3	B/D
AMINOSYN-HBC	Tier-3	B/D
AMINOSYN-PF	Tier-3	B/D
AMINOSYN-RF	Tier-3	B/D
CLINIMIX E/DEXTROSE (2.75/10)	Tier-3	B/D
CLINIMIX E/DEXTROSE (2.75/5)	Tier-3	B/D
CLINIMIX E/DEXTROSE (4.25/10)	Tier-3	B/D
CLINIMIX E/DEXTROSE (4.25/25)	Tier-3	B/D
CLINIMIX E/DEXTROSE (4.25/5)	Tier-3	B/D
CLINIMIX E/DEXTROSE (5/15)	Tier-3	B/D
CLINIMIX E/DEXTROSE (5/20)	Tier-3	B/D
CLINIMIX E/DEXTROSE (5/25)	Tier-3	B/D
CLINIMIX/DEXTROSE (2.75/5)	Tier-3	B/D
CLINIMIX/DEXTROSE (4.25/10)	Tier-3	B/D
CLINIMIX/DEXTROSE (4.25/20)	Tier-3	B/D
CLINIMIX/DEXTROSE (4.25/25)	Tier-3	B/D
CLINIMIX/DEXTROSE (4.25/5)	Tier-3	B/D
CLINIMIX/DEXTROSE (5/15)	Tier-3	B/D
CLINIMIX/DEXTROSE (5/20)	Tier-3	B/D
CLINIMIX/DEXTROSE (5/25)	Tier-3	B/D
CLINISOL SF	Tier-3	B/D
FREAMINE HBC	Tier-3	B/D
HEPATAMINE	Tier-3	B/D
INTRALIPID	Tier-3	B/D
NEPHRAMINE	Tier-3	B/D
NUTRILIPID	Tier-3	B/D
PLENAMINE	Tier-3	B/D
PREMASOL	Tier-3	B/D
PROCALAMINE	Tier-3	B/D
PROSOL	Tier-3	B/D
<i>tpn electrolytes</i>	Tier-2	B/D
TRAVASOL	Tier-3	B/D
TROPHAMINE	Tier-3	B/D

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Drug Name	Drug Tier	Requirements/Limits
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	PA; NDS
<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	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier-3	Transplant
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier-2	Transplant
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier-2	Transplant
PREDNISON INTENSOL	Tier-4	Transplant
<i>prednisone oral solution</i>	Tier-2	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
<i>prednisone oral tablet therapy pack</i>	Tier-2	
SOLU-CORTEF	Tier-4	
SOLU-MEDROL	Tier-4	
VERIPRED 20	Tier-4	Transplant
ANDROGENS		
ANADROL-50	Tier-4	
AVEED	Tier-4	
<i>danazol</i>	Tier-2	
DEPO-TESTOSTERONE	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
METHITEST	Tier-4	
<i>methyltestosterone</i>	Tier-5	NDS
<i>oxandrolone</i>	Tier-2	
<i>testosterone cypionate</i>	Tier-2	
<i>testosterone enanthate</i>	Tier-2	
<i>testosterone transdermal gel</i>	Tier-3	
<i>testosterone transdermal solution</i>	Tier-2	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	Tier-5	NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier-3	
<i>leuprolide acetate</i>	Tier-2	
LUPRON DEPOT (1-MONTH)	Tier-5	NDS
LUPRON DEPOT (3-MONTH)	Tier-5	NDS
LUPRON DEPOT (4-MONTH)	Tier-5	NDS
LUPRON DEPOT (6-MONTH)	Tier-5	NDS
LUPRON DEPOT-PED (1-MONTH)	Tier-5	NDS
SYNAREL	Tier-5	NDS
TRELSTAR MIXJECT	Tier-5	NDS
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	
THYROLAR-1	Tier-4	
THYROLAR-1/2	Tier-4	
THYROLAR-1/4	Tier-4	
THYROLAR-2	Tier-4	
THYROLAR-3	Tier-4	
TIROSINT	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
TRIOSTAT	Tier-3	
<i>unithroid</i>	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB	Tier-3	Part B
ACTIMMUNE	Tier-5	NDS
ADACEL	Tier-3	
ADAGEN	Tier-5	NDS
<i>bcg vaccine</i>	Tier-2	
BEXSERO	Tier-3	
BIVIGAM	Tier-5	PA; Part B; NDS
BOOSTRIX	Tier-3	
CARIMUNE NF	Tier-5	PA; Part B; NDS
DAPTACEL	Tier-3	
<i>diphtheria-tetanus toxoids dt</i>	Tier-2	
ENGERIX-B	Tier-3	B/D
FLEBOGAMMA DIF	Tier-5	PA; Part B; NDS
GAMASTAN S/D	Tier-3	PA
GAMMAGARD	Tier-5	PA; Part B; NDS
GAMMAGARD S/D LESS IGA	Tier-5	PA; Part B; NDS
GAMMAKED	Tier-5	PA; Part B; NDS
GAMMAPLEX	Tier-5	PA; Part B; NDS
GAMUNEX-C	Tier-5	PA; Part B; NDS
GARDASIL 9	Tier-3	
HAVRIX	Tier-3	
HIBERIX	Tier-3	
HYPERRAB S/D	Tier-3	
IMOGAM RABIES-HT	Tier-3	
IMOVAX RABIES	Tier-3	
INFANRIX	Tier-3	
IPOL	Tier-3	
IXIARO	Tier-3	
KINRIX	Tier-3	
MENACTRA	Tier-3	
MENVEO	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II	Tier-3	
OCTAGAM	Tier-3	PA; Part B
PEDIARIX	Tier-3	
PEDVAX HIB	Tier-3	
PNEUMOVAX 23	Tier-3	Part B
PREVNAR 13	Tier-3	Part B
PRIVIGEN	Tier-5	PA; Part B; NDS
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	
ZINPLAVA	Tier-5	PA; NDS
ZOSTAVAX	Tier-3	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-4	B/D
ATGAM	Tier-3	B/D
BENLYSTA	Tier-5	PA; NDS
CELLCEPT	Tier-5	B/D; NDS
<i>cyclosporine</i>	Tier-2	B/D
<i>cyclosporine modified</i>	Tier-2	B/D
ENVARUSUS XR	Tier-4	B/D; SP-CVS specialty
<i>engraf</i>	Tier-2	B/D
<i>mycophenolate mofetil</i>	Tier-2	B/D
<i>mycophenolate mofetil hcl</i>	Tier-2	B/D
<i>mycophenolate sodium</i>	Tier-2	B/D

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Drug Name	Drug Tier	Requirements/Limits
NULOJIX	Tier-5	B/D; NDS
RAPAMUNE ORAL SOLUTION	Tier-3	B/D
SIMULECT	Tier-5	B/D; NDS
<i>sirolimus</i>	Tier-2	B/D
<i>tacrolimus</i>	Tier-2	B/D
THYMOGLOBULIN	Tier-3	B/D
ZORTRESS	Tier-5	B/D; NDS; QL (60 EA per 30 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate</i>	Tier-2	
SANDOSTATIN LAR DEPOT	Tier-5	NDS
SIGNIFOR LAR	Tier-5	PA; NDS; QL (2 EA per 28 days)
SOMATULINE DEPOT	Tier-5	NDS
SOMAVERT	Tier-5	PA; NDS; SP-CVS specialty
AMYOTROPHIC LATERAL SCLEROSIS		
RADICAVA	Tier-5	NDS
<i>riluzole</i>	Tier-3	
ANAPHYLAXIS EMERGENCY		
<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; NDS
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-5	PA; NDS; SP-CVS specialty
ILARIS (150MG DELIVERED)	Tier-5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CUSHING DISEASE		
KORLYM	Tier-5	PA; NDS; QL (120 EA per 30 days)
SIGNIFOR	Tier-5	PA; NDS; QL (60 ML per 30 days)
CYSTIC FIBROSIS		
BETHKIS	Tier-5	B/D; NDS
CAYSTON	Tier-5	NDS
KALYDECO	Tier-5	PA; NDS; QL (60 EA per 30 days)
ORKAMBI	Tier-5	PA; NDS; QL (120 EA per 30 days)
PULMOZYME	Tier-5	B/D; NDS
TOBI PODHALER	Tier-5	NDS
<i>tobramycin</i>	Tier-5	B/D; NDS
CYSTINURIA		
CYSTADANE	Tier-5	NDS
DETOXIFICATION AGENTS		
CHEMET	Tier-4	
EXJADE	Tier-5	NDS
FERRIPROX	Tier-5	NDS
JADENU	Tier-5	NDS
JADENU SPRINKLE	Tier-5	NDS
FABRY DISEASE		
FABRAZYME	Tier-5	PA; NDS
GAUCHER DISEASE		
CERDELGA	Tier-5	PA; NDS
CEREZYME	Tier-5	PA; NDS
ELELYSO	Tier-5	PA; NDS
VPRIV	Tier-5	PA; NDS
ZAVESCA	Tier-5	PA; NDS
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-5	PA; NDS; SP-CVS specialty
GENOTROPIN	Tier-3	PA; SP-CVS specialty
GENOTROPIN MINIQUICK	Tier-3	PA; SP-CVS specialty
HUMATROPE	Tier-5	PA; NDS; SP-CVS specialty
INCRELEX	Tier-5	PA; NDS; SP-CVS specialty

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPPO	Tier-5	PA; NDS; SP-CVS specialty
NUTROPIN AQ NUSPIN 10	Tier-5	PA; NDS; SP-CVS specialty
NUTROPIN AQ NUSPIN 20	Tier-5	PA; NDS; SP-CVS specialty
NUTROPIN AQ NUSPIN 5	Tier-5	PA; NDS; SP-CVS specialty
OMNITROPE	Tier-3	PA; SP-CVS specialty
SAIZEN	Tier-5	PA; NDS; SP-CVS specialty
SAIZEN CLICK.EASY	Tier-5	PA; NDS; SP-CVS specialty
SEROSTIM	Tier-5	PA; NDS; SP-CVS specialty
ZOMACTON	Tier-3	PA; SP-CVS specialty
ZORBTIVE	Tier-5	PA; NDS; SP-CVS specialty
HEREDITARY ANGIOEDEMA		
BERINERT	Tier-3	
CINRYZE	Tier-5	PA; NDS
FIRAZYR	Tier-5	PA; NDS; SP-CVS specialty; QL (18 ML per 30 days)
RUCONEST	Tier-5	NDS
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	Tier-5	PA; NDS; SP-CVS specialty
ORFADIN ORAL CAPSULE 20 MG	Tier-5	PA; NDS; SP-CVS/specialty
ORFADIN ORAL SUSPENSION	Tier-5	PA; NDS; SP-CVS specialty
HUNTINGTON DISEASE		
AUSTEDO	Tier-5	PA; NDS
<i>tetrabenazine</i>	Tier-5	PA; NDS; SP-CVS specialty
XENAZINE ORAL TABLET 12.5 MG	Tier-5	PA; NDS; SP-CVS specialty; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-5	PA; NDS; SP-CVS specialty; QL (120 EA per 30 days)
HYPERCALCEMIA		
SENSIPAR ORAL TABLET 30 MG	Tier-3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	Tier-5	NDS
HYPERPARATHYROIDISM		
<i>calcitriol</i>	Tier-2	
<i>doxercalciferol</i>	Tier-2	
<i>paricalcitol</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
HYPOPARATHYROIDISM		
NATPARA	Tier-5	PA; NDS; SP-CVS specialty; QL (2 EA per 28 days)
HYPOPHOSPHATASIA		
STRENSIQ	Tier-5	PA; NDS; QL (48 ML per 28 days)
LYSOSOMAL ACID LIPASE DEFICIENCY		
KANUMA	Tier-5	PA; NDS
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-5	NDS
ELAPRASE	Tier-5	NDS
LUMIZYME	Tier-5	NDS
NAGLAZYME	Tier-5	NDS
MULTIPLE SCLEROSIS		
AMPYRA	Tier-5	PA; NDS; SP-CVS specialty; QL (60 EA per 30 days)
AUBAGIO	Tier-5	PA; NDS; SP-CVS specialty; QL (30 EA per 30 days)
AVONEX	Tier-5	NDS; SP-CVS specialty; QL (4 EA per 28 days)
AVONEX PEN	Tier-5	NDS; SP-CVS specialty; QL (4 EA per 28 days)
AVONEX PREFILLED	Tier-5	NDS; SP-CVS specialty; QL (4 EA per 28 days)
BETASERON	Tier-5	NDS; SP-CVS specialty; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-5	NDS; SP-CVS specialty; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-5	NDS; SP-CVS specialty; QL (12 ML per 28 days)
EXTAVIA	Tier-5	NDS; SP-CVS specialty; QL (15 EA per 30 days)
GILENYA	Tier-5	PA; NDS; SP-CVS specialty; QL (30 EA per 30 days)
PLEGRIDY	Tier-5	NDS; SP-CVS specialty; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	Tier-5	NDS; SP-CVS specialty

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Drug Name	Drug Tier	Requirements/Limits
REBIF	Tier-5	NDS; SP-CVS specialty; QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-5	NDS; SP-CVS specialty; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	Tier-5	NDS; SP-CVS specialty; QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-5	NDS; SP-CVS specialty; QL (12 ML per 28 days)
TECFIDERA ORAL STARTER PACK	Tier-5	PA; NDS; SP-CVS specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-5	PA; NDS; SP-CVS specialty; QL (60 EA per 30 days)
TYSABRI	Tier-5	PA; NDS
ZINBRYTA	Tier-5	PA; NDS; SP-CVS specialty; QL (1 ML per 28 days)
MYASTHENIA GRAVIS		
<i>guanidine hcl</i>	Tier-2	
MESTINON ORAL SYRUP	Tier-4	
MESTINON ORAL TABLET EXTENDED RELEASE	Tier-3	
<i>pyridostigmine bromide</i>	Tier-2	
<i>pyridostigmine bromide er</i>	Tier-2	
OPIOID ANTAGONISTS		
EVZIO	Tier-5	PA; NDS
NARCAN	Tier-4	QL (4 EA per 30 days)
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-2	
PHENYLKETONURIA		
KUVAN	Tier-5	PA; NDS; SP-CVS specialty
PHEOCHROMOCYTOMA		
DEMSER	Tier-5	NDS
DIBENZYLINE	Tier-4	
<i>phenoxybenzamine hcl</i>	Tier-3	
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder)</i>	Tier-2	
RENVELA	Tier-3	
<i>sevelamer carbonate oral packets</i>	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM BINDER		
<i>kionex</i>	Tier-2	
<i>sodium polystyrene sulfonate</i>	Tier-2	
<i>sps</i>	Tier-2	
VELTASSA	Tier-4	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS	Tier-5	PA; NDS
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-5	NDS; SP-CVS specialty
VIRAZOLE	Tier-5	NDS
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	
SUCRASE DEFICIENCY		
SUCRAID	Tier-5	NDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	Tier-2	
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	
<i>tamsulosin hcl</i>	Tier-2	
UREA CYCLE DISORDERS		
BUPHENYL	Tier-5	NDS
RAVICTI	Tier-5	PA; NDS
<i>sodium phenylbutyrate</i>	Tier-5	NDS
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-2	
<i>darifenacin hydrobromide er</i>	Tier-3	
<i>desmopressin ace rhinal tube</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin ace spray refrig</i>	Tier-2	
<i>desmopressin acetate</i>	Tier-2	
ELMIRON	Tier-4	
<i>flavoxate hcl</i>	Tier-2	
MYRBETRIQ	Tier-4	
<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-5	NDS
<i>tolterodine tartrate</i>	Tier-3	
<i>tolterodine tartrate er</i>	Tier-3	
TOVIAZ	Tier-3	
<i>trospium chloride</i>	Tier-2	
<i>trospium chloride er</i>	Tier-2	
UROCIT-K 10	Tier-4	
UROCIT-K 15	Tier-4	
UROCIT-K 5	Tier-4	
VESICARE	Tier-4	
WILSON'S DISEASE		
CUPRIMINE	Tier-5	NDS
DEPEN TITRATABS	Tier-3	
SYPRINE	Tier-5	NDS
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil hcl</i>	Tier-2	
<i>ergoloid mesylates</i>	Tier-2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-2	
<i>dihydroergotamine mesylate</i>	Tier-2	
<i>eletriptan hydrobromide</i>	Tier-3	
<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 nasal solution 20 mg/act</i>	Tier-3	
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-2	
<i>sumatriptan succinate oral</i>	Tier-2	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Tier-2	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	Tier-3	
<i>sumatriptan succinate subcutaneous solution</i>	Tier-3	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier-3	
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Tier-3	
<i>zolmitriptan</i>	Tier-2	
PARKINSONS DISEASE		
APOKYN	Tier-5	NDS
AZILECT	Tier-3	
<i>benztropine mesylate</i>	Tier-1	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO	Tier-4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride</i>	Tier-2	
<i>pramipexole dihydrochloride er</i>	Tier-2	
<i>rasagiline mesylate</i>	Tier-3	
<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-3	
<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; NDS
<i>carbamazepine er</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	
<i>clonazepam</i>	Tier-2	
DIASTAT ACUDIAL	Tier-3	
DIASTAT PEDIATRIC	Tier-3	
<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	
<i>fosphenytoin sodium</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>primidone</i>	Tier-2	
QUDEXY XR	Tier-4	
<i>roovepra</i>	Tier-2	
SABRIL	Tier-5	NDS
SAVELLA	Tier-3	ST; QL (180 EA per 90 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 750 MG	Tier-5	NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	Tier-4	
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	
<i>vigabatrin</i>	Tier-5	NDS
VIMPAT INTRAVENOUS	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>dantrolene sodium</i>	Tier-2	
<i>tizanidine hcl</i>	Tier-2	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-5	PA; NDS; SP-CVS specialty
AZASAN	Tier-4	B/D
<i>azathioprine</i>	Tier-2	B/D
<i>azathioprine sodium</i>	Tier-2	B/D
CIMZIA	Tier-3	PA; SP-CVS specialty
CIMZIA PREFILLED	Tier-5	PA; NDS; SP-CVS specialty; QL (2 EA per 30 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-5	PA; NDS; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-5	PA; NDS; SP-CVS specialty; QL (7.84 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-5	PA; NDS; SP-CVS specialty; QL (8 EA per 28 days)
ENBREL SURECLICK	Tier-5	PA; NDS; SP-CVS specialty; QL (7.84 ML per 28 days)
HUMIRA	Tier-5	PA; NDS; SP-CVS specialty; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START	Tier-5	PA; NDS; SP-CVS specialty
HUMIRA PEN	Tier-5	PA; NDS; SP-CVS specialty; QL (8 EA per 28 days)
HUMIRA PEN-CROHNS STARTER	Tier-5	PA; NDS; SP-CVS specialty
HUMIRA PEN-PSORIASIS STARTER	Tier-5	PA; NDS; SP-CVS specialty
INFLECTRA	Tier-5	PA; NDS
KINERET	Tier-5	PA; NDS; QL (20.1 ML per 28 days)
<i>leflunomide</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate</i>	Tier-2	B/D
ORENCIA CLICKJECT	Tier-5	PA; NDS; SP-CVS specialty
ORENCIA INTRAVENOUS	Tier-5	PA; NDS; SP-CVS specialty
ORENCIA SUBCUTANEOUS	Tier-5	PA; NDS; SP-CVS specialty; QL (4 ML per 28 days)
RASUVO	Tier-4	
REMICADE	Tier-5	PA; NDS
RIDAURA	Tier-5	NDS
SIMPONI ARIA	Tier-5	PA; NDS; SP-CVS specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier-5	PA; NDS; SP-CVS specialty; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier-5	PA; NDS; SP-CVS specialty; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-5	PA; NDS; SP-CVS specialty; QL (0.5 ML per 28 days)
TREXALL	Tier-4	B/D
XATMEP	Tier-5	B/D; NDS
XELJANZ	Tier-5	PA; NDS; SP-CVS specialty; QL (60 EA per 30 days)
XELJANZ XR	Tier-5	PA; NDS; SP-CVS specialty; 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-3	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen</i>	Tier-2	
<i>ibuprofen oral suspension</i>	Tier-2	
<i>ibuprofen oral tablet</i>	Tier-1	
INDOCIN ORAL SUSPENSION	Tier-4	
<i>indomethacin</i>	Tier-1	
<i>indomethacin er</i>	Tier-1	
<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; NDS; QL (120 EA per 30 days)
<i>acetaminophen-codeine</i>	Tier-2	QL (3600 ML per 30 days)
<i>acetaminophen-codeine #2</i>	Tier-2	QL (240 EA per 30 days)
<i>acetaminophen-codeine #3</i>	Tier-2	QL (240 EA per 30 days)
<i>acetaminophen-codeine #4</i>	Tier-2	QL (240 EA per 30 days)
ACTIQ	Tier-5	PA; NDS; QL (120 EA per 30 days)
BELBUCA	Tier-4	QL (60 EA per 30 days)
<i>buprenorphine</i>	Tier-3	QL (4 EA per 28 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)

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Drug Name	Drug Tier	Requirements/Limits
EMBEDA	Tier-4	QL (60 EA per 30 days)
<i>endocet</i>	Tier-2	QL (240 EA per 30 days)
<i>fentanyl</i>	Tier-2	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Tier-5	PA; NDS; QL (120 EA per 30 days)
FENTORA	Tier-5	PA; NDS; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	Tier-2	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier-2	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen</i>	Tier-2	QL (240 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 2 mg, 4 mg</i>	Tier-2	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Tier-2	QL (120 EA per 30 days)
HYSINGLA ER	Tier-4	QL (60 EA per 30 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT	Tier-5	PA; NDS; QL (30 EA per 30 days)
LAZANDA NASAL SOLUTION 400 MCG/ACT	Tier-5	PA; NDS; QL (15 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 (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier-2	QL (1200 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 (180 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 (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone hcl er</i>	Tier-2	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	Tier-2	QL (240 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</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	Tier-3	QL (1800 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	Tier-2	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin</i>	Tier-2	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen</i>	Tier-2	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG	Tier-3	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG, 40 MG, 60 MG, 80 MG	Tier-3	QL (60 EA per 30 days)
<i>oxymorphone hcl</i>	Tier-2	QL (180 EA per 30 days)
<i>oxymorphone hcl er</i>	Tier-2	QL (60 EA per 30 days)
SUBSYS	Tier-5	PA; NDS; QL (120 EA per 30 days)
<i>tramadol hcl</i>	Tier-2	QL (240 EA per 30 days)
<i>tramadol hcl er</i>	Tier-2	QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic)</i>	Tier-2	QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Tier-2	QL (240 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>bupirone 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier-3	QL (30 EA per 30 days)
<i>clonidine hcl er</i>	Tier-2	
DESOXYN	Tier-4	PA
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
<i>guanfacine hcl er</i>	Tier-2	QL (90 EA per 90 days)
KAPVAY	Tier-4	
METADATE ER	Tier-4	
<i>methamphetamine hcl</i>	Tier-2	PA
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

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine</i>	Tier-2	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	Tier-4	ST
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	Tier-5	ST; NDS
<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	
<i>desvenlafaxine succinate er</i>	Tier-2	
<i>doxepin hcl oral capsule</i>	Tier-1	
<i>doxepin hcl oral concentrate</i>	Tier-2	
<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, 40 mg</i>	Tier-3	QL (90 EA per 30 days)
EMSAM	Tier-5	ST; NDS
<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</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
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	

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Drug Name	Drug Tier	Requirements/Limits
<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
<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-5	PA; NDS
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-3	PA
XYREM	Tier-5	NDS

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Drug Name	Drug Tier	Requirements/Limits
OPIOID ANTAGONISTS		
<i>buprenorphine hcl</i>	Tier-3	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl</i>	Tier-3	PA; QL (90 EA per 30 days)
<i>naloxone hcl</i>	Tier-2	
SUBOXONE FILM	Tier-4	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY MAINTENA	Tier-5	NDS
<i>aripiprazole</i>	Tier-3	ST
ARISTADA	Tier-5	NDS
<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 SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-5	NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	Tier-3	
INVEGA TRINZA	Tier-3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-5	ST; NDS; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-5	ST; NDS; QL (60 EA per 30 days)
<i>loxapine succinate</i>	Tier-2	
NUPLAZID	Tier-5	PA; NDS; SP-CVS specialty; 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline</i>	Tier-2	
<i>pimozide</i>	Tier-2	
<i>quetiapine fumarate er</i>	Tier-3	ST
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	ST
<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
<i>thioridazine hcl</i>	Tier-1	PA
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine hcl</i>	Tier-2	
VERSACLOZ	Tier-5	NDS
VRAYLAR ORAL CAPSULE	Tier-5	NDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier-4	
<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-3	
<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
<i>albuterol sulfate oral syrup</i>	Tier-1	
<i>albuterol sulfate oral tablet</i>	Tier-3	
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)
ARNUITY ELLIPTA	Tier-3	QL (90 EA per 90 days)
ASMANEX 120 METERED DOSES	Tier-3	QL (360 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
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	Tier-3	QL (180 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)
FLOVENT DISKUS	Tier-3	QL (360 EA per 90 days)
FLOVENT HFA	Tier-3	QL (72 GM per 90 days)
INCRUSE ELLIPTA	Tier-3	QL (90 EA 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>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Tier-2	B/D; QL (810 ML per 90 days)
<i>levalbuterol tartrate</i>	Tier-3	QL (90 GM 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	B/D; 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)

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Drug Name	Drug Tier	Requirements/Limits
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	
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	
<i>zileuton er</i>	Tier-3	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	Tier-5	PA; NDS; SP-CVS specialty; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	Tier-5	PA; NDS; SP-CVS specialty; QL (90 EA per 30 days)
OFEV	Tier-5	PA; NDS; QL (60 EA per 30 days)
PULMONARY HYPERTENSION		
ADCIRCA	Tier-5	PA; NDS; SP-CVS specialty
ADEMPAS	Tier-5	PA; NDS; SP-CVS specialty
LETAIRIS	Tier-5	PA; NDS; SP-CVS specialty
OPSUMIT	Tier-5	PA; NDS; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier-4	PA; SP-CVS specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Tier-5	PA; NDS; SP-CVS specialty
REMODULIN	Tier-5	PA; NDS
REVATIO ORAL SOLUTION	Tier-5	PA; NDS; SP-CVS specialty
<i>sildenafil citrate intravenous</i>	Tier-5	PA; NDS
<i>sildenafil citrate oral</i>	Tier-3	PA; SP-CVS specialty
TRACLEER	Tier-5	PA; NDS; SP-CVS specialty
UPTRAVI ORAL TABLET	Tier-5	PA; NDS; SP-CVS specialty; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	Tier-5	PA; NDS; SP-CVS specialty
VENTAVIS	Tier-5	PA; NDS
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-2	B/D
ARALAST NP	Tier-5	NDS

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Drug Name	Drug Tier	Requirements/Limits
DALIRESP	Tier-4	
GLASSIA	Tier-5	NDS
GRASTEK	Tier-4	PA
NUCALA	Tier-5	PA; NDS
ORALAIR	Tier-4	PA
PROLASTIN-C	Tier-5	NDS
RAGWITEK	Tier-4	PA
XOLAIR	Tier-5	PA; NDS
ZEMAIRA	Tier-3	
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
<i>adapalene-benzoyl peroxide</i>	Tier-3	PA
<i>amnesteem</i>	Tier-2	
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>clindamycin phos-benzoyl perox</i>	Tier-2	
<i>clindamycin phosphate</i>	Tier-2	
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

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO PUMP	Tier-4	PA
<i>tretinoin</i>	Tier-2	PA
<i>tretinoin microsphere</i>	Tier-2	PA
BACTERIAL INFECTIONS, TOPICAL		
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	
<i>ssd</i>	Tier-2	
CORTICOSTEROIDS, TOPICAL		
ALA SCALP	Tier-4	
<i>ala-cort</i>	Tier-1	
<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-3	
<i>clobetasol propionate e</i>	Tier-3	
<i>clodan</i>	Tier-3	
CLODERM PUMP	Tier-4	
CORDRAN	Tier-4	
CORMAX SCALP APPLICATION	Tier-3	
<i>desonide</i>	Tier-3	
<i>desoximetasone</i>	Tier-2	
<i>diflorasone diacetate</i>	Tier-3	
<i>fluocinolone acetonide</i>	Tier-1	
<i>fluocinolone acetonide body</i>	Tier-1	
<i>fluocinonide external cream 0.05 %</i>	Tier-3	
<i>fluocinonide external cream 0.1 %</i>	Tier-3	QL (360 GM per 90 days)
<i>fluocinonide external gel</i>	Tier-3	
<i>fluocinonide external ointment</i>	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide external solution</i>	Tier-3	
<i>fluocinonide-e</i>	Tier-3	
<i>flurandrenolide external cream</i>	Tier-3	
<i>flurandrenolide external lotion</i>	Tier-3	
<i>flurandrenolide external ointment</i>	Tier-3	QL (360 GM per 90 days)
<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	
<i>nolix</i>	Tier-3	
PANDEL	Tier-4	
<i>prednicarbate</i>	Tier-2	
<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-3	
ERTACZO	Tier-4	
EXELDERM	Tier-4	
<i>ketoconazole</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 GEL	Tier-3	
<i>nyamyc</i>	Tier-2	
<i>nyata</i>	Tier-2	
<i>nystatin external cream</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<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</i>	Tier-5	NDS
<i>calcipotriene</i>	Tier-3	
<i>calcipotriene-betameth diprop</i>	Tier-3	
<i>calcitriol</i>	Tier-2	
COSENTYX	Tier-5	PA; NDS; SP-CVS specialty; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN	Tier-5	PA; NDS; SP-CVS specialty; QL (2 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-5	NDS
OTEZLA	Tier-5	PA; NDS; SP-CVS specialty
STELARA	Tier-5	PA; NDS; SP-CVS specialty
TALTZ	Tier-5	PA; NDS; SP-CVS specialty; QL (4 ML per 28 days)
<i>tazarotene</i>	Tier-3	PA
TAZORAC	Tier-4	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-3	
<i>lindane</i>	Tier-2	
<i>malathion</i>	Tier-2	
<i>permethrin</i>	Tier-3	
SKLICE	Tier-4	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate</i>	Tier-2	
ANUSOL-HC	Tier-4	
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-3	
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-3	QL (600 GM per 90 days)
<i>diclofenac sodium transdermal solution</i>	Tier-2	
<i>doxepin hcl</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT	Tier-5	PA; NDS; QL (4 ML per 28 days)
ELIDEL	Tier-4	ST
EUCRISA	Tier-4	PA
<i>fluorouracil external cream 0.5 %</i>	Tier-3	
<i>fluorouracil external cream 5 %</i>	Tier-2	
<i>fluorouracil external solution</i>	Tier-2	
<i>lidocaine external ointment</i>	Tier-3	QL (300 GM per 90 days)
<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	NDS
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-3	
TARGRETIN	Tier-5	NDS
VALCHLOR	Tier-5	NDS
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir</i>	Tier-3	
CONDYLOX	Tier-4	
DENAVIR	Tier-4	
<i>imiquimod</i>	Tier-2	
<i>podofilox</i>	Tier-2	
ZOVIRAX	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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 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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	PA
DELESTROGEN	Tier-4	
DEPO-ESTRADIOL	Tier-3	
DEPO-PROVERA	Tier-3	
DEPO-SUBQ PROVERA 104	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 vaginal</i>	Tier-3	
<i>estradiol valerate</i>	Tier-2	
ESTRING	Tier-3	
<i>estropipate</i>	Tier-2	PA
EVAMIST	Tier-4	
FEMHRT LOW DOSE	Tier-4	PA
FEMRING	Tier-3	
FORTEO	Tier-5	PA; NDS; SP-CVS specialty
<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	

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Drug Name	Drug Tier	Requirements/Limits
MENEST	Tier-4	PA
MENOSTAR	Tier-4	PA
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; NDS
<i>yuvafem</i>	Tier-3	
<i>zoledronic acid</i>	Tier-2	
PRENATAL VITAMINS		
<i>prenatal</i>	Tier-2	
PRETERM BIRTH		
<i>hydroxyprogesterone caproate</i>	Tier-3	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-4	
CLEOCIN	Tier-4	
<i>clindamycin phosphate</i>	Tier-2	
GYNAZOLE-1	Tier-4	
<i>metronidazole</i>	Tier-3	
<i>miconazole 3</i>	Tier-2	
NUVESSA	Tier-4	
<i>terconazole</i>	Tier-2	
<i>vandazole</i>	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
WOMENS HEALTH, MISCELLANEOUS		
MAKENA	Tier-5	PA; NDS

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Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-800-701-9000 (TTY 1-800-208-9562).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator, Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 1-888-880-8699 ext. 48000, (TTY number—711 or 1-800-439-2370. Español: 866-930-9252)

Fax: 617-972-9048

Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

thpmp.org | 1-800-701-9000

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 1-800-208-9562).

Arabic: مقرب لصلتا. ن اجمالاب لكل رفاوتت ةيوغلل ا ةدعاسملا تامدخ نإف، ةغلل ركذا ثدحتت تنك اذا: ةظوحلم 1-800-701-9000 (مكبل او مصلا فتاه مقر) 1-800-208-9562).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-701-9000 (TTY 1-800-208-9562)。

Farsi: امش یارب ناگیار تروصب ینابز تالی هست، دینک یم وگتفگ یسراف نابز هب رگا: هجوت 1-800-701-9000 (TTY: 1-800-208-9562) دیریگب سامت اب دشاب یم مهارف.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (ATS : 1-800-208-9562).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 1-800-208-9562).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 1-800-208-9562).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 1-800-208-9562).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 1-800-208-9562).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (TTY: 1-800-208-9562).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-701-9000 (TTY: 1-800-208-9562) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្បួល គឺអាចមានសេវាបំប៉នឡើងវិញ។ ចូរ ទូរស័ព្ទ 1-800-701-9000 (TTY: 1-800-208-9562) ។

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-701-9000 (TTY: 1-800-208-9562) 번으로 전화해 주십시오.

Laotian: ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສີ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 1-800-208-9562).

Navajo: Díí baa akó nínizin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1800-701-9000 (TTY: 1-800-208-9562.)

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-701-9000 (TTY: 1-800-208-9562).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 1-800-208-9562).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (телетайп: 1-800-208-9562).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 1-800-208-9562).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (TTY: 1-800-208-9562).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-701-9000 (TTY: 1-800-208-9562).

This formulary was updated on November 1, 2017. 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 is an HMO plan with a Medicare contract. Enrollment in Tufts Health Plan 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