

TUFTS MEDICARE PREFERRED PDP PLANS | 2017

Tufts Medicare Preferred PDP Group Retiree 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 PDP GROUP RETIREE

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 PDP.

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, 2018, and from time to time during the year.

What is the Tufts Medicare Preferred PDP Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred PDP 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 PDP 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 PDP 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 PDP, 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 67. 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 PDP 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 PDP 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 PDP before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that Tufts Medicare Preferred PDP will cover. For example, Tufts Medicare Preferred PDP 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 PDP 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 PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred PDP will then cover Drug B.
- **Non-extended Day Supply Drug:** For certain drugs, Tufts Medicare Preferred PDP 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 PDP 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 PDP 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 PDP 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 PDP. 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 PDP.
- You can ask Tufts Medicare Preferred PDP 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 PDP Formulary?

You can ask Tufts Medicare Preferred PDP 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 PDP 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 PDP 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 PDP Customer Relations department.

For more information

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

If you have questions about Tufts Medicare Preferred PDP, 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 PDP Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 67. 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 PDP has any special requirements for coverage of your drug.

Transplant:

This drug is covered under Part B when used for a Medicare covered organ transplant.

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 PDP 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 PDP to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" on page III for information about how to request an exception.

EC: Enhanced Coverage Drug.

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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 PDP 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 PDP to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred PDP formulary?" on page III for information about how to request an exception.

Part B Drug:

This drug is considered to be Part B and not covered under the Tufts Medicare Preferred PDP. Please contact your medical carrier for coverage details.

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

Tufts Medicare Preferred PDP
Group Retiree 2017 Formulary (List of Covered Drugs)

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Tufts Medicare Preferred PDP

Group Retiree 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-1	
CRESEMBA	Tier-2	NDS
<i>fluconazole</i>	Tier-1	
<i>flucytosine</i>	Tier-1	NDS
<i>griseofulvin microsize</i>	Tier-1	
<i>griseofulvin ultramicrosize</i>	Tier-1	
<i>itraconazole</i>	Tier-1	PA
<i>ketoconazole</i>	Tier-1	
NOXAFIL	Tier-2	NDS
<i>nystatin</i>	Tier-1	
<i>terbinafine hcl</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	Tier-1	NDS
<i>voriconazole oral tablet 200 mg</i>	Tier-1	NDS; QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-1	NDS; QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-2	NDS
ALINIA	Tier-3	
BILTRICIDE	Tier-2	
<i>ivermectin</i>	Tier-1	
<i>linezolid</i>	Tier-1	NDS
<i>methenamine hippurate</i>	Tier-1	
<i>metronidazole</i>	Tier-1	
MONUROL	Tier-3	
<i>neomycin sulfate</i>	Tier-1	
<i>nitrofurantoin macrocrystal</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd macro</i>	Tier-1	PA; QL (90 EA per 365 days)
SIVEXTRO	Tier-2	NDS
STROMEKTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i>	Tier-1	NDS
XIFAXAN ORAL TABLET 200 MG	Tier-2	NDS
XIFAXAN ORAL TABLET 550 MG	Tier-2	PA; NDS
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-1	NDS
<i>atovaquone-proguanil hcl</i>	Tier-1	
<i>chloroquine phosphate</i>	Tier-1	
COARTEM	Tier-2	QL (24 EA per 3 days)
<i>dapsone</i>	Tier-1	
DARAPRIM	Tier-2	
<i>hydroxychloroquine sulfate</i>	Tier-1	
<i>mefloquine hcl</i>	Tier-1	
NEBUPENT	Tier-3	B/D
<i>paromomycin sulfate</i>	Tier-1	
PENTAM	Tier-2	B/D
<i>primaquine phosphate</i>	Tier-1	
<i>quinine sulfate</i>	Tier-1	
<i>tinidazole</i>	Tier-1	
ANTIVIRALS		
<i>abacavir sulfate</i>	Tier-1	SP-CVS/specialty
<i>abacavir sulfate-lamivudine</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine</i>	Tier-1	NDS; SP-CVS/specialty
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-2	
<i>acyclovir oral tablet</i>	Tier-1	
<i>adefovir dipivoxil</i>	Tier-1	NDS; SP-CVS/specialty
<i>amantadine hcl</i>	Tier-1	
APTIVUS	Tier-2	NDS; SP-CVS/specialty
ATRIPLA	Tier-2	NDS; SP-CVS/specialty
COMPLERA	Tier-2	NDS; SP-CVS/specialty
COPEGUS	Tier-3	SP-CVS/specialty
CRIVAN	Tier-2	SP-CVS/specialty
DESCOVY	Tier-2	NDS
<i>didanosine</i>	Tier-1	SP-CVS/specialty
EDURANT	Tier-2	NDS; SP-CVS/specialty
EMTRIVA	Tier-2	SP-CVS/specialty

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir</i>	Tier-1	NDS; SP-CVS/specialty
EPCLUSA	Tier-2	PA; NDS; SP-CVS/specialty
EPIVIR	Tier-2	SP-CVS/specialty
EPZICOM	Tier-3	SP-CVS/specialty
EVOTAZ	Tier-2	NDS; SP-CVS/specialty
<i>famciclovir</i>	Tier-1	
FUZEON	Tier-2	NDS; SP-CVS/specialty
GENVOYA	Tier-2	NDS
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-2	SP-CVS/specialty
INTELENCE ORAL TABLET 200 MG	Tier-2	NDS; SP-CVS/specialty
INTRON A	Tier-2	SP-CVS/specialty
INVIRASE	Tier-2	NDS; SP-CVS/specialty
ISENTRESS HD	Tier-2	NDS; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	Tier-2	SP-CVS/specialty
ISENTRESS ORAL TABLET	Tier-2	NDS; SP-CVS/specialty; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-2	NDS; SP-CVS/specialty; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-2	SP-CVS/specialty; QL (720 EA per 30 days)
KALETRA ORAL SOLUTION	Tier-2	NDS; SP-CVS/specialty
KALETRA ORAL TABLET 100-25 MG	Tier-2	SP-CVS/specialty
KALETRA ORAL TABLET 200-50 MG	Tier-2	NDS; SP-CVS/specialty
<i>lamivudine</i>	Tier-1	SP-CVS/specialty
<i>lamivudine-zidovudine</i>	Tier-1	SP-CVS/specialty
LEXIVA ORAL SUSPENSION	Tier-2	SP-CVS/specialty
LEXIVA ORAL TABLET	Tier-2	NDS; SP-CVS/specialty
<i>lopinavir-ritonavir</i>	Tier-2	
<i>nevirapine</i>	Tier-1	SP-CVS/specialty
<i>nevirapine er</i>	Tier-1	SP-CVS/specialty
NORVIR	Tier-2	SP-CVS/specialty
ODEFSEY	Tier-2	NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier-2	QL (56 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier-2	QL (28 EA per 180 days)
PEGASYS	Tier-2	NDS; SP-CVS/specialty; QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-2	NDS; SP-CVS/specialty; QL (4 ML per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PEGINTRON	Tier-2	NDS; SP-CVS/specialty; QL (4 EA per 28 days)
PEG-INTRON REDIPEN	Tier-2	NDS; SP-CVS/specialty; QL (4 EA per 28 days)
PREZCOBIX	Tier-2	NDS; SP-CVS/specialty
PREZISTA	Tier-2	NDS; SP-CVS/specialty
REBETOL	Tier-2	SP-CVS/specialty
RELENZA DISKHALER	Tier-2	QL (60 EA per 180 days)
RESCRIPTOR	Tier-2	SP-CVS/specialty
REYATAZ	Tier-2	NDS; SP-CVS/specialty
<i>ribasphere</i>	Tier-1	SP-CVS/specialty
RIBASPHERE RIBAPAK ORAL TABLET 200 & 400 MG	Tier-2	NDS; SP-CVS/specialty
<i>ribasphere ribapak oral tablet 400 & 600 mg, 400 mg, 600 mg</i>	Tier-1	NDS; SP-CVS/specialty
<i>ribavirin</i>	Tier-1	SP-CVS/specialty
<i>rimantadine hcl</i>	Tier-1	
SELZENTRY ORAL TABLET 150 MG, 75 MG	Tier-2	NDS; SP-CVS/specialty; QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier-2	NDS; SP-CVS/specialty; QL (120 EA per 30 days)
SOVALDI	Tier-2	PA; NDS; SP-CVS/specialty
<i>stavudine</i>	Tier-1	SP-CVS/specialty
STRIBILD	Tier-2	NDS; SP-CVS/specialty
SUSTIVA ORAL CAPSULE 200 MG	Tier-2	NDS; SP-CVS/specialty
SUSTIVA ORAL CAPSULE 50 MG	Tier-2	SP-CVS/specialty
SUSTIVA ORAL TABLET	Tier-2	NDS; SP-CVS/specialty
TAMIFLU ORAL SOLUTION	Tier-2	QL (360 ML per 180 days)
TIVICAY ORAL TABLET 10 MG	Tier-2	SP-CVS/specialty
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier-2	NDS; SP-CVS/specialty
TRIUMEQ	Tier-2	NDS; SP-CVS/specialty
TRUVADA	Tier-2	NDS; SP-CVS/specialty
TYBOST	Tier-2	SP-CVS/specialty
<i>valacyclovir hcl</i>	Tier-2	
VALCYTE	Tier-2	NDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier-1	NDS
<i>valganciclovir hcl oral tablet</i>	Tier-2	
VEMLIDY	Tier-2	NDS
VIDEX	Tier-2	SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG	Tier-2	SP-CVS/specialty
VIRACEPT ORAL TABLET 625 MG	Tier-2	NDS; SP-CVS/specialty
VIREAD	Tier-2	NDS; SP-CVS/specialty
ZERIT	Tier-2	
ZIAGEN	Tier-2	SP-CVS/specialty
<i>zidovudine</i>	Tier-1	SP-CVS/specialty
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-1	
<i>amoxicillin-pot clavulanate er</i>	Tier-1	
<i>ampicillin</i>	Tier-1	
BICILLIN C-R	Tier-2	
BICILLIN C-R 900/300	Tier-2	
BICILLIN L-A	Tier-2	
CEDAX	Tier-3	
<i>cefaclor</i>	Tier-1	
<i>cefaclor er</i>	Tier-1	
<i>cefadroxil</i>	Tier-1	
<i>cefdinir</i>	Tier-1	
<i>cefixime</i>	Tier-1	
<i>cefpodoxime proxetil</i>	Tier-1	
<i>cefprozil</i>	Tier-1	
<i>cefuroxime axetil</i>	Tier-1	
<i>cephalexin</i>	Tier-1	
<i>dicloxacillin sodium</i>	Tier-1	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX	Tier-3	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin</i>	Tier-1	
<i>clarithromycin</i>	Tier-1	
<i>clarithromycin er</i>	Tier-1	
<i>clindamycin capsules</i>	Tier-1	
<i>clindamycin oral solution</i>	Tier-2	
DIFICID	Tier-2	PA; NDS
<i>e.e.s. 400</i>	Tier-1	
E.E.S. GRANULES	Tier-3	
<i>eryped 200</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>eryped 400</i>	Tier-1	
ERY-TAB	Tier-3	
<i>erythrocin stearate</i>	Tier-2	
<i>erythromycin base oral capsule delayed release particles</i>	Tier-1	
<i>erythromycin base oral tablet</i>	Tier-2	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
PCE	Tier-3	
ZMAX	Tier-3	
MYCOBACTERIAL INFECTIONS- TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
<i>ethambutol hcl</i>	Tier-1	
<i>isoniazid</i>	Tier-1	
PASER	Tier-3	
PRIFTIN	Tier-2	
<i>pyrazinamide</i>	Tier-1	
<i>rifabutin</i>	Tier-1	
RIFAMATE	Tier-3	
<i>rifampin</i>	Tier-1	
RIFATER	Tier-3	
SIRTURO	Tier-2	PA; NDS
TRECTOR	Tier-3	
QUINOLONES		
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin hcl</i>	Tier-1	
<i>ciprofloxacin-ciproflox hcl er</i>	Tier-1	
<i>levofloxacin</i>	Tier-2	
<i>moxifloxacin hcl</i>	Tier-2	
<i>ofloxacin</i>	Tier-1	
SULFONAMIDES		
<i>sulfadiazine</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier-2	
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier-2	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>	Tier-2	
<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-1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier-1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier-2	
<i>minocycline hcl</i>	Tier-1	
<i>minocycline hcl er</i>	Tier-1	
<i>tetracycline hcl</i>	Tier-2	
VIBRAMYCIN	Tier-3	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
<i>aspirin-dipyridamole er</i>	Tier-2	
BRILINTA	Tier-3	
<i>clopidogrel bisulfate</i>	Tier-1	
<i>dipyridamole</i>	Tier-1	
EFFIENT	Tier-3	
<i>prasugrel hcl</i>	Tier-2	
ZONTIVITY	Tier-3	
BLOOD MODIFYING AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	Tier-2	NDS; SP-CVS/specialty; QL (4 ML per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	Tier-2	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-2	SP-CVS/specialty; QL (4 ML per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
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-2	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-2	SP-CVS/specialty; QL (10 ML per 14 days)
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	Tier-2	NDS; SP-CVS/specialty; QL (10 ML per 14 days)
GRANIX	Tier-2	NDS; SP-CVS/specialty; QL (10 ML per 14 days)
LEUKINE	Tier-2	NDS; SP-CVS/specialty
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier-2	QL (0.3 ML per 14 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML	Tier-2	NDS; QL (0.3 ML per 14 days)
MOZOBIL	Tier-2	NDS; SP-CVS/specialty
NEULASTA	Tier-2	NDS; SP-CVS/specialty; QL (1 ML per 14 days)
NEUPOGEN	Tier-2	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-2	SP-CVS/specialty; QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Tier-2	NDS; SP-CVS/specialty; QL (10 ML per 14 days)
PROMACTA	Tier-2	PA; NDS; SP-CVS/specialty; QL (30 EA per 30 days)
ZARXIO	Tier-2	NDS; SP-CVS/specialty; QL (10 ML per 14 days)
BLOOD THINNERS		
COUMADIN	Tier-3	
ELIQUIS	Tier-2	
<i>enoxaparin sodium injection</i>	Tier-2	
<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-2	
<i>enoxaparin sodium subcutaneous solution 150 mg/ml</i>	Tier-1	NDS
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier-1	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier-1	
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-2	NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier-2	
<i>jantoven</i>	Tier-1	
<i>warfarin sodium</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-2	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-2	
XARELTO STARTER PACK	Tier-2	
BLOOD, MISCELLANEOUS		
<i>anagrelide hcl</i>	Tier-1	
<i>cilostazol</i>	Tier-1	
<i>pentoxifylline er</i>	Tier-1	
STIMATE	Tier-3	
<i>tranexamic acid</i>	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-2	NDS
ALIMTA	Tier-2	NDS
ALKERAN	Tier-2	NDS
ARRANON	Tier-2	NDS
AVASTIN	Tier-2	NDS; SP-CVS/specialty
<i>azacitidine</i>	Tier-1	NDS; SP-CVS/specialty
BAVENCIO	Tier-2	NDS
BELEODAQ	Tier-2	NDS; SP-CVS/specialty
BICNU	Tier-2	NDS
<i>bleomycin sulfate</i>	Tier-1	PA
<i>busulfan</i>	Tier-1	
BUSULFEX	Tier-2	NDS
CAMPTOSAR	Tier-2	
<i>carboplatin</i>	Tier-1	
<i>cisplatin</i>	Tier-1	
<i>cladribine</i>	Tier-1	
<i>clofarabine</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
CLOLAR	Tier-2	NDS
COSMEGEN	Tier-2	NDS
CYRAMZA	Tier-2	PA
<i>cytarabine</i>	Tier-1	PA
<i>cytarabine (pf)</i>	Tier-1	PA
<i>dacarbazine</i>	Tier-1	
DACOGEN	Tier-2	NDS; SP-CVS/specialty
DARZALEX	Tier-2	NDS
<i>daunorubicin hcl</i>	Tier-1	
<i>decitabine</i>	Tier-1	NDS; SP-CVS/specialty
<i>dexrazoxane</i>	Tier-1	
<i>docetaxel</i>	Tier-1	NDS
<i>doxorubicin hcl</i>	Tier-1	
<i>doxorubicin hcl liposomal</i>	Tier-1	
ELITEK	Tier-2	NDS
ELLEENCE	Tier-2	NDS
EMPLICITI	Tier-2	NDS
<i>epirubicin hcl</i>	Tier-1	
ERBITUX	Tier-2	NDS; SP-CVS/specialty
ERWINAZE	Tier-2	NDS
ETOPOPHOS	Tier-2	NDS
<i>etoposide</i>	Tier-1	
FASLODEX	Tier-2	NDS
<i>fludarabine phosphate</i>	Tier-1	
<i>fluorouracil</i>	Tier-1	PA
<i>ganciclovir sodium</i>	Tier-1	PA
<i>gemcitabine hcl</i>	Tier-1	NDS
HALAVEN	Tier-2	NDS; SP-CVS/specialty
HERCEPTIN	Tier-2	NDS; SP-CVS/specialty
<i>idarubicin hcl</i>	Tier-1	
<i>ifosfamide</i>	Tier-1	
IMFINZI	Tier-2	NDS
<i>irinotecan hcl</i>	Tier-1	
ISTODAX (OVERFILL)	Tier-2	NDS; SP-CVS/specialty
JEVTANA	Tier-2	NDS; SP-CVS/specialty
KADCYLA	Tier-2	PA; NDS; SP-CVS/specialty
KEYTRUDA	Tier-2	NDS; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
LARTRUVO	Tier-2	NDS
<i>melphalan hcl</i>	Tier-1	
<i>mitomycin</i>	Tier-1	
<i>mitoxantrone hcl</i>	Tier-1	SP-CVS/specialty
MUSTARGEN	Tier-2	NDS
OPDIVO	Tier-2	NDS; SP-CVS/specialty
<i>oxaliplatin</i>	Tier-1	
<i>paclitaxel</i>	Tier-1	
PERJETA	Tier-2	PA; NDS; SP-CVS/specialty
PROLEUKIN	Tier-2	NDS; SP-CVS/specialty
RITUXAN	Tier-2	PA; NDS; SP-CVS/specialty
SYLATRON	Tier-2	PA; NDS; SP-CVS/specialty; QL (4 EA per 28 days)
SYNRIBO	Tier-2	NDS
TECENTRIQ	Tier-2	NDS
THIOTEPA	Tier-2	
<i>topotecan hcl</i>	Tier-1	NDS
TORISEL	Tier-2	NDS; SP-CVS/specialty
TREANDA	Tier-2	NDS; SP-CVS/specialty
TRISENOX	Tier-2	NDS
UVADEX	Tier-2	
VECTIBIX	Tier-2	NDS; SP-CVS/specialty
VELCADE	Tier-2	NDS; SP-CVS/specialty
<i>vinblastine sulfate</i>	Tier-1	PA
<i>vincasar pfs</i>	Tier-1	PA
<i>vincristine sulfate</i>	Tier-1	PA
<i>vinorelbine tartrate</i>	Tier-1	
VYXEOS	Tier-2	NDS
YERVOY	Tier-2	NDS; SP-CVS/specialty
YONDELIS	Tier-2	NDS
ZALTRAP	Tier-2	NDS; SP-CVS/specialty
ZANOSAR	Tier-2	NDS
ORAL AGENTS		
AFINITOR	Tier-2	PA; NDS; SP-CVS/specialty; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
ALECENSA	Tier-2	PA; NDS; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
ALKERAN	Tier-2	Part B
ALUNBRIG	Tier-2	PA; NDS
<i>anastrozole</i>	Tier-1	
<i>bexarotene</i>	Tier-1	SP-CVS/specialty
<i>bicalutamide</i>	Tier-1	SP-CVS/specialty
BOSULIF ORAL TABLET 100 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (30 EA per 30 days)
CABOMETYX	Tier-2	PA; NDS; SP-CVS/specialty
<i>capecitabine</i>	Tier-1	Part B; SP-CVS/specialty
CAPRELSA ORAL TABLET 100 MG	Tier-2	PA; NDS; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-2	PA; NDS; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE)	Tier-2	PA; NDS
COMETRIQ (140 MG DAILY DOSE)	Tier-2	PA; NDS
COMETRIQ (60 MG DAILY DOSE)	Tier-2	PA; NDS
COTELLIC	Tier-2	PA; NDS; SP-CVS/specialty
CYCLOPHOSPHAMIDE	Tier-2	B/D; SP-CVS/specialty
DROXIA	Tier-2	
EMCYT	Tier-2	SP-CVS/specialty
ERIVEDGE	Tier-2	PA; NDS; SP-CVS/specialty
ETOPOSIDE	Tier-2	Part B
<i>exemestane</i>	Tier-1	
FARESTON	Tier-2	
FARYDAK	Tier-2	PA; NDS; SP-CVS/specialty
<i>flutamide</i>	Tier-1	
GILOTRIF	Tier-2	PA; NDS
GLEOSTINE	Tier-3	SP-CVS/specialty
HEXALEN	Tier-2	NDS
HYCAMTIN	Tier-2	Part B; SP-CVS/specialty
<i>hydroxyurea</i>	Tier-1	
IBRANCE	Tier-2	PA; NDS; SP-CVS/specialty
ICLUSIG	Tier-2	PA; NDS
IDHIFA	Tier-2	PA; NDS; QL (30 EA per 30 days)
<i>imatinib mesylate</i>	Tier-2	SP-CVS/specialty
IMBRUVICA	Tier-2	PA; NDS
INLYTA	Tier-2	PA; NDS; SP-CVS/specialty
IRESSA	Tier-2	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI	Tier-2	PA; NDS; SP-CVS/specialty
KISQALI 200 DOSE	Tier-2	PA; NDS
KISQALI 400 DOSE	Tier-2	PA; NDS
KISQALI 600 DOSE	Tier-2	PA; NDS
KISQALI FEMARA 200 DOSE	Tier-2	PA; NDS
KISQALI FEMARA 400 DOSE	Tier-2	PA; NDS
KISQALI FEMARA 600 DOSE	Tier-2	PA; NDS
KYPROLIS	Tier-2	NDS
LENVIMA 10 MG DAILY DOSE	Tier-2	PA; NDS
LENVIMA 14 MG DAILY DOSE	Tier-2	PA; NDS
LENVIMA 18 MG DAILY DOSE	Tier-2	PA; NDS
LENVIMA 20 MG DAILY DOSE	Tier-2	PA; NDS
LENVIMA 24 MG DAILY DOSE	Tier-2	PA; NDS
LENVIMA 8 MG DAILY DOSE	Tier-2	PA; NDS
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
LONSURF	Tier-2	PA; NDS; SP-CVS/specialty
LYNPARZA	Tier-2	PA; NDS
LYSODREN	Tier-2	
MATULANE	Tier-2	NDS
<i>megestrol acetate</i>	Tier-1	
MEKINIST	Tier-2	PA; NDS; SP-CVS/specialty
<i>mercaptopurine</i>	Tier-1	
MYLERAN	Tier-2	Part B
NERLYNX	Tier-2	PA; NDS
NEXAVAR	Tier-2	PA; NDS; SP-CVS/specialty; QL (220 EA per 30 days)
NILANDRON	Tier-2	NDS
<i>nilutamide</i>	Tier-1	NDS
NINLARO	Tier-2	PA; NDS; SP-CVS/specialty
ODOMZO	Tier-2	PA; NDS; SP-CVS/specialty
POMALYST	Tier-2	PA; NDS; SP-CVS/specialty
PURIXAN	Tier-2	NDS
REVLIMID	Tier-2	PA; NDS; SP-CVS/specialty
RUBRACA	Tier-2	PA; QL (120 EA per 30 days)
RYDAPT	Tier-2	PA; NDS
SOLTAMOX	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
STIVARGA	Tier-2	PA; NDS; SP-CVS/specialty; QL (90 EA per 30 days)
SUTENT	Tier-2	PA; NDS; SP-CVS/specialty
TABLOID	Tier-2	SP-CVS/specialty
TAFINLAR	Tier-2	PA; NDS; SP-CVS/specialty
TAGRISO	Tier-2	PA; NDS
<i>tamoxifen citrate</i>	Tier-1	
TARCEVA ORAL TABLET 100 MG	Tier-2	NDS; SP-CVS/specialty; QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-2	NDS; SP-CVS/specialty; QL (30 EA per 30 days)
TARGRETIN	Tier-2	NDS; SP-CVS/specialty
TASIGNA	Tier-2	PA; NDS; SP-CVS/specialty
<i>temozolomide</i>	Tier-1	Part B; SP-CVS/specialty
THALOMID	Tier-2	NDS; SP-CVS/specialty
<i>tretinoin</i>	Tier-1	SP-CVS/specialty
TYKERB	Tier-2	PA; NDS; SP-CVS/specialty; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier-2	PA
VENCLEXTA ORAL TABLET 100 MG	Tier-2	PA; NDS
VENCLEXTA STARTING PACK	Tier-2	PA; NDS
VOTRIENT	Tier-2	PA; NDS; SP-CVS/specialty; QL (120 EA per 30 days)
XALKORI	Tier-2	PA; NDS; SP-CVS/specialty
XTANDI	Tier-2	PA; NDS; SP-CVS/specialty; QL (120 EA per 30 days)
ZEJULA	Tier-2	PA; NDS
ZELBORAF	Tier-2	PA; NDS; SP-CVS/specialty
ZOLINZA	Tier-2	PA; NDS; SP-CVS/specialty
ZURAMPIC	Tier-3	PA
ZYDELIG	Tier-2	PA; NDS
ZYKADIA	Tier-2	PA; NDS; SP-CVS/specialty
ZYTIGA ORAL TABLET 250 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
FUSILEV	Tier-2	NDS; SP-CVS/specialty
<i>leucovorin calcium</i>	Tier-1	
<i>levoleucovorin calcium</i>	Tier-1	NDS
<i>mesna</i>	Tier-1	
MESNEX	Tier-2	NDS
ZINECARD	Tier-2	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril hcl</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-3	
<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-3	
<i>doxazosin mesylate</i>	Tier-1	
<i>prazosin hcl</i>	Tier-1	
<i>terazosin hcl</i>	Tier-1	
ANGINA		
CORLANOR	Tier-3	PA
<i>isosorbide dinitrate</i>	Tier-1	
<i>isosorbide dinitrate er</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-1	
<i>isosorbide mononitrate er</i>	Tier-1	
NITRO-BID	Tier-3	
<i>nitroglycerin intravenous</i>	Tier-1	
<i>nitroglycerin sublingual</i>	Tier-2	
<i>nitroglycerin transdermal</i>	Tier-1	
<i>nitroglycerin translingual</i>	Tier-1	
NITROMIST	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT	Tier-2	
RANEXA	Tier-2	
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-2	
<i>telmisartan</i>	Tier-2	
<i>valsartan</i>	Tier-1	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl</i>	Tier-1	
<i>digitek</i>	Tier-1	
<i>digoxin</i>	Tier-1	
<i>disopyramide phosphate</i>	Tier-1	
<i>dofetilide</i>	Tier-2	
<i>flecainide acetate</i>	Tier-1	
LANOXIN	Tier-3	
<i>mexiletine hcl</i>	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	
<i>propafenone hcl</i>	Tier-1	
<i>propafenone hcl er</i>	Tier-2	
<i>quinidine gluconate er</i>	Tier-1	
<i>quinidine sulfate</i>	Tier-1	
<i>sorine</i>	Tier-1	
<i>sotalol hcl</i>	Tier-1	
<i>sotalol hcl (af)</i>	Tier-1	
SOTYLIZE	Tier-3	
TIKOSYN	Tier-2	SP-CVS/specialty
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl</i>	Tier-2	
<i>amlodipine besylate-valsartan</i>	Tier-2	
<i>amlodipine-atorvastatin</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan</i>	Tier-2	
<i>amlodipine-valsartan-hctz</i>	Tier-2	
<i>atenolol-chlorthalidone</i>	Tier-1	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan cilexetil-hctz</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-1	
DUTOPROL	Tier-3	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
ENTRESTO	Tier-3	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-1	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-1	
<i>olmesartan medoxomil-hctz</i>	Tier-2	
<i>olmesartan-amlodipine-hctz</i>	Tier-2	
<i>propranolol-hctz</i>	Tier-1	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TEKTURNA HCT	Tier-2	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hctz</i>	Tier-2	
<i>trandolapril-verapamil hcl er</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-3	
<i>labetalol hcl</i>	Tier-1	
BETA BLOCKERS		
<i>acebutolol hcl</i>	Tier-1	
<i>atenolol</i>	Tier-1	
<i>betaxolol hcl</i>	Tier-1	
<i>bisoprolol fumarate</i>	Tier-1	
<i>metoprolol succinate er</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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-2	
<i>nadolol</i>	Tier-2	
<i>pindolol</i>	Tier-1	
<i>propranolol hcl</i>	Tier-1	
<i>propranolol hcl er</i>	Tier-1	
<i>timolol maleate</i>	Tier-1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-1	
<i>amlodipine besylate</i>	Tier-1	
<i>cartia xt</i>	Tier-1	
<i>diltiazem hcl</i>	Tier-1	
<i>diltiazem hcl er</i>	Tier-1	
<i>diltiazem hcl er beads</i>	Tier-1	
<i>diltiazem hcl er coated beads</i>	Tier-1	
<i>dilt-xr</i>	Tier-1	
<i>felodipine er</i>	Tier-1	
<i>isradipine</i>	Tier-1	
<i>matzim la</i>	Tier-1	
<i>nicardipine hcl</i>	Tier-1	
<i>nifedipine</i>	Tier-1	
<i>nifedipine er</i>	Tier-1	
<i>nifedipine er osmotic release</i>	Tier-1	
<i>nimodipine</i>	Tier-1	
<i>nisoldipine er</i>	Tier-1	
<i>taztia xt</i>	Tier-1	
<i>verapamil hcl</i>	Tier-1	
<i>verapamil hcl er</i>	Tier-1	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl</i>	Tier-1	
NORTHERA	Tier-2	PA; NDS; SP-CVS/specialty
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-2	
DIURETICS		
<i>amiloride hcl</i>	Tier-1	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide</i>	Tier-1	
<i>chlorothiazide</i>	Tier-1	
<i>chlorthalidone</i>	Tier-1	
EDECIN	Tier-2	
<i>eplerenone</i>	Tier-1	
<i>ethacrynic acid</i>	Tier-2	
<i>furosemide</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-1	
<i>metolazone</i>	Tier-1	
<i>spironolactone</i>	Tier-1	
<i>spironolactone-hctz</i>	Tier-1	
<i>toremide</i>	Tier-1	
<i>triamterene-hctz</i>	Tier-1	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium</i>	Tier-1	
<i>cholestyramine light</i>	Tier-1	
<i>colestipol hcl</i>	Tier-1	
<i>ezetimibe</i>	Tier-2	
<i>ezetimibe-simvastatin</i>	Tier-2	
<i>fenofibrate</i>	Tier-1	
<i>fenofibrate micronized</i>	Tier-1	
<i>fenofibric acid</i>	Tier-1	
<i>fluvastatin sodium</i>	Tier-2	
<i>fluvastatin sodium er</i>	Tier-2	
<i>gemfibrozil</i>	Tier-1	
JUXTAPID	Tier-2	PA; NDS
KYNAMRO	Tier-2	PA; NDS; SP-CVS/specialty
<i>lovastatin</i>	Tier-1	
<i>niacin er</i>	Tier-2	
<i>niacor</i>	Tier-1	
<i>omega-3-acid ethyl esters</i>	Tier-2	
<i>pravastatin sodium</i>	Tier-1	
PREVALITE	Tier-3	
REPATHA	Tier-2	PA; NDS; SP-CVS/specialty
REPATHA PUSHTRONEX SYSTEM	Tier-2	PA; NDS; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK	Tier-2	PA; NDS; SP-CVS/specialty
<i>rosuvastatin calcium</i>	Tier-2	PA
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-2	
VYTORIN	Tier-3	
WELCHOL	Tier-3	
ZETIA	Tier-3	
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-3	
<i>klor-con m20</i>	Tier-1	
<i>klor-con sprinkle</i>	Tier-1	
K-TAB	Tier-3	
<i>potassium chloride</i>	Tier-1	
<i>potassium chloride crys er</i>	Tier-1	
<i>potassium chloride er</i>	Tier-1	
VASODILATORS		
BIDIL	Tier-2	
<i>hydralazine hcl</i>	Tier-1	
<i>minoxidil</i>	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	Tier-1	
<i>comfort assist insulin syringe</i>	Tier-1	
<i>exel comfort point pen needle</i>	Tier-1	
<i>gauze pads</i>	Tier-1	
<i>global alcohol prep ease</i>	Tier-1	
<i>insulin syringe</i>	Tier-1	
INSULIN SYRINGE	Tier-2	
<i>lancets</i>	Tier-1	Part B
ONETOUCH TEST STRIPS	Tier-2	Part B
<i>preferred plus insulin syringe</i>	Tier-1	
RELI-ON INSULIN SYRINGE	Tier-2	
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY	Tier-2	
PROGLYCEM	Tier-3	
INSULINS		
HUMALOG KWIKPEN	Tier-2	
HUMALOG MIX 50/50	Tier-2	
HUMALOG MIX 50/50 KWIKPEN	Tier-2	
HUMALOG MIX 75/25	Tier-2	
HUMALOG MIX 75/25 KWIKPEN	Tier-2	
<i>humalog subcutaneous solution</i>	Tier-2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier-2	
HUMULIN 70/30	Tier-2	
HUMULIN 70/30 KWIKPEN	Tier-2	
HUMULIN N	Tier-2	
HUMULIN N KWIKPEN	Tier-2	
HUMULIN R	Tier-2	
HUMULIN R U-500 (CONCENTRATED)	Tier-2	
HUMULIN R U-500 KWIKPEN	Tier-2	
LANTUS	Tier-2	
LANTUS SOLOSTAR	Tier-2	
TOUJEO SOLOSTAR	Tier-3	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-2	
SYMLINPEN 120	Tier-2	
SYMLINPEN 60	Tier-2	
TANZEUM	Tier-3	
TRULICITY	Tier-2	
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-3	
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-3	
INVOKAMET	Tier-2	
INVOKAMET XR	Tier-2	
INVOKANA	Tier-2	
JANUMET	Tier-2	
JANUMET XR	Tier-2	
JANUVIA	Tier-2	
JARDIANCE	Tier-2	
JENTADUETO	Tier-2	
JENTADUETO XR	Tier-2	
<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 (osm) 1,000 mg</i>	Tier-1	
<i>miglitol</i>	Tier-2	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone hcl</i>	Tier-2	
<i>pioglitazone hcl-glimepiride</i>	Tier-1	
<i>pioglitazone hcl-metformin hcl</i>	Tier-2	
<i>repaglinide</i>	Tier-1	
<i>repaglinide-metformin hcl</i>	Tier-2	
RIOMET	Tier-2	
SYNJARDY	Tier-2	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-2	
EAR, NOSE AND THROAT		
EAR		
<i>acetic acid</i>	Tier-1	
CIPRO HC	Tier-2	
CIPRODEX	Tier-2	
<i>fluocinolone acetonide</i>	Tier-1	
<i>hydrocortisone-acetic acid</i>	Tier-1	
<i>ofloxacin</i>	Tier-2	
MOUTH AND THROAT		
<i>cevimeline hcl</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
NOSE		
<i>azelastine hcl</i>	Tier-1	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-3	
<i>budesonide</i>	Tier-1	
<i>cyproheptadine hcl</i>	Tier-1	
<i>desloratadine</i>	Tier-1	
<i>flunisolide</i>	Tier-1	QL (150 ML per 90 days)
<i>fluticasone propionate</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl</i>	Tier-1	PA
<i>hydroxyzine pamoate</i>	Tier-1	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier-1	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier-1	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride</i>	Tier-1	
<i>mometasone furoate</i>	Tier-2	QL (102 GM per 90 days)
<i>olopatadine hcl</i>	Tier-1	QL (91.5 GM per 90 days)
<i>triamcinolone acetonide</i>	Tier-2	
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
<i>benzonatate</i>	Tier-1	EC
<i>hydrocodone-homatropine</i>	Tier-1	EC
<i>phenyleph-promethazine-cod</i>	Tier-1	EC
<i>promethazine vc/codeine</i>	Tier-1	EC
<i>promethazine-codeine</i>	Tier-1	EC
<i>promethazine-dm</i>	Tier-1	EC
<i>pseudoeph-chlorphen-hydrocod</i>	Tier-1	EC
ERECTILE DYSFUNCTION		
CAVERJECT	Tier-3	EC
CAVERJECT IMPULSE	Tier-3	EC
CIALIS	Tier-3	EC; QL (4 EA per 30 days)
EDEX	Tier-3	EC
LEVITRA	Tier-3	EC; QL (4 EA per 30 days)
MUSE	Tier-3	EC
SILDENAFIL 25, 50 & 100 MG TABLETS	Tier-2	EC; QL (4 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OBESITY MANAGEMENT		
ADIPEX-P	Tier-3	PA; EC
BELVIQ	Tier-3	PA; EC
<i>diethylpropion hcl</i>	Tier-1	PA; EC
<i>diethylpropion hcl er</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate er</i>	Tier-1	PA; EC
<i>phentermine hcl</i>	Tier-1	PA; EC
QSYMIA	Tier-3	PA; EC
SAXENDA	Tier-3	PA; EC
XENICAL	Tier-3	PA; EC
VITAMINS/MINERALS		
<i>cyanocobalamin (vitamin b12)</i>	Tier-1	EC
<i>ergocalciferol (rx and otc)</i>	Tier-1	EC
<i>folic acid (rx and otc)</i>	Tier-1	EC
MEPHYTON	Tier-3	EC
NASCOBAL	Tier-2	EC
<i>vitamin d (ergocalciferol)</i>	Tier-1	EC
EYE		
ALLERGY		
ALOCRIAL	Tier-3	
ALOMIDE	Tier-3	
<i>azelastine hcl</i>	Tier-1	
<i>cromolyn sodium</i>	Tier-1	
EMADINE	Tier-3	
<i>epinastine hcl</i>	Tier-1	
LASTACRAFT	Tier-3	
<i>olopatadine hcl</i>	Tier-2	
ANTI-INFECTIVES		
AZASITE	Tier-3	
<i>bacitracin</i>	Tier-1	
<i>bacitracin-polymyxin b</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc</i>	Tier-1	
BESIVANCE	Tier-2	
BLEPHAMIDE	Tier-3	
BLEPHAMIDE S.O.P.	Tier-3	
<i>ciprofloxacin hcl</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin</i>	Tier-1	
<i>gatifloxacin</i>	Tier-1	
<i>gentak</i>	Tier-1	
<i>gentamicin sulfate</i>	Tier-1	
<i>levofloxacin</i>	Tier-1	
MOXEZA	Tier-3	
<i>moxifloxacin hcl</i>	Tier-2	
<i>neomycin-bacitracin zn-polymyx</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
<i>ofloxacin</i>	Tier-1	
<i>polymyxin b-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium</i>	Tier-1	
<i>sulfacetamide-prednisolone</i>	Tier-1	
TOBRADEX	Tier-3	
TOBRADEX ST	Tier-3	
<i>tobramycin</i>	Tier-1	
<i>tobramycin-dexamethasone</i>	Tier-1	
VIGAMOX	Tier-2	
ANTI-INFLAMMATORIES		
ALREX	Tier-2	
<i>bromfenac sodium</i>	Tier-1	
<i>dexamethasone sodium phosphate</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
DUREZOL	Tier-2	
FLAREX	Tier-3	
<i>fluorometholone</i>	Tier-1	
<i>flurbiprofen sodium</i>	Tier-1	
FML	Tier-2	
FML FORTE	Tier-3	
ILEVRO	Tier-3	
<i>ketorolac tromethamine</i>	Tier-1	
LOTEMAX	Tier-2	
MAXIDEX	Tier-3	
<i>neomycin-polymyxin-dexameth</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
NEVANAC	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
PRED MILD	Tier-2	
PRED-G	Tier-2	
PRED-G S.O.P.	Tier-2	
<i>prednisolone acetate</i>	Tier-1	
<i>prednisolone sodium phosphate</i>	Tier-1	
PROLENSA	Tier-3	
ZYLET	Tier-3	
ANTIVIRALS		
<i>trifluridine</i>	Tier-1	
ZIRGAN	Tier-3	
GLAUCOMA		
<i>acetazolamide</i>	Tier-1	
<i>acetazolamide er</i>	Tier-1	
ALPHAGAN P 0.1%	Tier-3	
<i>apraclonidine hcl</i>	Tier-1	
AZOPT	Tier-2	
<i>betaxolol hcl</i>	Tier-1	
BETIMOL	Tier-2	
BETOPTIC-S	Tier-3	
<i>bimatoprost</i>	Tier-1	
<i>brimonidine tartrate</i>	Tier-1	
<i>carteolol hcl</i>	Tier-1	
COMBIGAN	Tier-3	
<i>dorzolamide hcl</i>	Tier-1	
<i>dorzolamide hcl-timolol mal</i>	Tier-1	
IOPIDINE	Tier-3	
<i>latanoprost</i>	Tier-1	
<i>levobunolol hcl</i>	Tier-1	
LUMIGAN	Tier-2	
<i>methazolamide</i>	Tier-1	
<i>metipranolol</i>	Tier-1	
PHOSPHOLINE IODIDE	Tier-2	
<i>pilocarpine hcl</i>	Tier-1	
SIMBRINZA	Tier-3	
<i>timolol maleate</i>	Tier-1	
TRAVATAN Z	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC DRUGS, MISCELLANEOUS		
<i>atropine sulfate</i>	Tier-1	
CYSTARAN	Tier-2	
NATACYN	Tier-3	
<i>proparacaine hcl</i>	Tier-1	
RESTASIS	Tier-2	PA
GASTROINTESTINAL DRUGS		
EMESIS		
AKYNZEO	Tier-3	B/D
ALOXI	Tier-2	B/D; NDS
ANZEMET	Tier-2	B/D
<i>aprepitant</i>	Tier-2	B/D
CESAMET	Tier-2	B/D
<i>compro</i>	Tier-1	
<i>dronabinol</i>	Tier-2	B/D
EMEND	Tier-2	B/D
EMEND TRI-PACK	Tier-2	B/D
<i>granisetron hcl</i>	Tier-1	B/D
<i>meclizine hcl</i>	Tier-1	
<i>metoclopramide hcl</i>	Tier-1	
<i>ondansetron</i>	Tier-1	B/D
<i>ondansetron hcl</i>	Tier-1	B/D
<i>prochlorperazine</i>	Tier-1	
<i>prochlorperazine maleate</i>	Tier-1	
<i>promethazine hcl oral</i>	Tier-1	PA
<i>promethazine hcl rectal</i>	Tier-1	
SANCUSO	Tier-3	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP PATCH	Tier-3	
VARUBI	Tier-3	B/D
ENZYMES		
CARBAGLU	Tier-2	PA; NDS
CREON	Tier-2	
CYSTAGON	Tier-3	SP-CVS/specialty
PANCREAZE	Tier-3	
VIKACE	Tier-3	
ZENPEP	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alose tron hcl</i>	Tier-1	NDS
CHOLBAM	Tier-2	PA; NDS
<i>constulose</i>	Tier-1	
<i>cromolyn sodium</i>	Tier-1	
<i>dicyclomine hcl</i>	Tier-1	
<i>enulose</i>	Tier-1	
GATTEX	Tier-2	PA; NDS; SP-CVS/specialty
<i>generlac</i>	Tier-1	
<i>glycopyrrolate</i>	Tier-1	
KRISTALOSE	Tier-2	
<i>lactulose</i>	Tier-1	
<i>levocarnitine</i>	Tier-1	
<i>loperamide hcl</i>	Tier-1	
<i>megestrol acetate</i>	Tier-1	
MOVANTI K	Tier-3	
MOVIPREP	Tier-3	
MYTESI	Tier-2	PA
OCALIVA	Tier-2	PA; NDS; SP-CVS/specialty; QL (90 EA per 90 days)
OSMOPREP	Tier-3	
<i>peg 3350-kcl-na bicarb-nacl</i>	Tier-1	
<i>peg-3350/electrolytes</i>	Tier-1	
<i>polyethylene glycol 3350</i>	Tier-1	
<i>propantheline bromide</i>	Tier-1	
RELISTOR	Tier-2	NDS
SUPREP BOWEL PREP KIT	Tier-3	
<i>trilyte</i>	Tier-1	
<i>ursodiol</i>	Tier-1	
XERMELO	Tier-2	PA; NDS
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz</i>	Tier-2	
CARAFATE SUSPENSION	Tier-3	
<i>cimetidine</i>	Tier-1	
<i>cimetidine solution</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium</i>	Tier-2	
<i>famotidine</i>	Tier-1	
<i>lansoprazole</i>	Tier-2	
<i>methscopolamine bromide</i>	Tier-1	
<i>misoprostol</i>	Tier-1	
<i>nizatidine</i>	Tier-1	
<i>omeprazole</i>	Tier-1	
<i>omeprazole-sodium bicarbonate</i>	Tier-2	
<i>pantoprazole sodium</i>	Tier-1	
PYLERA	Tier-2	
<i>rabeprazole sodium</i>	Tier-2	
<i>ranitidine hcl</i>	Tier-1	
<i>sucralfate</i>	Tier-1	
UCERIS	Tier-3	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL HD	Tier-3	
<i>balsalazide disodium</i>	Tier-1	
<i>budesonide</i>	Tier-1	
CANASA	Tier-2	
<i>colocort</i>	Tier-1	
DELZICOL	Tier-3	
DIPENTUM	Tier-3	
<i>hydrocortisone</i>	Tier-1	
LIALDA	Tier-3	
<i>mesalamine</i>	Tier-2	
<i>mesalamine-cleanser</i>	Tier-1	
PENTASA	Tier-3	
SFROWASA	Tier-3	
<i>sulfasalazine</i>	Tier-1	
UCERIS	Tier-2	NDS
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-2	PA; NDS
<i>acetazolamide sodium</i>	Tier-1	
<i>acyclovir sodium</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
AMBISOME	Tier-2	PA; NDS
<i>amikacin sulfate</i>	Tier-1	
<i>aminophylline</i>	Tier-1	
<i>amphotericin b</i>	Tier-1	PA
<i>ampicillin sodium</i>	Tier-1	
<i>ampicillin-sulbactam sodium</i>	Tier-1	
ARGATROBAN	Tier-3	
<i>atropine sulfate</i>	Tier-1	
AVELOX	Tier-2	
AVYCAZ	Tier-2	
<i>azithromycin</i>	Tier-1	
<i>aztreonam</i>	Tier-1	
<i>bactocill in dextrose</i>	Tier-1	
<i>benztropine mesylate</i>	Tier-1	
<i>bumetanide</i>	Tier-1	
<i>butorphanol tartrate</i>	Tier-1	
<i>calcitriol</i>	Tier-1	
CANCIDAS	Tier-2	NDS
CAPASTAT SULFATE	Tier-2	
CARDENE IV	Tier-3	
<i>caspofungin acetate</i>	Tier-1	NDS
<i>cefazolin sodium</i>	Tier-1	
<i>cefepime hcl</i>	Tier-1	
<i>cefotaxime sodium</i>	Tier-1	
<i>cefotetan disodium</i>	Tier-1	
<i>cefoxitin sodium</i>	Tier-1	
<i>ceftazidime</i>	Tier-1	
<i>ceftriaxone sodium</i>	Tier-1	
<i>cefuroxime sodium</i>	Tier-1	
<i>chloramphenicol sod succinate</i>	Tier-1	
<i>cidofovir</i>	Tier-2	
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin in d5w</i>	Tier-1	
<i>clindamycin phosphate</i>	Tier-1	
<i>clindamycin phosphate in d5w</i>	Tier-1	
<i>colistimethate sodium</i>	Tier-1	
CRESEMBA	Tier-2	NDS

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

Drug Name	Drug Tier	Requirements/Limits
CUBICIN	Tier-2	NDS
<i>cyclosporine</i>	Tier-1	B/D
DALVANCE	Tier-2	
<i>daptomycin</i>	Tier-1	
<i>dexamethasone sodium phosphate</i>	Tier-1	
<i>diltiazem hcl</i>	Tier-1	
<i>diphenhydramine hcl</i>	Tier-1	
DORIBAX	Tier-2	
DOXY 100	Tier-3	
EMEND	Tier-2	B/D
ERAXIS	Tier-2	
ERYTHROCIN LACTOBIONATE	Tier-2	
<i>esomeprazole sodium</i>	Tier-1	
<i>fluconazole in sodium chloride</i>	Tier-1	
<i>gentamicin in saline</i>	Tier-1	
<i>gentamicin sulfate</i>	Tier-1	
<i>granisetron hcl</i>	Tier-1	B/D
<i>heparin sodium (porcine)</i>	Tier-1	
<i>hydroxyzine hcl</i>	Tier-1	
<i>imipenem-cilastatin</i>	Tier-1	
INVANZ	Tier-2	
<i>isoniazid</i>	Tier-1	
<i>labetalol hcl</i>	Tier-1	
<i>levetiracetam in nacl</i>	Tier-1	
<i>levofloxacin</i>	Tier-1	
<i>levofloxacin in d5w</i>	Tier-1	
<i>levothyroxine sodium</i>	Tier-1	
<i>lidocaine hcl</i>	Tier-1	
<i>lidocaine hcl (pf)</i>	Tier-1	
LINCOICIN	Tier-2	
<i>lincomycin hcl</i>	Tier-1	
<i>linezolid</i>	Tier-1	
<i>meropenem</i>	Tier-1	
<i>methotrexate sodium</i>	Tier-1	B/D
<i>methotrexate sodium (pf)</i>	Tier-1	B/D
<i>metoclopramide hcl</i>	Tier-1	
<i>metoprolol tartrate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl</i>	Tier-1	
<i>moxifloxacin hcl</i>	Tier-1	
MYCAMINE	Tier-2	
<i>nafcillin sodium</i>	Tier-1	
<i>ondansetron hcl</i>	Tier-1	B/D
ORBACTIV	Tier-2	
<i>oxacillin sodium</i>	Tier-1	
<i>penicillin g pot in dextrose</i>	Tier-1	
<i>penicillin g potassium</i>	Tier-1	
<i>penicillin g sodium</i>	Tier-1	
<i>piperacillin sod-tazobactam so</i>	Tier-1	
<i>polymyxin b sulfate</i>	Tier-1	
<i>prochlorperazine edisylate</i>	Tier-1	
PROGRAF INJECTION	Tier-2	B/D; SP-CVS/specialty
<i>promethazine hcl</i>	Tier-1	
RETROVIR	Tier-2	SP-CVS/specialty
<i>rifampin</i>	Tier-1	
SIVEXTRO	Tier-2	
<i>streptomycin sulfate</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	
SYNERCID	Tier-2	NDS
TEFLARO	Tier-2	
<i>tigecycline</i>	Tier-1	
<i>tobramycin sulfate</i>	Tier-1	
TYGACIL	Tier-2	
<i>valproate sodium</i>	Tier-1	
<i>vancomycin hcl</i>	Tier-1	
<i>voriconazole</i>	Tier-1	
ZERBAXA	Tier-2	NDS
ELECTROLYTES		
<i>dextrose</i>	Tier-1	
<i>dextrose in lactated ringers</i>	Tier-1	
<i>dextrose-nacl</i>	Tier-1	
IONOSOL-B IN D5W	Tier-2	
IONOSOL-MB IN D5W	Tier-2	
ISOLYTE-P IN D5W	Tier-2	
ISOLYTE-S	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>kcl in dextrose-nacl</i>	Tier-1	
<i>kcl-lactated ringers-d5w</i>	Tier-1	
<i>lactated ringers</i>	Tier-1	
<i>magnesium sulfate</i>	Tier-1	
NORMOSOL-M IN D5W	Tier-2	
NORMOSOL-R IN D5W	Tier-2	
NORMOSOL-R PH 7.4	Tier-2	
PLASMA-LYTE 148	Tier-2	
PLASMA-LYTE A	Tier-2	
<i>potassium chloride</i>	Tier-1	
<i>potassium chloride in dextrose</i>	Tier-1	
<i>potassium chloride in nacl</i>	Tier-1	
<i>ringers</i>	Tier-1	
<i>sodium chloride</i>	Tier-1	
<i>sodium lactate</i>	Tier-1	
IV NUTRITION		
AMINOSYN II	Tier-2	B/D
AMINOSYN II/ELECTROLYTES	Tier-2	B/D
AMINOSYN/ELECTROLYTES	Tier-2	B/D
AMINOSYN-HBC	Tier-2	B/D
AMINOSYN-PF	Tier-2	B/D
AMINOSYN-RF	Tier-2	B/D
CLINIMIX E/DEXTROSE (2.75/10)	Tier-2	B/D
CLINIMIX E/DEXTROSE (2.75/5)	Tier-2	B/D
CLINIMIX E/DEXTROSE (4.25/10)	Tier-2	B/D
CLINIMIX E/DEXTROSE (4.25/25)	Tier-2	B/D
CLINIMIX E/DEXTROSE (4.25/5)	Tier-2	B/D
CLINIMIX E/DEXTROSE (5/15)	Tier-2	B/D
CLINIMIX E/DEXTROSE (5/20)	Tier-2	B/D
CLINIMIX E/DEXTROSE (5/25)	Tier-2	B/D
CLINIMIX/DEXTROSE (2.75/5)	Tier-2	B/D
CLINIMIX/DEXTROSE (4.25/10)	Tier-2	B/D
CLINIMIX/DEXTROSE (4.25/20)	Tier-2	B/D
CLINIMIX/DEXTROSE (4.25/25)	Tier-2	B/D
CLINIMIX/DEXTROSE (4.25/5)	Tier-2	B/D
CLINIMIX/DEXTROSE (5/15)	Tier-2	B/D
CLINIMIX/DEXTROSE (5/20)	Tier-2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (5/25)	Tier-2	B/D
CLINISOL SF	Tier-2	B/D
FREAMINE HBC	Tier-2	B/D
HEPATAMINE	Tier-2	B/D
INTRALIPID	Tier-2	B/D
NEPHRAMINE	Tier-2	B/D
NUTRILIPID	Tier-2	B/D
PLENAMINE	Tier-2	B/D
PREMASOL	Tier-2	B/D
PROCALAMINE	Tier-2	B/D
PROSOL	Tier-2	B/D
<i>tpn electrolytes</i>	Tier-1	B/D
TRAVASOL	Tier-2	B/D
TROPHAMINE	Tier-2	B/D
HORMONES		
ADRENAL CORTICOSTEROIDS		
<i>cortisone acetate</i>	Tier-1	
DEPO-MEDROL	Tier-2	
<i>dexamethasone</i>	Tier-1	
<i>dexamethasone intensol</i>	Tier-1	
<i>dexpak 13 day</i>	Tier-1	
<i>fludrocortisone acetate</i>	Tier-1	
HP ACTHAR	Tier-2	PA; NDS; SP-CVS/specialty
<i>hydrocortisone</i>	Tier-1	
MEDROL	Tier-3	
<i>methylprednisolone</i>	Tier-1	
<i>methylprednisolone acetate</i>	Tier-1	
<i>methylprednisolone sodium succ</i>	Tier-1	
MILLIPRED	Tier-3	Transplant
ORAPRED ODT	Tier-3	Transplant
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier-2	Transplant
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier-1	Transplant
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier-1	Transplant
<i>prednisone</i>	Tier-1	Transplant
PREDNISON INTENSOL	Tier-3	Transplant

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

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF	Tier-3	
SOLU-MEDROL	Tier-3	
VERIPRED 20	Tier-3	Transplant
ANDROGENS		
ANADROL-50	Tier-3	
AVEED	Tier-3	SP-CVS/specialty
<i>danazol</i>	Tier-1	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	Tier-3	
<i>methyltestosterone</i>	Tier-1	NDS
<i>oxandrolone</i>	Tier-1	
<i>testosterone cypionate</i>	Tier-1	
<i>testosterone enanthate</i>	Tier-1	
<i>testosterone transdermal gel</i>	Tier-2	
<i>testosterone transdermal solution</i>	Tier-1	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-2	SP-CVS/specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	Tier-2	NDS; SP-CVS/specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier-2	SP-CVS/specialty
<i>leuprolide acetate</i>	Tier-1	SP-CVS/specialty
LUPRON DEPOT (1-MONTH)	Tier-2	NDS; SP-CVS/specialty
LUPRON DEPOT (3-MONTH)	Tier-2	NDS; SP-CVS/specialty
LUPRON DEPOT (4-MONTH)	Tier-2	NDS; SP-CVS/specialty
LUPRON DEPOT (6-MONTH)	Tier-2	NDS; SP-CVS/specialty
LUPRON DEPOT-PED (1-MONTH)	Tier-2	NDS; SP-CVS/specialty
SYNAREL	Tier-2	NDS
TRELSTAR MIXJECT	Tier-2	NDS; SP-CVS/specialty
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	Tier-1	
<i>levoxyl</i>	Tier-1	
<i>liothyronine sodium</i>	Tier-1	
<i>methimazole</i>	Tier-1	
<i>propylthiouracil</i>	Tier-1	
SYNTHROID	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1	Tier-3	
THYROLAR-1/2	Tier-3	
THYROLAR-1/4	Tier-3	
THYROLAR-2	Tier-3	
THYROLAR-3	Tier-3	
TIROSINT	Tier-3	
TRIOSTAT	Tier-2	
<i>unithroid</i>	Tier-1	

IMMUNOLOGIC AGENTS

IMMUNE STIMULANTS

ACTHIB	Tier-2	Part B
ACTIMMUNE	Tier-2	NDS; SP-CVS/specialty
ADACEL	Tier-2	
ADAGEN	Tier-2	NDS
<i>bcg vaccine</i>	Tier-1	
BEXSERO	Tier-2	
BIVIGAM	Tier-2	PA; NDS; SP-CVS/specialty
BOOSTRIX	Tier-2	
CARIMUNE NF	Tier-2	PA; NDS; SP-CVS/specialty
DAPTACEL	Tier-2	
<i>diphtheria-tetanus toxoids dt</i>	Tier-1	
ENGERIX-B	Tier-2	B/D
FLEBOGAMMA DIF	Tier-2	PA; NDS; SP-CVS/specialty
GAMASTAN S/D	Tier-2	PA; SP-CVS/specialty
GAMMAGARD	Tier-2	PA; NDS; SP-CVS/specialty
GAMMAGARD S/D LESS IGA	Tier-2	PA; Part B; NDS; SP-CVS/specialty
GAMMAKED	Tier-2	PA; NDS; SP-CVS/specialty
GAMMAPLEX	Tier-2	PA; Part B; NDS; SP-CVS/specialty
GAMUNEX-C	Tier-2	PA; NDS; SP-CVS/specialty
GARDASIL 9	Tier-2	
HAVRIX	Tier-2	
HIBERIX	Tier-2	
HYPERRAB S/D	Tier-2	
IMOGAM RABIES-HT	Tier-2	
IMOVAX RABIES	Tier-2	
INFANRIX	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
IPOL	Tier-2	
IXIARO	Tier-2	
KINRIX	Tier-2	
MENACTRA	Tier-2	
MENOMUNE	Tier-2	
MENVEO	Tier-2	
M-M-R II	Tier-2	
OCTAGAM	Tier-2	PA; SP-CVS/specialty
PEDIARIX	Tier-2	
PEDVAX HIB	Tier-2	
PNEUMOVAX 23	Tier-2	Part B
PREVNAR 13	Tier-2	Part B
PRIVIGEN	Tier-2	PA; NDS; SP-CVS/specialty
PROQUAD	Tier-2	
QUADRACEL	Tier-2	
RABAVERT	Tier-2	
RECOMBIVAX HB	Tier-2	B/D
ROTARIX	Tier-2	
ROTATEQ	Tier-2	
TENIVAC	Tier-2	
<i>tetanus-diphtheria toxoids td</i>	Tier-1	
TRUMENBA	Tier-2	
TWINRIX	Tier-2	
TYPHIM VI	Tier-2	
VAQTA	Tier-2	
VARIVAX	Tier-2	
VARIZIG	Tier-2	
YF-VAX	Tier-2	
ZINPLAVA	Tier-2	PA; NDS
ZOSTAVAX	Tier-2	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-3	B/D; SP-CVS/specialty
ATGAM	Tier-2	B/D
BENLYSTA INTRAVENOUS	Tier-2	PA; NDS; SP-CVS/specialty
BENLYSTA SUBCUTANEOUS	Tier-2	PA; NDS
CELLCEPT	Tier-2	B/D; NDS; SP-CVS/specialty
<i>cyclosporine</i>	Tier-1	B/D; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified</i>	Tier-1	B/D; SP-CVS/specialty
ENVARUSUS XR	Tier-3	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier-1	B/D; SP-CVS/specialty
<i>gengraf oral capsule 50 mg</i>	Tier-1	B/D
<i>gengraf oral solution</i>	Tier-1	B/D; SP-CVS/specialty
<i>mycophenolate mofetil</i>	Tier-1	B/D; SP-CVS/specialty
<i>mycophenolate mofetil hcl</i>	Tier-1	B/D
<i>mycophenolate sodium</i>	Tier-1	B/D; SP-CVS/specialty
NULOJIX	Tier-2	B/D; NDS; SP-CVS/specialty
RAPAMUNE ORAL SOLUTION	Tier-2	B/D; SP-CVS/specialty
SIMULECT	Tier-2	B/D; NDS
<i>sirolimus</i>	Tier-1	B/D; SP-CVS/specialty
<i>tacrolimus</i>	Tier-1	B/D; SP-CVS/specialty
THYMOGLOBULIN	Tier-2	B/D
ZORTRESS	Tier-2	B/D; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate</i>	Tier-1	SP-CVS/specialty
SANDOSTATIN LAR DEPOT	Tier-2	NDS; SP-CVS/specialty
SIGNIFOR LAR	Tier-2	PA; NDS; QL (2 EA per 28 days)
SOMATULINE DEPOT	Tier-2	NDS; SP-CVS/specialty
SOMAVERT	Tier-2	PA; NDS; SP-CVS/specialty
AMYOTROPHIC LATERAL SCLEROSIS		
RADICAVA	Tier-2	NDS
<i>riluzole</i>	Tier-2	
ANAPHYLAXIS EMERGENCY		
<i>epinephrine</i>	Tier-1	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-2	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-2	QL (2 EA per 1 day)
<i>midodrine hcl</i>	Tier-1	
BOTULINUM TOXINS		
BOTOX	Tier-2	PA; SP-CVS/specialty
DYSPORT	Tier-2	PA; SP-CVS/specialty
XEOMIN	Tier-2	PA; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
CASTLEMAN DISEASE		
SYLVANT	Tier-2	PA; NDS
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-2	PA; NDS; SP-CVS/specialty
ILARIS (150MG DELIVERED)	Tier-2	PA; NDS; SP-CVS/specialty
CUSHING DISEASE		
KORLYM	Tier-2	PA; NDS; QL (120 EA per 30 days)
SIGNIFOR	Tier-2	PA; NDS; QL (60 ML per 30 days)
CYSTIC FIBROSIS		
BETHKIS	Tier-2	B/D; NDS; SP-CVS/specialty
CAYSTON	Tier-2	NDS
KALYDECO	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
ORKAMBI	Tier-2	PA; NDS; SP-CVS/specialty; QL (120 EA per 30 days)
PULMOZYME	Tier-2	B/D; NDS; SP-CVS/specialty
TOBI PODHALER	Tier-2	NDS; SP-CVS/specialty
<i>tobramycin</i>	Tier-1	B/D; NDS; SP-CVS/specialty
CYSTINURIA		
CYSTADANE	Tier-2	NDS
DETOXIFICATION AGENTS		
CHEMET	Tier-3	
EXJADE	Tier-2	NDS; SP-CVS/specialty
FERRIPROX	Tier-2	NDS
JADENU	Tier-2	NDS; SP-CVS/specialty
JADENU SPRINKLE	Tier-2	NDS
FABRY DISEASE		
FABRAZYME	Tier-2	PA; NDS; SP-CVS/specialty
GAUCHER DISEASE		
CERDELGA	Tier-2	PA; NDS; SP-CVS/specialty
CEREZYME	Tier-2	PA; NDS; SP-CVS/specialty
ELELYSO	Tier-2	PA; NDS
VPRIV	Tier-2	PA; NDS; SP-CVS/specialty
ZAVESCA	Tier-2	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-2	PA; NDS; SP-CVS/specialty
GENOTROPIN	Tier-2	PA; SP-CVS/specialty
GENOTROPIN MINIQUICK	Tier-2	PA; SP-CVS/specialty
HUMATROPE	Tier-2	PA; NDS; SP-CVS/specialty
INCRELEX	Tier-2	PA; NDS; SP-CVS/specialty
NORDITROPIN FLEXPPO	Tier-2	PA; NDS; SP-CVS/specialty
NUTROPIN AQ NUSPIN 10	Tier-2	PA; NDS; SP-CVS/specialty
NUTROPIN AQ NUSPIN 20	Tier-2	PA; NDS; SP-CVS/specialty
NUTROPIN AQ NUSPIN 5	Tier-2	PA; NDS; SP-CVS/specialty
OMNITROPE	Tier-2	PA; SP-CVS/specialty
SAIZEN	Tier-2	PA; NDS; SP-CVS/specialty
SAIZEN CLICK.EASY	Tier-2	PA; NDS; SP-CVS/specialty
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 6 MG	Tier-2	PA; NDS; SP-CVS/specialty
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	Tier-2	PA; NDS; SP-CVS specialty
ZOMACTON	Tier-2	PA; SP-CVS/specialty
ZORBTIVE	Tier-2	PA; NDS; SP-CVS/specialty
HEREDITARY ANGIOEDEMA		
BERINERT	Tier-2	SP-CVS/specialty
CINRYZE	Tier-2	PA; NDS; SP-CVS/specialty
FIRAZYR	Tier-2	PA; NDS; SP-CVS/specialty; QL (18 ML per 30 days)
RUCONEST	Tier-2	NDS; SP-CVS/specialty
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	Tier-2	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	Tier-2	PA; NDS; SP-CVS/specialty
ORFADIN ORAL SUSPENSION	Tier-2	PA; NDS
HUNTINGTON DISEASE		
AUSTEDO	Tier-2	PA; NDS
<i>tetrabenazine</i>	Tier-1	PA; NDS; SP-CVS/specialty
XENAZINE ORAL TABLET 12.5 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-2	PA; NDS; SP-CVS/specialty; QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HYPERCALCEMIA		
SENSIPAR ORAL TABLET 30 MG	Tier-2	SP-CVS/specialty
SENSIPAR ORAL TABLET 60 MG, 90 MG	Tier-2	NDS; SP-CVS/specialty
HYPERPARATHYROIDISM		
<i>calcitriol</i>	Tier-1	
<i>doxercalciferol</i>	Tier-1	
<i>paricalcitol</i>	Tier-1	
HYPOPARATHYROIDISM		
NATPARA	Tier-2	PA; NDS; SP-CVS/specialty; QL (2 EA per 28 days)
HYPOPHOSPHATASIA		
STRENSIQ	Tier-2	PA; NDS; QL (48 ML per 28 days)
LYSOSOMAL ACID LIPASE DEFICIENCY		
KANUMA	Tier-2	PA; NDS
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-2	NDS; SP-CVS/specialty
ELAPRASE	Tier-2	NDS; SP-CVS/specialty
LUMIZYME	Tier-2	NDS; SP-CVS/specialty
NAGLAZYME	Tier-2	NDS; SP-CVS/specialty
MULTIPLE SCLEROSIS		
AMPYRA	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
AUBAGIO	Tier-2	PA; NDS; SP-CVS/specialty; QL (30 EA per 30 days)
AVONEX	Tier-2	NDS; SP-CVS/specialty; QL (4 EA per 28 days)
AVONEX PEN	Tier-2	NDS; SP-CVS/specialty; QL (4 EA per 28 days)
AVONEX PREFILLED	Tier-2	NDS; SP-CVS/specialty; QL (4 EA per 28 days)
BETASERON	Tier-2	NDS; SP-CVS/specialty; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier-2	NDS; SP-CVS/specialty; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier-2	NDS; SP-CVS/specialty; QL (12 ML per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
EXTAVIA	Tier-2	NDS; SP-CVS/specialty; QL (15 EA per 30 days)
GILENYA	Tier-2	PA; NDS; SP-CVS/specialty; QL (30 EA per 30 days)
PLEGRIDY	Tier-2	NDS; SP-CVS/specialty; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	Tier-2	NDS; SP-CVS/specialty
REBIF	Tier-2	NDS; SP-CVS/specialty; QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-2	NDS; SP-CVS/specialty; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	Tier-2	NDS; SP-CVS/specialty; QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-2	NDS; SP-CVS/specialty; QL (12 ML per 28 days)
TECFIDERA ORAL STARTER PACK	Tier-2	PA; NDS; SP-CVS/specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
TYSABRI	Tier-2	PA; NDS; SP-CVS/specialty
ZINBRYTA	Tier-2	PA; NDS; SP-CVS/specialty; QL (1 ML per 28 days)
MYASTHENIA GRAVIS		
<i>guanidine hcl</i>	Tier-1	
MESTINON ORAL SYRUP	Tier-3	
MESTINON ORAL TABLET EXTENDED RELEASE	Tier-2	
<i>pyridostigmine bromide</i>	Tier-1	
<i>pyridostigmine bromide er</i>	Tier-1	
OPIOID ANTAGONISTS		
EVZIO	Tier-2	PA; NDS
NARCAN	Tier-3	QL (4 EA per 30 days)
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-1	
PHENYLKETONURIA		
KUVAN	Tier-2	PA; NDS; SP-CVS/specialty
PHEOCHROMOCYTOMA		
DEMSER	Tier-2	NDS
DIBENZYLINE	Tier-3	
<i>phenoxybenzamine hcl</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder)</i>	Tier-1	
RENVELA	Tier-2	
<i>sevelamer carbonate oral packets</i>	Tier-2	
POTASSIUM BINDER		
<i>kionex</i>	Tier-1	
<i>sodium polystyrene sulfonate</i>	Tier-1	
<i>sps</i>	Tier-1	
VELTASSA	Tier-3	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS	Tier-2	PA; NDS
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-2	NDS; SP-CVS/specialty
VIRAZOLE	Tier-2	NDS
SMOKING CESSATION		
<i>bupropion hcl er (smoking det)</i>	Tier-1	
CHANTIX	Tier-3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	Tier-3	QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK	Tier-3	QL (53 EA per 28 days)
NICOTROL	Tier-2	
NICOTROL NS	Tier-3	
SUCRASE DEFICIENCY		
SUCRAID	Tier-2	NDS
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	Tier-1	
CIALIS	Tier-3	PA; QL (30 EA per 30 days)
<i>dutasteride</i>	Tier-2	
<i>dutasteride-tamsulosin hcl</i>	Tier-2	
<i>finasteride</i>	Tier-1	
<i>tamsulosin hcl</i>	Tier-1	
UREA CYCLE DISORDERS		
BUPHENYL	Tier-2	NDS; SP-CVS/specialty
RAVICTI	Tier-2	PA; NDS; SP-CVS/specialty
<i>sodium phenylbutyrate</i>	Tier-1	NDS; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-1	
<i>darifenacin hydrobromide er</i>	Tier-2	
<i>desmopressin ace rhinal tube</i>	Tier-1	
<i>desmopressin ace spray refrig</i>	Tier-1	
<i>desmopressin acetate</i>	Tier-1	
ELMIRON	Tier-3	
<i>flavoxate hcl</i>	Tier-1	
MYRBETRIQ	Tier-3	
<i>oxybutynin chloride</i>	Tier-1	
<i>oxybutynin chloride er</i>	Tier-1	
<i>potassium citrate er</i>	Tier-1	
SAMSCA	Tier-2	NDS; SP-CVS/specialty
<i>tolterodine tartrate</i>	Tier-2	
<i>tolterodine tartrate er</i>	Tier-2	
TOVIAZ	Tier-2	
<i>tropium chloride</i>	Tier-1	
<i>tropium chloride er</i>	Tier-1	
UROCIT-K 10	Tier-3	
UROCIT-K 15	Tier-3	
UROCIT-K 5	Tier-3	
VESICARE	Tier-3	
WILSON'S DISEASE		
CUPRIMINE	Tier-2	NDS
DEPEN TITRATABS	Tier-2	
SYPRINE	Tier-2	NDS
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil hcl</i>	Tier-1	
<i>ergoloid mesylates</i>	Tier-1	
<i>galantamine hydrobromide</i>	Tier-1	
<i>galantamine hydrobromide er</i>	Tier-1	
<i>memantine hcl</i>	Tier-2	
NAMENDA XR	Tier-2	
NAMENDA XR TITRATION PACK	Tier-2	
<i>rivastigmine</i>	Tier-1	
<i>rivastigmine tartrate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-1	
<i>dihydroergotamine mesylate</i>	Tier-1	
<i>eletriptan hydrobromide</i>	Tier-2	
<i>frovatriptan succinate</i>	Tier-2	
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	
<i>naratriptan hcl</i>	Tier-1	
<i>rizatriptan benzoate</i>	Tier-1	
<i>sumatriptan nasal solution 20 mg/act</i>	Tier-2	
<i>sumatriptan nasal solution 5 mg/act</i>	Tier-1	
<i>sumatriptan succinate oral</i>	Tier-1	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Tier-1	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier-1	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Tier-2	
<i>zolmitriptan</i>	Tier-1	
PARKINSONS DISEASE		
APOKYN	Tier-2	NDS; SP-CVS/specialty
AZILECT	Tier-2	
<i>benztropine mesylate</i>	Tier-1	PA
<i>bromocriptine mesylate</i>	Tier-1	
<i>cabergoline</i>	Tier-1	
<i>carbidopa</i>	Tier-1	
<i>carbidopa-levodopa</i>	Tier-1	
<i>carbidopa-levodopa er</i>	Tier-1	
<i>carbidopa-levodopa-entacapone</i>	Tier-1	
CYCLOSET	Tier-2	
DUOPA	Tier-3	
<i>entacapone</i>	Tier-1	
NEUPRO	Tier-3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i>	Tier-1	
<i>pramipexole dihydrochloride er</i>	Tier-1	
<i>rasagiline mesylate</i>	Tier-2	
<i>ropinirole hcl</i>	Tier-1	
<i>ropinirole hcl er</i>	Tier-1	
RYTARY	Tier-3	
<i>selegiline hcl</i>	Tier-1	
TASMAR	Tier-2	
<i>tolcapone</i>	Tier-2	
<i>trihexyphenidyl hcl</i>	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-2	PA
SEIZURES		
APTIOM	Tier-3	PA
BANZEL	Tier-2	
BRIVIACT	Tier-2	PA; NDS
<i>carbamazepine</i>	Tier-1	
<i>carbamazepine er</i>	Tier-1	
CELONTIN	Tier-3	
<i>clonazepam</i>	Tier-1	
DIASTAT ACUDIAL	Tier-2	
DIASTAT PEDIATRIC	Tier-2	
<i>diazepam</i>	Tier-1	
<i>diazepam intensol</i>	Tier-1	
DILANTIN	Tier-2	
DILANTIN INFATABS	Tier-2	
<i>divalproex sodium</i>	Tier-1	
<i>divalproex sodium er</i>	Tier-1	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-1	
<i>felbamate</i>	Tier-1	
<i>fosphenytoin sodium</i>	Tier-1	
FYCOMPA	Tier-3	PA
<i>gabapentin</i>	Tier-1	
GABITRIL	Tier-2	
HORIZANT	Tier-3	QL (60 EA per 30 days)
<i>lamotrigine</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er</i>	Tier-2	
<i>levetiracetam</i>	Tier-1	
<i>levetiracetam er</i>	Tier-1	
LYRICA	Tier-3	ST
ONFI ORAL SUSPENSION	Tier-3	
ONFI ORAL TABLET	Tier-3	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-1	
OXTELLAR XR	Tier-3	
PEGANONE	Tier-3	
<i>phenobarbital</i>	Tier-1	PA
<i>phenytoin</i>	Tier-1	
<i>phenytoin sodium</i>	Tier-1	
<i>phenytoin sodium extended</i>	Tier-1	
<i>primidone</i>	Tier-1	
QUDEXY XR	Tier-3	
<i>roweepra</i>	Tier-1	
SABRIL	Tier-2	NDS; SP-CVS/specialty
SAVELLA	Tier-2	ST; QL (180 EA per 90 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 750 MG	Tier-2	NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	Tier-2	
TEGRETOL-XR	Tier-2	
<i>tiagabine hcl</i>	Tier-1	
<i>topiramate</i>	Tier-1	
<i>topiramate er</i>	Tier-1	
TROKENDI XR	Tier-3	
<i>valproate sodium</i>	Tier-1	
<i>valproic acid</i>	Tier-1	
<i>vigabatrin</i>	Tier-1	NDS
VIMPAT INTRAVENOUS	Tier-3	
VIMPAT ORAL SOLUTION	Tier-3	PA
VIMPAT ORAL TABLET	Tier-3	PA; QL (180 EA per 90 days)
<i>zonisamide</i>	Tier-1	
SPASTICITY		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine hcl</i>	Tier-1	
<i>dantrolene sodium</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl</i>	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-2	PA; NDS; SP-CVS/specialty
AZASAN	Tier-3	B/D
<i>azathioprine</i>	Tier-1	B/D
<i>azathioprine sodium</i>	Tier-1	B/D
CIMZIA	Tier-2	PA; SP-CVS/specialty
CIMZIA PREFILLED	Tier-2	PA; NDS; SP-CVS/specialty; QL (2 EA per 30 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier-2	PA; NDS; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier-2	PA; NDS; SP-CVS/specialty; QL (7.84 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier-2	PA; NDS; SP-CVS/specialty; QL (8 EA per 28 days)
ENBREL SURECLICK	Tier-2	PA; NDS; SP-CVS/specialty; QL (7.84 ML per 28 days)
HUMIRA	Tier-2	PA; NDS; SP-CVS/specialty; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START	Tier-2	PA; NDS; SP-CVS/specialty
HUMIRA PEN	Tier-2	PA; NDS; SP-CVS/specialty; QL (8 EA per 28 days)
HUMIRA PEN-CROHNS STARTER	Tier-2	PA; NDS; SP-CVS/specialty
HUMIRA PEN-PSORIASIS STARTER	Tier-2	PA; NDS; SP-CVS/specialty
INFLECTRA	Tier-2	PA; NDS
KINERET	Tier-2	PA; NDS; QL (20.1 ML per 28 days)
<i>leflunomide</i>	Tier-1	
<i>methotrexate</i>	Tier-1	B/D
ORENCIA CLICKJECT	Tier-2	PA; NDS; SP-CVS/specialty
ORENCIA INTRAVENOUS	Tier-2	PA; NDS; SP-CVS/specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Tier-2	PA; NDS; SP-CVS/specialty; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	Tier-2	PA; NDS; SP-CVS specialty; QL (4 ML per 28 days)
RASUVO	Tier-3	SP-CVS/specialty
REMICADE	Tier-2	PA; NDS; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
RIDAURA	Tier-2	NDS
SIMPONI ARIA	Tier-2	PA; NDS; SP-CVS/specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier-2	PA; NDS; SP-CVS/specialty; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier-2	PA; NDS; SP-CVS/specialty; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier-2	PA; NDS; SP-CVS/specialty; QL (0.5 ML per 28 days)
TREXALL	Tier-3	B/D
XATMEP	Tier-2	B/D; NDS
XELJANZ	Tier-2	PA; NDS; QL (60 EA per 30 days)
XELJANZ XR	Tier-2	PA; NDS; QL (30 EA per 30 days)
GOUT		
<i>allopurinol</i>	Tier-1	
<i>colchicine</i>	Tier-1	
<i>colchicine-probenecid</i>	Tier-1	
<i>probenecid</i>	Tier-1	
ULORIC	Tier-2	ST
PAIN, NSAID ANALGESICS		
<i>celecoxib</i>	Tier-2	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-1	
<i>diflunisal</i>	Tier-1	
<i>etodolac</i>	Tier-1	
<i>etodolac er</i>	Tier-1	
<i>fenoprofen calcium</i>	Tier-1	
<i>flurbiprofen</i>	Tier-1	
<i>ibuprofen</i>	Tier-1	
INDOCIN ORAL SUSPENSION	Tier-3	
<i>indomethacin</i>	Tier-1	
<i>indomethacin er</i>	Tier-1	
<i>ketoprofen</i>	Tier-1	
<i>ketoprofen er</i>	Tier-1	
<i>meclofenamate sodium</i>	Tier-1	
<i>mefenamic acid</i>	Tier-1	
<i>meloxicam</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone</i>	Tier-1	
<i>naproxen</i>	Tier-1	
<i>naproxen dr</i>	Tier-1	
<i>naproxen sodium</i>	Tier-1	
<i>naproxen sodium er</i>	Tier-1	
<i>oxaprozin</i>	Tier-1	
<i>piroxicam</i>	Tier-1	
<i>sulindac</i>	Tier-1	
<i>tolmetin sodium</i>	Tier-1	
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-2	PA; NDS; QL (120 EA per 30 days)
<i>acetaminophen-codeine</i>	Tier-1	QL (3600 ML per 30 days)
<i>acetaminophen-codeine #2</i>	Tier-1	QL (240 EA per 30 days)
<i>acetaminophen-codeine #3</i>	Tier-1	QL (240 EA per 30 days)
<i>acetaminophen-codeine #4</i>	Tier-1	QL (240 EA per 30 days)
ACTIQ	Tier-2	PA; NDS; QL (120 EA per 30 days)
BELBUCA	Tier-3	QL (60 EA per 30 days)
<i>buprenorphine</i>	Tier-2	QL (4 EA per 28 days)
<i>butorphanol tartrate</i>	Tier-1	QL (7.5 ML per 30 days)
BUTRANS	Tier-3	QL (4 EA per 28 days)
<i>codeine sulfate</i>	Tier-1	QL (180 EA per 30 days)
EMBEDA	Tier-3	QL (60 EA per 30 days)
<i>endocet</i>	Tier-1	QL (240 EA per 30 days)
<i>fentanyl</i>	Tier-1	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Tier-1	PA; NDS; QL (120 EA per 30 days)
FENTORA	Tier-2	PA; NDS; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	Tier-1	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier-1	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen</i>	Tier-1	QL (240 EA per 30 days)
<i>hydromorphone hcl er</i>	Tier-1	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier-1	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Tier-1	QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Tier-1	QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER	Tier-3	QL (60 EA per 30 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT	Tier-2	PA; NDS; QL (30 EA per 30 days)
LAZANDA NASAL SOLUTION 400 MCG/ACT	Tier-2	PA; NDS; QL (15 EA per 30 days)
<i>levorphanol tartrate</i>	Tier-1	QL (240 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier-1	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier-1	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet</i>	Tier-1	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate)</i>	Tier-1	QL (180 ML per 30 days)
<i>morphine sulfate er</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate er beads</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	Tier-1	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>oxycodone hcl er</i>	Tier-1	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	Tier-1	QL (240 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	Tier-1	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	Tier-1	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg</i>	Tier-1	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Tier-1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	Tier-2	QL (1800 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet</i>	Tier-1	QL (240 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-1	QL (240 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Tier-1	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG	Tier-2	QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG, 40 MG, 60 MG, 80 MG	Tier-2	QL (60 EA per 30 days)
<i>oxymorphone hcl</i>	Tier-1	QL (180 EA per 30 days)
<i>oxymorphone hcl er</i>	Tier-1	QL (60 EA per 30 days)
SUBSYS	Tier-2	PA; NDS; QL (120 EA per 30 days)
<i>tramadol hcl</i>	Tier-1	QL (240 EA per 30 days)
<i>tramadol hcl er</i>	Tier-1	QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic)</i>	Tier-1	QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Tier-1	QL (240 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	Tier-1	
<i>disulfiram</i>	Tier-1	
<i>naltrexone hcl</i>	Tier-1	
VIVITROL	Tier-2	SP-CVS/specialty
ANXIETY		
<i>alprazolam</i>	Tier-1	
<i>alprazolam er</i>	Tier-1	
<i>alprazolam intensol</i>	Tier-1	
<i>bupirone hcl</i>	Tier-1	
<i>chlordiazepoxide-amitriptyline</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-1	
<i>lorazepam</i>	Tier-1	
<i>lorazepam intensol</i>	Tier-1	
<i>oxazepam</i>	Tier-1	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-3	ST
<i>amphetamine-dextroamphet er</i>	Tier-1	
<i>amphetamine-dextroamphetamine</i>	Tier-1	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier-2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier-2	QL (30 EA per 30 days)
<i>clonidine hcl er</i>	Tier-1	
DESOXYN	Tier-3	PA
DEXEDRINE	Tier-3	
<i>dexmethylphenidate hcl</i>	Tier-1	
<i>dexmethylphenidate hcl er</i>	Tier-1	
<i>dextroamphetamine sulfate</i>	Tier-1	
<i>dextroamphetamine sulfate er</i>	Tier-1	
FOCALIN XR	Tier-2	ST
<i>guanfacine hcl er</i>	Tier-1	QL (90 EA per 90 days)
KAPVAY	Tier-3	
METADATE ER	Tier-3	
<i>methamphetamine hcl</i>	Tier-1	PA
METHYLIN	Tier-2	
<i>methylphenidate hcl</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er</i>	Tier-1	
<i>methylphenidate hcl er (cd)</i>	Tier-1	
<i>methylphenidate hcl er (la)</i>	Tier-1	
QUILLIVANT XR	Tier-3	ST
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	Tier-2	QL (30 EA per 30 days)
VYVANSE	Tier-3	ST
BIPOLAR DISORDER		
EQUETRO	Tier-3	
<i>lithium</i>	Tier-1	
<i>lithium carbonate</i>	Tier-1	
<i>lithium carbonate er</i>	Tier-1	
<i>olanzapine-fluoxetine hcl</i>	Tier-1	ST
RISPERDAL CONSTA	Tier-2	
<i>risperidone</i>	Tier-1	
DEPRESSION		
<i>amitriptyline hcl</i>	Tier-1	PA
<i>amoxapine</i>	Tier-1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG	Tier-2	ST
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	Tier-2	ST; NDS
<i>bupropion hcl</i>	Tier-1	
<i>bupropion hcl er (sr)</i>	Tier-1	
<i>bupropion hcl er (xl)</i>	Tier-1	
<i>citalopram hydrobromide</i>	Tier-1	
<i>clomipramine hcl</i>	Tier-1	PA
<i>desipramine hcl</i>	Tier-1	
<i>desvenlafaxine er</i>	Tier-1	
<i>desvenlafaxine succinate er</i>	Tier-1	
<i>doxepin hcl</i>	Tier-1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier-2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	Tier-2	QL (90 EA per 30 days)
EMSAM	Tier-2	ST; NDS
<i>escitalopram oxalate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA	Tier-3	ST
FETZIMA TITRATION	Tier-3	ST
<i>fluoxetine hcl</i>	Tier-1	
<i>fluvoxamine maleate</i>	Tier-1	
<i>fluvoxamine maleate er</i>	Tier-1	
<i>imipramine hcl</i>	Tier-1	PA
<i>imipramine pamoate</i>	Tier-1	PA
KHEDEZLA	Tier-3	ST
<i>maprotiline hcl</i>	Tier-1	
MARPLAN	Tier-3	
<i>mirtazapine</i>	Tier-1	
<i>nefazodone hcl</i>	Tier-1	
<i>nortriptyline hcl</i>	Tier-1	
<i>paroxetine hcl</i>	Tier-1	
<i>paroxetine hcl er</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA	Tier-3	ST
<i>phenelzine sulfate</i>	Tier-1	
PRISTIQ	Tier-3	ST
<i>protriptyline hcl</i>	Tier-1	
<i>sertraline hcl</i>	Tier-1	
SURMONTIL	Tier-2	PA
<i>tranylcypromine sulfate</i>	Tier-1	
<i>trazodone hcl</i>	Tier-1	
<i>trimipramine maleate</i>	Tier-1	PA
TRINTELLIX	Tier-3	ST
<i>venlafaxine hcl</i>	Tier-1	
<i>venlafaxine hcl er</i>	Tier-1	
VIIBRYD	Tier-3	ST
VIIBRYD STARTER PACK	Tier-3	ST
INSOMNIA		
<i>estazolam</i>	Tier-1	
<i>eszopiclone</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>flurazepam hcl</i>	Tier-1	
HETLIOZ	Tier-2	PA; NDS
ROZEREM	Tier-3	QL (30 EA per 30 days)
SILENOR	Tier-3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i>	Tier-1	
<i>triazolam</i>	Tier-1	
<i>zaleplon</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate er</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate oral</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate sublingual</i>	Tier-2	PA; QL (90 EA per 365 days)
NARCOLEPSY		
<i>armodafinil</i>	Tier-2	PA
<i>modafinil</i>	Tier-2	PA
XYREM	Tier-2	NDS
OPIOID ANTAGONISTS		
<i>buprenorphine hcl</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>naloxone hcl</i>	Tier-1	
SUBOXONE FILM	Tier-3	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY MAINTENA	Tier-2	NDS
<i>aripiprazole</i>	Tier-2	ST
ARISTADA	Tier-2	NDS
<i>chlorpromazine hcl</i>	Tier-1	
<i>clozapine</i>	Tier-1	
FANAPT	Tier-3	ST
FANAPT TITRATION PACK	Tier-3	ST
FAZACLO	Tier-2	
<i>fluphenazine decanoate</i>	Tier-1	
<i>fluphenazine hcl</i>	Tier-1	
GEODON INTRAMUSCULAR INJECTION	Tier-3	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-1	
<i>haloperidol lactate</i>	Tier-1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier-2	NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	Tier-2	
INVEGA TRINZA	Tier-2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-2	ST; NDS; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 80 MG	Tier-2	ST; NDS; QL (60 EA per 30 days)
<i>loxapine succinate</i>	Tier-1	
NUPLAZID	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
<i>olanzapine intramuscular</i>	Tier-1	
<i>olanzapine oral</i>	Tier-1	ST
ORAP	Tier-2	
<i>paliperidone er</i>	Tier-2	
<i>perphenazine</i>	Tier-1	
<i>perphenazine-amitriptyline</i>	Tier-1	
<i>pimozide</i>	Tier-1	
<i>quetiapine fumarate er</i>	Tier-2	ST
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-1	ST
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-1	ST; QL (60 EA per 30 days)
REXULTI	Tier-3	
SAPHRIS	Tier-3	ST
<i>thioridazine hcl</i>	Tier-1	PA
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine hcl</i>	Tier-1	
VERSACLOZ	Tier-2	NDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier-2	NDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier-2	ST; NDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier-2	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier-2	ST
<i>ziprasidone hcl</i>	Tier-1	ST
ZYPREXA	Tier-2	
ZYPREXA RELPREVV	Tier-2	

RESPIRATORY DRUGS

ASTHMA

ADVAIR DISKUS	Tier-2	QL (180 EA per 90 days)
ADVAIR HFA	Tier-2	QL (72 GM per 90 days)
<i>albuterol sulfate er</i>	Tier-2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier-1	B/D; QL (1080 ML per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Tier-1	B/D
<i>albuterol sulfate oral syrup</i>	Tier-1	
<i>albuterol sulfate oral tablet</i>	Tier-2	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	Tier-3	QL (36.6 GM per 90 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	Tier-3	QL (18.3 GM per 90 days)
ANORO ELLIPTA	Tier-2	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-3	QL (90 EA per 90 days)
ARNUITY ELLIPTA	Tier-2	QL (90 EA per 90 days)
ASMANEX 120 METERED DOSES	Tier-2	QL (360 EA per 90 days)
ASMANEX 30 METERED DOSES	Tier-2	QL (360 EA per 90 days)
ASMANEX 60 METERED DOSES	Tier-2	QL (360 EA per 90 days)
ASMANEX HFA	Tier-2	QL (39 GM per 90 days)
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA	Tier-2	QL (180 EA per 90 days)
BROVANA	Tier-3	B/D; QL (360 ML per 90 days)
<i>budesonide</i>	Tier-1	B/D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 days)
<i>cromolyn sodium</i>	Tier-1	B/D; QL (720 ML per 90 days)
FLOVENT DISKUS	Tier-2	QL (360 EA per 90 days)
FLOVENT HFA	Tier-2	QL (72 GM per 90 days)
INCRUSE ELLIPTA	Tier-2	QL (90 EA per 90 days)
<i>ipratropium bromide</i>	Tier-1	B/D; QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier-1	B/D; QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier-1	B/D; QL (810 EA per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Tier-1	B/D; QL (810 ML per 90 days)
<i>levalbuterol tartrate</i>	Tier-2	QL (90 GM per 90 days)
<i>metaproterenol sulfate</i>	Tier-1	
<i>montelukast sodium</i>	Tier-1	
PERFOROMIST	Tier-2	B/D; QL (360 ML per 90 days)
PROAIR HFA	Tier-2	QL (51 GM per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK	Tier-2	QL (6 EA per 90 days)
PROVENTIL HFA	Tier-3	QL (40.2 GM per 90 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML	Tier-3	B/D; QL (720 ML per 90 days)
PULMICORT FLEXHALER	Tier-3	QL (6 EA per 90 days)
QVAR	Tier-2	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-2	QL (180 EA per 90 days)
SPIRIVA HANDIHALER	Tier-2	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	Tier-2	QL (12 GM per 90 days)
STRIVERDI RESPIMAT	Tier-3	QL (180 GM per 90 days)
SYMBICORT	Tier-2	QL (30.6 GM per 90 days)
<i>terbutaline sulfate</i>	Tier-1	
<i>theophylline</i>	Tier-1	
<i>theophylline er</i>	Tier-1	
VENTOLIN HFA	Tier-3	QL (108 GM per 90 days)
XOPENEX HFA	Tier-3	QL (90 GM per 90 days)
<i>zafirlukast</i>	Tier-1	
<i>zileuton er</i>	Tier-2	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET ORAL CAPSULE	Tier-2	PA; NDS; SP-CVS/specialty; QL (270 EA per 30 days)
ESBRIET ORAL TABLET	Tier-2	PA; NDS; SP-CVS/specialty; QL (90 EA per 30 days)
OFEV	Tier-2	PA; NDS; QL (60 EA per 30 days)
PULMONARY HYPERTENSION		
ADCIRCA	Tier-2	PA; NDS; SP-CVS/specialty
ADEMPAS	Tier-2	PA; NDS; SP-CVS/specialty
LETAIRIS	Tier-2	PA; NDS; SP-CVS/specialty
OPSUMIT	Tier-2	PA; NDS; SP-CVS/specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Tier-3	PA; SP-CVS/specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Tier-2	PA; NDS; SP-CVS specialty
REMODULIN	Tier-2	PA; NDS; SP-CVS/specialty
REVATIO ORAL SOLUTION	Tier-2	PA; NDS; SP-CVS/specialty
<i>sildenafil citrate intravenous</i>	Tier-1	PA; NDS
<i>sildenafil citrate oral</i>	Tier-2	PA; SP-CVS/specialty

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

Drug Name	Drug Tier	Requirements/Limits
TRACLEER	Tier-2	PA; NDS; SP-CVS/specialty
UPTRAVI ORAL TABLET	Tier-2	PA; NDS; SP-CVS/specialty; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	Tier-2	PA; NDS; SP-CVS/specialty
VENTAVIS	Tier-2	PA; NDS; SP-CVS/specialty
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-1	B/D
ARALAST NP	Tier-2	NDS; SP-CVS/specialty
DALIRESP	Tier-3	
GLASSIA	Tier-2	NDS; SP-CVS/specialty
GRASTEK	Tier-3	PA
NUCALA	Tier-2	PA; NDS
ORALAIR	Tier-3	PA; SP-CVS/specialty
PROLASTIN-C	Tier-2	NDS
RAGWITEK	Tier-3	PA
XOLAIR	Tier-2	PA; NDS; SP-CVS/specialty
ZEMAIRA	Tier-2	SP-CVS/specialty
SKIN		
ACNE ROSACEA		
FINACEA	Tier-2	
<i>metronidazole</i>	Tier-1	
NORITATE	Tier-3	
SOOLANTRA	Tier-3	
ACNE VULGARIS		
ABSORICA	Tier-3	
<i>adapalene</i>	Tier-1	PA
<i>adapalene-benzoyl peroxide</i>	Tier-2	PA
<i>amnesteem</i>	Tier-1	
ATRALIN	Tier-3	PA
<i>avita</i>	Tier-1	PA
AZELEX	Tier-3	
<i>benzoyl peroxide-erythromycin</i>	Tier-1	
<i>claravis</i>	Tier-1	
CLINDAGEL	Tier-3	
<i>clindamycin phos-benzoyl perox</i>	Tier-1	
<i>clindamycin phosphate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN	Tier-3	PA
<i>ery</i>	Tier-1	
<i>erythromycin</i>	Tier-1	
EVOCLIN	Tier-3	
FABIOR	Tier-3	PA
RETIN-A	Tier-3	PA
RETIN-A MICRO	Tier-3	PA
RETIN-A MICRO PUMP	Tier-3	PA
<i>tretinoin</i>	Tier-1	PA
<i>tretinoin microsphere</i>	Tier-1	PA
BACTERIAL INFECTIONS, TOPICAL		
CORTISPORIN	Tier-3	
<i>gentamicin sulfate</i>	Tier-1	
<i>mupirocin</i>	Tier-1	
<i>mupirocin calcium</i>	Tier-1	
<i>silver sulfadiazine</i>	Tier-1	
<i>ssd</i>	Tier-1	
CORTICOSTEROIDS, TOPICAL		
ALA SCALP	Tier-3	
<i>ala-cort</i>	Tier-1	
<i>alclometasone dipropionate</i>	Tier-1	
<i>amcinonide</i>	Tier-1	
<i>apexicon e</i>	Tier-1	
<i>betamethasone dipropionate</i>	Tier-1	
<i>betamethasone dipropionate aug</i>	Tier-1	
<i>betamethasone valerate</i>	Tier-1	
CAPEX	Tier-3	
<i>clobetasol propionate</i>	Tier-2	
<i>clobetasol propionate e</i>	Tier-2	
<i>clodan</i>	Tier-2	
CLODERM PUMP	Tier-3	
CORDRAN	Tier-3	
CORMAX SCALP APPLICATION	Tier-2	
<i>desonide</i>	Tier-2	
<i>desoximetasone</i>	Tier-1	
<i>diflorasone diacetate</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i>	Tier-1	
<i>fluocinolone acetonide body</i>	Tier-1	
<i>fluocinonide external cream 0.05 %</i>	Tier-2	
<i>fluocinonide external cream 0.1 %</i>	Tier-2	QL (360 GM per 90 days)
<i>fluocinonide external gel</i>	Tier-2	
<i>fluocinonide external ointment</i>	Tier-2	
<i>fluocinonide external solution</i>	Tier-2	
<i>fluocinonide-e</i>	Tier-2	
<i>flurandrenolide external cream</i>	Tier-2	
<i>flurandrenolide external lotion</i>	Tier-2	
<i>flurandrenolide external ointment</i>	Tier-2	QL (360 GM per 90 days)
<i>fluticasone propionate</i>	Tier-1	
<i>halobetasol propionate</i>	Tier-1	
HALOG	Tier-3	
<i>hydrocortisone</i>	Tier-1	
<i>hydrocortisone butyr lipo base</i>	Tier-1	
<i>hydrocortisone butyrate</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-2	
KENALOG	Tier-3	
<i>mometasone furoate</i>	Tier-1	
<i>nolix</i>	Tier-2	
PANDEL	Tier-3	
<i>prednicarbate</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
TRIANEX	Tier-3	
<i>triderm</i>	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-1	
<i>ciclopirox olamine</i>	Tier-1	
<i>clotrimazole</i>	Tier-1	
<i>clotrimazole-betamethasone</i>	Tier-1	
<i>econazole nitrate</i>	Tier-2	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
<i>ketoconazole</i>	Tier-1	
MENTAX	Tier-3	
<i>naftifine hcl external cream 1 %</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl external cream 2 %</i>	Tier-2	
NAFTIN GEL	Tier-2	
<i>nyamyc</i>	Tier-1	
<i>nyata</i>	Tier-1	
<i>nystatin</i>	Tier-1	
<i>nystatin-triamcinolone</i>	Tier-2	
<i>nystop</i>	Tier-1	
<i>oxiconazole nitrate</i>	Tier-2	
OXISTAT	Tier-2	
PSORIASIS AND SEBORRHEA		
<i>acitretin</i>	Tier-1	NDS
<i>calcipotriene</i>	Tier-2	
<i>calcipotriene-betameth diprop</i>	Tier-2	
<i>calcitriol</i>	Tier-1	
COSENTYX	Tier-2	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN	Tier-2	PA; NDS; SP-CVS/specialty; QL (2 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-1	NDS
OTEZLA	Tier-2	PA; NDS; SP-CVS/specialty
STELARA	Tier-2	PA; NDS; SP-CVS/specialty
TALTZ	Tier-2	PA; SP-CVS/specialty; QL (4 ML per 28 days)
<i>tazarotene</i>	Tier-2	PA
TAZORAC	Tier-3	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-2	
<i>lindane</i>	Tier-1	
<i>malathion</i>	Tier-1	
<i>permethrin</i>	Tier-2	
SKLICE	Tier-3	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate</i>	Tier-1	
ANUSOL-HC	Tier-3	
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-1	
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-2	QL (600 GM per 90 days)
<i>diclofenac sodium transdermal solution</i>	Tier-1	
<i>doxepin hcl</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT	Tier-2	PA; NDS; QL (4 ML per 28 days)
ELIDEL	Tier-3	ST
EUCRISA	Tier-3	PA
<i>fluorouracil external cream 0.5 %</i>	Tier-2	
<i>fluorouracil external cream 5 %</i>	Tier-1	
<i>fluorouracil external solution</i>	Tier-1	
<i>lidocaine external ointment</i>	Tier-2	QL (300 GM per 90 days)
<i>lidocaine external patch</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl</i>	Tier-1	
<i>lidocaine viscous</i>	Tier-1	
<i>lidocaine-prilocaine</i>	Tier-1	
<i>neomycin-polymyxin b</i>	Tier-1	
PANRETIN	Tier-2	NDS
PICATO	Tier-3	
<i>procto-med hc</i>	Tier-1	
<i>procto-pak</i>	Tier-1	
<i>proctosol hc</i>	Tier-1	
<i>proctozone-hc</i>	Tier-1	
<i>prudoxin</i>	Tier-1	
REGRANEX	Tier-2	
SANTYL	Tier-2	
<i>selenium sulfide</i>	Tier-1	
<i>sodium chloride</i>	Tier-1	
<i>sterile water for irrigation</i>	Tier-1	
<i>sulfacetamide sodium</i>	Tier-1	
SULFAMYLON	Tier-3	
<i>tacrolimus</i>	Tier-2	
TARGRETIN	Tier-2	NDS
VALCHLOR	Tier-2	NDS
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir</i>	Tier-2	
CONDYLOX	Tier-3	
DENAVIR	Tier-3	
<i>imiquimod</i>	Tier-1	
<i>podofilox</i>	Tier-1	
ZOVIRAX	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-1	
<i>amethyst</i>	Tier-1	
<i>apri</i>	Tier-1	
<i>aranelle</i>	Tier-1	
<i>ashlyna</i>	Tier-1	
<i>aubra</i>	Tier-1	
<i>aviane</i>	Tier-1	
<i>balziva</i>	Tier-1	
BEYAZ	Tier-3	
<i>briellyn</i>	Tier-1	
<i>camila</i>	Tier-1	
<i>deblitane</i>	Tier-1	
<i>delyla</i>	Tier-1	
<i>desogestrel-ethinyl estradiol</i>	Tier-1	
<i>drospirenone-ethinyl estradiol</i>	Tier-1	
<i>emoquette</i>	Tier-1	
<i>errin</i>	Tier-1	
<i>estradiol-norethindrone acet</i>	Tier-1	
<i>falmina</i>	Tier-1	
GENERESS FE	Tier-3	
<i>gildagia</i>	Tier-1	
<i>introvale</i>	Tier-1	
<i>jinteli</i>	Tier-1	
<i>junel 1.5/30</i>	Tier-1	
<i>junel 1/20</i>	Tier-1	
<i>junel fe 1.5/30</i>	Tier-1	
<i>junel fe 1/20</i>	Tier-1	
<i>junel fe 24</i>	Tier-1	
<i>kariva</i>	Tier-1	
<i>kelnor 1/35</i>	Tier-1	
<i>larin 1.5/30</i>	Tier-1	
<i>larin 1/20</i>	Tier-1	
<i>larin fe 1.5/30</i>	Tier-1	
<i>larin fe 1/20</i>	Tier-1	
<i>lessina</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonest</i>	Tier-1	
<i>levonorgest-eth estrad 91-day</i>	Tier-1	
<i>levonorgestrel-ethinyl estradiol</i>	Tier-1	
<i>levora 0.15/30 (28)</i>	Tier-1	
LO LOESTRIN FE	Tier-3	
<i>marlissa</i>	Tier-1	
<i>microgestin 1.5/30</i>	Tier-1	
<i>microgestin 1/20</i>	Tier-1	
<i>microgestin fe 1.5/30</i>	Tier-1	
<i>microgestin fe 1/20</i>	Tier-1	
MINASTRIN 24 FE	Tier-2	
<i>necon 0.5/35 (28)</i>	Tier-1	
<i>necon 7/7/7</i>	Tier-1	
<i>nikki</i>	Tier-1	
<i>norethin ace-eth estrad-fe</i>	Tier-1	
<i>norethindrone-eth estradiol</i>	Tier-1	
<i>norethin-eth estradiol-fe</i>	Tier-1	
<i>norlyroc</i>	Tier-1	
<i>nortrel 0.5/35 (28)</i>	Tier-1	
<i>nortrel 1/35 (21)</i>	Tier-1	
<i>nortrel 1/35 (28)</i>	Tier-1	
<i>nortrel 7/7/7</i>	Tier-1	
NUVARING	Tier-2	
<i>orsythia</i>	Tier-1	
ORTHO TRI-CYCLEN (28)	Tier-3	
<i>portia-28</i>	Tier-1	
<i>quasense</i>	Tier-1	
SAFYRAL	Tier-3	
<i>sharobel</i>	Tier-1	
<i>tarina fe 1/20</i>	Tier-1	
<i>trinessa (28)</i>	Tier-1	
<i>tri-previfem</i>	Tier-1	
<i>tri-sprintec</i>	Tier-1	
<i>trivora (28)</i>	Tier-1	
<i>velivet</i>	Tier-1	
<i>vyfemla</i>	Tier-1	
ZENCHENT	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
ZENCHENT FE	Tier-3	
<i>zovia 1/35e (28)</i>	Tier-1	
<i>zovia 1/50e (28)</i>	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium</i>	Tier-1	
ALORA	Tier-3	PA
ANGELIQ	Tier-3	
<i>calcitonin (salmon)</i>	Tier-1	
COMBIPATCH	Tier-3	PA
CRINONE	Tier-2	PA
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA	Tier-2	
DEPO-SUBQ PROVERA 104	Tier-2	
DIVIGEL	Tier-3	
DUAVEE	Tier-3	PA
ELESTRIN	Tier-3	
ESTRACE	Tier-2	
<i>estradiol oral</i>	Tier-1	PA
<i>estradiol transdermal</i>	Tier-1	PA
<i>estradiol vaginal</i>	Tier-2	
<i>estradiol valerate</i>	Tier-1	
<i>estring</i>	Tier-2	
<i>estropipate</i>	Tier-1	PA
EVAMIST	Tier-3	
FEMHRT LOW DOSE	Tier-3	PA
FEMRING	Tier-2	
FORTEO	Tier-2	PA; NDS; SP-CVS/specialty
<i>fyavolv</i>	Tier-1	PA
<i>ibandronate sodium intravenous</i>	Tier-1	
<i>ibandronate sodium oral</i>	Tier-2	
<i>medroxyprogesterone acetate</i>	Tier-1	
MENEST	Tier-3	PA
MENOSTAR	Tier-3	PA
MIACALCIN	Tier-2	
<i>norethindrone acetate</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
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PREMARIN INJECTION	Tier-3	
PREMARIN ORAL	Tier-3	PA
PREMARIN VAGINAL	Tier-3	
PREMPHASE	Tier-3	PA
PREMPRO	Tier-3	PA
<i>progesterone micronized</i>	Tier-1	
PROLIA	Tier-2	PA; SP-CVS/specialty
<i>raloxifene hcl</i>	Tier-1	
RECLAST	Tier-2	SP-CVS/specialty
<i>risedronate sodium</i>	Tier-2	
VAGIFEM	Tier-2	
XGEVA	Tier-2	PA; NDS; SP-CVS/specialty
<i>yuvafem</i>	Tier-2	
<i>zoledronic acid</i>	Tier-1	SP-CVS/specialty
PRENATAL VITAMINS		
<i>prenatal</i>	Tier-1	
PRETERM BIRTH		
<i>hydroxyprogesterone caproate</i>	Tier-2	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-3	
CLEOCIN	Tier-3	
<i>clindamycin phosphate</i>	Tier-1	
GYNAZOLE-1	Tier-3	
<i>metronidazole</i>	Tier-2	
<i>miconazole 3</i>	Tier-1	
NUVESSA	Tier-3	
<i>terconazole</i>	Tier-1	
<i>vandazole</i>	Tier-2	
WOMENS HEALTH, MISCELLANEOUS		
MAKENA	Tier-2	PA; NDS; SP-CVS/specialty

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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 اجمال اب كل رفاوتت ةي وغلل ا ةدع اسمل ا تامدخ ن ا ف، ةغلل ا ركذا ثدحتت تنك اذا. ةظوح لم 1-800-701-9000 (مكبل او مصل افتاه 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 هسرت، دینک یم وگتفگ یسراف نابز هب رگا: هجوت 1-800-701-9000 (TTY: 1-800-208-9562) دیری گب 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, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អូល គឺអាចមានសេវាបំប៉នផ្នែក។ 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 Medicare Preferred is a PDP plan with a Medicare contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal.

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

This information is available for free in other languages. Please call our Customer Relations number at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

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



705 Mount Auburn Street,
Watertown, MA 02472