

TUFTS MEDICARE PREFERRED HMO PLANS | 2016

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

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

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

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

TUFTS MEDICARE PREFERRED HMO

2016 Formulary (List of Covered Drugs)

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Tufts Health Plan Medicare Preferred. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

What is the Tufts Medicare Preferred HMO Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred HMO in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2016. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Tufts Medicare Preferred HMO covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Tufts Medicare Preferred HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *ROZEREM*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

As a current member, if you are admitted to or discharged from a long term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary “first fill” will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred HMO Customer Relations department.

For more information

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

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

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

Tufts Medicare Preferred HMO Formulary

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

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

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

B/D: Medicare Part B or D

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

QL: Quantity Limit Applies.

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

HI: Home Infusion Drug.

This prescription drug may be covered under your Medicare Part B benefit. Home Infusion drugs that are not covered under Medicare Part B will be covered under Medicare Part D. For more information, call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day. TTY users should call 1-800-208-9562

LA: Limited Access Drug.

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Relations at 1-800-701-9000, Monday-Friday 8:00 a.m. – 8:00 p.m. (From Oct. 1 –Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call the on next business day. TTY users should call 1-800-208-9562.

PA: Prior Authorization Required.

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier co-payment. An appeal process exists for denied requests.

STPA: Step Therapy Prior Authorization Applies.

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, "How do I request an exception to the Tufts Medicare Preferred HMO formulary?" on page III for information about how to request an exception.

Transplant:

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

Coverage Gap:

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

Part B Drug:

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

Your Prescription Drug Costs

	HMO Saver Rx Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties		HMO Basic Rx Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties		HMO Value Rx Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties	
Deductible	\$300 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$250 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$200 (for your Tier 3, Tier 4 and Tier 5 drugs)	
Copays	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply
Tier 1	\$6	\$15	\$4	\$10	\$4	\$10
Tier 2	\$12	\$30	\$8	\$21	\$8	\$21
Tier 3	\$47	\$141	\$47	\$141	\$47	\$141
Tier 4	\$100	\$300	\$100	\$300	\$100	\$300
Tier 5	26%	26%	27%	27%	28%	28%
Coverage Gap Stage After your total prescription drug costs reach \$3,310, and until your payments reach \$4,850, you pay:						
	<ul style="list-style-type: none"> • 58% of costs for Part D generic drugs • 45% of costs for Part D brand drugs 					
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$4,850, you pay the greater of:						
	5% per prescription, or \$2.95 per prescription for Part D generic drugs, \$7.40 per prescription for Part D brand drugs.					

Your Prescription Drug Costs

	HMO Prime Rx Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties		HMO Prime Rx Plus Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk counties	
Deductible	\$0		\$0	
Copays	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply
Tier 1	\$4	\$10	\$2	\$5
Tier 2	\$8	\$21	\$4	\$10
Tier 3	\$47	\$141	\$30	\$90
Tier 4	\$100	\$300	\$80	\$240
Tier 5	33%	33%	33%	33%
Coverage Gap Stage After your total prescription drug costs reach \$3,310, and until your payments reach \$4,850, you pay:				
	<ul style="list-style-type: none"> • 58% of costs for Part D generic drugs • 45% of costs for Part D brand drugs 		<ul style="list-style-type: none"> • Tier 1 copayments for generic drugs on tier 1 • Tier 2 copayments for generic drugs on tier 2 • 58% of costs for All other Part D generic drugs • 45% of costs for Part D brand drugs 	
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$4,850, you pay the greater of:				
	5% per prescription, or \$2.95 per prescription for Part D generic drugs, \$7.40 per prescription for Part D brand drugs.			

Your Prescription Drug Costs continued

	HMO Basic Rx Worcester county		HMO Value Rx Worcester county		HMO Prime Rx Worcester county	
Deductible	\$250 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$200 (for your Tier 3, Tier 4 and Tier 5 drugs)		\$0	
Copays	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply	Retail 30-day supply	Mail order 90-day supply
Tier 1	\$4	\$10	\$4	\$10	\$4	\$10
Tier 2	\$6	\$15	\$6	\$15	\$6	\$15
Tier 3	\$47	\$141	\$47	\$141	\$47	\$141
Tier 4	\$75	\$225	\$75	\$225	\$75	\$225
Tier 5	27%	27%	28%	28%	33%	33%

Coverage Gap Stage

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

- 58% of costs for Part D generic drugs
- 45% of costs for Part D brand drugs

Catastrophic Coverage Stage

After the coverage gap, when your payments for the year are greater than \$4,850, you pay the greater of:

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

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

Table of Contents

ANTI-INFECTIVES AND INFECTIOUS DISEASE	3
BLOOD THINNERS AND BLOOD MODIFYING AGENTS	9
CANCER DRUGS	11
CARDIOVASCULAR AGENTS	16
DIABETES MELLITUS	22
EAR, NOSE AND THROAT	24
EYE	25
GASTROINTESTINAL DRUGS	28
HOME INFUSION THERAPY	31
HORMONES	37
IMMUNOLOGIC AGENTS	39
MISCELLANEOUS DRUGS	41
NEUROLOGICAL DRUGS	47
PAIN AND INFLAMMATORY DISEASES	50
PSYCHIATRIC	54
RESPIRATORY DRUGS	59
SKIN	61
WOMENS HEALTH	66

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mucous membrane</i>	Tier-2	
CRESEMBA ORAL	Tier-5	
<i>fluconazole oral suspension for reconstitution</i>	Tier-2	
<i>fluconazole oral tablet</i>	Tier-1	
<i>flucytosine</i>	Tier-5	
<i>griseofulvin microsize</i>	Tier-2	
<i>griseofulvin ultramicrosize</i>	Tier-2	
<i>itraconazole</i>	Tier-2	PA
<i>ketoconazole oral</i>	Tier-2	
LAMISIL ORAL GRANULES IN PACKET 125 MG	Tier-4	QL (56 EA per 28 days)
LAMISIL ORAL GRANULES IN PACKET 187.5 MG	Tier-4	QL (28 EA per 28 days)
NOXAFIL ORAL	Tier-5	
<i>nystatin oral tablet</i>	Tier-2	
<i>terbinafine hcl oral</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension for reconstitution</i>	Tier-5	
<i>voriconazole oral tablet 200 mg</i>	Tier-5	QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-5	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-5	
ALINIA	Tier-4	
BILTRICIDE	Tier-3	
<i>ivermectin oral</i>	Tier-2	
<i>linezolid oral suspension for reconstitution</i>	Tier-5	
<i>linezolid oral tablet</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	Tier-2	
<i>metronidazole oral</i>	Tier-2	
MONUROL	Tier-4	
<i>neomycin</i>	Tier-2	
<i>nitrofurantoin macrocrystal</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst</i>	Tier-2	PA; QL (90 EA per 365 days)
PRIMSOL	Tier-3	
SIVEXTRO ORAL	Tier-5	
STROMEKTOL	Tier-3	
<i>trimethoprim</i>	Tier-2	
<i>vancomycin oral</i>	Tier-2	
XIFAXAN ORAL TABLET 200 MG	Tier-5	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-5	PA; QL (60 EA per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	Tier-5	
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-5	
<i>atovaquone-proguanil</i>	Tier-2	
<i>chloroquine phosphate oral</i>	Tier-2	
COARTEM	Tier-3	QL (24 EA per 3 days)
<i>dapsone</i>	Tier-2	
DARAPRIM	Tier-3	
<i>hydroxychloroquine oral</i>	Tier-2	
<i>mefloquine</i>	Tier-2	
NEBUPENT	Tier-4	B/D
<i>paromomycin</i>	Tier-2	
PENTAM	Tier-3	
<i>primaquine</i>	Tier-2	
<i>quinine sulfate</i>	Tier-2	
<i>tinidazole</i>	Tier-2	
ANTIVIRALS		
<i>abacavir</i>	Tier-2	
<i>abacavir-lamivudine-zidovudine</i>	Tier-5	
<i>acyclovir oral capsule</i>	Tier-1	
<i>acyclovir oral suspension</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral tablet</i>	Tier-2	
<i>adefovir</i>	Tier-5	
<i>amantadine hcl</i>	Tier-2	
APTIVUS	Tier-5	
ATRIPLA	Tier-5	
COMPLERA	Tier-5	
COPEGUS	Tier-5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier-3	
<i>didanosine</i>	Tier-2	
EDURANT	Tier-5	
EMTRIVA	Tier-3	
<i>entecavir</i>	Tier-5	
EPIVIR ORAL SOLUTION	Tier-3	
EPZICOM	Tier-5	
EVOTAZ	Tier-5	
<i>famciclovir</i>	Tier-2	
FUZEON SUBCUTANEOUS RECON SOLN	Tier-5	
GENVOYA	Tier-5	
HARVONI	Tier-5	PA
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier-3	
INTELENCE ORAL TABLET 200 MG	Tier-5	
INTRON A INJECTION RECON SOLN	Tier-3	
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier-3	
INVIRASE	Tier-5	
ISENTRESS ORAL POWDER IN PACKET	Tier-3	
ISENTRESS ORAL TABLET	Tier-5	QL (360 EA per 90 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier-5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier-3	QL (720 EA per 30 days)
KALETRA ORAL SOLUTION	Tier-5	
KALETRA ORAL TABLET 100-25 MG	Tier-3	
KALETRA ORAL TABLET 200-50 MG	Tier-5	
<i>lamivudine</i>	Tier-2	
<i>lamivudine-zidovudine</i>	Tier-2	
LEXIVA ORAL SUSPENSION	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL TABLET	Tier-5	
<i>nevirapine</i>	Tier-2	
NORVIR	Tier-3	
PEGASYS	Tier-5	QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-5	QL (4 ML per 28 days)
PEGINTRON	Tier-5	QL (4 EA per 28 days)
PEGINTRON REDIPEN	Tier-5	QL (4 EA per 28 days)
PREZCOBIX	Tier-5	
PREZISTA	Tier-5	
REBETOL ORAL SOLUTION	Tier-3	
RELENZA DISKHALER	Tier-3	QL (60 EA per 180 days)
RESCRIPTOR	Tier-3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	Tier-5	
REYATAZ ORAL POWDER IN PACKET	Tier-5	
<i>ribasphere</i>	Tier-2	
<i>ribasphere ribapak</i>	Tier-5	
<i>ribavirin oral capsule</i>	Tier-2	
<i>ribavirin oral tablet 200 mg</i>	Tier-2	
<i>rimantadine</i>	Tier-2	
SELZENTRY ORAL TABLET 150 MG	Tier-5	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-5	QL (120 EA per 30 days)
SOVALDI	Tier-5	PA
<i>stavudine</i>	Tier-2	
STRIBILD	Tier-5	
SUSTIVA ORAL CAPSULE 200 MG	Tier-5	
SUSTIVA ORAL CAPSULE 50 MG	Tier-3	
SUSTIVA ORAL TABLET	Tier-5	
TAMIFLU ORAL CAPSULE 30 MG	Tier-3	QL (56 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-3	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	Tier-3	QL (360 ML per 180 days)
TIVICAY	Tier-5	
TRIUMEQ	Tier-5	
TRUVADA	Tier-5	
TYBOST	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
TYZEKA	Tier-5	QL (30 EA per 30 days)
<i>valacyclovir</i>	Tier-3	
VALCYTE ORAL RECON SOLN	Tier-5	
<i>valganciclovir</i>	Tier-2	
VIDEX 2 GRAM PEDIATRIC	Tier-3	
VIRACEPT ORAL TABLET 250 MG	Tier-3	
VIRACEPT ORAL TABLET 625 MG	Tier-5	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	Tier-3	
VIREAD	Tier-5	
VITEKTA	Tier-5	
ZIAGEN	Tier-3	
<i>zidovudine</i>	Tier-2	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-2	
<i>ampicillin oral capsule</i>	Tier-1	
<i>ampicillin oral suspension for reconstitution</i>	Tier-2	
BICILLIN C-R	Tier-3	
BICILLIN L-A	Tier-3	
CEDAX ORAL CAPSULE	Tier-4	
<i>cefaclor oral capsule</i>	Tier-2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier-2	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier-2	
<i>cefadroxil oral capsule</i>	Tier-2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier-2	
<i>cefadroxil oral tablet</i>	Tier-2	
<i>cefdinir</i>	Tier-2	
<i>cefditoren pivoxil</i>	Tier-2	
<i>cefixime</i>	Tier-2	
<i>cefpodoxime</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i>	Tier-2	
<i>cefuroxime axetil oral tablet</i>	Tier-2	
<i>cephalexin</i>	Tier-2	
<i>dicloxacillin</i>	Tier-2	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX ORAL CAPSULE	Tier-4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier-4	
SUPRAX ORAL TABLET,CHEWABLE	Tier-4	
KETOLIDES		
KETEK	Tier-3	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin oral</i>	Tier-2	
<i>clarithromycin</i>	Tier-2	
<i>clindamycin hcl</i>	Tier-2	
<i>clindamycin pediatric</i>	Tier-2	
DIFICID	Tier-5	PA
<i>e.e.s. 400 oral tablet</i>	Tier-2	
E.E.S. GRANULES	Tier-4	
<i>eryped 200</i>	Tier-2	
<i>eryped 400</i>	Tier-2	
ERY-TAB	Tier-4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier-2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-2	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	Tier-2	
<i>erythromycin oral tablet</i>	Tier-2	
PCE	Tier-4	
ZMAX	Tier-4	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
<i>ethambutol</i>	Tier-2	
<i>isoniazid oral solution</i>	Tier-2	
<i>isoniazid oral tablet</i>	Tier-1	
PASER	Tier-4	
PRIFTIN	Tier-3	
<i>pyrazinamide</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	Tier-2	
RIFAMATE	Tier-4	
<i>rifampin oral</i>	Tier-2	
RIFATER	Tier-4	
SIRTURO	Tier-3	PA
TRECTOR	Tier-4	
QUINOLONES		
<i>ciprofloxacin</i>	Tier-2	
<i>ciprofloxacin (mixture)</i>	Tier-2	
<i>ciprofloxacin hcl oral</i>	Tier-1	
<i>levofloxacin oral</i>	Tier-3	
<i>moxifloxacin</i>	Tier-3	
<i>ofloxacin oral tablet 400 mg</i>	Tier-2	
SULFONAMIDES		
<i>sulfadiazine oral</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier-2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier-1	
TETRACYCLINES		
<i>demeclocycline</i>	Tier-2	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier-1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier-2	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
<i>minocycline oral</i>	Tier-2	
<i>tetracycline</i>	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-4	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-4	
<i>aspirin-dipyridamole</i>	Tier-3	
BRILINTA	Tier-4	
<i>clopidogrel</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole oral</i>	Tier-2	PA
EFFIENT	Tier-4	
ZONTIVITY	Tier-4	
BLOOD MODIFYING AGENTS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier-5	QL (4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML	Tier-3	QL (4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	Tier-3	QL (4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier-5	QL (4 ML per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier-3	QL (10 ML per 14 days)
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	Tier-5	QL (10 ML per 14 days)
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-5	
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier-5	
GRANIX	Tier-5	QL (10 ML per 14 Days)
LEUKINE INJECTION RECON SOLN	Tier-5	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier-3	QL (0.3 ML per 14 days)
MIRCERA INJECTION SYRINGE 200 MCG/0.3 ML	Tier-5	QL (0.3 ML per 14 days)
MOZOBIL	Tier-5	
NEULASTA SUBCUTANEOUS SYRINGE	Tier-5	QL (1 ML per 14 days)
NEUPOGEN	Tier-5	QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier-3	QL (10 ML per 14 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	Tier-5	QL (10 ML per 14 days)
PROMACTA	Tier-5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZARXIO	Tier-5	QL (10 ML per 14 days)
BLOOD THINNERS		
COUMADIN ORAL	Tier-4	
ELIQUIS	Tier-3	QL (60 EA per 30 days)
<i>enoxaparin subcutaneous solution</i>	Tier-5	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier-2	
<i>enoxaparin subcutaneous syringe 150 mg/ml</i>	Tier-5	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier-5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier-2	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML	Tier-5	
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier-3	
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-3	QL (60 EA per 30 days)
SAVAYSA	Tier-4	
<i>warfarin</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-3	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-3	
XARELTO ORAL TABLETS,DOSE PACK	Tier-3	
BLOOD, MISCELLANEOUS		
<i>anagrelide</i>	Tier-2	
<i>cilostazol</i>	Tier-2	
<i>pentoxifylline</i>	Tier-2	
STIMATE	Tier-4	
<i>tranexamic acid</i>	Tier-2	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-5	
ALIMTA	Tier-5	
ALKERAN INTRAVENOUS	Tier-5	
ARRANON	Tier-5	

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Drug Name	Drug Tier	Requirements/Limits
ARZERRA	Tier-5	
AVASTIN	Tier-5	
<i>azacitidine</i>	Tier-5	
BELEODAQ	Tier-5	
BICNU	Tier-5	
<i>bleomycin</i>	Tier-2	
BUSULFEX	Tier-5	
<i>carboplatin intravenous solution</i>	Tier-2	
<i>cisplatin</i>	Tier-2	
<i>cladribine</i>	Tier-2	
CLOLAR	Tier-5	
COSMEGEN	Tier-5	
CYRAMZA	Tier-3	PA
<i>cytarabine</i>	Tier-2	
<i>cytarabine (pf) injection solution</i>	Tier-2	
<i>dacarbazine</i>	Tier-2	
DACOGEN	Tier-5	
DARZALEX	Tier-5	
<i>daunorubicin intravenous solution</i>	Tier-2	
DAUNOXOME	Tier-5	
DECITABINE	Tier-5	
<i>dexrazoxane hcl</i>	Tier-2	
DOCEFREZ	Tier-5	
<i>docetaxel intravenous solution 10 mg/ml, 140 mg/7 ml (20 mg/ml), 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier-2	
<i>doxorubicin</i>	Tier-2	
<i>doxorubicin, peg-liposomal</i>	Tier-2	
ELITEK	Tier-5	
ELLENCÉ	Tier-5	
EMPLICITI	Tier-5	
<i>epirubicin</i>	Tier-2	
ERBITUX	Tier-5	
ERWINAZE	Tier-5	
ETOPOPHOS	Tier-5	

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Drug Name	Drug Tier	Requirements/Limits
<i>etoposide intravenous</i>	Tier-2	
FASLODEX	Tier-5	
<i>fludarabine intravenous recon soln</i>	Tier-2	
<i>fluorouracil intravenous</i>	Tier-2	
<i>ganciclovir sodium</i>	Tier-2	
<i>gemcitabine</i>	Tier-2	
HALAVEN	Tier-5	
HERCEPTIN	Tier-5	
<i>idarubicin</i>	Tier-2	
<i>ifosfamide</i>	Tier-2	
<i>irinotecan</i>	Tier-2	
ISTODAX	Tier-5	
IXEMPRA	Tier-5	
JEVTANA	Tier-5	
KADCYLA	Tier-5	PA
KEYTRUDA	Tier-5	
<i>leuprolide subcutaneous kit</i>	Tier-2	
<i>melphalan hcl</i>	Tier-2	
<i>mitomycin</i>	Tier-2	
<i>mitoxantrone</i>	Tier-2	
MUSTARGEN	Tier-5	
ONCASPAR	Tier-5	
OPDIVO	Tier-5	
<i>oxaliplatin</i>	Tier-2	
<i>paclitaxel</i>	Tier-2	
PERJETA	Tier-5	PA
PROLEUKIN	Tier-5	
RITUXAN	Tier-5	PA
SYLATRON	Tier-5	QL (4 EA per 28 days)
SYNRIBO	Tier-5	
THIOTEPA	Tier-3	
<i>topotecan intravenous recon soln</i>	Tier-2	
TORISEL	Tier-5	
TREANDA	Tier-5	
TRISENOX	Tier-5	
UVADEX	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
VECTIBIX	Tier-5	
VELCADE	Tier-5	
<i>vinblastine intravenous solution</i>	Tier-2	
<i>vincasar pfs</i>	Tier-2	
<i>vincristine</i>	Tier-2	
<i>vinorelbine</i>	Tier-2	
YERVOY	Tier-5	
ZALTRAP	Tier-5	
ZANOSAR	Tier-5	
ORAL AGENTS		
8-MOP	Tier-3	
AFINITOR	Tier-5	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	Tier-5	PA; QL (60 EA per 30 days)
ALECENSA	Tier-5	PA
ALKERAN ORAL	Tier-3	Part B
<i>anastrozole</i>	Tier-2	
<i>bexarotene</i>	Tier-2	
<i>bicalutamide</i>	Tier-2	
BOSULIF ORAL TABLET 100 MG	Tier-5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier-5	PA; QL (30 EA per 30 days)
<i>capecitabine</i>	Tier-2	Part B
CAPRELSA ORAL TABLET 100 MG	Tier-5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier-5	PA; QL (30 EA per 30 days)
COMETRIQ	Tier-5	PA
COTELLIC	Tier-5	PA
CYCLOPHOSPHAMIDE ORAL CAPSULE	Tier-3	B/D
DROXIA	Tier-3	
EMCYT	Tier-3	
ERIVEDGE	Tier-5	PA
<i>exemestane</i>	Tier-2	
FARESTON	Tier-3	
FARYDAK	Tier-5	PA
<i>flutamide</i>	Tier-2	
GILOTRIF	Tier-5	PA
GLEEVEC	Tier-5	
GLEOSTINE	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
HEXALEN	Tier-5	
HYCAMTIN ORAL	Tier-3	Part B
<i>hydroxyurea</i>	Tier-2	
IBRANCE	Tier-5	PA
ICLUSIG	Tier-5	PA
IMBRUVICA	Tier-5	PA
INLYTA	Tier-5	PA
IRESSA	Tier-5	PA
JAKAFI	Tier-5	PA
LENVIMA	Tier-5	PA
<i>letrozole</i>	Tier-2	
LEUKERAN	Tier-3	
LONSURF	Tier-5	PA
LYNPARZA	Tier-5	PA
LYSODREN	Tier-3	
MATULANE	Tier-5	
<i>megestrol oral tablet</i>	Tier-1	PA
MEKINIST	Tier-5	PA
<i>mercaptopurine</i>	Tier-2	
MYLERAN	Tier-3	Part B
NEXAVAR	Tier-5	PA; QL (220 EA per 30 days)
NILANDRON	Tier-5	
NINLARO	Tier-5	PA
ODOMZO	Tier-5	PA; LA
POMALYST	Tier-5	PA
PURIXAN	Tier-3	
REVLIMID	Tier-5	PA; LA
SOLTAMOX	Tier-3	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-5	PA; QL (60 EA per 30 days)
STIVARGA	Tier-5	PA; QL (90 EA per 30 Days)
SUTENT	Tier-5	PA
TABLOID	Tier-3	
TAFINLAR	Tier-5	PA
TAGRISSO ORAL TABLET 40 MG	Tier-5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSO ORAL TABLET 80 MG	Tier-5	PA
<i>tamoxifen</i>	Tier-2	
TARCEVA ORAL TABLET 100 MG	Tier-5	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-5	QL (30 EA per 30 days)
TARGRETIN ORAL	Tier-5	
TASIGNA	Tier-5	PA
<i>temozolomide</i>	Tier-2	Part B
THALOMID	Tier-5	
<i>tretinoin (chemotherapy)</i>	Tier-2	
TYKERB	Tier-5	PA; QL (180 EA per 30 days)
VOTRIENT	Tier-5	PA; QL (120 EA per 30 days)
XALKORI	Tier-5	PA
XTANDI	Tier-5	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-5	PA
ZOLINZA	Tier-5	PA
ZYDELIG	Tier-5	PA
ZYKADIA	Tier-5	PA
ZYTIGA	Tier-5	PA; QL (120 EA per 30 days)
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	Tier-2	
FUSILEV	Tier-3	
<i>leucovorin calcium injection recon soln</i>	Tier-2	
<i>leucovorin calcium oral</i>	Tier-2	
LEVOLEUCOVORIN CALCIUM	Tier-3	
<i>mesna</i>	Tier-2	
MESNEX ORAL	Tier-4	
ZINECARD (AS HCL)	Tier-3	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-4	
<i>fosinopril</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
ALPHA1 BLOCKERS		
CARDURA XL	Tier-4	
<i>doxazosin</i>	Tier-1	
<i>prazosin oral</i>	Tier-1	
<i>terazosin</i>	Tier-1	
ANGINA		
CORLANOR	Tier-4	PA
<i>isosorbide dinitrate oral</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-2	
NITRO-BID	Tier-4	
<i>nitroglycerin intravenous</i>	Tier-2	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-2	
<i>nitroglycerin translingual spray,non-aerosol</i>	Tier-2	
NITROMIST	Tier-4	
NITROSTAT	Tier-3	
RANEXA	Tier-3	
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-3	
<i>candesartan</i>	Tier-1	
<i>eprosartan</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan</i>	Tier-1	
<i>telmisartan</i>	Tier-3	
<i>valsartan</i>	Tier-2	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone oral</i>	Tier-2	
<i>digitek</i>	Tier-1	
<i>digoxin injection solution</i>	Tier-1	
<i>digoxin oral solution 50 mcg/ml</i>	Tier-1	PA
<i>digoxin oral tablet 125 mcg</i>	Tier-1	
<i>digoxin oral tablet 250 mcg</i>	Tier-1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate oral capsule</i>	Tier-2	PA
<i>flecainide</i>	Tier-2	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	Tier-4	
LANOXIN ORAL TABLET 187.5 MCG, 250 MCG	Tier-4	PA
<i>mexiletine</i>	Tier-2	
MULTAQ	Tier-4	
NORPACE CR	Tier-4	PA
<i>propafenone</i>	Tier-2	
<i>quinidine gluconate oral</i>	Tier-2	
<i>quinidine sulfate oral tablet</i>	Tier-2	
<i>sorine</i>	Tier-2	
<i>sotalol af</i>	Tier-1	
<i>sotalol oral</i>	Tier-1	
SOTYLIZE	Tier-4	
TIKOSYN	Tier-3	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine-atorvastatin</i>	Tier-3	
<i>amlodipine-benazepril</i>	Tier-3	
<i>amlodipine-valsartan</i>	Tier-3	
<i>amlodipine-valsartan-hcthiazyd</i>	Tier-3	
<i>atenolol-chlorthalidone</i>	Tier-1	
AZOR	Tier-3	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-3	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan-hydrochlorothiazid</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-2	
DUTOPROL	Tier-4	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
ENTRESTO	Tier-4	PA
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide</i>	Tier-1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier-2	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-2	
<i>propranolol-hydrochlorothiazid</i>	Tier-2	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TEKTURNA HCT	Tier-3	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hydrochlorothiazid</i>	Tier-3	
<i>trandolapril-verapamil</i>	Tier-2	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-4	
<i>labetalol oral</i>	Tier-2	
BETA BLOCKERS		
<i>acebutolol</i>	Tier-2	
<i>atenolol</i>	Tier-1	
<i>betaxolol oral</i>	Tier-2	
<i>bisoprolol fumarate</i>	Tier-2	
<i>metoprolol succinate</i>	Tier-2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-2	
<i>propranolol oral capsule,extended release 24 hr</i>	Tier-2	
<i>propranolol oral solution</i>	Tier-2	
<i>propranolol oral tablet</i>	Tier-1	
<i>timolol maleate oral</i>	Tier-2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-2	
<i>amlodipine</i>	Tier-2	
<i>cartia xt</i>	Tier-2	
<i>diltiazem hcl oral capsule, extended release</i>	Tier-2	
<i>diltiazem hcl oral capsule,ext release degradable</i>	Tier-2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 24hr</i>	Tier-2	
<i>diltiazem hcl oral tablet</i>	Tier-1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	Tier-2	
<i>dilt-xr</i>	Tier-2	
<i>felodipine</i>	Tier-2	
<i>isradipine</i>	Tier-2	
<i>matzim la</i>	Tier-2	
<i>nicardipine oral</i>	Tier-2	
<i>nifedical xl</i>	Tier-2	
<i>nifedipine oral capsule</i>	Tier-2	PA
<i>nifedipine oral tablet extended release 24hr</i>	Tier-2	
<i>nimodipine</i>	Tier-2	
<i>nisoldipine</i>	Tier-2	
<i>taztia xt</i>	Tier-2	
<i>verapamil oral</i>	Tier-1	
CENTRALLY ACTING AGENTS		
<i>clonidine</i>	Tier-2	
<i>clonidine hcl oral tablet</i>	Tier-1	
NORTHERA	Tier-5	PA
<i>reserpine oral tablet 0.1 mg</i>	Tier-2	
<i>reserpine oral tablet 0.25 mg</i>	Tier-2	PA
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-3	
DIURETICS		
<i>amiloride oral</i>	Tier-2	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide oral</i>	Tier-1	
<i>chlorothiazide</i>	Tier-2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier-1	
EDECRIN	Tier-3	
<i>eplerenone</i>	Tier-2	
<i>furosemide oral solution</i>	Tier-2	
<i>furosemide oral tablet</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-2	

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

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Drug Name	Drug Tier	Requirements/Limits
ZETIA	Tier-3	
POTASSIUM REPLACEMENT		
<i>klor-con 10</i>	Tier-2	
<i>klor-con 8</i>	Tier-2	
KLOR-CON M15	Tier-4	
<i>klor-con m20</i>	Tier-2	
<i>klor-con sprinkle</i>	Tier-2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier-4	
<i>potassium chloride oral capsule, extended release 10 meq</i>	Tier-1	
<i>potassium chloride oral capsule, extended release 8 meq</i>	Tier-2	
<i>potassium chloride oral liquid</i>	Tier-2	
<i>potassium chloride oral tablet extended release 8 meq</i>	Tier-2	
<i>potassium chloride oral tablet, er particles/crystals</i>	Tier-2	
VASODILATORS		
BIDIL	Tier-3	
<i>hydralazine oral</i>	Tier-1	
<i>minoxidil oral</i>	Tier-2	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>alcohol pads</i>	Tier-2	
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	Tier-2	
<i>gauze pad topical bandage 2 x 2 "</i>	Tier-2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29, 1 ML 29 X 1/2"	Tier-3	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i>	Tier-2	
<i>lancets</i>	Tier-2	Part B
ONETOUCH ULTRA TEST	Tier-3	Part B
ONETOUCH VERIO	Tier-3	Part B
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-3	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM	Tier-4	
INSULINS		
HUMALOG	Tier-3	
HUMALOG KWIKPEN	Tier-3	
HUMALOG MIX 50-50	Tier-3	
HUMALOG MIX 50-50 KWIKPEN	Tier-3	
HUMALOG MIX 75-25	Tier-3	
HUMALOG MIX 75-25 KWIKPEN	Tier-3	
HUMULIN 70/30	Tier-3	
HUMULIN N	Tier-3	
HUMULIN R	Tier-3	
HUMULIN R U-500 (CONCENTRATED)	Tier-3	
LANTUS	Tier-3	
LANTUS SOLOSTAR	Tier-3	
TOUJEO SOLOSTAR	Tier-4	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-3	
SYMLINPEN 120	Tier-3	
SYMLINPEN 60	Tier-3	
TRULICITY	Tier-3	
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-4	
<i>chlorpropamide</i>	Tier-1	PA
FARXIGA	Tier-3	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide-metformin</i>	Tier-1	
<i>glyburide micronized</i>	Tier-1	PA
<i>glyburide oral</i>	Tier-1	PA
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-4	
INVOKAMET	Tier-3	
INVOKANA	Tier-3	
JANUMET	Tier-3	
JANUMET XR	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA	Tier-3	
JENTADUETO	Tier-3	
<i>metformin oral tablet</i>	Tier-1	
<i>metformin oral tablet extended release 24 hr</i>	Tier-1	
<i>metformin oral tablet extended release 24hr</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone</i>	Tier-3	
<i>pioglitazone-glimepiride</i>	Tier-2	
<i>pioglitazone-metformin</i>	Tier-3	
<i>repaglinide</i>	Tier-1	
<i>repaglinide-metformin</i>	Tier-3	
RIOMET	Tier-3	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-3	
XIGDUO XR	Tier-3	
EAR, NOSE AND THROAT		
EAR		
<i>acetazol hc</i>	Tier-2	
<i>acetic acid otic</i>	Tier-2	
CIPRO HC	Tier-3	
CIPRODEX	Tier-3	
<i>fluocinolone acetonide oil</i>	Tier-2	
<i>hydrocortisone-acetic acid</i>	Tier-2	
<i>ofloxacin otic</i>	Tier-2	
MOUTH AND THROAT		
<i>cevimeline</i>	Tier-2	
<i>chlorhexidine gluconate mucous membrane</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl oral</i>	Tier-2	
<i>triamcinolone acetonide dental</i>	Tier-2	
NOSE		
<i>azelastine nasal</i>	Tier-2	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-4	
<i>budesonide nasal</i>	Tier-2	
<i>cyproheptadine</i>	Tier-2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine</i>	Tier-2	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier-2	QL (150 ML per 90 Days)
<i>fluticasone nasal</i>	Tier-2	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral</i>	Tier-2	PA
<i>hydroxyzine pamoate</i>	Tier-2	PA
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Tier-2	QL (180 ML per 90 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>	Tier-2	QL (90 ML per 90 days)
<i>levocetirizine</i>	Tier-2	
NASONEX	Tier-3	QL (102 GM per 90 days)
<i>olopatadine nasal</i>	Tier-2	QL (91.5 GM per 90 days)
<i>triamcinolone acetonide nasal</i>	Tier-3	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS	Tier-4	
EYE		
ALLERGY		
ALOCRIAL	Tier-4	
ALOMIDE	Tier-4	
<i>azelastine ophthalmic</i>	Tier-2	
<i>cromolyn ophthalmic</i>	Tier-2	
EMADINE	Tier-4	
<i>epinastine</i>	Tier-2	
LASTACAFT	Tier-4	
<i>naphazoline</i>	Tier-2	
<i>olopatadine ophthalmic</i>	Tier-3	
ANTI-INFECTIVES		
AZASITE	Tier-4	
<i>bacitracin ophthalmic</i>	Tier-2	
<i>bacitracin-polymyxin b ophthalmic</i>	Tier-2	
BESIVANCE	Tier-4	
BLEPHAMIDE	Tier-4	
BLEPHAMIDE S.O.P.	Tier-4	
<i>ciprofloxacin hcl ophthalmic</i>	Tier-2	
<i>erythromycin ophthalmic</i>	Tier-2	
GARAMYCIN OPHTHALMIC DROPS	Tier-4	
<i>gatifloxacin</i>	Tier-2	

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

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Drug Name	Drug Tier	Requirements/Limits
PRED MILD	Tier-3	
PRED-G	Tier-3	
PRED-G S.O.P.	Tier-3	
<i>prednisolone acetate</i>	Tier-2	
PROLENSA	Tier-4	
VEXOL	Tier-3	
ZYLET	Tier-4	
ANTIVIRALS		
<i>trifluridine</i>	Tier-2	
ZIRGAN	Tier-4	
GLAUCOMA		
<i>acetazolamide</i>	Tier-2	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	Tier-4	
<i>apraclonidine</i>	Tier-2	
AZOPT	Tier-3	
<i>betaxolol ophthalmic</i>	Tier-2	
BETIMOL OPHTHALMIC DROPS 0.5 %	Tier-3	
BETOPTIC S	Tier-4	
<i>bimatoprost</i>	Tier-2	
<i>brimonidine</i>	Tier-2	
<i>carteolol</i>	Tier-2	
COMBIGAN	Tier-4	
<i>dorzolamide</i>	Tier-2	
<i>dorzolamide-timolol</i>	Tier-2	
IOPIDINE OPHTHALMIC DROPPERETTE	Tier-4	
<i>latanoprost</i>	Tier-2	
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier-1	
LUMIGAN OPHTHALMIC DROPS 0.01 %	Tier-4	STPA
<i>methazolamide oral</i>	Tier-2	
<i>metipranolol</i>	Tier-2	
PHOSPHOLINE IODIDE	Tier-3	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier-2	
SIMBRINZA	Tier-4	
<i>timolol maleate ophthalmic drops</i>	Tier-1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier-2	
TRAVATAN Z	Tier-4	STPA

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Drug Name	Drug Tier	Requirements/Limits
<i>travoprost (benzalkonium)</i>	Tier-2	
ZIOPTAN (PF)	Tier-4	STPA
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-4	
<i>atropine ophthalmic drops</i>	Tier-2	
NATACYN	Tier-4	
<i>proparacaine</i>	Tier-2	
RESTASIS	Tier-3	PA
GASTROINTESTINAL DRUGS		
EMESIS		
AKYNZEO	Tier-4	B/D
ALOXI	Tier-5	B/D
ANZEMET ORAL	Tier-3	B/D
CESAMET	Tier-3	B/D
<i>compro</i>	Tier-2	
<i>dronabinol</i>	Tier-2	B/D
EMEND	Tier-3	B/D
<i>granisetron hcl oral</i>	Tier-2	B/D
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier-2	
<i>metoclopramide hcl oral solution</i>	Tier-2	
<i>metoclopramide hcl oral tablet</i>	Tier-2	
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	Tier-2	
<i>ondansetron</i>	Tier-2	B/D
<i>ondansetron hcl oral</i>	Tier-2	B/D
<i>prochlorperazine</i>	Tier-2	
<i>prochlorperazine maleate oral</i>	Tier-2	
<i>promethazine oral</i>	Tier-2	PA
<i>promethazine rectal</i>	Tier-2	
SANCUSO	Tier-4	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-4	
ENZYMES		
CARBAGLU	Tier-3	PA
CREON	Tier-3	
CYSTAGON	Tier-4	
PANCREAZE	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
PERTZYE	Tier-4	
VIOKACE	Tier-4	
ZENPEP	Tier-4	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron</i>	Tier-2	
CANTIL	Tier-4	
<i>constulose</i>	Tier-2	
<i>cromolyn oral</i>	Tier-2	
<i>dicyclomine oral capsule</i>	Tier-1	
<i>dicyclomine oral solution</i>	Tier-1	
<i>dicyclomine oral tablet</i>	Tier-1	
<i>enulose</i>	Tier-2	
FULYZAQ	Tier-3	PA
GATTEX ONE-VIAL	Tier-5	PA
<i>generlac</i>	Tier-2	
<i>glycopyrrolate oral</i>	Tier-2	
KRISTALOSE	Tier-3	
<i>lactulose</i>	Tier-2	
<i>levocarnitine (with sugar)</i>	Tier-2	
<i>levocarnitine oral tablet</i>	Tier-2	
<i>loperamide oral capsule</i>	Tier-2	
<i>megestrol oral suspension</i>	Tier-2	PA
MOVIPREP	Tier-4	
OSMOPREP	Tier-4	
<i>peg 3350-electrolytes</i>	Tier-2	
<i>peg-3350 with flavor packs</i>	Tier-2	
<i>peg-electrolyte soln</i>	Tier-2	
<i>polyethylene glycol 3350 oral powder</i>	Tier-2	
<i>propantheline</i>	Tier-2	
RELISTOR SUBCUTANEOUS SOLUTION	Tier-5	
RELISTOR SUBCUTANEOUS SYRINGE	Tier-5	
SUPREP BOWEL PREP KIT	Tier-4	
<i>trilyte with flavor packets</i>	Tier-2	
<i>ursodiol</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicil-clarithromy-lansopraz</i>	Tier-2	
CARAFATE ORAL SUSPENSION	Tier-4	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl oral</i>	Tier-2	
DEXILANT	Tier-4	PA
<i>esomeprazole magnesium</i>	Tier-3	PA
<i>famotidine oral suspension</i>	Tier-2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	Tier-3	
<i>methscopolamine oral</i>	Tier-2	
<i>misoprostol</i>	Tier-2	
<i>nizatidine</i>	Tier-2	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	Tier-2	
<i>omeprazole-sodium bicarbonate</i>	Tier-2	
<i>pantoprazole oral</i>	Tier-2	
PYLERA	Tier-3	
<i>rabeprazole</i>	Tier-3	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
<i>sucralfate oral tablet</i>	Tier-2	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-3	
APRISO	Tier-3	
ASACOL HD	Tier-3	
<i>balsalazide</i>	Tier-2	
<i>budesonide oral</i>	Tier-2	
CANASA	Tier-3	
<i>colocort</i>	Tier-2	
DELZICOL	Tier-3	
DIPENTUM	Tier-3	
<i>hydrocortisone rectal enema</i>	Tier-2	
LIALDA	Tier-3	
LINZESS	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. For Tufts Medicare Preferred HMO Prime Rx Plus members we provide coverage for Tier-1 and Tier-2 drugs through the Coverage Gap.

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine with cleansing wipe</i>	Tier-2	
PENTASA	Tier-3	
SFROWASA	Tier-4	
<i>sulfasalazine oral tablet</i>	Tier-2	
<i>sulfazine ec</i>	Tier-2	
UCERIS ORAL	Tier-5	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-3	HI
<i>acetazolamide sodium</i>	Tier-2	HI
<i>acyclovir sodium intravenous solution</i>	Tier-2	HI
AMBISOME	Tier-3	HI
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier-2	HI; Part B
<i>aminophylline intravenous</i>	Tier-2	HI
<i>amphotericin b</i>	Tier-2	HI
<i>ampicillin sodium</i>	Tier-2	HI; Part B
<i>ampicillin-sulbactam</i>	Tier-2	HI; Part B
ANZEMET INTRAVENOUS	Tier-3	B/D; HI
ARGATROBAN	Tier-4	HI
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	Tier-4	HI
<i>atropine injection solution</i>	Tier-2	HI
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	Tier-2	HI
<i>atropine intravenous</i>	Tier-2	HI
AVELOX IN NACL (ISO-OSMOTIC)	Tier-3	HI; Part B
<i>azithromycin intravenous</i>	Tier-2	HI; Part B
<i>aztreonam</i>	Tier-2	HI; Part B
<i>benztropine injection</i>	Tier-2	HI
<i>bumetanide injection</i>	Tier-2	HI
<i>buprenorphine hcl injection syringe</i>	Tier-2	HI
<i>butorphanol tartrate injection</i>	Tier-2	HI
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier-2	HI
CANCIDAS	Tier-5	HI
CAPASTAT	Tier-3	HI
CARDENE IV IN SODIUM CHLORIDE	Tier-4	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin</i>	Tier-2	HI; Part B
<i>cefazolin in 0.9% sod chloride intravenous solution</i>	Tier-2	HI; Part B
<i>cefazolin in 0.9% sod chloride intravenous syringe 1 gram/10 ml</i>	Tier-2	HI; Part B
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier-2	HI; Part B
<i>cefazolin in dextrose 5 %</i>	Tier-2	HI; Part B
<i>cefazolin in sterile water</i>	Tier-2	HI; Part B
<i>cefepime</i>	Tier-2	HI; Part B
<i>cefepime in dextrose 5 %</i>	Tier-2	HI; Part B
<i>cefotaxime</i>	Tier-2	HI; Part B
<i>cefotetan</i>	Tier-2	HI; Part B
<i>cefoxitin</i>	Tier-2	HI; Part B
<i>cefoxitin in dextrose, iso-osm</i>	Tier-2	HI; Part B
<i>ceftazidime</i>	Tier-2	HI; Part B
<i>ceftazidime in d5w</i>	Tier-2	HI; Part B
<i>ceftriaxone injection</i>	Tier-2	HI; Part B
<i>ceftriaxone intravenous recon soln</i>	Tier-2	HI; Part B
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i>	Tier-2	HI; Part B
<i>cefuroxime sodium intravenous</i>	Tier-2	HI; Part B
<i>chloramphenicol sod succinate</i>	Tier-2	HI; Part B
<i>cidofovir</i>	Tier-2	HI
<i>ciprofloxacin in 5 % dextrose</i>	Tier-2	HI; Part B
<i>ciprofloxacin lactate</i>	Tier-2	HI; Part B
<i>clindamycin in 5 % dextrose</i>	Tier-2	HI; Part B
<i>clindamycin phosphate injection</i>	Tier-2	HI; Part B
<i>clindamycin phosphate intravenous</i>	Tier-2	HI; Part B
<i>colistin (colistimethate na)</i>	Tier-2	HI; Part B
CRESEMBA INTRAVENOUS	Tier-5	HI
CUBICIN	Tier-5	HI; Part B
<i>cyclosporine intravenous</i>	Tier-2	B/D; HI
CYKLOKAPRON	Tier-3	HI
DALVANCE	Tier-3	HI; Part B
<i>dexamethasone sodium phos (pf)</i>	Tier-2	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection solution</i>	Tier-2	HI
<i>diltiazem hcl intravenous</i>	Tier-2	HI
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier-2	HI
<i>diphenhydramine hcl injection syringe</i>	Tier-2	HI
DORIBAX	Tier-3	HI; Part B
DOXY-100	Tier-4	HI; Part B
<i>duramorph (pf)</i>	Tier-2	HI
ERAXIS(WATER DILUENT)	Tier-3	HI
ERYTHROCIN	Tier-3	HI; Part B
<i>esomeprazole sodium</i>	Tier-2	HI
<i>fluconazole in dextrose(iso-o)</i>	Tier-2	HI
<i>foscarnet</i>	Tier-2	HI
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	Tier-2	HI; Part B
<i>gentamicin injection</i>	Tier-2	HI; Part B
<i>gentamicin sulfate (ped) (pf)</i>	Tier-2	HI; Part B
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	Tier-2	HI; Part B
<i>granisetron (pf)</i>	Tier-2	B/D; HI
<i>granisetron hcl intravenous</i>	Tier-2	B/D; HI
<i>heparin (porcine) injection solution</i>	Tier-2	HI
<i>imipenem-cilastatin</i>	Tier-2	HI; Part B
INVANZ INJECTION	Tier-3	HI; Part B
<i>isoniazid injection</i>	Tier-2	HI
<i>labetalol intravenous solution</i>	Tier-2	HI
<i>lactated ringers intravenous</i>	Tier-2	HI
<i>levetiracetam in nacl (iso-os)</i>	Tier-2	HI
<i>levocarnitine intravenous</i>	Tier-2	HI
<i>levofloxacin in d5w</i>	Tier-2	HI; Part B
<i>levofloxacin intravenous</i>	Tier-2	HI; Part B
<i>levothyroxine intravenous</i>	Tier-2	HI
LINCOCIN	Tier-3	HI; Part B
<i>lincomycin injection</i>	Tier-2	
<i>linezolid intravenous</i>	Tier-2	HI; Part B

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem</i>	Tier-2	HI; Part B
<i>methadone injection</i>	Tier-2	HI
<i>methotrexate sodium (pf)</i>	Tier-2	HI
<i>metoclopramide hcl injection solution</i>	Tier-2	HI
<i>metoprolol tartrate intravenous solution</i>	Tier-2	HI
<i>metronidazole in nacl (iso-os)</i>	Tier-2	HI; Part B
<i>morphine intravenous syringe</i>	Tier-2	HI
<i>moxifloxacin-sod.ace,sul-water</i>	Tier-2	HI; Part B
MYCAMINE	Tier-3	HI
<i>nafcillin</i>	Tier-2	HI; Part B
<i>nafcillin in dextrose iso-osm</i>	Tier-2	HI; Part B
<i>ondansetron hcl (pf)</i>	Tier-2	B/D; HI
ORBACTIV	Tier-3	HI; Part B
<i>oxacillin</i>	Tier-2	HI; Part B
<i>oxacillin in dextrose(iso-osm)</i>	Tier-2	HI; Part B
<i>penicillin g pot in dextrose</i>	Tier-2	HI; Part B
<i>penicillin g potassium</i>	Tier-2	HI; Part B
<i>penicillin g sodium</i>	Tier-2	HI; Part B
<i>piperacillin-tazobactam</i>	Tier-2	HI; Part B
<i>polymyxin b sulfate</i>	Tier-2	HI; Part B
<i>prochlorperazine edisylate</i>	Tier-2	HI
PROGRAF INTRAVENOUS	Tier-3	B/D; HI
<i>promethazine injection solution</i>	Tier-2	HI
<i>ranitidine hcl injection solution 25 mg/ml</i>	Tier-2	HI
RETROVIR INTRAVENOUS	Tier-3	HI
<i>rifampin intravenous</i>	Tier-2	HI; Part B
SIVEXTRO INTRAVENOUS	Tier-3	HI; Part B
<i>streptomycin intramuscular</i>	Tier-2	HI; Part B
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier-2	HI; Part B
SYNERCID	Tier-3	HI; Part B
TEFLARO	Tier-3	HI; Part B
<i>tobramycin sulfate injection solution</i>	Tier-2	HI; Part B
TYGACIL	Tier-3	HI; Part B
<i>valproate sodium</i>	Tier-2	HI
<i>vancomycin intravenous</i>	Tier-2	HI; Part B
VISTIDE	Tier-3	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole intravenous</i>	Tier-2	HI
ZERBAXA	Tier-5	HI; Part B
ELECTROLYTES		
<i>ammonium chloride</i>	Tier-2	HI
<i>d10 %-0.45 % sodium chloride</i>	Tier-2	HI
<i>d2.5 %-0.45 % sodium chloride</i>	Tier-2	HI
<i>d5 % and 0.9 % sodium chloride</i>	Tier-2	HI
<i>d5 %-0.45 % sodium chloride</i>	Tier-2	HI
<i>dextrose 10 % and 0.2 % nacl</i>	Tier-2	HI
<i>dextrose 10 % in water (d10w)</i>	Tier-2	HI
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier-2	HI
<i>dextrose 5 %-lactated ringers</i>	Tier-2	HI
<i>dextrose 5%-0.2 % sod chloride</i>	Tier-2	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier-2	HI
IONOSOL-B IN D5W	Tier-3	HI
IONOSOL-MB IN D5W	Tier-3	HI
ISOLYTE-P IN 5 % DEXTROSE	Tier-3	HI
ISOLYTE-S	Tier-3	HI
<i>magnesium sulfate injection</i>	Tier-2	HI
NORMOSOL-M IN 5 % DEXTROSE	Tier-3	HI
NORMOSOL-R IN 5 % DEXTROSE	Tier-3	HI
NORMOSOL-R PH 7.4	Tier-3	HI
PLASMA-LYTE 148	Tier-3	HI
PLASMA-LYTE A	Tier-3	HI
PLASMA-LYTE-56 IN 5 % DEXTROSE	Tier-3	HI
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-2	HI
<i>potassium chloride in 0.9%nacl</i>	Tier-2	HI
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier-2	HI
<i>potassium chloride in lr-d5</i>	Tier-2	HI
<i>potassium chloride intravenous</i>	Tier-2	HI
<i>potassium chloride-0.45 % nacl</i>	Tier-2	HI
<i>potassium chloride-d5-0.2%nacl</i>	Tier-2	HI
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	Tier-2	HI
<i>potassium chloride-d5-0.9%nacl</i>	Tier-2	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>ringers intravenous</i>	Tier-2	HI
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	Tier-2	HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier-2	HI
<i>sodium chloride 3 %</i>	Tier-2	HI
<i>sodium chloride 5 %</i>	Tier-2	HI
<i>sodium lactate intravenous</i>	Tier-2	HI
IV NUTRITION		
AMINO ACIDS 15 %	Tier-3	B/D; HI
AMINOSYN 7 % WITH ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN II 10 %	Tier-3	B/D; HI
AMINOSYN II 15 %	Tier-3	B/D; HI
AMINOSYN II 7 %	Tier-3	B/D; HI
AMINOSYN II 8.5 %	Tier-3	B/D; HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-3	B/D; HI
AMINOSYN M 3.5 %	Tier-3	B/D; HI
AMINOSYN-HBC 7%	Tier-3	B/D; HI
AMINOSYN-PF 10 %	Tier-3	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-3	B/D; HI
AMINOSYN-RF 5.2 %	Tier-3	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-3	B/D; HI
CLINIMIX 5%/D25W SULFITE-FREE	Tier-3	B/D; HI
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-3	B/D; HI
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX 4.25%-D20W SULF-FREE	Tier-3	B/D; HI
CLINIMIX 4.25%-D25W SULF-FREE	Tier-3	B/D; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	Tier-3	B/D; HI
CLINIMIX E 2.75%/D10W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D10W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	Tier-3	B/D; HI
CLINIMIX E 4.25%/D5W SULF FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-3	B/D; HI

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/D20W SULFIT FREE	Tier-3	B/D; HI
CLINIMIX E 5%/D25W SULFIT FREE	Tier-3	B/D; HI
CLINISOL SF 15 %	Tier-3	B/D; HI
FREAMINE HBC 6.9 %	Tier-3	B/D; HI
HEPATAMINE 8%	Tier-3	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 20 % , 30 %	Tier-3	B/D; HI
NEPHRAMINE 5.4 %	Tier-3	B/D; HI
NUTRILIPID	Tier-3	B/D; HI
PREMASOL 10 %	Tier-3	B/D; HI
PREMASOL 6 %	Tier-3	B/D; HI
PROCALAMINE 3%	Tier-3	B/D; HI
PROSOL 20 %	Tier-3	B/D; HI
<i>tpn electrolytes</i>	Tier-2	B/D; HI
TRAVASOL 10 %	Tier-3	B/D; HI
TROPHAMINE 10 %	Tier-3	B/D; HI
TROPHAMINE 6%	Tier-3	B/D; HI

HORMONES

ADRENAL CORTICOSTEROIDS

ACTHAR H.P.	Tier-5	
<i>a-hydrocort</i>	Tier-2	
<i>cortisone</i>	Tier-2	
DEPO-MEDROL	Tier-3	
<i>dexamethasone intensol</i>	Tier-2	
<i>dexamethasone oral elixir</i>	Tier-2	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexpak 13 day</i>	Tier-2	
<i>fludrocortisone</i>	Tier-2	
<i>hydrocortisone oral</i>	Tier-2	
MEDROL ORAL TABLET 2 MG	Tier-4	
<i>methylprednisolone</i>	Tier-2	
<i>methylprednisolone acetate</i>	Tier-2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier-2	
<i>methylprednisolone sodium succ intravenous</i>	Tier-2	
MILLIPRED	Tier-4	Transplant

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Drug Name	Drug Tier	Requirements/Limits
ORAPRED ODT	Tier-4	Transplant
<i>prednisolone sodium phosphate ophthalmic</i>	Tier-2	
<i>prednisolone sodium phosphate oral</i>	Tier-2	Transplant
PREDNISON INTENSOL	Tier-4	Transplant
<i>prednisone oral solution</i>	Tier-2	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
SOLU-CORTEF	Tier-4	
SOLU-CORTEF (PF)	Tier-4	
SOLU-MEDROL	Tier-4	
SOLU-MEDROL (PF)	Tier-4	
VERIPRED 20	Tier-4	Transplant
ANDROGENS		
AVEED	Tier-4	
<i>danazol oral</i>	Tier-2	
DEPO-TESTOSTERONE	Tier-4	
METHITEST	Tier-4	
<i>methyltestosterone oral capsule</i>	Tier-5	
<i>oxandrolone</i>	Tier-2	
<i>testosterone cypionate</i>	Tier-2	
<i>testosterone enanthate</i>	Tier-2	
<i>testosterone transdermal gel in metered-dose pump</i>	Tier-2	
<i>testosterone transdermal gel in packet</i>	Tier-2	
TESTRED	Tier-5	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier-5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier-3	
LUPRON DEPOT	Tier-5	
LUPRON DEPOT (3 MONTH)	Tier-5	
LUPRON DEPOT (4 MONTH)	Tier-5	
LUPRON DEPOT (6 MONTH)	Tier-5	
LUPRON DEPOT-PED	Tier-5	
SYNAREL	Tier-3	
TRELSTAR INTRAMUSCULAR SYRINGE	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
ARMOUR THYROID	Tier-4	
<i>levothyroxine oral</i>	Tier-1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier-1	
<i>liothyronine oral</i>	Tier-2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier-2	
<i>propylthiouracil</i>	Tier-2	
SYNTHROID	Tier-4	
THYROLAR-1	Tier-4	
THYROLAR-1/2	Tier-4	
THYROLAR-1/4	Tier-4	
THYROLAR-2	Tier-4	
THYROLAR-3	Tier-4	
TIROSINT	Tier-4	
TRIOSTAT	Tier-3	
<i>unithroid</i>	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB (PF)	Tier-3	Part B
ACTIMMUNE	Tier-5	
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier-3	
ADAGEN	Tier-5	
<i>bcg vaccine, live (pf)</i>	Tier-2	
BEXSERO (PF)	Tier-3	
BIVIGAM	Tier-5	PA; Part B
BOOSTRIX TDAP	Tier-3	
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	Tier-5	PA; Part B
CERVARIX VACCINE (PF)	Tier-3	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	Tier-3	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-3	B/D

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF	Tier-5	PA; Part B
GAMASTAN S/D	Tier-3	PA; Part B
GAMMAGARD LIQUID	Tier-5	PA; Part B
GAMMAKED	Tier-5	PA; Part B
GAMMAPLEX	Tier-5	PA; Part B
GAMUNEX-C	Tier-5	PA; Part B
GARDASIL (PF)	Tier-3	
GARDASIL 9 (PF)	Tier-3	
HAVRIX (PF)	Tier-3	
HYPERRAB S/D (PF)	Tier-3	
IMOVAX RABIES VACCINE (PF)	Tier-3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	Tier-3	
IPOL INJECTION SUSPENSION	Tier-3	
IXIARO (PF)	Tier-3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	Tier-3	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-3	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-3	
M-M-R II (PF)	Tier-3	
OCTAGAM	Tier-3	PA; Part B
PEDVAX HIB (PF)	Tier-3	
PNEUMOVAX 23 INJECTION SOLUTION	Tier-3	Part B
PREVNAR 13 (PF)	Tier-3	Part B
PRIVIGEN	Tier-5	PA; Part B
PROQUAD (PF)	Tier-3	
QUADRACEL (PF)	Tier-3	
RABAVERT (PF)	Tier-3	
RECOMBIVAX HB (PF)	Tier-3	B/D
ROTARIX	Tier-3	
ROTATEQ VACCINE	Tier-3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	Tier-3	
<i>tetanus,diphtheria tox ped(pf)</i>	Tier-2	
<i>tetanus-diphtheria toxoids-td</i>	Tier-2	
TRUMENBA	Tier-3	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION	Tier-3	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI	Tier-3	
VAQTA (PF) INTRAMUSCULAR SYRINGE	Tier-3	
VARIVAX (PF)	Tier-3	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-3	
VIVOTIF BERNA VACCINE	Tier-3	
YF-VAX (PF)	Tier-3	
ZOSTAVAX (PF)	Tier-3	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-4	B/D
ATGAM	Tier-3	B/D
BENLYSTA	Tier-3	PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	Tier-5	B/D
<i>cyclosporine modified</i>	Tier-2	B/D
<i>cyclosporine oral capsule</i>	Tier-2	B/D
ENVARUSUS XR	Tier-4	B/D
<i>engraf</i>	Tier-2	B/D
<i>mycophenolate mofetil</i>	Tier-2	B/D
<i>mycophenolate sodium</i>	Tier-2	B/D
NULOJIX	Tier-5	B/D
RAPAMUNE ORAL SOLUTION	Tier-3	B/D
SIMULECT	Tier-5	B/D
<i>sirolimus</i>	Tier-2	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	Tier-2	B/D
<i>tacrolimus oral capsule 5 mg</i>	Tier-5	B/D
THYMOGLOBULIN	Tier-3	B/D
ZORTRESS	Tier-3	B/D; QL (180 EA per 90 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate injection solution</i>	Tier-2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	Tier-5	
SIGNIFOR LAR	Tier-5	PA; QL (2 EA per 28 days)
SOMATULINE DEPOT	Tier-5	
SOMAVERT	Tier-5	PA

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Drug Name	Drug Tier	Requirements/Limits
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole</i>	Tier-3	
ANAPHYLAXIS EMERGENCY		
<i>epinephrine injection auto-injector</i>	Tier-2	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-3	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-3	QL (2 EA per 1 day)
<i>midodrine</i>	Tier-2	
BOTULINUM TOXINS		
BOTOX	Tier-3	PA
DYSPORT	Tier-3	PA
XEOMIN	Tier-3	PA
CASTLEMAN DISEASE		
SYLVANT	Tier-5	PA
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-5	PA
ILARIS (PF)	Tier-5	PA
CUSHING DISEASE		
KORLYM	Tier-5	PA; QL (120 EA per 30 days)
SIGNIFOR	Tier-5	PA; QL (60 ML per 30 days)
CYSTIC FIBROSIS		
BETHKIS	Tier-5	B/D
CAYSTON	Tier-5	
KALYDECO	Tier-5	PA; QL (60 EA per 30 days)
ORKAMBI	Tier-5	PA; QL (120 EA per 30 days)
PULMOZYME	Tier-5	B/D
TOBI PODHALER	Tier-5	
<i>tobramycin in 0.225 % nacl</i>	Tier-5	B/D
CYSTINURIA		
CYSTADANE	Tier-3	
DETOXIFICATION AGENTS		
CHEMET	Tier-4	
EXJADE	Tier-5	
FERRIPROX ORAL SOLUTION	Tier-5	
FERRIPROX ORAL TABLET	Tier-3	
JADENU	Tier-5	

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Drug Name	Drug Tier	Requirements/Limits
FABRY DISEASE		
FABRAZYME	Tier-5	PA
GAUCHER DISEASE		
CERDELGA	Tier-5	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier-5	PA
ELELYSO	Tier-5	PA
VPRIV	Tier-5	PA
ZAVESCA	Tier-5	PA
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-5	PA
GENOTROPIN	Tier-3	PA
GENOTROPIN MINIQUICK	Tier-3	PA
HUMATROPE	Tier-3	PA
INCRELEX	Tier-5	PA
NORDITROPIN FLEXPPO	Tier-5	PA
NUTROPIN AQ NUSPIN	Tier-5	PA
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE	Tier-5	PA
OMNITROPE	Tier-3	PA
SAIZEN	Tier-5	PA
SAIZEN CLICK.EASY	Tier-5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier-5	PA
ZOMACTON	Tier-3	PA
ZORBTIVE	Tier-5	PA
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT	Tier-3	
CINRYZE	Tier-5	PA
FIRAZYR	Tier-5	PA; QL (3 ML per 7 days)
RUCONEST	Tier-5	
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN	Tier-5	PA
HUNTINGTON DISEASE		
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier-5	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier-5	PA; QL (120 EA per 30 days)
XENAZINE ORAL TABLET 12.5 MG	Tier-5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XENAZINE ORAL TABLET 25 MG	Tier-5	PA; QL (120 EA per 30 days)
HYPERCALCEMIA		
SENSIPAR ORAL TABLET 30 MG	Tier-3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	Tier-5	
HYPERPARATHYROIDISM		
<i>calcitriol oral</i>	Tier-2	
<i>doxercalciferol</i>	Tier-2	
<i>paricalcitol</i>	Tier-2	
HYPOPARATHYROIDISM		
NATPARA	Tier-5	PA; QL (2 EA per 28 days)
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-5	
ELAPRASE	Tier-5	
LUMIZYME	Tier-5	
NAGLAZYME	Tier-5	
MULTIPLE SCLEROSIS		
AMPYRA	Tier-5	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-5	PA; QL (30 EA per 30 Days)
AVONEX (WITH ALBUMIN)	Tier-5	QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier-5	QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier-5	QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier-5	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Tier-5	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier-5	QL (12 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT	Tier-5	QL (15 EA per 30 days)
GILENYA	Tier-5	PA; QL (30 EA per 30 Days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier-5	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier-5	QL (1 ML per 28 days)
REBIF (WITH ALBUMIN)	Tier-5	QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-5	QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-5	QL (12 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-5	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-5	PA; QL (60 EA per 30 Days)
TYSABRI	Tier-5	PA; LA
MYASTHENIA GRAVIS		
<i>guanidine</i>	Tier-2	
MESTINON ORAL SYRUP	Tier-4	
MESTINON TIMESPAN	Tier-3	
<i>pyridostigmine bromide</i>	Tier-2	
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-2	
PHENYLKETONURIA		
KUVAN ORAL POWDER IN PACKET 500 MG	Tier-5	PA
KUVAN ORAL TABLET,SOLUBLE	Tier-5	PA
PHEOCHROMOCYTOMA		
DEMSER	Tier-5	
DIBENZYLINE	Tier-4	
<i>phenoxybenzamine</i>	Tier-3	
PHOSPHATE BINDERS		
AURYXIA	Tier-4	
<i>calcium acetate oral capsule</i>	Tier-2	
FOSRENOL	Tier-3	
PHOSLYRA	Tier-3	
RENAGEL	Tier-3	
RENVELA ORAL POWDER IN PACKET	Tier-5	
RENVELA ORAL TABLET	Tier-3	
VELPHORO	Tier-5	
POMPE DISEASE		
MYOZYME	Tier-5	
POTASSIUM BINDER		
<i>kionex oral powder</i>	Tier-2	
<i>sodium polystyrene (sorb free)</i>	Tier-2	
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-5	
VIRAZOLE	Tier-5	

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Drug Name	Drug Tier	Requirements/Limits
SMOKING CESSATION		
<i>buproban</i>	Tier-2	
CHANTIX	Tier-4	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	Tier-4	QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX	Tier-4	QL (53 EA per 28 days)
NICOTROL	Tier-3	
NICOTROL NS	Tier-4	
SUCRASE DEFICIENCY		
SUCRAID	Tier-5	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin</i>	Tier-2	
AVODART	Tier-3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier-4	PA; QL (30 EA per 30 days)
<i>dutasteride</i>	Tier-3	
<i>dutasteride-tamsulosin</i>	Tier-3	
<i>finasteride oral tablet 5 mg</i>	Tier-2	
JALYN	Tier-3	
<i>tamsulosin</i>	Tier-2	
UREA CYCLE DISORDERS		
RAVICTI	Tier-5	PA
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-2	
<i>desmopressin injection</i>	Tier-2	
<i>desmopressin nasal solution</i>	Tier-2	
<i>desmopressin nasal spray,non-aerosol</i>	Tier-2	
<i>desmopressin oral</i>	Tier-2	
ELMIRON	Tier-4	
ENABLEX	Tier-4	STPA
<i>flavoxate</i>	Tier-2	
GELNIQUE	Tier-3	
MYRBETRIQ	Tier-4	STPA
<i>oxybutynin chloride oral syrup</i>	Tier-2	
<i>oxybutynin chloride oral tablet</i>	Tier-1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate</i>	Tier-2	
SAMSCA	Tier-4	
<i>tolterodine</i>	Tier-3	
<i>trospium</i>	Tier-2	
UROCIT-K 10	Tier-4	
UROCIT-K 15	Tier-4	
UROCIT-K 5	Tier-4	
VESICARE	Tier-3	
WILSON'S DISEASE		
CUPRIMINE	Tier-5	
DEPEN TITRATABS	Tier-3	
SYPRINE	Tier-3	
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil</i>	Tier-2	
<i>ergoloid</i>	Tier-2	
EXELON TRANSDERMAL	Tier-4	
<i>galantamine</i>	Tier-2	
<i>memantine</i>	Tier-3	
NAMENDA XR	Tier-3	
<i>rivastigmine</i>	Tier-2	
<i>rivastigmine tartrate</i>	Tier-2	
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-2	
<i>dihydroergotamine</i>	Tier-2	PA
MIGERGOT	Tier-3	
MIGRANAL	Tier-4	
<i>naratriptan</i>	Tier-2	
<i>rizatriptan</i>	Tier-2	
<i>sumatriptan</i>	Tier-2	
<i>sumatriptan succinate oral</i>	Tier-2	
<i>sumatriptan succinate subcutaneous cartridge</i>	Tier-2	
<i>sumatriptan succinate subcutaneous pen injector</i>	Tier-2	
<i>sumatriptan succinate subcutaneous solution</i>	Tier-2	
<i>zolmitriptan</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
PARKINSONS DISEASE		
APOKYN	Tier-5	
AZILECT	Tier-3	
<i>benztropine oral</i>	Tier-1	PA
<i>bromocriptine</i>	Tier-2	
<i>cabergoline</i>	Tier-2	
<i>carbidopa</i>	Tier-2	
<i>carbidopa-levodopa</i>	Tier-2	
<i>carbidopa-levodopa-entacapone</i>	Tier-2	
CYCLOSET	Tier-3	
DUOPA	Tier-4	
<i>entacapone</i>	Tier-2	
NEUPRO	Tier-4	QL (30 EA per 30 days)
<i>pramipexole</i>	Tier-2	
<i>ropinirole</i>	Tier-2	
RYTARY	Tier-4	
<i>selegiline hcl</i>	Tier-2	
TASMAR ORAL TABLET 100 MG	Tier-3	
<i>tolcapone</i>	Tier-2	
<i>trihexyphenidyl</i>	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-3	PA
SEIZURES		
APTiom	Tier-4	PA
BANZEL	Tier-3	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier-2	
<i>carbamazepine oral suspension</i>	Tier-2	
<i>carbamazepine oral tablet</i>	Tier-1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier-2	
<i>carbamazepine oral tablet, chewable</i>	Tier-2	
CELONTIN ORAL CAPSULE 300 MG	Tier-4	
CEREBYX	Tier-4	
<i>clonazepam</i>	Tier-2	
<i>diazepam intensol</i>	Tier-2	
<i>diazepam oral solution</i>	Tier-2	
<i>diazepam oral tablet</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal</i>	Tier-2	
DILANTIN	Tier-3	
DILANTIN EXTENDED	Tier-3	
DILANTIN INFATABS	Tier-3	
DILANTIN-125	Tier-3	
<i>divalproex</i>	Tier-2	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-2	
<i>felbamate</i>	Tier-2	
FYCOMPA ORAL TABLET	Tier-4	PA
<i>gabapentin oral capsule</i>	Tier-2	
<i>gabapentin oral solution</i>	Tier-2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier-2	
GABITRIL	Tier-3	
HORIZANT	Tier-4	QL (60 EA per 30 Days)
<i>lamotrigine oral tablet</i>	Tier-2	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier-3	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier-2	
<i>lamotrigine oral tablet, disintegrating</i>	Tier-2	
<i>levetiracetam</i>	Tier-2	
LYRICA	Tier-4	STPA
ONFI ORAL SUSPENSION	Tier-4	
ONFI ORAL TABLET 10 MG, 20 MG	Tier-4	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-2	
OXTELLAR XR	Tier-4	
PEGANONE	Tier-4	
<i>phenobarbital</i>	Tier-2	PA
<i>phenytoin oral suspension</i>	Tier-2	
<i>phenytoin oral tablet, chewable</i>	Tier-2	
<i>phenytoin sodium extended</i>	Tier-2	
<i>phenytoin sodium intravenous solution</i>	Tier-2	
POTIGA	Tier-4	PA
<i>primidone</i>	Tier-2	
QUDEXY XR	Tier-4	
SABRIL	Tier-5	
SAVELLA ORAL TABLET	Tier-3	STPA; QL (180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	Tier-3	
<i>tiagabine</i>	Tier-2	
<i>topiramate</i>	Tier-2	
TROKENDI XR	Tier-4	
<i>valproic acid</i>	Tier-2	
<i>valproic acid (as sodium salt) oral solution</i>	Tier-2	
VIMPAT INTRAVENOUS	Tier-4	
VIMPAT ORAL SOLUTION	Tier-4	PA
VIMPAT ORAL TABLET	Tier-4	PA; QL (180 EA per 90 days)
<i>zonisamide</i>	Tier-2	
SPASTICITY		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine oral tablet</i>	Tier-1	PA
<i>dantrolene</i>	Tier-2	
<i>tizanidine</i>	Tier-2	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-3	PA
AZASAN	Tier-4	B/D
<i>azathioprine</i>	Tier-2	B/D
CIMZIA	Tier-5	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-3	PA
<i>diclofenac sodium topical</i>	Tier-2	
ENBREL SUBCUTANEOUS RECON SOLN	Tier-5	PA; QL (8 EA per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	Tier-5	PA; QL (8.16 ML per 28 Days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	Tier-5	PA; QL (7.84 ML per 28 Days)
ENBREL SURECLICK	Tier-5	PA; QL (7.84 ML per 28 days)
HUMIRA	Tier-5	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHN'S START	Tier-5	PA
HUMIRA PEN	Tier-5	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	Tier-5	PA
KINERET	Tier-5	PA; QL (20.1 ML per 28 days)
<i>leflunomide</i>	Tier-2	
<i>methotrexate sodium oral</i>	Tier-2	B/D

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-2	QL (400 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier-2	QL (480 EA per 30 days)
<i>hydromorphone oral liquid</i>	Tier-2	QL (1350 ML per 30 days)
<i>hydromorphone oral tablet</i>	Tier-2	QL (360 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier-2	QL (30 EA per 30 days)
HYSINGLA ER	Tier-4	QL (60 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Tier-2	QL (240 EA per 30 days)
LAZANDA	Tier-5	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate</i>	Tier-2	QL (240 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	Tier-2	QL (1800 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	Tier-2	QL (3600 ML per 30 days)
<i>methadone oral tablet</i>	Tier-2	QL (120 EA per 30 days)
<i>morphine concentrate oral solution</i>	Tier-2	QL (540 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	Tier-2	QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	Tier-2	QL (60 EA per 30 days)
<i>morphine oral solution</i>	Tier-2	QL (960 ML per 30 days)
<i>morphine oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release</i>	Tier-2	QL (60 EA per 30 days)
<i>oxycodone oral capsule</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>	Tier-2	QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	Tier-2	QL (2400 ML per 30 Days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-2	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr</i>	Tier-2	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-2	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-2	QL (360 EA per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	Tier-3	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier-2	QL (180 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier-2	QL (60 EA per 30 Days)

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Drug Name	Drug Tier	Requirements/Limits
SUBSYS	Tier-5	PA; QL (120 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 17-83</i>	Tier-2	
<i>tramadol oral capsule,er biphasic 24 hr 25-75</i>	Tier-2	
<i>tramadol oral tablet</i>	Tier-2	
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier-2	
<i>tramadol oral tablet, er multiphasic 24 hr 300 mg</i>	Tier-2	
<i>tramadol-acetaminophen</i>	Tier-2	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate</i>	Tier-2	
<i>disulfiram</i>	Tier-2	
<i>naltrexone oral</i>	Tier-2	
VIVITROL	Tier-3	
ANXIETY		
<i>alprazolam</i>	Tier-2	
<i>alprazolam intensol</i>	Tier-2	
<i>amitriptyline-chlordiazepoxide</i>	Tier-2	
<i>buspirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-2	
<i>lorazepam intensol</i>	Tier-2	
<i>lorazepam oral tablet</i>	Tier-2	
<i>oxazepam</i>	Tier-2	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-4	STPA
<i>amphetamine salt combo</i>	Tier-2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier-2	
DESOXYN	Tier-4	
DEXEDRINE SPANSULE	Tier-4	
<i>dexmethylphenidate</i>	Tier-2	
<i>dextroamphetamine oral capsule, extended release</i>	Tier-2	
<i>dextroamphetamine oral tablet</i>	Tier-2	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	Tier-2	
FOCALIN XR	Tier-3	STPA
<i>guanfacine oral tablet extended release 24 hr</i>	Tier-2	PA; QL (90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
KAPVAY	Tier-4	
METADATE CD	Tier-4	
METADATE ER	Tier-4	
<i>methamphetamine</i>	Tier-2	
METHYLIN ORAL SOLUTION	Tier-3	
METHYLIN ORAL TABLET,CHEWABLE	Tier-3	
<i>methylphenidate oral</i>	Tier-2	
QUILLIVANT XR	Tier-4	STPA
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-3	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	Tier-3	QL (30 EA per 30 days)
VYVANSE	Tier-4	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-4	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-2	STPA
RISPERDAL CONSTA	Tier-3	
<i>risperidone oral solution</i>	Tier-2	
<i>risperidone oral tablet</i>	Tier-2	
<i>risperidone oral tablet,disintegrating</i>	Tier-2	
DEPRESSION		
<i>amitriptyline</i>	Tier-1	PA
<i>amoxapine</i>	Tier-2	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG	Tier-4	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	Tier-5	STPA
BRINTELLIX	Tier-4	STPA
<i>bupropion hcl</i>	Tier-2	
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-2	PA
<i>desipramine oral</i>	Tier-2	
<i>desvenlafaxine oral tablet extended release 24 hr</i>	Tier-2	
<i>doxepin oral capsule</i>	Tier-1	PA
<i>doxepin oral concentrate</i>	Tier-2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier-3	QL (60 EA per 30 Days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	Tier-3	QL (90 EA per 30 days)
DULOXETINE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	Tier-4	STPA; QL (60 EA per 30 days)
EMSAM	Tier-5	STPA
<i>escitalopram oxalate</i>	Tier-2	
FETZIMA	Tier-4	STPA
<i>fluoxetine oral capsule</i>	Tier-1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	Tier-1	
<i>fluoxetine oral solution</i>	Tier-2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier-1	
<i>fluoxetine oral tablet 60 mg</i>	Tier-2	
<i>fluvoxamine</i>	Tier-2	
<i>imipramine hcl</i>	Tier-2	PA
<i>imipramine pamoate</i>	Tier-2	PA
IRENKA	Tier-4	STPA; QL (60 EA per 30 days)
KHEDEZLA	Tier-4	STPA
<i>maprotiline</i>	Tier-2	
MARPLAN	Tier-4	
<i>mirtazapine</i>	Tier-2	
<i>nefazodone</i>	Tier-2	
<i>nortriptyline</i>	Tier-1	
<i>paroxetine hcl oral tablet</i>	Tier-1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-4	
PEXEVA	Tier-4	STPA
<i>phenelzine</i>	Tier-2	
PRISTIQ	Tier-4	STPA
<i>protriptyline</i>	Tier-2	
<i>sertraline</i>	Tier-2	
SURMONTIL	Tier-3	PA
<i>tranylcypromine</i>	Tier-2	
<i>trazodone</i>	Tier-1	
<i>trimipramine</i>	Tier-2	PA
<i>venlafaxine</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET	Tier-4	STPA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier-4	STPA
INSOMNIA		
<i>estazolam</i>	Tier-2	
<i>eszopiclone</i>	Tier-3	PA; QL (90 EA per 365 days)
<i>flurazepam</i>	Tier-2	
HETLIOZ	Tier-4	PA
ROZEREM	Tier-4	QL (30 EA per 30 days)
SILENOR	Tier-4	QL (30 EA per 30 days)
<i>temazepam</i>	Tier-2	
<i>triazolam</i>	Tier-2	
<i>zaleplon</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>zolpidem</i>	Tier-2	PA; QL (90 EA per 365 days)
NARCOLEPSY		
<i>modafinil</i>	Tier-2	PA
NUVIGIL	Tier-4	PA
XYREM	Tier-5	LA
OPIOID ANTAGONISTS		
BUNAVAIL	Tier-4	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone</i>	Tier-2	PA; QL (90 EA per 30 days)
EVZIO	Tier-4	QL (1.6 ML per 30 days)
<i>naloxone</i>	Tier-2	
SUBOXONE SUBLINGUAL FILM	Tier-4	PA; QL (90 EA per 30 days)
ZUBSOLV	Tier-4	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY MAINTENA	Tier-5	
<i>aripiprazole oral tablet</i>	Tier-3	STPA
<i>aripiprazole oral tablet,disintegrating</i>	Tier-3	STPA
<i>chlorpromazine</i>	Tier-2	
<i>clozapine</i>	Tier-2	
FANAPT	Tier-4	STPA
FAZACLO	Tier-3	
<i>fluphenazine decanoate</i>	Tier-2	
<i>fluphenazine hcl</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR	Tier-4	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-2	
<i>haloperidol lactate</i>	Tier-2	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG	Tier-4	STPA
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	Tier-5	STPA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	Tier-5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier-3	
INVEGA TRINZA	Tier-3	
LATUDA ORAL TABLET 120 MG	Tier-5	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	Tier-4	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-4	STPA; QL (60 EA per 30 Days)
<i>loxapine succinate</i>	Tier-2	
<i>molindone</i>	Tier-3	
<i>olanzapine intramuscular</i>	Tier-2	
<i>olanzapine oral</i>	Tier-2	STPA
ORAP	Tier-3	
<i>paliperidone</i>	Tier-3	
<i>perphenazine</i>	Tier-2	
<i>perphenazine-amitriptyline</i>	Tier-2	
<i>pimozide</i>	Tier-2	
<i>quetiapine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-2	STPA
<i>quetiapine oral tablet 25 mg, 50 mg</i>	Tier-2	STPA; QL (60 EA per 30 days)
REXULTI	Tier-4	
SAPHRIS (BLACK CHERRY)	Tier-4	STPA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier-3	STPA
<i>thioridazine</i>	Tier-1	PA
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-2	
VERSACLOZ	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	Tier-2	STPA
ZYPREXA INTRAMUSCULAR	Tier-3	
ZYPREXA RELPREVV	Tier-3	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR DISKUS	Tier-3	QL (180 EA per 90 days)
ADVAIR HFA	Tier-3	QL (72 GM per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier-2	B/D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier-2	B/D; QL (180 ML per 90 days)
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier-4	QL (36.6 GM per 90 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier-4	QL (18.3 GM per 90 days)
ANORO ELLIPTA	Tier-3	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-4	QL (90 EA per 90 days)
ASMANEX HFA	Tier-3	QL (39 GM per 90 days)
ASMANEX TWISTHALER	Tier-3	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-3	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	Tier-3	QL (180 EA per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	Tier-3	QL (90 EA per 90 days)
BROVANA	Tier-4	B/D; QL (360 ML per 90 days)
<i>budesonide inhalation</i>	Tier-2	B/D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-3	QL (24 GM per 90 days)
<i>cromolyn inhalation</i>	Tier-2	B/D; QL (720 ML per 90 days)
<i>elixophyllin</i>	Tier-2	
FLOVENT DISKUS	Tier-3	QL (360 EA per 90 days)
FLOVENT HFA	Tier-3	QL (72 GM per 90 days)
FORADIL AEROLIZER	Tier-4	QL (180 EA per 90 Days)
<i>ipratropium bromide inhalation</i>	Tier-2	B/D; QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-2	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml</i>	Tier-2	B/D; QL (3240 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	Tier-2	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier-2	B/D; QL (810 EA per 90 days)
<i>metaproterenol oral</i>	Tier-2	
<i>montelukast</i>	Tier-2	
PERFOROMIST	Tier-3	B/D; QL (360 ML per 90 Days)
PROAIR HFA	Tier-3	QL (51 GM per 90 days)
PROAIR RESPICLICK	Tier-3	QL (6 EA per 90 days)
PROVENTIL HFA	Tier-4	QL (40.2 GM per 90 days)
PULMICORT FLEXHALER	Tier-4	QL (6 EA per 90 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier-4	QL (720 ML per 90 days)
QVAR	Tier-3	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-3	QL (180 EA per 90 days)
SPIRIVA RESPIMAT	Tier-3	QL (12 GM per 90 days)
SPIRIVA WITH HANDIHALER	Tier-3	QL (90 EA per 90 days)
STRIVERDI RESPIMAT	Tier-4	QL (180 GM per 90 days)
SYMBICORT	Tier-3	QL (30.6 GM per 90 Days)
<i>terbutaline oral</i>	Tier-2	
<i>theophylline oral solution</i>	Tier-2	
<i>theophylline oral tablet extended release</i>	Tier-2	
<i>theophylline oral tablet extended release 12 hr</i>	Tier-2	
TUDORZA PRESSAIR	Tier-4	QL (3 EA per 90 days)
VENTOLIN HFA	Tier-4	QL (108 GM per 90 days)
XOPENEX HFA	Tier-4	QL (90 GM per 90 days)
<i>zafirlukast</i>	Tier-2	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET	Tier-5	PA; QL (270 EA per 30 days)
OFEV	Tier-5	PA; QL (60 EA per 30 days)
PULMONARY HYPERTENSION		
ADCIRCA	Tier-5	PA
ADEMPAS	Tier-5	PA
<i>epoprostenol (glycine)</i>	Tier-2	PA
FLOLAN	Tier-3	PA
LETAIRIS	Tier-5	PA
OPSUMIT	Tier-5	PA

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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM	Tier-4	PA
REMODULIN	Tier-5	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	Tier-3	PA
<i>sildenafil intravenous</i>	Tier-2	PA
<i>sildenafil oral</i>	Tier-3	PA
TRACLEER	Tier-5	PA; LA
TYVASO	Tier-3	PA
VELETRI	Tier-3	PA
VENTAVIS	Tier-3	PA
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-2	B/D
ARALAST NP	Tier-5	
DALIRESP	Tier-4	
GLASSIA	Tier-3	
GRASTEK	Tier-4	PA
PROLASTIN-C	Tier-5	
RAGWITEK	Tier-4	PA
XOLAIR	Tier-5	PA
ZEMAIRA	Tier-3	
SKIN		
ACNE ROSACEA		
FINACEA	Tier-3	
<i>metronidazole topical cream</i>	Tier-2	
<i>metronidazole topical gel</i>	Tier-2	
<i>metronidazole topical lotion</i>	Tier-2	
NORITATE	Tier-4	
SOOLANTRA	Tier-4	
ACNE VULGARIS		
ABSORICA ORAL CAPSULE 25 MG, 35 MG	Tier-4	
<i>adapalene topical cream</i>	Tier-2	PA
<i>adapalene topical gel</i>	Tier-2	PA
<i>amnesteem</i>	Tier-2	
ATRALIN	Tier-4	PA
<i>avita</i>	Tier-2	PA

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Drug Name	Drug Tier	Requirements/Limits
AZELEX	Tier-4	
<i>claravis</i>	Tier-2	
CLINDAGEL	Tier-4	
<i>clindamycin phosphate topical</i>	Tier-2	
<i>clindamycin-benzoyl peroxide</i>	Tier-2	
DIFFERIN TOPICAL LOTION	Tier-4	PA
<i>ery pads</i>	Tier-2	
<i>erythromycin with ethanol topical gel</i>	Tier-2	
<i>erythromycin with ethanol topical solution</i>	Tier-2	
<i>erythromycin-benzoyl peroxide</i>	Tier-2	
EVOCLIN	Tier-4	
FABIOR	Tier-4	PA
RETIN-A	Tier-4	PA
RETIN-A MICRO	Tier-4	PA
<i>tretinoin microspheres topical gel with pump</i>	Tier-2	PA
<i>tretinoin topical</i>	Tier-2	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-4	
CORTISPORIN TOPICAL	Tier-4	
<i>gentamicin topical</i>	Tier-1	
<i>mupirocin</i>	Tier-2	
<i>mupirocin calcium</i>	Tier-2	
<i>silver sulfadiazine</i>	Tier-2	
<i>ssd</i>	Tier-2	
CORTICOSTEROIDS, TOPICAL		
<i>ala-cort topical cream</i>	Tier-1	
ALA-SCALP	Tier-4	
<i>alclometasone</i>	Tier-2	
<i>amcinonide</i>	Tier-2	
<i>apexicon e</i>	Tier-2	
<i>betamethasone dipropionate</i>	Tier-2	
<i>betamethasone valerate</i>	Tier-2	
<i>betamethasone, augmented</i>	Tier-2	
CAPEX	Tier-4	
<i>clobetasol scalp</i>	Tier-2	
<i>clobetasol topical foam</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical gel</i>	Tier-2	
<i>clobetasol topical lotion</i>	Tier-2	
<i>clobetasol topical ointment</i>	Tier-2	
<i>clobetasol topical shampoo</i>	Tier-2	
<i>clobetasol topical spray,non-aerosol</i>	Tier-2	
<i>clobetasol-emollient topical cream</i>	Tier-2	
<i>clodan</i>	Tier-2	
CLODERM	Tier-4	
CORDRAN TAPE LARGE ROLL	Tier-4	
<i>cormax scalp</i>	Tier-2	
<i>desonide</i>	Tier-2	
<i>desoximetasone</i>	Tier-2	
<i>diflorasone</i>	Tier-2	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone topical</i>	Tier-2	
<i>halobetasol propionate</i>	Tier-2	
HALOG	Tier-4	
<i>hydrocortisone butyrate topical ointment</i>	Tier-1	
<i>hydrocortisone butyrate topical solution</i>	Tier-1	
<i>hydrocortisone butyr-emollient</i>	Tier-1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier-1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-3	
KENALOG TOPICAL	Tier-4	
<i>mometasone</i>	Tier-2	
PANDEL	Tier-4	
<i>prednicarbate</i>	Tier-2	
<i>triamcinolone acetonide topical aerosol</i>	Tier-2	
<i>triamcinolone acetonide topical cream</i>	Tier-2	
<i>triamcinolone acetonide topical lotion</i>	Tier-2	
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	Tier-2	
TRIANEX	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
<i>triderm topical cream</i>	Tier-2	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-2	
<i>clotrimazole topical</i>	Tier-2	
<i>clotrimazole-betamethasone</i>	Tier-2	
<i>econazole topical</i>	Tier-2	
ERTACZO	Tier-4	
EXELDERM	Tier-4	
<i>ketoconazole topical</i>	Tier-2	
MENTAX	Tier-4	
<i>naftifine topical cream 1 %</i>	Tier-2	
NAFTIN TOPICAL CREAM 2 %	Tier-3	
NAFTIN TOPICAL GEL	Tier-3	
<i>nyamyc</i>	Tier-2	
<i>nystatin oral suspension</i>	Tier-2	
<i>nystatin topical cream</i>	Tier-1	
<i>nystatin topical ointment</i>	Tier-2	
<i>nystatin topical powder</i>	Tier-2	
<i>nystatin-triamcinolone</i>	Tier-3	
<i>nystop</i>	Tier-2	
OXISTAT	Tier-3	
PSORIASIS AND SEBORRHEA		
<i>acitretin oral capsule 10 mg</i>	Tier-2	
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	Tier-5	
<i>calcipotriene</i>	Tier-2	
<i>calcipotriene-betamethasone</i>	Tier-2	
<i>calcitriol topical</i>	Tier-2	
COSENTYX PEN	Tier-5	PA; QL (2 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-5	
OTEZLA	Tier-5	PA
OTEZLA STARTER	Tier-5	PA
STELARA SUBCUTANEOUS SYRINGE	Tier-3	PA
TAZORAC	Tier-4	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-3	
<i>lindane</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	Tier-2	
<i>permethrin topical cream</i>	Tier-2	
SKLICE	Tier-4	
ULESFIA	Tier-4	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate topical</i>	Tier-2	
ANUSOL-HC RECTAL CREAM	Tier-4	
<i>diclofenac sodium topical gel</i>	Tier-2	
ELIDEL	Tier-4	STPA
FLUOROPLEX	Tier-3	
<i>fluorouracil topical</i>	Tier-2	
<i>lidocaine hcl mucous membrane gel</i>	Tier-2	
<i>lidocaine hcl mucous membrane solution</i>	Tier-2	
<i>lidocaine topical adhesive patch,medicated</i>	Tier-3	PA; QL (90 EA per 30 Days)
<i>lidocaine topical ointment</i>	Tier-2	
<i>lidocaine-prilocaine topical cream</i>	Tier-2	
<i>neomycin-polymyxin b gu</i>	Tier-2	
PANRETIN	Tier-5	
PICATO	Tier-4	
<i>procto-pak</i>	Tier-2	
<i>proctosol hc</i>	Tier-2	
<i>proctozone-hc</i>	Tier-2	
<i>prudoxin</i>	Tier-2	
REGRANEX	Tier-3	
SANTYL	Tier-3	
<i>selenium sulfide topical lotion</i>	Tier-2	
<i>sodium chloride irrigation</i>	Tier-2	
<i>sulfacetamide sodium (acne)</i>	Tier-2	
SULFAMYLON	Tier-4	
<i>tacrolimus topical</i>	Tier-2	
TARGRETIN TOPICAL	Tier-5	
VALCHLOR	Tier-5	
<i>water for irrigation, sterile</i>	Tier-2	
ZONALON	Tier-4	
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir topical</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
CONDYLOX TOPICAL GEL	Tier-4	
DENAVIR	Tier-4	
<i>imiquimod</i>	Tier-2	
<i>podofilox</i>	Tier-2	
ZOVIRAX TOPICAL CREAM	Tier-3	
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-2	
<i>amethyst</i>	Tier-2	
<i>apri</i>	Tier-2	
<i>aranelle (28)</i>	Tier-2	
<i>ashlyna</i>	Tier-2	
<i>aubra</i>	Tier-2	
<i>aviane</i>	Tier-2	
<i>balziva (28)</i>	Tier-2	
BEYAZ	Tier-4	
<i>briellyn</i>	Tier-2	
<i>camila</i>	Tier-2	
<i>deblitane</i>	Tier-2	
<i>delyla (28)</i>	Tier-2	
<i>desog-e.estradiol/e.estradiol</i>	Tier-2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier-2	
<i>emoquette</i>	Tier-2	
<i>errin</i>	Tier-2	
<i>estradiol-norethindrone acet</i>	Tier-2	
<i>falmina (28)</i>	Tier-2	
GENERESS FE	Tier-4	
<i>gildagia</i>	Tier-2	
<i>gildess 1.5/30 (21)</i>	Tier-2	
<i>gildess 24 fe</i>	Tier-2	
<i>introvale</i>	Tier-2	
<i>jinteli</i>	Tier-2	
<i>junel 1.5/30 (21)</i>	Tier-2	
<i>junel 1/20 (21)</i>	Tier-2	
<i>junel fe 1.5/30 (28)</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20 (28)</i>	Tier-2	
<i>junel fe 24</i>	Tier-2	
<i>kariva (28)</i>	Tier-2	
<i>kelnor 1/35 (28)</i>	Tier-2	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier-2	
<i>larin 1.5/30 (21)</i>	Tier-2	
<i>larin 1/20 (21)</i>	Tier-2	
<i>larin fe 1.5/30 (28)</i>	Tier-2	
<i>larin fe 1/20 (28)</i>	Tier-2	
<i>lessina</i>	Tier-2	
<i>levonest (28)</i>	Tier-2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	Tier-2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier-2	
<i>levora-28</i>	Tier-2	
LO LOESTRIN FE	Tier-4	
<i>lopreeza</i>	Tier-2	
<i>marlissa</i>	Tier-2	
<i>microgestin 1.5/30 (21)</i>	Tier-2	
<i>microgestin 1/20 (21)</i>	Tier-2	
<i>microgestin fe 1.5/30 (28)</i>	Tier-2	
<i>microgestin fe 1/20 (28)</i>	Tier-2	
MINASTRIN 24 FE	Tier-3	
<i>necon 0.5/35 (28)</i>	Tier-2	
<i>necon 1/35 (28)</i>	Tier-2	
NECON 10/11 (28)	Tier-3	
<i>necon 7/7/7 (28)</i>	Tier-2	
<i>nikki (28)</i>	Tier-2	
<i>noreth-ethinyl estradiol-iron</i>	Tier-2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier-2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier-2	
<i>norlyroc</i>	Tier-2	
<i>nortrel 0.5/35 (28)</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21)</i>	Tier-2	
<i>nortrel 1/35 (28)</i>	Tier-2	
<i>nortrel 7/7/7 (28)</i>	Tier-2	
NUVARING	Tier-3	
<i>orsythia</i>	Tier-2	
ORTHO TRI-CYCLEN (28)	Tier-4	
<i>portia</i>	Tier-2	
<i>quasense</i>	Tier-2	
SAFYRAL	Tier-4	
<i>sharobel</i>	Tier-2	
<i>tarina fe 1/20 (28)</i>	Tier-2	
<i>trinessa (28)</i>	Tier-2	
<i>tri-previfem (28)</i>	Tier-2	
<i>tri-sprintec (28)</i>	Tier-2	
<i>trivora (28)</i>	Tier-2	
<i>velivet triphasic regimen (28)</i>	Tier-2	
<i>vyfemla (28)</i>	Tier-2	
ZENCHENT (28)	Tier-4	
ZENCHENT FE	Tier-4	
<i>zovia 1/35e (28)</i>	Tier-2	
<i>zovia 1/50e (28)</i>	Tier-2	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate</i>	Tier-2	
ALORA	Tier-4	PA
ANGELIQ	Tier-4	
<i>calcitonin (salmon)</i>	Tier-2	
COMBIPATCH	Tier-4	PA
CRINONE	Tier-3	
DELESTROGEN	Tier-4	
DEPO-ESTRADIOL	Tier-3	
DEPO-PROVERA INTRAMUSCULAR SOLUTION	Tier-3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	Tier-3	
DEPO-SUBQ PROVERA 104	Tier-3	
DIVIGEL	Tier-4	

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Drug Name	Drug Tier	Requirements/Limits
DUAVEE	Tier-4	PA
ELESTRIN	Tier-4	
ENJUVIA	Tier-4	PA
ESTRACE VAGINAL	Tier-3	
<i>estradiol oral</i>	Tier-1	PA
<i>estradiol transdermal</i>	Tier-2	PA
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier-2	
ESTRING	Tier-3	
<i>estropipate</i>	Tier-2	PA
EVAMIST	Tier-4	
FEMHRT LOW DOSE	Tier-4	PA
FEMRING	Tier-3	
FORTEO	Tier-5	PA
<i>ibandronate intravenous solution</i>	Tier-2	
<i>ibandronate oral</i>	Tier-3	
<i>medroxyprogesterone oral</i>	Tier-1	
MENEST	Tier-4	PA
MENOSTAR	Tier-4	PA
<i>methylergonovine oral</i>	Tier-2	
MIACALCIN INJECTION	Tier-3	
<i>norethindrone acetate</i>	Tier-2	
<i>pamidronate intravenous solution</i>	Tier-2	
PREMARIN INJECTION	Tier-4	
PREMARIN ORAL	Tier-4	PA
PREMARIN VAGINAL	Tier-4	
PREMPHASE	Tier-4	PA
PREMPRO	Tier-4	PA
<i>progesterone micronized</i>	Tier-2	
PROLIA	Tier-3	PA
<i>raloxifene</i>	Tier-2	
RECLAST	Tier-3	
<i>risedronate</i>	Tier-3	
VAGIFEM	Tier-3	
XGEVA	Tier-5	PA
<i>zoledronic acid intravenous solution</i>	Tier-2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid-mannitol-water intravenous solution</i>	Tier-2	
PRENATAL VITAMINS		
<i>prenatal vitamin plus low iron</i>	Tier-2	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-4	
CLEOCIN VAGINAL SUPPOSITORY	Tier-4	
<i>clindamycin phosphate vaginal</i>	Tier-2	
GYNAZOLE-1	Tier-4	
<i>metronidazole vaginal</i>	Tier-2	
<i>miconazole-3 vaginal suppository</i>	Tier-2	
NUVESSA	Tier-4	
<i>terconazole</i>	Tier-2	
<i>vandazole</i>	Tier-2	

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Index

8-MOP	14	ALIMTA	11	<i>ammonium lactate</i>	65
<i>abacavir</i>	4	ALINIA	3	<i>amnestem</i>	61
<i>abacavir-lamivudine-zidovudine</i>	4	ALKERAN	11, 14	<i>amoxapine</i>	55
ABELCET	31	<i>allopurinol</i>	51	<i>amoxicil-clarithromy-lansopraz</i>	30
ABILIFY MAINTENA	57	<i>almotriptan malate</i>	47	<i>amoxicillin</i>	7
ABRAXANE	11	ALOCRIAL	25	<i>amoxicillin-pot clavulanate</i>	7
ABSORICA	61	ALOMIDE	25	<i>amphetamine salt combo</i>	54
ABSTRAL	52	ALORA	68	<i>amphotericin b</i>	31
<i>acamprosate</i>	54	<i>alosetron</i>	29	<i>ampicillin</i>	7
<i>acarbose</i>	23	ALOXI	28	<i>ampicillin sodium</i>	31
<i>acebutolol</i>	19	ALPHAGAN P	27	<i>ampicillin-sulbactam</i>	31
<i>acetaminophen-codeine</i>	52	<i>alprazolam</i>	54	AMPYRA	44
<i>acetazolamide</i>	27	<i>alprazolam intensol</i>	54	<i>anagrelide</i>	11
<i>acetazolamide sodium</i>	31	ALREX	26	<i>anastrozole</i>	14
<i>acetic acid</i>	24	ALTABAX	62	ANGELIQ	68
<i>acetylcysteine</i>	61	ALVESCO	59	ANORO ELLIPTA	59
<i>acitretin</i>	64	<i>amantadine hcl</i>	5	ANUSOL-HC	65
ACTEMRA	50	AMBISOME	31	ANZEMET	28, 31
ACTHAR H.P.	37	<i>amcinonide</i>	62	<i>apexicon e</i>	62
ACTHIB (PF)	39	<i>amethia</i>	66	APLENZIN	55
ACTIMMUNE	39	<i>amethyst</i>	66	APOKYN	48
ACTIQ	52	<i>amifostine crystalline</i>	16	<i>apraclonidine</i>	27
ACTOPLUS MET XR	23	<i>amikacin</i>	31	<i>apri</i>	66
<i>acyclovir</i>	4, 5, 65	<i>amiloride</i>	20	APRISO	30
<i>acyclovir sodium</i>	31	<i>amiloride-hydrochlorothiazide</i>	20	APTIOM	48
ADACEL(TDAP		AMINO ACIDS 15 %	36	APTIVUS	5
ADOLESN/ADULT)(PF)	39	<i>aminophylline</i>	31	ARALAST NP	61
ADAGEN	39	AMINOSYN 7 % WITH		<i>aranelle (28)</i>	66
<i>adapalene</i>	61	ELECTROLYTES	36	ARANESP (IN POLYSORBATE)	10
ADCIRCA	60	AMINOSYN 8.5		ARCALYST	42
ADDERALL XR	54	%-ELECTROLYTES	36	ARCAPTA NEOHALER	59
<i>adefovir</i>	5	AMINOSYN II 10 %	36	ARGATROBAN	31
ADEMPAS	60	AMINOSYN II 15 %	36	ARGATROBAN IN 0.9 % SOD	
ADVAIR DISKUS	59	AMINOSYN II 7 %	36	CHLOR	31
ADVAIR HFA	59	AMINOSYN II 8.5		<i>aripiprazole</i>	57
<i>afeditab cr</i>	19	%-ELECTROLYTES	36	ARMOUR THYROID	39
AFINITOR	14	AMINOSYN M 3.5 %	36	ARRANON	11
AFINITOR DISPERZ	14	AMINOSYN-HBC 7%	36	ARZERRA	12
AGGRENOX	9	AMINOSYN-PF 10 %	36	ASACOL HD	30
<i>a-hydrocort</i>	37	AMINOSYN-PF 7 %		<i>ashlyna</i>	66
AKYNZEO	28	(SULFITE-FREE)	36	ASMANEX HFA	59
<i>ala-cort</i>	62	AMINOSYN-RF 5.2 %	36	ASMANEX TWISTHALER	59
ALA-SCALP	62	<i>amiodarone</i>	17	<i>aspirin-dipyridamole</i>	9
ALBENZA	3	AMITIZA	30	<i>assure id insulin safety</i>	22
<i>albuterol sulfate</i>	59	<i>amitriptyline</i>	55	ASTAGRAF XL	41
ALCAINE	28	<i>amitriptyline-chlordiazepoxide</i>	54	<i>atenolol</i>	19
<i>alclometasone</i>	62	<i>amlodipine</i>	19	<i>atenolol-chlorthalidone</i>	18
<i>alcohol pads</i>	22	<i>amlodipine-atorvastatin</i>	18	ATGAM	41
ALDURAZYME	44	<i>amlodipine-benazepril</i>	18	<i>atorvastatin</i>	21
ALECENSA	14	<i>amlodipine-valsartan</i>	18	<i>atovaquone</i>	4
<i>alendronate</i>	68	<i>amlodipine-valsartan-hcthiazyd</i>		<i>atovaquone-proguanil</i>	4
<i>alfuzosin</i>	46		18	ATRALIN	61
		<i>ammonium chloride</i>	35		

ATRIPLA	5	<i>bexarotene</i>	14	CAPEX	62
<i>atropine</i>	28, 31	BEXSERO (PF)	39	CAPRELSA	14
ATROVENT HFA	59	BEYAZ	66	<i>captopril</i>	16
AUBAGIO	44	<i>bicalutamide</i>	14	<i>captopril-hydrochlorothiazide</i>	18
<i>aubra</i>	66	BICILLIN C-R	7	CARAFATE	30
AURYXIA	45	BICILLIN L-A	7	CARBAGLU	28
AVASTIN	12	BICNU	12	<i>carbamazepine</i>	48
AVC VAGINAL	70	BIDIL	22	<i>carbidopa</i>	48
AVEED	38	BILTRICIDE	3	<i>carbidopa-levodopa</i>	48
AVELOX IN NA ₂ CL	31	<i>bimatoprost</i>	27	<i>carbidopa-levodopa-entacapone</i>	48
(ISO-OSMOTIC)	31	<i>bisoprolol fumarate</i>	19		48
<i>aviane</i>	66	<i>bisoprolol-hydrochlorothiazide</i>	18	<i>carboplatin</i>	12
<i>avita</i>	61		18	CARDENE IV IN SODIUM	
AVODART	46	BIVIGAM	39	CHLORIDE	31
AVONEX	44	<i>bleomycin</i>	12	CARDURA XL	17
AVONEX (WITH ALBUMIN)	44	BLEPHAMIDE	25	CARIMUNE NF	
	44	BLEPHAMIDE S.O.P.	25	NANOFILTERED	39
<i>azacitidine</i>	12	BOOSTRIX TDAP	39	<i>carteolol</i>	27
AZASAN	50	BOSULIF	14	<i>cartia xt</i>	19
AZASITE	25	BOTOX	42	<i>carvedilol</i>	19
<i>azathioprine</i>	50	BREO ELLIPTA	59	CAYSTON	42
<i>azelastine</i>	24, 25	<i>briellyn</i>	66	CEDAX	7
AZELEX	62	BRILINTA	9	<i>cefaclor</i>	7
AZILECT	48	<i>brimonidine</i>	27	<i>cefadroxil</i>	7
<i>azithromycin</i>	8, 31	BRINTELLIX	55	<i>cefazolin</i>	32
AZOPT	27	<i>bromfenac</i>	26	<i>cefazolin in 0.9% sod chloride</i>	32
AZOR	18	<i>bromocriptine</i>	48	<i>cefazolin in dextrose (iso-os)</i>	32
<i>aztreonam</i>	31	BROVANA	59	<i>cefazolin in dextrose 5 %</i>	32
<i>bacitracin</i>	25	<i>budesonide</i>	24, 30, 59	<i>cefazolin in sterile water</i>	32
<i>bacitracin-polymyxin b</i>	25	<i>bumetanide</i>	20, 31	<i>cefdinir</i>	7
<i>baclofen</i>	50	BUNAVAIL	57	<i>cefditoren pivoxil</i>	7
BACTROBAN NASAL	24	<i>buprenorphine hcl</i>	31, 57	<i>cefepime</i>	32
<i>balsalazide</i>	30	<i>buprenorphine-naloxone</i>	57	<i>cefepime in dextrose 5 %</i>	32
<i>balziva (28)</i>	66	<i>buproban</i>	46	<i>cefixime</i>	7
BANZEL	48	<i>bupropion hcl</i>	55	<i>cefotaxime</i>	32
<i>bcg vaccine, live (pf)</i>	39	<i>buspirone</i>	54	<i>cefotetan</i>	32
BELEODAQ	12	BUSULFEX	12	<i>cefoxitin</i>	32
<i>benazepril</i>	16	<i>butorphanol tartrate</i>	31, 52	<i>cefoxitin in dextrose, iso-osm</i>	32
<i>benazepril-hydrochlorothiazide</i>	18	BUTRANS	52	<i>cefpodoxime</i>	7
	18	BYDUREON	23	<i>cefprozil</i>	8
BENICAR	17	<i>cabergoline</i>	48	<i>ceftazidime</i>	32
BENICAR HCT	18	<i>calcipotriene</i>	64	<i>ceftazidime in d5w</i>	32
BENLYSTA	41	<i>calcipotriene-betamethasone</i>	64	<i>ceftriaxone</i>	32
<i>benztropine</i>	31, 48	<i>calcitonin (salmon)</i>	68	<i>cefuroxime axetil</i>	8
BERINERT	43	<i>calcitriol</i>	31, 44, 64	<i>cefuroxime sodium</i>	32
BESIVANCE	25	<i>calcium acetate</i>	45	<i>celecoxib</i>	51
<i>betamethasone dipropionate</i>	62	<i>camila</i>	66	CELLCEPT	41
<i>betamethasone valerate</i>	62	CANASA	30	CELONTIN	48
<i>betamethasone, augmented</i>	62	CANCIDAS	31	<i>cephalexin</i>	8
BETASERON	44	<i>candesartan</i>	17	CERDELGA	43
<i>betaxolol</i>	19, 27	<i>candesartan-hydrochlorothiazid</i>	18	CEREBYX	48
<i>bethanechol chloride</i>	46		18	CEREZYME	43
BETHKIS	42	CANTIL	29	CERVARIX VACCINE (PF)	39
BETIMOL	27	CAPASTAT	31	CESAMET	28
BETOPTIC S	27	<i>capecitabine</i>	14	<i>cevimeline</i>	24

CHANTIX	46	CLINIMIX 4.25%-D25W		COREG CR	19
CHANTIX CONTINUING		SULF-FREE	36	CORLANOR	17
MONTH BOX	46	CLINIMIX		<i>cormax</i>	63
CHANTIX STARTING MONTH		5%-D20W(SULFITE-FREE)	36	<i>cortisone</i>	37
BOX	46	CLINIMIX E 2.75%/D10W SUL		CORTISPORIN	62
CHEMET	42	FREE	36	COSENTYX PEN	64
<i>chloramphenicol sod succinate</i>	32	CLINIMIX E 2.75%/D5W SULF		COSMEGEN	12
<i>chlorhexidine gluconate</i>	24	FREE	36	COTELLIC	14
<i>chloroquine phosphate</i>	4	CLINIMIX E 4.25%/D10W SUL		COUMADIN	11
<i>chlorothiazide</i>	20	FREE	36	CREON	28
<i>chlorpromazine</i>	57	CLINIMIX E 4.25%/D25W SUL		CRESEMBA	3, 32
<i>chlorpropamide</i>	23	FREE	36	CRESTOR	21
<i>chlorthalidone</i>	20	CLINIMIX E 4.25%/D5W SULF		CRINONE	68
<i>cholestyramine light</i>	21	FREE	36	CRIXIVAN	5
CIALIS	46	CLINIMIX E 5%/D15W SULFIT		<i>cromolyn</i>	25, 29, 59
<i>ciclopirox</i>	64	FREE	36	CUBICIN	32
<i>cidofovir</i>	32	CLINIMIX E 5%/D20W SULFIT		CUPRIMINE	47
<i>cilostazol</i>	11	FREE	37	<i>cyclobenzaprine</i>	50
<i>cimetidine</i>	30	CLINIMIX E 5%/D25W SULFIT		CYCLOPHOSPHAMIDE	14
<i>cimetidine hcl</i>	30	FREE	37	CYCLOSET	48
CIMZIA	50	CLINISOL SF 15 %	37	<i>cyclosporine</i>	32, 41
CIMZIA POWDER FOR		<i>clobetasol</i>	62, 63	<i>cyclosporine modified</i>	41
RECONST	50	<i>clobetasol-emollient</i>	63	CYKLOKAPRON	32
CINRYZE	43	<i>clodan</i>	63	<i>cyproheptadine</i>	24
CIPRO HC	24	CLODERM	63	CYRAMZA	12
CIPRODEX	24	CLOLAR	12	CYSTADANE	42
<i>ciprofloxacin</i>	9	<i>clomipramine</i>	55	CYSTAGON	28
<i>ciprofloxacin (mixture)</i>	9	<i>clonazepam</i>	48	<i>cytarabine</i>	12
<i>ciprofloxacin hcl</i>	9, 25	<i>clonidine</i>	20	<i>cytarabine (pf)</i>	12
<i>ciprofloxacin in 5 % dextrose</i>	32	<i>clonidine hcl</i>	20, 54	<i>d10 %-0.45 % sodium chloride</i>	35
<i>ciprofloxacin lactate</i>	32	<i>clopidogrel</i>	9	<i>d2.5 %-0.45 % sodium chloride</i>	
<i>cisplatin</i>	12	<i>clorazepate dipotassium</i>	54		35
<i>citalopram</i>	55	<i>clorpres</i>	18	<i>d5 % and 0.9 % sodium chloride</i>	
<i>cladribine</i>	12	<i>clotrimazole</i>	3, 64		35
<i>claravis</i>	62	<i>clotrimazole-betamethasone</i>	64	<i>d5 %-0.45 % sodium chloride</i>	35
<i>clarithromycin</i>	8	<i>clozapine</i>	57	<i>dacarbazine</i>	12
CLEOCIN	70	COARTEM	4	DACOGEN	12
CLINDAGEL	62	<i>codeine sulfate</i>	52	DALIRESP	61
<i>clindamycin hcl</i>	8	<i>colchicine</i>	51	DALVANCE	32
<i>clindamycin in 5 % dextrose</i>	32	<i>colchicine-probenecid</i>	51	<i>danazol</i>	38
<i>clindamycin pediatric</i>	8	<i>colestipol</i>	21	<i>dantrolene</i>	50
<i>clindamycin phosphate</i>	32, 62, 70	<i>colistin (colistimethate na)</i>	32	<i>dapsone</i>	4
<i>clindamycin-benzoyl peroxide</i>	62	<i>colocort</i>	30	DAPTACEL (DTAP PEDIATRIC)	
CLINIMIX 5%/D15W SULFITE		COMBIGAN	27	(PF)	39
FREE	36	COMBIPATCH	68	DARAPRIM	4
CLINIMIX 5%/D25W		COMBIVENT RESPIMAT	59	DARZALEX	12
SULFITE-FREE	36	COMETRIQ	14	<i>daunorubicin</i>	12
CLINIMIX 2.75%/D5W SULFIT		COMPLERA	5	DAUNOXOME	12
FREE	36	<i>compro</i>	28	<i>deblitane</i>	66
CLINIMIX 4.25%/D10W SULF		CONDYLOX	66	DECITABINE	12
FREE	36	<i>constulose</i>	29	DELESTROGEN	68
CLINIMIX 4.25%/D5W SULFIT		COPAXONE	44	<i>delyla (28)</i>	66
FREE	36	COPEGUS	5	DELZICOL	30
CLINIMIX 4.25%-D20W		CORDRAN TAPE LARGE ROLL		<i>demeclocycline</i>	9
SULF-FREE	36		63	DEMSER	45

DENAVIR.....	66	DILANTIN INFATABS.....	49	ELMIRON.....	46
DEPEN TITRATABS.....	47	DILANTIN-125.....	49	EMADINE.....	25
DEPO-ESTRADIOL.....	68	DILAUDID.....	52	EMBEDA.....	52
DEPO-MEDROL.....	37	<i>diltiazem hcl</i>	19, 20, 33	EMCYT.....	14
DEPO-PROVERA.....	68	<i>dilt-xr</i>	20	EMEND.....	28
DEPO-SUBQ PROVERA 104.....	68	DIPENTUM.....	30	<i>emoquette</i>	66
DEPO-TESTOSTERONE.....	38	<i>diphenhydramine hcl</i>	33	EMPLICITI.....	12
<i>desipramine</i>	55	<i>dipyridamole</i>	10	EMSAM.....	56
<i>desloratadine</i>	25	<i>disopyramide phosphate</i>	18	EMTRIVA.....	5
<i>desmopressin</i>	46	<i>disulfiram</i>	54	ENABLEX.....	46
<i>desog-e.estradiol/e.estradiol</i>	66	<i>divalproex</i>	49	<i>enalapril maleate</i>	16
<i>desonide</i>	63	DIVIGEL.....	68	<i>enalapril-hydrochlorothiazide</i>	18
<i>desoximetasone</i>	63	DOCEFREZ.....	12	ENBREL.....	50
DESOXYN.....	54	<i>docetaxel</i>	12	ENBREL SURECLICK.....	50
<i>desvenlafaxine</i>	55	<i>donepezil</i>	47	<i>endocet</i>	52
<i>dexamethasone</i>	37	DORIBAX.....	33	ENGERIX-B (PF).....	39
<i>dexamethasone intensol</i>	37	<i>dorzolamide</i>	27	ENGERIX-B PEDIATRIC (PF)	
<i>dexamethasone sodium phos (pf)</i>		<i>dorzolamide-timolol</i>	27	.....	39
.....	32	<i>doxazosin</i>	17	ENJUVIA.....	69
<i>dexamethasone sodium phosphate</i>		<i>doxepin</i>	55	<i>enoxaparin</i>	11
.....	26, 33	<i>doxercalciferol</i>	44	<i>entacapone</i>	48
DEXEDRINE SPANSULE.....	54	<i>doxorubicin</i>	12	<i>entecavir</i>	5
DEXILANT.....	30	<i>doxorubicin, peg-liposomal</i>	12	ENTRESTO.....	18
<i>dexmethylphenidate</i>	54	DOXY-100.....	33	<i>enulose</i>	29
<i>dexpak 13 day</i>	37	<i>doxycycline hyclate</i>	9	ENVARUSUS XR.....	41
<i>dexrazoxane hcl</i>	12	<i>doxycycline monohydrate</i>	9	EPANED.....	16
<i>dextroamphetamine</i>	54	<i>dronabinol</i>	28	<i>epinastine</i>	25
<i>dextroamphetamine-amphetamine</i>		<i>drospirenone-ethinyl estradiol</i>	66	<i>epinephrine</i>	42
.....	54	DROXIA.....	14	EPIPEN 2-PAK.....	42
<i>dextrose 10 % and 0.2 % nacl</i>	35	DUAVEE.....	69	EPIPEN JR 2-PAK.....	42
<i>dextrose 10 % in water (d10w)</i>	35	<i>duloxetine</i>	56	<i>epirubicin</i>	12
<i>dextrose 5 % in water (d5w)</i>	35	DULOXETINE.....	56	<i>epitol</i>	49
<i>dextrose 5 %-lactated ringers</i>	35	DUOPA.....	48	EPIVIR.....	5
<i>dextrose 5%-0.2 % sod chloride</i>		<i>duramorph (pf)</i>	33	<i>eplerenone</i>	20
.....	35	DUREZOL.....	26	EPOGEN.....	10
<i>dextrose 5%-0.3 % sod.chloride</i>		<i>dutasteride</i>	46	<i>epoprostenol (glycine)</i>	60
.....	35	<i>dutasteride-tamsulosin</i>	46	<i>eprosartan</i>	17
<i>diazepam</i>	48, 49	DUTOPROL.....	18	EPZICOM.....	5
<i>diazepam intensol</i>	48	DYSPORT.....	42	EQUETRO.....	55
DIBENZYLINE.....	45	<i>e.e.s. 400</i>	8	ERAXIS(WATER DILUENT).....	33
<i>diclofenac potassium</i>	51	E.E.S. GRANULES.....	8	ERBITUX.....	12
<i>diclofenac sodium</i>	26, 50, 51, 65	<i>econazole</i>	64	<i>ergoloid</i>	47
<i>diclofenac-misoprostol</i>	51	EDECIN.....	20	ERIVEDGE.....	14
<i>dicloxacillin</i>	8	EDURANT.....	5	<i>errin</i>	66
<i>dicyclomine</i>	29	EFFIENT.....	10	ERTACZO.....	64
<i>didanosine</i>	5	EGRIFTA.....	43	ERWINAZE.....	12
DIFFERIN.....	62	ELAPRASE.....	44	<i>ery pads</i>	62
DIFICID.....	8	ELELYSO.....	43	<i>eryped 200</i>	8
<i>diflorasone</i>	63	ELESTRIN.....	69	<i>eryped 400</i>	8
<i>diflunisal</i>	51	ELIDEL.....	65	ERY-TAB.....	8
<i>digitek</i>	17	ELIGARD.....	38	ERYTHROCIN.....	33
<i>digoxin</i>	17	ELIQUIS.....	11	<i>erythrocin (as stearate)</i>	8
<i>dihydroergotamine</i>	47	ELITEK.....	12	<i>erythromycin</i>	8, 25
DILANTIN.....	49	<i>elixophyllin</i>	59	<i>erythromycin ethylsuccinate</i>	8
DILANTIN EXTENDED.....	49	ELLENC.....	12	<i>erythromycin with ethanol</i>	62

<i>erythromycin-benzoyl peroxide</i> .. 62	FINACEA .. 61	GAMASTAN S/D .. 40
ESBRIET .. 60	<i>finasteride</i> .. 46	GAMMAGARD LIQUID .. 40
<i>escitalopram oxalate</i> .. 56	FIRAZYR .. 43	GAMMAKED .. 40
<i>esomeprazole magnesium</i> .. 30	FIRMAGON KIT W DILUENT .. 38	GAMMAPLEX .. 40
<i>esomeprazole sodium</i> .. 33	SYRINGE .. 26	GAMUNEX-C .. 40
<i>estazolam</i> .. 57	FLAREX .. 46	<i>ganciclovir sodium</i> .. 13
ESTRACE .. 69	<i>flavoxate</i> .. 40	GARAMYCIN .. 25
<i>estradiol</i> .. 69	FLEBOGAMMA DIF .. 18	GARDASIL (PF) .. 40
<i>estradiol valerate</i> .. 66	<i>flecainide</i> .. 60	GARDASIL 9 (PF) .. 40
<i>estradiol-norethindrone acet</i> .. 69	FLOLAN .. 59	<i>gatifloxacin</i> .. 25
ESTRING .. 69	FLOVENT DISKUS .. 59	GATTEX ONE-VIAL .. 29
<i>estropipate</i> .. 57	FLOVENT HFA .. 3	<i>gauze pad</i> .. 22
<i>eszopiclone</i> .. 8	<i>fluconazole</i> .. 33	GELNIQUE .. 46
<i>ethambutol</i> .. 49	<i>fluconazole in dextrose(iso-o)</i> .. 3	<i>gemcitabine</i> .. 13
<i>ethosuximide</i> .. 45	<i>flucytosine</i> .. 13	<i>gemfibrozil</i> .. 21
<i>etidronate disodium</i> .. 51	<i>fludarabine</i> .. 37	GENERESS FE .. 66
ETODOLAC .. 12	<i>fludrocortisone</i> .. 25	<i>generlac</i> .. 29
ETOPOPHOS .. 13	<i>flunisolide</i> .. 63	<i>gengraf</i> .. 41
ETOPOSIDE .. 64	<i>fluocinolone</i> .. 24	GENOTROPIN .. 43
EURAX .. 69	<i>fluocinolone acetonide oil</i> .. 63	GENOTROPIN MINIQUICK .. 43
EVAMIST .. 62	<i>fluocinonide</i> .. 63	<i>gentak</i> .. 26
EVOCLIN .. 5	<i>fluocinonide-e</i> .. 26	<i>gentamicin</i> .. 26, 33, 62
EVTAZ .. 57	<i>fluorometholone</i> .. 65	<i>gentamicin in nacl (iso-osm)</i> .. 33
EVZIO .. 64	FLUOROPLEX .. 13, 65	<i>gentamicin sulfate (ped) (pf)</i> .. 33
EXELDERM .. 47	<i>flurouracil</i> .. 56	<i>gentamicin sulfate (pf)</i> .. 33
EXELON .. 14	<i>fluoxetine</i> .. 57	GENVOYA .. 5
<i>exemestane</i> .. 42	<i>fluphenazine decanoate</i> .. 57	GEODON .. 58
EXJADE .. 44	<i>fluphenazine hcl</i> .. 57	<i>gildagia</i> .. 66
EXTAVIA .. 62	<i>flurazepam</i> .. 51	<i>gildess 1.5/30 (21)</i> .. 66
FABIOR .. 43	<i>flurbiprofen</i> .. 26	<i>gildess 24 fe</i> .. 66
FABRAZYME .. 66	<i>flurbiprofen sodium</i> .. 14	GILENYA .. 44
<i>falmina (28)</i> .. 5	<i>flutamide</i> .. 25, 63	GILOTRIF .. 14
<i>famciclovir</i> .. 30	<i>fluticasone</i> .. 21	GLASSIA .. 61
<i>famotidine</i> .. 57	<i>fluvastatin</i> .. 56	GLEEVEC .. 14
FANAPT .. 14	<i>fluvoxamine</i> .. 26	GLEOSTINE .. 14
FARESTON .. 23	FML FORTE .. 26	<i>glimepiride</i> .. 23
FARXIGA .. 14	FML S.O.P. .. 54	<i>glipizide</i> .. 23
FARYDAK .. 13	FOCALIN XR .. 11	<i>glipizide-metformin</i> .. 23
FASLODEX .. 57	<i>fondaparinux</i> .. 59	GLUCAGEN HYPOKIT .. 22
FAZACLO .. 49	FORADIL AEROLIZER .. 69	GLUCAGON EMERGENCY KIT (HUMAN) .. 22
<i>felbamate</i> .. 20	FORTEO .. 33	<i>glyburide</i> .. 23
<i>felodipine</i> .. 69	<i>foscarnet</i> .. 16	<i>glyburide micronized</i> .. 23
FEMHRT LOW DOSE .. 69	<i>fosinopril</i> .. 18	<i>glyburide-metformin</i> .. 23
FEMRING .. 21	<i>fosinopril-hydrochlorothiazide</i> .. 45	<i>glycopyrrolate</i> .. 29
<i>fenofibrate</i> .. 21	FOSRENOL .. 10, 11	GLYXAMBI .. 23
<i>fenofibrate micronized</i> .. 37	FRAGMIN .. 29	<i>granisetron (pf)</i> .. 28, 33
<i>fenofibrate nanocrystallized</i> .. 20	FREAMINE HBC 6.9 % .. 16	<i>granisetron hcl</i> .. 10
<i>fenofibric acid</i> .. 5	FULYZAQ .. 20	GRANIX .. 61
<i>fenofibric acid (choline)</i> .. 51	<i>furosemide</i> .. 16	GRASTEK .. 3
<i>fenopropfen</i> .. 52	FUSILEV .. 49	<i>griseofulvin microsize</i> .. 3
<i>fenpropfen</i> .. 52	FUZEON .. 49	<i>griseofulvin ultramicrosize</i> .. 54
<i>fentanyl</i> .. 52	FYCOMPA .. 49	<i>guanfacine</i> .. 45
<i>fentanyl citrate</i> .. 52	<i>gabapentin</i> .. 49	<i>guanidine</i> .. 70
FENTORA .. 42	GABITRIL .. 47	GYNAZOLE-1 .. 40
FERRIPROX .. 56	<i>galantamine</i> .. 40	
FETZIMA .. 61		

HALAVEN.....	13	<i>ibuprofen-oxycodone</i>	53	<i>ivermectin</i>	3
<i>halobetasol propionate</i>	63	ICLUSIG.....	15	IXEMPRA.....	13
HALOG.....	63	<i>idarubicin</i>	13	IXIARO (PF).....	40
<i>haloperidol</i>	58	<i>ifosfamide</i>	13	JADENU.....	42
<i>haloperidol decanoate</i>	58	ILARIS (PF).....	42	JAKAFI.....	15
<i>haloperidol lactate</i>	58	ILEVRO.....	26	JALYN.....	46
HARVONI.....	5	IMBRUVICA.....	15	<i>jantoven</i>	11
HAVRIX (PF).....	40	<i>imipenem-cilastatin</i>	33	JANUMET.....	23
<i>heparin (porcine)</i>	33	<i>imipramine hcl</i>	56	JANUMET XR.....	23
HEPATAMINE 8%.....	37	<i>imipramine pamoate</i>	56	JANUVIA.....	24
HERCEPTIN.....	13	<i>imiquimod</i>	66	JENTADUETO.....	24
HETLIOZ.....	57	IMOVAX RABIES VACCINE		JEVTANA.....	13
HEXALEN.....	15	(PF).....	40	<i>jinteli</i>	66
HORIZANT.....	49	INCRELEX.....	43	<i>junel 1.5/30 (21)</i>	66
HUMALOG.....	23	<i>indapamide</i>	20	<i>junel 1/20 (21)</i>	66
HUMALOG KWIKPEN.....	23	INDOCIN.....	51	<i>junel fe 1.5/30 (28)</i>	66
HUMALOG MIX 50-50.....	23	<i>indomethacin</i>	51	<i>junel fe 1/20 (28)</i>	67
HUMALOG MIX 50-50		INFANRIX (DTAP) (PF).....	40	<i>junel fe 24</i>	67
KWIKPEN.....	23	INLYTA.....	15	JUXTAPID.....	21
HUMALOG MIX 75-25.....	23	INSULIN SYRINGE-NEEDLE		KADCYLA.....	13
HUMALOG MIX 75-25		U-100.....	22	KALETRA.....	5
KWIKPEN.....	23	<i>insulin syringe-needle u-100</i>	22	KALYDECO.....	42
HUMATROPE.....	43	INTELENCE.....	5	KAPVAY.....	55
HUMIRA.....	50	INTRALIPID.....	37	<i>kariva (28)</i>	67
HUMIRA PEDIATRIC CROHN'S		INTRON A.....	5	<i>kelnor 1/35 (28)</i>	67
START.....	50	<i>introvale</i>	66	KENALOG.....	63
HUMIRA PEN.....	50	INVANZ.....	33	KETEK.....	8
HUMIRA PEN CROHN'S-UC-HS		INVEGA.....	58	<i>ketoconazole</i>	3, 64
START.....	50	INVEGA SUSTENNA.....	58	<i>ketoprofen</i>	51, 52
HUMULIN 70/30.....	23	INVEGA TRINZA.....	58	<i>ketorolac</i>	26
HUMULIN N.....	23	INVIRASE.....	5	KEYTRUDA.....	13
HUMULIN R.....	23	INVOKAMET.....	23	KHEDEZLA.....	56
HUMULIN R U-500		INVOKANA.....	23	KINERET.....	50
(CONCENTRATED).....	23	IONOSOL-B IN D5W.....	35	<i>kionex</i>	45
HYCAMTIN.....	15	IONOSOL-MB IN D5W.....	35	<i>klor-con 10</i>	22
<i>hydralazine</i>	22	IOPIDINE.....	27	<i>klor-con 8</i>	22
<i>hydrochlorothiazide</i>	20	IPOL.....	40	KLOR-CON M15.....	22
<i>hydrocodone-acetaminophen</i>		<i>ipratropium bromide</i>	25, 59	<i>klor-con m20</i>	22
.....	52, 53	<i>ipratropium-albuterol</i>	59	<i>klor-con sprinkle</i>	22
<i>hydrocodone-ibuprofen</i>	53	<i>irbesartan</i>	17	KORLYM.....	42
<i>hydrocortisone</i>	30, 37, 63	<i>irbesartan-hydrochlorothiazide</i>		KRISTALOSE.....	29
<i>hydrocortisone butyrate</i>	63	.....	18	K-TAB.....	22
<i>hydrocortisone butyr-emollient</i>	63	IRENKA.....	56	KUVAN.....	45
<i>hydrocortisone valerate</i>	63	IRESSA.....	15	KYNAMRO.....	21
<i>hydrocortisone-acetic acid</i>	24	<i>irinotecan</i>	13	<i>l norgest/e.estradiol-e.estrad</i>	67
<i>hydromorphone</i>	53	ISENTRESS.....	5	<i>labetalol</i>	19, 33
<i>hydroxychloroquine</i>	4	ISOLYTE-P IN 5 % DEXTROSE		<i>lactated ringers</i>	33
<i>hydroxyurea</i>	15	.....	35	<i>lactulose</i>	29
<i>hydroxyzine hcl</i>	25	ISOLYTE-S.....	35	LAMISIL.....	3
<i>hydroxyzine pamoate</i>	25	<i>isoniazid</i>	8, 33	<i>lamivudine</i>	5
HYPERRAB S/D (PF).....	40	<i>isosorbide dinitrate</i>	17	<i>lamivudine-zidovudine</i>	5
HYSINGLA ER.....	53	<i>isosorbide mononitrate</i>	17	<i>lamotrigine</i>	49
<i>ibandronate</i>	69	<i>isradipine</i>	20	<i>lancets</i>	22
IBRANCE.....	15	ISTODAX.....	13	LANOXIN.....	18
<i>ibuprofen</i>	51	<i>itraconazole</i>	3	<i>lansoprazole</i>	30

LANTUS	23	lorazepam	54	METADATE CD	55
LANTUS SOLOSTAR	23	lorazepam intensol	54	METADATE ER	55
larin 1.5/30 (21)	67	losartan	17	metaproterenol	60
larin 1/20 (21)	67	losartan-hydrochlorothiazide	19	metformin	24
larin fe 1.5/30 (28)	67	LOTEMAX	26	methadone	34, 53
larin fe 1/20 (28)	67	lovastatin	21	methamphetamine	55
LASTACAFT	25	loxapine succinate	58	methazolamide	27
latanoprost	27	LUMIGAN	27	methenamine hippurate	4
LATUDA	58	LUMIZYME	44	methimazole	39
LAZANDA	53	LUPRON DEPOT	38	METHITEST	38
leflunomide	50	LUPRON DEPOT (3 MONTH)	38	methotrexate sodium	50
LENVIMA	15	.....	38	methotrexate sodium (pf)	34
lessina	67	LUPRON DEPOT (4 MONTH)	38	methoxsalen rapid	64
LETAIRIS	60	.....	38	methscopolamine	30
letrozole	15	LUPRON DEPOT (6 MONTH)	38	methyclothiazide	20
leucovorin calcium	16	.....	38	methylergonovine	69
LEUKERAN	15	LUPRON DEPOT-PED	38	METHYLIN	55
LEUKINE	10	LYNPARZA	15	methylphenidate	55
leuprolide	13	LYRICA	49	methylprednisolone	37
levabuterol hcl	59, 60	LYSODREN	15	methylprednisolone acetate	37
levetiracetam	49	magnesium sulfate	35	methylprednisolone sodium succ	37
levetiracetam in nacl (iso-os)	33	malathion	65	.....	37
levobunolol	27	maprotiline	56	methyltestosterone	38
levocarnitine	29, 33	marlissa	67	metipranolol	27
levocarnitine (with sugar)	29	MARPLAN	56	metoclopramide hcl	28, 34
levocetirizine	25	MATULANE	15	metolazone	21
levofloxacin	9, 26, 33	matzim la	20	metoprolol succinate	19
levofloxacin in d5w	33	MAXIDEX	26	metoprolol ta-hydrochlorothiaz	19
LEVOLEUCOVORIN CALCIUM	16	meclizine	28	.....	19
levonest (28)	67	meclofenamate	52	metoprolol tartrate	19, 34
levonorgestrel-ethinyl estrad	67	MEDROL	37	metronidazole	4, 61, 70
levora-28	67	medroxyprogesterone	69	metronidazole in nacl (iso-os)	34
levorphanol tartrate	53	mefenamic acid	52	mexiletine	18
levothyroxine	33, 39	mefloquine	4	MIACALCIN	69
levoxyl	39	megestrol	15, 29	miconazole-3	70
LEXIVA	5, 6	MEKINIST	15	microgestin 1.5/30 (21)	67
LIALDA	30	meloxicam	52	microgestin 1/20 (21)	67
lidocaine	65	melphalan hcl	13	microgestin fe 1.5/30 (28)	67
lidocaine hcl	65	memantine	47	microgestin fe 1/20 (28)	67
lidocaine-prilocaine	65	MENACTRA (PF)	40	midodrine	42
LINCOCIN	33	MENEST	69	MIGERGOT	47
lincomycin	33	MENOMUNE - A/C/Y/W-135	40	MIGRANAL	47
lindane	64	(PF)	40	MILLIPRED	37
linezolid	3, 33	MENOSTAR	69	MINASTRIN 24 FE	67
LINZESS	30	MENTAX	64	minocycline	9
liothyronine	39	MENVEO A-C-Y-W-135-DIP	40	minoxidil	22
lisinopril	16	(PF)	40	MIRCERA	10
lisinopril-hydrochlorothiazide	18	mercaptopurine	15	mirtazapine	56
lithium carbonate	55	meropenem	34	misoprostol	30
lithium citrate	55	mesalamine with cleansing wipe	31	mitomycin	13
LO LOESTRIN FE	67	.....	31	mitoxantrone	13
LONSURF	15	mesna	16	M-M-R II (PF)	40
loperamide	29	MESNEX	16	modafinil	57
lopreeza	67	MESTINON	45	moexipril	16
		MESTINON TIMESPAN	45	moexipril-hydrochlorothiazide	19

<i>molindone</i>	58	<i>neomycin-polymyxin-gramicidin</i>	68
<i>mometasone</i>	63	.....	26
<i>montelukast</i>	60	<i>neomycin-polymyxin-hc</i>	26
MONUROL.....	4	NEPHRAMINE 5.4 %.....	37
<i>morphine</i>	34, 53	NEULASTA.....	10
<i>morphine concentrate</i>	53	NEUPOGEN.....	10
MOVIPREP.....	29	NEUPRO.....	48
MOXEZA.....	26	NEVANAC.....	26
<i>moxifloxacin</i>	9	<i>nevirapine</i>	6
<i>moxifloxacin-sod.ace,sul-water</i>	34	NEXAVAR.....	15
MOZOBIL.....	10	<i>niacin</i>	21
MULTAQ.....	18	<i>niacor</i>	21
<i>mupirocin</i>	62	<i>nicardipine</i>	20
<i>mupirocin calcium</i>	62	NICOTROL.....	46
MUSTARGEN.....	13	NICOTROL NS.....	46
MYCAMINE.....	34	<i>nifedical xl</i>	20
<i>mycophenolate mofetil</i>	41	<i>nifedipine</i>	20
<i>mycophenolate sodium</i>	41	<i>nikki (28)</i>	67
MYLERAN.....	15	NILANDRON.....	15
MYOZYME.....	45	<i>nimodipine</i>	20
MYRBETRIQ.....	46	NINLARO.....	15
<i>nabumetone</i>	52	<i>nisoldipine</i>	20
<i>nadolol</i>	19	NITRO-BID.....	17
<i>nadolol-bendroflumethiazide</i>	19	<i>nitrofurantoin macrocrystal</i>	4
<i>nafcillin</i>	34	<i>nitrofurantoin monohyd/m-cryst</i>	4
<i>nafcillin in dextrose iso-osm</i>	34	<i>nitroglycerin</i>	17
<i>naftifine</i>	64	NITROMIST.....	17
NAFTIN.....	64	NITROSTAT.....	17
NAGLAZYME.....	44	<i>nizatidine</i>	30
<i>naloxone</i>	57	NORDITROPIN FLEXPRO.....	43
<i>naltrexone</i>	54	<i>noreth-ethinyl estradiol-iron</i>	67
NAMENDA XR.....	47	<i>norethindrone acetate</i>	69
<i>naphazoline</i>	25	<i>norethindrone ac-eth estradiol</i>	67
<i>naproxen</i>	52	<i>norethindrone-e.estradiol-iron</i>	67
<i>naproxen sodium</i>	52	NORITATE.....	61
<i>naratriptan</i>	47	<i>norlyroc</i>	67
NASONEX.....	25	NORMOSOL-M IN 5 % DEXTROSE.....	35
NATACYN.....	28	NORMOSOL-R IN 5 % DEXTROSE.....	35
<i>nateglinide</i>	24	NORMOSOL-R PH 7.4.....	35
NATPARA.....	44	NORPACE CR.....	18
NEBUPENT.....	4	NORTHERA.....	20
<i>necon 0.5/35 (28)</i>	67	<i>nortrel 0.5/35 (28)</i>	67
<i>necon 1/35 (28)</i>	67	<i>nortrel 1/35 (21)</i>	68
NECON 10/11 (28).....	67	<i>nortrel 1/35 (28)</i>	68
<i>necon 7/7/7 (28)</i>	67	<i>nortrel 7/7/7 (28)</i>	68
<i>nefazodone</i>	56	<i>nortriptyline</i>	56
<i>neomycin</i>	4	NORVIR.....	6
<i>neomycin-bacitracin-poly-hc</i>	26	NOXAFIL.....	3
<i>neomycin-bacitracin-polymyxin</i>	26	NUEDEXTA.....	48
<i>neomycin-polymyxin b gu</i>	65	NULOJIX.....	41
<i>neomycin-polymyxin b-dexameth</i>	26	NUTRILIPID.....	37
		NUTROPIN AQ.....	43
		NUTROPIN AQ NUSPIN.....	43
		NUVARING.....	68
		NUVESSA.....	70
		NUVIGIL.....	57
		<i>nyamyc</i>	64
		<i>nystatin</i>	3, 64
		<i>nystatin-triamcinolone</i>	64
		<i>nystop</i>	64
		OCTAGAM.....	40
		<i>octreotide acetate</i>	41
		ODOMZO.....	15
		OFEV.....	60
		<i>ofloxacin</i>	9, 24, 26
		<i>olanzapine</i>	58
		<i>olanzapine-fluoxetine</i>	55
		<i>olopatadine</i>	25
		<i>omega-3 acid ethyl esters</i>	21
		<i>omeprazole</i>	30
		<i>omeprazole-sodium bicarbonate</i>	30
		OMNITROPE.....	43
		ONCASPAR.....	13
		<i>ondansetron</i>	28
		<i>ondansetron hcl</i>	28
		<i>ondansetron hcl (pf)</i>	34
		ONETOUCH ULTRA TEST.....	22
		ONETOUCH VERIO.....	22
		ONFI.....	49
		OPDIVO.....	13
		OPSUMIT.....	60
		ORAP.....	58
		ORAPRED ODT.....	38
		ORBACTIV.....	34
		ORENCIA.....	51
		ORENCIA (WITH MALTOSE)	51
		ORENITRAM.....	61
		ORFADIN.....	43
		ORKAMBI.....	42
		<i>orsythia</i>	68
		ORTHO TRI-CYCLEN (28).....	68
		OSMOPREP.....	29
		OTEZLA.....	64
		OTEZLA STARTER.....	64
		OTREXUP (PF).....	51
		<i>oxacillin</i>	34
		<i>oxacillin in dextrose(iso-osm)</i>	34
		<i>oxaliplatin</i>	13
		<i>oxandrolone</i>	38
		<i>oxaprozin</i>	52
		<i>oxazepam</i>	54
		<i>oxcarbazepine</i>	49
		OXISTAT.....	64
		OXTELLAR XR.....	49
		<i>oxybutynin chloride</i>	46
		<i>oxycodone</i>	53

<i>oxycodone-acetaminophen</i>	53	<i>pioglitazone-glimepiride</i>	24	PREZISTA.....	6
<i>oxycodone-aspirin</i>	53	<i>pioglitazone-metformin</i>	24	PRIFTIN.....	8
OXYCONTIN.....	53	<i>piperacillin-tazobactam</i>	34	<i>primaquine</i>	4
<i>oxymorphone</i>	53	<i>piroxicam</i>	52	<i>primidone</i>	49
<i>paclitaxel</i>	13	PLASMA-LYTE 148.....	35	PRIMSOL.....	4
<i>paliperidone</i>	58	PLASMA-LYTE A.....	35	PRISTIQ.....	56
<i>pamidronate</i>	69	PLASMA-LYTE-56 IN 5 %.....		PRIVIGEN.....	40
PANCREAZE.....	28	DEXTROSE.....	35	PROAIR HFA.....	60
PANDEL.....	63	PLEGRIDY.....	44	PROAIR RESPICLICK.....	60
PANRETIN.....	65	PNEUMOVAX 23.....	40	<i>probenecid</i>	51
<i>pantoprazole</i>	30	<i>podofilox</i>	66	PROCALAMINE 3%.....	37
<i>paricalcitol</i>	44	<i>polyethylene glycol 3350</i>	29	<i>prochlorperazine</i>	28
<i>paromomycin</i>	4	<i>polymyxin b sulfate</i>	34	<i>prochlorperazine edisylate</i>	34
<i>paroxetine hcl</i>	56	<i>polymyxin b sulf-trimethoprim</i>	26	<i>prochlorperazine maleate</i>	28
PASER.....	8	POMALYST.....	15	PROCRIT.....	10
PAXIL.....	56	<i>portia</i>	68	<i>procto-pak</i>	65
PCE.....	8	<i>potassium chlorid-d5-0.45%nacl</i>		<i>proctosol hc</i>	65
PEDVAX HIB (PF).....	40	.....	35	<i>proctozone-hc</i>	65
<i>peg 3350-electrolytes</i>	29	<i>potassium chloride</i>	22, 35	<i>progesterone micronized</i>	69
<i>peg-3350 with flavor packs</i>	29	<i>potassium chloride in 0.9%nacl</i>		PROGLYCEM.....	23
PEGANONE.....	49	.....	35	PROGRAF.....	34
PEGASYS.....	6	<i>potassium chloride in 5 % dex</i>	35	PROLASTIN-C.....	61
PEGASYS PROCLICK.....	6	<i>potassium chloride in lr-d5</i>	35	PROLENSA.....	27
<i>peg-electrolyte soln</i>	29	<i>potassium chloride-0.45 % nacl</i>		PROLEUKIN.....	13
PEGINTRON.....	6	.....	35	PROLIA.....	69
PEGINTRON REDIPEN.....	6	<i>potassium chloride-d5-0.2%nacl</i>		PROMACTA.....	10
<i>penicillin g pot in dextrose</i>	34	.....	35	<i>promethazine</i>	28, 34
<i>penicillin g potassium</i>	34	<i>potassium chloride-d5-0.3%nacl</i>		<i>propafenone</i>	18
<i>penicillin g sodium</i>	34	.....	35	<i>propantheline</i>	29
<i>penicillin v potassium</i>	8	<i>potassium chloride-d5-0.9%nacl</i>		<i>proparacaine</i>	28
PENTAM.....	4	.....	35	<i>propranolol</i>	19
PENTASA.....	31	<i>potassium citrate</i>	47	<i>propranolol-hydrochlorothiazid</i>	
<i>pentoxifylline</i>	11	POTIGA.....	49	.....	19
PERFOROMIST.....	60	PRADAXA.....	11	<i>propylthiouracil</i>	39
<i>perindopril erbumine</i>	17	<i>pramipexole</i>	48	PROQUAD (PF).....	40
<i>perio gard</i>	24	<i>pravastatin</i>	21	PROSOL 20 %.....	37
PERJETA.....	13	<i>prazosin</i>	17	<i>protriptyline</i>	56
<i>permethrin</i>	65	PRED MILD.....	27	PROVENTIL HFA.....	60
<i>perphenazine</i>	58	PRED-G.....	27	<i>prudoxin</i>	65
<i>perphenazine-amitriptyline</i>	58	PRED-G S.O.P.....	27	PULMICORT.....	60
PERTZYE.....	29	<i>prednicarbate</i>	63	PULMICORT FLEXHALER.....	60
PEXEVA.....	56	<i>prednisolone acetate</i>	27	PULMOZYME.....	42
<i>phenelzine</i>	56	<i>prednisolone sodium phosphate</i>		PURIXAN.....	15
<i>phenobarbital</i>	49	.....	38	PYLERA.....	30
<i>phenoxybenzamine</i>	45	<i>prednisone</i>	38	<i>pyrazinamide</i>	8
<i>phenytoin</i>	49	PREDNISONONE INTENSOL.....	38	<i>pyridostigmine bromide</i>	45
<i>phenytoin sodium</i>	49	PREMARIN.....	69	QUADRACEL (PF).....	40
<i>phenytoin sodium extended</i>	49	PREMASOL 10 %.....	37	<i>quasense</i>	68
PHOSLYRA.....	45	PREMASOL 6 %.....	37	QUDEXY XR.....	49
PHOSPHOLINE IODIDE.....	27	PREMPHASE.....	69	<i>quetiapine</i>	58
PICATO.....	65	PREMPRO.....	69	QUILLIVANT XR.....	55
<i>pilocarpine hcl</i>	24, 27	<i>prenatal vitamin plus low iron</i>	70	<i>quinapril</i>	17
<i>pimozide</i>	58	PREVALITE.....	21	<i>quinapril-hydrochlorothiazide</i>	19
<i>pindolol</i>	19	PREVNAR 13 (PF).....	40	<i>quinidine gluconate</i>	18
<i>pioglitazone</i>	24	PREZCOBIX.....	6	<i>quinidine sulfate</i>	18

<i>quinine sulfate</i>	4	<i>rivastigmine tartrate</i>	47	SOLU-CORTEF (PF).....	38
QVAR.....	60	<i>rizatriptan</i>	47	SOLU-MEDROL.....	38
RABAVERT (PF).....	40	<i>ropinirole</i>	48	SOLU-MEDROL (PF).....	38
<i>rabeprazole</i>	30	ROTARIX.....	40	SOMATULINE DEPOT.....	41
RAGWITEK.....	61	ROTATEQ VACCINE.....	40	SOMAVERT.....	41
<i>raloxifene</i>	69	ROZEREM.....	57	SOOLANTRA.....	61
<i>ramipril</i>	17	RUCONEST.....	43	<i>sorine</i>	18
RANEXA.....	17	RYTARY.....	48	<i>sotalol</i>	18
<i>ranitidine hcl</i>	30, 34	SABRIL.....	49	<i>sotalol af</i>	18
RAPAMUNE.....	41	SAFYRAL.....	68	SOTYLIZE.....	18
RAVICTI.....	46	SAIZEN.....	43	SOVALDI.....	6
REBETOL.....	6	SAIZEN CLICK.EASY.....	43	SPIRIVA RESPIMAT.....	60
REBIF (WITH ALBUMIN).....	44	SAMSCA.....	47	SPIRIVA WITH HANDIHALER.....	60
REBIF REBIDOSE.....	44	SANCUSO.....	28	<i>spironolactone</i>	21
REBIF TITRATION PACK.....	44	SANDOSTATIN LAR DEPOT.....	41	<i>spironolacton-hydrochlorothiaz</i>	21
RECLAST.....	69	SANTYL.....	65	SPRYCEL.....	15
RECOMBIVAX HB (PF).....	40	SAPHRIS (BLACK CHERRY).....	58	<i>ssd</i>	62
REGRANEX.....	65	SAVAYSA.....	11	<i>stavudine</i>	6
RELENZA DISKHALER.....	6	SAVELLA.....	49	STELARA.....	64
RELISTOR.....	29	<i>selegiline hcl</i>	48	STIMATE.....	11
REMICADE.....	51	<i>selenium sulfide</i>	65	STIVARGA.....	15
REMODULIN.....	61	SELZENTRY.....	6	STRATTERA.....	55
RENAGEL.....	45	SENSIPAR.....	44	<i>streptomycin</i>	34
REVELA.....	45	SEREVENT DISKUS.....	60	STRIBILD.....	6
<i>repaglinide</i>	24	SEROQUEL XR.....	58	STRIVERDI RESPIMAT.....	60
<i>repaglinide-metformin</i>	24	SEROSTIM.....	43	STROMECTOL.....	4
REPATHA SURECLICK.....	21	<i>sertraline</i>	56	SUBOXONE.....	57
REPATHA SYRINGE.....	21	SFROWASA.....	31	SUBSYS.....	54
RESCRIPTOR.....	6	<i>sharobel</i>	68	SUCRAID.....	46
<i>reserpine</i>	20	SIGNIFOR.....	42	<i>sucralfate</i>	30
RESTASIS.....	28	SIGNIFOR LAR.....	41	<i>sulfacetamide sodium</i>	26
RETIN-A.....	62	<i>sildenafil</i>	61	<i>sulfacetamide sodium (acne)</i>	65
RETIN-A MICRO.....	62	SILENOR.....	57	<i>sulfacetamide-prednisolone</i>	26
RETROVIR.....	34	<i>silver sulfadiazine</i>	62	<i>sulfadiazine</i>	9
REVATIO.....	61	SIMBRINZA.....	27	<i>sulfamethoxazole-trimethoprim</i>	9, 34
REVLIMID.....	15	SIMCOR.....	21	SULFAMYLON.....	65
REXULTI.....	58	SIMPONI.....	51	<i>sulfasalazine</i>	31
REYATAZ.....	6	SIMPONI ARIA.....	51	<i>sulfazine ec</i>	31
<i>ribasphere</i>	6	SIMULECT.....	41	<i>sulindac</i>	52
<i>ribasphere ribapak</i>	6	<i>simvastatin</i>	21	<i>sumatriptan</i>	47
<i>ribavirin</i>	6	<i>sirolimus</i>	41	<i>sumatriptan succinate</i>	47
RIDAURA.....	51	SIRTURO.....	9	SUPRAX.....	8
<i>rifabutin</i>	9	SIVEXTRO.....	4, 34	SUPREP BOWEL PREP KIT.....	29
RIFAMATE.....	9	SKLICE.....	65	SURMONTIL.....	56
<i>rifampin</i>	9, 34	<i>sodium chloride</i>	65	SUSTIVA.....	6
RIFATER.....	9	<i>sodium chloride 0.45 %</i>	36	SUTENT.....	15
<i>riluzole</i>	42	<i>sodium chloride 0.9 %</i>	36	SYLATRON.....	13
<i>rimantadine</i>	6	<i>sodium chloride 3 %</i>	36	SYLVANT.....	42
<i>ringers</i>	36	<i>sodium chloride 5 %</i>	36	SYMBICORT.....	60
RIOMET.....	24	<i>sodium lactate</i>	36	SYMLINPEN 120.....	23
<i>risedronate</i>	69	<i>sodium polystyrene (sorb free)</i>	45	SYMLINPEN 60.....	23
RISPERDAL CONSTA.....	55	SOLTAMOX.....	15	SYNAGIS.....	45
<i>risperidone</i>	55	SOLU-CORTEF.....	38		
RITUXAN.....	13				
<i>rivastigmine</i>	47				

SYNAREL	38	TIKOSYN	18	<i>trimethoprim</i>	4
SYNERCID	34	<i>timolol maleate</i>	19, 27	<i>trimipramine</i>	56
SYNRIBO	13	<i>tinidazole</i>	4	<i>trinessa (28)</i>	68
SYNTHROID	39	TIROSINT	39	TRIOSTAT	39
SYPRINE	47	TIVICAY	6	<i>tri-previfem (28)</i>	68
TABLOID	15	<i>tizanidine</i>	50	TRISENOX	13
<i>tacrolimus</i>	41, 65	TOBI PODHALER	42	<i>tri-sprintec (28)</i>	68
TAFINLAR	15	TOBRADEX	26	TRIUMEQ	6
TAGRISSE	15, 16	TOBRADEX ST	26	<i>trivora (28)</i>	68
TAMIFLU	6	<i>tobramycin</i>	26	TROKENDI XR	50
<i>tamoxifen</i>	16	<i>tobramycin in 0.225 % nacl</i>	42	TROPHAMINE 10 %	37
<i>tamsulosin</i>	46	<i>tobramycin sulfate</i>	34	TROPHAMINE 6%	37
TARCEVA	16	<i>tobramycin-dexamethasone</i>	26	<i>trospium</i>	47
TARGRETIN	16, 65	<i>tolazamide</i>	24	TRULICITY	23
<i>tarina fe 1/20 (28)</i>	68	<i>tolbutamide</i>	24	TRUMENBA	40
TASIGNA	16	<i>tolcapone</i>	48	TRUVADA	6
TASMAR	48	<i>tolmetin</i>	52	TUDORZA PRESSAIR	60
TAZORAC	64	<i>tolterodine</i>	47	TWINRIX (PF)	40
<i>taztia xt</i>	20	<i>topiramate</i>	50	TYBOST	6
TECFIDERA	45	<i>topotecan</i>	13	TYGACIL	34
TEFLARO	34	TORISEL	13	TYKERB	16
TEGRETOL XR	50	<i>torse mide</i>	21	TYPHIM VI	41
TEKTRNA	20	TOUJEO SOLOSTAR	23	TYSABRI	45
TEKTRNA HCT	19	<i>tpn electrolytes</i>	37	TYVASO	61
<i>telmisartan</i>	17	TRACLEER	61	TYZEKA	7
<i>telmisartan-amlodipine</i>	19	TRADJENTA	24	TYZINE	25
<i>telmisartan-hydrochlorothiazid</i>	19	<i>tramadol</i>	54	UCERIS	31
<i>temazepam</i>	57	<i>tramadol-acetaminophen</i>	54	ULESFIA	65
<i>temozolomide</i>	16	<i>trandolapril</i>	17	ULORIC	51
TENIVAC (PF)	40	<i>trandolapril-verapamil</i>	19	<i>unithroid</i>	39
<i>terazosin</i>	17	<i>tranexamic acid</i>	11	UROCIT-K 10	47
<i>terbinafine hcl</i>	3	TRANSDERM-SCOP	28	UROCIT-K 15	47
<i>terbutaline</i>	60	<i>tranylcypramine</i>	56	UROCIT-K 5	47
<i>terconazole</i>	70	TRAVASOL 10 %	37	<i>ursodiol</i>	29
<i>testosterone</i>	38	TRAVATAN Z	27	UVADEX	13
<i>testosterone cypionate</i>	38	<i>travoprost (benzalkonium)</i>	28	VAGIFEM	69
<i>testosterone enanthate</i>	38	<i>trazodone</i>	56	<i>valacyclovir</i>	7
TESTRED	38	TREANDA	13	VALCHLOR	65
<i>tetanus, diphtheria tox ped(pf)</i>	40	TRECATOR	9	VALCYTE	7
<i>tetanus-diphtheria toxoids-td</i>	40	TRELSTAR	38	<i>valganciclovir</i>	7
<i>tetrabenzazine</i>	43	<i>tretinoin</i>	62	<i>valproate sodium</i>	34
<i>tetracycline</i>	9	<i>tretinoin (chemotherapy)</i>	16	<i>valproic acid</i>	50
THALOMID	16	<i>tretinoin microspheres</i>	62	<i>valproic acid (as sodium salt)</i>	50
<i>theophylline</i>	60	TREXALL	51	<i>valsartan</i>	17
<i>thioridazine</i>	58	<i>triamcinolone acetonide</i>	24, 25, 63	<i>valsartan-hydrochlorothiazide</i>	19
THIOTEPA	13	<i>triamterene-hydrochlorothiazid</i>	21	<i>vancomycin</i>	4, 34
<i>thiothixene</i>	58	TRIANEX	63	<i>vandazole</i>	70
THYMOGLOBULIN	41	<i>triazolam</i>	57	VAQTA (PF)	41
THYROLAR-1	39	<i>triderm</i>	64	VARIVAX (PF)	41
THYROLAR-1/2	39	<i>trifluoperazine</i>	58	VARIZIG	41
THYROLAR-1/4	39	<i>trifluridine</i>	27	VASCEPA	21
THYROLAR-2	39	<i>trihexyphenidyl</i>	48	VECTIBIX	14
THYROLAR-3	39	<i>trilyte with flavor packets</i>	29	VELCADE	14
<i>tiagabine</i>	50			VELETRI	61
				<i>velivet triphasic regimen (28)</i>	68

VELPHORO	45	<i>zaleplon</i>	57
<i>venlafaxine</i>	56	ZALTRAP	14
VENTAVIS	61	ZANOSAR	14
VENTOLIN HFA	60	ZARXIO	11
<i>verapamil</i>	20	ZAVESCA	43
VERIPRED 20	38	ZELBORAF	16
VERSACLOZ	58	ZEMAIRA	61
VESICARE	47	ZENCHENT (28)	68
VEXOL	27	ZENCHENT FE	68
VIBRAMYCIN	9	ZENPEP	29
VIDEX 2 GRAM PEDIATRIC	7	ZERBAXA	35
VIGAMOX	26	ZETIA	22
VIIBRYD	57	ZIAGEN	7
VIMPAT	50	<i>zidovudine</i>	7
<i>vinblastine</i>	14	ZINECARD (AS HCL)	16
<i>vincasar pfs</i>	14	ZIOPTAN (PF)	28
<i>vincristine</i>	14	<i>ziprasidone hcl</i>	59
<i>vinorelbine</i>	14	ZIRGAN	27
VIOKACE	29	ZMAX	8
VIRACEPT	7	<i>zoledronic acid</i>	69
VIRAMUNE XR	7	<i>zoledronic acid-mannitol-water</i>	70
VIRAZOLE	45	ZOLINZA	16
VIREAD	7	<i>zolmitriptan</i>	47
VISTIDE	34	<i>zolpidem</i>	57
VITEKTA	7	ZOMACTON	43
VIVITROL	54	ZONALON	65
VIVOTIF BERNA VACCINE	41	<i>zonisamide</i>	50
VOLTAREN	51	ZONTIVITY	10
<i>voriconazole</i>	3, 35	ZORBTIVE	43
VOTRIENT	16	ZORTRESS	41
VPRIV	43	ZOSTAVAX (PF)	41
<i>vyfemla (28)</i>	68	<i>zovia 1/35e (28)</i>	68
VYTORIN 10-10	21	<i>zovia 1/50e (28)</i>	68
VYTORIN 10-20	21	ZOVIRAX	66
VYTORIN 10-40	21	ZUBSOLV	57
VYTORIN 10-80	21	ZYDELIG	16
VYVANSE	55	ZYKADIA	16
<i>warfarin</i>	11	ZYLET	27
<i>water for irrigation, sterile</i>	65	ZYPREXA	59
WELCHOL	21	ZYPREXA RELPREVV	59
XALKORI	16	ZYTIGA	16
XARELTO	11	ZYVOX	4
XELJANZ	51		
XENAZINE	43, 44		
XEOMIN	42		
XGEVA	69		
XIFAXAN	4		
XIGDUO XR	24		
XOLAIR	61		
XOPENEX HFA	60		
XTANDI	16		
XYREM	57		
YERVOY	14		
YF-VAX (PF)	41		
<i>zafirlukast</i>	60		

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

Or visit tuftsmedicarepreferred.org.

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

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

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

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



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