

TUFTS MEDICARE PREFERRED PDP PLANS | 2016

Tufts Medicare Preferred PDP Group Retiree 2016 Formulary (List of Covered Drugs)

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

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

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

TUFTS MEDICARE PREFERRED PDP GROUP RETIREE

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 PDP.

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 PDP Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 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 PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Tufts Medicare Preferred PDP Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

EC: Enhanced Coverage Drug.

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

LA: Limited Access Drug.

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

PA: Prior Authorization Required.

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

STPA: Step Therapy Prior Authorization Applies.

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

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

Part B Drug:

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

**Tufts Medicare Preferred PDP
Group Retiree 2016 Formulary**

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**Tufts Medicare Preferred PDP
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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole</i>	Tier-1	
CRESEMBA	Tier-2	
<i>fluconazole</i>	Tier-1	
<i>flucytosine</i>	Tier-1	
<i>griseofulvin microsize</i>	Tier-1	
<i>griseofulvin ultramicrosize</i>	Tier-1	
<i>itraconazole</i>	Tier-1	PA
<i>ketoconazole</i>	Tier-1	
NOXAFIL	Tier-2	
<i>nystatin</i>	Tier-1	
<i>terbinafine hcl</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension reconstituted</i>	Tier-1	
<i>voriconazole oral tablet 200 mg</i>	Tier-1	QL (28 EA per 14 days)
<i>voriconazole oral tablet 50 mg</i>	Tier-1	QL (56 EA per 14 days)
ANTI-INFECTIVES, MISCELLANEOUS		
ALBENZA	Tier-2	
ALINIA	Tier-3	
BILTRICIDE	Tier-2	
<i>ivermectin</i>	Tier-1	
<i>linezolid</i>	Tier-1	
<i>methenamine hippurate</i>	Tier-1	
<i>metronidazole</i>	Tier-1	
MONUROL	Tier-3	
<i>neomycin sulfate</i>	Tier-1	
<i>nitrofurantoin</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>nitrofurantoin macrocrystal</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd macro</i>	Tier-1	PA; QL (90 EA per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO	Tier-2	
STROMEKTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	
<i>vancomycin hcl</i>	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-2	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier-2	PA; QL (60 EA per 30 days)
ZYVOX	Tier-2	
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-1	
<i>atovaquone-proguanil hcl</i>	Tier-1	
<i>chloroquine phosphate</i>	Tier-1	
COARTEM	Tier-2	QL (24 EA per 3 days)
<i>dapsone</i>	Tier-1	
DARAPRIM	Tier-2	
<i>hydroxychloroquine sulfate</i>	Tier-1	
<i>mefloquine hcl</i>	Tier-1	
NEBUPENT	Tier-3	B/D
<i>paromomycin sulfate</i>	Tier-1	
PENTAM	Tier-2	
<i>primaquine phosphate</i>	Tier-1	
<i>quinine sulfate</i>	Tier-1	
<i>tinidazole</i>	Tier-1	
ANTIVIRALS		
<i>abacavir sulfate</i>	Tier-1	
<i>abacavir-lamivudine-zidovudine</i>	Tier-1	
<i>acyclovir</i>	Tier-1	
<i>adefovir dipivoxil</i>	Tier-1	
<i>amantadine hcl</i>	Tier-1	
APTIVUS	Tier-2	
ATRIPLA	Tier-2	
COMPLERA	Tier-2	
COPEGUS	Tier-2	
CRIVAN	Tier-2	
DESCOVY	Tier-2	
<i>didanosine</i>	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir</i>	Tier-1	
EPIVIR	Tier-2	
EPZICOM	Tier-2	
EVOTAZ	Tier-2	
<i>famciclovir</i>	Tier-1	
FUZEON	Tier-2	
GENVOYA	Tier-2	
HARVONI	Tier-2	PA
INTELENCE	Tier-2	
INTRON A	Tier-2	
INVIRASE	Tier-2	
ISENTRESS ORAL PACKET	Tier-2	
ISENTRESS ORAL TABLET	Tier-2	QL (360 EA per 90 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier-2	QL (720 EA per 30 days)
KALETRA	Tier-2	
<i>lamivudine</i>	Tier-1	
<i>lamivudine-zidovudine</i>	Tier-1	
LEXIVA	Tier-2	
<i>nevirapine</i>	Tier-1	
<i>nevirapine er</i>	Tier-1	
NORVIR	Tier-2	
ODEFSEY	Tier-2	
PEGASYS	Tier-2	QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-2	QL (4 ML per 28 days)
PEGINTRON	Tier-2	QL (4 EA per 28 days)
PEG-INTRON REDIPEN	Tier-2	QL (4 EA per 28 days)
PREZCOBIX	Tier-2	
PREZISTA	Tier-2	
REBETOL	Tier-2	
RELENZA DISKHALER	Tier-2	QL (60 EA per 180 days)
RESCRIPTOR	Tier-2	
REYATAZ	Tier-2	
<i>ribasphere</i>	Tier-1	
<i>ribasphere ribapak</i>	Tier-1	
<i>ribavirin</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hcl</i>	Tier-1	
SELZENTRY ORAL TABLET 150 MG	Tier-2	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	Tier-2	QL (120 EA per 30 days)
SOVALDI	Tier-2	PA
<i>stavudine</i>	Tier-1	
STRIBILD	Tier-2	
SUSTIVA	Tier-2	
TAMIFLU ORAL CAPSULE 30 MG	Tier-2	QL (56 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-2	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED	Tier-2	QL (360 ML per 180 days)
TIVICAY	Tier-2	
TRIUMEQ	Tier-2	
TRUVADA	Tier-2	
TYBOST	Tier-2	
TYZEKA	Tier-2	QL (30 EA per 30 days)
<i>valacyclovir hcl</i>	Tier-2	
VALCYTE	Tier-2	
<i>valganciclovir hcl</i>	Tier-1	
VIDEX	Tier-2	
VIRACEPT	Tier-2	
VIRAMUNE XR TABLET 100 MG	Tier-2	
VIREAD	Tier-2	
VITEKTA	Tier-2	
ZIAGEN	Tier-2	
<i>zidovudine</i>	Tier-1	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-1	
<i>amoxicillin-pot clavulanate er</i>	Tier-1	
<i>ampicillin</i>	Tier-1	
BICILLIN C-R	Tier-2	
BICILLIN C-R 900/300	Tier-2	
BICILLIN L-A	Tier-2	
CEDAX	Tier-3	
<i>cefaclor</i>	Tier-1	
<i>cefaclor er</i>	Tier-1	
<i>cefadroxil</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefдинир</i>	Tier-1	
<i>cefixime</i>	Tier-1	
<i>cefподoxime proxetil</i>	Tier-1	
<i>cefprozil</i>	Tier-1	
<i>cefuroxime axetil</i>	Tier-1	
<i>cephalexin</i>	Tier-1	
<i>dicloxacillin sodium</i>	Tier-1	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX	Tier-3	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin</i>	Tier-1	
<i>clarithromycin</i>	Tier-1	
<i>clarithromycin er</i>	Tier-1	
<i>clindamycin hcl</i>	Tier-1	
<i>clindamycin palmitate hcl</i>	Tier-1	
DIFICID	Tier-2	PA
<i>e.e.s. 400</i>	Tier-1	
E.E.S. GRANULES	Tier-3	
<i>eryped 200</i>	Tier-1	
<i>eryped 400</i>	Tier-1	
ERY-TAB	Tier-3	
<i>erythrocin stearate</i>	Tier-1	
<i>erythromycin base</i>	Tier-1	
<i>erythromycin ethylsuccinate</i>	Tier-1	
PCE	Tier-3	
ZMAX	Tier-3	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
<i>ethambutol hcl</i>	Tier-1	
<i>isoniazid</i>	Tier-1	
PASER	Tier-3	
PRIFTIN	Tier-2	
<i>pyrazinamide</i>	Tier-1	
<i>rifabutin</i>	Tier-1	
RIFAMATE	Tier-3	
<i>rifampin</i>	Tier-1	
RIFATER	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
SIRTURO	Tier-2	PA
TRECTOR	Tier-3	
QUINOLONES		
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin hcl</i>	Tier-1	
<i>ciprofloxacin-ciprofloer hcl er</i>	Tier-1	
<i>levofloxacin</i>	Tier-2	
<i>moxifloxacin hcl</i>	Tier-2	
<i>ofloxacin</i>	Tier-1	
SULFONAMIDES		
<i>sulfadiazine</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	Tier-1	
<i>doxycycline hyclate</i>	Tier-1	
<i>doxycycline monohydrate</i>	Tier-1	
<i>minocycline hcl</i>	Tier-1	
<i>minocycline hcl er</i>	Tier-1	
<i>tetracycline hcl</i>	Tier-1	
VIBRAMYCIN	Tier-3	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-3	
<i>aspirin-dipyridamole er</i>	Tier-2	
BRILINTA	Tier-3	
<i>clopidogrel bisulfate</i>	Tier-1	
<i>dipyridamole</i>	Tier-1	PA
EFFIENT	Tier-3	
ZONTIVITY	Tier-3	
BLOOD MODIFYING AGENTS		
ARANESP (ALBUMIN FREE)	Tier-2	QL (4 ML per 28 days)
EPOGEN	Tier-2	QL (10 ML per 14 days)
FRAGMIN	Tier-2	
GRANIX	Tier-2	QL (10 ML per 14 days)
LEUKINE	Tier-2	
MIRCERA	Tier-2	QL (0.3 ML per 14 days)
MOZOBIL	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
NEULASTA	Tier-2	QL (1 ML per 14 days)
NEUPOGEN	Tier-2	QL (10 ML per 14 days)
PROCRIPT	Tier-2	QL (10 ML per 14 days)
PROMACTA	Tier-2	PA; QL (30 EA per 30 days)
ZARXIO	Tier-2	QL (10 ML per 14 days)
BLOOD THINNERS		
COUMADIN	Tier-3	
ELIQUIS	Tier-2	
<i>enoxaparin sodium</i>	Tier-1	
<i>fondaparinux sodium</i>	Tier-1	
FRAGMIN	Tier-2	
<i>jantoven</i>	Tier-1	
PRADAXA ORAL CAPSULE 110 MG	Tier-2	
PRADAXA ORAL CAPSULE 150 MG, 75 MG	Tier-2	QL (60 EA per 30 days)
<i>warfarin sodium</i>	Tier-1	
XARELTO ORAL TABLET 10 MG	Tier-2	QL (35 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	Tier-2	
XARELTO STARTER PACK	Tier-2	
BLOOD, MISCELLANEOUS		
<i>anagrelide hcl</i>	Tier-1	
<i>cilostazol</i>	Tier-1	
<i>pentoxifylline er</i>	Tier-1	
STIMATE	Tier-3	
<i>tranexamic acid</i>	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-2	
ALIMTA	Tier-2	
ALKERAN	Tier-2	
ARRANON	Tier-2	
AVASTIN	Tier-2	
<i>azacitidine</i>	Tier-1	
BELEODAQ	Tier-2	
BICNU	Tier-2	
<i>bleomycin sulfite</i>	Tier-1	
BUSULFEX	Tier-2	
<i>carboplatin</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin</i>	Tier-1	
<i>cladribine</i>	Tier-1	
CLOLAR	Tier-2	
COSMEGEN	Tier-2	
CYRAMZA	Tier-2	PA
<i>cytarabine</i>	Tier-1	
<i>cytarabine (pf)</i>	Tier-1	
<i>dacarbazine</i>	Tier-1	
DACOGEN	Tier-2	
DARZALEX	Tier-2	
<i>daunorubicin hcl</i>	Tier-1	
<i>decitabine</i>	Tier-1	
<i>dexrazoxane</i>	Tier-1	
DOCEFREZ	Tier-2	
<i>docetaxel</i>	Tier-1	
<i>doxorubicin hcl</i>	Tier-1	
<i>doxorubicin hcl liposomal</i>	Tier-1	
ELITEK	Tier-2	
ELLEENCE	Tier-2	
EMPLICITI	Tier-2	
<i>epirubicin hcl</i>	Tier-1	
ERBITUX	Tier-2	
ERWINAZE	Tier-2	
ETOPOPHOS	Tier-2	
<i>etoposide</i>	Tier-1	
FASLODEX	Tier-2	
<i>fludarabine phosphate</i>	Tier-1	
<i>fluorouracil</i>	Tier-1	
<i>ganciclovir sodium</i>	Tier-1	
<i>gemcitabine hcl</i>	Tier-1	
HALAVEN	Tier-2	
HERCEPTIN	Tier-2	
<i>idarubicin hcl</i>	Tier-1	
<i>ifosfamide</i>	Tier-1	
<i>irinotecan hcl</i>	Tier-1	
ISTODAX	Tier-2	
IXEMPRA KIT	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
JEVTANA	Tier-2	
KADCYLA	Tier-2	PA
KEYTRUDA	Tier-2	
<i>leuprolide acetate</i>	Tier-1	
<i>melphalan hcl</i>	Tier-1	
<i>mitomycin</i>	Tier-1	
<i>mitoxantrone hcl</i>	Tier-1	
MUSTARGEN	Tier-2	
ONCASPAR	Tier-2	
OPDIVO	Tier-2	
<i>oxaliplatin</i>	Tier-1	
<i>paclitaxel</i>	Tier-1	
PERJETA	Tier-2	PA
PROLEUKIN	Tier-2	
RITUXAN	Tier-2	PA
SYLATRON	Tier-2	PA; QL (4 EA per 28 days)
SYNRIBO	Tier-2	
TECENTRIQ	Tier-2	
THIOTEPA	Tier-2	
<i>topotecan hcl</i>	Tier-1	
TORISEL	Tier-2	
TREANDA	Tier-2	
TRISENOX	Tier-2	
UVADEX	Tier-2	
VECTIBIX	Tier-2	
VELCADE	Tier-2	
<i>vinblastine sulfate</i>	Tier-1	
<i>vincasar pfs</i>	Tier-1	
<i>vincristine sulfate</i>	Tier-1	
<i>vinorelbine tartrate</i>	Tier-1	
YERVOY	Tier-2	
YONDELIS	Tier-2	
ZALTRAP	Tier-2	
ZANOSAR	Tier-2	
ORAL AGENTS		
8-MOP	Tier-2	
AFINITOR	Tier-2	PA; QL (30 EA per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	Tier-2	PA
LENVIMA 14 MG DAILY DOSE	Tier-2	PA
LENVIMA 18 MG DAILY DOSE	Tier-2	PA
LENVIMA 20 MG DAILY DOSE	Tier-2	PA
LENVIMA 24 MG DAILY DOSE	Tier-2	PA
LENVIMA 8 MG DAILY DOSE	Tier-2	PA
LENVIMA 8MG DAILY DOSE	Tier-2	PA
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
LONSURF	Tier-2	PA
LYNPARZA	Tier-2	PA
LYSODREN	Tier-2	
MATULANE	Tier-2	
<i>megestrol acetate</i>	Tier-1	PA
MEKINIST	Tier-2	PA
<i>mercaptopurine</i>	Tier-1	
MYLERAN	Tier-2	Part B
NEXAVAR	Tier-2	PA; QL (220 EA per 30 days)
NILANDRON	Tier-2	
<i>nilutamide</i>	Tier-1	
NINLARO	Tier-2	PA
ODOMZO	Tier-2	PA
POMALYST	Tier-2	PA
PURIXAN	Tier-2	
REVLIMID	Tier-2	PA; LA
SOLTAMOX	Tier-2	
SPRYCEL ORAL TABLET 100 MG, 140 MG	Tier-2	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG	Tier-2	PA; QL (60 EA per 30 days)
STIVARGA	Tier-2	PA; QL (90 EA per 30 days)
SUTENT	Tier-2	PA
TABLOID	Tier-2	
TAFINLAR	Tier-2	PA
TAGRISO	Tier-2	PA
<i>tamoxifen citrate</i>	Tier-1	
TARCEVA ORAL TABLET 100 MG	Tier-2	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 150 MG, 25 MG	Tier-2	QL (30 EA per 30 days)
TARGRETIN	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
TASIGNA	Tier-2	PA
<i>temozolomide</i>	Tier-1	Part B
THALOMID	Tier-2	
<i>tretinoin</i>	Tier-1	
TYKERB	Tier-2	PA; QL (180 EA per 30 days)
VENCLEXTA	Tier-2	PA
VENCLEXTA STARTING PACK	Tier-2	PA
VOTRIENT	Tier-2	PA; QL (120 EA per 30 days)
XALKORI	Tier-2	PA
XELODA	Tier-2	Part B
XTANDI	Tier-2	PA; QL (120 EA per 30 days)
ZELBORAF	Tier-2	PA
ZOLINZA	Tier-2	PA
ZYDELIG	Tier-2	PA
ZYKADIA	Tier-2	PA
ZYTIGA	Tier-2	PA; QL (120 EA per 30 days)
PROTECTIVE AGENTS		
<i>amifostine</i>	Tier-1	
FUSILEV	Tier-2	
<i>leucovorin calcium</i>	Tier-1	
LEVOLEUCOVORIN CALCIUM	Tier-2	
<i>mesna</i>	Tier-1	
MESNEX	Tier-3	
ZINECARD	Tier-2	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril hcl</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-3	
<i>fosinopril sodium</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril hcl</i>	Tier-1	
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril hcl</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
ALPHA1 BLOCKERS		
CARDURA XL	Tier-3	
<i>doxazosin mesylate</i>	Tier-1	
<i>prazosin hcl</i>	Tier-1	
<i>terazosin hcl</i>	Tier-1	
ANGINA		
CORLANOR	Tier-3	PA
<i>isosorbide dinitrate</i>	Tier-1	
<i>isosorbide dinitrate er</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-1	
<i>isosorbide mononitrate er</i>	Tier-1	
NITRO-BID	Tier-3	
<i>nitroglycerin</i>	Tier-1	
NITROMIST	Tier-3	
NITROSTAT	Tier-2	
RANEXA	Tier-2	
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-2	
<i>candesartan cilexetil</i>	Tier-1	
<i>eprosartan mesylate</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan potassium</i>	Tier-1	
<i>telmisartan</i>	Tier-2	
<i>valsartan</i>	Tier-1	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone hcl</i>	Tier-1	
<i>digitek</i>	Tier-1	
<i>digoxin injection</i>	Tier-1	
<i>digoxin oral solution</i>	Tier-1	PA
<i>digoxin oral tablet 125 mcg</i>	Tier-1	
<i>digoxin oral tablet 250 mcg</i>	Tier-1	PA
<i>disopyramide phosphate</i>	Tier-1	PA
<i>dofetilide</i>	Tier-2	
<i>flecainide acetate</i>	Tier-1	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	Tier-3	
LANOXIN TABLET 187.5 MCG, 250 MCG	Tier-3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	PA
<i>propafenone hcl</i>	Tier-1	
<i>propafenone hcl er</i>	Tier-1	
<i>quinidine gluconate er</i>	Tier-1	
<i>quinidine sulfate</i>	Tier-1	
<i>sorine</i>	Tier-1	
<i>sotalol hcl</i>	Tier-1	
<i>sotalol hcl (af)</i>	Tier-1	
SOTYLIZE	Tier-3	
TIKOSYN	Tier-2	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine besy-benazepril hcl</i>	Tier-2	
<i>amlodipine besylate-valsartan</i>	Tier-2	
<i>amlodipine-atorvastatin</i>	Tier-2	
<i>amlodipine-valsartan-hctz</i>	Tier-2	
<i>atenolol-chlorthalidone</i>	Tier-1	
AZOR	Tier-2	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-2	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan cilexetil-hctz</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-1	
DUTOPROL	Tier-3	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
ENTRESTO	Tier-3	PA
<i>fosinopril sodium-hctz</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan potassium-hctz</i>	Tier-1	
<i>metoprolol-hydrochlorothiazide</i>	Tier-1	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-1	
<i>propranolol-hctz</i>	Tier-1	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT	Tier-2	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hctz</i>	Tier-2	
<i>trandolapril-verapamil hcl er</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-3	
<i>labetalol hcl</i>	Tier-1	
BETA BLOCKERS		
<i>acebutolol hcl</i>	Tier-1	
<i>atenolol</i>	Tier-1	
<i>betaxolol hcl</i>	Tier-1	
<i>bisoprolol fumarate</i>	Tier-1	
<i>metoprolol succinate er</i>	Tier-1	
<i>metoprolol tartrate</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</i>	Tier-1	
<i>propranolol hcl</i>	Tier-1	
<i>propranolol hcl er</i>	Tier-1	
<i>timolol maleate</i>	Tier-1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-1	
<i>amlodipine besylate</i>	Tier-1	
<i>cartia xt</i>	Tier-1	
<i>diltiazem hcl</i>	Tier-1	
<i>diltiazem hcl er</i>	Tier-1	
<i>diltiazem hcl er beads</i>	Tier-1	
<i>diltiazem hcl er coated beads</i>	Tier-1	
<i>dilt-xr</i>	Tier-1	
<i>felodipine er</i>	Tier-1	
<i>isradipine</i>	Tier-1	
<i>matzim la</i>	Tier-1	
<i>nicardipine hcl</i>	Tier-1	
<i>nifedical xl</i>	Tier-1	
<i>nifedipine</i>	Tier-1	PA
<i>nifedipine er osmotic release</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine</i>	Tier-1	
<i>nisoldipine er</i>	Tier-1	
<i>taztia xt</i>	Tier-1	
<i>verapamil hcl</i>	Tier-1	
<i>verapamil hcl er</i>	Tier-1	
CENTRALLY ACTING AGENTS		
<i>clonidine hcl</i>	Tier-1	
NORTHERA	Tier-2	PA
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-2	
DIURETICS		
<i>amiloride hcl</i>	Tier-1	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide</i>	Tier-1	
<i>chlorothiazide</i>	Tier-1	
<i>chlorthalidone</i>	Tier-1	
EDECRIN	Tier-2	
<i>eplerenone</i>	Tier-1	
<i>furosemide</i>	Tier-1	
<i>hydrochlorothiazide</i>	Tier-1	
<i>indapamide</i>	Tier-1	
<i>methyclothiazide</i>	Tier-1	
<i>metolazone</i>	Tier-1	
<i>spironolactone</i>	Tier-1	
<i>spironolactone-hctz</i>	Tier-1	
<i>toremide</i>	Tier-1	
<i>triamterene-hctz</i>	Tier-1	
LIPID LOWERING AGENTS		
<i>atorvastatin calcium</i>	Tier-1	
<i>cholestyramine light</i>	Tier-1	
<i>colestipol hcl</i>	Tier-1	
CRESTOR	Tier-3	PA
<i>fenofibrate</i>	Tier-1	
<i>fenofibrate micronized</i>	Tier-1	
<i>fenofibric acid</i>	Tier-1	
<i>fluvastatin sodium</i>	Tier-2	
<i>fluvastatin sodium er</i>	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil</i>	Tier-1	
JUXTAPID	Tier-2	PA
KYNAMRO	Tier-2	PA
<i>lovastatin</i>	Tier-1	
<i>niacin er</i>	Tier-2	
<i>niacor</i>	Tier-1	
<i>omega-3-acid ethyl esters</i>	Tier-2	
<i>pravastatin sodium</i>	Tier-1	
PREVALITE	Tier-3	
REPATHA	Tier-2	PA
REPATHA PUSHTRONEX SYSTEM	Tier-2	PA
REPATHA SURECLICK	Tier-2	PA
<i>rosuvastatin calcium</i>	Tier-2	PA
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-2	
VYTORIN	Tier-3	
WELCHOL	Tier-3	
ZETIA	Tier-2	
POTASSIUM REPLACEMENT		
<i>klor-con</i>	Tier-1	
<i>klor-con 10</i>	Tier-1	
KLOR-CON M15	Tier-3	
<i>klor-con m20</i>	Tier-1	
<i>klor-con sprinkle</i>	Tier-1	
K-TAB	Tier-3	
<i>potassium chloride</i>	Tier-1	
<i>potassium chloride crys er</i>	Tier-1	
<i>potassium chloride er</i>	Tier-1	
VASODILATORS		
BIDIL	Tier-2	
<i>hydralazine hcl</i>	Tier-1	
<i>minoxidil</i>	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>assure insulin safety syringe</i>	Tier-1	
COMFORT ASSIST INSULIN SYRINGE	Tier-2	
<i>cvs gauze sterile</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT PEN NEEDLE	Tier-2	
<i>global alcohol prep ease</i>	Tier-1	
<i>lancets</i>	Tier-1	Part B
ONETOUCH ULTRA	Tier-2	Part B
ONETOUCH VERIO	Tier-2	Part B
<i>preferred plus insulin syringe</i>	Tier-1	
RELI-ON INSULIN SYRINGE	Tier-2	
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-2	
GLUCAGON EMERGENCY	Tier-2	
PROGLYCEM	Tier-3	
INSULINS		
HUMALOG	Tier-2	
HUMALOG KWIKPEN	Tier-2	
HUMALOG MIX 50/50	Tier-2	
HUMALOG MIX 50/50 KWIKPEN	Tier-2	
HUMALOG MIX 75/25	Tier-2	
HUMALOG MIX 75/25 KWIKPEN	Tier-2	
HUMULIN 70/30	Tier-2	
HUMULIN 70/30 KWIKPEN	Tier-2	
HUMULIN N	Tier-2	
HUMULIN N KWIKPEN	Tier-2	
HUMULIN R	Tier-2	
HUMULIN R U-500 (CONCENTRATED)	Tier-2	
HUMULIN R U-500 KWIKPEN	Tier-2	
LANTUS	Tier-2	
LANTUS SOLOSTAR	Tier-2	
TOUJEO SOLOSTAR	Tier-3	
NON-INSULIN INJECTABLES		
BYDUREON	Tier-2	
SYMLINPEN 120	Tier-2	
SYMLINPEN 60	Tier-2	
TRULICITY	Tier-2	
ORAL AGENTS		
<i>acarbose</i>	Tier-1	
ACTOPLUS MET XR	Tier-3	
<i>chlorpropamide</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
FARXIGA	Tier-2	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide er</i>	Tier-1	
<i>glipizide-metformin hcl</i>	Tier-1	
<i>glyburide</i>	Tier-1	PA
<i>glyburide micronized</i>	Tier-1	PA
<i>glyburide-metformin</i>	Tier-1	PA
GLYXAMBI	Tier-3	
INVOKAMET	Tier-2	
INVOKANA	Tier-2	
JANUMET	Tier-2	
JANUMET XR	Tier-2	
JANUVIA	Tier-2	
JENTADUETO	Tier-2	
JENTADUETO XR	Tier-2	
<i>metformin hcl</i>	Tier-1	
<i>metformin hcl er</i>	Tier-1	
<i>metformin hcl er (osm)</i>	Tier-1	
<i>miglitol</i>	Tier-2	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone hcl</i>	Tier-2	
<i>pioglitazone hcl-glimepiride</i>	Tier-1	
<i>pioglitazone hcl-metformin hcl</i>	Tier-2	
<i>repaglinide</i>	Tier-1	
<i>repaglinide-metformin hcl</i>	Tier-2	
RIOMET	Tier-2	
<i>tolazamide</i>	Tier-1	
<i>tolbutamide</i>	Tier-1	
TRADJENTA	Tier-2	
XIGDUO XR	Tier-2	
EAR, NOSE AND THROAT		
EAR		
<i>acetazol hc</i>	Tier-1	
<i>acetic acid</i>	Tier-1	
CIPRO HC	Tier-2	
CIPRODEX	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i>	Tier-1	
<i>hydrocortisone-acetic acid</i>	Tier-1	
<i>ofloxacin</i>	Tier-1	
MOUTH AND THROAT		
<i>cevimeline hcl</i>	Tier-1	
<i>chlorhexidine gluconate</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
NOSE		
<i>azelastine hcl</i>	Tier-1	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-3	
<i>budesonide</i>	Tier-1	
<i>cyproheptadine hcl</i>	Tier-1	PA
<i>desloratadine</i>	Tier-1	
<i>flunisolide</i>	Tier-1	QL (150 ML per 90 days)
<i>fluticasone propionate</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl</i>	Tier-1	PA
<i>hydroxyzine pamoate</i>	Tier-1	PA
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier-1	QL (180 ML per 90 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier-1	QL (90 ML per 90 days)
<i>levocetirizine dihydrochloride</i>	Tier-1	
<i>mometasone furoate</i>	Tier-2	
NASONEX	Tier-2	QL (102 GM per 90 days)
<i>olopatadine hcl</i>	Tier-1	QL (91.5 GM per 90 days)
TYZINE	Tier-3	
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
<i>benzonatate</i>	Tier-1	EC
<i>chlorpheniramine-pseudoeph</i>	Tier-1	EC
<i>hydrocod polst-cpm polst er</i>	Tier-1	EC
<i>hydrocodone-homatropine</i>	Tier-1	EC
<i>phenyleph-bpm-dihydrocodeine</i>	Tier-1	EC
<i>phenyleph-promethazine-cod</i>	Tier-1	EC
<i>promethazine vc/codeine</i>	Tier-1	EC
<i>promethazine-codeine</i>	Tier-1	EC
<i>promethazine-dm</i>	Tier-1	EC

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-pe-codeine</i>	Tier-1	EC
<i>pseudoeph-chlorphen-hydrocod</i>	Tier-1	EC
ERECTILE DYSFUNCTION		
CAVERJECT	Tier-3	EC
CAVERJECT IMPULSE	Tier-3	EC
CIALIS 2.5 & 5 MG	Tier-3	EC; QL (4 EA per 30 days)
EDEX	Tier-3	EC
LEVITRA	Tier-3	EC; QL (4 EA per 30 days)
MUSE	Tier-3	EC
VIAGRA	Tier-3	EC; QL (4 EA per 30 days)
OBESITY MANAGEMENT		
ADIPEX-P	Tier-3	PA; EC
BELVIQ	Tier-3	PA; EC
BONTRIL PDM	Tier-3	PA; EC
BONTRIL SLOW RELEASE	Tier-3	PA; EC
<i>diethylpropion hcl</i>	Tier-1	PA; EC
<i>diethylpropion hcl er</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate er</i>	Tier-1	PA; EC
<i>phentermine hcl</i>	Tier-1	PA; EC
QSYMIA	Tier-3	PA; EC
SAXENDA	Tier-3	PA; EC
XENICAL	Tier-3	PA; EC
VITAMINS/MINERALS		
<i>cyanocobalamin (vitamin b12)</i>	Tier-1	EC
<i>ergocalciferol</i>	Tier-1	EC
<i>folic acid</i>	Tier-1	EC
MEPHYTON	Tier-3	EC
NASCOBAL	Tier-2	EC
<i>vitamin d (ergocalciferol)</i>	Tier-1	EC
EYE		
ALLERGY		
ALOCRIAL	Tier-3	
ALOMIDE	Tier-3	
<i>azelastine hcl</i>	Tier-1	
<i>cromolyn sodium</i>	Tier-1	
EMADINE	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl</i>	Tier-1	
LASTACAFT	Tier-3	
<i>naphazoline hcl</i>	Tier-1	
<i>olopatadine hcl</i>	Tier-2	
ANTI-INFECTIVES		
AZASITE	Tier-3	
<i>bacitracin</i>	Tier-1	
<i>bacitracin-polymyxin b</i>	Tier-1	
<i>bacitra-neomycin-polymyxin-hc</i>	Tier-1	
BESIVANCE	Tier-3	
BLEPHAMIDE	Tier-3	
BLEPHAMIDE S.O.P.	Tier-3	
<i>ciprofloxacin hcl</i>	Tier-1	
<i>erythromycin</i>	Tier-1	
<i>gatifloxacin</i>	Tier-1	
<i>gentak</i>	Tier-1	
<i>gentamicin sulfate</i>	Tier-1	
<i>levofloxacin</i>	Tier-1	
MOXEZA	Tier-3	
<i>neomycin-bacitracin zn-polymyx</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
<i>ofloxacin</i>	Tier-1	
<i>polymyxin b-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium</i>	Tier-1	
<i>sulfacetamide-prednisolone</i>	Tier-1	
TOBRADEX	Tier-3	
TOBRADEX ST	Tier-3	
<i>tobramycin</i>	Tier-1	
<i>tobramycin-dexamethasone</i>	Tier-1	
VIGAMOX	Tier-3	
ANTI-INFLAMMATORIES		
ALREX	Tier-3	
<i>bromfenac sodium</i>	Tier-1	
<i>dexamethasone sodium phosphate</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
DUREZOL	Tier-3	
FLAREX	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	Tier-1	
<i>flurbiprofen sodium</i>	Tier-1	
FML	Tier-2	
FML FORTE	Tier-3	
ILEVRO	Tier-3	
<i>ketorolac tromethamine</i>	Tier-1	
LOTEMAX	Tier-3	
MAXIDEX	Tier-3	
<i>neomycin-polymyxin-dexameth</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin</i>	Tier-1	
<i>neomycin-polymyxin-hc</i>	Tier-1	
NEVANAC	Tier-3	
PRED MILD	Tier-2	
PRED-G	Tier-2	
PRED-G S.O.P.	Tier-2	
<i>prednisolone acetate</i>	Tier-1	
PROLENSA	Tier-3	
VEXOL	Tier-2	
ZYLET	Tier-3	
ANTIVIRALS		
<i>trifluridine</i>	Tier-1	
ZIRGAN	Tier-3	
GLAUCOMA		
<i>acetazolamide</i>	Tier-1	
<i>acetazolamide er</i>	Tier-1	
ALPHAGAN P	Tier-3	
<i>apraclonidine hcl</i>	Tier-1	
AZOPT	Tier-2	
<i>betaxolol hcl</i>	Tier-1	
BETIMOL	Tier-2	
BETOPTIC-S	Tier-3	
<i>bimatoprost</i>	Tier-1	
<i>brimonidine tartrate</i>	Tier-1	
<i>carteolol hcl</i>	Tier-1	
COMBIGAN	Tier-3	
<i>dorzolamide hcl</i>	Tier-1	
<i>dorzolamide hcl-timolol mal</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
IOPIDINE	Tier-3	
<i>latanoprost</i>	Tier-1	
<i>levobunolol hcl</i>	Tier-1	
LUMIGAN	Tier-3	STPA
<i>methazolamide</i>	Tier-1	
<i>metipranolol</i>	Tier-1	
PHOSPHOLINE IODIDE	Tier-2	
<i>pilocarpine hcl</i>	Tier-1	
SIMBRINZA	Tier-3	
<i>timolol maleate</i>	Tier-1	
TRAVATAN Z	Tier-3	STPA
<i>travoprost</i>	Tier-1	
ZIOPTAN	Tier-3	STPA
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-3	
<i>atropine sulfate</i>	Tier-1	
NATACYN	Tier-3	
<i>proparacaine hcl</i>	Tier-1	
RESTASIS	Tier-2	PA
GASTROINTESTINAL DRUGS		
EMESIS		
AKYNZEO	Tier-3	B/D
ALOXI	Tier-2	B/D
ANZEMET	Tier-2	B/D
CESAMET	Tier-2	B/D
<i>compro</i>	Tier-1	
<i>dronabinol</i>	Tier-1	B/D
EMEND	Tier-2	B/D
<i>granisetron hcl</i>	Tier-1	B/D
<i>meclizine hcl</i>	Tier-1	
<i>metoclopramide hcl</i>	Tier-1	
<i>ondansetron</i>	Tier-1	B/D
<i>ondansetron hcl</i>	Tier-1	B/D
<i>prochlorperazine</i>	Tier-1	
<i>prochlorperazine maleate</i>	Tier-1	
<i>promethazine hcl</i>	Tier-1	
<i>promethazine hcl oral</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
SANCUSO	Tier-3	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP PATCH	Tier-3	
VARUBI	Tier-3	B/D
ENZYMES		
CARBAGLU	Tier-2	PA
CREON	Tier-2	
CYSTAGON	Tier-3	
PANCREAZE	Tier-3	
PERTZYE	Tier-3	
VIOKACE	Tier-3	
ZENPEP	Tier-3	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alose tron hcl</i>	Tier-1	
CHOLBAM	Tier-2	PA
<i>constulose</i>	Tier-1	
<i>cromolyn sodium</i>	Tier-1	
<i>dicyclomine hcl</i>	Tier-1	
<i>enulose</i>	Tier-1	
GATTEX	Tier-2	PA
<i>generlac</i>	Tier-1	
<i>glycopyrrolate</i>	Tier-1	
KRISTALOSE	Tier-2	
<i>lactulose</i>	Tier-1	
<i>levocarnitine</i>	Tier-1	
<i>loperamide hcl</i>	Tier-1	
<i>megestrol acetate</i>	Tier-1	PA
MOVIPREP	Tier-3	
OICALIVA	Tier-2	PA; QL (30 EA per 30 days)
OSMOPREP	Tier-3	
<i>peg 3350-kcl-na bicarb-nacl</i>	Tier-1	
<i>peg-3350/electrolytes</i>	Tier-1	
<i>polyethylene glycol 3350</i>	Tier-1	
<i>propantheline bromide</i>	Tier-1	
RELISTOR ORAL	Tier-3	
RELISTOR SUBCUTANEOUS*	Tier-2	
SUPREP BOWEL PREP	Tier-3	
<i>trilyte</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol</i>	Tier-1	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicill-clarithro-lansopraz</i>	Tier-1	
CARAFATE	Tier-3	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl</i>	Tier-1	
DEXILANT	Tier-3	PA
<i>esomeprazole magnesium</i>	Tier-2	PA
<i>famotidine</i>	Tier-1	
<i>lansoprazole</i>	Tier-2	
<i>methscopolamine bromide</i>	Tier-1	
<i>misoprostol</i>	Tier-1	
<i>nizatidine</i>	Tier-1	
<i>omeprazole</i>	Tier-1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Tier-1	
<i>omeprazole-sodium bicarbonate oral packet</i>	Tier-2	
<i>pantoprazole sodium</i>	Tier-1	
PYLERA	Tier-2	
<i>rabeprazole sodium</i>	Tier-2	
<i>ranitidine hcl</i>	Tier-1	
<i>sucralfate</i>	Tier-1	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL HD	Tier-2	
<i>balsalazide disodium</i>	Tier-1	
<i>budesonide</i>	Tier-1	
CANASA	Tier-2	
<i>colocort</i>	Tier-1	
DELZICOL	Tier-2	
DIPENTUM	Tier-2	
<i>hydrocortisone</i>	Tier-1	
LIALDA	Tier-2	
LINZESS	Tier-2	QL (30 EA per 30 days)
<i>mesalamine</i>	Tier-2	
<i>mesalamine-cleanser</i>	Tier-1	
PENTASA	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
SFROWASA	Tier-3	
<i>sulfasalazine</i>	Tier-1	
UCERIS	Tier-3	
UCERIS ORAL	Tier-2	
VIBERZI	Tier-2	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-2	HI
<i>acetazolamide sodium</i>	Tier-1	HI
<i>acyclovir sodium</i>	Tier-1	HI
AMBISOME	Tier-2	HI
<i>amikacin sulfate</i>	Tier-1	HI
<i>aminophylline</i>	Tier-1	HI
<i>amphotericin b</i>	Tier-1	HI
<i>ampicillin sodium</i>	Tier-1	HI
<i>ampicillin-sulbactam sodium</i>	Tier-1	HI
ARGATROBAN	Tier-3	HI
<i>atropine sulfate</i>	Tier-1	HI
AVELOX	Tier-2	HI
AVYCAZ	Tier-2	HI
<i>azithromycin</i>	Tier-1	HI
<i>aztreonam</i>	Tier-1	HI
<i>bactocill in dextrose</i>	Tier-1	HI
<i>benztropine mesylate</i>	Tier-1	HI
<i>bumetanide</i>	Tier-1	HI
<i>buprenorphine hcl</i>	Tier-1	HI
<i>butorphanol tartrate</i>	Tier-1	HI
<i>calcitriol</i>	Tier-1	HI
CANCIDAS	Tier-2	HI
CAPASTAT SULFATE	Tier-2	HI
CARDENE IV	Tier-3	HI
<i>cefazolin sodium</i>	Tier-1	HI
<i>cefepime hcl</i>	Tier-1	HI
<i>cefepime-dextrose</i>	Tier-1	HI
<i>cefotaxime sodium</i>	Tier-1	HI
<i>cefotetan disodium</i>	Tier-1	HI
<i>cefoxitin sodium</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium-dextrose</i>	Tier-1	HI
<i>ceftazidime</i>	Tier-1	HI
<i>ceftazidime and dextrose</i>	Tier-1	HI
<i>ceftriaxone sodium</i>	Tier-1	HI
<i>cefuroxime sodium</i>	Tier-1	HI
<i>chloramphenicol sod succinate</i>	Tier-1	HI
<i>cidofovir</i>	Tier-1	HI
<i>ciprofloxacin</i>	Tier-1	HI
<i>ciprofloxacin in d5w</i>	Tier-1	HI
<i>clindamycin phosphate</i>	Tier-1	HI
<i>clindamycin phosphate in d5w</i>	Tier-1	HI
<i>colistimethate sodium</i>	Tier-1	HI
CRESEMBA	Tier-2	HI
CUBICIN	Tier-2	HI
<i>cyclosporine</i>	Tier-1	B/D; HI
CYKLOKAPRON	Tier-2	HI
DALVANCE	Tier-2	HI
<i>dexamethasone sodium phosphate</i>	Tier-1	HI
<i>diltiazem hcl</i>	Tier-1	HI
<i>diphenhydramine hcl</i>	Tier-1	HI
DORIBAX	Tier-2	HI
DOXY 100	Tier-3	HI
<i>duramorph</i>	Tier-1	HI
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	Tier-2	HI
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	Tier-2	
ERYTHROCIN LACTOBIONATE	Tier-2	HI
<i>esomeprazole sodium</i>	Tier-1	HI
<i>fluconazole in dextrose</i>	Tier-1	HI
<i>fluconazole in sodium chloride</i>	Tier-1	
<i>gentamicin in saline</i>	Tier-1	HI
<i>gentamicin sulfate</i>	Tier-1	HI
<i>granisetron hcl</i>	Tier-1	B/D; HI
<i>heparin sodium (porcine)</i>	Tier-1	HI
<i>hydroxyzine hcl</i>	Tier-1	HI
<i>imipenem-cilastatin</i>	Tier-1	HI
INVANZ	Tier-2	HI

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

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid</i>	Tier-1	HI
<i>labetalol hcl</i>	Tier-1	HI
<i>lactated ringers</i>	Tier-1	HI
<i>levetiracetam in nacl</i>	Tier-1	HI
<i>levocarnitine</i>	Tier-1	HI
<i>levofloxacin</i>	Tier-1	HI
<i>levofloxacin in d5w</i>	Tier-1	HI
<i>levothyroxine sodium</i>	Tier-1	HI
LINCOCIN	Tier-2	HI
<i>lincomycin hcl</i>	Tier-1	HI
<i>linezolid</i>	Tier-1	HI
<i>meropenem</i>	Tier-1	HI
<i>methadone hcl</i>	Tier-1	HI
<i>methotrexate sodium</i>	Tier-1	HI
<i>methotrexate sodium (pf)</i>	Tier-1	HI
<i>metoclopramide hcl</i>	Tier-1	HI
<i>metoprolol tartrate intravenous* solution 1 mg/ml</i>	Tier-1	HI
<i>metoprolol tartrate intravenous* solution 5 mg/5ml</i>	Tier-1	
<i>metronidazole in nacl</i>	Tier-1	HI
<i>morphine sulfate (pf)</i>	Tier-1	HI
<i>moxifloxacin hcl</i>	Tier-1	HI
MYCAMINE	Tier-2	HI
<i>nafcillin sodium</i>	Tier-1	HI
<i>nafcillin sodium in dextrose</i>	Tier-1	HI
<i>ondansetron hcl</i>	Tier-1	B/D; HI
ORBACTIV	Tier-2	HI
<i>oxacillin sodium</i>	Tier-1	HI
<i>penicillin g pot in dextrose</i>	Tier-1	HI
<i>penicillin g potassium</i>	Tier-1	HI
<i>penicillin g sodium</i>	Tier-1	HI
<i>piperacillin sod-tazobactam so</i>	Tier-1	HI
<i>polymyxin b sulfate</i>	Tier-1	HI
<i>prochlorperazine edisylate</i>	Tier-1	HI
PROGRAF	Tier-2	B/D; HI
<i>promethazine hcl</i>	Tier-1	HI
RETROVIR	Tier-2	HI
<i>rifampin</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO	Tier-2	HI
<i>streptomycin sulfate</i>	Tier-1	HI
<i>sulfamethoxazole-trimethoprim</i>	Tier-1	HI
SYNERCID	Tier-2	HI
TEFLARO	Tier-2	HI
<i>tobramycin sulfate</i>	Tier-1	HI
<i>tranexamic acid</i>	Tier-1	HI
TYGACIL	Tier-2	HI
<i>valproate sodium</i>	Tier-1	HI
<i>vancomycin hcl</i>	Tier-1	HI
VISTIDE	Tier-2	HI
<i>voriconazole</i>	Tier-1	HI
ZERBAXA	Tier-2	HI
ELECTROLYTES		
<i>ammonium chloride</i>	Tier-1	HI
<i>dextrose</i>	Tier-1	HI
<i>dextrose in lactated ringers</i>	Tier-1	HI
<i>dextrose-nacl</i>	Tier-1	HI
IONOSOL-B IN D5W	Tier-2	HI
IONOSOL-MB IN D5W	Tier-2	HI
ISOLYTE-P IN D5W	Tier-2	HI
ISOLYTE-S	Tier-2	HI
<i>kcl in dextrose-nacl</i>	Tier-1	HI
<i>kcl-lactated ringers-d5w</i>	Tier-1	HI
<i>magnesium sulfate</i>	Tier-1	HI
NORMOSOL-M IN D5W	Tier-2	HI
NORMOSOL-R IN D5W	Tier-2	HI
NORMOSOL-R PH 7.4	Tier-2	HI
PLASMA-LYTE 148	Tier-2	HI
PLASMA-LYTE A	Tier-2	HI
PLASMA-LYTE-56 IN D5W	Tier-2	HI
<i>potassium chloride</i>	Tier-1	HI
<i>potassium chloride in dextrose</i>	Tier-1	HI
<i>potassium chloride in nacl</i>	Tier-1	HI
<i>ringers</i>	Tier-1	HI
<i>sodium chloride</i>	Tier-1	HI
<i>sodium lactate</i>	Tier-1	HI

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

Drug Name	Drug Tier	Requirements/Limits
IV NUTRITION		
AMINOSYN II	Tier-2	B/D; HI
AMINOSYN II/ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN M	Tier-2	B/D; HI
AMINOSYN/ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN-HBC	Tier-2	B/D; HI
AMINOSYN-PF	Tier-2	B/D; HI
AMINOSYN-RF	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (2.75/10)	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (2.75/5)	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (4.25/10)	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (4.25/25)	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (4.25/5)	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (5/15)	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (5/20)	Tier-2	B/D; HI
CLINIMIX E/DEXTROSE (5/25)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (2.75/5)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (4.25/10)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (4.25/20)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (4.25/25)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (4.25/5)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (5/15)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (5/20)	Tier-2	B/D; HI
CLINIMIX/DEXTROSE (5/25)	Tier-2	B/D; HI
CLINISOL SF	Tier-2	B/D; HI
FREAMINE HBC	Tier-2	B/D; HI
HEPATAMINE	Tier-2	B/D; HI
INTRALIPID	Tier-2	B/D; HI
NEPHRAMINE	Tier-2	B/D; HI
NUTRILIPID	Tier-2	B/D; HI
PLENAMINE	Tier-2	B/D; HI
PREMASOL	Tier-2	B/D; HI
PROCALAMINE	Tier-2	B/D; HI
PROSOL	Tier-2	B/D; HI
<i>tpn electrolytes</i>	Tier-1	B/D; HI
TRAVASOL	Tier-2	B/D; HI
TROPHAMINE	Tier-2	B/D; HI

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

Drug Name	Drug Tier	Requirements/Limits
HORMONES		
ADRENAL CORTICOSTEROIDS		
<i>a-hydrocort</i>	Tier-1	
<i>cortisone acetate</i>	Tier-1	
DEPO-MEDROL	Tier-2	
<i>dexamethasone</i>	Tier-1	
<i>dexamethasone intensol</i>	Tier-1	
<i>dexpak 13 day</i>	Tier-1	
<i>fludrocortisone acetate</i>	Tier-1	
HP ACTHAR	Tier-2	
<i>hydrocortisone</i>	Tier-1	
MEDROL	Tier-3	
<i>methylprednisolone</i>	Tier-1	
<i>methylprednisolone acetate</i>	Tier-1	
<i>methylprednisolone sodium succ</i>	Tier-1	
MILLIPRED	Tier-3	Transplant
ORAPRED ODT	Tier-3	Transplant
<i>prednisolone sodium phosphate ophthalmic</i>	Tier-1	
<i>prednisolone sodium phosphate oral</i>	Tier-1	Transplant
PREDNISON INTENSOL	Tier-3	Transplant
<i>prednisone oral</i>	Tier-1	
<i>prednisone oral solution</i>	Tier-1	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
SOLU-CORTEF	Tier-3	
SOLU-MEDROL	Tier-3	
VERIPRED 20	Tier-3	Transplant
ANDROGENS		
AVEED	Tier-3	
<i>danazol</i>	Tier-1	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	Tier-3	
METHYLTESTOSTERONE	Tier-2	
<i>oxandrolone</i>	Tier-1	
<i>testosterone</i>	Tier-1	
<i>testosterone cypionate</i>	Tier-1	
<i>testosterone enanthate</i>	Tier-1	
TESTRED	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-2	
FIRMAGON	Tier-2	
LUPRON DEPOT	Tier-2	
LUPRON DEPOT-PED	Tier-2	
SYNAREL	Tier-2	
TRELSTAR MIXJECT	Tier-2	
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	Tier-1	
<i>levoxyl</i>	Tier-1	
<i>liothyronine sodium</i>	Tier-1	
<i>methimazole</i>	Tier-1	
<i>propylthiouracil</i>	Tier-1	
SYNTHROID	Tier-3	
THYROLAR-1	Tier-3	
THYROLAR-1/2	Tier-3	
THYROLAR-1/4	Tier-3	
THYROLAR-2	Tier-3	
THYROLAR-3	Tier-3	
TIROSINT	Tier-3	
TRIOSTAT	Tier-2	
<i>unithroid</i>	Tier-1	
IMMUNOLOGIC AGENTS		
IMMUNE STIMULANTS		
ACTHIB	Tier-2	Part B
ACTIMMUNE	Tier-2	
ADACEL	Tier-2	
ADAGEN	Tier-2	
<i>bcg vaccine</i>	Tier-1	
BEXSERO	Tier-2	
BIVIGAM	Tier-2	PA
BOOSTRIX	Tier-2	
CARIMUNE NF	Tier-2	PA
CERVARIX	Tier-2	
DAPTACEL	Tier-2	
<i>diphtheria-tetanus toxoids dt</i>	Tier-1	
ENGERIX-B	Tier-2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF	Tier-2	PA
GAMASTAN S/D	Tier-2	PA
GAMMAGARD	Tier-2	PA
GAMMAKED	Tier-2	PA
GAMMAPLEX	Tier-2	PA
GAMUNEX-C	Tier-2	PA
GARDASIL	Tier-2	
GARDASIL 9	Tier-2	
HAVRIX	Tier-2	
HIBERIX	Tier-2	
HYPERRAB S/D	Tier-2	
IMOVAX RABIES	Tier-2	
INFANRIX	Tier-2	
IPOL	Tier-2	
IXIARO	Tier-2	
MENACTRA	Tier-2	
MENHIBRIX	Tier-2	
MENOMUNE	Tier-2	
MENVEO	Tier-2	
M-M-R II	Tier-2	
OCTAGAM	Tier-2	PA
PEDVAX HIB	Tier-2	
PNEUMOVAX 23	Tier-2	Part B
PREVNAR	Tier-2	Part B
PREVNAR 13	Tier-2	Part B
PRIVIGEN	Tier-2	PA
PROQUAD	Tier-2	
QUADRACEL	Tier-2	
RABAVERT	Tier-2	
RECOMBIVAX HB	Tier-2	B/D
ROTARIX	Tier-2	
ROTATEQ	Tier-2	
TENIVAC	Tier-2	
<i>tetanus-diphtheria toxoids td</i>	Tier-1	
TRUMENBA	Tier-2	
TWINRIX	Tier-2	
TYPHIM VI	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
VAQTA	Tier-2	
VARIVAX	Tier-2	
VARIZIG	Tier-2	
YF-VAX	Tier-2	
ZOSTAVAX	Tier-2	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-3	B/D
ATGAM	Tier-2	B/D
BENLYSTA	Tier-2	PA
CELLCEPT	Tier-2	B/D
<i>cyclosporine</i>	Tier-1	B/D
<i>cyclosporine modified</i>	Tier-1	B/D
ENVARBUS XR	Tier-3	B/D
<i>engraf</i>	Tier-1	B/D
<i>mycophenolate mofetil</i>	Tier-1	B/D
<i>mycophenolate sodium</i>	Tier-1	B/D
NULOJIX	Tier-2	B/D
RAPAMUNE	Tier-2	B/D
SIMULECT	Tier-2	B/D
<i>sirolimus</i>	Tier-1	B/D
<i>tacrolimus</i>	Tier-1	B/D
THYMOGLOBULIN	Tier-2	B/D
ZORTRESS	Tier-2	B/D; QL (180 EA per 90 days)
MISCELLANEOUS DRUGS		
ACROMEGALY		
<i>octreotide acetate</i>	Tier-1	
SANDOSTATIN LAR DEPOT	Tier-2	
SIGNIFOR LAR	Tier-2	PA; QL (2 EA per 28 days)
SOMATULINE DEPOT	Tier-2	
SOMAVERT	Tier-2	PA
AMYOTROPHIC LATERAL SCLEROSIS		
<i>riluzole</i>	Tier-2	
ANAPHYLAXIS EMERGENCY		
ADRENALICK	Tier-2	QL (2 EA per 1 day)
<i>epinephrine</i>	Tier-1	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-2	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-2	QL (2 EA per 1 day)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-2	PA
GENOTROPIN	Tier-2	PA
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	Tier-2	PA
NORDITROPIN FLEXPPO	Tier-2	PA
NUTROPIN AQ NUSPIN 10	Tier-2	PA
NUTROPIN AQ NUSPIN 20	Tier-2	PA
NUTROPIN AQ NUSPIN 5	Tier-2	PA
NUTROPIN AQ PEN	Tier-2	PA
OMNITROPE	Tier-2	PA
SAIZEN	Tier-2	PA
SAIZEN CLICK.EASY	Tier-2	PA
SEROSTIM	Tier-2	PA
ZOMACTON	Tier-2	PA
ZORBTIVE	Tier-2	PA
HEREDITARY ANGIOEDEMA		
BERINERT	Tier-2	
CINRYZE	Tier-2	PA
FIRAZYR	Tier-2	PA; QL (3 ML per 7 days)
RUCONEST	Tier-2	
HEREDITARY TYROSINEMIA TYPE 1		
ORFADIN	Tier-2	PA
HUNTINGTON DISEASE		
TETRABENAZINE	Tier-2	PA
XENAZINE ORAL TABLET 12.5 MG	Tier-2	PA; QL (90 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	Tier-2	PA; QL (120 EA per 30 days)
HYPERCALCEMIA		
SENSIPAR	Tier-2	
HYPERPARATHYROIDISM		
<i>calcitriol</i>	Tier-1	
<i>doxercalciferol</i>	Tier-1	
<i>paricalcitol</i>	Tier-1	
HYPOPARATHYROIDISM		
NATPARA	Tier-2	PA; QL (2 EA per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HYPOPHOSPHATASIA		
STRENSIQ	Tier-2	PA; QL (48 ML per 28 days)
LYSOSOMAL ACID LIPASE DEFICIENCY		
KANUMA	Tier-2	PA
MUCOPOLYSACCHARIDOSIS		
ALDURAZYME	Tier-2	
ELAPRASE	Tier-2	
LUMIZYME	Tier-2	
NAGLAZYME	Tier-2	
MULTIPLE SCLEROSIS		
AMPYRA	Tier-2	PA; QL (60 EA per 30 days)
AUBAGIO	Tier-2	PA; QL (30 EA per 30 days)
AVONEX	Tier-2	QL (4 EA per 28 days)
AVONEX PEN	Tier-2	QL (4 EA per 28 days)
AVONEX PREFILLED	Tier-2	QL (4 EA per 28 days)
BETASERON	Tier-2	QL (15 EA per 30 days)
COPAXONE 20 MG/ML	Tier-2	QL (30 ML per 30 days)
COPAXONE 40 MG/ML	Tier-2	QL (12 ML per 28 days)
EXTAVIA	Tier-2	QL (15 EA per 30 days)
GILENYA	Tier-2	PA; QL (30 EA per 30 days)
PLEGRIDY	Tier-2	QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	Tier-2	
REBIF	Tier-2	QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-2	QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK	Tier-2	QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-2	QL (12 ML per 28 days)
TECFIDERA ORAL STARTER PACK	Tier-2	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Tier-2	PA; QL (60 EA per 30 days)
TYSABRI	Tier-2	PA; LA
MYASTHENIA GRAVIS		
<i>guanidine hcl</i>	Tier-1	
MESTINON ORAL SYRUP	Tier-3	
MESTINON TABLET ER	Tier-2	
<i>pyridostigmine bromide</i>	Tier-1	
<i>pyridostigmine bromide er</i>	Tier-1	
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
PHENYLKETONURIA		
KUVAN	Tier-2	PA
PHEOCHROMOCYTOMA		
DEMSEER	Tier-2	
DIBENZYLINE	Tier-3	
<i>phenoxybenzamine hcl</i>	Tier-2	
PHOSPHATE BINDERS		
AURYXIA	Tier-3	
<i>calcium acetate (phos binder)</i>	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	Tier-2	
RENAGEL	Tier-2	
RENVELA	Tier-2	
VELPHORO	Tier-2	
POTASSIUM BINDER		
<i>kionex</i>	Tier-1	
<i>sodium polystyrene sulfonate</i>	Tier-1	
<i>sps</i>	Tier-1	
VELTASSA	Tier-2	
PRIMARY PERIODIC PARALYSIS		
KEVEYIS	Tier-2	PA
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-2	
VIRAZOLE	Tier-2	
SMOKING CESSATION		
<i>buproban</i>	Tier-1	
<i>bupropion hcl er (smoking det)</i>	Tier-1	
CHANTIX	Tier-3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	Tier-3	QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK	Tier-3	QL (53 EA per 28 days)
NICOTROL	Tier-2	
NICOTROL NS	Tier-3	
SUCRASE DEFICIENCY		
SUCRAID	Tier-2	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	Tier-1	
AVODART	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
CIALIS 2.5 & 5 MG	Tier-3	PA; QL (30 EA per 30 days)
<i>dutasteride</i>	Tier-2	
<i>dutasteride-tamsulosin hcl</i>	Tier-2	
<i>finasteride</i>	Tier-1	
JALYN	Tier-2	
<i>tamsulosin hcl</i>	Tier-1	
UREA CYCLE DISORDERS		
BUPHENYL	Tier-2	
RAVICTI	Tier-2	PA
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-1	
<i>darifenacin hydrobromide er</i>	Tier-2	
<i>desmopressin ace rhinal tube</i>	Tier-1	
<i>desmopressin ace spray refrag</i>	Tier-1	
<i>desmopressin acetate</i>	Tier-1	
ELMIRON	Tier-3	
ENABLEX	Tier-3	STPA
<i>flavoxate hcl</i>	Tier-1	
GELNIQUE	Tier-2	
MYRBETRIQ	Tier-3	STPA
<i>oxybutynin chloride</i>	Tier-1	
<i>oxybutynin chloride er</i>	Tier-1	
<i>potassium citrate er</i>	Tier-1	
SAMSCA	Tier-3	
<i>tolterodine tartrate</i>	Tier-2	
<i>tolterodine tartrate er</i>	Tier-2	
<i>trospium chloride</i>	Tier-1	
<i>trospium chloride er</i>	Tier-1	
UROCIT-K 10	Tier-3	
UROCIT-K 15	Tier-3	
UROCIT-K 5	Tier-3	
VESICARE	Tier-2	
WILSON'S DISEASE		
CUPRIMINE	Tier-2	
DEPEN TITRATABS	Tier-2	
SYPRINE	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil hcl</i>	Tier-1	
<i>ergoloid mesylates</i>	Tier-1	
EXELON	Tier-3	
<i>galantamine hydrobromide</i>	Tier-1	
<i>galantamine hydrobromide er</i>	Tier-1	
<i>memantine hcl</i>	Tier-2	
NAMENDA XR	Tier-2	
NAMENDA XR TITRATION PACK	Tier-2	
<i>rivastigmine</i>	Tier-1	
<i>rivastigmine tartrate</i>	Tier-1	
MIGRAINE THERAPY		
<i>almotriptan malate</i>	Tier-1	
<i>dihydroergotamine mesylate</i>	Tier-1	PA
<i>frovatriptan succinate</i>	Tier-2	
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	
<i>naratriptan hcl</i>	Tier-1	
<i>rizatriptan benzoate</i>	Tier-1	
<i>sumatriptan</i>	Tier-1	
<i>sumatriptan succinate</i>	Tier-1	
<i>sumatriptan succinate refill</i>	Tier-1	
<i>zolmitriptan</i>	Tier-1	
PARKINSONS DISEASE		
APOKYN	Tier-2	
AZILECT	Tier-2	
<i>benztropine mesylate</i>	Tier-1	PA
<i>bromocriptine mesylate</i>	Tier-1	
<i>cabergoline</i>	Tier-1	
<i>carbidopa</i>	Tier-1	
<i>carbidopa-levodopa</i>	Tier-1	
<i>carbidopa-levodopa er</i>	Tier-1	
<i>carbidopa-levodopa-entacapone</i>	Tier-1	
CYCLOSET	Tier-2	
DUOPA	Tier-3	
<i>entacapone</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
NEUPRO	Tier-3	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride</i>	Tier-1	
<i>pramipexole dihydrochloride er</i>	Tier-1	
<i>ropinirole hcl</i>	Tier-1	
<i>ropinirole hcl er</i>	Tier-1	
RYTARY	Tier-3	
<i>selegiline hcl</i>	Tier-1	
TASMAR	Tier-2	
<i>tolcapone</i>	Tier-1	
<i>trihexyphenidyl hcl</i>	Tier-1	PA
PSEUDOBLBAR AFFECT		
NUEDEXTA	Tier-2	PA
SEIZURES		
APTIOM	Tier-3	PA
BANZEL	Tier-2	
BRIVIACT	Tier-2	PA
<i>carbamazepine</i>	Tier-1	
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier-1	
<i>carbamazepine er oral tablet extended release 12 hr* 100 mg</i>	Tier-2	
<i>carbamazepine er oral tablet extended release 12 hr* 200 mg, 400 mg</i>	Tier-1	
CELONTIN	Tier-3	
CEREBYX	Tier-3	
<i>clonazepam</i>	Tier-1	
<i>diazepam</i>	Tier-1	
<i>diazepam intensol</i>	Tier-1	
DILANTIN	Tier-2	
DILANTIN INFATABS	Tier-2	
<i>divalproex sodium</i>	Tier-1	
<i>divalproex sodium er</i>	Tier-1	
<i>epitol</i>	Tier-1	
<i>ethosuximide</i>	Tier-1	
<i>felbamate</i>	Tier-1	
FYCOMPA	Tier-3	PA
<i>gabapentin</i>	Tier-1	
GABITRIL	Tier-2	

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

Drug Name	Drug Tier	Requirements/Limits
HORIZANT	Tier-3	QL (60 EA per 30 days)
<i>lamotrigine</i>	Tier-1	
<i>lamotrigine er</i>	Tier-2	
<i>levetiracetam</i>	Tier-1	
<i>levetiracetam er</i>	Tier-1	
LYRICA	Tier-3	STPA
ONFI ORAL SUSPENSION	Tier-3	
ONFI ORAL TABLET	Tier-3	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	Tier-1	
OXTELLAR XR	Tier-3	
PEGANONE	Tier-3	
<i>phenobarbital</i>	Tier-1	PA
<i>phenytoin</i>	Tier-1	
<i>phenytoin sodium</i>	Tier-1	
<i>phenytoin sodium extended</i>	Tier-1	
POTIGA	Tier-3	PA
<i>primidone</i>	Tier-1	
QUDEXY XR	Tier-3	
<i>roweepra</i>	Tier-1	
SABRIL	Tier-2	
SAVELLA	Tier-2	STPA; QL (180 EA per 90 days)
SPRITAM	Tier-2	
TEGRETOL-XR	Tier-2	
<i>tiagabine hcl</i>	Tier-1	
<i>topiramate</i>	Tier-1	
<i>topiramate er</i>	Tier-1	
TROKENDI XR	Tier-3	
<i>valproate sodium</i>	Tier-1	
<i>valproic acid</i>	Tier-1	
VIMPAT INTRAVENOUS	Tier-3	
VIMPAT ORAL SOLUTION	Tier-3	PA
VIMPAT ORAL TABLET	Tier-3	PA; QL (180 EA per 90 days)
<i>zonisamide</i>	Tier-1	
SPASTICITY		
<i>baclofen</i>	Tier-1	
<i>cyclobenzaprine hcl</i>	Tier-1	PA
<i>dantrolene sodium</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl</i>	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-2	PA
AZASAN	Tier-3	B/D
<i>azathioprine</i>	Tier-1	B/D
<i>azathioprine sodium</i>	Tier-1	B/D
CIMZIA	Tier-2	PA
CIMZIA PREFILLED	Tier-2	PA; QL (2 EA per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	Tier-2	
<i>diclofenac sodium transdermal gel 3 %</i>	Tier-1	
<i>diclofenac sodium transdermal solution</i>	Tier-1	
ENBREL SUBCUTANEOUS 25 MG/0.5ML	Tier-2	PA; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS 50 MG/ML	Tier-2	PA; QL (7.84 ML per 28 days)
ENBREL SUBCUTANEOUS KIT	Tier-2	PA; QL (8 EA per 28 days)
ENBREL SURECLICK	Tier-2	PA; QL (7.84 ML per 28 days)
HUMIRA	Tier-2	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START	Tier-2	PA
HUMIRA PEN	Tier-2	PA; QL (6 EA per 28 days)
HUMIRA PEN-CROHNS STARTER	Tier-2	PA
HUMIRA PEN-PSORIASIS STARTER	Tier-2	PA
KINERET	Tier-2	PA; QL (20.1 ML per 28 days)
<i>leflunomide</i>	Tier-1	
<i>methotrexate</i>	Tier-1	B/D
ORENCIA CLICKJECT	Tier-2	PA
ORENCIA INTRAVENOUS	Tier-2	PA
ORENCIA SUBCUTANEOUS	Tier-2	PA; QL (4 ML per 28 days)
OTREXUP	Tier-3	
REMICADE	Tier-2	PA
RIDAURA	Tier-2	
SIMPONI ARIA	Tier-2	PA
SIMPONI SUBCUTANEOUS 100 MG/ML	Tier-2	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS 100 MG/ML	Tier-2	PA; QL (4 ML per 28 days)
SIMPONI SUBCUTANEOUS 50 MG/0.5ML	Tier-2	PA; QL (0.5 ML per 28 days)
TREXALL	Tier-3	B/D
VOLTAREN	Tier-3	
XELJANZ	Tier-2	PA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR	Tier-2	PA; QL (30 EA per 30 days)
GOUT		
<i>allopurinol</i>	Tier-1	
<i>colchicine</i>	Tier-1	
<i>colchicine-probenecid</i>	Tier-1	
<i>probenecid</i>	Tier-1	
ULORIC	Tier-3	STPA
PAIN, NSAID ANALGESICS		
<i>celecoxib</i>	Tier-2	PA
<i>diclofenac potassium</i>	Tier-1	
<i>diclofenac sodium</i>	Tier-1	
<i>diclofenac sodium er</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-1	
<i>diflunisal</i>	Tier-1	
<i>etodolac</i>	Tier-1	
<i>etodolac er</i>	Tier-1	
<i>fenoprofen calcium</i>	Tier-1	
<i>flurbiprofen</i>	Tier-1	
<i>ibuprofen</i>	Tier-1	
INDOCIN ORAL SUSPENSION	Tier-3	
<i>indomethacin</i>	Tier-1	PA
<i>indomethacin er</i>	Tier-1	PA
<i>ketoprofen</i>	Tier-1	
<i>ketoprofen er</i>	Tier-1	
<i>meclofenamate sodium</i>	Tier-1	
<i>mefenamic acid</i>	Tier-1	
<i>meloxicam</i>	Tier-1	
<i>nabumetone</i>	Tier-1	
<i>naproxen</i>	Tier-1	
<i>naproxen dr</i>	Tier-1	
<i>naproxen sodium</i>	Tier-1	
<i>naproxen sodium er</i>	Tier-1	
<i>oxaprozin</i>	Tier-1	
<i>piroxicam</i>	Tier-1	
<i>sulindac</i>	Tier-1	
<i>tolmetin sodium</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
PAIN, OPIOID AND OTHER ANALGESICS		
ABSTRAL	Tier-2	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine</i>	Tier-1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine #2</i>	Tier-1	QL (300 EA per 30 days)
<i>acetaminophen-codeine #3</i>	Tier-1	QL (400 EA per 30 days)
<i>acetaminophen-codeine #4</i>	Tier-1	QL (400 EA per 30 days)
ACTIQ	Tier-2	PA; QL (120 EA per 30 days)
BELBUCA	Tier-3	QL (60 EA per 30 days)
<i>butorphanol tartrate</i>	Tier-1	QL (7.5 ML per 30 days)
BUTRANS	Tier-3	QL (4 EA per 28 days)
<i>codeine sulfate</i>	Tier-1	QL (180 EA per 30 days)
DILAUDID	Tier-3	QL (1440 ML per 30 days)
EMBEDA	Tier-3	QL (60 EA per 30 days)
<i>endocet</i>	Tier-1	QL (360 EA per 30 days)
<i>fentanyl</i>	Tier-1	QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Tier-1	PA; QL (120 EA per 30 days)
FENTORA	Tier-2	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution</i>	Tier-1	QL (5540 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier-1	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-1	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	Tier-1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>hydromorphone hcl er</i>	Tier-1	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid†</i>	Tier-1	QL (1350 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	Tier-1	QL (360 EA per 30 days)
HYSINGLA ER	Tier-3	QL (60 EA per 30 days)
LAZANDA	Tier-2	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate</i>	Tier-1	QL (240 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier-1	QL (1800 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier-1	QL (3600 ML per 30 days)
<i>methadone hcl oral tablet</i>	Tier-1	QL (120 EA per 30 days)
<i>morphine sulfate (concentrate)</i>	Tier-1	QL (540 ML per 30 days)
<i>morphine sulfate er</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate er beads</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine sulfate oral solution</i>	Tier-1	QL (960 ML per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>oxycodone hcl er oral 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier-1	QL (120 EA per 30 days)
<i>oxycodone hcl er oral 15 mg, 30 mg, 60 mg</i>	Tier-2	QL (60 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone hcl oral concentrate</i>	Tier-1	QL (120 ML per 30 days)
<i>oxycodone hcl oral solution</i>	Tier-1	QL (2400 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-1	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen</i>	Tier-1	QL (240 EA per 30 days)
OXYCONTIN	Tier-2	QL (120 EA per 30 days)
<i>oxymorphone hcl</i>	Tier-1	QL (180 EA per 30 days)
<i>oxymorphone hcl er</i>	Tier-1	QL (60 EA per 30 days)
SUBSYS	Tier-2	PA; QL (120 EA per 30 days)
<i>tramadol hcl</i>	Tier-1	
<i>tramadol hcl er</i>	Tier-1	
<i>tramadol hcl er (biphasic)</i>	Tier-1	
<i>tramadol-acetaminophen</i>	Tier-1	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	Tier-1	
<i>disulfiram</i>	Tier-1	
<i>naltrexone hcl</i>	Tier-1	
VIVITROL	Tier-2	
ANXIETY		
<i>alprazolam</i>	Tier-1	
<i>alprazolam er</i>	Tier-1	
<i>alprazolam intensol</i>	Tier-1	
<i>alprazolam xr</i>	Tier-1	
<i>bupirone hcl</i>	Tier-1	
<i>chlordiazepoxide-amitriptyline</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-1	
<i>lorazepam</i>	Tier-1	
<i>lorazepam intensol</i>	Tier-1	
<i>oxazepam</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-3	STPA
<i>amphetamine-dextroamphet er</i>	Tier-1	
<i>amphetamine-dextroamphetamine</i>	Tier-1	
<i>clonidine hcl er</i>	Tier-1	
DESOXYN	Tier-3	
DEXEDRINE	Tier-3	
<i>dexmethylphenidate hcl</i>	Tier-1	
<i>dexmethylphenidate hcl er</i>	Tier-1	
<i>dextroamphetamine sulfate</i>	Tier-1	
<i>dextroamphetamine sulfate er</i>	Tier-1	
FOCALIN XR	Tier-2	STPA
<i>guanfacine hcl er</i>	Tier-1	PA; QL (90 EA per 90 days)
KAPVAY	Tier-3	
METADATE CD	Tier-3	
METADATE ER	Tier-3	
<i>methamphetamine hcl</i>	Tier-1	
METHYLIN	Tier-2	
<i>methylphenidate hcl</i>	Tier-1	
<i>methylphenidate hcl er</i>	Tier-1	
<i>methylphenidate hcl er (cd)</i>	Tier-1	
<i>methylphenidate hcl er (la)</i>	Tier-1	
QUILLIVANT XR	Tier-3	STPA
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	Tier-2	QL (30 EA per 30 days)
VYVANSE	Tier-3	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-3	
<i>lithium</i>	Tier-1	
<i>lithium carbonate</i>	Tier-1	
<i>lithium carbonate er</i>	Tier-1	
<i>olanzapine-fluoxetine hcl</i>	Tier-1	STPA
RISPERDAL CONSTA	Tier-2	
<i>risperidone</i>	Tier-1	
DEPRESSION		
<i>amitriptyline hcl</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine</i>	Tier-1	
APLENZIN TABLET ER 174 MG, 348 MG	Tier-3	STPA
APLENZIN TABLET ER 522 MG	Tier-2	STPA
<i>bupropion hcl</i>	Tier-1	
<i>bupropion hcl er (sr)</i>	Tier-1	
<i>bupropion hcl er (xl)</i>	Tier-1	
<i>citalopram hydrobromide</i>	Tier-1	
<i>clomipramine hcl</i>	Tier-1	PA
<i>desipramine hcl</i>	Tier-1	
<i>desvenlafaxine er</i>	Tier-1	
<i>doxepin hcl</i>	Tier-1	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier-2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier-2	QL (90 EA per 30 days)
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	Tier-3	STPA; QL (60 EA per 30 days)
EMSAM	Tier-2	STPA
<i>escitalopram oxalate</i>	Tier-1	
FETZIMA	Tier-3	STPA
FETZIMA TITRATION	Tier-3	STPA
<i>fluoxetine hcl</i>	Tier-1	
<i>fluvoxamine maleate</i>	Tier-1	
<i>fluvoxamine maleate er</i>	Tier-1	
<i>imipramine hcl</i>	Tier-1	PA
<i>imipramine pamoate</i>	Tier-1	PA
IRENKA	Tier-3	STPA; QL (60 EA per 30 days)
KHEDEZLA	Tier-3	STPA
<i>maprotiline hcl</i>	Tier-1	
MARPLAN	Tier-3	
<i>mirtazapine</i>	Tier-1	
<i>nefazodone hcl</i>	Tier-1	
<i>nortriptyline hcl</i>	Tier-1	
<i>paroxetine hcl</i>	Tier-1	
<i>paroxetine hcl er</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA	Tier-3	STPA
<i>phenelzine sulfate</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ	Tier-3	STPA
<i>protriptyline hcl</i>	Tier-1	
<i>sertraline hcl</i>	Tier-1	
SURMONTIL	Tier-2	PA
<i>tranylcypromine sulfate</i>	Tier-1	
<i>trazodone hcl</i>	Tier-1	
<i>trimipramine maleate</i>	Tier-1	PA
TRINTELLIX	Tier-3	STPA
<i>venlafaxine hcl</i>	Tier-1	
<i>venlafaxine hcl er</i>	Tier-1	
VIIBRYD	Tier-3	STPA
VIIBRYD STARTER PACK	Tier-3	STPA
INSOMNIA		
<i>estazolam</i>	Tier-1	
<i>eszopiclone</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>flurazepam hcl</i>	Tier-1	
HETLIOZ	Tier-3	PA
ROZEREM	Tier-3	QL (30 EA per 30 days)
SILENOR	Tier-3	QL (30 EA per 30 days)
<i>temazepam</i>	Tier-1	
<i>triazolam</i>	Tier-1	
<i>zaleplon</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate er</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate oral</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>zolpidem tartrate sublingual</i>	Tier-2	PA; QL (90 EA per 365 days)
NARCOLEPSY		
<i>armodafinil</i>	Tier-2	PA
<i>modafinil</i>	Tier-1	PA
NUVIGIL	Tier-3	PA
XYREM	Tier-2	LA
OPIOID ANTAGONISTS		
BUNAVAIL	Tier-3	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl</i>	Tier-1	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl</i>	Tier-1	PA; QL (90 EA per 30 days)
EVZIO	Tier-2	PA; QL (1.6 ML per 30 days)
<i>naloxone hcl</i>	Tier-1	
NARCAN	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE	Tier-3	PA; QL (90 EA per 30 days)
ZUBSOLV	Tier-3	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY MAINTENA	Tier-2	
<i>aripiprazole</i>	Tier-2	STPA
ARISTADA	Tier-2	
<i>chlorpromazine hcl</i>	Tier-1	
<i>clozapine</i>	Tier-1	
FANAPT	Tier-3	STPA
FANAPT TITRATION PACK	Tier-3	STPA
FAZACLO	Tier-2	
<i>fluphenazine decanoate</i>	Tier-1	
<i>fluphenazine hcl</i>	Tier-1	
GEODON INTRAMUSCULAR INJECTION	Tier-3	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</i>	Tier-1	
<i>haloperidol lactate</i>	Tier-1	
INVEGA TABLET ER 1.5 MG	Tier-3	STPA
INVEGA TABLET ER 3 MG, 6 MG, 9 MG	Tier-2	STPA
INVEGA SUSTENNA	Tier-2	
INVEGA TRINZA	Tier-2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier-2	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-2	STPA; QL (60 EA per 30 days)
<i>loxapine succinate</i>	Tier-1	
<i>molindone hcl</i>	Tier-2	
NUPLAZID	Tier-2	PA; QL (60 EA per 30 days)
<i>olanzapine intramuscular</i>	Tier-1	
<i>olanzapine oral</i>	Tier-1	STPA
ORAP	Tier-2	
<i>paliperidone er</i>	Tier-2	
<i>perphenazine</i>	Tier-1	
<i>perphenazine-amitriptyline</i>	Tier-1	
<i>pimozide</i>	Tier-1	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier-1	STPA
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	Tier-1	STPA; QL (60 EA per 30 days)
REXULTI	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS	Tier-3	STPA
SEROQUEL XR	Tier-2	STPA
<i>thioridazine hcl</i>	Tier-1	PA
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine hcl</i>	Tier-1	
VERSACLOZ	Tier-3	
VRAYLAR	Tier-2	
<i>ziprasidone hcl</i>	Tier-1	STPA
ZYPREXA	Tier-2	
ZYPREXA RELPREVV	Tier-2	
RESPIRATORY DRUGS		
ASTHMA		
ADVAIR DISKUS	Tier-2	QL (180 EA per 90 days)
ADVAIR HFA	Tier-2	QL (72 GM per 90 days)
<i>albuterol sulfate er</i>	Tier-1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier-1	B/D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Tier-1	B/D
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION AEROSOL, SOLUTION 160 MCG/ACT	Tier-3	QL (36.6 GM per 90 days)
ALVESCO INHALATION AEROSOL, SOLUTION 80 MCG/ACT	Tier-3	QL (18.3 GM per 90 days)
ANORO ELLIPTA	Tier-2	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-3	QL (90 EA per 90 days)
ASMANEX 120 METERED DOSES	Tier-2	QL (360 EA per 90 days)
ASMANEX 30 METERED DOSES	Tier-2	QL (360 EA per 90 days)
ASMANEX 60 METERED DOSES	Tier-2	QL (360 EA per 90 days)
ASMANEX HFA	Tier-2	QL (39 GM per 90 days)
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH	Tier-2	QL (180 EA per 90 days)
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 200-25 MCG/INH	Tier-2	QL (90 EA per 90 days)
BROVANA	Tier-3	B/D; QL (360 ML per 90 days)
<i>budesonide</i>	Tier-1	B/D; QL (720 ML per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 days)
<i>cromolyn sodium</i>	Tier-1	B/D; QL (720 ML per 90 days)
<i>elixophyllin</i>	Tier-1	
FLOVENT DISKUS	Tier-2	QL (360 EA per 90 days)
FLOVENT HFA	Tier-2	QL (72 GM per 90 days)
<i>ipratropium bromide</i>	Tier-1	B/D; QL (900 ML per 90 days)
<i>ipratropium-albuterol</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier-1	B/D; QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier-1	B/D; QL (810 EA per 90 days)
<i>metaproterenol sulfate</i>	Tier-1	
<i>montelukast sodium</i>	Tier-1	
PERFOROMIST	Tier-2	B/D; QL (360 ML per 90 days)
PROAIR HFA	Tier-2	QL (51 GM per 90 days)
PROAIR RESPICLICK	Tier-2	QL (6 EA per 90 days)
PROVENTIL HFA	Tier-3	QL (40.2 GM per 90 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML	Tier-3	QL (720 ML per 90 days)
PULMICORT FLEXHALER	Tier-3	QL (6 EA per 90 days)
QVAR	Tier-2	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-2	QL (180 EA per 90 days)
SPIRIVA HANDIHALER	Tier-2	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	Tier-2	QL (12 GM per 90 days)
STRIVERDI RESPIMAT	Tier-3	QL (180 GM per 90 days)
SYMBICORT	Tier-2	QL (30.6 GM per 90 days)
<i>terbutaline sulfate</i>	Tier-1	
<i>theophylline</i>	Tier-1	
<i>theophylline er</i>	Tier-1	
TUDORZA PRESSAIR	Tier-3	QL (3 EA per 90 days)
VENTOLIN HFA	Tier-3	QL (108 GM per 90 days)
XOPENEX HFA	Tier-3	QL (90 GM per 90 days)
<i>zafirlukast</i>	Tier-1	
IDIOPATHIC PULMONARY FIBROSIS		
ESBRIET	Tier-2	PA; QL (270 EA per 30 days)
OFEV	Tier-2	PA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION		
ADCIRCA	Tier-2	PA
ADEMPAS	Tier-2	PA
LETAIRIS	Tier-2	PA
OPSUMIT	Tier-2	PA
ORENITRAM	Tier-3	PA
REMODULIN	Tier-2	PA
REVATIO	Tier-2	PA
<i>sildenafil citrate intravenous</i>	Tier-1	PA
<i>sildenafil citrate oral</i>	Tier-2	PA
TRACLEER	Tier-2	PA; LA
TYVASO	Tier-2	PA
UPTRAVI	Tier-2	PA
VENTAVIS	Tier-2	PA
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine</i>	Tier-1	B/D
ARALAST NP	Tier-2	
DALIRESP	Tier-3	
GLASSIA	Tier-2	
GRASTEK	Tier-3	PA
NUCALA	Tier-2	PA
ORALAIR	Tier-3	PA
PROLASTIN-C	Tier-2	
RAGWITEK	Tier-3	PA
XOLAIR	Tier-2	PA
ZEMAIRA	Tier-2	
SKIN		
ACNE ROSACEA		
FINACEA	Tier-2	
<i>metronidazole</i>	Tier-1	
NORITATE	Tier-3	
SOOLANTRA	Tier-3	
ACNE VULGARIS		
ABSORICA	Tier-3	
<i>adapalene</i>	Tier-1	PA
ATRALIN	Tier-3	PA
<i>avita</i>	Tier-1	PA

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

Drug Name	Drug Tier	Requirements/Limits
AZELEX	Tier-3	
<i>benzoyl peroxide-erythromycin</i>	Tier-1	
<i>claravis</i>	Tier-1	
CLINDAGEL	Tier-3	
<i>clindamax</i>	Tier-1	
<i>clindamycin phos-benzoyl perox</i>	Tier-1	
<i>clindamycin phosphate</i>	Tier-1	
<i>clindamycin-tretinoin</i>	Tier-2	
DIFFERIN	Tier-3	PA
<i>ery</i>	Tier-1	
<i>erythromycin</i>	Tier-1	
EVOCLIN	Tier-3	
FABIOR	Tier-3	PA
RETIN-A	Tier-3	PA
RETIN-A MICRO	Tier-3	PA
<i>tretinoin</i>	Tier-1	PA
<i>tretinoin microsphere</i>	Tier-1	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-3	
CORTISPORIN	Tier-3	
<i>gentamicin sulfate</i>	Tier-1	
<i>mupirocin</i>	Tier-1	
<i>mupirocin calcium</i>	Tier-1	
<i>silver sulfadiazine</i>	Tier-1	
<i>ssd</i>	Tier-1	
CORTICOSTEROIDS, TOPICAL		
<i>ala cort</i>	Tier-1	
ALA SCALP	Tier-3	
<i>alclometasone dipropionate</i>	Tier-1	
<i>amcinonide</i>	Tier-1	
<i>apexicon e</i>	Tier-1	
<i>betamethasone dipropionate</i>	Tier-1	
<i>betamethasone dipropionate aug</i>	Tier-1	
<i>betamethasone valerate</i>	Tier-1	
CAPEX	Tier-3	
<i>clobetasol propionate</i>	Tier-1	
<i>clobetasol propionate e</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clodan</i>	Tier-1	
CLODERM PUMP	Tier-3	
CORDRAN	Tier-3	
<i>cormax scalp application</i>	Tier-1	
<i>desonide</i>	Tier-1	
<i>desoximetasone</i>	Tier-1	
<i>diflorasone diacetate</i>	Tier-1	
<i>fluocinolone acetonide</i>	Tier-1	
<i>fluocinolone acetonide body</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>flurandrenolide</i>	Tier-1	
<i>fluticasone propionate</i>	Tier-1	
<i>halobetasol propionate</i>	Tier-1	
HALOG	Tier-3	
<i>hydrocortisone</i>	Tier-1	
<i>hydrocortisone butyr lipo base</i>	Tier-1	
<i>hydrocortisone butyrate</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-2	
KENALOG	Tier-3	
<i>mometasone furoate</i>	Tier-1	
PANDEL	Tier-3	
<i>prednicarbate</i>	Tier-1	
<i>triamcinolone acetonide</i>	Tier-1	
TRIANEX	Tier-3	
<i>triderm</i>	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-1	
<i>ciclopirox olamine</i>	Tier-1	
<i>clotrimazole</i>	Tier-1	
<i>clotrimazole-betamethasone</i>	Tier-1	
<i>econazole nitrate</i>	Tier-1	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
<i>ketconazole</i>	Tier-1	
MENTAX	Tier-3	
<i>naftifine hcl external cream 1 %</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl external cream 2 %</i>	Tier-2	
NAFTIN	Tier-2	
<i>nyamyc</i>	Tier-1	
<i>nystatin</i>	Tier-1	
<i>nystatin-triamcinolone</i>	Tier-2	
<i>nystop</i>	Tier-1	
<i>oxiconazole nitrate</i>	Tier-2	
OXISTAT	Tier-2	
PSORIASIS AND SEBORRHEA		
<i>acitretin</i>	Tier-1	
<i>calcipotriene</i>	Tier-1	
<i>calcipotriene-betameth diprop</i>	Tier-1	
<i>calcitriol</i>	Tier-1	
COSENTYX SENSOREADY PEN	Tier-2	PA; QL (2 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-1	
OTEZLA	Tier-2	PA
STELARA	Tier-2	PA
TALTZ	Tier-2	PA; QL (4 ML per 28 days)
TAZORAC	Tier-3	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-2	
<i>lindane</i>	Tier-1	
<i>malathion</i>	Tier-1	
<i>permethrin</i>	Tier-1	
SKLICE	Tier-3	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate</i>	Tier-1	
ANUSOL-HC	Tier-3	
<i>doxepin hcl</i>	Tier-1	
ELIDEL	Tier-3	STPA
<i>fluorouracil</i>	Tier-1	
<i>lidocaine external ointment</i>	Tier-1	
<i>lidocaine external patch</i>	Tier-2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl</i>	Tier-1	
<i>lidocaine viscous</i>	Tier-1	
<i>lidocaine-prilocaine</i>	Tier-1	
<i>neomycin-polymyxin b</i>	Tier-1	

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN	Tier-2	
PICATO	Tier-3	
<i>procto-med hc</i>	Tier-1	
<i>procto-pak</i>	Tier-1	
<i>proctosol hc</i>	Tier-1	
<i>proctozone-hc</i>	Tier-1	
<i>prudoxin</i>	Tier-1	
REGRANEX	Tier-2	
SANTYL	Tier-2	
<i>selenium sulfide</i>	Tier-1	
<i>sodium chloride</i>	Tier-1	
<i>sterile water for irrigation</i>	Tier-1	
<i>sulfacetamide sodium</i>	Tier-1	
SULFAMYLON	Tier-3	
<i>tacrolimus</i>	Tier-1	
TARGRETIN	Tier-2	
VALCHLOR	Tier-2	
ZONALON	Tier-3	
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir</i>	Tier-1	
CONDYLOX	Tier-3	
DENAVIR	Tier-3	
<i>imiquimod</i>	Tier-1	
<i>podofilox</i>	Tier-1	
ZOVIRAX	Tier-2	
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-1	
<i>amethyst</i>	Tier-1	
<i>apri</i>	Tier-1	
<i>aranelle</i>	Tier-1	
<i>ashlyna</i>	Tier-1	
<i>aubra</i>	Tier-1	
<i>aviane</i>	Tier-1	
<i>balziva</i>	Tier-1	
BEYAZ	Tier-3	
<i>briellyn</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>camila</i>	Tier-1	
<i>deblitane</i>	Tier-1	
<i>delyla</i>	Tier-1	
<i>desogestrel-ethinyl estradiol</i>	Tier-1	
<i>drospirenone-ethinyl estradiol</i>	Tier-1	
<i>emoquette</i>	Tier-1	
<i>errin</i>	Tier-1	
<i>estradiol-norethindrone acet</i>	Tier-1	
<i>falmina</i>	Tier-1	
GENERESS FE	Tier-3	
<i>gildagia</i>	Tier-1	
<i>gildess 1.5/30</i>	Tier-1	
<i>gildess 24 fe</i>	Tier-1	
<i>introvale</i>	Tier-1	
<i>jinteli</i>	Tier-1	
<i>junel 1.5/30</i>	Tier-1	
<i>junel 1/20</i>	Tier-1	
<i>junel fe 1.5/30</i>	Tier-1	
<i>junel fe 1/20</i>	Tier-1	
<i>junel fe 24</i>	Tier-1	
<i>kariva</i>	Tier-1	
<i>kelnor 1/35</i>	Tier-1	
<i>larin 1.5/30</i>	Tier-1	
<i>larin 1/20</i>	Tier-1	
<i>larin fe 1.5/30</i>	Tier-1	
<i>larin fe 1/20</i>	Tier-1	
<i>lessina</i>	Tier-1	
<i>levonest</i>	Tier-1	
<i>levonorgest-eth estrad 91-day</i>	Tier-1	
<i>levonorgestrel-ethinyl estradiol</i>	Tier-1	
<i>levora 0.15/30 (28)</i>	Tier-1	
LO LOESTRIN FE	Tier-3	
<i>lopreeza</i>	Tier-1	
<i>marlissa</i>	Tier-1	PA
<i>microgestin 1.5/30</i>	Tier-1	
<i>microgestin 1/20</i>	Tier-1	
<i>microgestin fe 1.5/30</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1/20</i>	Tier-1	
MINASTRIN 24 FE	Tier-2	
<i>necon 0.5/35 (28)</i>	Tier-1	
<i>necon 1/35 (28)</i>	Tier-1	
NECON 10/11 (28)	Tier-2	
<i>necon 7/7/7</i>	Tier-1	
<i>nikki</i>	Tier-1	
<i>norethin ace-eth estrad-fe</i>	Tier-1	
<i>norethindrone-eth estradiol</i>	Tier-1	
<i>norethin-eth estradiol-fe</i>	Tier-1	
<i>norlyroc</i>	Tier-1	
<i>nortrel 0.5/35 (28)</i>	Tier-1	
<i>nortrel 1/35 (21)</i>	Tier-1	
<i>nortrel 1/35 (28)</i>	Tier-1	
<i>nortrel 7/7/7</i>	Tier-1	
NUVARING	Tier-2	
<i>orsythia</i>	Tier-1	
ORTHO TRI-CYCLEN (28)	Tier-3	
<i>portia-28</i>	Tier-1	
<i>quasense</i>	Tier-1	
SAFYRAL	Tier-3	
<i>sharobel</i>	Tier-1	
<i>tarina fe 1/20</i>	Tier-1	
<i>trinessa (28)</i>	Tier-1	
<i>tri-previfem</i>	Tier-1	
<i>tri-sprintec</i>	Tier-1	
<i>trivora (28)</i>	Tier-1	
<i>velivet</i>	Tier-1	
<i>vyfemla</i>	Tier-1	
ZENCHENT	Tier-3	
ZENCHENT FE	Tier-3	
<i>zovia 1/35e (28)</i>	Tier-1	
<i>zovia 1/50e (28)</i>	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate sodium</i>	Tier-1	
ALORA	Tier-3	PA
ANGELIQ	Tier-3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon)</i>	Tier-1	
COMBIPATCH	Tier-3	PA
CRINONE	Tier-2	
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA	Tier-2	
DEPO-SUBQ PROVERA 104	Tier-2	
DIVIGEL	Tier-3	
DUAVEE	Tier-3	PA
ELESTRIN	Tier-3	
ENJUVIA	Tier-3	PA
ESTRACE	Tier-2	
<i>estradiol</i>	Tier-1	PA
<i>estradiol valerate</i>	Tier-1	
ESTRING	Tier-2	
<i>estropipate</i>	Tier-1	PA
EVAMIST	Tier-3	
FEMHRT LOW DOSE	Tier-3	PA
FEMRING	Tier-2	
FORTEO	Tier-2	PA
<i>fyavolv</i>	Tier-1	PA
<i>ibandronate sodium intravenous</i>	Tier-1	
<i>ibandronate sodium oral</i>	Tier-2	
<i>medroxyprogesterone acetate</i>	Tier-1	
MENEST	Tier-3	PA
MENOSTAR	Tier-3	PA
<i>methylergonovine maleate</i>	Tier-1	
MIACALCIN	Tier-2	
<i>norethindrone acetate</i>	Tier-1	
<i>pamidronate disodium</i>	Tier-1	
PREMARIN INJECTION	Tier-3	
PREMARIN ORAL	Tier-3	PA
PREMARIN VAGINAL	Tier-3	
PREMPHASE	Tier-3	PA
PREMPRO	Tier-3	PA
<i>progesterone micronized</i>	Tier-1	
PROLIA	Tier-2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl</i>	Tier-1	
RECLAST	Tier-2	
<i>risedronate sodium</i>	Tier-2	
VAGIFEM	Tier-2	
XGEVA	Tier-2	PA
<i>zoledronic acid</i>	Tier-1	
PRENATAL VITAMINS		
<i>prenatal</i>	Tier-1	
PRETERM BIRTH		
<i>hydroxyprogesterone caproate</i>	Tier-2	
MAKENA	Tier-2	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-3	
CLEOCIN	Tier-3	
<i>clindamycin phosphate</i>	Tier-1	
GYNAZOLE-1	Tier-3	
<i>metronidazole</i>	Tier-1	
<i>miconazole 3</i>	Tier-1	
NUVESSA	Tier-3	
<i>terconazole</i>	Tier-1	
<i>vandazole</i>	Tier-1	

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<i>abacavir-lamivudine-zidovudine</i>	4	<i>alendronate sodium</i>	62	<i>amoxicillin-pot clavulanate er</i>	6
ABELCET	29	<i>alfuzosin hcl er</i>	41	<i>amphetamine-dextroamphet er</i>	50
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<i>promethazine vc/codeine</i>	22	REGRANEX.....	60	SAFYRAL.....	62
<i>promethazine-codeine</i>	22	RELENZA DISKHALER.....	5	SAIZEN.....	39
<i>promethazine-dm</i>	22	RELI-ON INSULIN SYRINGE	20	SAIZEN CLICK.EASY.....	39
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<i>propafenone hcl</i>	16	REMICADE.....	46	SANCUSO.....	27
<i>propafenone hcl er</i>	16			SANDOSTATIN LAR DEPOT	37
<i>propantheline bromide</i>	27			SANTYL.....	60
<i>proparacaine hcl</i>	26				

SAPHRIS	54	STRENSIQ	40	TEKTURNA	18
SAVELLA	45	<i>streptomycin sulfate</i>	32	TEKTURNA HCT	17
SAXENDA	23	STRIBILD	6	<i>telmisartan</i>	15
<i>selegiline hcl</i>	44	STRIVERDI RESPIMAT	55	<i>telmisartan-amlodipine</i>	17
<i>selenium sulfide</i>	60	STROMEKTOL	4	<i>telmisartan-hctz</i>	17
SELZENTRY	6	SUBOXONE	53	<i>temazepam</i>	52
SENSIPAR	39	SUBSYS	49	<i>temozolomide</i>	14
SEREVENT DISKUS	55	SUCRAID	41	TENIVAC	36
SEROQUEL XR	54	<i>sucralfate</i>	28	<i>terazosin hcl</i>	15
SEROSTIM	39	<i>sulfacetamide sodium</i>	24, 60	<i>terbinafine hcl</i>	3
<i>sertraline hcl</i>	52	<i>sulfacetamide-prednisolone</i>	24	<i>terbutaline sulfate</i>	55
SFROWASA	29	<i>sulfadiazine</i>	8	<i>terconazole</i>	64
<i>sharobel</i>	62	<i>sulfamethoxazole-trimethoprim</i>	8, 32	<i>testosterone</i>	34
SIGNIFOR	38	SULFAMYLLON	60	<i>testosterone cypionate</i>	34
SIGNIFOR LAR	37	<i>sulfasalazine</i>	29	<i>testosterone enanthate</i>	34
<i>sildenafil citrate</i>	56	<i>sulindac</i>	47	TESTRED	34
SILENOR	52	<i>sumatriptan</i>	43	<i>tetanus-diphtheria toxoids td</i>	36
<i>silver sulfadiazine</i>	57	<i>sumatriptan succinate</i>	43	TETRABENAZINE	39
SIMBRINZA	26	<i>sumatriptan succinate refill</i>	43	<i>tetracycline hcl</i>	8
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SIMPONI ARIA	46	SUPREP BOWEL PREP	27	<i>theophylline</i>	55
SIMULECT	37	SURMONTIL	52	<i>theophylline er</i>	55
<i>simvastatin</i>	19	SUSTIVA	6	<i>thioridazine hcl</i>	54
<i>sirolimus</i>	37	SUTENT	13	THIOTEPA	11
SIRTURO	8	SYLATRON	11	<i>thiothixene</i>	54
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SKLICE	59	SYMBICORT	55	THYROLAR-1	35
<i>sodium chloride</i>	32, 60	SYMLINPEN 120	20	THYROLAR-1/2	35
<i>sodium lactate</i>	32	SYMLINPEN 60	20	THYROLAR-1/4	35
<i>sodium polystyrene sulfonate</i>	41	SYNAGIS	41	THYROLAR-2	35
SOLTAMOX	13	SYNAREL	35	THYROLAR-3	35
SOLU-CORTEF	34	SYNERCID	32	<i>tiagabine hcl</i>	45
SOLU-MEDROL	34	SYNRIBO	11	TIKOSYN	16
SOMATULINE DEPOT	37	SYNTHROID	35	<i>timolol maleate</i>	17, 26
SOMAVERT	37	SYPRINE	42	<i>tinidazole</i>	4
SOOLANTRA	56	TABLOID	13	TIROSINT	35
<i>sorine</i>	16	<i>tacrolimus</i>	37, 60	TIVICAY	6
<i>sotalol hcl</i>	16	TAFINLAR	13	<i>tizanidine hcl</i>	46
<i>sotalol hcl (af)</i>	16	TAGRISSE	13	TOBI PODHALER	38
SOTYLIZE	16	TALTZ	59	TOBRADEX	24
SOVALDI	6	TAMIFLU	6	TOBRADEX ST	24
SPIRIVA HANDIHALER	55	<i>tamoxifen citrate</i>	13	<i>tobramycin</i>	24, 38
SPIRIVA RESPIMAT	55	<i>tamsulosin hcl</i>	42	<i>tobramycin sulfate</i>	32
<i>spironolactone</i>	18	TARCEVA	13	<i>tobramycin-dexamethasone</i>	24
<i>spironolactone-hctz</i>	18	TARGRETIN	13, 60	<i>tolazamide</i>	21
SPRITAM	45	<i>tarina fe 1/20</i>	62	<i>tolbutamide</i>	21
SPRYCEL	13	TASIGNA	14	<i>tolcapone</i>	44
<i>sps</i>	41	TASMAR	44	<i>tolmetin sodium</i>	47
<i>ssd</i>	57	TAZORAC	59	<i>tolterodine tartrate</i>	42
<i>stavudine</i>	6	<i>taztia xt</i>	18	<i>tolterodine tartrate er</i>	42
STELARA	59	TECENTRIQ	11	<i>topiramate</i>	45
<i>sterile water for irrigation</i>	60	TECFIDERA	40	<i>topiramate er</i>	45
STIMATE	9	TEFLARO	32	<i>topotecan hcl</i>	11
STIVARGA	13	TEGRETOL-XR	45	TORISEL	11
STRATTERA	50			<i>torseamide</i>	18

TOUJEO SOLOSTAR	20	TYPHIM VI	36	VIMPAT	45
<i>tpn electrolytes</i>	33	TYSABRI	40	<i>vinblastine sulfate</i>	11
TRACLEER	56	TYVASO	56	<i>vincasar pfs</i>	11
TRADJENTA	21	TYZEKA	6	<i>vincristine sulfate</i>	11
<i>tramadol hcl</i>	49	TYZINE	22	<i>vinorelbine tartrate</i>	11
<i>tramadol hcl er</i>	49	UCERIS	29	VIOKACE	27
<i>tramadol hcl er (biphasic)</i>	49	ULORIC	47	VIRACEPT	6
<i>tramadol-acetaminophen</i>	49	<i>unithroid</i>	35	VIRAMUNE XR TABLET 100	6
<i>trandolapril</i>	14	UPTRAVI	56	MG	6
<i>trandolapril-verapamil hcl er</i>	17	UROCIT-K 10	42	VIRAZOLE	41
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<i>tranylcypramine sulfate</i>	52	UVADEX	11	VITEKTA	6
TRAVASOL	33	VAGIFEM	64	VIVITROL	49
TRAVATAN Z	26	<i>valacyclovir hcl</i>	6	VOLTAREN	46
<i>travoprost</i>	26	VALCHLOR	60	<i>voriconazole</i>	3, 32
<i>trazodone hcl</i>	52	VALCYTE	6	VOTRIENT	14
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<i>tretinoin microsphere</i>	57	<i>valsartan-hydrochlorothiazide</i>	17	VYVANSE	50
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<i>triamterene-hctz</i>	18	VAQTA	37	XALKORI	14
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<i>triazolam</i>	52	VARIZIG	37	XARELTO STARTER PACK	9
<i>triderm</i>	58	VARUBI	27	XELJANZ	46
<i>trifluoperazine hcl</i>	54	VASCEPA	19	XELJANZ XR	47
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<i>trihexyphenidyl hcl</i>	44	VELCADE	11	XENAZINE	39
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<i>trimipramine maleate</i>	52	VELTASSA	41	XGEVA	64
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TRISENOX	11	<i>venlafaxine hcl er</i>	52	XTANDI	14
<i>tri-sprintec</i>	62	VENTAVIS	56	XYREM	52
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This formulary was updated on November 1, 2016. For more recent information or other questions, please contact us at 1-800-701-9000 or, for TTY users, 1-800-208-9562, Monday - Friday 8:00 a.m. - 8:00 p.m. (from Oct. 1 - Feb. 14 representatives are available 7 days a week, 8:00 a.m. - 8:00 p.m.). After hours and on holidays, please leave a message and a representative will return your call on the next business day.

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