

TUFTS MEDICARE PREFERRED HMO PLANS | 2016

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

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

TUFTS MEDICARE PREFERRED HMO 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 HMO.

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

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

What is the Tufts Medicare Preferred HMO Formulary?

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

Can the Formulary (drug list) change?

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

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

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

B/D: Medicare Part B or D

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

QL: Quantity Limit Applies.

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

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.

HI: Home Infusion Drug.

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

LA: Limited Access Drug.

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

PA: Prior Authorization Required.

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

STPA: Step Therapy Prior Authorization Applies.

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

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

Transplant:

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

Part B Drug:

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

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

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES AND INFECTIOUS DISEASE		
ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL		
<i>clotrimazole mucous membrane</i>	Tier-1	
CRESEMBA ORAL	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 oral</i>	Tier-1	
LAMISIL ORAL GRANULES 125 MG	Tier-3	QL (56 EA per 28 days)
LAMISIL ORAL GRANULES 187.5 MG	Tier-3	QL (28 EA per 28 days)
NOXAFIL ORAL	Tier-2	
<i>nystatin oral tablet</i>	Tier-1	
<i>terbinafine hcl oral</i>	Tier-1	QL (42 EA per 42 days)
<i>voriconazole oral suspension</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 oral</i>	Tier-1	
<i>linezolid oral</i>	Tier-1	
<i>methenamine hippurate</i>	Tier-1	
<i>metronidazole oral</i>	Tier-1	
MONUROL	Tier-3	
<i>neomycin</i>	Tier-1	
<i>nitrofurantoin macrocrystal</i>	Tier-1	PA; QL (90 EA per 365 days)
<i>nitrofurantoin monohyd/m-cryst</i>	Tier-1	PA; QL (90 EA per 365 days)
PRIMSOL	Tier-2	
STROMEKTOL	Tier-2	
<i>trimethoprim</i>	Tier-1	
<i>vancomycin oral capsule</i>	Tier-1	
XIFAXAN ORAL TABLET 200 MG	Tier-2	QL (9 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
XIFAXAN ORAL TABLET 550 MG	Tier-2	PA; QL (60 EA per 30 days)
ZYVOX ORAL SUSPENSION	Tier-2	
ANTIMALARIALS AND ANTIPROTOZOALS		
<i>atovaquone</i>	Tier-1	
<i>atovaquone-proguanil</i>	Tier-1	
<i>chloroquine phosphate oral</i>	Tier-1	
COARTEM	Tier-2	QL (24 EA per 3 days)
<i>dapsone</i>	Tier-1	
DARAPRIM	Tier-2	
<i>hydroxychloroquine oral</i>	Tier-1	
<i>mefloquine</i>	Tier-1	
NEBUPENT	Tier-3	B/D
<i>paromomycin</i>	Tier-1	
PENTAM	Tier-2	
<i>primaquine</i>	Tier-1	
<i>quinine sulfate</i>	Tier-1	
<i>tinidazole</i>	Tier-1	
ANTIVIRALS		
<i>abacavir</i>	Tier-1	
<i>abacavir-lamivudine-zidovudine</i>	Tier-1	
<i>acyclovir oral</i>	Tier-1	
<i>adefovir</i>	Tier-1	
<i>amantadine hcl oral</i>	Tier-1	
APTIVUS	Tier-2	
ATRIPLA	Tier-2	
COMPLERA	Tier-2	
COPEGUS	Tier-2	
CRIXIVAN	Tier-2	
<i>didanosine</i>	Tier-1	
EDURANT	Tier-2	
EMTRIVA	Tier-2	
<i>entecavir</i>	Tier-1	
EPIVIR ORAL SOLUTION	Tier-2	
EPZICOM	Tier-2	
EVOTAZ	Tier-2	
<i>famciclovir</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
FUZEON SUBCUTANEOUS RECON SOLN	Tier-2	
HARVONI	Tier-2	PA
INTELENCE	Tier-2	
INTRON A INJECTION	Tier-2	
INVIRASE	Tier-2	
ISENTRESS ORAL POWDER IN PACKET	Tier-2	
ISENTRESS ORAL TABLET	Tier-2	QL (360 EA per 90 days)
ISENTRESS ORAL TAB, CHEWABLE 100 MG	Tier-2	QL (180 EA per 30 days)
ISENTRESS ORAL TAB, 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	
NORVIR	Tier-2	
PEGASYS	Tier-2	PA; QL (4 ML per 28 days)
PEGASYS PROCLICK	Tier-2	PA; QL (4 ML per 28 days)
PEGINTRON	Tier-2	PA; QL (4 EA per 28 days)
PEGINTRON REDIPEN	Tier-2	PA; QL (4 EA per 28 days)
PREZCOBIX	Tier-2	
PREZISTA	Tier-2	
REBETOL ORAL SOLUTION	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	
<i>rimantadine</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)

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
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier-2	QL (28 EA per 180 days)
TAMIFLU ORAL SUSPENSION	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</i>	Tier-2	
VALCYTE ORAL SOLUTION	Tier-2	
<i>valganciclovir</i>	Tier-1	
VIDEX 2 GRAM PEDIATRIC	Tier-2	
VIRACEPT ORAL TABLET	Tier-2	
VIRAMUNE XR ORAL TABLET EXTENDED-RELEASE 24 HR 100 MG	Tier-2	
VIREAD	Tier-2	
VITEKTA	Tier-2	
ZIAGEN	Tier-2	
<i>zidovudine</i>	Tier-1	
BETA-LACTAM ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Tier-1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier-1	
<i>amoxicillin oral tablet</i>	Tier-1	
<i>amoxicillin oral tablet, chewable</i>	Tier-1	
<i>amoxicillin-pot clavulanate</i>	Tier-1	
<i>ampicillin</i>	Tier-1	
BICILLIN C-R	Tier-2	
BICILLIN L-A	Tier-2	
CEDAX	Tier-3	
<i>cefactor</i>	Tier-1	
<i>cefadroxil</i>	Tier-1	
<i>cefdinir</i>	Tier-1	
<i>cefditoren pivoxil</i>	Tier-1	
<i>cefixime</i>	Tier-1	
<i>cefpodoxime</i>	Tier-1	
<i>cefprozil</i>	Tier-1	
<i>cefuroxime axetil oral tablet</i>	Tier-1	
<i>cephalexin</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>dicloxacillin</i>	Tier-1	
<i>penicillin v potassium</i>	Tier-1	
SUPRAX ORAL CAPSULE	Tier-3	
SUPRAX ORAL SUSPENSION	Tier-3	
SUPRAX ORAL TABLET, CHEWABLE	Tier-3	
KETOLIDES		
KETEK	Tier-2	
MACROLIDES AND CLINDAMYCIN		
<i>azithromycin oral</i>	Tier-1	
<i>clarithromycin</i>	Tier-1	
<i>clindamycin hcl</i>	Tier-1	
<i>clindamycin pediatric</i>	Tier-1	
DIFICID	Tier-2	PA
<i>e.e.s. 400 oral tablet</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 (as stearate)</i>	Tier-1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier-1	
<i>erythromycin oral tablet</i>	Tier-1	
PCE	Tier-3	
ZMAX	Tier-3	
MYCOBACTERIAL INFECTIONS-TUBERCULOSIS AND MYCOBACTERIUM AVIUM COMPLEX		
<i>ethambutol</i>	Tier-1	
<i>isoniazid oral</i>	Tier-1	
PASER	Tier-3	
PRIFTIN	Tier-2	
<i>pyrazinamide</i>	Tier-1	
<i>rifabutin</i>	Tier-1	
RIFAMATE	Tier-3	
<i>rifampin oral</i>	Tier-1	
RIFATER	Tier-3	
SIRTURO	Tier-2	PA
TRECTOR	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
QUINOLONES		
<i>ciprofloxacin</i>	Tier-1	
<i>ciprofloxacin (mixture)</i>	Tier-1	
<i>ciprofloxacin hcl oral</i>	Tier-1	
<i>levofloxacin oral</i>	Tier-2	
<i>moxifloxacin</i>	Tier-2	
<i>ofloxacin oral</i>	Tier-1	
SULFONAMIDES		
<i>sulfadiazine oral</i>	Tier-1	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier-1	
TETRACYCLINES		
<i>demeclocycline oral</i>	Tier-1	
<i>doxycycline hyclate oral capsule</i>	Tier-1	
<i>doxycycline hyclate oral tablet</i>	Tier-1	
<i>doxycycline hyclate oral tablet, delayed release</i>	Tier-1	
<i>doxycycline monohydrate oral capsule</i>	Tier-1	
<i>doxycycline monohydrate oral suspension</i>	Tier-1	
<i>doxycycline monohydrate oral tablet</i>	Tier-1	
<i>minocycline oral</i>	Tier-1	
<i>tetracycline</i>	Tier-1	
VIBRAMYCIN ORAL SYRUP	Tier-3	
BLOOD THINNERS AND BLOOD MODIFYING AGENTS		
ANTIPLATELET THERAPY		
AGGRENOX	Tier-3	
BRILINTA	Tier-3	
<i>clopidogrel</i>	Tier-1	
<i>dipyridamole oral</i>	Tier-1	PA
EFFIENT	Tier-3	
ZONTIVITY	Tier-3	
BLOOD MODIFYING AGENTS		
ARANESP (IN POLYSORBATE)	Tier-2	QL (4 ML per 28 days)
EPOGEN	Tier-2	QL (10 ML per 14 days)
GRANIX	Tier-2	QL (10 ML per 14 Days)
LEUKINE INJECTION RECON SOLN	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 SUBCUTANEOUS SYRINGE	Tier-2	QL (1 ML per 14 days)
NEUMEGA	Tier-2	
NEUPOGEN	Tier-2	QL (10 ML per 14 days)
PROCRIT	Tier-2	QL (10 ML per 14 days)
PROMACTA	Tier-2	PA; QL (30 EA per 30 days)
BLOOD THINNERS		
COUMADIN ORAL	Tier-3	
ELIQUIS	Tier-2	QL (60 EA per 30 days)
<i>enoxaparin</i>	Tier-1	
<i>fondaparinux</i>	Tier-1	
FRAGMIN SUBCUTANEOUS SOLUTION	Tier-2	
FRAGMIN SUBCUTANEOUS SYRINGE	Tier-2	
<i>jantoven</i>	Tier-1	
PRADAXA	Tier-2	QL (60 EA per 30 days)
SAVAYSA	Tier-3	
<i>warfarin</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 ORAL TABLETS, DOSE PACK	Tier-2	
BLOOD, MISCELLANEOUS		
<i>anagrelide</i>	Tier-1	
<i>cilostazol</i>	Tier-1	
<i>pentoxifylline</i>	Tier-1	
STIMATE	Tier-3	
<i>tranexamic acid</i>	Tier-1	
CANCER DRUGS		
INJECTABLE AGENTS		
ABRAXANE	Tier-2	
ALIMTA	Tier-2	
ALKERAN INTRAVENOUS	Tier-2	
ARRANON	Tier-2	
ARZERRA	Tier-2	
AVASTIN	Tier-2	
<i>azacitidine</i>	Tier-1	
BELEODAQ	Tier-2	
BICNU	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>bleomycin</i>	Tier-1	
BUSULFEX	Tier-2	
<i>carboplatin intravenous solution</i>	Tier-1	
<i>cisplatin</i>	Tier-1	
<i>cladribine</i>	Tier-1	
CLOLAR	Tier-2	
COSMEGEN	Tier-2	
<i>cytarabine</i>	Tier-1	
<i>cytarabine (pf) injection solution</i>	Tier-1	
<i>dacarbazine</i>	Tier-1	
DACOGEN	Tier-2	
<i>daunorubicin intravenous solution</i>	Tier-1	
DAUNOXOME	Tier-2	
DECITABINE	Tier-2	
<i>dexrazoxane hcl</i>	Tier-1	
DOCEFREZ	Tier-2	
<i>docetaxel</i>	Tier-1	
<i>doxorubicin</i>	Tier-1	
<i>doxorubicin, peg-liposomal</i>	Tier-1	
ELITEK	Tier-2	
ELLENCÉ	Tier-2	
<i>epirubicin</i>	Tier-1	
ERBITUX	Tier-2	
ERWINAZE	Tier-2	
ETOPOPHOS	Tier-2	
<i>etoposide intravenous</i>	Tier-1	
FASLODEX	Tier-2	
<i>fludarabine intravenous solution</i>	Tier-1	
<i>fluorouracil intravenous</i>	Tier-1	
<i>ganciclovir sodium</i>	Tier-1	
<i>gemcitabine</i>	Tier-1	
HALAVEN	Tier-2	
HERCEPTIN	Tier-2	
<i>idarubicin</i>	Tier-1	
<i>ifosfamide</i>	Tier-1	
<i>irinotecan</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
ISTODAX	Tier-2	
IXEMPRA	Tier-2	
JEVTANA	Tier-2	
KADCYLA	Tier-2	PA
KEYTRUDA INTRAVENOUS SOLUTION	Tier-2	
<i>leuprolide</i>	Tier-1	
<i>melfhalan hcl</i>	Tier-1	
<i>mitomycin</i>	Tier-1	
<i>mitoxantrone</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	
<i>topotecan intravenous solution</i>	Tier-1	
TORISEL	Tier-2	
TREANDA	Tier-2	
TRISENOX	Tier-2	
UVADEX	Tier-2	
VECTIBIX	Tier-2	
VELCADE	Tier-2	
<i>vinblastine intravenous solution</i>	Tier-1	
<i>vincasar pfs</i>	Tier-1	
<i>vincristine</i>	Tier-1	
<i>vinorelbine</i>	Tier-1	
YERVOY	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)
ALKERAN ORAL	Tier-2	Part B
<i>anastrozole</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)
<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	Tier-2	PA
CYCLOPHOSPHAMIDE ORAL CAPSULE	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 ORAL	Tier-2	Part B
<i>hydroxyurea</i>	Tier-1	
IBRANCE	Tier-2	PA
ICLUSIG	Tier-2	PA
IMBRUVICA	Tier-2	PA
INLYTA	Tier-2	PA
JAKAFI	Tier-2	PA
LENVIMA	Tier-2	PA
<i>letrozole</i>	Tier-1	
LEUKERAN	Tier-2	
<i>lomustine</i>	Tier-1	
LYNPARZA	Tier-2	PA
LYSODREN	Tier-2	
MATULANE	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>megestrol oral tablet</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	
POMALYST	Tier-2	PA
PURIXAN	Tier-2	
REVLIMID	Tier-2	PA; LA
SOLTAMOX	Tier-2	
SPRYCEL ORAL TABLET 100 & 140 MG	Tier-2	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20, 50, 70 & 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
<i>tamoxifen</i>	Tier-1	
TARCEVA ORAL TABLET 100 MG	Tier-2	QL (90 EA per 30 days)
TARCEVA ORAL TABLET 25 & 150 MG	Tier-2	QL (30 EA per 30 days)
TARGRETIN ORAL	Tier-2	
TASIGNA	Tier-2	PA
<i>temozolomide</i>	Tier-1	Part B
THALOMID	Tier-2	
<i>tretinoin (chemotherapy)</i>	Tier-1	
TYKERB	Tier-2	PA; QL (180 EA per 30 days)
VOTRIENT	Tier-2	PA; QL (120 EA per 30 days)
XALKORI	Tier-2	PA
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 crystalline</i>	Tier-1	
FUSILEV	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>leucovorin calcium injection solution</i>	Tier-1	
<i>leucovorin calcium oral</i>	Tier-1	
LEVOLEUCOVORIN CALCIUM	Tier-2	
<i>mesna</i>	Tier-1	
MESNEX ORAL	Tier-3	
ZINECARD (AS HCL)	Tier-2	
CARDIOVASCULAR AGENTS		
ACE INHIBITORS		
<i>benazepril</i>	Tier-1	
<i>captopril</i>	Tier-1	
<i>enalapril maleate</i>	Tier-1	
EPANED	Tier-3	
<i>fosinopril</i>	Tier-1	
<i>lisinopril</i>	Tier-1	
<i>moexipril</i>	Tier-1	
<i>perindopril erbumine</i>	Tier-1	
<i>quinapril</i>	Tier-1	
<i>ramipril</i>	Tier-1	
<i>trandolapril</i>	Tier-1	
ALPHA₁ BLOCKERS		
CARDURA XL	Tier-3	
<i>doxazosin</i>	Tier-1	
<i>prazosin oral</i>	Tier-1	
<i>terazosin</i>	Tier-1	
ANGINA		
CORLANOR	Tier-3	PA
<i>isosorbide dinitrate oral</i>	Tier-1	
<i>isosorbide mononitrate</i>	Tier-1	
NITRO-BID	Tier-3	
<i>nitroglycerin intravenous</i>	Tier-1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier-1	
<i>nitroglycerin translingual spray, non-aerosol</i>	Tier-1	
NITROMIST	Tier-3	
NITROSTAT	Tier-2	
RANEXA	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
ANGIOTENSIN II RECEPTOR BLOCKERS		
BENICAR	Tier-2	
<i>candesartan</i>	Tier-1	
<i>eprosartan</i>	Tier-1	
<i>irbesartan</i>	Tier-1	
<i>losartan</i>	Tier-1	
<i>telmisartan</i>	Tier-2	
<i>valsartan</i>	Tier-2	
ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES		
<i>amiodarone oral</i>	Tier-1	
<i>digitek</i>	Tier-1	
<i>digoxin injection solution</i>	Tier-1	
<i>digoxin oral solution 50 mcg/ml</i>	Tier-1	PA
<i>digoxin oral tablet 125 mcg</i>	Tier-1	
<i>digoxin oral tablet 250 mcg</i>	Tier-1	PA
<i>disopyramide phosphate oral capsule</i>	Tier-1	PA
<i>flecainide</i>	Tier-1	
LANOXIN TABLET 62.5 & 125 MCG	Tier-3	
LANOXIN ORAL TABLET 187.5 & 250 MCG	Tier-3	PA
<i>mexiletine</i>	Tier-1	
MULTAQ	Tier-3	
NORPACE CR	Tier-3	PA
<i>propafenone</i>	Tier-1	
<i>quinidine gluconate oral</i>	Tier-1	
<i>quinidine sulfate oral tablet</i>	Tier-1	
<i>sorine</i>	Tier-1	
<i>sotalol af</i>	Tier-1	
<i>sotalol oral</i>	Tier-1	
SOTYLIZE	Tier-3	
TIKOSYN	Tier-2	
ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS		
<i>amlodipine-atorvastatin</i>	Tier-2	
<i>amlodipine-benazepril</i>	Tier-2	
<i>amlodipine-valsartan</i>	Tier-2	
<i>amlodipine-valsartan- hydrochlorothiazide</i>	Tier-2	
<i>atenolol-chlorthalidone</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
AZOR	Tier-2	
<i>benazepril-hydrochlorothiazide</i>	Tier-1	
BENICAR HCT	Tier-2	
<i>bisoprolol-hydrochlorothiazide</i>	Tier-1	
<i>candesartan-hydrochlorothiazide</i>	Tier-1	
<i>captopril-hydrochlorothiazide</i>	Tier-1	
<i>clorpres</i>	Tier-1	
DUTOPROL	Tier-3	
<i>enalapril-hydrochlorothiazide</i>	Tier-1	
<i>fosinopril-hydrochlorothiazide</i>	Tier-1	
<i>irbesartan-hydrochlorothiazide</i>	Tier-1	
<i>lisinopril-hydrochlorothiazide</i>	Tier-1	
<i>losartan-hydrochlorothiazide</i>	Tier-1	
<i>metoprolol ta-hydrochlorothiazide</i>	Tier-1	
<i>moexipril-hydrochlorothiazide</i>	Tier-1	
<i>nadolol-bendroflumethiazide</i>	Tier-1	
<i>propranolol-hydrochlorothiazide</i>	Tier-1	
<i>quinapril-hydrochlorothiazide</i>	Tier-1	
TEKTURNA HCT	Tier-2	
<i>telmisartan-amlodipine</i>	Tier-1	
<i>telmisartan-hydrochlorothiazide</i>	Tier-2	
<i>trandolapril-verapamil</i>	Tier-1	
<i>valsartan-hydrochlorothiazide</i>	Tier-1	
BETA AND ALPHA BLOCKERS		
<i>carvedilol</i>	Tier-1	
COREG CR	Tier-3	
<i>labetalol oral</i>	Tier-1	
BETA BLOCKERS		
<i>acebutolol oral</i>	Tier-1	
<i>atenolol</i>	Tier-1	
<i>betaxolol oral</i>	Tier-1	
<i>bisoprolol fumarate</i>	Tier-1	
<i>metoprolol succinate</i>	Tier-1	
<i>metoprolol tartrate oral</i>	Tier-1	
<i>nadolol</i>	Tier-1	
<i>pindolol</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>propranolol oral</i>	Tier-1	
<i>timolol maleate oral</i>	Tier-1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	Tier-1	
<i>amlodipine</i>	Tier-1	
<i>cartia xt</i>	Tier-1	
<i>diltiazem hcl oral</i>	Tier-1	
<i>dilt-xr</i>	Tier-1	
<i>felodipine</i>	Tier-1	
<i>isradipine</i>	Tier-1	
<i>matzim la</i>	Tier-1	
<i>nicardipine oral</i>	Tier-1	
<i>nifedical xl</i>	Tier-1	
<i>nifedipine oral capsule</i>	Tier-1	PA
<i>nifedipine oral tablet extended release 24hr</i>	Tier-1	
<i>nimodipine</i>	Tier-1	
<i>nisoldipine</i>	Tier-1	
<i>taztia xt</i>	Tier-1	
<i>verapamil oral</i>	Tier-1	
CENTRALLY ACTING AGENTS		
<i>clonidine</i>	Tier-1	
<i>clonidine hcl oral tablet</i>	Tier-1	
NORTHERA	Tier-2	PA
<i>reserpine oral tablet 0.1 mg</i>	Tier-1	
<i>reserpine oral tablet 0.25 mg</i>	Tier-1	PA
DIRECT RENIN INHIBITORS		
TEKTURNA	Tier-2	
DIURETICS		
<i>amiloride oral</i>	Tier-1	
<i>amiloride-hydrochlorothiazide</i>	Tier-1	
<i>bumetanide oral</i>	Tier-1	
<i>chlorothiazide</i>	Tier-1	
<i>chlorthalidone</i>	Tier-1	
EDECRIN	Tier-2	
<i>eplerenone</i>	Tier-1	
<i>furosemide oral</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>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>spironolacton-hydrochlorothiazide</i>	Tier-1	
<i>toremide oral</i>	Tier-1	
<i>triamterene-hydrochlorothiazide</i>	Tier-1	
LIPID LOWERING AGENTS		
<i>atorvastatin</i>	Tier-1	
<i>cholestyramine light oral powder in packet</i>	Tier-1	
<i>colestipol oral granules</i>	Tier-1	
<i>colestipol oral tablet</i>	Tier-1	
CRESTOR	Tier-3	PA
<i>fenofibrate</i>	Tier-1	
<i>fenofibrate micronized</i>	Tier-1	
<i>fenofibrate nanocrystallized</i>	Tier-1	
<i>fenofibric acid (choline)</i>	Tier-1	
<i>fluvastatin</i>	Tier-2	
<i>gemfibrozil oral</i>	Tier-1	
JUXTAPID	Tier-2	PA
KYNAMRO	Tier-2	PA
<i>lovastatin</i>	Tier-1	
<i>niacin oral tablet extended release 24 hr</i>	Tier-2	
<i>niacor</i>	Tier-1	
<i>omega-3 acid ethyl esters</i>	Tier-2	
<i>pravastatin</i>	Tier-1	
PREVALITE ORAL POWDER	Tier-3	
SIMCOR	Tier-2	
<i>simvastatin</i>	Tier-1	
VASCEPA	Tier-2	
VYTORIN 10-10	Tier-3	
VYTORIN 10-20	Tier-3	
VYTORIN 10-40	Tier-3	
VYTORIN 10-80	Tier-3	
WELCHOL	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
ZETIA	Tier-2	
POTASSIUM REPLACEMENT		
<i>klor-con 10</i>	Tier-1	
<i>klor-con 8</i>	Tier-1	
KLOR-CON M15	Tier-3	
<i>klor-con m20</i>	Tier-1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier-3	
<i>potassium chloride oral capsule, extended release</i>	Tier-1	
<i>potassium chloride oral liquid</i>	Tier-1	
<i>potassium chloride tablet extended release 8 meq</i>	Tier-1	
<i>potassium chloride tablet, er particles/crystals</i>	Tier-1	
VASODILATORS		
BIDIL	Tier-2	
<i>hydralazine oral</i>	Tier-1	
<i>minoxidil oral</i>	Tier-1	
DIABETES MELLITUS		
DIABETIC SUPPLIES		
<i>alcohol pads</i>	Tier-1	
<i>gauze pad topical bandage</i>	Tier-1	
<i>insulin pen needle</i>	Tier-1	
INSULIN PEN NEEDLE	Tier-2	
<i>insulin syringe-needle</i>	Tier-1	
INSULIN SYRINGE-NEEDLE	Tier-2	
<i>lancets</i>	Tier-1	Part B
ONETOUCH ULTRA TEST	Tier-2	Part B
ONETOUCH VERIO	Tier-2	Part B
GLUCOSE ELEVATING		
GLUCAGEN HYPOKIT	Tier-2	
GLUCAGON EMERGENCY KIT (HUMAN)	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	

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
HUMALOG MIX 75-25 KWIKPEN	Tier-2	
HUMULIN 70/30	Tier-2	
HUMULIN N	Tier-2	
HUMULIN R	Tier-2	
HUMULIN R U-500 "CONCENTRATED"	Tier-2	
LANTUS	Tier-2	
LANTUS SOLOSTAR	Tier-2	
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
FARXIGA	Tier-2	
<i>glimepiride</i>	Tier-1	
<i>glipizide</i>	Tier-1	
<i>glipizide-metformin</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	
<i>metformin</i>	Tier-1	
<i>nateglinide</i>	Tier-1	
<i>pioglitazone</i>	Tier-2	
<i>pioglitazone-glimepiride</i>	Tier-1	
<i>pioglitazone-metformin</i>	Tier-2	
PRANDIMET	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>repaglinide</i>	Tier-1	
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>acetasol hc</i>	Tier-1	
<i>acetic acid otic</i>	Tier-1	
CIPRO HC	Tier-2	
CIPRODEX	Tier-2	
<i>fluocinolone acetonide oil</i>	Tier-1	
<i>hydrocortisone-acetic acid</i>	Tier-1	
<i>ofloxacin otic</i>	Tier-1	
MOUTH AND THROAT		
<i>cevimeline</i>	Tier-1	
<i>chlorhexidine gluconate mucous membrane</i>	Tier-1	
<i>periogard</i>	Tier-1	
<i>pilocarpine hcl oral</i>	Tier-1	
<i>triamcinolone acetonide dental</i>	Tier-1	
NOSE		
<i>azelastine nasal</i>	Tier-1	QL (120 ML per 90 days)
BACTROBAN NASAL	Tier-3	
<i>budesonide nasal</i>	Tier-1	
<i>cyproheptadine</i>	Tier-1	PA
<i>desloratadine</i>	Tier-1	
<i>flunisolide nasal spray, non-aerosol 25 mcg</i>	Tier-1	QL (150 ML per 90 Days)
<i>fluticasone nasal</i>	Tier-1	QL (48 GM per 90 days)
<i>hydroxyzine hcl oral</i>	Tier-1	PA
<i>hydroxyzine pamoate</i>	Tier-1	PA
<i>ipratropium nasal spray,non-aerosol 0.03 %</i>	Tier-1	QL (180 ML per 90 days)
<i>ipratropium nasal spray,non-aerosol 0.06 %</i>	Tier-1	QL (90 ML per 90 days)
<i>levocetirizine</i>	Tier-1	
NASONEX	Tier-2	QL (102 GM per 90 days)
<i>olopatadine</i>	Tier-1	QL (91.5 GM per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide nasal</i>	Tier-2	QL (49.5 GM per 90 days)
TYZINE NASAL DROPS	Tier-3	
ENHANCED COVERAGE DRUGS		
COUGH & COLD PREPARATIONS		
<i>benzonatate</i>	Tier-1	EC
<i>chlorpheniramine-pseudoephedrine</i>	Tier-1	EC
<i>cpm-pseudoephedrine-hydrocodone</i>	Tier-1	EC
<i>hydrocodone-chlorpheniramine</i>	Tier-1	EC
<i>hydrocodone-homatropine</i>	Tier-1	EC
<i>promethazine vc-codeine</i>	Tier-1	EC
<i>promethazine-codeine</i>	Tier-1	EC
<i>promethazine-dm</i>	Tier-1	EC
<i>promethazine-phenylephrine-codeine</i>	Tier-1	EC
ERECTILE DYSFUNCTION		
CAVERJECT	Tier-3	EC
CAVERJECT IMPULSE	Tier-3	EC
CIALIS ORAL TABLET 10 MG, 20 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
BONTRIL PDM	Tier-3	PA; EC
BONTRIL SLOW-RELEASE	Tier-3	PA; EC
<i>diethylpropion</i>	Tier-1	PA; EC
<i>phendimetrazine tartrate</i>	Tier-1	PA; EC
<i>phentermine</i>	Tier-1	PA; EC
QSYMIA	Tier-3	PA; EC
XENICAL	Tier-3	PA; EC
VITAMINS/MINERALS		
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier-1	EC
<i>cyanocobalamin (vitamin b-12) oral</i>	Tier-1	EC
<i>cyanocobalamin (vitamin b-12) sublingual</i>	Tier-1	EC
<i>ergocalciferol (vitamin d2) oral capsule</i>	Tier-1	EC
<i>ergocalciferol (vitamin d2) oral tablet</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>folic acid oral tablet</i>	Tier-1	EC
MEPHYTON	Tier-3	EC
NASCOBAL	Tier-2	EC
<i>phytonadione injection</i>	Tier-1	EC
<i>vitamin d2</i>	Tier-1	EC
EYE		
ALLERGY		
ALOCRIIL	Tier-3	
ALOMIDE	Tier-3	
<i>azelastine ophthalmic</i>	Tier-1	
<i>cromolyn ophthalmic</i>	Tier-1	
EMADINE	Tier-3	
<i>epinastine</i>	Tier-1	
LASTACAFT	Tier-3	
<i>naphazoline</i>	Tier-1	
ANTI-INFECTIVES		
AZASITE	Tier-3	
<i>bacitracin ophthalmic</i>	Tier-1	
<i>bacitracin-polymyxin b ophthalmic</i>	Tier-1	
BESIVANCE	Tier-3	
BLEPHAMIDE	Tier-3	
BLEPHAMIDE S.O.P.	Tier-3	
<i>ciprofloxacin hcl ophthalmic</i>	Tier-1	
<i>erythromycin ophthalmic</i>	Tier-1	
GARAMYCIN OPHTHALMIC DROPS	Tier-3	
<i>gatifloxacin</i>	Tier-1	
<i>gentak ophthalmic ointment</i>	Tier-1	
<i>gentamicin ophthalmic</i>	Tier-1	
<i>levofloxacin ophthalmic</i>	Tier-1	
MOXEZA	Tier-3	
<i>neomycin-bacitracin-poly-hc</i>	Tier-1	
<i>neomycin-bacitracin-polymyxin</i>	Tier-1	
<i>neomycin-polymyxin-hc drops,suspension</i>	Tier-1	
<i>ofloxacin ophthalmic</i>	Tier-1	
<i>polymyxin b sulf-trimethoprim</i>	Tier-1	
<i>sulfacetamide sodium ophthalmic</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>sulfacetamide-prednisolone</i>	Tier-1	
TOBRADEX OPHTHALMIC OINTMENT	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</i>	Tier-1	
<i>dexamethasone sodium phosphate ophthalmic</i>	Tier-1	
<i>diclofenac sodium ophthalmic</i>	Tier-1	
DUREZOL	Tier-3	
FLAREX	Tier-3	
<i>fluorometholone</i>	Tier-1	
<i>flurbiprofen sodium</i>	Tier-1	
FML FORTE	Tier-3	
FML S.O.P.	Tier-2	
ILEVRO	Tier-3	
<i>ketorolac ophthalmic</i>	Tier-1	
LOTEMAX	Tier-3	
MAXIDEX	Tier-3	
<i>neomycin-polymyxin b-dexamethasone</i>	Tier-1	
<i>neomycin-polymyxin-gramicidin</i>	Tier-1	
<i>neomycin-polymyxin-hc ophthalmic</i>	Tier-1	
<i>neomycin-polymyxin-hc solution</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	

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
GLAUCOMA		
<i>acetazolamide oral</i>	Tier-1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	Tier-3	
<i>apraclonidine</i>	Tier-1	
AZOPT	Tier-2	
<i>betaxolol ophthalmic</i>	Tier-1	
BETIMOL OPHTHALMIC DROPS 0.5 %	Tier-2	
BETOPTIC S	Tier-3	
<i>bimatoprost</i>	Tier-1	
<i>brimonidine</i>	Tier-1	
<i>carteolol</i>	Tier-1	
COMBIGAN	Tier-3	
<i>dorzolamide</i>	Tier-1	
<i>dorzolamide-timolol</i>	Tier-1	
IOPIDINE OPHTHALMIC DROPPERETTE	Tier-3	
<i>latanoprost</i>	Tier-1	
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier-1	
LUMIGAN OPHTHALMIC DROPS 0.01 %	Tier-3	STPA
<i>methazolamide oral</i>	Tier-1	
<i>metipranolol</i>	Tier-1	
PHOSPHOLINE IODIDE	Tier-2	
<i>pilocarpine hcl ophthalmic</i>	Tier-1	
SIMBRINZA	Tier-3	
<i>timolol maleate ophthalmic</i>	Tier-1	
TRAVATAN Z	Tier-3	STPA
<i>travoprost (benzalkonium)</i>	Tier-1	
ZIOPTAN (PF)	Tier-3	STPA
OPHTHALMIC DRUGS, MISCELLANEOUS		
ALCAINE	Tier-3	
<i>atropine ophthalmic drops</i>	Tier-1	
NATACYN	Tier-3	
<i>proparacaine</i>	Tier-1	
RESTASIS	Tier-2	PA
GASTROINTESTINAL DRUGS		
EMESIS		
ALOXI	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
ANZEMET ORAL	Tier-2	B/D
CESAMET	Tier-2	B/D
<i>compro</i>	Tier-1	
<i>dronabinol</i>	Tier-1	B/D
EMEND ORAL	Tier-2	B/D
<i>granisetron hcl oral</i>	Tier-1	B/D
<i>meclizine oral tablet</i>	Tier-1	
<i>metoclopramide hcl oral</i>	Tier-1	
<i>ondansetron</i>	Tier-1	B/D
<i>ondansetron hcl oral</i>	Tier-1	B/D
<i>prochlorperazine</i>	Tier-1	
<i>prochlorperazine maleate oral</i>	Tier-1	
<i>promethazine oral</i>	Tier-1	PA
<i>promethazine rectal</i>	Tier-1	
SANCUSO	Tier-3	B/D; QL (1 EA per 7 days)
TRANSDERM-SCOP	Tier-3	
ENZYMES		
CARBAGLU	Tier-2	PA
CREON	Tier-2	
CYSTAGON	Tier-3	
PANCREAZE	Tier-3	
PERTZYE	Tier-3	
ULTRESA	Tier-3	
VIOKACE	Tier-3	
ZENPEP	Tier-3	
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
<i>alosetron</i>	Tier-1	
CANTIL	Tier-3	
<i>constulose</i>	Tier-1	
<i>cromolyn oral</i>	Tier-1	
<i>dicyclomine oral capsule</i>	Tier-1	
<i>dicyclomine oral solution</i>	Tier-1	
<i>dicyclomine oral tablet</i>	Tier-1	
<i>enulose</i>	Tier-1	
FULYZAQ	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
GATTEX ONE-VIAL	Tier-2	PA
<i>generlac</i>	Tier-1	
<i>glycopyrrolate oral</i>	Tier-1	
KRISTALOSE	Tier-2	
<i>lactulose</i>	Tier-1	
<i>levocarnitine (with sugar)</i>	Tier-1	
<i>levocarnitine oral tablet</i>	Tier-1	
<i>loperamide oral capsule</i>	Tier-1	
<i>megestrol oral suspension</i>	Tier-1	PA
MOVIPREP	Tier-3	
OSMOPREP	Tier-3	
<i>peg 3350-electrolytes</i>	Tier-1	
<i>peg-3350 with flavor packs</i>	Tier-1	
<i>peg-electrolyte solution</i>	Tier-1	
<i>polyethylene glycol 3350 oral powder</i>	Tier-1	
<i>propantheline</i>	Tier-1	
RELISTOR SUBCUTANEOUS SOLUTION	Tier-2	
RELISTOR SUBCUTANEOUS SYRINGE	Tier-2	
SUCLEAR	Tier-3	
SUPREP BOWEL PREP KIT	Tier-3	
<i>trilyte with flavor packets</i>	Tier-1	
<i>ursodiol</i>	Tier-1	
GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)		
<i>amoxicil-clarithromy-lansoprazole</i>	Tier-1	
CARAFATE ORAL SUSPENSION	Tier-3	
<i>cimetidine</i>	Tier-1	
<i>cimetidine hcl oral</i>	Tier-1	
DEXILANT	Tier-3	PA
<i>esomeprazole magnesium</i>	Tier-2	PA
<i>famotidine oral suspension</i>	Tier-1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier-1	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	Tier-2	
<i>methscopolamine oral</i>	Tier-1	
<i>misoprostol</i>	Tier-1	
<i>nizatidine</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>omeprazole oral capsule, delayed release</i>	Tier-1	
<i>omeprazole-sodium bicarbonate</i>	Tier-1	
<i>pantoprazole oral</i>	Tier-1	
PYLERA	Tier-2	
<i>rabeprazole</i>	Tier-2	
<i>ranitidine hcl oral capsule</i>	Tier-1	
<i>ranitidine hcl oral syrup</i>	Tier-1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier-1	
<i>sucralfate oral tablet</i>	Tier-1	
INFLAMMATORY BOWEL DISEASE		
AMITIZA	Tier-2	
APRISO	Tier-2	
ASACOL HD	Tier-2	
<i>balsalazide</i>	Tier-1	
<i>budesonide oral</i>	Tier-1	
CANASA	Tier-2	
<i>colocort</i>	Tier-1	
DELZICOL	Tier-2	
DIPENTUM	Tier-2	
<i>hydrocortisone rectal enema</i>	Tier-1	
LIALDA	Tier-2	
LINZESS	Tier-2	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	Tier-1	
PENTASA	Tier-2	
SFROWASA	Tier-3	
<i>sulfasalazine oral tablet</i>	Tier-1	
<i>sulfazine ec</i>	Tier-1	
UCERIS ORAL	Tier-2	
HOME INFUSION THERAPY		
ACUTE CARE DRUGS		
ABELCET	Tier-2	HI
<i>acetazolamide sodium</i>	Tier-1	HI
<i>acyclovir sodium intravenous solution</i>	Tier-1	HI
AMBISOME	Tier-2	HI
<i>amikacin injection</i>	Tier-1	HI; Part B
<i>aminophylline intravenous</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>amphotericin b</i>	Tier-1	HI
<i>ampicillin sodium</i>	Tier-1	HI; Part B
<i>ampicillin-sulbactam</i>	Tier-1	HI; Part B
ANZEMET INTRAVENOUS	Tier-2	B/D; HI
ARGATROBAN	Tier-3	HI
ARGATROBAN IN 0.9 % NAACL SOLUTION	Tier-3	HI
<i>atropine injection</i>	Tier-1	HI
<i>atropine intravenous</i>	Tier-1	HI
AVELOX IN NAACL (ISO-OSMOTIC)	Tier-2	HI; Part B
<i>azithromycin intravenous</i>	Tier-1	HI; Part B
<i>aztreonam</i>	Tier-1	HI; Part B
<i>benztropine injection</i>	Tier-1	HI
<i>bumetanide injection</i>	Tier-1	HI
<i>buprenorphine hcl injection syringe</i>	Tier-1	HI
<i>butorphanol tartrate injection</i>	Tier-1	HI
<i>calcitriol intravenous</i>	Tier-1	HI
CANCIDAS	Tier-2	HI
CAPASTAT	Tier-2	HI
CARDENE IV IN SODIUM CHLORIDE	Tier-3	HI
<i>cefazolin</i>	Tier-1	HI; Part B
<i>cefazolin in 0.9% nacl</i>	Tier-1	HI; Part B
<i>cefazolin in dextrose (iso-os)</i>	Tier-1	HI; Part B
<i>cefazolin in dextrose 5 %</i>	Tier-1	HI; Part B
<i>cefepime</i>	Tier-1	HI; Part B
<i>cefepime in dextrose 5 %</i>	Tier-1	HI; Part B
<i>cefotaxime</i>	Tier-1	HI; Part B
<i>cefotetan</i>	Tier-1	HI; Part B
<i>cefoxitin</i>	Tier-1	HI; Part B
<i>cefoxitin in dextrose, iso-osm</i>	Tier-1	HI; Part B
<i>ceftazidime</i>	Tier-1	HI; Part B
<i>ceftazidime in d5w</i>	Tier-1	HI; Part B
<i>ceftriaxone injection</i>	Tier-1	HI; Part B
<i>ceftriaxone intravenous solution</i>	Tier-1	HI; Part B
<i>cefuroxime sodium</i>	Tier-1	HI; Part B
<i>chloramphenicol sod succinate</i>	Tier-1	HI; Part B
<i>cidofovir</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>ciprofloxacin in 5 % dextrose</i>	Tier-1	HI; Part B
<i>ciprofloxacin lactate</i>	Tier-1	HI; Part B
<i>clindamycin in 5 % dextrose</i>	Tier-1	HI; Part B
<i>clindamycin phosphate injection</i>	Tier-1	HI; Part B
<i>clindamycin phosphate intravenous</i>	Tier-1	HI; Part B
<i>colistin (colistimethate na)</i>	Tier-1	HI; Part B
CRESEMBA INTRAVENOUS	Tier-2	HI
CUBICIN	Tier-2	HI; Part B
<i>cyclosporine intravenous</i>	Tier-1	B/D; HI
CYKLOKAPRON	Tier-2	HI
DALVANCE	Tier-2	HI; Part B
<i>dexamethasone sodium phos (pf)</i>	Tier-1	HI
<i>dexamethasone sodium phosphate injection</i>	Tier-1	HI
<i>diltiazem hcl intravenous</i>	Tier-1	HI
<i>diphenhydramine hcl injection</i>	Tier-1	HI
DORIBAX	Tier-2	HI; Part B
DOXY-100	Tier-3	HI; Part B
<i>duramorph (pf)</i>	Tier-1	HI
ERAXIS(WATER DILUENT)	Tier-2	HI
ERYTHROCIN	Tier-2	HI; Part B
<i>esomeprazole sodium</i>	Tier-1	HI
<i>fluconazole in dextrose (iso-o)</i>	Tier-1	HI
<i>foscarnet</i>	Tier-1	HI
<i>gentamicin in nacl (iso-osm)</i>	Tier-1	HI; Part B
<i>gentamicin injection</i>	Tier-1	HI; Part B
<i>gentamicin sulfate (ped) (pf)</i>	Tier-1	HI; Part B
<i>gentamicin sulfate (pf)</i>	Tier-1	HI; Part B
<i>granisetron (pf)</i>	Tier-1	B/D; HI
<i>granisetron hcl intravenous</i>	Tier-1	B/D; HI
<i>heparin (porcine) injection solution</i>	Tier-1	HI
<i>imipenem-cilastatin</i>	Tier-1	HI; Part B
INVANZ INJECTION	Tier-2	HI; Part B
<i>isoniazid injection</i>	Tier-1	HI
<i>labetalol intravenous solution</i>	Tier-1	HI
<i>lactated ringers intravenous</i>	Tier-1	HI
<i>levetiracetam in nacl (iso-os)</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>levocarnitine intravenous</i>	Tier-1	HI
<i>levofloxacin in d5w</i>	Tier-1	HI; Part B
<i>levofloxacin intravenous</i>	Tier-1	HI; Part B
<i>levothyroxine intravenous</i>	Tier-1	HI
LINCOCIN	Tier-2	HI; Part B
<i>linezolid intravenous</i>	Tier-1	HI; Part B
<i>meropenem</i>	Tier-1	HI; Part B
<i>methadone injection</i>	Tier-1	HI
<i>methotrexate sodium (pf)</i>	Tier-1	HI
<i>metoclopramide hcl injection solution</i>	Tier-1	HI
<i>metoprolol tartrate intravenous solution</i>	Tier-1	HI
<i>metronidazole in nacl (iso-os)</i>	Tier-1	HI; Part B
<i>morphine intravenous syringe</i>	Tier-1	HI
MYCAMINE	Tier-2	HI
<i>nafcillin</i>	Tier-1	HI; Part B
<i>nafcillin in dextrose iso-osm</i>	Tier-1	HI; Part B
<i>ondansetron hcl (pf)</i>	Tier-1	B/D; HI
<i>oxacillin</i>	Tier-1	HI; Part B
<i>oxacillin in dextrose(iso-osm)</i>	Tier-1	HI; Part B
<i>penicillin g pot in dextrose</i>	Tier-1	HI; Part B
<i>penicillin g potassium</i>	Tier-1	HI; Part B
<i>penicillin g sodium</i>	Tier-1	HI; Part B
<i>piperacillin-tazobactam</i>	Tier-1	HI; Part B
<i>polymyxin b sulfate</i>	Tier-1	HI; Part B
<i>prochlorperazine edisylate</i>	Tier-1	HI
PROGRAF INTRAVENOUS	Tier-2	B/D; HI
<i>promethazine injection solution</i>	Tier-1	HI
<i>ranitidine hcl injection</i>	Tier-1	HI
RETROVIR INTRAVENOUS	Tier-2	HI
<i>rifampin intravenous</i>	Tier-1	HI; Part B
<i>streptomycin intramuscular</i>	Tier-1	HI; Part B
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier-1	HI; Part B
SYNERCID	Tier-2	HI; Part B
TEFLARO	Tier-2	HI; Part B
<i>tobramycin sulfate injection solution</i>	Tier-1	HI; Part B
TYGACIL	Tier-2	HI; Part B

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>valproate sodium</i>	Tier-1	HI
<i>vancomycin intravenous</i>	Tier-1	HI; Part B
VISTIDE	Tier-2	HI
<i>voriconazole intravenous</i>	Tier-1	HI
ZERBAXA	Tier-2	HI; Part B
ELECTROLYTES		
<i>ammonium chloride</i>	Tier-1	HI
<i>d10 % & 0.45 % sodium chloride</i>	Tier-1	HI
<i>d10 %-0.9 % sodium chloride</i>	Tier-1	HI
<i>d2.5 %-0.45 % sodium chloride</i>	Tier-1	HI
<i>d5 % and 0.9 % sodium chloride</i>	Tier-1	HI
<i>d5 %-0.45 % sodium chloride</i>	Tier-1	HI
<i>dextrose 10 % and 0.2 % nacl</i>	Tier-1	HI
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	Tier-1	HI
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier-1	HI
<i>dextrose 5 %-lactated ringers</i>	Tier-1	HI
<i>dextrose 5%-0.2 % sod chloride</i>	Tier-1	HI
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier-1	HI
IONOSOL-B IN D5W	Tier-2	HI
IONOSOL-MB IN D5W	Tier-2	HI
ISOLYTE-P IN 5 % DEXTROSE	Tier-2	HI
ISOLYTE-S	Tier-2	HI
<i>magnesium sulfate injection</i>	Tier-1	HI
NORMOSOL-M IN 5 % DEXTROSE	Tier-2	HI
NORMOSOL-R IN 5 % DEXTROSE	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 5 % DEXTROSE	Tier-2	HI
<i>potassium chlorid-d5-0.45%nacl</i>	Tier-1	HI
<i>potassium chloride in 0.9%nacl</i>	Tier-1	HI
<i>potassium chloride in 5 % dex</i>	Tier-1	HI
<i>potassium chloride in lr-d5</i>	Tier-1	HI
<i>potassium chloride intravenous</i>	Tier-1	HI
<i>potassium chloride-0.45 % nacl</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>potassium chloride-d5-0.2%nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.3%nacl</i>	Tier-1	HI
<i>potassium chloride-d5-0.9%nacl</i>	Tier-1	HI
<i>potassium cl in d10-0.2 % nacl</i>	Tier-1	HI
<i>ringers intravenous</i>	Tier-1	HI
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	Tier-1	HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier-1	HI
<i>sodium chloride 3 %</i>	Tier-1	HI
<i>sodium chloride 5 %</i>	Tier-1	HI
<i>sodium lactate intravenous solution</i>	Tier-1	HI
IV NUTRITION		
AMINOSYN 7 % WITH ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN II 10 %	Tier-2	B/D; HI
AMINOSYN II 15 %	Tier-2	B/D; HI
AMINOSYN II 7 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %	Tier-2	B/D; HI
AMINOSYN II 8.5 %-ELECTROLYTES	Tier-2	B/D; HI
AMINOSYN M 3.5 %	Tier-2	B/D; HI
AMINOSYN-HBC 7%	Tier-2	B/D; HI
AMINOSYN-PF 10 %	Tier-2	B/D; HI
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier-2	B/D; HI
AMINOSYN-RF 5.2 %	Tier-2	B/D; HI
CLINIMIX 5%/D15W SULFITE FREE	Tier-2	B/D; HI
CLINIMIX 5%/D25W SULFITE-FREE	Tier-2	B/D; HI
CLINIMIX 2.75%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D10W SULF FREE	Tier-2	B/D; HI
CLINIMIX 4.25%/D5W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX 4.25%-D20W SULF-FREE	Tier-2	B/D; HI
CLINIMIX 4.25%-D25W SULF-FREE	Tier-2	B/D; HI
CLINIMIX 5%-D20W(SULFITE-FREE)	Tier-2	B/D; HI
CLINIMIX E 2.75%/D10W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 2.75%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D10W SUL FREE	Tier-2	B/D; HI
CLINIMIX E 4.25%/D25W SUL FREE	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
CLINIMIX E 4.25%/D5W SULF FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D15W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D20W SULFIT FREE	Tier-2	B/D; HI
CLINIMIX E 5%/D25W SULFIT FREE	Tier-2	B/D; HI
CLINISOL SF 15 %	Tier-2	B/D; HI
FREAMINE HBC 6.9 %	Tier-2	B/D; HI
HEPATAMINE 8%	Tier-2	B/D; HI
INTRALIPID	Tier-2	B/D; HI
NEPHRAMINE 5.4 %	Tier-2	B/D; HI
NUTRILIPID	Tier-2	B/D; HI
PREMASOL 10 %	Tier-2	B/D; HI
PREMASOL 6 %	Tier-2	B/D; HI
PROCALAMINE 3%	Tier-2	B/D; HI
PROSOL 20 %	Tier-2	B/D; HI
<i>tpn electrolytes</i>	Tier-1	B/D; HI
TRAVASOL 10 %	Tier-2	B/D; HI
TROPHAMINE 10 %	Tier-2	B/D; HI
TROPHAMINE 6%	Tier-2	B/D; HI
HORMONES		
ADRENAL CORTICOSTEROIDS		
<i>a-hydrocort</i>	Tier-1	
<i>cortisone</i>	Tier-1	
DEPO-MEDROL	Tier-2	
<i>dexamethasone intensol</i>	Tier-1	
<i>dexamethasone oral elixir</i>	Tier-1	
<i>dexamethasone oral tablet</i>	Tier-1	
<i>dexpak 13 day</i>	Tier-1	
<i>fludrocortisone</i>	Tier-1	
<i>hydrocortisone oral</i>	Tier-1	
MEDROL ORAL TABLET 2 MG	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</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>prednisolone sodium phosphate oral</i>	Tier-1	Transplant
PREDNISON INTENSOL	Tier-3	Transplant
<i>prednisone oral solution</i>	Tier-1	Transplant
<i>prednisone oral tablet</i>	Tier-1	Transplant
SOLU-CORTEF	Tier-3	
SOLU-CORTEF (PF)	Tier-3	
SOLU-MEDROL	Tier-3	
SOLU-MEDROL (PF)	Tier-3	
VERIPRED 20	Tier-3	Transplant
ANDROGENS		
AVEED	Tier-3	
<i>danazol oral</i>	Tier-1	
DEPO-TESTOSTERONE	Tier-3	
METHITEST	Tier-3	
<i>oxandrolone</i>	Tier-1	
<i>testosterone cypionate</i>	Tier-1	
<i>testosterone enanthate</i>	Tier-1	
<i>testosterone transdermal gel metered-dose pump</i>	Tier-1	
<i>testosterone transdermal gel in packet</i>	Tier-1	
TESTRED	Tier-2	
GONADOTROPIN RELEASING AGONISTS		
ELIGARD	Tier-2	
FIRMAGON KIT W DILUENT SYRINGE	Tier-2	
LUPRON DEPOT	Tier-2	
LUPRON DEPOT (3 MONTH)	Tier-2	
LUPRON DEPOT (4 MONTH)	Tier-2	
LUPRON DEPOT (6 MONTH)	Tier-2	
LUPRON DEPOT-PED	Tier-2	
SYNAREL	Tier-2	
TRELSTAR	Tier-2	
TRELSTAR DEPOT	Tier-2	
TRELSTAR LA	Tier-2	
THYROID REPLACEMENT AND ANTITHYROID AGENTS		
ARMOUR THYROID	Tier-3	
<i>levothyroxine oral</i>	Tier-1	
<i>levoxyl</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>liothyronine oral</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 (PF)	Tier-2	Part B
ACTIMMUNE	Tier-2	
ADACEL (TDAP ADOLESN/ADULT)(PF)	Tier-2	
ADAGEN	Tier-2	
<i>bcg vaccine, live (pf)</i>	Tier-1	
BEXSERO (PF)	Tier-2	
BIVIGAM	Tier-2	PA; Part B
BOOSTRIX TDAP	Tier-2	
CARIMUNE NF NANOFILTERED	Tier-2	PA; Part B
CERVARIX VACCINE (PF)	Tier-2	
COMVAX (PF)	Tier-2	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier-2	
ENGERIX-B (PF) IM SYRINGE	Tier-2	B/D
ENGERIX-B PEDIATRIC (PF)	Tier-2	B/D
FLEBOGAMMA DIF	Tier-2	PA; Part B
GAMASTAN S/D	Tier-2	PA; Part B
GAMMAGARD LIQUID	Tier-2	PA; Part B
GAMMAKED	Tier-2	PA; Part B
GAMMAPLEX	Tier-2	PA; Part B
GAMUNEX-C	Tier-2	PA; Part B
GARDASIL (PF)	Tier-2	
GARDASIL 9 (PF)	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
HAVRIX (PF)	Tier-2	
HYPERRAB S/D (PF)	Tier-2	
IMOVAX RABIES VACCINE (PF)	Tier-2	
INFANRIX (DTAP) (PF) IM SUSPENSION	Tier-2	
IPOL	Tier-2	
IXIARO (PF)	Tier-2	
MENACTRA (PF) IM SOLUTION	Tier-2	
MENOMUNE - A/C/Y/W-135 (PF)	Tier-2	
MENVEO A-C-Y-W-135-DIP (PF)	Tier-2	
M-M-R II (PF)	Tier-2	
OCTAGAM	Tier-2	PA; Part B
PEDVAX HIB (PF)	Tier-2	
PNEUMOVAX 23 INJECTION SOLUTION	Tier-2	Part B
PREVNAR 13 (PF)	Tier-2	Part B
PRIVIGEN	Tier-2	PA; Part B
PROQUAD (PF)	Tier-2	
QUADRACEL (PF)	Tier-2	
RABAVERT (PF)	Tier-2	
RECOMBIVAX HB (PF)	Tier-2	B/D
ROTARIX	Tier-2	
ROTATEQ VACCINE	Tier-2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	Tier-2	
<i>tetanus,diphtheria tox ped(pf)</i>	Tier-1	
<i>tetanus-diphtheria toxoids-td</i>	Tier-1	
TRUMENBA	Tier-2	
TWINRIX (PF) IM SUSPENSION	Tier-2	
TYPHIM VI	Tier-2	
VAQTA (PF) INTRAMUSCULAR SYRINGE	Tier-2	
VARIVAX (PF)	Tier-2	
VARIZIG INTRAMUSCULAR SOLUTION	Tier-2	
VIVOTIF BERNA VACCINE	Tier-2	
YF-VAX (PF)	Tier-2	
ZOSTAVAX (PF)	Tier-2	
IMMUNOSUPPRESSIVES		
ASTAGRAF XL	Tier-3	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
ATGAM	Tier-2	B/D
BENLYSTA	Tier-2	PA
CELLCEPT ORAL SUSPENSION	Tier-2	B/D
<i>cyclosporine modified</i>	Tier-1	B/D
<i>cyclosporine oral capsule</i>	Tier-1	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 ORAL SOLUTION	Tier-2	B/D
SIMULECT	Tier-2	B/D
<i>sirolimus</i>	Tier-1	B/D
<i>tacrolimus oral</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 injection solution</i>	Tier-1	
SANDOSTATIN LAR DEPOT IM KIT	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		
AUVI-Q	Tier-2	QL (2 EA per 1 day)
<i>epinephrine injection auto-injector</i>	Tier-1	QL (2 EA per 1 day)
EPIPEN 2-PAK	Tier-2	QL (2 EA per 1 day)
EPIPEN JR 2-PAK	Tier-2	QL (2 EA per 1 day)
<i>midodrine</i>	Tier-1	
BOTULINUM TOXINS		
BOTOX	Tier-2	PA
DYSPORT	Tier-2	PA
XEOMIN	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
CASTLEMAN DISEASE		
SYLVANT	Tier-2	PA
CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES		
ARCALYST	Tier-2	PA
ILARIS (PF)	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)
PULMOZYME	Tier-2	B/D
TOBI PODHALER	Tier-2	
<i>tobramycin in 0.225 % nacl</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
GROWTH HORMONE DEFICIENCY		
EGRIFTA	Tier-2	PA
GENOTROPIN	Tier-2	PA
GENOTROPIN MINIQUICK	Tier-2	PA
HUMATROPE	Tier-2	PA
INCRELEX	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
NORDITROPIN FLEXPRO	Tier-2	PA
NORDITROPIN NORDIFLEX	Tier-2	PA
NUTROPIN AQ NUSPIN	Tier-2	PA
NUTROPIN AQ SQ CARTRIDGE	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 INTRAVENOUS KIT	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		
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 oral</i>	Tier-1	
<i>doxercalciferol</i>	Tier-1	
<i>paricalcitol</i>	Tier-1	
HYPOPARATHYROIDISM		
NATPARA	Tier-2	PA; QL (2 EA per 28 days)
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)

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
AUBAGIO	Tier-2	PA; QL (30 EA per 30 Days)
AVONEX (WITH ALBUMIN)	Tier-2	QL (4 EA per 28 days)
AVONEX IM PEN INJECTOR KIT	Tier-2	QL (4 EA per 28 days)
AVONEX IM SYRINGE KIT	Tier-2	QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier-2	QL (15 EA per 30 days)
COPAXONE SQ SYRINGE 20 MG/ML	Tier-2	QL (30 ML per 30 days)
COPAXONE SQ SYRINGE 40 MG/ML	Tier-2	QL (12 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT	Tier-2	QL (15 EA per 30 days)
GILENYA	Tier-2	PA; QL (30 EA per 30 Days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier-2	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier-2	QL (1 ML per 28 days)
REBIF (WITH ALBUMIN)	Tier-2	QL (12 ML per 28 days)
REBIF REBIDOSE	Tier-2	QL (12 ML per 28 days)
REBIF TITRATION PACK	Tier-2	QL (12 ML per 28 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier-2	PA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier-2	PA; QL (60 EA per 30 Days)
TYSABRI	Tier-2	PA; LA
MYASTHENIA GRAVIS		
<i>guanidine</i>	Tier-1	
MESTINON ORAL SYRUP	Tier-3	
MESTINON TIMESPAN	Tier-2	
<i>pyridostigmine bromide oral tablet</i>	Tier-1	
PAGET'S DISEASE		
<i>etidronate disodium</i>	Tier-1	
PHENYLKETONURIA		
KUVAN	Tier-2	PA
PHEOCHROMOCYTOMA		
DEMSER	Tier-2	
PHOSPHATE BINDERS		
AURYXIA	Tier-3	
<i>calcium acetate oral capsule</i>	Tier-1	
FOSRENOL	Tier-2	
PHOSLYRA	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
RENAGEL	Tier-2	
RENVELA	Tier-2	
VELPHORO	Tier-2	
POMPE DISEASE		
MYOZYME	Tier-2	
POTASSIUM BINDER		
<i>kionex oral powder</i>	Tier-1	
<i>sodium polystyrene (sorb free)</i>	Tier-1	
RESPIRATORY SYNCYTIAL VIRUS		
SYNAGIS	Tier-2	
VIRAZOLE	Tier-2	
SMOKING CESSATION		
<i>buproban</i>	Tier-1	
CHANTIX	Tier-3	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	Tier-3	QL (56 EA per 28 days)
CHANTIX STARTING MONTH BOX	Tier-3	QL (53 EA per 28 days)
NICOTROL	Tier-2	
NICOTROL NS	Tier-3	
SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin</i>	Tier-1	
AVODART	Tier-2	
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier-3	PA; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	Tier-1	
JALYN	Tier-2	
<i>tamsulosin</i>	Tier-1	
UREA CYCLE DISORDERS		
RAVICTI	Tier-2	PA
UROLOGIC DISORDERS		
<i>bethanechol chloride</i>	Tier-1	
<i>desmopressin injection</i>	Tier-1	
<i>desmopressin nasal solution</i>	Tier-1	
<i>desmopressin nasal spray, non-aerosol</i>	Tier-1	
<i>desmopressin oral</i>	Tier-1	
ELMIRON	Tier-3	
ENABLEX	Tier-3	STPA
<i>flavoxate</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
GELNIQUE	Tier-2	
MYRBETRIQ	Tier-3	STPA
<i>oxybutynin chloride oral</i>	Tier-1	
<i>potassium citrate</i>	Tier-1	
SAMSCA	Tier-3	
<i>tolterodine</i>	Tier-2	
<i>tropium</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	
NEUROLOGICAL DRUGS		
ALZHEIMERS DISEASE		
<i>donepezil</i>	Tier-1	
<i>ergoloid</i>	Tier-1	
EXELON TRANSDERMAL	Tier-3	
<i>galantamine</i>	Tier-1	
NAMENDA XR	Tier-2	
<i>rivastigmine tartrate</i>	Tier-1	
MIGRAINE THERAPY		
<i>dihydroergotamine injection</i>	Tier-1	PA
<i>dihydroergotamine nasal</i>	Tier-1	PA
MIGERGOT	Tier-2	
MIGRANAL	Tier-3	
<i>naratriptan</i>	Tier-1	
<i>rizatriptan</i>	Tier-1	
<i>sumatriptan</i>	Tier-1	
<i>sumatriptan succinate oral</i>	Tier-1	
<i>sumatriptan succinate subcutaneous pen injector</i>	Tier-1	
<i>sumatriptan succinate subcutaneous solution</i>	Tier-1	
<i>zolmitriptan</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
PARKINSONS DISEASE		
APOKYN	Tier-2	
AZILECT	Tier-2	
<i>benztropine oral</i>	Tier-1	PA
<i>bromocriptine</i>	Tier-1	
<i>cabergoline</i>	Tier-1	
<i>carbidopa</i>	Tier-1	
<i>carbidopa-levodopa</i>	Tier-1	
<i>carbidopa-levodopa-entacapone</i>	Tier-1	
CYCLOSET	Tier-2	
DUOPA	Tier-3	
<i>entacapone</i>	Tier-1	
NEUPRO	Tier-3	QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	Tier-1	
<i>pramipexole tablet ext-rel 24 hr 0.75 mg, 1.5 mg</i>	Tier-1	
<i>ropinirole</i>	Tier-1	
RYTARY	Tier-3	
<i>selegiline hcl</i>	Tier-1	
TASMAR	Tier-2	
<i>tolcapone</i>	Tier-1	
<i>trihexyphenidyl</i>	Tier-1	PA
PSEUDOBULBAR AFFECT		
NUEDEXTA	Tier-2	PA
SEIZURES		
APTIOM	Tier-3	PA
BANZEL	Tier-2	
<i>carbamazepine</i>	Tier-1	
CELONTIN	Tier-3	
CEREBYX	Tier-3	
<i>clonazepam</i>	Tier-1	
<i>diazepam intensol</i>	Tier-1	
<i>diazepam oral solution</i>	Tier-1	
<i>diazepam oral tablet</i>	Tier-1	
<i>diazepam rectal</i>	Tier-1	
DILANTIN	Tier-2	
DILANTIN EXTENDED	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
DILANTIN INFATABS	Tier-2	
DILANTIN-125	Tier-2	
<i>divalproex</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	
HORIZANT	Tier-3	QL (60 EA per 30 days)
<i>lamotrigine oral tablet</i>	Tier-1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier-2	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier-1	
<i>lamotrigine oral tablet, disintegrating</i>	Tier-1	
<i>levetiracetam</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 oral suspension</i>	Tier-1	
<i>phenytoin oral tablet, chewable</i>	Tier-1	
<i>phenytoin sodium extended</i>	Tier-1	
<i>phenytoin sodium intravenous solution</i>	Tier-1	
POTIGA	Tier-3	PA
<i>primidone</i>	Tier-1	
QUDEXY XR	Tier-3	
SABRIL	Tier-2	
SAVELLA ORAL TABLET	Tier-2	STPA; QL (180 EA per 90 days)
TEGRETOL XR TAB EXT-REL 12 HR 100 MG	Tier-2	
<i>tiagabine</i>	Tier-1	
<i>topiramate</i>	Tier-1	
TROKENDI XR	Tier-3	
<i>valproic acid</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>valproic acid (as sodium salt) oral solution</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 oral tablet</i>	Tier-1	PA
<i>dantrolene</i>	Tier-1	
<i>tizanidine</i>	Tier-1	
PAIN AND INFLAMMATORY DISEASES		
ARTHRITIS		
ACTEMRA	Tier-2	PA
AZASAN	Tier-3	B/D
<i>azathioprine</i>	Tier-1	B/D
CIMZIA	Tier-2	PA; QL (2 EA per 30 days)
CIMZIA POWDER FOR RECONST	Tier-2	PA
<i>diclofenac sodium topical drops</i>	Tier-1	
ENBREL SQ SOLUTION	Tier-2	PA; QL (8 EA per 28 Days)
ENBREL SQ SYRINGE 25 MG/0.5ML (0.51)	Tier-2	PA; QL (8.16 ML per 28 Days)
ENBREL SQ SYRINGE 50 MG/ML (0.98 ML)	Tier-2	PA; QL (7.84 ML 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 CROHN'S DIS START PCK	Tier-2	PA
KINERET	Tier-2	PA; QL (20.1 ML per 28 days)
<i>leflunomide</i>	Tier-1	
<i>methotrexate sodium oral</i>	Tier-1	B/D
ORENCIA	Tier-2	PA; QL (4 ML per 28 Days)
ORENCIA (WITH MALTOSE)	Tier-2	PA
OTREXUP (PF)	Tier-3	
REMICADE	Tier-2	PA
RIDAURA	Tier-2	
SIMPONI ARIA	Tier-2	PA
SIMPONI SQ PEN INJECTOR 100 MG/ML	Tier-2	PA; QL (1 ML per 28 days)
SIMPONI SQ PEN INJECTOR 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 days)
SIMPONI SQ SYRINGE 100 MG/ML	Tier-2	PA; QL (4 ML per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SQ SYRINGE 50 MG/0.5 ML	Tier-2	PA; QL (0.5 ML per 28 Days)
TREXALL	Tier-3	B/D
VOLTAREN TOPICAL	Tier-3	
XELJANZ	Tier-2	PA; QL (60 EA per 30 days)
GOUT		
<i>allopurinol</i>	Tier-1	
<i>colchicine oral</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 oral</i>	Tier-1	
<i>diclofenac-misoprostol</i>	Tier-1	
<i>diflunisal</i>	Tier-1	
<i>etodolac</i>	Tier-1	
<i>fenoprofen oral tablet</i>	Tier-1	
<i>flurbiprofen</i>	Tier-1	
<i>ibuprofen oral suspension</i>	Tier-1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier-1	
INDOCIN ORAL	Tier-3	
<i>indomethacin oral</i>	Tier-1	PA
<i>ketoprofen</i>	Tier-1	
<i>meclofenamate oral</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 sodium oral</i>	Tier-1	
<i>oxaprozin</i>	Tier-1	
<i>piroxicam</i>	Tier-1	
<i>sulindac oral</i>	Tier-1	
<i>tolmetin</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 oral solution 300 mg-30 mg /12.5 ml</i>	Tier-1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier-1	QL (300 EA per 30 days)
<i>acetaminophen-codein tab 300-30 mg, 300-60 mg</i>	Tier-1	QL (400 EA per 30 days)
ACTIQ	Tier-2	PA; QL (120 EA per 30 days)
<i>butorphanol tartrate nasal</i>	Tier-1	QL (7.5 ML per 30 days)
BUTRANS	Tier-3	QL (4 EA per 28 Days)
<i>codeine sulfate oral tablet</i>	Tier-1	QL (180 EA per 30 days)
DILAUDID ORAL LIQUID	Tier-3	QL (1440 ML per 30 days)
EMBEDA ORAL CAPSULE EXT-REL PELL	Tier-3	QL (60 EA per 30 days)
<i>endocet tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>fentanyl citrate</i>	Tier-1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier-1	QL (10 EA per 30 days)
FENTORA	Tier-2	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</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 7.5-200 mg</i>	Tier-1	QL (480 EA per 30 days)
<i>hydromorphone oral liquid</i>	Tier-1	QL (1350 ML per 30 days)
<i>hydromorphone oral tablet</i>	Tier-1	QL (360 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier-1	QL (30 EA per 30 days)
HYSINGLA ER	Tier-3	QL (60 EA per 30 days)
<i>ibuprofen-oxycodone</i>	Tier-1	QL (240 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 oral solution 10 mg/5 ml</i>	Tier-1	QL (1800 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	Tier-1	QL (3600 ML per 30 days)
<i>methadone oral tablet</i>	Tier-1	QL (120 EA per 30 days)
<i>morphine concentrate oral solution</i>	Tier-1	QL (540 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine oral capsule,extend.release pellets</i>	Tier-1	QL (60 EA per 30 days)
<i>morphine 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 oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release</i>	Tier-1	QL (60 EA per 30 days)
<i>oxycodone oral capsule</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone oral concentrate</i>	Tier-1	QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	Tier-1	QL (2400 ML per 30 Days)
<i>oxycodone tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier-1	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	Tier-1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier-1	QL (360 EA per 30 days)
<i>oxycodone-aspirin</i>	Tier-1	QL (360 EA per 30 days)
OXYCONTIN ORAL TABLET	Tier-2	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier-1	QL (180 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier-1	QL (60 EA per 30 Days)
SUBSYS	Tier-2	PA; QL (120 EA per 30 days)
<i>tramadol</i>	Tier-1	
<i>tramadol-acetaminophen</i>	Tier-1	QL (360 EA per 30 days)
PSYCHIATRIC		
ALCOHOL DETERRENTS		
<i>acamprosate</i>	Tier-1	
<i>disulfiram</i>	Tier-1	
<i>naltrexone oral</i>	Tier-1	
ANXIETY		
<i>alprazolam</i>	Tier-1	
<i>alprazolam intensol</i>	Tier-1	
<i>amitriptyline-chlordiazepoxide</i>	Tier-1	
<i>bupirone</i>	Tier-1	
<i>clorazepate dipotassium</i>	Tier-1	
<i>lorazepam intensol</i>	Tier-1	
<i>lorazepam oral tablet</i>	Tier-1	
<i>oxazepam</i>	Tier-1	
ATTENTION DEFICIT DISORDER		
ADDERALL XR	Tier-3	STPA
<i>amphetamine salt combo</i>	Tier-1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier-1	
DESOXYN	Tier-3	
DEXEDRINE SPANSULE	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>dexmethylphenidate</i>	Tier-1	
<i>dextroamphetamine capsule, extended release</i>	Tier-1	
<i>dextroamphetamine oral tablet</i>	Tier-1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	Tier-1	
FOCALIN XR	Tier-2	STPA
<i>guanfacine oral tablet extended release 24 hr</i>	Tier-1	PA; QL (90 EA per 90 days)
KAPVAY	Tier-3	
METADATE CD	Tier-3	
METADATE ER	Tier-3	
<i>methamphetamine</i>	Tier-1	
METHYLIN ORAL SOLUTION	Tier-2	
METHYLIN ORAL TABLET,CHEWABLE	Tier-2	
<i>methylphenidate oral</i>	Tier-1	
QUILLIVANT XR	Tier-3	STPA
STRATTERA CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	Tier-2	QL (60 EA per 30 days)
STRATTERA CAPSULE 100 MG, 80 MG	Tier-2	QL (30 EA per 30 days)
VYVANSE	Tier-3	STPA
BIPOLAR DISORDER		
EQUETRO	Tier-3	
<i>lithium carbonate</i>	Tier-1	
<i>lithium citrate</i>	Tier-1	
<i>olanzapine-fluoxetine</i>	Tier-1	STPA
RISPERDAL CONSTA	Tier-2	
<i>risperidone oral solution</i>	Tier-1	
<i>risperidone oral tablet</i>	Tier-1	
<i>risperidone oral tablet, disintegrating</i>	Tier-1	
DEPRESSION		
<i>amitriptyline</i>	Tier-1	PA
<i>amoxapine</i>	Tier-1	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG	Tier-3	STPA
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	Tier-2	STPA
BRINTELLIX	Tier-3	STPA
<i>bupropion hcl</i>	Tier-1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram</i>	Tier-1	
<i>clomipramine</i>	Tier-1	PA
<i>desipramine oral</i>	Tier-1	
<i>desvenlafaxine oral tablet extended release 24 hr</i>	Tier-1	
<i>doxepin oral</i>	Tier-1	PA
<i>duloxetine capsule, delayed release 20 & 60 mg</i>	Tier-2	QL (60 EA per 30 Days)
<i>duloxetine capsule, delayed release 30 mg</i>	Tier-2	QL (90 EA per 30 days)
DULOXETINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 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
<i>fluoxetine</i>	Tier-1	
<i>fluvoxamine</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</i>	Tier-1	
MARPLAN	Tier-3	
<i>mirtazapine</i>	Tier-1	
<i>nefazodone</i>	Tier-1	
<i>nortriptyline</i>	Tier-1	
<i>paroxetine hcl oral tablet</i>	Tier-1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier-1	
PAXIL ORAL SUSPENSION	Tier-3	
PEXEVA	Tier-3	STPA
<i>phenelzine</i>	Tier-1	
PRISTIQ	Tier-3	STPA
<i>protriptyline</i>	Tier-1	
<i>sertraline</i>	Tier-1	
SURMONTIL	Tier-2	PA
<i>tranylcypromine</i>	Tier-1	
<i>trazodone</i>	Tier-1	
<i>venlafaxine</i>	Tier-1	
VIIBRYD ORAL TABLET	Tier-3	STPA

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
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	Tier-3	STPA
INSOMNIA		
<i>estazolam</i>	Tier-1	
<i>eszopiclone</i>	Tier-2	PA; QL (90 EA per 365 days)
<i>flurazepam</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</i>	Tier-1	PA; QL (90 EA per 365 days)
NARCOLEPSY		
<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 sublingual</i>	Tier-1	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone</i>	Tier-1	PA; QL (90 EA per 30 days)
<i>naloxone</i>	Tier-1	
SUBOXONE SUBLINGUAL FILM	Tier-3	PA; QL (90 EA per 30 days)
ZUBSOLV	Tier-3	PA; QL (90 EA per 30 days)
PSYCHOSES		
ABILIFY DISCMELT 10 MG	Tier-3	STPA
ABILIFY MAINTENA	Tier-2	
<i>aripiprazole oral tablet</i>	Tier-2	STPA
<i>chlorpromazine</i>	Tier-1	
<i>clozapine</i>	Tier-1	
FANAPT	Tier-3	STPA
FAZACLO	Tier-2	
<i>fluphenazine decanoate</i>	Tier-1	
<i>fluphenazine hcl</i>	Tier-1	
GEODON INTRAMUSCULAR	Tier-3	
<i>haloperidol</i>	Tier-1	
<i>haloperidol decanoate</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>haloperidol lactate</i>	Tier-1	
INVEGA	Tier-3	STPA
INVEGA SUSTENNA	Tier-2	
LATUDA ORAL TABLET 20, 40, 60 & 120 MG	Tier-3	STPA; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier-3	STPA; QL (60 EA per 30 Days)
<i>loxapine succinate</i>	Tier-1	
<i>olanzapine intramuscular</i>	Tier-1	
<i>olanzapine oral</i>	Tier-1	STPA
ORAP	Tier-2	
<i>perphenazine</i>	Tier-1	
<i>perphenazine-amitriptyline</i>	Tier-1	
<i>quetiapine oral tablet 100, 200, 300 & 400 mg</i>	Tier-1	STPA
<i>quetiapine oral tablet 25 & 50 mg</i>	Tier-1	STPA; QL (60 EA per 30 days)
SAPHRIS	Tier-3	STPA
SAPHRIS (BLACK CHERRY)	Tier-3	STPA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Tier-2	STPA
<i>thioridazine</i>	Tier-1	PA
<i>thiothixene</i>	Tier-1	
<i>trifluoperazine</i>	Tier-1	
VERSACLOZ	Tier-3	
<i>ziprasidone hcl</i>	Tier-1	STPA
ZYPREXA INTRAMUSCULAR	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 inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	Tier-1	B/D; QL (1080 ML per 90 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier-1	B/D; QL (180 ML per 90 days)
<i>albuterol sulfate oral</i>	Tier-1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier-3	QL (36.6 GM per 90 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier-3	QL (18.3 GM per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	Tier-2	QL (180 EA per 90 days)
ARCAPTA NEOHALER	Tier-3	QL (90 EA per 90 days)
ASMANEX TWISTHALER	Tier-2	QL (360 EA per 90 Days)
ATROVENT HFA	Tier-2	QL (77.4 GM per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	Tier-2	QL (180 EA per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	Tier-2	QL (90 EA per 90 days)
BROVANA	Tier-3	B/D; QL (360 ML per 90 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier-1	B/D; QL (720 ML per 90 days)
COMBIVENT RESPIMAT	Tier-2	QL (24 GM per 90 days)
<i>cromolyn inhalation</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)
FORADIL AEROLIZER	Tier-3	QL (180 EA per 90 Days)
<i>ipratropium bromide inhalation</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 solution for nebulization 0.31 mg/3 ml</i>	Tier-1	B/D; QL (3240 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	Tier-1	B/D; QL (1620 ML per 90 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier-1	B/D; QL (810 EA per 90 days)
<i>metaproterenol oral</i>	Tier-1	
<i>montelukast</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 FLEXHALER	Tier-3	QL (6 EA per 90 days)
PULMICORT SUSPENSION 1 MG/2 ML	Tier-3	QL (720 ML per 90 days)
QVAR	Tier-2	QL (52.2 GM per 90 days)
SEREVENT DISKUS	Tier-2	QL (180 EA per 90 days)
SPIRIVA WITH HANDIHALER	Tier-2	QL (90 EA per 90 days)
STRIVERDI RESPIMAT	Tier-3	QL (180 GM per 90 days)
SYMBICORT	Tier-2	QL (30.6 GM per 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline oral</i>	Tier-1	
<i>theophylline oral solution</i>	Tier-1	
<i>theophylline oral tablet extended release</i>	Tier-1	
<i>theophylline oral tablet extended release 12 hr</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)
PULMONARY HYPERTENSION		
ADCIRCA	Tier-2	PA
ADEMPAS	Tier-2	PA
<i>epoprostenol (glycine)</i>	Tier-1	PA
FLOLAN	Tier-2	PA
LETAIRIS	Tier-2	PA
OPSUMIT	Tier-2	PA
ORENTRAM	Tier-3	PA
REMODULIN	Tier-2	PA
REVATIO ORAL SUSPENSION	Tier-2	PA
<i>sildenafil intravenous</i>	Tier-1	PA
<i>sildenafil oral</i>	Tier-2	PA
TRACLEER	Tier-2	PA; LA
TYVASO	Tier-2	PA
VELETRI	Tier-2	PA
VENTAVIS	Tier-2	PA
RESPIRATORY DRUGS, MISCELLANEOUS		
<i>acetylcysteine solution</i>	Tier-1	B/D
ARALAST NP	Tier-2	
DALIRESP	Tier-3	
GLASSIA	Tier-2	
GRASTEK	Tier-3	PA
PROLASTIN-C	Tier-2	
RAGWITEK	Tier-3	PA
XOLAIR	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
ZEMAIRA	Tier-2	
SKIN		
ACNE ROSACEA		
FINACEA TOPICAL GEL	Tier-2	
<i>metronidazole topical cream</i>	Tier-1	
<i>metronidazole topical gel</i>	Tier-1	
<i>metronidazole topical lotion</i>	Tier-1	
NORITATE	Tier-3	
SOOLANTRA	Tier-3	
ACNE VULGARIS		
ABSORICA	Tier-3	
<i>adapalene topical cream</i>	Tier-1	PA
<i>adapalene topical gel</i>	Tier-1	PA
<i>amnesteem</i>	Tier-1	
ATRALIN	Tier-3	PA
<i>avita</i>	Tier-1	PA
AZELEX	Tier-3	
<i>claravis</i>	Tier-1	
CLINDAGEL	Tier-3	
<i>clindamax topical gel</i>	Tier-1	
<i>clindamycin phosphate topical</i>	Tier-1	
<i>clindamycin-benzoyl peroxide</i>	Tier-1	
DIFFERIN TOPICAL LOTION	Tier-3	PA
<i>ery pads</i>	Tier-1	
<i>erythromycin with ethanol topical gel</i>	Tier-1	
<i>erythromycin with ethanol topical solution</i>	Tier-1	
<i>erythromycin-benzoyl peroxide</i>	Tier-1	
EVOCLIN	Tier-3	
FABIOR	Tier-3	PA
RETIN-A	Tier-3	PA
RETIN-A MICRO	Tier-3	PA
<i>tretinoin microspheres topical gel with pump</i>	Tier-1	PA
<i>tretinoin topical</i>	Tier-1	PA
BACTERIAL INFECTIONS, TOPICAL		
ALTABAX	Tier-3	
CORTISPORIN TOPICAL	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>gentamicin topical</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 topical cream</i>	Tier-1	
ALA-SCALP	Tier-3	
<i>alclometasone</i>	Tier-1	
<i>amcinonide</i>	Tier-1	
<i>apexicon e</i>	Tier-1	
<i>betamethasone dipropionate</i>	Tier-1	
<i>betamethasone valerate</i>	Tier-1	
<i>betamethasone, augmented</i>	Tier-1	
CAPEX	Tier-3	
<i>clobetasol topical foam</i>	Tier-1	
<i>clobetasol topical gel</i>	Tier-1	
<i>clobetasol topical lotion</i>	Tier-1	
<i>clobetasol topical ointment</i>	Tier-1	
<i>clobetasol topical shampoo</i>	Tier-1	
<i>clobetasol topical solution</i>	Tier-1	
<i>clobetasol topical spray,non-aerosol</i>	Tier-1	
<i>clobetasol-emollient topical cream</i>	Tier-1	
<i>clodan</i>	Tier-1	
CLODERM	Tier-3	
CORDRAN TAPE LARGE ROLL	Tier-3	
CORDRAN TOPICAL LOTION	Tier-3	
<i>cormax topical solution</i>	Tier-1	
<i>desonide</i>	Tier-1	
<i>desoximetasone</i>	Tier-1	
<i>diflorasone</i>	Tier-1	
<i>fluocinolone</i>	Tier-1	
<i>fluocinonide</i>	Tier-1	
<i>fluocinonide-e</i>	Tier-1	
<i>fluticasone topical</i>	Tier-1	
<i>halobetasol propionate</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
HALOG	Tier-3	
<i>hydrocortisone butyrate topical ointment</i>	Tier-1	
<i>hydrocortisone butyrate topical solution</i>	Tier-1	
<i>hydrocortisone butyr-emollient</i>	Tier-1	
<i>hydrocortisone topical cream</i>	Tier-1	
<i>hydrocortisone topical lotion</i>	Tier-1	
<i>hydrocortisone topical ointment</i>	Tier-1	
<i>hydrocortisone valerate</i>	Tier-2	
KENALOG TOPICAL	Tier-3	
<i>mometasone</i>	Tier-1	
PANDEL	Tier-3	
<i>prednicarbate</i>	Tier-1	
<i>triamcinolone acetonide topical</i>	Tier-1	
TRIANEX	Tier-3	
<i>triderm topical cream</i>	Tier-1	
FUNGAL INFECTIONS, TOPICAL		
<i>ciclopirox</i>	Tier-1	
<i>clotrimazole topical</i>	Tier-1	
<i>clotrimazole-betamethasone</i>	Tier-1	
<i>econazole topical</i>	Tier-1	
ERTACZO	Tier-3	
EXELDERM	Tier-3	
<i>ketconazole topical cream</i>	Tier-1	
<i>ketconazole topical shampoo</i>	Tier-1	
MENTAX	Tier-3	
<i>naftifine</i>	Tier-1	
NAFTIN TOPICAL CREAM 2 %	Tier-2	
NAFTIN TOPICAL GEL	Tier-2	
<i>nyamyc</i>	Tier-1	
<i>nystatin oral suspension</i>	Tier-1	
<i>nystatin topical</i>	Tier-1	
<i>nystatin-triamcinolone</i>	Tier-2	
<i>nystop</i>	Tier-1	
OXISTAT	Tier-2	
PSORIASIS AND SEBORRHEA		
<i>acitretin</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>calcipotriene</i>	Tier-1	
<i>calcipotriene-betamethasone</i>	Tier-1	
<i>calcitriol topical</i>	Tier-1	
COSENTYX PEN	Tier-2	PA; QL (2 ML per 28 days)
<i>methoxsalen rapid</i>	Tier-1	
OTEZLA	Tier-2	PA
OTEZLA STARTER	Tier-2	PA
STELARA SUBCUTANEOUS SYRINGE	Tier-2	PA
TAZORAC	Tier-3	PA
SCABIES AND PEDICULOSIS		
EURAX	Tier-2	
<i>lindane</i>	Tier-1	
<i>malathion</i>	Tier-1	
<i>permethrin topical cream</i>	Tier-1	
SKLICE	Tier-3	
ULESFIA	Tier-3	
TOPICAL, MISCELLANEOUS		
<i>ammonium lactate topical</i>	Tier-1	
ANUSOL-HC RECTAL CREAM	Tier-3	
<i>diclofenac sodium topical gel</i>	Tier-1	
ELIDEL	Tier-3	STPA
FLUOROPLEX	Tier-2	
<i>fluorouracil topical</i>	Tier-1	
<i>lidocaine hcl mucous membrane gel</i>	Tier-1	
<i>lidocaine hcl mucous membrane solution</i>	Tier-1	
<i>lidocaine topical adhesive patch,medicated</i>	Tier-2	PA; QL (90 EA per 30 Days)
<i>lidocaine topical ointment</i>	Tier-1	
<i>lidocaine-prilocaine topical cream</i>	Tier-1	
<i>neomycin-polymyxin b gu</i>	Tier-1	
PANRETIN	Tier-2	
PICATO	Tier-3	
<i>proctosol hc</i>	Tier-1	
<i>prudoxin</i>	Tier-1	
REGRANEX	Tier-2	
SANTYL	Tier-2	
<i>selenium sulfide topical suspension</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>sodium chloride irrigation</i>	Tier-1	
<i>sulfacetamide sodium</i>	Tier-1	
SULFAMYLON	Tier-3	
<i>tacrolimus topical</i>	Tier-1	
TARGRETIN TOPICAL	Tier-2	
UCERIS RECTAL	Tier-2	
VALCHLOR	Tier-2	
<i>water for irrigation, sterile</i>	Tier-1	
ZONALON	Tier-3	
VIRAL INFECTIONS, TOPICAL		
<i>acyclovir topical</i>	Tier-1	
CONDYLOX TOPICAL GEL	Tier-3	
DENAVIR	Tier-3	
<i>imiquimod</i>	Tier-1	
<i>podofilox</i>	Tier-1	
ZOVIRAX TOPICAL CREAM	Tier-2	
WOMENS HEALTH		
CONTRACEPTIVES		
<i>amethia</i>	Tier-1	
<i>amethyst</i>	Tier-1	
<i>apri</i>	Tier-1	
<i>aranelle (28)</i>	Tier-1	
<i>ashlyna</i>	Tier-1	
<i>aubra</i>	Tier-1	
<i>aviane</i>	Tier-1	
<i>balziva (28)</i>	Tier-1	
BEYAZ	Tier-3	
<i>briellyn</i>	Tier-1	
<i>camila</i>	Tier-1	
<i>deblitane</i>	Tier-1	
<i>delyla (28)</i>	Tier-1	
<i>desog-e.estradiol/e.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	

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Drug Name	Drug Tier	Requirements/Limits
<i>falmina (28)</i>	Tier-1	
GENERESS FE	Tier-3	
<i>gildagia</i>	Tier-1	
<i>gildess 24 fe</i>	Tier-1	
<i>gildess oral tablet 1.5-30 mg-mcg</i>	Tier-1	
<i>introvale</i>	Tier-1	
<i>jinteli</i>	Tier-1	
<i>junel 1.5/30 (21)</i>	Tier-1	
<i>junel 1/20 (21)</i>	Tier-1	
<i>junel fe 1.5/30 (28)</i>	Tier-1	
<i>junel fe 1/20 (28)</i>	Tier-1	
<i>junel fe 24</i>	Tier-1	
<i>kariva (28)</i>	Tier-1	
<i>kelnor 1/35 (28)</i>	Tier-1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier-1	
<i>larin 1.5/30 (21)</i>	Tier-1	
<i>larin 1/20 (21)</i>	Tier-1	
<i>larin fe</i>	Tier-1	
<i>lessina</i>	Tier-1	
<i>levonest (28)</i>	Tier-1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	Tier-1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier-1	
<i>levora-28</i>	Tier-1	
LO LOESTRIN FE	Tier-3	
<i>lopreeza</i>	Tier-1	
<i>marlissa</i>	Tier-1	
<i>microgestin 1.5/30 (21)</i>	Tier-1	
<i>microgestin 1/20 (21)</i>	Tier-1	
<i>microgestin fe 1.5/30 (28)</i>	Tier-1	
<i>microgestin fe 1/20 (28)</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	

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Drug Name	Drug Tier	Requirements/Limits
<i>necon 7/7/7 (28)</i>	Tier-1	
<i>nikki (28)</i>	Tier-1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier-1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier-1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</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 (28)</i>	Tier-1	
NUVARING	Tier-2	
<i>orsythia</i>	Tier-1	
ORTHO TRI-CYCLEN (28)	Tier-3	
<i>portia</i>	Tier-1	
<i>quasense</i>	Tier-1	
SAFYRAL	Tier-3	
<i>sharobel</i>	Tier-1	
<i>tarina fe</i>	Tier-1	
<i>trinessa (28)</i>	Tier-1	
<i>tri-previfem (28)</i>	Tier-1	
<i>tri-sprintec (28)</i>	Tier-1	
<i>trivora (28)</i>	Tier-1	
<i>velivet triphasic regimen (28)</i>	Tier-1	
<i>vyfemla (28)</i>	Tier-1	
ZENCHENT (28)	Tier-3	
ZENCHENT FE	Tier-3	
<i>zeosa</i>	Tier-1	
<i>zovia 1/35e (28)</i>	Tier-1	
<i>zovia 1/50e (28)</i>	Tier-1	
MENOPAUSAL SYMPTOMS/OSTEOPOROSIS		
<i>alendronate</i>	Tier-1	
ALORA	Tier-3	PA
ANGELIQ	Tier-3	
<i>calcitonin (salmon)</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
COMBIPATCH	Tier-3	PA
CRINONE	Tier-2	
DELESTROGEN	Tier-3	
DEPO-ESTRADIOL	Tier-2	
DEPO-PROVERA IM SOLUTION	Tier-2	
DEPO-PROVERA IM SUSPENSION	Tier-2	
DEPO-SUBQ PROVERA 104	Tier-2	
DIVIGEL	Tier-3	
DUAVEE	Tier-3	PA
ELESTRIN	Tier-3	
ENJUvia	Tier-3	PA
ESTRACE VAGINAL	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>ibandronate intravenous solution</i>	Tier-1	
<i>ibandronate oral</i>	Tier-2	
<i>medroxyprogesterone oral</i>	Tier-1	
MENEST	Tier-3	PA
MENOSTAR	Tier-3	PA
<i>methylegonovine oral</i>	Tier-1	
MIACALCIN INJECTION	Tier-2	
<i>norethindrone acetate</i>	Tier-1	
<i>pamidronate intravenous solution</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

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>raloxifene</i>	Tier-1	
RECLAST	Tier-2	
<i>risedronate</i>	Tier-2	
VAGIFEM	Tier-2	
XGEVA	Tier-2	PA
<i>zoledronic acid intravenous solution</i>	Tier-1	
<i>zoledronic acid-mannitol-water intravenous</i>	Tier-1	
PRENATAL VITAMINS		
<i>prenatal vitamins low iron</i>	Tier-1	
VAGINAL INFECTIONS		
AVC VAGINAL	Tier-3	
CLEOCIN VAGINAL SUPPOSITORY	Tier-3	
<i>clindamycin phosphate vaginal</i>	Tier-1	
GYNAZOLE-1 VAGINAL CREAM	Tier-3	
<i>metronidazole vaginal</i>	Tier-1	
<i>miconazole-3 vaginal suppository</i>	Tier-1	
NUVESSA	Tier-3	
<i>terconazole</i>	Tier-1	
<i>vandazole</i>	Tier-1	

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