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Aetna Medicare

2016 Comprehensive Formulary (list of covered drugs)

GRP B2

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

This formulary was updated on 10/1/2015.

For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-594-9390** or for **TTY: 711**, 8 a.m. to 6 p.m. local time, Monday to Friday, or visit **http://www.aetnaretireeplans.com** choose 'Find your prescriptions'.

Formulary ID Number: 16249 Version 7

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Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

You must continue to pay your Medicare Part B premium.

Cost sharing for members who get "Extra Help" is the same at preferred and network pharmacies.

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program, which is called Aetna Rx Home Delivery. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-800-594-9390 (TTY: 711)** if you do not receive your mail-order drugs within this timeframe.

This information is available for free in other languages. Please call our member services number at **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m., local time, Monday to Friday.

Esta información está disponible en forma gratuita en otros idiomas. Para obtener información adicional, comuníquese con Servicios para el afiliado de Aetna al **1-800-594-9390 (TTY: 711)**. Horario de atención: lunes a viernes de 8 a.m. a 6 p.m.

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.

When this drug list (formulary) refers to "we," "us", or "our," it means Aetna Medicare. When it refers to "plan" or "our plan," it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/1/2015. 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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

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 Aetna Medicare Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our 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 10/1/2015. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, contact member services.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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 11. 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 92. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 11. 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 us 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 Aetna Medicare formulary?" on page 6 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 Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Aetna Medicare Formulary?

You can ask us 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, our plan 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, we will only approve your request for an exception if the alternative drug is 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 at least 91 and 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. If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

For more detailed information about our plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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**.

Aetna Medicare Formulary

The comprehensive formulary that begins on page 11 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEVEMIR) and generic drugs are listed in lowercase italics (e.g., *candesartan*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy. In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m., local time, Monday to Friday.

MO: Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "mail-order" or "MO" in our drug list. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m., local time, Monday to Friday.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug tier copay levels

This 2016 comprehensive formulary is a listing of brand-name and generic drugs. The Aetna Medicare 2016 formulary covers many of the drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

	Plans without Specialty Tier			**Plans with Specialty Tier**	
	Two Tier Plan	**Three Tier Plan**	**Four Tier Plan**	**Four Tier Plan**	**Five Tier Plan**
Tier 1	Generic Drugs	Generic Drugs	Preferred Generic Drugs	Generic Drugs	Preferred Generic Drugs
Tier 2	Brand Drugs	Preferred Brand Drugs	Generic Drugs	Preferred Brand Drugs	Generic Drugs
Tier 3	—	Non-Preferred Brand Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Preferred Brand Drugs
Tier 4	—	—	Non-Preferred Brand Drugs	Specialty Tier Drugs	Non-Preferred Brand Drugs
Tier 5	—	—	—	—	Specialty Tier Drugs

You may have drug coverage in the Coverage Gap Stage

There are four "drug payment stages" of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the Coverage Gap stage of the plan. Look in the 2016 Prescription Drug Benefits Chart (Schedule of Copayments/Coinsurance) that was included in your EOC packet. The Prescription Drug Benefits Chart will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Key*

Drug name	**Drug tier**	**Requirements/Limits**
UPPERCASE = Brand-name prescription drugs *Lowercase italics* = Generic medications	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D

	Plans without Specialty Tier			Plans with Specialty Tier		
Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
Analgesics						
acetaminophen/codeine #3	1	1	2	1	2	QL (390 EA per 30 days) MO
acetaminophen/codeine soln	1	1	2	1	2	QL (4500 ML per 30 days) MO
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg	1	1	2	1	2	QL (390 EA per 30 days) MO
butalbital compound/codeine	2	2	3	2	3	QL (180 EA per 30 days) PA
butalbital/acetaminophen/caffeine/codeine	2	2	3	2	3	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen/caffeine caps	2	2	3	2	3	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	2	3	2	3	QL (180 EA per 30 days) PA MO
butalbital/apap/caffeine	2	2	3	2	3	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine/codeine	2	2	3	2	3	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine caps	2	2	3	2	3	QL (180 EA per 30 days) PA MO
capacet	2	2	3	2	3	QL (180 EA per 30 days) PA
CELEBREX CAPS 400MG	2	3	4	3	4	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	2	3	4	3	4	QL (60 EA per 30 days) ST MO
celecoxib caps 400mg	2	3	4	3	4	QL (30 EA per 30 days) MO
celecoxib caps 100mg, 200mg, 50mg	2	3	4	3	4	QL (60 EA per 30 days) MO
codeine sulfate tabs	2	3	4	3	4	QL (180 EA per 30 days) MO
diclofenac potassium	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
diclofenac sodium dr	2	2	3	2	3	MO
diclofenac sodium er	2	2	3	2	3	MO
diflunisal tabs	2	2	3	2	3	MO
duramorph	1	1	2	1	2	B/D
endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	3	4	3	4	QL (360 EA per 30 days)
endodan	2	3	4	3	4	QL (360 EA per 30 days)
esgic caps	2	2	3	2	3	QL (180 EA per 30 days) PA
etodolac er	2	2	3	2	3	MO
etodolac caps, tabs	1	1	2	1	2	MO
fenoprofen calcium tabs	2	2	3	2	3	MO
fentanyl citrate oral transmucosal	1	1	2	4	5	QL (120 EA per 30 days) PA MO
fentanyl pt72 37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr	2	3	4	3	4	QL (15 EA per 30 days)
fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	2	3	4	3	4	QL (15 EA per 30 days) MO
flurbiprofen tabs	1	1	2	1	2	MO
hydrocodone bitartrate/acetaminophen soln	2	3	4	3	4	QL (5550 ML per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	2	3	4	3	4	QL (360 EA per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	2	3	4	3	4	QL (390 EA per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	3	4	3	4	QL (360 EA per 30 days) MO
hydrocodone/ibuprofen	2	3	4	3	4	QL (150 EA per 30 days) MO
hydromorphone hcl liqd	2	3	4	3	4	QL (2400 ML per 30 days) MO
hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml	2	3	4	3	4	B/D MO
hydromorphone hcl immediate release tabs 4mg, 8mg	2	3	4	3	4	QL (240 EA per 30 days) MO
hydromorphone hcl tabs 2mg	2	3	4	3	4	QL (480 EA per 30 days) MO
ibudone tabs 5mg; 200mg	2	3	4	3	4	QL (150 EA per 30 days)
ibuprofen susp	1	1	1	1	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ibuprofen tabs 400mg, 600mg, 800mg	1	1	1	1	1	MO
ketoprofen er	2	3	4	3	4	MO
ketoprofen caps	1	1	2	1	2	MO
lorcet	2	3	4	3	4	QL (360 EA per 30 days)
lorcet hd	2	3	4	3	4	QL (360 EA per 30 days)
lorcet plus tabs 325mg; 7.5mg	2	3	4	3	4	QL (360 EA per 30 days)
margesic	2	2	3	2	3	QL (180 EA per 30 days) PA MO
meclofenamate sodium caps	2	3	4	3	4	MO
meloxicam susp, tabs	1	1	1	1	1	MO
methadone hcl inj	1	1	2	1	2	
methadone hcl tabs	1	1	2	1	2	QL (240 EA per 30 days) MO
methadone hcl oral soln	1	1	2	1	2	QL (3000 ML per 30 days) MO
methadone hcl conc	1	1	2	1	2	QL (360 ML per 30 days) MO
methadone hcl tbso	1	1	2	1	2	QL (90 EA per 30 days)
methadose sugar-free	1	1	2	1	2	QL (360 ML per 30 days) MO
methadose conc	1	1	2	1	2	QL (360 ML per 30 days) MO
methadose tbso	1	1	2	1	2	QL (90 EA per 30 days)
morphine sulfate er cp24 120mg	2	3	4	3	4	QL (180 EA per 30 days) MO
morphine sulfate er cp24 45mg, 75mg, 90mg	2	3	4	3	4	QL (30 EA per 30 days) MO
morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	2	3	4	3	4	QL (60 EA per 30 days) MO
morphine sulfate er tbcr	2	3	4	3	4	QL (90 EA per 30 days) MO
morphine sulfate tabs	1	1	2	1	2	QL (180 EA per 30 days) MO
morphine sulfate inj 0.5mg/ml, 10mg/ml IV, 150mg/30ml, 15mg/ml, 1mg/ml IV, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml	2	3	4	3	4	B/D
morphine sulfate inj 10mg/ml, 1mg/ml PF	2	3	4	3	4	B/D MO
morphine sulfate oral soln 20mg/5ml	1	1	2	1	2	QL (1020 ML per 30 days) MO
morphine sulfate oral soln 20mg/ml	1	1	2	1	2	QL (180 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
morphine sulfate oral soln 10mg/5ml	1	1	2	1	2	QL (1800 ML per 30 days) MO
nabumetone	1	1	2	1	2	MO
nalbuphine hcl inj	2	3	4	3	4	MO
naproxen dr	1	1	2	1	2	MO
naproxen sodium tabs 275mg, 550mg	1	1	2	1	2	MO
naproxen susp, tabs	1	1	2	1	2	MO
oxaprozin	2	3	4	3	4	MO
oxycodone hcl conc	2	3	4	3	4	QL (180 ML per 30 days) MO
oxycodone hcl caps	2	3	4	3	4	QL (360 EA per 30 days) MO
oxycodone hcl soln	2	3	4	3	4	QL (5400 ML per 30 days) MO
oxycodone hcl immediate release tabs 10mg, 15mg, 20mg, 30mg	2	3	4	3	4	QL (180 EA per 30 days) MO
oxycodone hcl tabs 5mg	2	3	4	3	4	QL (360 EA per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	2	3	2	3	QL (360 EA per 30 days) MO
oxycodone/aspirin	2	3	4	3	4	QL (360 EA per 30 days) MO
oxycodone/ibuprofen	2	3	4	3	4	QL (120 EA per 30 days) MO
piroxicam caps	2	2	3	2	3	MO
ROXICET SOLN	2	2	3	2	3	QL (1800 ML per 30 days) MO
roxicet tabs 325mg; 5mg	2	3	4	3	4	QL (360 EA per 30 days)
sulindac tabs	1	1	2	1	2	MO
tolmetin sodium	1	1	2	1	2	MO
tramadol hcl immediate release tabs	1	1	2	1	2	QL (240 EA per 30 days) MO
tramadol hydrochloride/acetaminophen	2	3	4	3	4	QL (240 EA per 30 days) MO
vicodin es tabs 300mg; 7.5mg	2	3	4	3	4	QL (390 EA per 30 days)
vicodin hp tabs 300mg; 10mg	2	3	4	3	4	QL (390 EA per 30 days)
vicodin tabs 300mg; 5mg	2	3	4	3	4	QL (390 EA per 30 days)
VOLTAREN GEL	2	2	3	2	3	QL (1020 GM per 30 days) MO
zamicet	2	3	4	3	4	QL (5550 ML per 30 days)
zebutal caps 325mg; 50mg; 40mg	2	2	3	2	3	QL (180 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Anesthetics						
glydo	1	1	2	1	2	
lidocaine hcl jelly	2	2	3	2	3	MO
lidocaine hcl gel 2%	2	2	3	2	3	MO
lidocaine hcl inj 0.5%, 1.5%	2	3	4	3	4	
lidocaine hcl inj 1%, 2%, 4%	2	3	4	3	4	MO
lidocaine hcl external soln 4%	2	2	3	2	3	MO
lidocaine hcl mouth/throat soln 4%	2	2	3	2	3	
lidocaine viscous	2	2	3	2	3	MO
lidocaine/prilocaine kit	2	2	3	2	3	
lidocaine/prilocaine crea	2	2	3	2	3	MO
lidocaine oint	2	2	3	2	3	MO
lidocaine ptch	2	2	3	2	3	QL (90 EA per 30 days) PA MO
Anti-Addiction/Substance Abuse Treatment Agents						
acamprosate calcium dr	2	3	4	3	4	MO
buprenorphine hcl/naloxone hcl	2	2	3	2	3	QL (90 EA per 30 days) PA MO
buprenorphine hcl subl	2	2	3	2	3	QL (90 EA per 30 days) PA MO
buproban	2	2	3	2	3	QL (60 EA per 30 days) MO
bupropion hcl sr tb12 150mg	2	2	3	2	3	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	2	3	4	3	4	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	2	3	4	3	4	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	2	3	4	3	4	QL (336 EA per 365 days) MO
disulfiram tabs	2	2	3	2	3	MO
EVZIO	2	3	4	3	4	PA MO
naloxone hcl inj 1mg/ml	1	1	2	1	2	
naloxone hcl inj 0.4mg/ml	1	1	2	1	2	MO
naltrexone hcl tabs	2	2	3	2	3	MO
NICOTROL NS	2	3	4	3	4	QL (40 ML per 30 days) MO
SUBOXONE FILM 12MG; 3MG	2	3	4	3	4	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	2	3	4	3	4	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Antibacterials						
amikacin sulfate inj 1gm/4ml, 500mg/2ml	2	2	3	2	3	MO
amoxicillin	1	1	1	1	1	MO
amoxicillin/clavulanate potassium	1	1	2	1	2	MO
amoxicillin/clavulanate potassium er	2	3	4	3	4	MO
ampicillin sodium inj 10gm, 125mg, 1gm for IV, 250mg, 2gm for IV	1	1	2	1	2	
ampicillin sodium inj 1gm, 2gm, 500mg	1	1	2	1	2	MO
ampicillin-sulbactam	2	3	4	3	4	
ampicillin caps	1	1	2	1	2	MO
ampicillin susr 125mg/5ml	1	1	2	1	2	
ampicillin susr 250mg/5ml	1	1	2	1	2	MO
azithromycin pack, susr, tabs	1	1	2	1	2	MO
azithromycin inj 500mg	2	3	4	3	4	MO
aztreonam	2	3	4	3	4	MO
baciim	2	3	4	3	4	
bacitracin inj 50000unit	2	3	4	3	4	MO
BACTOCILL IN DEXTROSE	2	3	4	3	4	
BICILLIN L-A	2	3	4	3	4	MO
cefaclor er	2	2	3	2	3	MO
cefaclor caps	2	2	3	2	3	MO
cefaclor susr 125mg/5ml, 375mg/5ml	2	2	3	2	3	
cefaclor susr 250mg/5ml	2	2	3	2	3	MO
cefadroxil	1	1	2	1	2	MO
cefazolin sodium/dextrose	2	3	4	3	4	
cefazolin sodium inj 100gm, 1gm; 5%, 1gm for IV, 20gm, 300gm	2	3	4	3	4	
cefazolin sodium inj 10gm, 1gm, 500mg	2	3	4	3	4	MO
cefdinir	2	3	4	3	4	MO
cefditoren pivoxil tabs 400mg	2	3	4	3	4	
cefditoren pivoxil tabs 200mg	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
cefepime inj 1gm/50ml; 5%, 1gm/50ml, 2gm/100ml, 2gm/50ml; 5%	2	3	4	3	4	
cefepime inj 1gm, 2gm	2	3	4	3	4	MO
cefotaxime sodium inj 10gm, 2gm, 500mg	2	3	4	3	4	
cefotaxime sodium inj 1gm	2	3	4	3	4	MO
cefotetan	2	3	4	3	4	
cefotetan/dextrose	2	3	4	3	4	
cefoxitin sodium inj 10gm, 1gm; 4%, 2gm; 2.2%, 2gm	2	3	4	3	4	
cefoxitin sodium inj 1gm	2	3	4	3	4	MO
cefpodoxime proxetil	2	3	4	3	4	MO
cefprozil	2	3	4	3	4	MO
ceftazidime/dextrose	2	3	4	3	4	
ceftazidime inj 6gm	2	3	4	3	4	
ceftazidime inj 1gm, 2gm	2	3	4	3	4	MO
ceftriaxone in iso-osmotic dextrose	2	3	4	3	4	
ceftriaxone sodium i.v. 1gm	2	3	4	3	4	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	2	3	4	3	4	MO
ceftriaxone/dextrose	2	3	4	3	4	
cefuroxime axetil tabs	1	1	2	1	2	MO
cefuroxime sodium inj 1.5gm, 7.5gm, 75gm	2	3	4	3	4	
cefuroxime sodium inj 750mg	2	3	4	3	4	MO
cefuroxime/dextrose inj 750mg; 4.1%	2	3	4	3	4	
cephalexin	1	1	2	1	2	MO
chloramphenicol sodium succinate	2	3	4	3	4	
ciprofloxacin er	1	1	1	1	1	MO
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	1	1	1	1	MO
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	2	3	4	3	4	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

	Plans without Specialty Tier			Plans with Specialty Tier		
Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
ciprofloxacin otic soln, susr	2	2	3	2	3	MO
ciprofloxacin inj	2	3	4	3	4	MO
clarithromycin er	1	1	2	1	2	MO
clarithromycin susr, immediate release tabs	2	2	3	2	3	MO
clindamax gel	2	2	3	2	3	
clindamycin hcl caps	2	2	3	2	3	MO
clindamycin palmitate hcl	2	2	3	2	3	MO
clindamycin phosphate add-vantage	2	3	4	3	4	
clindamycin phosphate in d5w	2	3	4	3	4	
clindamycin phosphate crea 2%	2	2	3	2	3	MO
clindamycin phosphate inj 150mg/ml, 300mg/2ml, 9000mg/60ml	2	3	4	3	4	
clindamycin phosphate inj 600mg/4ml, 900mg/6ml	2	3	4	3	4	MO
colistimethate sodium	2	3	4	3	4	PA MO
CUBICIN	2	3	4	4	5	
DALVANCE	2	3	4	4	5	
dicloxacillin sodium	1	1	2	1	2	MO
DIFICID	2	2	3	4	5	MO
doxy 100	2	3	4	3	4	MO
doxycycline hyclate dr	2	3	4	3	4	MO
doxycycline hyclate caps, inj, tabs	2	3	4	3	4	MO
doxycycline monohydrate caps	2	3	4	3	4	MO
doxycycline monohydrate tabs 50mg	2	3	4	3	4	
doxycycline monohydrate tabs 100mg, 150mg, 75mg	2	3	4	3	4	MO
doxycycline caps, susr	2	3	4	3	4	MO
E.E.S. GRANULES	2	3	4	3	4	MO
ERY-TAB	2	2	3	2	3	MO
ERYPED 200	2	3	4	3	4	MO
ERYPED 400	2	3	4	3	4	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ERYTHROCIN STEARATE	2	3	4	3	4	MO
erythromycin base tabs	1	1	2	1	2	MO
erythromycin ethylsuccinate tabs	1	1	2	1	2	MO
erythromycin stearate tabs	1	1	2	1	2	MO
erythromycin cpep 250mg	2	2	3	2	3	MO
gentamicin sulfate pediatric	1	1	2	1	2	MO
gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%	1	1	2	1	2	
gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%	1	1	2	1	2	MO
gentamicin sulfate inj 10mg/ml	1	1	2	1	2	
gentamicin sulfate inj 40mg/ml	1	1	2	1	2	MO
imipenem/cilastatin	2	2	3	2	3	MO
INVANZ IV 1GM	2	3	4	3	4	
INVANZ INJ 1GM	2	3	4	3	4	MO
isotonic gentamicin inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%	1	1	2	1	2	
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	1	2	1	2	MO
KETEK TABS 300MG	2	3	4	3	4	
KETEK TABS 400MG	2	3	4	3	4	MO
levofloxacin in d5w	2	3	4	3	4	
levofloxacin inj 25mg/ml	2	3	4	3	4	
levofloxacin oral soln 25mg/ml	2	2	3	2	3	MO
levofloxacin tabs 250mg, 500mg, 750mg	2	2	3	2	3	MO
linezolid inj	1	1	2	4	5	PA
linezolid tabs	1	1	2	4	5	QL (56 EA per 28 days) PA
meropenem	2	3	4	3	4	MO
methenamine hippurate	2	3	4	3	4	MO
METRO IV	2	3	4	3	4	
metronidazole in nacl 0.79%	2	3	4	3	4	
metronidazole vaginal	2	2	3	2	3	MO
metronidazole caps 375mg	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

	Plans without Specialty Tier			Plans with Specialty Tier		
Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
metronidazole tabs 250mg, 500mg	2	2	3	2	3	MO
minocycline hcl caps	1	1	2	1	2	MO
morgidox 1x100mg caps	2	3	4	3	4	
morgidox 2x100mg caps	2	3	4	3	4	
MOXATAG	2	3	4	3	4	MO
nafcillin sodium inj 10gm, 1gm, 2gm for i.v.	2	3	4	3	4	
nafcillin sodium inj 2gm	2	3	4	3	4	MO
NALLPEN ISO-OSMOTIC IN DEX-TROSE	2	3	4	3	4	
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	2	3	4	3	4	
neomycin sulfate tabs	1	1	2	1	2	MO
nitrofurantoin macrocrystals	2	3	4	3	4	MO
nitrofurantoin monohydrate	2	3	4	3	4	MO
nitrofurantoin susp	2	3	4	3	4	MO
ofloxacin tabs 400mg	1	1	2	1	2	
oxacillin sodium inj 10gm, 1gm	2	3	4	3	4	
oxacillin sodium inj 2gm	2	3	4	3	4	MO
paromomycin sulfate	2	3	4	3	4	MO
PCE	2	3	4	3	4	MO
penicillin g potassium inj 20000000unit, 5000000unit	2	3	4	3	4	MO
penicillin g procaine	2	3	4	3	4	MO
penicillin g sodium	2	3	4	3	4	
penicillin v potassium	1	1	1	1	1	MO
piperacillin sodium/tazobactam sodium	2	3	4	3	4	
SIVEXTRO INJ	2	2	3	4	5	
SIVEXTRO TABS	2	2	3	4	5	MO
streptomycin sulfate inj	2	3	4	3	4	MO
sulfadiazine tabs	1	1	2	1	2	MO
sulfamethoxazole/trimethoprim	1	1	1	1	1	MO
sulfamethoxazole/trimethoprim ds	1	1	1	1	1	MO
SUPRAX CAPS	2	3	4	3	4	MO
SUPRAX CHEW 100MG	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
SUPRAX CHEW 200MG	2	3	4	3	4	MO
SUPRAX SUSR 500MG/5ML	2	3	4	3	4	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	2	3	4	3	4	MO
SYNERCID	2	3	4	4	5	
tazicef inj 1gm, 2gm, 6gm	2	3	4	3	4	
TEFLARO	2	3	4	3	4	
tetracycline hcl caps	1	1	2	1	2	MO
tinidazole	2	3	4	3	4	MO
tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml	1	1	2	1	2	
tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml	2	3	4	3	4	
tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml	2	3	4	3	4	MO
trimethoprim tabs	1	1	2	1	2	MO
TYGACIL	2	3	4	4	5	
vancomycin hcl in dextrose	2	3	4	3	4	
vancomycin hcl caps	1	1	2	4	5	PA MO
vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg	2	3	4	3	4	
vancomycin hcl inj 500mg	2	3	4	3	4	MO
vandazole	1	1	2	1	2	MO
XIFAXAN TABS 200MG	2	3	4	3	4	QL (9 EA per 3 days) PA MO
XIFAXAN TABS 550MG	2	2	3	4	5	QL (60 EA per 30 days) PA MO
ZYVOX INJ	2	3	4	4	5	PA
ZYVOX SUSR	2	3	4	4	5	QL (1800 ML per 28 days) PA MO
Anticonvulsants						
APTIOM TABS 200MG, 400MG, 800MG	2	3	4	3	4	QL (30 EA per 30 days) PA MO
APTIOM TABS 600MG	2	3	4	3	4	QL (60 EA per 30 days) PA MO
BANZEL TABS	2	3	4	3	4	PA MO
BANZEL SUSP	2	3	4	4	5	PA MO
carbamazepine er	2	3	4	3	4	MO
carbamazepine chew, susp, tabs	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
CELONTIN	2	3	4	3	4	MO
clonazepam odt tbdp 1mg	2	3	4	3	4	QL (120 EA per 30 days) MO
clonazepam odt tbdp 2mg	2	3	4	3	4	QL (300 EA per 30 days) MO
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg	2	3	4	3	4	QL (90 EA per 30 days) MO
clonazepam tabs 1mg	2	2	3	2	3	QL (120 EA per 30 days) MO
clonazepam tabs 2mg	2	2	3	2	3	QL (300 EA per 30 days) MO
clonazepam tabs 0.5mg	2	2	3	2	3	QL (90 EA per 30 days) MO
diazepam gel 10mg, 2.5mg, 20mg	2	3	4	3	4	MO
DILANTIN CAPS 30MG	2	3	4	3	4	MO
divalproex sodium	2	2	3	2	3	MO
divalproex sodium dr	2	2	3	2	3	MO
divalproex sodium er	2	2	3	2	3	MO
epitol	1	1	2	1	2	
ethosuximide	2	3	4	3	4	MO
felbamate	2	3	4	3	4	MO
fosphenytoin sodium inj 100mg pe/2ml	2	3	4	3	4	
fosphenytoin sodium inj 500mg pe/10ml	2	3	4	3	4	MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	2	3	4	3	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 2MG	2	3	4	3	4	QL (60 EA per 30 days) PA MO
gabapentin caps, soln, tabs	1	1	2	1	2	MO
GABITRIL TABS 12MG, 16MG	2	3	4	3	4	MO
lamotrigine immediate release tabs, chew	1	1	2	1	2	MO
levetiracetam oral soln, immediate release tabs	1	1	2	1	2	MO
levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml	2	3	4	3	4	
levetiracetam inj 500mg/5ml	2	3	4	3	4	MO
LYRICA SOLN	2	3	4	3	4	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	2	3	4	3	4	QL (60 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	2	3	4	3	4	QL (90 EA per 30 days) PA MO
ONFI SUSP	2	3	4	3	4	MO
ONFI TABS 10MG, 20MG	2	3	4	3	4	MO
oxcarbazepine	2	3	4	3	4	MO
PEGANONE	2	3	4	3	4	MO
phenobarbital tabs	2	3	4	3	4	QL (120 EA per 30 days) PA MO
phenobarbital elix	2	3	4	3	4	QL (1500 ML per 30 days) PA MO
phenytoin sodium extended	1	1	2	1	2	MO
phenytoin sodium inj	2	3	4	3	4	
phenytoin chew, susp	1	1	2	1	2	MO
POTIGA TABS 50MG	2	3	4	3	4	QL (270 EA per 30 days) MO
POTIGA TABS 200MG, 300MG, 400MG	2	3	4	3	4	QL (90 EA per 30 days) MO
primidone tabs	1	1	2	1	2	MO
SABRIL	2	3	4	4	5	PA LA
TEGRETOL-XR TB12 100MG	2	3	4	3	4	MO
tiagabine hydrochloride	2	3	4	3	4	MO
topiramate IR tabs, IR capsule sprinkles	1	1	2	1	2	MO
valproate sodium inj	2	3	4	3	4	
valproic acid caps, syrp	1	1	2	1	2	MO
VIMPAT INJ	2	3	4	3	4	
VIMPAT ORAL SOLN	2	3	4	3	4	MO
VIMPAT TABS 50MG	2	3	4	3	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	2	3	4	3	4	QL (60 EA per 30 days) MO
zonisamide	1	1	2	1	2	MO
Antidementia Agents						
donepezil hcl tbdp	2	2	3	2	3	QL (30 EA per 30 days) MO
donepezil hcl tabs 23mg, 5mg	1	1	2	1	2	QL (30 EA per 30 days) MO
donepezil hcl tabs 10mg	1	1	2	1	2	QL (60 EA per 30 days) MO
ergoloid mesylates tabs	2	2	3	2	3	PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
EXELON PT24	2	2	3	2	3	QL (30 EA per 30 days) MO
galantamine hydrobromide soln	2	3	4	3	4	QL (200 ML per 30 days) MO
galantamine hydrobromide cp24	2	3	4	3	4	QL (30 EA per 30 days) MO
galantamine hydrobromide tabs	2	3	4	3	4	QL (60 EA per 30 days) MO
NAMENDA TITRATION PAK	2	2	3	2	3	QL (49 EA per 28 days) PA MO
NAMENDA XR	2	2	3	2	3	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	2	2	3	2	3	QL (30 EA per 30 days) PA MO
NAMENDA SOLN	2	2	3	2	3	QL (360 ML per 30 days) PA MO
NAMENDA TABS	2	2	3	2	3	QL (60 EA per 30 days) PA MO
rivastigmine tartrate	2	3	4	3	4	QL (60 EA per 30 days) MO
Antidepressants						
amitriptyline hcl tabs	1	1	2	1	2	PA MO
amoxapine	1	1	2	1	2	MO
BRINTELLIX	2	3	4	3	4	QL (30 EA per 30 days) ST MO
bupropion hcl er	2	2	3	2	3	QL (60 EA per 30 days) MO
bupropion hcl sr tb12 100mg, 150mg, 200mg	2	2	3	2	3	QL (60 EA per 30 days) MO
bupropion hcl xl	2	2	3	2	3	QL (30 EA per 30 days) MO
bupropion hcl tabs	2	2	3	2	3	QL (180 EA per 30 days) MO
citalopram hydrobromide soln	1	1	1	1	1	QL (600 ML per 30 days) MO
citalopram hydrobromide tabs 10mg	1	1	1	1	1	QL (120 EA per 30 days) MO
citalopram hydrobromide tabs 40mg	1	1	1	1	1	QL (30 EA per 30 days) MO
citalopram hydrobromide tabs 20mg	1	1	1	1	1	QL (60 EA per 30 days) MO
clomipramine hcl caps	2	2	3	2	3	PA MO
desipramine hcl tabs	2	2	3	2	3	MO
desvenlafaxine er tb24 100mg, 50mg	2	3	4	3	4	QL (30 EA per 30 days) ST
doxepin hcl caps, conc	1	1	2	1	2	PA MO
duloxetine hcl cpep 20mg, 60mg	2	2	3	2	3	QL (60 EA per 30 days) MO
duloxetine hcl cpep 30mg	2	2	3	2	3	QL (90 EA per 30 days) MO
EMSAM	2	3	4	4	5	QL (30 EA per 30 days) ST MO
escitalopram oxalate soln	2	3	4	3	4	QL (600 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
escitalopram oxalate tabs 20mg	2	3	4	3	4	QL (30 EA per 30 days) MO
escitalopram oxalate tabs 10mg, 5mg	2	3	4	3	4	QL (45 EA per 30 days) MO
FETZIMA	2	3	4	3	4	QL (30 EA per 30 days) ST MO
FETZIMA TITRATION PACK	2	3	4	3	4	QL (30 EA per 30 days) ST MO
fluoxetine dr	2	3	4	3	4	QL (4 EA per 28 days) MO
fluoxetine hcl caps, soln, tabs	1	1	2	1	2	MO
fluvoxamine maleate tabs	2	3	4	3	4	MO
imipramine hcl tabs	1	1	2	1	2	PA MO
KHEDEZLA	2	3	4	3	4	QL (30 EA per 30 days) ST MO
maprotiline hcl	2	3	4	3	4	MO
MARPLAN	2	3	4	3	4	MO
mirtazapine odt	2	3	4	3	4	QL (30 EA per 30 days) MO
mirtazapine tabs	1	1	2	1	2	MO
nefazodone hcl	2	3	4	3	4	MO
nortriptyline hcl caps, soln	1	1	2	1	2	MO
olanzapine/fluoxetine	2	3	4	3	4	QL (30 EA per 30 days) MO
OLEPTRO TB24 300MG	2	3	4	3	4	QL (30 EA per 30 days) ST MO
OLEPTRO TB24 150MG	2	3	4	3	4	QL (75 EA per 30 days) ST MO
paroxetine hcl immediate release tabs	1	1	2	1	2	MO
paroxetine hcl er tb24 37.5mg	2	3	4	3	4	QL (60 EA per 30 days) MO
paroxetine hcl er tb24 12.5mg, 25mg	2	3	4	3	4	QL (90 EA per 30 days) MO
PAXIL SUSP	2	3	4	3	4	MO
perphenazine/amitriptyline	2	3	4	3	4	MO
phenelzine sulfate tabs	2	2	3	2	3	MO
PRISTIQ TB24 25MG	2	3	4	3	4	QL (120 EA per 30 days) ST MO
protriptyline hcl	2	3	4	3	4	MO
sertraline hcl conc, tabs	1	1	1	1	1	MO
SURMONTIL	2	3	4	3	4	PA MO
tranylcypromine sulfate	2	3	4	3	4	MO
trazodone hcl tabs	1	1	2	1	2	MO
venlafaxine hcl	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
venlafaxine hcl er cp24 37.5mg, 75mg	2	2	3	2	3	QL (30 EA per 30 days) MO
venlafaxine hcl er cp24 150mg	2	2	3	2	3	QL (60 EA per 30 days) MO
venlafaxine hcl er tb24 225mg, 37.5mg, 75mg	2	3	4	3	4	QL (30 EA per 30 days) MO
venlafaxine hcl er tb24 150mg	2	3	4	3	4	QL (60 EA per 30 days) MO
VIIBRYD TABS	2	3	4	3	4	QL (30 EA per 30 days) MO
VIIBRYD KIT	2	3	4	3	4	QL (60 EA per 365 days) MO
Antiemetics						
dronabinol caps 2.5mg, 5mg	2	3	4	3	4	QL (60 EA per 30 days) PA MO
dronabinol caps 10mg	1	1	2	4	5	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	2	3	4	3	4	QL (1 EA per 30 days) B/D MO
EMEND PAK 125MG, 80MG	2	3	4	3	4	QL (6 EA per 30 days) B/D MO
granisetron hcl tabs	2	3	4	3	4	QL (60 EA per 30 days) B/D MO
meclizine hcl tabs	1	1	2	1	2	MO
ondansetron hcl tabs	1	1	2	1	2	B/D MO
ondansetron hcl oral soln	1	1	2	1	2	QL (900 ML per 30 days) B/D MO
ondansetron hcl inj 40mg/20ml, 4mg/2ml	1	1	2	1	2	MO
ondansetron odt	1	1	2	1	2	B/D MO
phenadoz supp 25mg	2	3	4	3	4	PA
phenadoz supp 12.5mg	2	3	4	3	4	PA MO
phenergan supp	2	3	4	3	4	PA
promethazine hcl supp 12.5mg, 25mg, 50mg	2	3	4	3	4	PA MO
promethegan supp 12.5mg, 25mg	2	3	4	3	4	PA
promethegan supp 50mg	2	3	4	3	4	PA MO
TRANSDERM-SCOP	2	3	4	3	4	MO
Antifungals						
ABELCET	2	3	4	4	5	B/D
AMBISOME	2	3	4	4	5	B/D
amphotericin b	1	1	2	1	2	B/D MO
CANCIDAS INJ 50MG	2	3	4	4	5	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
CANCIDAS INJ 70MG	2	3	4	4	5	MO
ciclodan crea, soln	2	3	4	3	4	
ciclopirox	2	3	4	3	4	MO
ciclopirox nail lacquer	2	3	4	3	4	MO
ciclopirox olamine crea	2	3	4	3	4	MO
clotrimazole/betamethasone dipropionate	1	1	2	1	2	MO
clotrimazole crea, soln, troc	1	1	2	1	2	MO
econazole nitrate crea	2	2	3	2	3	MO
ERAXIS	2	3	4	4	5	PA
EXELDERM	2	3	4	3	4	MO
fluconazole in dextrose	2	3	4	3	4	
fluconazole in nacl	2	3	4	3	4	
fluconazole susr, tabs	2	2	3	2	3	MO
flucytosine	1	1	2	4	5	MO
griseofulvin microsize	2	3	4	3	4	MO
griseofulvin ultramicrosize	2	3	4	3	4	MO
itraconazole caps	2	3	4	3	4	PA MO
ketoconazole crea, sham, tabs	1	1	2	1	2	MO
MENTAX	2	3	4	3	4	MO
NOXAFIL INJ	2	3	4	4	5	PA
NOXAFIL SUSP, TBEC	2	3	4	4	5	PA MO
nyamyc	1	1	2	1	2	
nystatin/triamcinolone	1	1	2	1	2	MO
nystatin crea, oint, powd, susp, tabs	1	1	2	1	2	MO
nystop	1	1	2	1	2	MO
OXISTAT	2	3	4	3	4	MO
SPORANOX SOLN	2	3	4	4	5	PA MO
terbinafine hcl tabs	2	2	3	2	3	MO
terconazole	1	1	2	1	2	MO
voriconazole inj	2	3	4	3	4	
voriconazole susr, tabs	1	1	2	4	5	MO
Antigout Agents						
allopurinol tabs	1	1	1	1	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
colchicine caps, tabs	2	2	3	2	3	MO
COLCRYS	2	2	3	2	3	MO
probenecid/colchicine	2	2	3	2	3	MO
probenecid tabs	2	2	3	2	3	MO
Antimigraine Agents						
CAFERGOT	2	3	4	3	4	QL (40 EA per 28 days) MO
dihydroergotamine mesylate inj	2	2	3	2	3	MO
dihydroergotamine mesylate nasal soln	2	3	4	3	4	QL (8 ML per 28 days) MO
ERGOMAR	2	2	3	2	3	
MIGERGOT	2	3	4	3	4	QL (20 EA per 28 days) MO
MIGRANAL	2	3	4	3	4	QL (8 ML per 28 days) MO
naratriptan hcl	2	3	4	3	4	QL (9 EA per 30 days) MO
rizatriptan benzoate	2	3	4	3	4	QL (12 EA per 30 days) MO
rizatriptan benzoate odt	2	3	4	3	4	QL (12 EA per 30 days) MO
sumatriptan succinate refill inj 6mg/0.5ml	2	3	4	3	4	QL (4 ML per 30 days)
sumatriptan succinate refill inj 4mg/0.5ml	2	3	4	3	4	QL (4 ML per 30 days) MO
sumatriptan succinate tabs	2	2	3	2	3	QL (9 EA per 30 days) MO
sumatriptan succinate inj 6mg/0.5ml	2	3	4	3	4	QL (4 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml	2	3	4	3	4	QL (4 ML per 30 days) MO
sumatriptan spray	2	2	3	2	3	QL (6 EA per 30 days) MO
SUMAVEL DOSEPRO INJ 4MG/0.5ML	2	3	4	4	5	QL (4 ML per 30 days) ST
SUMAVEL DOSEPRO INJ 6MG/0.5ML	2	3	4	4	5	QL (4 ML per 30 days) ST MO
zolmitriptan odt	2	3	4	3	4	QL (6 EA per 30 days) MO
zolmitriptan tabs	2	3	4	3	4	QL (6 EA per 30 days) MO
Antimyasthenic Agents						
guanidine hcl	2	3	4	3	4	
MESTINON TIMESPAN	2	3	4	3	4	MO
MESTINON SYRP	2	3	4	3	4	MO
pyridostigmine bromide tabs	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Antimycobacterials						
CAPASTAT SULFATE	2	3	4	3	4	
cycloserine	2	3	4	3	4	
dapsone tabs	2	2	3	2	3	MO
ethambutol hcl tabs	2	3	4	3	4	MO
isoniazid inj	1	1	2	1	2	
isoniazid syrp, tabs	1	1	2	1	2	MO
PASER	2	3	4	3	4	MO
PRIFTIN	2	3	4	3	4	MO
pyrazinamide tabs	2	3	4	3	4	MO
rifabutin	2	3	4	3	4	MO
rifampin caps, inj	2	3	4	3	4	MO
RIFATER	2	3	4	3	4	MO
SIRTURO	2	3	4	4	5	QL (188 EA per 365 days) PA
TRECATOR	2	3	4	3	4	MO
Antineoplastics						
ABRAXANE	2	3	4	4	5	
adrucil	2	3	4	3	4	B/D
AFINITOR	2	3	4	4	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	2	3	4	4	5	QL (60 EA per 30 days) PA
ALIMTA	2	3	4	4	5	PA
ALKERAN TABS	2	3	4	3	4	B/D MO
amifostine	1	1	2	4	5	
anastrozole tabs	1	1	2	1	2	MO
ARRANON	2	3	4	4	5	
ARZERRA	2	3	4	4	5	PA LA
AVASTIN	2	3	4	4	5	PA
azacitidine	1	1	2	4	5	PA
BELEODAQ	2	3	4	4	5	PA LA
bicalutamide	2	2	3	2	3	MO
BICNU	2	3	4	3	4	
bleomycin sulfate	2	3	4	3	4	B/D
BLINCYTO	2	3	4	4	5	PA LA
BOSULIF	2	3	4	4	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
BUSULFEX	2	3	4	4	5	
CAPRELSA TABS 300MG	2	3	4	4	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 100MG	2	3	4	4	5	QL (60 EA per 30 days) PA
carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml	2	3	4	3	4	
cisplatin	2	3	4	3	4	
cladribine	1	1	2	1	2	B/D
CLOLAR	2	3	4	4	5	
COMETRIQ	2	3	4	4	5	PA
COSMEGEN	2	3	4	4	5	
cyclophosphamide caps	2	2	3	2	3	B/D MO
cyclophosphamide inj	2	3	4	3	4	
CYRAMZA	2	3	4	4	5	PA
cytarabine aqueous	2	3	4	3	4	B/D
dacarbazine inj	1	1	2	1	2	
daunorubicin hcl inj 5mg/ml	1	1	2	1	2	
DAUNOXOME	2	3	4	4	5	
decitabine	2	3	4	3	4	
DEPOCYT	2	3	4	3	4	
dexrazoxane	2	3	4	3	4	
DOCEFREZ	2	3	4	4	5	
docetaxel inj 140mg/7ml, 160mg/16ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml	1	1	2	4	5	
doxorubicin hcl	2	3	4	3	4	B/D
doxorubicin hcl liposome	2	3	4	3	4	
DROXIA	2	3	4	3	4	MO
ELITEK	2	3	4	4	5	PA
EMCYT	2	3	4	3	4	MO
epirubicin hcl inj 200mg/100ml, 50mg/25ml	2	3	4	3	4	
ERBITUX	2	3	4	4	5	PA
ERIVEDGE	2	3	4	4	5	QL (30 EA per 30 days) PA LA
ERWINAZE	2	3	4	4	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

	Plans without Specialty Tier			Plans with Specialty Tier		
Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
etoposide inj	2	2	3	2	3	
exemestane	2	3	4	3	4	MO
FARESTON	2	3	4	4	5	MO
FARYDAK	2	3	4	4	5	QL (6 EA per 21 days) PA LA
FASLODEX	2	3	4	4	5	PA
floxuridine	1	1	2	1	2	B/D
fludarabine phosphate	2	3	4	3	4	
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	2	3	4	3	4	B/D
flutamide	2	3	4	3	4	MO
FOLOTYN	2	3	4	4	5	
FUSILEV	2	3	4	4	5	
GAZYVA	2	3	4	4	5	PA LA
gemcitabine	1	1	2	4	5	
gemcitabine hcl	1	1	2	4	5	
GILOTRIF	2	3	4	4	5	QL (30 EA per 30 days) PA
GLEEVEC TABS 400MG	2	3	4	4	5	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	2	3	4	4	5	QL (90 EA per 30 days) PA
HALAVEN	2	3	4	4	5	PA
HERCEPTIN	2	3	4	4	5	PA
HEXALEN	2	3	4	4	5	MO
hydroxyurea caps	1	1	2	1	2	
IBRANCE	2	3	4	4	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 45MG	2	3	4	4	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	2	3	4	4	5	QL (60 EA per 30 days) PA
idarubicin hcl	1	1	2	1	2	
ifosfamide	2	3	4	3	4	
ifosfamide/mesna	1	1	2	1	2	
IMBRUVICA	2	3	4	4	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	2	3	4	4	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	2	3	4	4	5	QL (240 EA per 30 days) PA LA
INTRON A W/DILUENT	2	3	4	4	5	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	2	3	4	4	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
irinotecan	2	3	4	3	4	
ISTODAX	2	3	4	4	5	PA
IXEMPRA KIT	2	3	4	4	5	PA
JAKAFI	2	3	4	4	5	QL (60 EA per 30 days) PA LA
JEVTANA	2	3	4	4	5	PA
KADCYLA	2	3	4	4	5	PA
KEYTRUDA	2	3	4	4	5	PA LA
LENVIMA 10MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 14MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 20MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 24MG DAILY DOSE	2	3	4	4	5	PA
letrozole	2	3	4	3	4	MO
leucovorin calcium tabs	2	3	4	3	4	MO
leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg	2	3	4	3	4	
LEUKERAN	2	3	4	3	4	MO
levoleucovorin calcium	1	1	2	4	5	
lomustine	2	2	3	2	3	
LYNPARZA	2	3	4	4	5	QL (448 EA per 28 days) PA
MATULANE	2	3	4	4	5	
MEKINIST TABS 0.5MG	2	3	4	4	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	2	3	4	4	5	QL (30 EA per 30 days) PA LA
melphalan hydrochloride	1	1	2	4	5	
mercaptopurine tabs	2	3	4	3	4	MO
mesna	2	3	4	3	4	
MESNEX TABS	2	3	4	3	4	MO
mitomycin	2	3	4	3	4	
mitoxantrone hcl	2	2	3	2	3	
MUSTARGEN	2	3	4	3	4	
NEXAVAR	2	3	4	4	5	QL (120 EA per 30 days) PA LA
NILANDRON	2	3	4	4	5	MO
NIPENT	2	3	4	4	5	
ONCASPAR	2	3	4	4	5	
OPDIVO	2	3	4	4	5	PA LA
oxaliplatin	2	3	4	4	5	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
paclitaxel	2	3	4	3	4	
PANRETIN	2	3	4	4	5	MO
PERJETA	2	3	4	4	5	PA LA
POMALYST	2	3	4	4	5	QL (21 EA per 28 days) PA LA
PROLEUKIN	2	3	4	4	5	
PURIXAN	2	3	4	4	5	PA
REVLIMID	2	3	4	4	5	QL (30 EA per 30 days) PA LA
RITUXAN	2	3	4	4	5	PA
SOLTAMOX	2	3	4	3	4	PA MO
SPRYCEL TABS 100MG, 140MG	2	3	4	4	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	2	3	4	4	5	QL (60 EA per 30 days) PA
STIVARGA	2	3	4	4	5	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 37.5MG, 50MG	2	3	4	4	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	2	3	4	4	5	QL (90 EA per 30 days) PA
SYLATRON INJ 200MCG, 300MCG, 600MCG	2	3	4	4	5	PA
SYLATRON 4-PACK INJ 200MCG, 300MCG	2	3	4	4	5	PA LA
SYLVANT	2	3	4	4	5	PA
SYNRIBO	2	3	4	4	5	PA
TABLOID	2	3	4	3	4	MO
TAFINLAR CAPS 75MG	2	3	4	4	5	QL (120 EA per 30 days) PA LA
TAFINLAR CAPS 50MG	2	3	4	4	5	QL (180 EA per 30 days) PA LA
tamoxifen citrate tabs	1	1	2	1	2	MO
TARCEVA TABS 25MG	2	3	4	4	5	QL (60 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	2	3	4	4	5	QL (90 EA per 30 days) PA LA
TARGRETIN	2	3	4	4	5	PA
TASIGNA	2	2	3	4	5	QL (120 EA per 30 days) PA
TEMODAR INJ	2	3	4	4	5	B/D
THALOMID CAPS 100MG, 150MG, 50MG	2	3	4	4	5	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	2	3	4	4	5	QL (56 EA per 28 days) PA
THERACYS	2	3	4	3	4	
TICE BCG	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
toposar	2	2	3	2	3	
topotecan hcl	1	1	2	4	5	
TORISEL	2	3	4	4	5	
TREANDA	2	3	4	4	5	
tretinoin caps 10mg	1	1	2	4	5	MO
TRISENOX	2	3	4	3	4	PA
TYKERB	2	3	4	4	5	QL (180 EA per 30 days) PA LA
UVADEX	2	3	4	3	4	
VALCHLOR	2	3	4	4	5	PA
VALSTAR	2	3	4	4	5	
VECTIBIX	2	3	4	4	5	PA
VELCADE	2	3	4	4	5	PA
vinblastine sulfate inj 1mg/ml	1	1	2	1	2	B/D
vincasar pfs	2	3	4	3	4	B/D
vincristine sulfate	2	3	4	3	4	B/D
vinorelbine tartrate	2	3	4	3	4	
VOTRIENT	2	3	4	4	5	QL (120 EA per 30 days) PA LA
XALKORI	2	3	4	4	5	QL (60 EA per 30 days) PA LA
XTANDI	2	3	4	4	5	QL (120 EA per 30 days) PA LA
YERVOY	2	3	4	4	5	PA
ZALTRAP INJ 100MG/4ML	2	3	4	4	5	PA
ZALTRAP INJ 200MG/8ML	2	3	4	4	5	PA LA
ZANOSAR	2	3	4	3	4	
ZELBORAF	2	3	4	4	5	QL (240 EA per 30 days) PA LA
ZOLINZA	2	3	4	4	5	QL (120 EA per 30 days) PA
ZYDELIG	2	3	4	4	5	QL (60 EA per 30 days) PA
ZYKADIA	2	3	4	4	5	QL (150 EA per 30 days) PA LA
ZYTIGA	2	2	3	4	5	QL (120 EA per 30 days) PA
Antiparasitics						
ALBENZA	2	3	4	3	4	MO
ALINIA	2	3	4	3	4	MO
atovaquone	2	3	4	4	5	PA MO
atovaquone/proguanil hcl	2	3	4	3	4	MO
BILTRICIDE	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
chloroquine phosphate tabs	1	1	2	1	2	MO
COARTEM	2	3	4	3	4	MO
DARAPRIM	2	3	4	3	4	MO
hydroxychloroquine sulfate tabs	1	1	2	1	2	MO
ivermectin tabs	1	1	2	1	2	MO
lindane lotn, sham	2	3	4	3	4	MO
malathion lotn	2	3	4	3	4	MO
mefloquine hcl	1	1	2	1	2	MO
MEPRON	2	3	4	4	5	PA MO
NEBUPENT	2	3	4	3	4	B/D MO
PENTAM 300	2	3	4	3	4	MO
permethrin crea	1	1	2	1	2	MO
primaquine phosphate tabs	2	2	3	2	3	MO
quinine sulfate	2	3	4	3	4	PA MO
STROMECTOL	2	2	3	2	3	MO
Antiparkinson Agents						
amantadine hcl caps, syrp, tabs	2	2	3	2	3	MO
APOKYN	2	3	4	4	5	PA LA
AZILECT	2	3	4	3	4	QL (30 EA per 30 days) MO
benztropine mesylate tabs	2	2	3	2	3	PA MO
benztropine mesylate inj	2	3	4	3	4	PA MO
bromocriptine mesylate caps, tabs	2	2	3	2	3	MO
carbidopa/levodopa	1	1	2	1	2	MO
carbidopa/levodopa er	2	2	3	2	3	MO
carbidopa/levodopa odt	1	1	2	1	2	MO
carbidopa/levodopa/entacapone	2	3	4	3	4	MO
carbidopa tabs	2	2	3	2	3	MO
entacapone	2	3	4	3	4	MO
MIRAPEX ER	2	2	3	2	3	QL (30 EA per 30 days) MO
NEUPRO	2	3	4	3	4	QL (30 EA per 30 days) MO
pramipexole dihydrochloride IR tabs	1	1	2	1	2	MO
pramipexole dihydrochloride er tb24 0.75mg, 1.5mg	2	2	3	2	3	MO
ropinirole hcl immediate release tabs	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
RYTARY	2	3	4	3	4	MO
selegiline hcl caps, tabs	2	2	3	2	3	MO
trihexyphenidyl hcl	1	1	2	1	2	PA MO
Antipsychotics						
ABILIFY DISCMELT TBDP 15MG	2	3	4	3	4	QL (60 EA per 30 days)
ABILIFY DISCMELT TBDP 10MG	2	3	4	3	4	QL (60 EA per 30 days) MO
ABILIFY MAINTENA	2	3	4	3	4	MO
ABILIFY INJ	2	3	4	3	4	MO
ABILIFY ORAL SOLN	2	3	4	3	4	QL (900 ML per 30 days)
ADASUVE	2	3	4	3	4	
aripiprazole tabs	2	3	4	3	4	QL (30 EA per 30 days) MO
chlorpromazine hcl inj, tabs	2	3	4	3	4	MO
clozapine	2	2	3	2	3	
clozapine odt	2	2	3	2	3	
compazine supp	2	3	4	3	4	
compro	2	3	4	3	4	MO
FANAPT	2	3	4	3	4	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	2	3	4	3	4	QL (16 EA per 365 days) ST
FAZACLO	2	3	4	3	4	ST
fluphenazine decanoate inj	2	2	3	2	3	MO
fluphenazine hcl conc, elix, inj, tabs	1	1	2	1	2	MO
GEODON INJ	2	3	4	3	4	MO
haloperidol decanoate	2	3	4	3	4	MO
haloperidol lactate	2	3	4	3	4	MO
haloperidol conc, tabs	1	1	2	1	2	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	2	3	4	3	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	2	3	4	3	4	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	2	3	4	3	4	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	2	3	4	3	4	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	2	3	4	3	4	QL (1.5 ML per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
INVEGA TB24 1.5MG, 3MG, 9MG	2	3	4	3	4	QL (30 EA per 30 days) ST MO
INVEGA TB24 6MG	2	3	4	3	4	QL (60 EA per 30 days) ST MO
LATUDA	2	3	4	3	4	QL (30 EA per 30 days) MO
loxapine succinate caps	2	3	4	3	4	MO
olanzapine odt	2	3	4	3	4	QL (30 EA per 30 days) MO
olanzapine inj	2	3	4	3	4	MO
olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg	2	3	4	3	4	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	2	3	4	3	4	QL (60 EA per 30 days) MO
ORAP	2	3	4	3	4	MO
perphenazine tabs	2	3	4	3	4	MO
prochlorperazine sup	2	3	4	3	4	MO
prochlorperazine edisylate inj	2	3	4	3	4	MO
prochlorperazine maleate tabs	1	1	2	1	2	MO
quetiapine fumarate tabs 200mg	2	3	4	3	4	QL (120 EA per 30 days) MO
quetiapine fumarate tabs 25mg	2	3	4	3	4	QL (180 EA per 30 days) MO
quetiapine fumarate tabs 300mg, 400mg	2	3	4	3	4	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg, 50mg	2	3	4	3	4	QL (90 EA per 30 days) MO
RISPERDAL CONSTA	2	3	4	3	4	MO
risperidone odt tbdp 4mg	2	3	4	3	4	QL (120 EA per 30 days) MO
risperidone odt tbdp 1mg, 2mg	2	3	4	3	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 0.25mg, 0.5mg, 3mg	2	3	4	3	4	QL (90 EA per 30 days) MO
risperidone soln	1	1	2	1	2	MO
risperidone tabs 4mg	1	1	2	1	2	QL (120 EA per 30 days) MO
risperidone tabs 1mg, 2mg	1	1	2	1	2	QL (60 EA per 30 days) MO
risperidone tabs 0.25mg, 0.5mg, 3mg	1	1	2	1	2	QL (90 EA per 30 days) MO
SAPHRIS	2	3	4	3	4	QL (60 EA per 30 days) MO
SEROQUEL XR TB24 50MG	2	2	3	2	3	QL (180 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	2	2	3	2	3	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 300MG, 400MG	2	2	3	2	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
thioridazine hcl tabs	2	3	4	3	4	PA MO
thiothixene caps	1	1	2	1	2	MO
trifluoperazine hcl tabs	2	3	4	3	4	MO
VERSACLOZ	2	3	4	4	5	ST
ziprasidone hcl	2	3	4	3	4	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	2	3	4	3	4	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	2	3	4	3	4	QL (2 EA per 28 days)
Antispasticity Agents						
baclofen tabs	2	2	3	2	3	MO
dantrolene sodium caps	2	3	4	3	4	MO
tizanidine hcl tabs	1	1	2	1	2	MO
Antivirals						
abacavir	2	3	4	3	4	MO
abacavir sulfate/lamivudine/zidovudine	1	1	2	4	5	MO
acyclovir sodium inj 1000mg, 50mg/ml	2	3	4	3	4	B/D
acyclovir sodium inj 500mg	2	3	4	3	4	B/D MO
acyclovir caps, susp, tabs	1	1	2	1	2	MO
acyclovir oint	2	3	4	3	4	MO
adefovir dipivoxil	2	2	3	2	3	QL (30 EA per 30 days) MO
APTIVUS SOLN	2	3	4	4	5	
APTIVUS CAPS	2	3	4	4	5	MO
ATRIPLA	2	3	4	4	5	QL (30 EA per 30 days) MO
BARACLUDE SOLN	2	3	4	3	4	QL (630 ML per 30 days) MO
BARACLUDE TABS	2	3	4	4	5	QL (30 EA per 30 days) MO
COMPLERA	2	3	4	4	5	QL (30 EA per 30 days) MO
CRIXIVAN	2	2	3	2	3	MO
DENAVIR	2	3	4	3	4	MO
didanosine	2	3	4	3	4	MO
EDURANT	2	3	4	4	5	QL (30 EA per 30 days) MO
EMTRIVA	2	3	4	3	4	MO
entecavir	1	1	2	4	5	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
EPIVIR HBV SOLN	2	3	4	3	4	MO
EPIVIR SOLN	2	3	4	3	4	MO
EPZICOM	2	3	4	4	5	MO
EVOTAZ	2	3	4	4	5	QL (30 EA per 30 days) MO
famciclovir tabs 125mg, 250mg	2	3	4	3	4	QL (60 EA per 30 days) MO
famciclovir tabs 500mg	2	3	4	3	4	QL (90 EA per 30 days) MO
foscarnet sodium	2	3	4	3	4	B/D
FUZEON	2	3	4	4	5	QL (60 EA per 30 days)
ganciclovir inj	1	1	2	1	2	B/D
HARVONI	2	2	3	4	5	QL (30 EA per 30 days) PA
INTELENCE TABS 25MG	2	3	4	3	4	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	2	3	4	4	5	QL (60 EA per 30 days) MO
INTRON A INJ 18MU, 50MU	2	3	4	4	5	PA LA
INVIRASE CAPS	2	3	4	3	4	MO
INVIRASE TABS	2	3	4	4	5	MO
ISENTRESS PACK	2	2	3	2	3	QL (300 EA per 30 days)
ISENTRESS TABS	2	3	4	4	5	QL (120 EA per 30 days) MO
ISENTRESS CHEW 25MG	2	2	3	2	3	QL (180 EA per 30 days) MO
ISENTRESS CHEW 100MG	2	3	4	4	5	QL (180 EA per 30 days) MO
KALETRA SOLN	2	3	4	3	4	QL (390 ML per 30 days) MO
KALETRA TABS 200MG; 50MG	2	3	4	3	4	QL (120 EA per 30 days) MO
KALETRA TABS 100MG; 25MG	2	3	4	3	4	QL (240 EA per 30 days) MO
lamivudine	2	2	3	2	3	MO
lamivudine/zidovudine	1	1	2	4	5	MO
LEXIVA SUSP	2	3	4	3	4	MO
LEXIVA TABS	2	3	4	4	5	MO
moderiba tabs	2	2	3	2	3	PA
nevirapine	2	3	4	3	4	MO
nevirapine er	2	3	4	3	4	MO
NORVIR	2	3	4	3	4	MO
PEG-INTRON REDIPEN	2	2	3	4	5	PA
PEG-INTRON INJ 50MCG/0.5ML	2	2	3	4	5	PA
PEGINTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	2	2	3	4	5	PA

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PREZCOBIX	2	3	4	4	5	QL (30 EA per 30 days) MO
PREZISTA SUSP	2	3	4	4	5	MO
PREZISTA TABS 75MG	2	3	4	3	4	
PREZISTA TABS 150MG, 600MG, 800MG	2	3	4	4	5	MO
RELENZA DISKHALER	2	3	4	3	4	QL (120 EA per 365 days) MO
RESCRIPTOR	2	2	3	2	3	MO
RETROVIR IV INFUSION	2	3	4	3	4	
REYATAZ PACK	2	3	4	4	5	
REYATAZ CAPS 150MG, 200MG, 300MG	2	3	4	4	5	MO
ribasphere caps	2	3	4	3	4	PA
ribasphere tabs 200mg	2	3	4	3	4	PA
ribavirin	2	2	3	2	3	PA
rimantadine hcl	1	1	2	1	2	MO
SELZENTRY TABS 300MG	2	3	4	4	5	QL (120 EA per 30 days) MO
SELZENTRY TABS 150MG	2	3	4	4	5	QL (60 EA per 30 days) MO
SOVALDI	2	2	3	4	5	QL (28 EA per 28 days) PA
stavudine	2	3	4	3	4	MO
STRIBILD	2	3	4	4	5	QL (30 EA per 30 days) MO
SUSTIVA	2	3	4	3	4	MO
TAMIFLU SUSR	2	3	4	3	4	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	2	3	4	3	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	2	3	4	3	4	QL (84 EA per 365 days) MO
TIVICAY	2	3	4	4	5	QL (60 EA per 30 days) MO
TRIUMEQ	2	3	4	4	5	QL (30 EA per 30 days) MO
TRUVADA	2	3	4	4	5	QL (30 EA per 30 days) MO
TYBOST	2	2	3	2	3	QL (30 EA per 30 days) MO
TYZEKA	2	3	4	3	4	QL (30 EA per 30 days) MO
valacyclovir hcl	2	2	3	2	3	MO
VALCYTE	2	3	4	4	5	MO
valganciclovir	1	1	2	4	5	MO
VIDEX PEDIATRIC	2	3	4	3	4	MO
VIRACEPT	2	3	4	4	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
VIRAMUNE XR TB24 100MG	2	3	4	3	4	
VIRAMUNE SUSP	2	3	4	3	4	MO
VIRAZOLE	2	3	4	4	5	
VIREAD POWD	2	3	4	3	4	MO
VIREAD TABS 200MG, 250MG	2	3	4	3	4	
VIREAD TABS 150MG, 300MG	2	3	4	3	4	MO
VITEKTA	2	3	4	4	5	QL (30 EA per 30 days)
ZIAGEN SOLN	2	3	4	3	4	MO
zidovudine	2	2	3	2	3	MO
Anxiolytics						
alprazolam IR tabs 0.25mg, 0.5mg	1	1	2	1	2	QL (120 EA per 30 days) MO
alprazolam IR tabs 1mg, 2mg	1	1	2	1	2	QL (150 EA per 30 days) MO
buspirone hcl tabs	1	1	2	1	2	MO
clorazepate dipotassium tabs 15mg	2	3	4	3	4	QL (180 EA per 30 days) MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	2	3	4	3	4	QL (90 EA per 30 days) MO
diazepam intensol	2	3	4	3	4	MO
diazepam inj 5mg/ml	2	3	4	3	4	QL (240 ML per 30 days) PA MO
diazepam oral soln 1mg/ml	2	3	4	3	4	QL (1200 ML per 30 days) PA MO
diazepam tabs 10mg, 2mg, 5mg	2	3	4	3	4	QL (120 EA per 30 days) PA MO
duloxetine hcl cpep 40mg	2	2	3	2	3	QL (60 EA per 30 days)
lorazepam intensol	2	2	3	2	3	QL (150 ML per 30 days) MO
lorazepam tabs	2	2	3	2	3	QL (90 EA per 30 days) MO
lorazepam inj 4mg/ml	2	2	3	2	3	QL (120 ML per 30 days)
lorazepam inj 2mg/ml	2	2	3	2	3	QL (120 ML per 30 days) MO
temazepam caps 15mg, 30mg	1	1	2	1	2	QL (30 EA per 30 days) MO
triazolam	1	1	2	1	2	QL (60 EA per 30 days) MO
Bipolar Agents						
EQUETRO	2	3	4	3	4	MO
lithium	1	1	2	1	2	MO
lithium carbonate er	1	1	2	1	2	MO
lithium carbonate caps, tabs	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Blood Glucose Regulators						
acarbose	1	1	1	1	1	MO
AVANDAMET TABS 1000MG; 2MG, 500MG; 4MG	2	3	4	3	4	QL (60 EA per 30 days) MO
AVANDARYL TABS 4MG; 8MG	2	3	4	3	4	QL (30 EA per 30 days) MO
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	2	3	4	3	4	QL (60 EA per 30 days) MO
AVANDIA TABS 8MG	2	3	4	3	4	QL (30 EA per 30 days) MO
AVANDIA TABS 2MG, 4MG	2	3	4	3	4	QL (60 EA per 30 days) MO
glimepiride	1	1	1	1	1	MO
glipizide er	1	1	1	1	1	MO
glipizide xl	1	1	1	1	1	MO
glipizide/metformin hcl	1	1	1	1	1	MO
glipizide tabs	1	1	1	1	1	MO
GLUCAGEN DIAGNOSTIC	2	2	3	2	3	QL (4 EA per 30 days) MO
GLUCAGEN HYPOKIT	2	2	3	2	3	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	2	2	3	2	3	QL (4 EA per 30 days) MO
glyburide micronized	2	3	4	3	4	PA MO
glyburide/metformin hcl	2	3	4	3	4	PA MO
glyburide tabs	2	3	4	3	4	PA MO
HUMALOG	2	3	4	3	4	ST MO
HUMALOG KWIKPEN INJ 200UNIT/ML	2	3	4	3	4	ST
HUMALOG KWIKPEN INJ 100UNIT/ML	2	3	4	3	4	ST MO
HUMALOG MIX 50/50	2	3	4	3	4	ST MO
HUMALOG MIX 50/50 KWIKPEN	2	3	4	3	4	ST MO
HUMALOG MIX 75/25	2	3	4	3	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	2	3	4	3	4	ST MO
HUMULIN 70/30	2	3	4	3	4	ST MO
HUMULIN 70/30 KWIKPEN	2	3	4	3	4	ST MO
HUMULIN N	2	3	4	3	4	ST MO
HUMULIN N KWIKPEN	2	3	4	3	4	ST MO
HUMULIN R	2	3	4	3	4	ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED)	2	3	4	3	4	ST MO
INVOKAMET	2	2	3	2	3	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	2	2	3	2	3	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	2	2	3	2	3	QL (60 EA per 30 days) MO
JANUMET	2	2	3	2	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	2	2	3	2	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	2	2	3	2	3	QL (60 EA per 30 days) MO
JANUVIA	2	2	3	2	3	QL (30 EA per 30 days) MO
JENTADUETO	2	2	3	2	3	MO
KORLYM	2	3	4	4	5	QL (120 EA per 30 days) PA
LANTUS	2	3	4	3	4	ST MO
LANTUS SOLOSTAR	2	3	4	3	4	ST MO
LEVEMIR	2	2	3	2	3	MO
LEVEMIR FLEXTOUCH	2	2	3	2	3	MO
metformin hcl er	1	1	1	1	1	MO
metformin hcl tabs	1	1	1	1	1	MO
nateglinide	1	1	1	1	1	MO
NOVOLIN 70/30	2	2	3	2	3	MO
NOVOLIN N	2	2	3	2	3	MO
NOVOLIN R	2	2	3	2	3	MO
NOVOLOG	2	2	3	2	3	MO
NOVOLOG FLEXPEN	2	2	3	2	3	MO
NOVOLOG MIX 70/30	2	2	3	2	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	2	3	2	3	MO
NOVOLOG PENFILL	2	2	3	2	3	MO
pioglitazone hcl	1	1	1	1	1	QL (30 EA per 30 days) MO
pioglitazone hcl-glimepiride	1	1	1	1	1	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl	1	1	1	1	1	QL (90 EA per 30 days) MO
PROGLYCEM	2	3	4	3	4	MO
repaglinide tabs 0.5mg, 1mg	1	1	1	1	1	QL (120 EA per 30 days) MO
repaglinide tabs 2mg	1	1	1	1	1	QL (240 EA per 30 days) MO
SYMLINPEN 120	2	3	4	3	4	QL (10.8 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
SYMLINPEN 60	2	3	4	3	4	QL (6 ML per 30 days) MO
tolazamide	1	1	1	1	1	MO
tolbutamide	1	1	1	1	1	MO
TRADJENTA	2	2	3	2	3	MO
TRULICITY	2	2	3	2	3	QL (2 ML per 28 days) MO
VICTOZA	2	2	3	2	3	QL (9 ML per 30 days) MO
Blood Products/Modifiers/Volume Expanders						
AGGRENOX	2	2	3	2	3	QL (60 EA per 30 days) MO
anagrelide hydrochloride	1	1	2	1	2	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	2	2	3	2	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	2	2	3	2	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	2	2	3	2	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	2	2	3	2	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	2	2	3	2	3	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	2	2	3	2	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	2	2	3	4	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	2	2	3	4	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	2	2	3	4	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	2	2	3	4	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	2	2	3	4	5	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	2	2	3	4	5	QL (4 ML per 28 days) PA
BRILINTA	2	2	3	2	3	QL (60 EA per 30 days) MO
cilostazol	1	1	2	1	2	MO
clopidogrel tabs 300mg	1	1	2	1	2	QL (2 EA per 365 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
clopidogrel tabs 75mg	1	1	2	1	2	QL (30 EA per 30 days) MO
CYKLOKAPRON	2	2	3	2	3	
EFFIENT	2	2	3	2	3	QL (30 EA per 30 days) MO
ELIQUIS	2	3	4	3	4	QL (60 EA per 30 days) MO
enoxaparin sodium	2	3	4	3	4	MO
fondaparinux sodium	2	3	4	3	4	MO
FRAGMIN INJ 95000UNIT/3.8ML	2	3	4	3	4	
FRAGMIN INJ 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	2	3	4	3	4	MO
heparin sodium/d5w	2	3	4	3	4	
heparin sodium/nacl 0.45%	2	3	4	3	4	
heparin sodium/nacl 0.9%	2	3	4	3	4	
heparin sodium/sodium chloride 0.9%	2	3	4	3	4	
heparin sodium/sodium chloride 0.9% premix	2	3	4	3	4	
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	2	3	4	3	4	MO
jantoven	1	1	2	1	2	
LEUKINE INJ 250MCG	2	3	4	4	5	PA
NEUMEGA	2	3	4	4	5	PA
NEUPOGEN	2	3	4	4	5	PA
PRADAXA	2	2	3	2	3	QL (60 EA per 30 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	2	3	2	3	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	2	2	3	4	5	QL (8 ML per 28 days) PA
PROMACTA	2	3	4	4	5	QL (30 EA per 30 days) PA LA
ticlopidine hcl	2	3	4	3	4	PA
tranexamic acid tabs	2	2	3	2	3	QL (30 EA per 5 days) MO
tranexamic acid inj	2	3	4	3	4	
warfarin sodium tabs	1	1	1	1	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
XARELTO STARTER PACK	2	2	3	2	3	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 20MG	2	2	3	2	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	2	2	3	2	3	QL (60 EA per 30 days) MO
Cardiovascular Agents						
acebutolol hcl caps	2	2	3	2	3	MO
acetazolamide er	2	3	4	3	4	MO
acetazolamide tabs	2	2	3	2	3	MO
afeditab cr	1	1	2	1	2	
ALTOPREV	2	3	4	3	4	QL (30 EA per 30 days) ST MO
amiloride hcl tabs	2	2	3	2	3	MO
amiloride/hydrochlorothiazide	1	1	2	1	2	MO
amiodarone hcl tabs	1	1	2	1	2	MO
amlodipine besylate/atorvastatin calcium	1	1	1	1	1	MO
amlodipine besylate/benazepril hydrochloride	1	1	1	1	1	QL (30 EA per 30 days) MO
amlodipine besylate/valsartan	1	1	1	1	1	QL (30 EA per 30 days) MO
amlodipine besylate tabs	1	1	1	1	1	MO
amlodipine/valsartan/hctz	1	1	1	1	1	QL (30 EA per 30 days) MO
AMTURNIDE TABS 150MG; 5MG; 12.5MG	2	2	3	2	3	QL (30 EA per 30 days)
AMTURNIDE TABS 300MG; 10MG; 12.5MG, 300MG; 10MG; 25MG, 300MG; 5MG; 12.5MG, 300MG; 5MG; 25MG	2	2	3	2	3	QL (30 EA per 30 days) MO
ATACAND	2	3	4	3	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	2	3	4	3	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	2	3	4	3	4	QL (60 EA per 30 days) ST MO
atenolol/chlorthalidone	1	1	1	1	1	MO
atenolol tabs	1	1	1	1	1	MO
atorvastatin calcium	1	1	1	1	1	MO
benazepril hcl/hydrochlorothiazide	1	1	1	1	1	MO
benazepril hcl tabs	1	1	1	1	1	MO
BENICAR	2	3	4	3	4	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
BENICAR HCT	2	3	4	3	4	QL (30 EA per 30 days) MO
betaxolol hcl tabs 10mg, 20mg	2	2	3	2	3	MO
bisoprolol fumarate	1	1	2	1	2	MO
bisoprolol fumarate/hydrochloro-thiazide	1	1	2	1	2	MO
bumetanide inj, tabs	2	2	3	2	3	MO
candesartan cilexetil	1	1	1	1	1	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochloro-thiazide tabs 32mg; 12.5mg, 32mg; 25mg	1	1	1	1	1	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochloro-thiazide tabs 16mg; 12.5mg	1	1	1	1	1	QL (60 EA per 30 days) MO
captopril/hydrochlorothiazide	1	1	1	1	1	MO
captopril tabs	1	1	1	1	1	MO
cartia xt	1	1	2	1	2	
carvedilol	1	1	1	1	1	MO
chlorothiazide tabs	1	1	2	1	2	MO
chlorthalidone tabs 25mg, 50mg	1	1	1	1	1	MO
cholestyramine light	1	1	2	1	2	MO
cholestyramine pack, powd	1	1	2	1	2	MO
clonidine hcl tabs	1	1	2	1	2	MO
clonidine hcl ptwk	2	3	4	3	4	QL (8 EA per 28 days) MO
CLORPRES	2	3	4	3	4	MO
colestipol hcl	1	1	1	1	1	MO
colestipol hcl for oral suspension	1	1	1	1	1	MO
COREG CR	2	3	4	3	4	QL (30 EA per 30 days) MO
CORLANOR	2	3	4	3	4	PA MO
CRESTOR	2	2	3	2	3	QL (30 EA per 30 days) MO
DIBENZYLINE	2	2	3	2	3	MO
digitek	1	1	2	1	2	
digox	1	1	2	1	2	
digoxin oral soln, tabs	1	1	2	1	2	MO
digoxin inj	2	3	4	3	4	MO
dilt-xr	1	1	2	1	2	
diltiazem cd cp24 180mg	1	1	2	1	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
diltiazem cd cp24 120mg, 240mg, 300mg	1	1	2	1	2	MO
diltiazem hcl cd	1	1	2	1	2	MO
diltiazem hcl er	1	1	2	1	2	MO
diltiazem hcl tabs	1	1	2	1	2	MO
diltiazem hcl inj	2	3	4	3	4	
DIOVAN HCT	2	3	4	3	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 320MG	2	3	4	3	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	2	3	4	3	4	QL (60 EA per 30 days) ST MO
disopyramide phosphate caps	1	1	2	1	2	PA MO
doxazosin mesylate	2	2	3	2	3	MO
DYRENIUM CAPS 100MG, 50MG	2	3	4	3	4	MO
enalapril maleate/hydrochlorothiazide	1	1	1	1	1	MO
enalapril maleate tabs	1	1	1	1	1	MO
eplerenone	2	3	4	3	4	MO
eprosartan mesylate	1	1	1	1	1	QL (30 EA per 30 days) MO
felodipine er	1	1	2	1	2	MO
fenofibrate micronized	1	1	2	1	2	MO
fenofibrate caps	1	1	2	1	2	MO
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	1	1	2	1	2	MO
fenofibric acid	1	1	2	1	2	MO
fenofibric acid dr	1	1	2	1	2	MO
FENOGLIDE	2	3	4	3	4	ST MO
flecainide acetate	2	2	3	2	3	MO
fluvastatin	1	1	1	1	1	MO
fosinopril sodium	1	1	1	1	1	MO
fosinopril sodium/hydrochlorothiazide	1	1	1	1	1	MO
furosemide oral soln, tabs	1	1	1	1	1	MO
furosemide inj	2	3	4	3	4	MO
gemfibrozil tabs	1	1	1	1	1	MO
hydralazine hcl tabs	1	1	2	1	2	MO
hydralazine hcl inj	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
hydrochlorothiazide caps, tabs	1	1	1	1	1	MO
indapamide tabs	1	1	1	1	1	MO
INNOPRAN XL	2	3	4	3	4	MO
irbesartan	1	1	1	1	1	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide	1	1	1	1	1	QL (30 EA per 30 days) MO
isosorbide dinitrate er	1	1	2	1	2	MO
isosorbide dinitrate tabs	1	1	2	1	2	MO
isosorbide mononitrate	1	1	2	1	2	MO
isosorbide mononitrate er	1	1	2	1	2	MO
isradipine	2	3	4	3	4	MO
KYNAMRO	2	3	4	4	5	PA LA
labetalol hcl tabs	1	1	2	1	2	MO
labetalol hcl inj	2	3	4	3	4	MO
lidocaine hcl inj 10mg/ml, 20mg/ml	2	3	4	3	4	MO
LIPOFEN	2	2	3	2	3	MO
lisinopril	1	1	1	1	1	MO
lisinopril/hydrochlorothiazide	1	1	1	1	1	MO
losartan potassium/hydrochlorothiazide	1	1	1	1	1	QL (30 EA per 30 days) MO
losartan potassium tabs 100mg	1	1	1	1	1	QL (30 EA per 30 days) MO
losartan potassium tabs 25mg, 50mg	1	1	1	1	1	QL (60 EA per 30 days) MO
lovastatin	1	1	1	1	1	MO
LOVAZA	2	3	4	3	4	QL (120 EA per 30 days) ST MO
matzim la	1	1	2	1	2	MO
methazolamide	2	3	4	3	4	MO
methyclothiazide tabs	1	1	2	1	2	MO
metolazone	2	2	3	2	3	MO
metoprolol succinate er	1	1	1	1	1	MO
metoprolol tartrate inj, tabs	1	1	1	1	1	MO
metoprolol/hydrochlorothiazide	1	1	2	1	2	MO
mexiletine hcl	2	3	4	3	4	MO
micronized colestipol hcl	1	1	1	1	1	MO
midodrine hcl	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
minitran	2	2	3	2	3	
minoxidil tabs	2	2	3	2	3	MO
moexipril hcl	1	1	1	1	1	MO
moexipril/hydrochlorothiazide	1	1	1	1	1	MO
MULTAQ	2	3	4	3	4	QL (60 EA per 30 days) MO
nadolol/bendroflumethiazide	2	2	3	2	3	MO
nadolol tabs	2	2	3	2	3	MO
niacin er	1	1	2	1	2	MO
NIASPAN	2	3	4	3	4	ST MO
nicardipine hcl caps	2	2	3	2	3	MO
nifedical xl	1	1	2	1	2	
nifedipine er	1	1	2	1	2	MO
nimodipine caps	2	3	4	3	4	MO
nisoldipine	2	3	4	3	4	MO
nisoldipine er	2	3	4	3	4	MO
nitroglycerin lingual spray	2	3	4	3	4	MO
nitroglycerin transdermal pt24 0.1mg/hr, 0.6mg/hr	1	1	2	1	2	MO
nitroglycerin inj	2	3	4	3	4	
nitroglycerin pt24 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	1	2	1	2	MO
NITROMIST	2	3	4	3	4	MO
NITROSTAT	2	3	4	3	4	MO
NORTHERA	2	3	4	4	5	PA LA
NYMALIZE	2	3	4	4	5	PA
omega-3-acid ethyl esters	2	2	3	2	3	QL (120 EA per 30 days) MO
pacerone	2	2	3	2	3	
pentoxifylline cr	2	2	3	2	3	MO
pentoxifylline er	2	2	3	2	3	MO
perindopril erbumine	1	1	1	1	1	MO
pindolol	2	2	3	2	3	MO
pravastatin sodium	1	1	1	1	1	MO
prazosin hcl	1	1	2	1	2	MO
prevalite	2	2	3	2	3	MO
propafenone hcl	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
propafenone hcl er	2	3	4	3	4	MO
propranolol hcl er	1	1	2	1	2	MO
propranolol hcl inj	1	1	2	1	2	
propranolol hcl oral soln, tabs	1	1	2	1	2	MO
propranolol/hydrochlorothiazide	1	1	2	1	2	MO
quinapril hcl	1	1	1	1	1	MO
quinapril/hydrochlorothiazide	1	1	1	1	1	MO
quinidine gluconate cr	2	3	4	3	4	MO
quinidine gluconate er	2	3	4	3	4	MO
quinidine sulfate	1	1	2	1	2	MO
quinidine sulfate er	1	1	2	1	2	MO
ramipril	1	1	1	1	1	MO
RANEXA	2	3	4	3	4	QL (60 EA per 30 days) ST MO
simvastatin tabs 10mg, 20mg, 40mg, 5mg	1	1	1	1	1	MO
simvastatin tabs 80mg	1	1	1	1	1	QL (30 EA per 30 days) MO
sorine	1	1	2	1	2	
sotalol hcl	1	1	2	1	2	MO
sotalol hcl (af)	2	2	3	2	3	MO
spironolactone/hydrochlorothiazide	2	2	3	2	3	MO
spironolactone tabs	1	1	2	1	2	MO
taztia xt	1	1	2	1	2	
TEKAMLO TABS 300MG; 10MG, 300MG; 5MG	2	2	3	2	3	QL (30 EA per 30 days)
TEKAMLO TABS 150MG; 10MG, 150MG; 5MG	2	2	3	2	3	QL (30 EA per 30 days) MO
TEKTURNA	2	2	3	2	3	QL (30 EA per 30 days) MO
TEKTURNA HCT	2	2	3	2	3	QL (30 EA per 30 days) MO
telmisartan	1	1	1	1	1	QL (30 EA per 30 days) MO
telmisartan/amlodipine	1	1	1	1	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide	1	1	1	1	1	QL (30 EA per 30 days) MO
terazosin hcl	1	1	2	1	2	MO
TIKOSYN	2	3	4	3	4	
timolol maleate tabs 10mg, 20mg, 5mg	1	1	1	1	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
TOPROL XL	2	3	4	3	4	MO
torsemide tabs	2	2	3	2	3	MO
trandolapril	1	1	1	1	1	MO
trandolapril/verapamil hcl	1	1	1	1	1	MO
trandolapril/verapamil hcl er	1	1	1	1	1	MO
triamterene/hydrochlorothiazide	1	1	1	1	1	MO
TRIGLIDE TABS 160MG	2	3	4	3	4	ST MO
valsartan	1	1	1	1	1	MO
valsartan/hydrochlorothiazide	1	1	1	1	1	QL (30 EA per 30 days) MO
VASCEPA	2	2	3	2	3	MO
verapamil hcl er	1	1	2	1	2	MO
verapamil hcl sr cp24	1	1	2	1	2	MO
verapamil hcl sr tbcr 240mg	1	1	2	1	2	MO
verapamil hcl inj, tabs	1	1	2	1	2	MO
ZETIA	2	3	4	3	4	QL (30 EA per 30 days) MO
Central Nervous System Agents						
amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	2	2	3	2	3	QL (60 EA per 30 days) PA MO
amphetamine/dextroamphetamine tablet 20mg	2	2	3	2	3	QL (90 EA per 30 days) PA MO
AMPYRA	2	2	3	4	5	QL (60 EA per 30 days) PA LA
COPAXONE INJ 40MG/ML	2	2	3	4	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	2	2	3	4	5	QL (30 ML per 30 days) PA
dexmethylphenidate hcl tabs	1	1	2	1	2	QL (60 EA per 30 days) PA MO
dextroamphetamine sulfate tabs	2	3	4	3	4	QL (180 EA per 30 days) PA MO
dextroamphetamine sulfate soln	2	3	4	3	4	QL (1800 ML per 30 days) PA MO
EXTAVIA	2	2	3	4	5	QL (15 EA per 30 days) PA
GILENYA	2	2	3	4	5	QL (30 EA per 30 days) PA
glatopa	1	1	2	4	5	QL (30 ML per 30 days) PA
guanfacine er	2	3	4	3	4	QL (30 EA per 30 days) MO
INTUNIV	2	3	4	3	4	QL (30 EA per 30 days) MO
metadate er	2	3	4	3	4	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
methylphenidate hcl er tbcr 10mg, 20mg	2	3	4	3	4	QL (90 EA per 30 days) PA MO
methylphenidate hcl SR 20mg tab	2	3	4	3	4	QL (90 EA per 30 days) PA MO
methylphenidate hcl IR tab 5mg, 10mg, 20mg	1	1	2	1	2	PA MO
NUEDEXTA	2	2	3	2	3	QL (60 EA per 30 days) MO
riluzole	2	3	4	3	4	MO
XENAZINE TABS 25MG	2	3	4	4	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	2	3	4	4	5	QL (90 EA per 30 days) PA LA
Dental and Oral Agents						
cevimeline hcl	1	1	2	1	2	MO
chlorhexidine gluconate oral rinse	1	1	1	1	1	MO
oralone	1	1	2	1	2	
paroex	1	1	2	1	2	
periogard	1	1	2	1	2	
phos-flur	1	1	2	1	2	
pilocarpine hcl tabs 7.5mg	1	1	2	1	2	MO
pilocarpine hydrochloride	1	1	2	1	2	MO
triamcinolone acetonide pste 0.1%	1	1	2	1	2	MO
triamcinolone in orabase	2	2	3	2	3	MO
Dermatological Agents						
8-MOP	2	3	4	3	4	
acitretin	1	1	2	4	5	PA MO
ALTABAX	2	3	4	3	4	MO
ammonium lactate crea, lotn	1	1	2	1	2	MO
amnesteem	2	3	4	3	4	
avita crea	2	3	4	3	4	PA
avita gel	2	3	4	3	4	PA MO
AZELEX	2	3	4	3	4	MO
calcipotriene	2	3	4	3	4	MO
calcitrene	2	3	4	3	4	MO
CLARAVIS CAPS 30MG	2	3	4	3	4	
claravis caps 10mg, 20mg, 40mg	2	3	4	3	4	
clindamycin phosphate foam 1%	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
clindamycin phosphate gel 1%	2	2	3	2	3	MO
clindamycin phosphate lotn 1%	2	2	3	2	3	MO
clindamycin phosphate external soln 1%	2	2	3	2	3	MO
clindamycin phosphate swab 1%	2	2	3	2	3	MO
clindamycin/benzoyl peroxide	2	3	4	3	4	MO
ELIDEL	2	3	4	3	4	QL (60 GM per 30 days) ST MO
ery acne pad	1	1	2	1	2	MO
erythromycin/benzoyl peroxide	2	2	3	2	3	MO
erythromycin gel 2%	2	2	3	2	3	MO
erythromycin pads 2%	2	2	3	2	3	MO
erythromycin soln 2%	2	2	3	2	3	MO
fluorouracil crea 0.5%, 5%	2	3	4	3	4	MO
fluorouracil external soln 2%, 5%	2	3	4	3	4	MO
gentamicin sulfate crea 0.1%	1	1	2	1	2	MO
gentamicin sulfate external oint 0.1%	1	1	2	1	2	MO
imiquimod crea	2	3	4	3	4	MO
methoxsalen caps	1	1	2	4	5	MO
metronidazole crea 0.75%	2	3	4	3	4	MO
metronidazole gel 0.75%, 1%	2	3	4	3	4	MO
metronidazole lotn 0.75%	2	3	4	3	4	MO
mupirocin calcium cream	2	3	4	3	4	MO
mupirocin oint	1	1	2	1	2	MO
mupirocin crea	2	3	4	3	4	MO
myorisan	2	3	4	3	4	
NORITATE	2	3	4	3	4	MO
OXSORALEN	2	3	4	3	4	MO
PICATO GEL 0.05%	2	3	4	4	5	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	2	3	4	4	5	QL (3 EA per 30 days) MO
podofilox soln	2	3	4	3	4	MO
REGRANEX	2	3	4	4	5	QL (15 GM per 30 days) PA MO
rosadan crea, gel	2	3	4	3	4	
SANTYL	2	2	3	2	3	MO
selenium sulfide lotn	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
silver sulfadiazine	1	1	2	1	2	MO
sodium sulfacetamide lotn 10%	2	3	4	3	4	MO
ssd	1	1	2	1	2	
sulfacetamide sodium susp 10%	2	3	4	3	4	MO
SULFAMYLON CREA	2	3	4	3	4	MO
TAZORAC	2	3	4	3	4	MO
tretinoin crea 0.025%, 0.05%, 0.1%	2	3	4	3	4	PA MO
tretinoin gel 0.01%, 0.025%	2	3	4	3	4	PA MO
VEREGEN	2	3	4	3	4	MO
ZENATANE CAPS 30MG	2	3	4	3	4	
zenatane caps 10mg, 20mg, 40mg	2	3	4	3	4	
ZONALON	2	3	4	3	4	MO
Enzyme Replacement/Modifiers						
ADAGEN	2	3	4	4	5	PA
ALDURAZYME	2	3	4	4	5	PA LA
BUPHENYL TABS	2	3	4	4	5	PA
CARBAGLU	2	3	4	3	4	
CEREZYME INJ 400UNIT	2	3	4	4	5	PA LA
CREON	2	2	3	2	3	MO
CYSTADANE	2	3	4	4	5	
CYSTAGON	2	3	4	3	4	PA LA
FABRAZYME	2	3	4	4	5	PA LA
KUVAN TBSO	2	3	4	4	5	PA LA
KUVAN PACK 500MG	2	3	4	4	5	PA
KUVAN PACK 100MG	2	3	4	4	5	PA LA
LUMIZYME	2	3	4	4	5	LA
NAGLAZYME	2	3	4	4	5	PA LA
ORFADIN	2	3	4	4	5	PA
pancrelipase	1	1	2	1	2	MO
RAVICTI	2	3	4	4	5	PA LA
sodium phenylbutyrate powd	1	1	2	4	5	PA
VPRIV	2	3	4	4	5	PA
ZAVESCA	2	3	4	4	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ZENPEP	2	2	3	2	3	MO
Gastrointestinal Agents						
alosetron hydrochloride	1	1	2	4	5	QL (60 EA per 30 days) MO
AMITIZA	2	2	3	2	3	QL (60 EA per 30 days) MO
CANTIL	2	3	4	3	4	MO
cimetidine hcl soln	2	2	3	2	3	MO
cimetidine tabs	2	2	3	2	3	MO
constulose	1	1	2	1	2	
cromolyn sodium conc 100mg/5ml	2	2	3	2	3	MO
dicyclomine hcl	1	1	2	1	2	PA MO
diphenoxylate/atropine	1	1	2	1	2	PA MO
enulose	1	1	2	1	2	
esomeprazole magnesium cpdr 20mg	2	2	3	2	3	QL (30 EA per 30 days) MO
esomeprazole sodium inj	2	2	3	2	3	
famotidine premixed	2	3	4	3	4	
famotidine susr	1	1	2	1	2	MO
famotidine inj 200mg/20ml	1	1	2	1	2	
famotidine inj 20mg/2ml, 40mg/4ml	1	1	2	1	2	MO
famotidine tabs 20mg, 40mg	1	1	2	1	2	MO
GATTEX	2	3	4	4	5	PA LA
gavilyte-c	2	2	3	2	3	
gavilyte-g	2	2	3	2	3	MO
gavilyte-n/flavor pack	2	2	3	2	3	MO
generlac	1	1	2	1	2	MO
glycopyrrolate inj, tabs	2	3	4	3	4	MO
GOLYTELY	2	3	4	3	4	ST MO
KRISTALOSE	2	3	4	3	4	MO
lactulose soln	1	1	2	1	2	MO
lansoprazole cpdr	2	2	3	2	3	QL (30 EA per 30 days) MO
loperamide hcl caps	1	1	2	1	2	MO
methscopolamine bromide	2	3	4	3	4	MO
metoclopramide hcl oral soln, tabs	1	1	2	1	2	MO
metoclopramide hcl inj	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
misoprostol	2	2	3	2	3	MO
MOTOFEN	2	3	4	3	4	PA MO
MOVIPREP	2	3	4	3	4	MO
NEXIUM CAPS, GRANULES	2	3	4	3	4	QL (30 EA per 30 days) ST MO
nizatidine	1	1	2	1	2	MO
omeprazole cpdr 20mg	1	1	1	1	1	MO
omeprazole cpdr 10mg	1	1	1	1	1	QL (30 EA per 30 days) MO
omeprazole cpdr 40mg	1	1	1	1	1	QL (60 EA per 30 days) MO
OSMOPREP	2	3	4	3	4	ST MO
pantoprazole sodium inj	1	1	1	1	1	
pantoprazole sodium tbec 20mg	1	1	1	1	1	QL (30 EA per 30 days) MO
pantoprazole sodium tbec 40mg	1	1	1	1	1	QL (60 EA per 30 days) MO
peg 3350/electrolytes	1	1	2	1	2	MO
peg-3350/nacl/na bicarbonate/kcl	1	1	2	1	2	MO
polyethylene glycol 3350 pack, powd	1	1	2	1	2	MO
PREPOPIK	2	3	4	3	4	MO
propantheline bromide	1	1	2	1	2	PA MO
ranitidine hcl caps, syrp	1	1	2	1	2	MO
ranitidine hcl inj 150mg/6ml	2	3	4	3	4	
ranitidine hcl inj 50mg/2ml	2	3	4	3	4	MO
ranitidine hcl tabs 150mg, 300mg	1	1	2	1	2	MO
RELISTOR KIT 12MG/0.6ML	2	3	4	3	4	PA
RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML	2	3	4	3	4	PA MO
SUCLEAR	2	3	4	3	4	MO
sucralfate susp, tabs	1	1	2	1	2	MO
SUPREP BOWEL PREP	2	3	4	3	4	MO
trilyte	2	2	3	2	3	MO
ursodiol caps, tabs	2	2	3	2	3	MO
Genitourinary Agents						
alfuzosin hcl er	1	1	2	1	2	QL (30 EA per 30 days) MO
AURYXIA	2	3	4	3	4	ST MO
AVODART	2	2	3	2	3	QL (30 EA per 30 days) MO
bethanechol chloride tabs	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
calcium acetate caps	2	2	3	2	3	MO
calcium acetate tabs 667mg	2	2	3	2	3	MO
DETROL LA	2	3	4	3	4	QL (30 EA per 30 days) ST MO
finasteride tabs 5mg	1	1	2	1	2	MO
flavoxate hcl	1	1	2	1	2	MO
FOSRENOL PACK	2	3	4	3	4	
FOSRENOL CHEW	2	3	4	3	4	MO
JALYN	2	2	3	2	3	QL (30 EA per 30 days) MO
methylergonovine maleate tab	2	3	4	3	4	MO
MYRBETRIQ	2	2	3	2	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 5mg	1	1	2	1	2	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 10mg, 15mg	1	1	2	1	2	QL (60 EA per 30 days) MO
oxybutynin chloride tabs	1	1	2	1	2	QL (120 EA per 30 days) MO
oxybutynin chloride syrp	1	1	2	1	2	QL (600 ML per 30 days) MO
RAPAFLO	2	3	4	3	4	QL (30 EA per 30 days) MO
RENVELA	2	2	3	2	3	MO
sodium chloride 0.9% GU irrigant	1	1	2	1	2	MO
tamsulosin hcl	1	1	2	1	2	MO
THIOLA	2	2	3	2	3	
tolterodine tartrate tab	2	2	3	2	3	QL (60 EA per 30 days) MO
tolterodine tartrate er	2	3	4	3	4	QL (30 EA per 30 days) MO
trospium chloride immediate release tabs	1	1	2	1	2	QL (60 EA per 30 days) MO
trospium chloride er	1	1	2	1	2	QL (30 EA per 30 days) MO
VELPHORO	2	3	4	3	4	MO
VESICARE	2	2	3	2	3	QL (30 EA per 30 days) MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)						
a-hydrocort	1	1	2	1	2	MO
alclometasone dipropionate	2	2	3	2	3	MO
amcinonide	2	2	3	2	3	MO
APEXICON E	2	3	4	3	4	MO
augmented betamethasone dipropionate	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
betamethasone dipropionate crea, lotn, oint	2	2	3	2	3	MO
betamethasone valerate crea, foam, lotn, oint	2	2	3	2	3	MO
budesonide cp24 3mg	1	1	2	4	5	MO
CAPEX	2	2	3	2	3	MO
clobetasol propionate e	2	2	3	2	3	MO
clobetasol propionate emollient foam	2	2	3	2	3	MO
clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln	2	2	3	2	3	MO
colocort	2	3	4	3	4	
CORDRAN TAPE	2	3	4	3	4	MO
cormax scalp application	1	1	2	1	2	
CORTIFOAM	2	2	3	2	3	MO
cortisone acetate tabs	1	1	2	1	2	MO
desonide crea, lotn, oint	2	3	4	3	4	MO
desoximetasone crea, gel, oint	2	3	4	3	4	MO
DEXAMETHASONE INTENSOL	2	2	3	2	3	MO
dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml	2	2	3	2	3	
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml PF, 20mg/5ml, 4mg/ml	2	2	3	2	3	MO
dexamethasone elix, soln, tabs	2	2	3	2	3	MO
diflorasone diacetate crea, oint	2	3	4	3	4	MO
fludrocortisone acetate tabs	2	2	3	2	3	MO
fluocinolone acetonide body	2	3	4	3	4	MO
fluocinolone acetonide scalp	2	3	4	3	4	MO
fluocinolone acetonide crea 0.01%, 0.025%	2	3	4	3	4	MO
fluocinolone acetonide oint 0.025%	2	3	4	3	4	MO
fluocinolone acetonide soln 0.01%	2	3	4	3	4	MO
fluocinonide-e	2	3	4	3	4	MO
fluocinonide crea, gel, oint, soln	2	3	4	3	4	MO
fluticasone propionate crea 0.05%	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
fluticasone propionate lotn 0.05%	2	2	3	2	3	MO
fluticasone propionate oint 0.005%	2	2	3	2	3	MO
halobetasol propionate	2	2	3	2	3	MO
HALOG	2	3	4	3	4	MO
hydrocortisone butyrate (lipophilic)	2	2	3	2	3	MO
hydrocortisone butyrate crea, oint, soln	2	2	3	2	3	MO
hydrocortisone in absorbase	1	1	2	1	2	MO
hydrocortisone valerate crea, oint	2	2	3	2	3	MO
hydrocortisone crea 2.5%	1	1	2	1	2	MO
hydrocortisone enem, tabs	1	1	2	1	2	MO
hydrocortisone lotn 2.5%	1	1	2	1	2	MO
hydrocortisone oint 1%, 2.5%	1	1	2	1	2	MO
methylprednisolone acetate inj	2	3	4	3	4	MO
methylprednisolone dose pack	1	1	2	1	2	MO
methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg	2	3	4	3	4	MO
methylprednisolone tabs	1	1	2	1	2	MO
MILLIPRED	2	3	4	3	4	MO
MILLIPRED DP	2	3	4	3	4	MO
mometasone furoate crea, oint, soln	1	1	2	1	2	MO
prednicarbate	1	1	2	1	2	MO
prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml	1	1	2	1	2	MO
prednisolone soln, syrp	1	1	2	1	2	MO
PREDNISONE INTENSOL	2	3	4	3	4	MO
prednisone soln, tabs	1	1	1	1	1	MO
procto-pak	1	1	2	1	2	MO
proctosol hc	2	2	3	2	3	MO
proctozone-hc	2	2	3	2	3	MO
triamcinolone acetonide aers spray	2	3	4	3	4	MO
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	1	1	2	1	2	MO
triamcinolone acetonide lotn 0.025%, 0.1%	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1	1	2	1	2	MO
TRIANEX	2	3	4	3	4	MO
triderm	1	1	2	1	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)						
desmopressin acetate inj, nasal soln, tabs	2	2	3	2	3	MO
EGRIFTA INJ 2MG	2	3	4	4	5	QL (30 EA per 30 days) PA LA
EGRIFTA INJ 1MG	2	3	4	4	5	QL (60 EA per 30 days) PA LA
INCRELEX	2	3	4	4	5	PA LA
NORDITROPIN FLEXPRO INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	2	2	3	4	5	PA
NORDITROPIN NORDIFLEX PEN	2	2	3	4	5	PA
VASOSTRICT	2	3	4	3	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)						
altavera	2	3	4	3	4	
alyacen 1/35	2	3	4	3	4	
alyacen 7/7/7	2	3	4	3	4	
amethia	2	3	4	3	4	
amethia lo	2	3	4	3	4	
amethyst	2	3	4	3	4	
ANADROL-50	2	3	4	4	5	MO
ANDROGEL PUMP GEL 1.62%	2	2	3	2	3	PA MO
ANDROGEL PUMP GEL 1%	2	2	3	2	3	QL (300 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	2	2	3	2	3	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	2	2	3	2	3	QL (300 GM per 30 days) PA MO
apri	2	3	4	3	4	
aranelle	2	3	4	3	4	
ashlyna	2	3	4	3	4	
aubra	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
aviane	2	3	4	3	4	
azurette	2	3	4	3	4	
balziva	2	3	4	3	4	
briellyn	2	3	4	3	4	
camila	2	3	4	3	4	
camrese	2	3	4	3	4	
camrese lo	2	3	4	3	4	
caziant	2	3	4	3	4	
chateal	2	3	4	3	4	
cryselle-28	2	3	4	3	4	MO
cyclafem 1/35	2	3	4	3	4	MO
cyclafem 7/7/7	2	3	4	3	4	MO
danazol caps	2	3	4	3	4	MO
dasetta 1/35	2	3	4	3	4	
dasetta 7/7/7	2	3	4	3	4	
daysee	2	3	4	3	4	MO
deblitane	2	3	4	3	4	
delyla	2	3	4	3	4	
DEPO-ESTRADIOL	2	3	4	3	4	MO
DEPO-PROVERA 400MG/ML	2	3	4	3	4	MO
desogestrel/ethinyl estradiol	2	3	4	3	4	MO
DIVIGEL	2	3	4	3	4	MO
drospirenone/ethinyl estradiol	2	3	4	3	4	MO
ELESTRIN	2	3	4	3	4	MO
elinest	2	3	4	3	4	
ELLA	2	2	3	2	3	
emoquette	2	3	4	3	4	
enpresse-28	2	3	4	3	4	
enskyce	2	3	4	3	4	MO
errin	2	3	4	3	4	
estarylla	2	3	4	3	4	
ESTRACE CREA	2	3	4	3	4	MO
estradiol/norethindrone acetate	2	3	4	3	4	PA MO
estradiol tabs	1	1	2	1	2	PA MO
estradiol ptwk	1	1	2	1	2	QL (4 EA per 28 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
estradiol pttw	1	1	2	1	2	QL (8 EA per 28 days) PA MO
ESTRING	2	3	4	3	4	QL (1 EA per 90 days) MO
EVAMIST	2	3	4	3	4	QL (16.2 ML per 30 days) MO
EVISTA	2	3	4	3	4	MO
falmina	2	3	4	3	4	
FEMRING	2	3	4	3	4	QL (1 EA per 84 days) MO
gianvi	2	3	4	3	4	
gildagia	2	3	4	3	4	
gildess 1.5/30	2	3	4	3	4	MO
gildess 1/20	2	3	4	3	4	MO
gildess 24 fe	2	3	4	3	4	
gildess fe 1.5/30	2	3	4	3	4	
gildess fe 1/20	2	3	4	3	4	
heather	2	3	4	3	4	MO
introvale	2	3	4	3	4	
jencycla	2	3	4	3	4	
JINTELI	2	3	4	3	4	PA MO
jolessa	2	3	4	3	4	
jolivette	2	3	4	3	4	
junel 1.5/30	2	3	4	3	4	
junel 1/20	2	3	4	3	4	
junel fe 1.5/30	2	3	4	3	4	MO
junel fe 1/20	2	3	4	3	4	MO
junel fe 24	2	3	4	3	4	
kariva	2	3	4	3	4	
kelnor 1/35	2	3	4	3	4	MO
kurvelo	2	3	4	3	4	
larin 1.5/30	2	3	4	3	4	
larin 1/20	2	3	4	3	4	
larin fe 1.5/30	2	3	4	3	4	
larin fe 1/20	2	3	4	3	4	
leena	2	3	4	3	4	MO
lessina	2	3	4	3	4	
levonest	2	3	4	3	4	
levonorgestrel	2	2	3	2	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
levonorgestrel/ethinyl estradiol tabs	2	3	4	3	4	
levora 0.15/30-28	2	3	4	3	4	
LO LOESTRIN FE	2	3	4	3	4	MO
lomedia 24 fe	2	3	4	3	4	MO
lopreeza	2	3	4	3	4	PA
loryna	2	3	4	3	4	MO
low-ogestrel	2	3	4	3	4	
lutera	2	3	4	3	4	
lyza	2	3	4	3	4	
marlissa	2	3	4	3	4	MO
medroxyprogesterone acetate tabs	1	1	2	1	2	MO
medroxyprogesterone acetate inj	2	3	4	3	4	MO
megestrol acetate tabs	2	2	3	2	3	PA MO
megestrol acetate susp 40mg/ml	2	2	3	2	3	PA MO
MENEST	2	3	4	3	4	PA MO
microgestin 1.5/30	2	3	4	3	4	
microgestin 1/20	2	3	4	3	4	
microgestin fe	2	3	4	3	4	
microgestin fe 1.5/30	2	3	4	3	4	
mimvey	2	3	4	3	4	PA MO
mimvey lo	2	3	4	3	4	PA MO
mono-linyah	2	3	4	3	4	
mononessa	2	3	4	3	4	
myzilra	2	3	4	3	4	MO
necon 0.5/35-28	2	3	4	3	4	
necon 1/35	2	3	4	3	4	
NECON 1/50-28	2	3	4	3	4	MO
NECON 10/11-28	2	3	4	3	4	MO
necon 7/7/7	2	3	4	3	4	
nikki	2	3	4	3	4	
nora-be	2	3	4	3	4	
norethindrone & ethinyl estradiol ferrous fumarate	2	3	4	3	4	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	3	4	3	4	MO
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg	2	3	4	3	4	PA
norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg	2	3	4	3	4	PA MO
norethindrone acetate tabs	2	2	3	2	3	MO
norethindrone tabs	2	3	4	3	4	MO
norgestimate/ethinyl estradiol	2	3	4	3	4	MO
NORINYL 1+50	2	3	4	3	4	MO
norlyroc	2	3	4	3	4	
nortrel 0.5/35 (28)	2	3	4	3	4	MO
nortrel 1/35	2	3	4	3	4	
nortrel 7/7/7	2	3	4	3	4	
ocella	2	3	4	3	4	
OGESTREL	2	3	4	3	4	MO
orsythia	2	3	4	3	4	
oxandrolone tabs 2.5mg	2	2	3	2	3	QL (120 EA per 30 days) PA MO
oxandrolone tabs 10mg	2	2	3	2	3	QL (60 EA per 30 days) PA MO
philith	2	3	4	3	4	
pimtrea	2	3	4	3	4	
pirmella 1/35	2	3	4	3	4	
pirmella 7/7/7	2	3	4	3	4	
portia-28	2	3	4	3	4	
PREMARIN CREA	2	2	3	2	3	MO
previfem	2	3	4	3	4	MO
progesterone caps, inj	2	3	4	3	4	MO
quasense	2	3	4	3	4	
raloxifene hydrochloride	1	1	1	1	1	MO
reclipsen	2	3	4	3	4	
sharobel	2	3	4	3	4	
sprintec 28	2	3	4	3	4	
sronyx	2	3	4	3	4	MO
syeda	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
tarina fe 1/20	2	3	4	3	4	
TESTIM	2	2	3	2	3	QL (300 GM per 30 days) PA MO
testosterone cypionate inj	2	3	4	3	4	PA MO
testosterone enanthate inj	2	3	4	3	4	PA MO
testosterone gel 25mg/2.5gm	2	2	3	2	3	QL (300 GM per 30 days) PA MO
tilia fe	2	3	4	3	4	
tri-estarylla	2	3	4	3	4	
tri-legest fe	2	3	4	3	4	MO
tri-linyah	2	3	4	3	4	
tri-previfem	2	3	4	3	4	
tri-sprintec	2	3	4	3	4	MO
trinessa	2	3	4	3	4	
trivora-28	2	3	4	3	4	
VAGIFEM	2	2	3	2	3	MO
velivet	2	3	4	3	4	MO
vestura	2	3	4	3	4	
viorele	2	3	4	3	4	MO
vyfemla	2	3	4	3	4	MO
wera	2	3	4	3	4	
wymzya fe	2	3	4	3	4	MO
xulane	2	3	4	3	4	MO
zarah	2	3	4	3	4	
zenchent	2	3	4	3	4	
zenchent fe	2	3	4	3	4	
zovia 1/35e	2	3	4	3	4	
ZOVIA 1/50E	2	3	4	3	4	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)						
levothyroxine sodium tabs	1	1	1	1	1	MO
levothyroxine sodium inj 200mcg	1	1	1	1	1	
levothyroxine sodium inj 100mcg, 500mcg	1	1	1	1	1	MO
levoxyl	1	1	2	1	2	MO
liothyronine sodium tabs	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
SYNTHROID	2	2	3	2	3	MO
THYROLAR-1	2	3	4	3	4	MO
THYROLAR-1/2	2	3	4	3	4	MO
THYROLAR-1/4	2	3	4	3	4	MO
THYROLAR-2	2	3	4	3	4	MO
THYROLAR-3	2	3	4	3	4	MO
unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	1	2	1	2	
Hormonal Agents, Suppressant (Adrenal)						
LYSODREN	2	2	3	2	3	MO
Hormonal Agents, Suppressant (Parathyroid)						
SENSIPAR TABS 30MG	2	2	3	2	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	2	3	4	4	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	2	3	4	4	5	QL (60 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)						
cabergoline	2	3	4	3	4	MO
FIRMAGON INJ 80MG	2	3	4	3	4	PA
FIRMAGON INJ 120MG	2	3	4	4	5	PA
leuprolide acetate inj	2	2	3	2	3	PA
LUPRON DEPOT	2	3	4	4	5	PA
LUPRON DEPOT-PED	2	3	4	4	5	PA
octreotide acetate	2	3	4	3	4	PA
SIGNIFOR	2	3	4	4	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	2	3	4	4	5	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	2	3	4	4	5	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	2	3	4	4	5	QL (0.5 ML per 28 days) PA
SOMAVERT	2	3	4	4	5	PA LA
SYNAREL	2	3	4	4	5	MO
TRELSTAR MIXJECT	2	2	3	4	5	PA
VANTAS	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ZOLADEX	2	3	4	3	4	
Hormonal Agents, Suppressant (Thyroid)						
methimazole tabs	1	1	2	1	2	MO
propylthiouracil tabs	2	2	3	2	3	MO
Immunological Agents						
ACTHIB	2	3	4	3	4	
ACTIMMUNE	2	3	4	4	5	PA LA
ADACEL	2	3	4	3	4	
ARCALYST	2	3	4	4	5	PA LA
ATGAM	2	3	4	4	5	PA
azathioprine tabs	1	1	2	1	2	B/D MO
bcg vaccine	1	1	2	1	2	
BENLYSTA	2	3	4	4	5	PA
BEXSERO	2	3	4	3	4	
BOOSTRIX	2	3	4	3	4	
CELLCEPT INTRAVENOUS	2	3	4	3	4	PA
CELLCEPT SUSR	2	3	4	4	5	PA MO
CERVARIX	2	3	4	3	4	
CIMZIA	2	2	3	4	5	QL (6 EA per 28 days) PA
CIMZIA STARTER KIT	2	2	3	4	5	QL (6 EA per 28 days) PA
CINRYZE	2	3	4	4	5	PA LA
COMVAX	2	3	4	3	4	
cyclosporine modified	2	2	3	2	3	PA MO
cyclosporine caps	2	2	3	2	3	PA MO
cyclosporine inj	2	3	4	3	4	PA
DAPTACEL	2	3	4	3	4	
diphtheria/tetanus toxoids adsorbed pediatric	1	1	2	1	2	
ENGERIX-B	2	2	3	2	3	B/D
FIRAZYR	2	3	4	4	5	QL (270 ML per 30 days) PA LA
GAMASTAN S/D	2	2	3	2	3	PA
GAMMAPLEX INJ 10GM/200ML	2	3	4	4	5	PA
GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML	2	3	4	4	5	PA LA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
GAMUNEX-C	2	3	4	4	5	PA
GARDASIL	2	3	4	3	4	
GARDASIL 9	2	3	4	3	4	
gengraf caps	2	3	4	3	4	PA
gengraf soln	2	3	4	3	4	PA MO
HAVRIX	2	3	4	3	4	
hecoria	2	3	4	3	4	PA
HIBERIX	2	3	4	3	4	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	2	3	4	5	QL (6 EA per 28 days) PA
HUMIRA PEN	2	2	3	4	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASE STARTER	2	2	3	4	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS START-ER	2	2	3	4	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	2	2	3	4	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	2	2	3	4	5	QL (6 EA per 28 days) PA
ILARIS	2	3	4	4	5	QL (2 EA per 28 days) PA LA
IMOVAX RABIES (H.D.C.V.)	2	3	4	3	4	B/D
INFANRIX	2	3	4	3	4	
IPOL INACTIVATED IPV	2	2	3	2	3	
IXIARO	2	3	4	3	4	
KINRIX	2	3	4	3	4	
leflunomide	1	1	2	1	2	MO
M-M-R II	2	2	3	2	3	
MENACTRA	2	3	4	3	4	
MENOMUNE-A/C/Y/W-135	2	2	3	2	3	
MENVEO	2	3	4	3	4	
methotrexate sodium inj	1	1	2	1	2	
methotrexate tabs	1	1	2	1	2	MO
mycophenolate mofetil caps, tabs	2	3	4	3	4	PA MO
mycophenolate mofetil susr	1	1	2	4	5	PA MO
NULOJIX	2	3	4	4	5	PA
PEDIARIX	2	3	4	3	4	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PEDVAX HIB	2	3	4	3	4	
PENTACEL	2	3	4	3	4	
PROGRAF INJ	2	3	4	3	4	PA
PROQUAD	2	3	4	3	4	
QUADRACEL	2	3	4	3	4	
RABAVERT	2	3	4	3	4	B/D
RAPAMUNE SOLN	2	3	4	3	4	PA MO
RECOMBIVAX HB	2	3	4	3	4	B/D
REMICADE	2	3	4	4	5	PA
RIDAURA	2	3	4	3	4	MO
ROTARIX	2	3	4	3	4	
ROTATEQ	2	2	3	2	3	
SANDIMMUNE SOLN	2	3	4	3	4	PA MO
SIMULECT	2	3	4	4	5	B/D
sirolimus tabs	2	3	4	3	4	PA MO
SYNAGIS	2	3	4	4	5	PA
tacrolimus caps	2	3	4	3	4	PA MO
TENIVAC	2	3	4	3	4	
tetanus/diphtheria toxoids-adsorbed adult	2	2	3	2	3	
THYMOGLOBULIN	2	3	4	4	5	B/D
TRUMENBA	2	3	4	3	4	
TWINRIX	2	3	4	3	4	
TYPHIM VI	2	3	4	3	4	
VAQTA	2	3	4	3	4	
VARIVAX	2	2	3	2	3	
YF-VAX	2	2	3	2	3	
ZORTRESS TABS 0.25MG	2	3	4	3	4	PA MO
ZORTRESS TABS 0.5MG, 0.75MG	2	3	4	4	5	PA MO
ZOSTAVAX	2	3	4	3	4	QL (1 EA per 365 days)
Inflammatory Bowel Disease Agents						
APRISO	2	2	3	2	3	MO
ASACOL HD	2	3	4	3	4	MO
balsalazide disodium	1	1	2	1	2	MO

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
CANASA	2	3	4	3	4	MO
DELZICOL	2	3	4	3	4	MO
DIPENTUM	2	3	4	3	4	MO
LIALDA	2	3	4	3	4	MO
mesalamine enem, kit	2	3	4	3	4	MO
PENTASA	2	3	4	3	4	MO
sulfasalazine tabs, tbec	1	1	2	1	2	MO
sulfazine	1	1	2	1	2	
sulfazine ec	1	1	2	1	2	
Metabolic Bone Disease Agents						
ACTONEL TABS 150MG	2	3	4	3	4	QL (1 EA per 28 days) ST MO
alendronate sodium soln	1	1	1	1	1	MO
alendronate sodium tabs 10mg, 40mg, 5mg	1	1	1	1	1	QL (30 EA per 30 days) MO
alendronate sodium tabs 35mg, 70mg	1	1	1	1	1	QL (4 EA per 28 days) MO
calcitonin-salmon	1	1	2	1	2	MO
calcitriol inj	1	1	2	1	2	
calcitriol caps, oral soln	1	1	2	1	2	MO
doxercalciferol caps	2	3	4	3	4	MO
etidronate disodium	2	2	3	2	3	MO
FORTEO	2	2	3	4	5	QL (2.4 ML per 28 days) PA
FORTICAL	2	3	4	3	4	MO
FOSAMAX PLUS D	2	3	4	3	4	QL (4 EA per 28 days) ST MO
ibandronate sodium tabs	1	1	1	1	1	QL (1 EA per 30 days) MO
ibandronate sodium inj	1	1	1	1	1	QL (3 ML per 90 days) MO
MIACALCIN INJ	2	3	4	3	4	MO
pamidronate disodium	2	3	4	3	4	
paricalcitol caps	2	2	3	2	3	MO
paricalcitol inj 2mcg/ml	1	1	2	1	2	MO
paricalcitol inj 5mcg/ml	2	2	3	2	3	MO
PROLIA	2	3	4	3	4	QL (1 ML per 180 days)
risedronate sodium dr	1	1	2	1	2	QL (4 EA per 28 days) MO
risedronate sodium tabs 150mg	1	1	2	1	2	QL (1 EA per 28 days) MO
risedronate sodium tabs 35mg	1	1	2	1	2	QL (12 EA per 84 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
risedronate sodium tabs 30mg, 5mg	1	1	2	1	2	QL (30 EA per 30 days)
XGEVA	2	3	4	4	5	PA
zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml	2	3	4	3	4	
Miscellaneous Therapeutic Agents						
ALCOHOL PREP PADS	2	2	3	2	3	MO
BD INSULIN SYRINGE SAFETY-GLIDE/1ML/29G X 1/2"	2	2	3	2	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	2	3	2	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	2	3	2	3	ST MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	2	3	2	3	ST MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	2	3	2	3	ST MO
BOTOX INJ 200UNIT	2	3	4	3	4	QL (2 EA per 84 days) PA
BOTOX INJ 100UNIT	2	3	4	3	4	QL (4 EA per 84 days) PA
CURITY GAUZE PADS 2"X2"	2	2	3	2	3	MO
NATPARA	2	3	4	4	5	QL (2 EA per 28 days) PA
V-GO 20	2	2	3	2	3	ST MO
V-GO 30	2	2	3	2	3	ST MO
V-GO 40	2	2	3	2	3	ST MO
Ophthalmic Agents						
ACUVAIL	2	3	4	3	4	MO
ak-poly-bac	1	1	2	1	2	
ALPHAGAN P SOLN 0.1%	2	2	3	2	3	MO
ALREX	2	2	3	2	3	MO
apraclonidine	1	1	2	1	2	MO
atropine sulfate soln	1	1	2	1	2	MO
AZASITE	2	2	3	2	3	MO
azelastine hcl ophthalmic soln 0.05%	1	1	2	1	2	MO
AZOPT	2	2	3	2	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
bacitracin/neomycin/polymyxin	2	2	3	2	3	MO
bacitracin/polymyxin b	1	1	2	1	2	MO
bacitracin oint 500unit/gm	1	1	2	1	2	MO
BESIVANCE	2	3	4	3	4	MO
betaxolol hcl soln 0.5%	1	1	1	1	1	MO
BETIMOL	2	3	4	3	4	MO
BETOPTIC-S	2	3	4	3	4	MO
BLEPHAMIDE	2	3	4	3	4	MO
BLEPHAMIDE S.O.P.	2	3	4	3	4	MO
brimonidine tartrate	1	1	2	1	2	MO
bromfenac	2	3	4	3	4	MO
carteolol hcl	1	1	1	1	1	MO
CILOXAN OINT	2	3	4	3	4	MO
ciprofloxacin hcl soln 0.3%	2	2	3	2	3	MO
COMBIGAN	2	2	3	2	3	MO
cromolyn sodium soln 4%	2	2	3	2	3	MO
CYSTARAN	2	3	4	4	5	QL (60 ML per 28 days)
dexamethasone sodium phosphate ophthalmic soln 0.1%	1	1	2	1	2	MO
diclofenac sodium	1	1	2	1	2	MO
dorzolamide hcl	1	1	1	1	1	MO
dorzolamide hcl/timolol maleate	1	1	1	1	1	MO
DUREZOL	2	3	4	3	4	MO
epinastine hcl	1	1	2	1	2	MO
erythromycin oint 5mg/gm	2	2	3	2	3	MO
FLAREX	2	3	4	3	4	MO
fluorometholone	1	1	2	1	2	MO
flurbiprofen sodium	1	1	2	1	2	MO
FML OINT	2	3	4	3	4	MO
FML FORTE	2	3	4	3	4	MO
gatifloxacin	2	3	4	3	4	MO
gentak	1	1	2	1	2	MO
gentamicin sulfate ophthalmic oint 0.3%	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
gentamicin sulfate ophthalmic soln 0.3%	1	1	2	1	2	MO
ILEVRO	2	3	4	3	4	MO
ISOPTO CARPINE	2	3	4	3	4	MO
ISTALOL	2	2	3	2	3	MO
ketorolac tromethamine	1	1	2	1	2	MO
LACRISERT	2	3	4	3	4	MO
latanoprost	1	1	1	1	1	MO
levobunolol hcl	1	1	1	1	1	MO
levofloxacin ophthalmic soln 0.5%	2	2	3	2	3	MO
LOTEMAX	2	2	3	2	3	MO
LUMIGAN SOLN 0.01%	2	2	3	2	3	MO
MAXIDEX	2	2	3	2	3	MO
metipranolol	1	1	1	1	1	MO
MOXEZA	2	3	4	3	4	MO
naphazoline hcl	1	1	2	1	2	MO
NATACYN	2	2	3	2	3	MO
neo-polycin	1	1	2	1	2	
neomycin/bacitracin/polymyxin	2	2	3	2	3	MO
neomycin/polymyxin/bacitracin/ hydrocortisone	2	2	3	2	3	MO
neomycin/polymyxin/dexametha-sone susp	1	1	2	1	2	MO
neomycin/polymyxin/dexametha-sone oint	2	2	3	2	3	MO
neomycin/polymyxin/gramicidin	2	2	3	2	3	MO
neomycin/polymyxin/hydrocorti-sone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml	1	1	2	1	2	MO
NEVANAC	2	3	4	3	4	MO
ofloxacin ophthalmic soln 0.3%	1	1	2	1	2	MO
PATADAY	2	3	4	3	4	MO
PATANOL	2	3	4	3	4	MO
PAZEO	2	3	4	3	4	MO
PHOSPHOLINE IODIDE	2	3	4	3	4	
pilocarpine hcl soln 1%, 2%, 4%	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
polycin	1	1	2	1	2	
polymyxin b sulfate/trimethoprim sulfate	1	1	2	1	2	MO
PRED MILD	2	3	4	3	4	MO
PRED-G	2	3	4	3	4	MO
PRED-G S.O.P.	2	3	4	3	4	MO
prednisolone acetate	1	1	2	1	2	MO
prednisolone sodium phosphate ophthalmic soln 1%	1	1	2	1	2	MO
PROLENSA	2	3	4	3	4	MO
proparacaine hcl	1	1	2	1	2	MO
RESTASIS	2	2	3	2	3	MO
SIMBRINZA	2	3	4	3	4	MO
sodium sulfacetamide soln 10%	1	1	2	1	2	MO
sulfacetamide sodium/prednisolone sodium phosphate	1	1	2	1	2	MO
sulfacetamide sodium oint 10%	2	3	4	3	4	MO
sulfacetamide sodium soln 10%	2	3	4	3	4	MO
timolol maleate ophthalmic gel forming	1	1	1	1	1	MO
timolol maleate soln 0.25%, 0.5%	1	1	1	1	1	MO
TOBRADEX ST	2	3	4	3	4	MO
TOBRADEX OINT	2	3	4	3	4	MO
tobramycin sulfate ophthalmic soln 0.3%	1	1	2	1	2	MO
tobramycin/dexamethasone	1	1	2	1	2	MO
TOBREX OINT	2	3	4	3	4	MO
TRAVATAN Z	2	3	4	3	4	MO
travoprost	2	2	3	2	3	MO
trifluridine	2	3	4	3	4	MO
trimethoprim sulfate/polymyxin b sulfate	1	1	2	1	2	MO
triple antibiotic	1	1	2	1	2	
VEXOL	2	3	4	3	4	MO
VIGAMOX	2	3	4	3	4	MO
ZIRGAN	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ZYLET	2	2	3	2	3	MO
Otic Agents						
acetasol hc	2	3	4	3	4	
acetic acid	1	1	2	1	2	MO
acetic acid/aluminum acetate	1	1	2	1	2	MO
antibiotic ear	1	1	2	1	2	
CIPRO HC	2	3	4	3	4	MO
CIPRODEX	2	3	4	3	4	MO
COLY-MYCIN S	2	3	4	3	4	MO
fluocinolone acetonide oil 0.01%	2	3	4	3	4	MO
hydrocortisone/acetic acid	2	3	4	3	4	MO
neomycin/polymyxin/hc	1	1	2	1	2	MO
neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml	1	1	2	1	2	MO
ofloxacin otic soln 0.3%	1	1	2	1	2	MO
Respiratory Tract/Pulmonary Agents						
acetylcysteine inj	1	1	2	1	2	
acetylcysteine inhalation soln	1	1	2	1	2	B/D MO
ADEMPAS	2	3	4	4	5	QL (90 EA per 30 days) PA LA
ADVAIR DISKUS	2	2	3	2	3	QL (60 EA per 30 days) MO
ADVAIR HFA	2	2	3	2	3	QL (12 GM per 30 days) MO
albuterol sulfate er	2	2	3	2	3	MO
albuterol sulfate nebu	2	2	3	2	3	B/D MO
albuterol sulfate syrp, tabs	2	2	3	2	3	MO
ALVESCO	2	3	4	3	4	QL (12.2 GM per 30 days) MO
aminophylline	1	1	2	1	2	MO
ANORO ELLIPTA	2	2	3	2	3	QL (60 EA per 30 days) ST MO
ARCAPTA NEOHALER	2	3	4	3	4	QL (30 EA per 30 days) MO
ASMANEX HFA	2	2	3	2	3	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	2	2	3	2	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	2	2	3	2	3	QL (2 EA per 28 days) MO

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES	2	2	3	2	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	2	2	3	2	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	2	2	3	2	3	QL (4 EA per 28 days) MO
ATROVENT HFA	2	3	4	3	4	QL (25.8 GM per 30 days) MO
azelastine hcl nasal soln 0.15%	1	1	2	1	2	MO
azelastine hcl nasal soln 0.1%	1	1	2	1	2	QL (30 ML per 25 days) MO
BECONASE AQ	2	3	4	3	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	2	3	4	3	4	QL (60 EA per 30 days) MO
BROVANA	2	3	4	3	4	QL (120 ML per 30 days) B/D MO
budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml	2	3	4	3	4	B/D MO
budesonide nasal susp 32mcg/act	2	3	4	3	4	MO
CAYSTON	2	3	4	4	5	QL (84 ML per 56 days)
clemastine fumarate syrp	2	3	4	3	4	PA
clemastine fumarate tabs 2.68mg	2	3	4	3	4	PA MO
COMBIVENT RESPIMAT	2	2	3	2	3	QL (8 GM per 30 days) MO
cromolyn sodium nebu 20mg/2ml	2	2	3	2	3	B/D MO
DALIRESP	2	3	4	3	4	QL (30 EA per 30 days) MO
DIPHENHYDRAMINE HCL INJ	2	3	4	3	4	PA MO
EPIPEN 2-PAK	2	2	3	2	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	2	2	3	2	3	QL (2 EA per 30 days) MO
epoprostenol sodium	2	2	3	2	3	PA LA
ESBRIET	2	3	4	4	5	QL (270 EA per 30 days) PA LA
FLOVENT DISKUS AEPB 250MCG/BLIST	2	2	3	2	3	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	2	2	3	2	3	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	2	2	3	2	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	2	2	3	2	3	QL (24 GM per 30 days) MO
flunisolide soln 0.025%	1	1	2	1	2	MO
fluticasone propionate susp 50mcg/act	1	1	2	1	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
FORADIL AEROLIZER	2	2	3	2	3	QL (60 EA per 30 days) MO
hydroxyzine hcl inj	2	3	4	3	4	PA MO
ipratropium bromide/albuterol sulfate	2	2	3	2	3	B/D MO
ipratropium bromide inhalation soln	1	1	2	1	2	B/D MO
ipratropium bromide nasal soln	1	1	2	1	2	MO
KALYDECO PACK	2	3	4	4	5	QL (56 EA per 28 days) PA
KALYDECO TABS	2	3	4	4	5	QL (60 EA per 30 days) PA
levalbuterol nebu	2	3	4	3	4	B/D MO
levocetirizine dihydrochloride tabs	2	3	4	3	4	QL (30 EA per 30 days) MO
levocetirizine dihydrochloride soln	2	3	4	3	4	QL (300 ML per 30 days) MO
metaproterenol sulfate syrp, tabs	1	1	2	1	2	MO
montelukast sodium	2	2	3	2	3	QL (30 EA per 30 days) MO
NASONEX	2	2	3	2	3	QL (34 GM per 30 days) MO
olopatadine hcl	2	3	4	3	4	QL (30.5 GM per 30 days) MO
OMNARIS	2	3	4	3	4	QL (12.5 GM per 30 days) MO
OPSUMIT	2	2	3	4	5	QL (30 EA per 30 days) PA LA
PATANASE	2	3	4	3	4	QL (30.5 GM per 30 days) MO
PERFOROMIST	2	3	4	3	4	QL (120 ML per 30 days) B/D MO
PROAIR HFA	2	2	3	2	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	2	2	3	2	3	QL (2 EA per 30 days) MO
PROLASTIN-C	2	3	4	4	5	PA MO
promethazine hcl tabs 12.5mg, 25mg, 50mg	2	3	4	3	4	PA MO
PULMICORT FLEXHALER	2	3	4	3	4	QL (2 EA per 30 days) MO
PULMOZYME	2	3	4	4	5	B/D
QNASL	2	3	4	3	4	QL (8.7 GM per 30 days) MO
QNASL CHILDRENS	2	3	4	3	4	QL (4.9 GM per 30 days) MO
QVAR	2	2	3	2	3	QL (17.4 GM per 30 days) MO
RHINOCORT AQUA	2	3	4	3	4	QL (17.2 GM per 30 days) MO
SEREVENT DISKUS	2	3	4	3	4	QL (60 EA per 30 days) MO
sildenafil tabs 20mg	2	2	3	2	3	QL (90 EA per 30 days) PA
SPIRIVA HANDIHALER	2	2	3	2	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	2	2	3	2	3	QL (4 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
STIOLTO RESPIMAT	2	2	3	2	3	QL (4 GM per 30 days) MO
SYMBICORT	2	2	3	2	3	QL (10.2 GM per 30 days) MO
terbutaline sulfate tabs	1	1	2	1	2	MO
THEO-24	2	3	4	3	4	MO
theophylline elix	2	3	4	3	4	MO
theophylline cr tb12 100mg, 200mg	1	1	2	1	2	MO
theophylline er	1	1	2	1	2	MO
tobramycin nebu	1	1	2	4	5	QL (280 ML per 56 days) B/D
TRACLEER	2	2	3	4	5	QL (60 EA per 30 days) PA LA
triamcinolone acetonide aero 55mcg/act	2	2	3	2	3	MO
TYZINE PEDIATRIC NASAL DROPS	2	3	4	3	4	
VENTAVIS	2	3	4	4	5	PA LA
VENTOLIN HFA	2	2	3	2	3	QL (36 GM per 30 days) MO
XOLAIR	2	3	4	4	5	QL (6 EA per 28 days) PA LA
zafirlukast	2	3	4	3	4	QL (60 EA per 30 days) MO
ZETONNA	2	3	4	3	4	QL (6.1 GM per 30 days) MO
ZYFLO IMMEDIATE RELEASE TABS	2	3	4	4	5	QL (120 EA per 30 days) MO
Skeletal Muscle Relaxants						
chlorzoxazone tabs	2	3	4	3	4	QL (180 EA per 30 days) PA MO
cyclobenzaprine hcl tabs	2	2	3	2	3	QL (90 EA per 30 days) PA MO
Sleep Disorder Agents						
HETLIOZ	2	3	4	4	5	QL (30 EA per 30 days) PA
modafinil tabs 100mg	2	2	3	2	3	QL (30 EA per 30 days) PA MO
modafinil tabs 200mg	2	2	3	2	3	QL (60 EA per 30 days) PA MO
ROZEREM	2	3	4	3	4	QL (30 EA per 30 days) MO
SILENOR	2	2	3	2	3	QL (30 EA per 30 days) MO
XYREM	2	3	4	4	5	QL (540 ML per 30 days) PA
zaleplon caps 5mg	2	2	3	2	3	QL (30 EA per 30 days) PA MO
zaleplon caps 10mg	2	2	3	2	3	QL (60 EA per 30 days) PA MO
zolpidem tartrate immediate release tabs	2	3	4	3	4	QL (30 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Therapeutic Nutrients/Minerals/Electrolytes						
AMINOSYN 7%/ELECTROLYTES	2	3	4	3	4	B/D
aminosyn 8.5%/electrolytes	2	3	4	3	4	B/D
AMINOSYN II	2	3	4	3	4	B/D
aminosyn ii 8.5%/electrolytes	2	3	4	3	4	B/D
AMINOSYN M	2	3	4	3	4	B/D
AMINOSYN-HBC	2	3	4	3	4	B/D
AMINOSYN-PF	2	3	4	3	4	B/D
AMINOSYN-PF 7%	2	3	4	3	4	B/D
AMINOSYN-RF	2	3	4	3	4	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	2	3	4	3	4	B/D
BAL-CARE DHA	2	3	4	3	4	MO
CALCIUM PNV	2	3	4	3	4	MO
CITRANATAL 90 DHA MISC 120MG; 159MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 90MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
CITRANATAL ASSURE MISC 120MG; 124MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 35MG; 0; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	2	3	4	3	4	MO
CITRANATAL B-CALM	2	3	4	3	4	MO
CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	2	3	4	3	4	MO
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	2	3	4	3	4	MO
CLINIMIX 2.75%/DEXTROSE 5%	2	3	4	3	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	2	3	4	3	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	2	3	4	3	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	2	3	4	3	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	3	4	3	4	B/D
CLINIMIX 5%/DEXTROSE 15%	2	3	4	3	4	B/D
CLINIMIX 5%/DEXTROSE 20%	2	3	4	3	4	B/D
CLINIMIX 5%/DEXTROSE 25%	2	3	4	3	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	3	4	3	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	3	4	3	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	2	3	4	3	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	2	3	4	3	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	3	4	3	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	3	4	3	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	3	4	3	4	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 25%	2	3	4	3	4	B/D
clinisol sf 15%	2	3	4	3	4	B/D
COMPLETE NATAL DHA	2	3	4	3	4	MO
COMPLETENATE	2	3	4	3	4	MO
CONCEPT DHA	2	3	4	3	4	MO
CONCEPT OB	2	3	4	3	4	MO
CUPRIMINE	2	3	4	4	5	MO
DEPEN TITRATABS	2	3	4	3	4	MO
dextrose 10%/nacl 0.45%	2	3	4	3	4	
dextrose 5% /electrolyte #48 viaflex	2	3	4	3	4	
dextrose 10% flex container	1	1	2	1	2	B/D
dextrose 10%/nacl 0.2%	2	3	4	3	4	
dextrose 2.5%/sodium chloride 0.45%	2	3	4	3	4	
dextrose 20%	1	1	2	1	2	B/D
dextrose 25%	1	1	2	1	2	B/D
dextrose 30%	1	1	2	1	2	B/D
dextrose 40%	1	1	2	1	2	B/D
dextrose 5%	1	1	2	1	2	MO
dextrose 5%/lactated ringers	2	3	4	3	4	
dextrose 5%/nacl 0.2%	2	3	4	3	4	
dextrose 5%/nacl 0.225%	2	3	4	3	4	
dextrose 5%/nacl 0.3%	2	3	4	3	4	
dextrose 5%/nacl 0.33%	2	3	4	3	4	
dextrose 5%/nacl 0.45%	2	3	4	3	4	
dextrose 5%/nacl 0.9%	2	3	4	3	4	MO
dextrose 5%/potassium chloride 0.15%	2	3	4	3	4	
dextrose 50%	1	1	2	1	2	B/D
dextrose 70%	1	1	2	1	2	B/D
ESCAVITE	2	3	4	3	4	
ESCAVITE D	2	3	4	3	4	
ESCAVITE LQ	2	3	4	3	4	
EXJADE	2	3	4	4	5	PA LA
EXTRA-VIRT PLUS DHA	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
FERRIPROX	2	3	4	4	5	PA
FLORIVA	2	3	4	3	4	
fluoritab chew 0.5mg, 1mg, 2.2mg	2	3	4	3	4	
FLURA-DROPS SOLN 0.25MG/ DROP	2	3	4	3	4	MO
FOCALGIN-B	2	3	4	3	4	
FOLCAL DHA	2	3	4	3	4	MO
FOLCAPS OMEGA 3	2	3	4	3	4	MO
FOLET DHA	2	3	4	3	4	
FOLET ONE	2	3	4	3	4	
FOLIVANE-OB	2	3	4	3	4	MO
FOLIVANE-PRX DHA NF	2	3	4	3	4	MO
fomepizole	1	1	2	4	5	
HEMENATAL OB	2	3	4	3	4	MO
HEMENATAL OB + DHA	2	3	4	3	4	MO
hepatamine	2	3	4	3	4	B/D
INATAL ADVANCE	2	3	4	3	4	
INATAL ULTRA	2	3	4	3	4	
INTRALIPID INJ 30GM/100ML	2	3	4	3	4	B/D
intralipid inj 20gm/100ml	2	3	4	3	4	B/D
KABIVEN	2	3	4	3	4	B/D
kcl 0.075%/d5w/nacl 0.45%	2	3	4	3	4	
kcl 0.15%/d5w/lr	2	3	4	3	4	
kcl 0.15%/d5w/nacl 0.2%	2	3	4	3	4	
kcl 0.15%/d5w/nacl 0.225%	2	3	4	3	4	
kcl 0.15%/d5w/nacl 0.45%	2	3	4	3	4	
kcl 0.15%/d5w/nacl 0.9%	2	3	4	3	4	
kcl 0.3%/d5w/lr iv lac ring	2	3	4	3	4	
kcl 0.3%/d5w/nacl 0.45%	2	3	4	3	4	
kcl 0.3%/d5w/nacl 0.9%	2	3	4	3	4	
kionex powd	2	3	4	3	4	
kionex susp	2	3	4	3	4	MO
klor-con 10	1	1	2	1	2	MO
klor-con 8	1	1	2	1	2	MO
klor-con m10	1	1	2	1	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
KLOR-CON M15	2	3	4	3	4	MO
klor-con m20	1	1	2	1	2	MO
lactated ringers dextrose 5% viaflex	2	3	4	3	4	
lactated ringers viaflex	2	3	4	3	4	
levocarnitine tabs	2	2	3	2	3	MO
LIPOSYN III	2	3	4	3	4	B/D
magnesium sulfate inj 50%	2	3	4	3	4	MO
mult-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit	2	3	4	3	4	MO
multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit	2	3	4	3	4	MO
multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml	2	3	4	3	4	MO
multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml	2	3	4	3	4	MO
multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml	2	3	4	3	4	MO
multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml	2	3	4	3	4	MO
multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit	2	3	4	3	4	MO

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
mvc-fluoride	2	3	4	3	4	MO
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	2	3	4	3	4	
NATALVIRT 90 DHA	2	3	4	3	4	MO
NATALVIRT CA	2	3	4	3	4	MO
NEPHRAMINE	2	3	4	3	4	B/D
NESTABS	2	3	4	3	4	MO
NESTABS DHA	2	3	4	3	4	MO
NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	2	3	4	3	4	MO
O-CAL PRENATAL	2	3	4	3	4	MO
OB COMPLETE ONE	2	3	4	3	4	MO
OB COMPLETE PETITE	2	3	4	3	4	MO
OB COMPLETE PREMIER	2	3	4	3	4	MO
OB COMPLETE/DHA	2	3	4	3	4	MO
PAIRE OB	2	3	4	3	4	MO
PERIKABIVEN	2	3	4	3	4	B/D
physiolyte	1	1	2	1	2	
physiosol irrigation	1	1	2	1	2	
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	2	3	4	3	4	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	2	3	4	3	4	MO
PNV OB+DHA	2	3	4	3	4	
PNV PRENATAL PLUS MULTIVITAMIN	2	3	4	3	4	MO
PNV TABS 29-1	2	3	4	3	4	MO
PNV-DHA	2	3	4	3	4	MO
PNV-SELECT	2	3	4	3	4	MO
PNV-VP-U	2	3	4	3	4	MO
poly-vitamin/fluoride chew	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml	2	3	4	3	4	
potassium chloride 0.15% /nacl 0.45% viaflex	1	1	2	1	2	
potassium chloride 0.15% d5w/nacl 0.33%	2	3	4	3	4	
potassium chloride 0.15% d5w/nacl 0.45%	2	3	4	3	4	
potassium chloride 0.15% d5w/nacl 0.45% viaflex	2	3	4	3	4	
potassium chloride 0.15% nacl 0.9%	2	3	4	3	4	MO
potassium chloride 0.22% d5w/nacl 0.45%	2	3	4	3	4	
potassium chloride 0.224%d5w/nacl 0.45% viaflex	2	3	4	3	4	
potassium chloride 0.3%/ nacl 0.9%	2	3	4	3	4	
potassium chloride 0.3%/d5w	2	3	4	3	4	
potassium chloride cr tbcr 10meq, 20meq	1	1	2	1	2	MO
potassium chloride er	1	1	2	1	2	MO
potassium chloride sr tbcr 8meq	1	1	2	1	2	MO
potassium chloride liqd	1	1	2	1	2	MO
potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml	2	3	4	3	4	
potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml	2	3	4	3	4	MO
potassium citrate er	2	3	4	3	4	MO
PR NATAL 400	2	3	4	3	4	MO
PR NATAL 400 EC	2	3	4	3	4	MO
PR NATAL 430	2	3	4	3	4	MO
PR NATAL 430 EC	2	3	4	3	4	MO
PREFERA OB	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	2	3	4	3	4	MO
PREFERAOB ONE	2	3	4	3	4	MO
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	3	4	3	4	B/D
premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	2	3	4	3	4	B/D
PRENAISSANCE	2	3	4	3	4	MO
PRENAISSANCE PLUS	2	3	4	3	4	MO
PRENATA	2	3	4	3	4	MO
PRENATABS FA	2	3	4	3	4	MO
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	3	4	3	4	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	2	3	4	3	4	MO
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	2	3	4	3	4	
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	2	3	4	3	4	MO
PRENATE AM	2	3	4	3	4	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	2	3	4	3	4	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	2	3	4	3	4	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	2	3	4	3	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	2	3	4	3	4	MO
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	2	3	4	3	4	
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	2	3	4	3	4	MO
PRENATE PIXIE	2	3	4	3	4	MO
PREPLUS	2	3	4	3	4	MO
PREQUE 10	2	3	4	3	4	MO
PRETAB	2	3	4	3	4	
PUREFE OB PLUS	2	3	4	3	4	
QUFLORA PEDIATRIC SOLN 0.5MG/ML	2	3	4	3	4	
QUFLORA PEDIATRIC SOLN 0.25MG/ML	2	3	4	3	4	MO
RELNATE DHA	2	3	4	3	4	MO
ringers injection	1	1	2	1	2	
SAMSCA TABS 15MG	2	3	4	4	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	2	3	4	4	5	QL (60 EA per 30 days) PA
SE-NATAL 19	2	3	4	3	4	MO
SE-TAN DHA	2	3	4	3	4	MO
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	2	3	4	3	4	MO
SETON ET-EC	2	3	4	3	4	MO
SETONET	2	3	4	3	4	MO
sodium bicarbonate inj 4.2%	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
sodium bicarbonate inj 8.4%	2	3	4	3	4	MO
sodium chloride 0.45% viaflex	2	3	4	3	4	
sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%	2	3	4	3	4	MO
sodium fluoride chew 0.5mg, 1.1mg	2	3	4	3	4	MO
sodium polystyrene sulfonate oral susp	2	2	3	2	3	MO
sodium polystyrene sulfonate rectal susp	2	3	4	3	4	
sodium polystyrene sulfonate powd	2	3	4	3	4	MO
sterile water irrigation	1	1	2	1	2	MO
SYPRINE	2	3	4	4	5	MO
TARON-PREX	2	3	4	3	4	MO
TL FOLATE	2	3	4	3	4	
TL-CARE DHA	2	3	4	3	4	MO
TL-SELECT	2	3	4	3	4	MO
tpn electrolytes	2	3	4	3	4	
tri-vit/fluoride	2	3	4	3	4	MO
TRI-VIT/FLUORIDE/IRON	2	3	4	3	4	MO
tri-vitamin/fluoride	2	3	4	3	4	MO
TRIADVANCE	2	3	4	3	4	
TRICARE	2	3	4	3	4	MO
TRICARE PRENATAL COMPLEAT	2	3	4	3	4	MO
TRICARE PRENATAL DHA ONE	2	3	4	3	4	MO
TRINATAL GT	2	3	4	3	4	MO
TRINATAL RX 1	2	3	4	3	4	MO
triple-vitamin/fluoride	2	3	4	3	4	MO
TRIVEEN-DUO DHA	2	3	4	3	4	MO
TRIVEEN-PRX RNF	2	3	4	3	4	MO
ULTIMATECARE ONE NF	2	3	4	3	4	MO
VEMAVITE-PRX 2	2	3	4	3	4	MO
VENA-BAL DHA	2	3	4	3	4	MO
VIRT-ADVANCE	2	3	4	3	4	MO
VIRT-CARE ONE	2	3	4	3	4	MO
VIRT-PN	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
VIRT-PN DHA	2	3	4	3	4	MO
VIRT-PN PLUS	2	3	4	3	4	MO
VIRT-SELECT	2	3	4	3	4	MO
VITAFOL-ONE	2	3	4	3	4	MO
VITAMEDMD ONE RX/QUATRE-FOLIC	2	3	4	3	4	MO
VITAMEDMD PLUS RX/QUATRE FOLIC	2	3	4	3	4	MO
vitamins a/d/c/fluoride	2	3	4	3	4	
VOL-NATE	2	3	4	3	4	MO
VOL-PLUS	2	3	4	3	4	MO
VP CH ULTRA	2	3	4	3	4	MO
VP-CH-PNV	2	3	4	3	4	MO
VP-HEME OB	2	3	4	3	4	MO
VP-PNV-DHA	2	3	4	3	4	MO
ZATEAN-CH	2	3	4	3	4	MO
ZATEAN-PN	2	3	4	3	4	MO
ZATEAN-PN DHA	2	3	4	3	4	MO
ZATEAN-PN PLUS	2	3	4	3	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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Enhanced Drug Benefit List*

Please check your Schedule of Copayments/Coinsurance to find out if your plan includes an "Enhanced Drug Benefit." The enhanced drugs are listed in this guide by Enhanced Drug Benefit Categories. If your plan includes enhanced drug benefits, look for the Enhanced Drug Benefit Category in the following pages to determine which drugs are covered. For example, if your Schedule of Copayments/Coinsurance says that your plan includes coverage for "Vitamins and Minerals" and "Erectile Dysfunction", find the lists titled "Vitamins and Minerals" and "Erectile Dysfunction" to find which drugs are covered. For more information, call the toll free telephone number on the back of your Aetna identification card or our member service center at **1-800-594-9390**. Representatives are available to assist you 8 a.m. to 6 p.m., local time, Monday through Friday. For TTY assistance please dial **711**.

Key**

Drug name	**Drug tier**	**Requirements/Limits**
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	PA = Prior Authorization QL = Quantity Limit
Lowercase italics = Generic medications		

	Plans without Specialty Tier			Plans with Specialty Tier		
Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
Cosmetic						
ACLARO	2	2	3	2	3	
ACLARO PD	2	2	3	2	3	
alphaquin hp	1	1	1	1	1	
AVAGE	2	2	3	2	3	
BOTOX COSMETIC	2	2	3	2	3	
CENOVIA	2	2	3	2	3	
CLARYS	2	2	3	2	3	
DYSPORT	2	2	3	2	3	
ELDOPAQUE FORTE	2	2	3	2	3	
ELDOQUIN FORTE	2	2	3	2	3	
EPIQUIN MICRO	2	2	3	2	3	
finasteride	1	1	1	1	1	
hydroquinone	1	1	1	1	1	

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**You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
hydroquinone time release	1	1	1	1	1	
LATISSE	2	2	3	2	3	
LUSTRA	2	2	3	2	3	
LUSTRA-AF	2	2	3	2	3	
LUSTRA-ULTRA	2	2	3	2	3	
melpaque hp	1	1	1	1	1	
MELQUIN 3	2	2	3	2	3	
melquin hp	1	1	1	1	1	
nava-sc	1	1	1	1	1	
NUQUIN HP GEL	2	2	3	2	3	
nuquin hp crea	1	1	1	1	1	
PERLANE	2	2	3	2	3	
PERLANE-L	2	2	3	2	3	
PROPECIA	2	2	3	2	3	
REFISSA	2	2	3	2	3	
remergent hq	1	1	1	1	1	
RENOVA	2	2	3	2	3	
RENOVA PUMP	2	2	3	2	3	
RESTYLANE	2	2	3	2	3	
RESTYLANE-L	2	2	3	2	3	
skin bleaching	1	1	1	1	1	
skin bleaching/sunscreen	1	1	1	1	1	
tl hydroquinone	1	1	1	1	1	
tretinoin emollient	1	1	1	1	1	
TRI-LUMA	2	2	3	2	3	
VANIQA	2	2	3	2	3	
Cough and cold						
ALBATUSSIN	2	2	3	2	3	
ALBATUSSIN NN	2	2	3	2	3	
benzonatate	1	1	1	1	1	
biotuss	1	1	1	1	1	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
biotuss pediatric	1	1	1	1	1	
bromfed dm	1	1	1	1	1	
CARBAPHEN 12	2	2	3	2	3	
CARBAPHEN 12 PED	2	2	3	2	3	
chlorpheniramine/phenylephrine/dm	1	1	1	1	1	
CPB WC	2	2	3	2	3	
DECON-A	2	2	3	2	3	
DECON-G	2	2	3	2	3	
dextromethorphan hbr/chlorpheniramine/phenylephrine hcl	1	1	1	1	1	
EXACTUSS	2	2	3	2	3	
exefen-ir	1	1	1	1	1	
GILPHEX TR	2	2	3	2	3	
GILTUSS	2	2	3	2	3	
GILTUSS PED-C	2	2	3	2	3	
giltuss pediatric	1	1	1	1	1	
GILTUSS TR	2	2	3	2	3	
hydrocodone bitartrate/chlorpheniramine maleate/pse	1	1	1	1	1	
hydrocodone bitartrate/homatropine methylbromide	1	1	1	1	1	
hydrocodone polistirex/chlorpheniramine polistirex	1	1	1	1	1	
hydromet	1	1	1	1	1	
MUCINEX D	2	2	3	2	3	
MUCINEX DM	2	2	3	2	3	
NEOTUSS PLUS	2	2	3	2	3	
NEOTUSS-D	2	2	3	2	3	
nohist-dm	1	1	1	1	1	
nortuss-de	1	1	1	1	1	
NORTUSS-EX	2	2	3	2	3	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PEDIATEX TDM	2	2	3	2	3	
phenylephrine/guaifenesin	1	1	1	1	1	
PROMETHAZINE VC/CODEINE	2	2	3	2	3	
promethazine/codeine	1	1	1	1	1	
promethazine/dextromethorphan	1	1	1	1	1	
RELHIST	2	2	3	2	3	
RESCON-JR	2	2	3	2	3	
RESCON-MX	2	2	3	2	3	
REZIRA	2	2	3	2	3	
SUTTAR-2	2	2	3	2	3	
SUTTAR-SF	2	2	3	2	3	
TESSALON PERLES	2	2	3	2	3	
TGQ 15DM/5PEH/2CPM	2	2	3	2	3	
TGQ 30PSE/150GFN/15DM	2	2	3	2	3	
TGQ 30PSE/3BRM/15DM	2	2	3	2	3	
TGQ 50PSE/3BRM/30DM	2	2	3	2	3	
TUSNEL	2	2	3	2	3	
tussafed ex	1	1	1	1	1	
TUSSICAPS	2	2	3	2	3	
tussigon	1	1	1	1	1	
TUSSIONEX PENNKINETIC EX-TENDED RELEASE	2	2	3	2	3	
VITUZ	2	2	3	2	3	
ZONATUSS	2	2	3	2	3	
ZUTRIPRO	2	2	3	2	3	
Erectile Dysfunction						
CAVERJECT	2	2	3	2	3	QL (6 EA per 30 days)
CAVERJECT IMPULSE	2	2	3	2	3	QL (6 EA per 30 days)
CIALIS	2	2	3	2	3	QL (6 EA per 30 days)
EDEX	2	2	3	2	3	QL (6 EA per 30 days)
LEVITRA	2	2	3	2	3	QL (6 EA per 30 days)

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
MUSE	2	2	3	2	3	QL (6 EA per 30 days)
STAXYN	2	2	3	2	3	QL (6 EA per 30 days)
STENDRA	2	2	3	2	3	QL (6 EA per 30 days)
VIAGRA	2	2	3	2	3	QL (6 EA per 30 days)
Fertility						
BRAVELLE	2	2	3	2	3	
CETROTIDE	2	2	3	2	3	
CLOMID	2	2	3	2	3	
clomiphene citrate	1	1	1	1	1	
FOLLISTIM AQ	2	2	3	2	3	
ganirelix acetate	1	1	1	1	1	
GONAL-F	2	2	3	2	3	
GONAL-F RFF	2	2	3	2	3	
GONAL-F RFF PEN	2	2	3	2	3	
GONAL-F RFF REDIJECT	2	2	3	2	3	
MENOPUR	2	2	3	2	3	
OVIDREL	2	2	3	2	3	
REPRONEX	2	2	3	2	3	
serophene	1	1	1	1	1	
Miscellaneous						
aero otic hc	1	1	1	1	1	
ALA QUIN	2	2	3	2	3	
ALBATUSSIN	2	2	3	2	3	
ALBATUSSIN NN	2	2	3	2	3	
ALCORTIN A	2	2	3	2	3	
ALOQUIN	2	2	3	2	3	
aminobenzoate potassium	1	1	1	1	1	
ANALPRAM E	2	2	3	2	3	
ANALPRAM-HC	2	2	3	2	3	
ANALPRAM-HC SINGLES	2	2	3	2	3	
anucort-hc	1	1	1	1	1	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ANUSOL-HC	2	2	3	2	3	
chlordiazepoxide hcl/clidinium bromide	1	1	1	1	1	
chlorthalidone	1	1	1	1	1	
clidinium/chlordiazepoxide	1	1	1	1	1	
CORTANE-B	2	2	3	2	3	
CORTANE-B AQUEOUS	2	2	3	2	3	
CORTANE-B-OTIC	2	2	3	2	3	
cortic-nd	1	1	1	1	1	
covaryx	1	1	1	1	1	
covaryx hs	1	1	1	1	1	
cyotic	1	1	1	1	1	
DECON-G	2	2	3	2	3	
DERMASORB AF	2	2	3	2	3	
dermazene	1	1	1	1	1	
DONNATAL	2	2	3	2	3	
DONNATAL EXTENTABS	2	2	3	2	3	
eemt	1	1	1	1	1	
eemt hs	1	1	1	1	1	
esterified estrogens/methyltestosterone	1	1	1	1	1	
esterified estrogens/methyltestosterone ds	1	1	1	1	1	
esterified estrogens/methyltestosterone hs	1	1	1	1	1	
exotic-hc	1	1	1	1	1	
GRANULEX	2	2	3	2	3	
grx hicort 25	1	1	1	1	1	
hemorrhoidal-hc	1	1	1	1	1	
hemril-30	1	1	1	1	1	
hydrocortisone acetate	1	1	1	1	1	
hydrocortisone acetate/pramoxine	1	1	1	1	1	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
hydrocortisone acetate/pramoxine hcl	1	1	1	1	1	
hydrocortisone/iodoquinol	1	1	1	1	1	
isometheptene mucate/caffeine/ acetaminophen	1	1	1	1	1	
isometheptene/dichloralphenazone/ acetaminophen	1	1	1	1	1	
isoxsuprine hcl	1	1	1	1	1	
LIBRAX	2	2	3	2	3	
me-pb-hyos	1	1	1	1	1	
MEPERIDINE HCL/PROMETHAZINE HCL	1	1	1	1	1	
methyltestosterone/esterified estrogens	1	1	1	1	1	
methyltestosterone/esterified estrogens hs	1	1	1	1	1	
migragesic ida	1	1	1	1	1	
MIGRALAM	2	2	3	2	3	
NEOTUSS-D	2	2	3	2	3	
nitro-time	1	1	1	1	1	
nitroglycerin er	1	1	1	1	1	
nitroglycerin sr	1	1	1	1	1	
nodolor	1	1	1	1	1	
NOVACORT	2	2	3	2	3	
OPTASE	2	2	3	2	3	
OTICIN HC NR	2	2	3	2	3	
oto-end 10	1	1	1	1	1	
otomax-hc	1	1	1	1	1	
POTABA	2	2	3	2	3	
potassium p-aminobenzoate	1	1	1	1	1	
PRAMOSONE	2	2	3	2	3	
PRAMOSONE E	2	2	3	2	3	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
pramoxine-hc	1	1	1	1	1	
PROCTOCORT	2	2	3	2	3	
PRODRIN	2	2	3	2	3	
rectacort-hc	1	1	1	1	1	
tbc	1	1	1	1	1	
TUSNEL	2	2	3	2	3	
vasolex	1	1	1	1	1	
VYTONE	2	2	3	2	3	
XENADERM	2	2	3	2	3	
Vitamins and minerals						
ACTIVE FE	2	2	3	2	3	
ADRENAL C FORMULA	2	2	3	2	3	
ADVANCED AM/PM	2	2	3	2	3	
airavite	1	1	1	1	1	
ALBAFORT	2	2	3	2	3	
ANIMI-3	2	2	3	2	3	
ANIMI-3/VITAMIN D	2	2	3	2	3	
AP-ZEL	2	2	3	2	3	
AVAILNEX	2	2	3	2	3	
AXONA	2	2	3	2	3	
b-6 folic acid	1	1	1	1	1	
b-complex	1	1	1	1	1	
b-complex 100	1	1	1	1	1	
B-NEXA	2	2	3	2	3	
b-plex	1	1	1	1	1	
b-plex plus	1	1	1	1	1	
BACMIN	2	2	3	2	3	
BIFERARX	2	2	3	2	3	
biocel	1	1	1	1	1	
bp folinatal plus b	1	1	1	1	1	
BP VIT 3	2	2	3	2	3	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
CARDIOTEK-RX	2	2	3	2	3	
CENFOL	2	2	3	2	3	
CENTRATEX	2	2	3	2	3	
CEREFOLIN	2	2	3	2	3	
CEREFOLIN NAC	2	2	3	2	3	
choice-tabs	1	1	1	1	1	
CIFEREX	2	2	3	2	3	
cod liver oil	1	1	1	1	1	
corvita	1	1	1	1	1	
corvita 150	1	1	1	1	1	
CORVITE	2	2	3	2	3	
CORVITE 150	2	2	3	2	3	
CORVITE FE	2	2	3	2	3	
corvite free	1	1	1	1	1	
cyanocobalamin	1	1	1	1	1	
DEPLIN 15	2	2	3	2	3	
DEPLIN 7.5	2	2	3	2	3	
DERMANIC	2	2	3	2	3	
dialyvite	1	1	1	1	1	
DIALYVITE 3000	2	2	3	2	3	
DIALYVITE 5000	2	2	3	2	3	
DIALYVITE SUPREME D	2	2	3	2	3	
DIALYVITE/ZINC	2	2	3	2	3	
DIATX ZN	2	2	3	2	3	
DIVISTA	2	2	3	2	3	
DRISDOL	2	2	3	2	3	
DURACHOL	2	2	3	2	3	
ED CYTE F	2	2	3	2	3	
ELIGEN B12	2	2	3	2	3	
ENLYTE	2	2	3	2	3	
ENTERAGAM	2	2	3	2	3	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ergocalciferol	1	1	1	1	1	
fabb	1	1	1	1	1	
FE 90 PLUS	2	2	3	2	3	
fe c plus	1	1	1	1	1	
FERIVA	2	2	3	2	3	
FERIVA 21/7	2	2	3	2	3	
FERIVAFA	2	2	3	2	3	
ferocon	1	1	1	1	1	
ferotrinsic	1	1	1	1	1	
FERRALET 90	2	2	3	2	3	
FERRAPLUS 90	2	2	3	2	3	
ferrex 150 forte	1	1	1	1	1	
FERREX 150 FORTE PLUS	2	2	3	2	3	
FERREX 28	2	2	3	2	3	
FERRO-PLEX HEMATINIC	2	2	3	2	3	
ferrocite plus	1	1	1	1	1	
ferrogels forte	1	1	1	1	1	
FERROTRIN	2	2	3	2	3	
FOCALGIN-B	2	2	3	2	3	
folastin	1	1	1	1	1	
folbecal	1	1	1	1	1	
folbee	1	1	1	1	1	
FOLBEE AR	2	2	3	2	3	
folbee plus	1	1	1	1	1	
folbee plus cz	1	1	1	1	1	
folbic	1	1	1	1	1	
FOLBIC RF	2	2	3	2	3	
folcaps	1	1	1	1	1	
FOLGARD OS	2	2	3	2	3	
FOLGARD RX	2	2	3	2	3	
folic acid	1	1	1	1	1	

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folic acid/cyanocobalamin/pyridoxine hydrochloride	1	1	1	1	1	
folic acid/vitamin b-6/vitamin b-12	1	1	1	1	1	
FOLIVANE-F	2	2	3	2	3	
FOLIVANE-PLUS	2	2	3	2	3	
folplex 2.2	1	1	1	1	1	
FOLTANX	2	2	3	2	3	
FOLTANX RF	2	2	3	2	3	
FOLTRATE	2	2	3	2	3	
foltrin	1	1	1	1	1	
FOLTX	2	2	3	2	3	
FORTAVIT	2	2	3	2	3	
FOSTEUM	2	2	3	2	3	
FOSTEUM PLUS	2	2	3	2	3	
FOVEX	2	2	3	2	3	
FUSION PLUS	2	2	3	2	3	
GABADONE	2	2	3	2	3	
hematinic plus complex	1	1	1	1	1	
hematinic plus vitamins/minerals	1	1	1	1	1	
hematinic/folic acid	1	1	1	1	1	
hematogen	1	1	1	1	1	
HEMATOGEN FA	2	2	3	2	3	
hematogen forte	1	1	1	1	1	
HEMATRON-AF	2	2	3	2	3	
HEMETAB	2	2	3	2	3	
HEMOCYTE PLUS	2	2	3	2	3	
HEMOCYTE-F ELIX	2	2	3	2	3	
hemocyte-f tabs	1	1	1	1	1	
hemocyte-plus	1	1	1	1	1	
HYPERTENSA	2	2	3	2	3	
ICAR-C PLUS	2	2	3	2	3	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
iferex 150 forte	1	1	1	1	1	
infuvite	1	1	1	1	1	
infuvite pediatric	1	1	1	1	1	
INTEGRA F	2	2	3	2	3	
INTEGRA PLUS	2	2	3	2	3	
IROSPAN 24/6	2	2	3	2	3	
l-methyl-b6-b12	1	1	1	1	1	
L-METHYL-MC	2	2	3	2	3	
L-METHYL-MC NAC	2	2	3	2	3	
l-methylfolate	1	1	1	1	1	
L-METHYLFOLATE CA ME-CBL NAC	2	2	3	2	3	
l-methylfolate ca/p-5-p/me-cbl	1	1	1	1	1	
l-methylfolate calcium	1	1	1	1	1	
L-METHYLFOLATE FORMULA 15	2	2	3	2	3	
L-METHYLFOLATE FORMULA 7.5	2	2	3	2	3	
L-METHYLFOLATE FORTE	2	2	3	2	3	
LIMBREL	2	2	3	2	3	
LIMBREL250	2	2	3	2	3	
LIMBREL500	2	2	3	2	3	
LIPICHOL 540	2	2	3	2	3	
LISTER-V	2	2	3	2	3	
lmthf/pyridoxine hcl/cyanocobalamin	1	1	1	1	1	
LUKAID GLA	2	2	3	2	3	
LUNGLAID	2	2	3	2	3	
lysiplex plus	1	1	1	1	1	
M.V.I. ADULT	2	2	3	2	3	
M.V.I. PEDIATRIC	2	2	3	2	3	
M.V.I.-12 WITHOUT VITAMIN K	2	2	3	2	3	
MACUTEK	2	2	3	2	3	
martinic	1	1	1	1	1	

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MAXARON FORTE	2	2	3	2	3	
MAXFE	2	2	3	2	3	
MEPHYTON	2	2	3	2	3	
METAFOLBIC	2	2	3	2	3	
METAFOLBIC PLUS	2	2	3	2	3	
METAFOLBIC PLUS RF	2	2	3	2	3	
METANX	2	2	3	2	3	
mi-omega nf	1	1	1	1	1	
multi-b-plus	1	1	1	1	1	
MULTIGEN	2	2	3	2	3	
MULTIGEN FOLIC	2	2	3	2	3	
MULTIGEN PLUS	2	2	3	2	3	
myferon 150 forte	1	1	1	1	1	
mynephrocaps	1	1	1	1	1	
NASCOBAL	2	2	3	2	3	
NATALVIRT FLT	2	2	3	2	3	
NEPHPLEX RX	2	2	3	2	3	
NEPHRO-VITE RX	2	2	3	2	3	
NEPHROCAPS	2	2	3	2	3	
NEPHROCAPS QT	2	2	3	2	3	
NEPHRON FA	2	2	3	2	3	
nephronex	1	1	1	1	1	
NEUREPA	2	2	3	2	3	
NEURIN-SL	2	2	3	2	3	
NEURODEP	2	2	3	2	3	
NICADAN	2	2	3	2	3	
NICAZEL	2	2	3	2	3	
NICAZEL FORTE	2	2	3	2	3	
NICOMIDE	2	2	3	2	3	
NOVAFERRUM	2	2	3	2	3	
nufol	1	1	1	1	1	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
NUTRICAP	2	2	3	2	3	
nutrifac zx	1	1	1	1	1	
NUTRIVIT	2	2	3	2	3	
OCUVEL	2	2	3	2	3	
PERCURA	2	2	3	2	3	
PHYTONADIONE	1	1	1	1	1	
PODIAPN	2	2	3	2	3	
poly-iron 150 forte	1	1	1	1	1	
polysaccharide iron forte	1	1	1	1	1	
PRE-FOLIC	2	2	3	2	3	
PRENA1 CHEW	2	2	3	2	3	
PRENAISSANCE NEXT	2	2	3	2	3	
PRENAISSANCE NEXT-B	2	2	3	2	3	
PRENATE	2	2	3	2	3	
PRENATE AM	2	2	3	2	3	
PROFERRIN-FORTE	2	2	3	2	3	
PROTECT PLUS	2	2	3	2	3	
PROTECTIRON	2	2	3	2	3	
PROTEOLIN	2	2	3	2	3	
PULMONA	2	2	3	2	3	
PUREFE PLUS	2	2	3	2	3	
purevit dualfe plus	1	1	1	1	1	
Q-TABS	2	2	3	2	3	
rena-vite rx	1	1	1	1	1	
renal	1	1	1	1	1	
renalpren	1	1	1	1	1	
RENATABS	2	2	3	2	3	
RENATABS WITH IRON	2	2	3	2	3	
reno caps	1	1	1	1	1	
REQ 49+	2	2	3	2	3	
REVESTA	2	2	3	2	3	

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Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
RHEUMATE	2	2	3	2	3	
se-tan plus	1	1	1	1	1	
SENTRA AM	2	2	3	2	3	
SENTRA PM	2	2	3	2	3	
SIDEROL	2	2	3	2	3	
SM B-COMPLEX/VITAMIN C	2	2	3	2	3	
STROVITE	2	2	3	2	3	
STROVITE FORTE	2	2	3	2	3	
STROVITE ONE	2	2	3	2	3	
strovite plus	1	1	1	1	1	
SUPERVITE	2	2	3	2	3	
SUPERVITE EC	2	2	3	2	3	
SUPPORT	2	2	3	2	3	
SUPPORT-500	2	2	3	2	3	
SYNAGEX	2	2	3	2	3	
SYNATEK	2	2	3	2	3	
TANDEM F	2	2	3	2	3	
TANDEM PLUS	2	2	3	2	3	
TARON FORTE	2	2	3	2	3	
TEARS AGAIN HYDRATE	2	2	3	2	3	
THERAMINE	2	2	3	2	3	
TL G-FOL OS	2	2	3	2	3	
tl gard rx	1	1	1	1	1	
tl icon	1	1	1	1	1	
tl-hem 150	1	1	1	1	1	
TL-ICARE	2	2	3	2	3	
TOZAL	2	2	3	2	3	
TREPADONE	2	2	3	2	3	
TRI-ZEL	2	2	3	2	3	
tricon	1	1	1	1	1	
trigels-f forte	1	1	1	1	1	

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triphrocaps	1	1	1	1	1	
UDAMIN SP	2	2	3	2	3	
urosex	1	1	1	1	1	
v-c forte	1	1	1	1	1	
VASCAZEN	2	2	3	2	3	
VASCULERA	2	2	3	2	3	
VAYACOG	2	2	3	2	3	
VAYARIN	2	2	3	2	3	
VAYAROL	2	2	3	2	3	
vic-forte	1	1	1	1	1	
vicap forte	1	1	1	1	1	
VIRILEX	2	2	3	2	3	
virt-caps	1	1	1	1	1	
virt-vite	1	1	1	1	1	
virt-vite forte	1	1	1	1	1	
virt-vite plus	1	1	1	1	1	
vita s forte	1	1	1	1	1	
vita-min	1	1	1	1	1	
VITA-RESPA	2	2	3	2	3	
vitacel	1	1	1	1	1	
VITAJECT	2	2	3	2	3	
VITAL-D RX	2	2	3	2	3	
vitamax pediatric	1	1	1	1	1	
VITAMEDMD REDICHEW RX	2	2	3	2	3	
vitamin b-complex 100	1	1	1	1	1	
vitamin d	1	1	1	1	1	
VITAMIN K1	2	2	3	2	3	
VITAROCA PLUS	2	2	3	2	3	
vol-care rx	1	1	1	1	1	
VP-GGR-B6 PRENATAL	2	2	3	2	3	
VP-GSTN	2	2	3	2	3	

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vp-precip	1	1	1	1	1	
VP-ZEL	2	2	3	2	3	
ZINGIBER	2	2	3	2	3	
Weight loss						
ADIPEX-P	2	2	3	2	3	PA
APPTRIM	2	2	3	2	3	PA
APPTRIM LIFESTYLES OBESITY MANAGEMENT	2	2	3	2	3	PA
APPTRIM LIFESTYLES POST-BARIATRIC	2	2	3	2	3	PA
APPTRIM LIFESTYLES PRE-BARIATRIC	2	2	3	2	3	PA
APPTRIM-D	2	2	3	2	3	PA
BELVIQ	2	2	3	2	3	PA
benzphetamine hcl	1	1	1	1	1	PA
BONTRIL PDM	2	2	3	2	3	PA
CONTRAVE	2	2	3	2	3	PA
DIDREX	2	2	3	2	3	PA
diethylpropion hcl	1	1	1	1	1	PA
diethylpropion hcl er	1	1	1	1	1	PA
phendimetrazine tartrate	1	1	1	1	1	PA
phendimetrazine tartrate er	1	1	1	1	1	PA
phentermine hcl	1	1	1	1	1	PA
PROBARIMIN QT	2	2	3	2	3	PA
QSYMIA	2	2	3	2	3	PA
REGIMEX	2	2	3	2	3	PA
SAXENDA	2	2	3	2	3	PA
SUPRENZA	2	2	3	2	3	PA
XENICAL	2	2	3	2	3	PA

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This formulary was updated on 10/1/2015. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-594-9390** or for **TTY: 711**, 8 a.m. to 6 p.m., local time, Monday to Friday, or visit **http://www.aetnaretireeplans.com** choose 'Find your prescriptions'.

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