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Aetna Medicare

2017 Comprehensive Formulary

(List of covered drugs) GRP B2

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 10/01/2016.

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

Formulary ID Number: 17029 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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Members who get "extra help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred 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)**, 8 a.m. to 6 p.m. local time, Monday through Friday, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

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

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al **1-800-594-9390 (TTY: 711)**. Horario de atención: lunes a viernes de 8 a.m. a 6 p.m.

本資訊也有其他語言的免費版本可供選擇。請致電**1-800-594-9390（聽障專線：711）**於會員服務部聯絡，辦公時間為每週7天、當地時間上午8時至晚間8時。

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 10/01/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/01/2016. 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, the formularies will be updated monthly and posted on our website.

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.

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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 98. 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 can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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.

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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 drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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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 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 increments, (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 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**.

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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 98.

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 through 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" drugs in our Drug List or MO. 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 through 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.

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Drug tier copay levels

This 2017 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2017 formulary covers most 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 Aetna Medicare 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 Drugs	Preferred Brand Drugs	Non-Preferred Drugs	Preferred Brand Drugs
Tier 4	—	—	Non-Preferred Drugs	Specialty Tier Drugs	Non-Preferred Drugs
Tier 5	—	—	—	—	Specialty Tier Drugs

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.

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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 2017 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.

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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

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Analgesics						
acetaminophen/codeine 300mg; 30mg	1	1	2	1	2	QL (180 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 (180 EA per 30 days) MO
ascomp/codeine	1	1	2	1	2	QL (180 EA per 30 days) PA MO
butalbital compound/codeine	1	1	2	1	2	QL (180 EA per 30 days) PA
butalbital/acetaminophen/caffeine/codeine	2	3	4	3	4	QL (180 EA per 30 days) PA
butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg	2	2	3	2	3	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg	2	3	4	3	4	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	3	4	3	4	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine	2	3	4	3	4	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine/codeine	1	1	2	1	2	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	2	3	2	3	QL (30 EA per 30 days) MO
celecoxib caps 100mg, 200mg, 50mg	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.

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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
codeine sulfate tabs	2	3	4	3	4	QL (180 EA per 30 days) MO
diclofenac potassium	2	2	3	2	3	MO
diclofenac sodium dr	1	1	2	1	2	MO
diclofenac sodium er	1	1	2	1	2	MO
diflunisal tabs	2	3	4	3	4	MO
duramorph	1	1	2	1	2	B/D
endocet	2	2	3	2	3	QL (180 EA per 30 days)
endodan	2	2	3	2	3	QL (180 EA per 30 days)
esgic caps	2	2	3	2	3	QL (180 EA per 30 days) PA
etodolac	2	2	3	2	3	MO
etodolac er	2	3	4	3	4	MO
fenoprofen calcium caps 400mg	2	2	3	2	3	MO
fenoprofen calcium tabs	2	2	3	2	3	MO
fentanyl transdermal patch	2	3	4	3	4	QL (15 EA per 30 days) MO
fentanyl citrate oral transmucosal	1	1	2	4	5	QL (120 EA per 30 days) PA MO
flurbiprofen tabs	1	1	2	1	2	MO
hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 7.5mg/15ml	2	2	3	2	3	QL (5550 ML per 30 days) MO
hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg	2	2	3	2	3	QL (180 EA per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	2	3	2	3	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen	2	2	3	2	3	QL (150 EA per 30 days) MO
hydromorphone hcl immediate release tabs	2	2	3	2	3	QL (180 EA per 30 days) MO
hydromorphone hcl liqd	2	2	3	2	3	QL (2400 ML per 30 days) MO
hydromorphone hcl inj 50mg/5ml	2	3	4	3	4	B/D
hydromorphone hcl inj 10mg/ml	2	3	4	3	4	B/D MO
ibudone tabs 5mg; 200mg	2	2	3	2	3	QL (150 EA per 30 days)
ibuprofen susp	1	1	2	1	2	MO
ibuprofen tabs 400mg, 600mg, 800mg	1	1	1	1	1	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
ketoprofen er	2	2	3	2	3	MO
ketoprofen caps	2	2	3	2	3	MO
ketorolac tromethamine tabs 10mg	1	1	2	1	2	QL (20 EA per 30 days) PA MO
lorcet	2	2	3	2	3	QL (180 EA per 30 days)
lorcet hd	2	2	3	2	3	QL (180 EA per 30 days)
lorcet plus tabs 325mg; 7.5mg	2	2	3	2	3	QL (180 EA per 30 days)
margesic	2	2	3	2	3	QL (180 EA per 30 days) PA MO
meclofenamate sodium caps	2	2	3	2	3	MO
meloxicam susp, tabs	1	1	1	1	1	MO
methadone hcl inj	1	1	2	1	2	
methadone hcl tabs	2	2	3	2	3	QL (180 EA per 30 days) MO
methadone hcl oral soln	2	2	3	2	3	QL (3000 ML per 30 days) MO
methadone hcl conc	2	2	3	2	3	QL (360 ML per 30 days) MO
methadone hcl tbso	2	2	3	2	3	QL (90 EA per 30 days)
methadose tbso	2	2	3	2	3	QL (90 EA per 30 days)
morphine sulfate er cp24 30mg, 60mg	2	3	4	3	4	MO
morphine sulfate er cp24 120mg, 45mg, 75mg, 90mg	2	3	4	3	4	QL (30 EA per 30 days) MO
morphine sulfate er cp24 100mg, 10mg, 20mg, 50mg, 80mg	2	3	4	3	4	QL (60 EA per 30 days) MO
morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg	2	3	4	3	4	QL (60 EA per 30 days) MO
morphine sulfate er tbcr 15mg	2	3	4	3	4	QL (90 EA per 30 days) MO
morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml	2	3	4	3	4	B/D
morphine sulfate i.v. inj 10mg/ml, 15mg/ml, 1mg/ml	2	3	4	3	4	B/D MO
morphine sulfate oral soln 20mg/5ml	2	2	3	2	3	QL (1020 ML per 30 days) MO
morphine sulfate oral soln 100mg/5ml	2	2	3	2	3	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.

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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
morphine sulfate oral soln 10mg/5ml	2	2	3	2	3	QL (1800 ML per 30 days) MO
morphine sulfate tabs 30mg	1	1	2	1	2	QL (180 EA per 30 days) MO
morphine sulfate tabs 15mg	1	1	2	1	2	QL (60 EA per 30 days) MO
nabumetone	1	1	2	1	2	MO
nalbuphine hcl inj	2	2	3	2	3	MO
naproxen dr	1	1	2	1	2	MO
naproxen sodium tabs 275mg, 550mg	1	1	2	1	2	MO
naproxen tabs	1	1	1	1	1	MO
naproxen susp	1	1	2	1	2	MO
oxaprozin	2	3	4	3	4	MO
oxycodone hcl caps	2	2	3	2	3	QL (180 EA per 30 days) MO
oxycodone hcl soln	2	2	3	2	3	QL (5400 ML per 30 days) MO
oxycodone hcl conc	2	3	4	3	4	QL (180 ML per 30 days) MO
oxycodone hcl immediate release tabs 30mg	2	2	3	2	3	QL (120 EA per 30 days) MO
oxycodone hcl immediate release tabs 10mg, 15mg, 20mg, 5mg	2	2	3	2	3	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	2	3	2	3	QL (180 EA per 30 days) MO
oxycodone/aspirin	2	2	3	2	3	QL (180 EA per 30 days) MO
oxycodone/ibuprofen	2	2	3	2	3	QL (120 EA per 30 days) MO
piroxicam caps	2	2	3	2	3	MO
reprexain tabs 10mg; 200mg	2	2	3	2	3	QL (150 EA per 30 days) MO
ROXICET SOLN	2	2	3	2	3	QL (1800 ML per 30 days) MO
roxicet tabs	2	2	3	2	3	QL (180 EA per 30 days)
sulindac tabs	1	1	2	1	2	MO
tolmetin sodium tabs	1	1	2	1	2	MO
tolmetin sodium caps	2	3	4	3	4	MO
tramadol immediate release tabs	1	1	2	1	2	QL (240 EA per 30 days) MO
tramadol hydrochloride/ acetaminophen	2	2	3	2	3	QL (240 EA per 30 days) MO
vicodin es tabs 300mg; 7.5mg	2	2	3	2	3	QL (180 EA per 30 days)
vicodin hp tabs 300mg; 10mg	2	2	3	2	3	QL (180 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
vicodin tabs 300mg; 5mg	2	2	3	2	3	QL (180 EA per 30 days)
VOLTAREN GEL	2	2	3	2	3	QL (1000 GM per 30 days) MO
xylon	2	3	4	3	4	QL (150 EA per 30 days)
zamicet	2	3	4	3	4	QL (5550 ML per 30 days) MO
zebutal caps 325mg; 50mg; 40mg	2	2	3	2	3	QL (180 EA per 30 days) PA MO
Anesthetics						
glydo	2	2	3	2	3	MO
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	2	3	2	3	
lidocaine hcl inj 1%, 2%, 4%	2	2	3	2	3	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 crea	2	3	4	3	4	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	3	4	3	4	QL (90 EA per 30 days) PA MO
buprenorphine hcl subl	1	1	2	1	2	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	3	4	3	4	MO
naloxone hcl inj	1	1	2	1	2	MO
naltrexone hcl tabs	2	2	3	2	3	MO
NARCAN	2	3	4	3	4	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	2	3	4	3	4	QL (90 EA per 30 days) PA MO
Antibacterials						
amikacin sulfate inj	2	3	4	3	4	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 i.v., 125mg, 1gm i.v., 250mg, 2gm i.v.	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	1	1	1	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	2	3	4	3	4	MO
aztreonam inj 1gm	2	3	4	3	4	MO
aztreonam inj 2gm	1	1	2	4	5	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	2	2	3	2	3	MO
cefaclor er	2	2	3	2	3	MO
cefadroxil caps, susr	1	1	1	1	1	MO
cefadroxil tabs	1	1	2	1	2	MO
cefazolin 2gm/100ml; 4%	2	3	4	3	4	
cefazolin sodium/dextrose	2	3	4	3	4	
cefazolin sodium inj 100gm, 1gm i.v., 1gm; 5%, 20gm, 300gm	1	1	2	1	2	
cefazolin sodium inj 10gm, 1gm, 500mg	1	1	2	1	2	MO
cefdinir caps	1	1	2	1	2	MO
cefdinir susr	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.

PROOF

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, 1gm/50ml; 5%, 2gm/100ml, 2gm/50ml; 5%	2	3	4	3	4	
cefepime inj 1gm, 2gm	2	3	4	3	4	MO
cefixime	1	1	2	1	2	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, 2gm; 2.2%	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	2	3	2	3	MO
ceftazidime/dextrose	1	1	2	1	2	
ceftazidime inj 6gm	1	1	2	1	2	
ceftazidime inj 1gm, 2gm	1	1	2	1	2	MO
ceftriaxone in iso-osmotic dextrose	2	3	4	3	4	
ceftriaxone sodium inj 100gm, 1gm i.v.	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	2	2	3	2	3	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	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	2	3	4	3	4	MO
ciprofloxacin inj	1	1	2	1	2	MO
ciprofloxacin otic soln, susr	2	2	3	2	3	MO
clarithromycin er	1	1	2	1	2	MO
clarithromycin susr, immediate release tabs	2	2	3	2	3	MO
clindamycin hcl caps	1	1	2	1	2	MO
clindamycin palmitate hcl	2	2	3	2	3	MO
clindamycin phosphate add-vantage inj 900mg/6ml	2	3	4	3	4	
clindamycin phosphate in d5w	2	3	4	3	4	
clindamycin phosphate crea 2%	2	3	4	3	4	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, tabs	2	2	3	2	3	MO
doxycycline hyclate inj	2	3	4	3	4	MO
doxycycline monohydrate caps, tabs	1	1	2	1	2	MO
doxycycline caps 150mg, 75mg	2	3	4	3	4	MO
doxycycline susr	2	2	3	2	3	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	2	3	4	3	4	
ERYTHROCIN STEARATE	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
erythromycin base	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	1	1	2	1	2	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%, 2mg/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 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	1	1	2	1	2	
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 susr	1	1	2	4	5	QL (1800 ML per 28 days) PA MO
linezolid tabs	1	1	2	4	5	QL (56 EA per 28 days) PA MO
linezolid inj 600mg/300ml	1	1	2	4	5	PA
meropenem/sodium chloride 1gm/50ml; 0.9%, 500mg/50ml; 0.9%	2	3	4	3	4	
meropenem inj 500mg	2	3	4	3	4	MO
meropenem inj 1gm	1	1	2	4	5	MO
methenamine hippurate	2	3	4	3	4	MO
METRO IV	2	3	4	3	4	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
metronidazole tabs 250mg, 500mg	2	2	3	2	3	MO
minocycline hcl caps	1	1	2	1	2	MO
morgidox 1x100mg caps	2	2	3	2	3	
morgidox 2x100mg caps	2	2	3	2	3	
MOXATAG	2	3	4	3	4	MO
NAFCILLIN 1GM/50ML, 2GM/100ML	2	3	4	3	4	
nafcillin sodium inj 10gm, 1gm, 2gm i.v.	2	3	4	3	4	
nafcillin sodium inj 2gm	2	3	4	3	4	MO
neomycin sulfate tabs	1	1	2	1	2	MO
nitrofurantoin macrocrystals	2	2	3	2	3	MO
nitrofurantoin monohydrate	2	2	3	2	3	MO
nitrofurantoin susp	2	3	4	3	4	MO
ofloxacin tabs 400mg	1	1	2	1	2	MO
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	
piperacillin sodium/tazobactam sodium	2	3	4	3	4	
piperacillin/tazobactam inj 4gm; 0.5gm	2	3	4	3	4	
SIVEXTRO INJ	2	2	3	4	5	
SIVEXTRO TABS	2	2	3	4	5	MO

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
streptomycin sulfate inj	2	3	4	3	4	MO
sulfadiazine tabs	1	1	2	1	2	MO
sulfamethoxazole/trimethoprim ds	1	1	1	1	1	MO
sulfamethoxazole/trimethoprim inj, tabs	1	1	1	1	1	MO
sulfamethoxazole/trimethoprim susp	2	2	3	2	3	MO
sulfatrim pediatric	2	2	3	2	3	
SUPRAX CAPS	2	3	4	3	4	MO
SUPRAX CHEW 100MG	2	3	4	3	4	
SUPRAX CHEW 200MG	2	3	4	3	4	MO
SUPRAX SUSR 500MG/5ML	2	3	4	3	4	
SYNERCID	2	3	4	4	5	
tazicef inj 1gm, 2gm, 6gm	1	1	2	1	2	
TEFLARO	2	3	4	3	4	
tetracycline hcl caps	1	1	2	1	2	MO
tinidazole	2	2	3	2	3	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	1	1	1	MO
TYGACIL	2	3	4	4	5	
vancomycin hcl in dextrose	2	3	4	3	4	
vancomycin hcl caps 125mg	2	3	4	3	4	QL (120 EA per 30 days) MO
vancomycin hcl caps 250mg	1	1	2	4	5	MO
vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg	2	3	4	3	4	
vancomycin hcl inj 500mg	2	3	4	3	4	MO
vandazole	2	2	3	2	3	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 (90 EA per 30 days) PA MO

Anticonvulsants

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
BRIVIACT INJ	2	3	4	3	4	PA
BRIVIACT ORAL SOLN	2	3	4	4	5	QL (600 ML per 30 days) PA
BRIVIACT TABS 10MG, 25MG, 75MG	2	3	4	4	5	QL (60 EA per 30 days) PA
BRIVIACT TABS 100MG, 50MG	2	3	4	4	5	QL (60 EA per 30 days) PA MO
carbamazepine er	2	3	4	3	4	MO
carbamazepine chew, susp, tabs	1	1	2	1	2	MO
CELONTIN	2	3	4	3	4	MO
clonazepam odt tbdp 1mg	2	2	3	2	3	QL (120 EA per 30 days) MO
clonazepam odt tbdp 2mg	2	2	3	2	3	QL (300 EA per 30 days) MO
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg	2	2	3	2	3	QL (90 EA per 30 days) MO
clonazepam tabs 1mg	1	1	1	1	1	QL (120 EA per 30 days) MO
clonazepam tabs 2mg	1	1	1	1	1	QL (300 EA per 30 days) MO
clonazepam tabs 0.5mg	1	1	1	1	1	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	3	4	3	4	MO
epitol	2	3	4	3	4	
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 SUSP	2	3	4	4	5	QL (1020 ML per 30 days) PA
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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
gabapentin caps, tabs	1	1	2	1	2	MO
gabapentin soln	2	2	3	2	3	MO
GABITRIL TABS 12MG, 16MG	2	3	4	3	4	MO
lamotrigine odt	2	3	4	3	4	MO
lamotrigine titration	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
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 tabs	2	2	3	2	3	MO
oxcarbazepine susp	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	2	2	3	2	3	MO
phenytoin sodium inj	2	3	4	3	4	
phenytoin chew, susp	2	2	3	2	3	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
roweepra	1	1	2	1	2	
SABRIL	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
SPRITAM TB3D 750MG	2	3	4	3	4	QL (120 EA per 30 days) PA
SPRITAM TB3D 250MG, 500MG	2	3	4	3	4	QL (60 EA per 30 days) PA
SPRITAM TB3D 1000MG	2	3	4	3	4	QL (60 EA per 30 days) PA MO
tiagabine hydrochloride	2	3	4	3	4	MO
topiramate i.r. tabs, i.r. 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	1	1	2	1	2	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
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
memantine hcl	2	2	3	2	3	QL (60 EA per 30 days) PA MO
memantine hcl titration pak	2	2	3	2	3	QL (98 EA per 365 days) PA MO
memantine hydrochloride soln	1	1	2	1	2	QL (360 ML per 30 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 (56 EA per 365 days) PA MO
NAMENDA SOLN	2	3	4	3	4	QL (360 ML per 30 days) PA MO
rivastigmine tartrate	2	3	4	3	4	QL (60 EA per 30 days) MO
rivastigmine transdermal system	2	3	4	3	4	QL (30 EA per 30 days) MO
Antidepressants						

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	2	2	3	2	3	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	3	4	3	4	PA MO
desipramine hcl tabs	2	3	4	3	4	MO
desvenlafaxine er tb24 100mg, 50mg	2	3	4	3	4	QL (30 EA per 30 days) ST
doxepin hcl caps, conc	2	2	3	2	3	PA MO
duloxetine hcl cpep 20mg, 40mg, 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	2	3	2	3	QL (600 ML per 30 days) MO
escitalopram oxalate tabs 20mg	2	2	3	2	3	QL (30 EA per 30 days) MO
escitalopram oxalate tabs 10mg, 5mg	2	2	3	2	3	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 (56 EA per 365 days) ST MO
fluoxetine dr	2	2	3	2	3	QL (4 EA per 28 days) MO
fluoxetine hcl caps, soln, tabs	1	1	2	1	2	MO
fluvoxamine maleate immediate release tabs	2	2	3	2	3	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
maprotiline hcl	2	3	4	3	4	MO
MARPLAN	2	3	4	3	4	MO
mirtazapine	1	1	2	1	2	MO
mirtazapine odt	2	2	3	2	3	QL (30 EA per 30 days) MO
nefazodone hcl	2	2	3	2	3	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	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 tabs	1	1	1	1	1	MO
sertraline hcl conc	2	2	3	2	3	MO
tranylcypromine sulfate	2	3	4	3	4	MO
trazodone hcl tabs	1	1	2	1	2	MO
trimipramine maleate caps	2	3	4	3	4	PA MO
TRINTELLIX	2	3	4	3	4	QL (30 EA per 30 days) ST MO
venlafaxine hcl	2	2	3	2	3	MO
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	2	3	2	3	QL (30 EA per 30 days) MO
venlafaxine hcl er tb24 150mg	2	2	3	2	3	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	2	3	4	3	4	QL (60 EA per 365 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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Antiemetics						
dronabinol	2	3	4	3	4	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	2	3	2	3	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	2	2	3	2	3	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	1	1	2	1	2	PA
phenadoz supp 12.5mg	1	1	2	1	2	PA MO
phenergan supp	1	1	2	1	2	PA
promethazine hcl supp 12.5mg, 25mg, 50mg	1	1	2	1	2	PA MO
promethegan supp 12.5mg, 25mg	1	1	2	1	2	PA
promethegan supp 50mg	1	1	2	1	2	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	
CANCIDAS INJ 70MG	2	3	4	4	5	MO
ciclodan crea	1	1	2	1	2	
ciclodan soln	2	2	3	2	3	
ciclopirox	2	2	3	2	3	MO
ciclopirox nail lacquer	2	2	3	2	3	MO
ciclopirox olamine crea	1	1	2	1	2	MO
clotrimazole/betamethasone dipropionate crea	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
clotrimazole/betamethasone dipropionate lotn	2	3	4	3	4	MO
clotrimazole crea, soln, troc	2	2	3	2	3	MO
econazole nitrate crea	2	3	4	3	4	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 tabs	1	1	2	1	2	MO
fluconazole susr	2	2	3	2	3	MO
flucytosine	1	1	2	4	5	MO
griseofulvin microsize	1	1	2	1	2	MO
griseofulvin ultramicrosize	1	1	2	1	2	MO
itraconazole caps	1	1	2	1	2	PA MO
ketoconazole sham, tabs	1	1	2	1	2	MO
ketoconazole crea	2	2	3	2	3	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	2	2	3	2	3	
nystatin/triamcinolone	1	1	2	1	2	MO
nystatin crea	1	1	2	1	2	MO
nystatin oint, powd, susp, tabs	2	2	3	2	3	MO
nystop	2	2	3	2	3	MO
oxiconazole nitrate	2	3	4	3	4	MO
OXISTAT	2	3	4	3	4	MO
SPORANOX SOLN	2	3	4	4	5	PA MO
terbinafine hcl tabs	1	1	2	1	2	MO
terconazole crea	2	2	3	2	3	MO
terconazole supp	2	3	4	3	4	MO
voriconazole inj	2	3	4	3	4	
voriconazole susr, tabs	2	3	4	3	4	MO
zazole crea	2	2	3	2	3	
zazole supp	2	3	4	3	4	

Antigout Agents

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
allopurinol tabs	1	1	1	1	1	MO
colchicine caps, tabs	1	1	2	1	2	MO
probenecid/colchicine	2	2	3	2	3	MO
probenecid tabs	2	2	3	2	3	MO
ULORIC	2	2	3	2	3	ST MO
Antimigraine Agents						
CAFERGOT	2	3	4	3	4	QL (40 EA per 28 days) MO
dihydroergotamine mesylate inj	1	1	2	1	2	MO
dihydroergotamine mesylate nasal soln	2	3	4	3	4	QL (8 ML per 28 days) MO
ERGOMAR	2	2	3	2	3	
frovatriptan succinate	2	3	4	3	4	QL (12 EA per 30 days) MO
MIGERGOT	2	3	4	3	4	QL (20 EA per 28 days) MO
naratriptan hcl	2	2	3	2	3	QL (9 EA per 30 days) MO
rizatriptan benzoate	1	1	2	1	2	QL (12 EA per 30 days) MO
rizatriptan benzoate odt	1	1	2	1	2	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	1	1	2	1	2	QL (9 EA per 30 days) MO
sumatriptan succinate prefilled syringe 6mg/0.5ml	2	3	4	3	4	QL (4 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	2	3	4	3	4	QL (4 ML per 30 days) MO
sumatriptan soln	1	1	2	1	2	QL (12 EA per 30 days) MO
SUMAVEL DOSEPRO	2	3	4	4	5	QL (4 ML per 30 days) 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 SYRP	2	3	4	3	4	MO
pyridostigmine bromide tabs, tbcr	2	2	3	2	3	MO
Antimycobacterials						
CAPASTAT SULFATE	2	3	4	3	4	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
cycloserine	2	3	4	3	4	MO
dapsone tabs	2	2	3	2	3	MO
ethambutol hcl	2	2	3	2	3	MO
isoniazid tabs	1	1	1	1	1	MO
isoniazid inj	1	1	2	1	2	
isoniazid syrp	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	2	2	3	2	3	MO
rifampin 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	2	3	2	3	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
ALECENSA	2	3	4	4	5	QL (240 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
BENDEKA	2	3	4	4	5	
bexarotene	1	1	2	4	5	PA
bicalutamide	2	2	3	2	3	MO
BICNU	2	3	4	3	4	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
bleomycin sulfate	2	3	4	3	4	B/D
BLINCYTO	2	3	4	4	5	PA LA
BOSULIF	2	2	3	4	5	PA
BUSULFEX	2	3	4	4	5	
cabometyx	1	1	2	4	5	QL (30 EA per 30 days) PA
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	2	2	3	2	3	
cisplatin	2	2	3	2	3	
cladribine	1	1	2	1	2	B/D
CLOLAR	2	3	4	4	5	
COMETRIQ KIT 0, 20MG	2	3	4	4	5	PA
COMETRIQ KIT 0	2	3	4	4	5	PA MO
COSMEGEN	2	3	4	4	5	
COTELLIC	2	3	4	4	5	QL (63 EA per 28 days) PA LA
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	2	3	2	3	B/D
dacarbazine	1	1	2	1	2	
DARZALEX	2	3	4	4	5	PA LA
daunorubicin hcl	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 INJ 20MG	2	3	4	4	5	
docetaxel inj 20mg/ml, 80mg/4ml, 80mg/8ml	2	3	4	3	4	
docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ELITEK	2	3	4	4	5	PA
EMCYT	2	3	4	3	4	MO
EMPLICITI	2	3	4	4	5	PA
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
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
fludarabine phosphate	2	3	4	3	4	
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml	2	2	3	2	3	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 hcl inj i.v. soln 200mg/5.26ml, 1g/26.3ml, 2gm/52.6ml	1	1	2	4	5	
gemcitabine hcl inj 1gm, 200mg	2	3	4	3	4	
gemcitabine hcl inj 2gm	1	1	2	4	5	
GILOTRIF	2	3	4	4	5	QL (30 EA per 30 days) PA
GLEOSTINE CAPS 5MG	2	3	4	3	4	
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	MO
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	

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

PROOF

Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
		Plans without Specialty Tier		Plans with Specialty Tier		
imatinib mesylate tabs 400mg	1	1	2	4	5	QL (60 EA per 30 days) PA
imatinib mesylate tabs 100mg	1	1	2	4	5	QL (90 EA per 30 days) PA
IMBRUVICA	2	3	4	4	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	2	2	3	4	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	2	2	3	4	5	QL (240 EA per 30 days) PA LA
INTRON A W/DILUENT INJ 10MU	2	3	4	4	5	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	2	3	4	4	5	PA
INTRON A INJ 18MU, 50MU	2	3	4	4	5	PA LA
IRESSA	2	3	4	4	5	QL (30 EA per 30 days) PA
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 10 MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 14 MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 18 MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 20 MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 24 MG DAILY DOSE	2	3	4	4	5	PA
LENVIMA 8 MG DAILY DOSE	2	3	4	4	5	PA
letrozole	1	1	1	1	1	MO
leucovorin calcium tabs	2	2	3	2	3	MO
leucovorin calcium inj	2	3	4	3	4	
LEUKERAN	2	3	4	3	4	MO
levoleucovorin calcium	1	1	2	4	5	
levoleucovorin inj 250mg/25ml	1	1	2	4	5	
lomustine	2	2	3	2	3	
LONSURF TABS 6.14MG; 15MG	2	3	4	4	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	2	3	4	4	5	QL (80 EA per 28 days) PA
LYNPARZA	2	3	4	4	5	QL (448 EA per 28 days) PA
MARQIBO	2	3	4	4	5	PA
MATULANE	2	3	4	4	5	

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

PROOF

Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
	Plans without Specialty Tier			Plans with Specialty Tier		
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 inj 20mg, 5mg	2	3	4	3	4	
mitomycin inj 40mg	1	1	2	4	5	
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
NINLARO	2	3	4	4	5	QL (3 EA per 28 days) PA
NIPENT	2	3	4	4	5	
ODOMZO	2	3	4	4	5	QL (30 EA per 30 days) PA LA
ONCASPAR	2	3	4	4	5	
OPDIVO	2	3	4	4	5	PA LA
oxaliplatin	2	3	4	3	4	
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
PORTRAZZA	2	3	4	4	5	PA
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	2	3	4	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	2	2	3	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	2	3	4	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	2	2	3	4	5	QL (90 EA per 30 days) PA

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
SYLATRON INJ 200MCG, 300MCG, 600MCG	2	3	4	4	5	PA
SYLATRON 4-PACK INJ 200MCG, 300MCG	2	3	4	4	5	PA LA
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
TAGRISSO	2	3	4	4	5	QL (30 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 GEL	2	3	4	4	5	PA
TASIGNA	2	2	3	4	5	QL (120 EA per 30 days) PA
TECENTRIQ	2	3	4	4	5	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	
THIOTEPA	2	3	4	4	5	
TICE BCG	2	3	4	3	4	
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	2	2	3	2	3	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
VENCLEXTA STARTING PACK	2	3	4	4	5	QL (84 EA per 365 days) PA

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
VENCLEXTA TABS 10MG, 50MG	2	3	4	3	4	QL (120 EA per 30 days) PA
VENCLEXTA TABS 100MG	2	3	4	4	5	QL (120 EA per 30 days) PA
vinblastine sulfate inj 1mg/ml	1	1	2	1	2	B/D
vincasar pfs	2	2	3	2	3	B/D
vincristine sulfate	2	2	3	2	3	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
YONDELIS	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	3	4	PA MO
atovaquone/proguanil hcl	2	3	4	3	4	MO
BILTRICIDE	2	3	4	3	4	MO
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	2	3	4	3	4	MO
ivermectin tabs	2	2	3	2	3	MO
lindane lotn, sham	1	1	2	1	2	MO
malathion	2	3	4	3	4	MO
mefloquine hcl	2	2	3	2	3	MO
NEBUPENT	2	3	4	3	4	B/D MO

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PENTAM 300	2	3	4	3	4	MO
permethrin crea	2	3	4	3	4	MO
primaquine phosphate tabs	2	2	3	2	3	MO
quinine sulfate	2	3	4	3	4	PA 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 inj, tabs	1	1	2	1	2	PA MO
bromocriptine mesylate caps, tabs	2	3	4	3	4	MO
carbidopa/levodopa	1	1	2	1	2	MO
carbidopa/levodopa er	2	2	3	2	3	MO
carbidopa/levodopa odt	2	2	3	2	3	MO
carbidopa/levodopa/entacapone	2	3	4	3	4	MO
carbidopa tabs	1	1	2	4	5	MO
entacapone	2	3	4	3	4	MO
NEUPRO	2	3	4	3	4	QL (30 EA per 30 days) MO
pramipexole dihydrochloride i.r. tabs	1	1	2	1	2	MO
pramipexole dihydrochloride er tb24 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 4.5mg	2	2	3	2	3	MO
ropinirole hcl immediate release tabs	1	1	2	1	2	MO
RYTARY	2	3	4	3	4	MO
selegiline hcl caps, tabs	1	1	2	1	2	MO
trihexyphenidyl hcl	1	1	2	1	2	PA MO
Antipsychotics						
ABILIFY MAINTENA	2	3	4	3	4	MO
ABILIFY INJ	2	3	4	3	4	MO
aripiprazole odt tbdp 15mg	2	3	4	3	4	QL (60 EA per 30 days)
aripiprazole odt tbdp 10mg	2	3	4	3	4	QL (60 EA per 30 days) MO
aripiprazole tabs	2	3	4	3	4	QL (30 EA per 30 days) MO
aripiprazole soln	2	3	4	3	4	QL (900 ML per 30 days) MO
ARISTADA	2	3	4	3	4	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	1	1	2	1	2	
compro	1	1	2	1	2	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
fluphenazine decanoate inj	2	3	4	3	4	MO
fluphenazine hcl conc, elix, inj, tabs	1	1	2	1	2	MO
GEODON INJ	2	3	4	3	4	MO
haloperidol decanoate	2	2	3	2	3	MO
haloperidol lactate	2	2	3	2	3	MO
haloperidol conc, tabs	2	2	3	2	3	MO
INVEGA SUSTENNA	2	3	4	3	4	MO
INVEGA TRINZA	2	3	4	3	4	
LATUDA	2	3	4	3	4	QL (30 EA per 30 days) MO
loxapine succinate	2	2	3	2	3	MO
MOLINDONE HYDROCHLORIDE TABS 25MG	2	2	3	2	3	QL (270 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 10MG	2	2	3	2	3	QL (60 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 5MG	2	2	3	2	3	QL (90 EA per 30 days) MO
NUPLAZID	2	3	4	4	5	QL (60 EA per 30 days) PA
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	2	3	2	3	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	2	2	3	2	3	QL (60 EA per 30 days) MO
paliperidone er tb24 1.5mg, 3mg, 9mg	2	2	3	2	3	QL (30 EA per 30 days) MO
paliperidone er tb24 6mg	2	2	3	2	3	QL (60 EA per 30 days) MO
perphenazine tabs	2	3	4	3	4	MO
pimozide	2	3	4	3	4	MO
prochlorperazine supp	1	1	2	1	2	MO
prochlorperazine edisylate 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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
prochlorperazine maleate tabs	1	1	2	1	2	MO
quetiapine fumarate tabs 200mg	2	2	3	2	3	QL (120 EA per 30 days) MO
quetiapine fumarate tabs 25mg	2	2	3	2	3	QL (180 EA per 30 days) MO
quetiapine fumarate tabs 300mg, 400mg	2	2	3	2	3	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg, 50mg	2	2	3	2	3	QL (90 EA per 30 days) MO
REXULTI	2	3	4	3	4	QL (30 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
thioridazine hcl tabs	2	2	3	2	3	PA MO
thiothixene	2	3	4	3	4	MO
trifluoperazine hcl tabs	2	3	4	3	4	MO
VERSACLOZ	2	3	4	4	5	ST
VRAYLAR CPPK	2	3	4	3	4	QL (14 EA per 365 days) ST MO
VRAYLAR CAPS	2	3	4	4	5	QL (30 EA per 30 days) ST MO
ziprasidone hcl	2	2	3	2	3	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						

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
baclofen tabs	1	1	2	1	2	MO
dantrolene sodium caps	2	3	4	3	4	MO
tizanidine hcl tabs	1	1	2	1	2	MO
Antivirals						
abacavir	2	2	3	2	3	MO
abacavir sulfate/lamivudine/ zidovudine	2	3	4	3	4	MO
acyclovir sodium inj 50mg/ml	2	3	4	3	4	B/D
acyclovir sodium inj 500mg	2	3	4	3	4	B/D MO
acyclovir caps, tabs	1	1	1	1	1	MO
acyclovir susp	2	2	3	2	3	MO
acyclovir oint	2	3	4	3	4	MO
adefovir dipivoxil	2	3	4	3	4	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
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
DESCOVY	2	3	4	4	5	QL (30 EA per 30 days) 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	2	3	4	3	4	QL (30 EA per 30 days) MO
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 500mg	2	2	3	2	3	QL (21 EA per 30 days) MO
famciclovir tabs 125mg, 250mg	2	2	3	2	3	QL (60 EA per 30 days) MO
FUZEON	2	3	4	4	5	QL (60 EA per 30 days)
ganciclovir inj	1	1	2	1	2	B/D
GENVOYA	2	3	4	4	5	QL (30 EA per 30 days) MO
HARVONI	2	2	3	4	5	QL (30 EA per 30 days) PA

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
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/zidovudine	2	3	4	3	4	MO
lamivudine soln	2	3	4	3	4	MO
lamivudine tabs 100mg	1	1	2	1	2	MO
lamivudine tabs 150mg, 300mg	2	3	4	3	4	MO
LEXIVA SUSP	2	3	4	3	4	MO
LEXIVA TABS	2	3	4	4	5	MO
moderiba tabs	2	2	3	2	3	
nevirapine	2	2	3	2	3	MO
nevirapine er	2	2	3	2	3	MO
NORVIR	2	3	4	3	4	MO
ODEFSEY	2	3	4	4	5	QL (30 EA per 30 days) MO
PEG-INTRON REDIPEN	2	3	4	4	5	PA
PEGINTRON	2	3	4	4	5	PA
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	MO
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	2	2	3	4	5	MO
ribasphere caps	2	2	3	2	3	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ribasphere tabs 200mg	2	2	3	2	3	
ribavirin	2	2	3	2	3	
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	2	3	2	3	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 TABS 10MG	2	3	4	3	4	QL (30 EA per 30 days)
TIVICAY TABS 25MG	2	3	4	4	5	QL (30 EA per 30 days)
TIVICAY TABS 50MG	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 TABS 100MG; 150MG, 133MG; 200MG	2	3	4	4	5	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG, 200MG; 300MG	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	1	1	2	1	2	MO
VALCYTE SOLR	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
VIRAMUNE XR TB24 100MG	2	3	4	3	4	MO
VIRAMUNE SUSP	2	3	4	3	4	MO
VIRAZOLE	2	3	4	4	5	
VIREAD	2	3	4	3	4	MO
VITEKTA	2	3	4	4	5	QL (30 EA per 30 days)
ZEPATIER	2	2	3	4	5	QL (30 EA per 30 days) PA
ZIAGEN SOLN	2	3	4	3	4	MO

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
zidovudine	2	2	3	2	3	MO
Anxiolytics						
alprazolam i.r. tabs 0.25mg, 0.5mg	1	1	2	1	2	QL (120 EA per 30 days) MO
alprazolam i.r. 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	2	3	2	3	QL (180 EA per 30 days) MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	2	2	3	2	3	QL (90 EA per 30 days) MO
diazepam intensol	2	2	3	2	3	MO
diazepam inj 5mg/ml	2	3	4	3	4	QL (240 ML per 30 days) MO
diazepam oral soln 1mg/ml	2	3	4	3	4	QL (1200 ML per 30 days) MO
diazepam tabs 10mg, 2mg, 5mg	2	2	3	2	3	QL (120 EA per 30 days) MO
lorazepam intensol	1	1	2	1	2	QL (150 ML per 30 days) MO
lorazepam inj 4mg/ml	1	1	2	1	2	QL (120 ML per 30 days)
lorazepam inj 2mg/ml	1	1	2	1	2	QL (120 ML per 30 days) MO
lorazepam tabs 0.5mg	1	1	2	1	2	QL (120 EA per 30 days) MO
lorazepam tabs 2mg	1	1	2	1	2	QL (150 EA per 30 days) MO
lorazepam tabs 1mg	1	1	2	1	2	QL (180 EA 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	1	1	1	MO
Blood Glucose Regulators						
acarbose	1	1	2	1	2	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

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
AVANDIA TABS 2MG, 4MG	2	3	4	3	4	QL (60 EA per 30 days) MO
BYDUREON	2	3	4	3	4	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	2	3	4	3	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	2	3	4	3	4	QL (2.4 ML per 30 days) MO
FARXIGA	2	3	4	3	4	QL (30 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	2	1	2	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	1	1	2	1	2	PA MO
glyburide/metformin hcl	1	1	2	1	2	PA MO
glyburide tabs	1	1	2	1	2	PA MO
HUMALOG	2	3	4	3	4	ST MO
HUMALOG KWIKPEN	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
HUMULIN R U-500 (CONCENTRATED)	2	3	4	3	4	ST MO
HUMULIN R U-500 KWIKPEN	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
JARDIANCE	2	3	4	3	4	QL (30 EA per 30 days) MO
JENTADUETO	2	2	3	2	3	MO
JENTADUETO XR	2	2	3	2	3	
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 (generic Fortamet and Glucophage XR)	1	1	2	1	2	MO
metformin hcl tabs	1	1	1	1	1	MO
nateglinide	1	1	2	1	2	MO
NOVOLIN 70/30	2	2	3	2	3	MO
NOVOLIN 70/30 RELION	2	2	3	2	3	MO
NOVOLIN N	2	2	3	2	3	MO
NOVOLIN N RELION	2	2	3	2	3	MO
NOVOLIN R	2	2	3	2	3	MO
NOVOLIN R RELION	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
ONGLYZA	2	3	4	3	4	QL (30 EA per 30 days) ST 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	2	1	2	QL (90 EA per 30 days) MO
PROGLYCEM	2	3	4	3	4	MO
repaglinide/metformin hydrochloride	1	1	1	1	1	QL (150 EA per 30 days) MO

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
repaglinide tabs 0.5mg, 1mg	1	1	2	1	2	QL (120 EA per 30 days) MO
repaglinide tabs 2mg	1	1	2	1	2	QL (240 EA per 30 days) MO
SYMLINPEN 120	2	3	4	3	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	2	3	4	3	4	QL (6 ML per 30 days) MO
SYNJARDY	2	3	4	3	4	QL (60 EA per 30 days) MO
TANZEUM	2	3	4	3	4	MO
tolazamide	2	2	3	2	3	MO
tolbutamide	1	1	1	1	1	MO
TRADJENTA	2	2	3	2	3	MO
TRESIBA FLEXTOUCH	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
XIGDUO XR	2	3	4	3	4	QL (30 EA per 30 days) MO
Blood Products/Modifiers/Volume Expanders						
AGGRENOX	2	3	4	3	4	QL (60 EA per 30 days) ST MO
anagrelide hydrochloride	2	2	3	2	3	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
aspirin/dipyridamole	2	2	3	2	3	QL (60 EA per 30 days) MO
BRILINTA	2	2	3	2	3	QL (60 EA per 30 days) MO
cilostazol	1	1	1	1	1	MO
clopidogrel tabs 300mg	1	1	1	1	1	QL (2 EA per 365 days)
clopidogrel tabs 75mg	1	1	1	1	1	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 TABS 2.5MG	2	3	4	3	4	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	2	3	4	3	4	QL (74 EA per 30 days) MO
enoxaparin sodium	2	3	4	3	4	MO
fondaparinux sodium	2	3	4	3	4	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	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 inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	1	1	1	1	MO
jantoven	1	1	1	1	1	MO
LEUKINE INJ 250MCG	2	3	4	4	5	PA
MOZOBIL	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
SAVAYSA	2	3	4	3	4	QL (30 EA per 30 days) MO
ticlopidine hcl	2	3	4	3	4	PA
tranexamic acid inj	2	3	4	3	4	
tranexamic acid tabs	2	3	4	3	4	QL (30 EA per 30 days) MO
warfarin sodium tabs	1	1	1	1	1	MO
XARELTO STARTER PACK	2	2	3	2	3	QL (102 EA per 365 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						
ACCUPRIL	2	3	4	3	4	MO
acebutolol hcl caps	1	1	2	1	2	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	2	1	2	MO
amlodipine besylate/benazepril hydrochloride	1	1	2	1	2	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ATACAND HCT TABS 16MG; 12.5MG	2	3	4	3	4	QL (60 EA per 30 days) ST MO
atenolol/chlorthalidone	1	1	2	1	2	MO
atenolol tabs	1	1	1	1	1	MO
atorvastatin calcium	1	1	1	1	1	MO
AZOR	2	3	4	3	4	QL (30 EA per 30 days) ST 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
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/ hydrochlorothiazide	1	1	1	1	1	MO
bumetanide	2	2	3	2	3	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	2	3	4	3	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	2	3	4	3	4	QL (60 EA per 30 days) MO
candesartan cilexetil	1	1	2	1	2	QL (30 EA per 30 days) MO
candesartan cilexetil/ hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg	1	1	2	1	2	QL (30 EA per 30 days) MO
candesartan cilexetil/ hydrochlorothiazide tabs 16mg; 12.5mg	1	1	2	1	2	QL (60 EA per 30 days) MO
captopril/hydrochlorothiazide	1	1	1	1	1	MO
captopril tabs	1	1	2	1	2	MO
cartia xt	1	1	2	1	2	
carvedilol	1	1	1	1	1	MO
chlorothiazide tabs	2	2	3	2	3	MO
chlorthalidone tabs 25mg, 50mg	1	1	1	1	1	MO
cholestyramine light	2	3	4	3	4	MO
cholestyramine pack, powd	2	3	4	3	4	MO
clonidine hcl tabs	1	1	2	1	2	MO
clonidine hcl ptwk	2	2	3	2	3	QL (8 EA per 28 days) MO
CLORPRES	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
colestipol hcl	2	3	4	3	4	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	3	4	3	4	QL (30 EA per 30 days) ST MO
DIBENZYLINE	2	2	3	2	3	MO
digitek	2	2	3	2	3	
digox	2	2	3	2	3	
digoxin oral soln	1	1	2	1	2	MO
digoxin tabs	2	2	3	2	3	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	
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 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml	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	2	3	4	3	4	PA MO
dofetilide	2	3	4	3	4	
doxazosin	1	1	2	1	2	MO
doxazosin mesylate tabs 1mg, 2mg, 8mg	1	1	2	1	2	MO
DYRENIUM	2	3	4	3	4	MO
EDARBI	2	2	3	2	3	QL (30 EA per 30 days) MO
EDARBYCLOR	2	2	3	2	3	QL (30 EA per 30 days) MO
enalapril maleate/ hydrochlorothiazide	1	1	1	1	1	MO
enalapril maleate tabs	1	1	1	1	1	MO
ENTRESTO	2	2	3	2	3	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	2	2	3	2	3	MO
fenofibrate caps	2	2	3	2	3	MO
fenofibrate tabs 40mg	2	2	3	2	3	MO
fenofibrate tabs 120mg, 145mg, 160mg, 48mg, 54mg	2	2	3	2	3	MO
fenofibric acid	1	1	2	1	2	MO
fenofibric acid dr	2	3	4	3	4	MO
FENOGLIDE	2	3	4	3	4	ST MO
flecainide acetate	2	2	3	2	3	MO
fluvastatin	1	1	2	1	2	MO
fluvastatin sodium er	1	1	2	1	2	QL (30 EA per 30 days) 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	1	1	2	1	2	MO
gemfibrozil tabs	1	1	2	1	2	MO
hydralazine hcl tabs	1	1	2	1	2	MO
hydralazine hcl inj	2	3	4	3	4	MO
hydrochlorothiazide caps, tabs	1	1	1	1	1	MO
HYZAAR	2	3	4	3	4	QL (30 EA per 30 days) ST MO
indapamide	1	1	2	1	2	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	2	1	2	QL (30 EA per 30 days) MO
isosorbide dinitrate er	1	1	2	1	2	MO
isosorbide dinitrate tabs	2	2	3	2	3	MO
isosorbide mononitrate	1	1	1	1	1	MO
isosorbide mononitrate er	1	1	2	1	2	MO
isradipine	1	1	2	1	2	MO
KYNAMRO	2	3	4	4	5	PA LA
labetalol hcl 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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
labetalol hcl inj	2	3	4	3	4	MO
lidocaine hcl inj 10mg/ml, 20mg/ml	2	3	4	3	4	MO
LIPITOR	2	3	4	3	4	QL (30 EA per 30 days) MO
LIPOFEN	2	2	3	2	3	MO
lisinopril	1	1	1	1	1	MO
lisinopril/hydrochlorothiazide	1	1	1	1	1	MO
LIVALO	2	3	4	3	4	QL (30 EA per 30 days) 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
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	2	1	2	MO
metoprolol tartrate inj, tabs	1	1	1	1	1	MO
metoprolol/hydrochlorothiazide	1	1	2	1	2	MO
mexiletine hcl	2	2	3	2	3	MO
midodrine hcl	2	2	3	2	3	MO
minitran	2	2	3	2	3	
minoxidil tabs	1	1	2	1	2	MO
moexipril hcl	1	1	1	1	1	MO
moexipril/hydrochlorothiazide	1	1	1	1	1	MO
MULTAQ	2	2	3	2	3	MO
nadolol/bendroflumethiazide	2	2	3	2	3	MO
nadolol tabs	2	3	4	3	4	MO
niacin er	1	1	2	1	2	MO
NIASPAN	2	3	4	3	4	ST MO
nicardipine hcl caps	2	3	4	3	4	MO
nifedical xl	1	1	2	1	2	
nifedipine er	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
nimodipine caps	2	3	4	3	4	MO
nisoldipine er 25.5mg	2	3	4	3	4	MO
nisoldipine tb24 17mg, 34mg, 8.5mg	1	1	2	1	2	MO
nisoldipine tb24 20mg, 30mg, 40mg	2	3	4	3	4	MO
nitroglycerin lingual spray	2	3	4	3	4	MO
nitroglycerin transdermal	2	2	3	2	3	MO
nitroglycerin inj	2	3	4	3	4	
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	3	4	3	4	QL (120 EA per 30 days) MO
pacerone	1	1	2	1	2	
pentoxifylline cr	1	1	2	1	2	MO
pentoxifylline er	1	1	2	1	2	MO
perindopril erbumine	1	1	2	1	2	MO
phenoxybenzamine hydrochloride	2	2	3	2	3	MO
pindolol	2	2	3	2	3	MO
PRALUENT	2	2	3	4	5	QL (2 ML per 28 days) PA MO
pravastatin sodium	1	1	1	1	1	MO
prazosin hcl	2	2	3	2	3	MO
prevalite	2	3	4	3	4	MO
propafenone hcl	2	2	3	2	3	MO
propafenone hcl er	2	3	4	3	4	MO
propranolol hcl er	2	3	4	3	4	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	2	1	2	MO
quinidine gluconate cr	1	1	2	1	2	MO
quinidine gluconate er	1	1	2	1	2	MO
quinidine sulfate	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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) MO
REPATHA	2	2	3	4	5	QL (3 ML per 28 days) PA
REPATHA SURECLICK	2	2	3	4	5	QL (3 ML per 28 days) PA MO
rosuvastatin calcium	2	2	3	2	3	QL (30 EA per 30 days) 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	1	1	1	
sotalol hcl	1	1	1	1	1	MO
sotalol hcl (af)	1	1	1	1	1	MO
spironolactone/ hydrochlorothiazide	2	2	3	2	3	MO
spironolactone tabs	1	1	1	1	1	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	2	1	2	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	2	1	2	QL (30 EA per 30 days) MO
terazosin hcl	1	1	1	1	1	MO
timolol maleate tabs 10mg, 20mg, 5mg	1	1	1	1	1	MO
TOPROL XL	2	3	4	3	4	MO
torsemide tabs	1	1	2	1	2	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
valsartan	1	1	1	1	1	MO
valsartan/hydrochlorothiazide	1	1	1	1	1	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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 tabs	1	1	1	1	1	MO
verapamil hcl inj	2	3	4	3	4	MO
VYTORIN	2	3	4	3	4	QL (30 EA per 30 days) ST 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
dexedrine tabs	2	3	4	3	4	QL (180 EA per 30 days) PA
dexmethylphenidate hcl immediate release 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
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	2	3	2	3	QL (30 EA per 30 days) MO
metadate er	1	1	2	1	2	QL (90 EA per 30 days) PA MO
methylphenidate hcl er cp24 20mg, 40mg	2	3	4	3	4	QL (30 EA per 30 days) PA MO
methylphenidate hcl er tbcr 20mg	1	1	2	1	2	QL (90 EA per 30 days) PA MO
methylphenidate hcl er tbcr 10mg	2	3	4	3	4	QL (90 EA per 30 days) PA MO
methylphenidate hcl SR 20mg tab	1	1	2	1	2	QL (90 EA per 30 days) PA MO
methylphenidate hcl i.r. tab 5mg, 10mg, 20mg	2	2	3	2	3	PA MO
NAMZARIC	2	2	3	2	3	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
NUEDEXTA	2	2	3	2	3	QL (60 EA per 30 days) MO
REBIF	2	2	3	4	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	2	2	3	4	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	2	2	3	4	5	QL (4.2 ML per 365 days) PA
REBIF TITRATION PACK	2	2	3	4	5	QL (8.4 ML per 365 days) PA
riluzole	2	3	4	3	4	MO
STRATTERA CAPS 100MG, 80MG	2	3	4	3	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG	2	3	4	3	4	QL (60 EA per 30 days) MO
tetrabenazine tabs 25mg	1	1	2	4	5	QL (120 EA per 30 days) PA
tetrabenazine tabs 12.5mg	1	1	2	4	5	QL (90 EA per 30 days) PA
TYSABRI	2	3	4	4	5	QL (15 ML per 28 days) PA LA
zenzedi tabs 10mg, 5mg	2	3	4	3	4	QL (180 EA per 30 days) PA
Dental and Oral Agents						
cevimeline hcl	2	3	4	3	4	MO
chlorhexidine gluconate oral rinse	1	1	2	1	2	MO
clinpro 5000	1	1	1	1	1	MO
dentagel	1	1	1	1	1	MO
fluoridex daily defense	1	1	1	1	1	MO
oralone	2	3	4	3	4	
paroex	1	1	1	1	1	
periogard	1	1	1	1	1	
phos-flur	1	1	1	1	1	
pilocarpine hcl tabs 7.5mg	2	3	4	3	4	MO
pilocarpine hydrochloride	2	3	4	3	4	MO
sf gel 1.1%	1	1	1	1	1	MO
triamcinolone acetonide pste 0.1%	2	3	4	3	4	MO
triamcinolone in orabase	2	3	4	3	4	MO
Dermatological Agents						
8-MOP	2	3	4	3	4	
acitretin	2	3	4	3	4	PA MO
ALTABAX	2	3	4	3	4	MO
ammonium lactate crea	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ammonium lactate lotn	2	2	3	2	3	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
BACTROBAN OINTMENT	2	3	4	3	4	MO
calcipotriene	2	3	4	3	4	MO
calcipotriene/betamethasone dipropionate	2	3	4	3	4	QL (400 GM per 28 days) MO
calcitrene	2	3	4	3	4	MO
claravis	2	3	4	3	4	
clindacin etz pledgets	1	1	2	1	2	MO
clindacin-p	1	1	2	1	2	MO
clindamax	2	2	3	2	3	
clindamycin phosphate foam 1%	2	2	3	2	3	MO
clindamycin phosphate gel 1%	2	2	3	2	3	MO
clindamycin phosphate lotn 1%	2	3	4	3	4	MO
clindamycin phosphate external soln 1%	2	2	3	2	3	MO
clindamycin phosphate swab 1%	1	1	2	1	2	MO
clindamycin/benzoyl peroxide	2	3	4	3	4	MO
doxepin hydrochloride cream	2	3	4	3	4	MO
ELIDEL	2	3	4	3	4	QL (60 GM per 30 days) ST MO
ery acne pads	2	3	4	3	4	MO
erythromycin/benzoyl peroxide	1	1	2	1	2	MO
erythromycin gel 2%	1	1	2	1	2	MO
erythromycin pads 2%	2	3	4	3	4	MO
erythromycin soln 2%	1	1	2	1	2	MO
fluocinolone acetonide body	2	3	4	3	4	MO
fluocinolone acetonide scalp	2	3	4	3	4	MO
fluorouracil crea 0.5%, 5%	2	2	3	2	3	MO
fluorouracil external soln 2%, 5%	2	2	3	2	3	MO
gentamicin sulfate crea 0.1%	1	1	2	1	2	MO
gentamicin sulfate external oint 0.1%	1	1	2	1	2	MO

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
imiquimod crea	2	3	4	3	4	MO
methoxsalen caps	2	3	4	3	4	MO
metronidazole crea 0.75%	2	3	4	3	4	MO
metronidazole gel 0.75%	2	2	3	2	3	MO
metronidazole gel 1%	2	3	4	3	4	MO
metronidazole lotn 0.75%	2	3	4	3	4	MO
mupirocin	1	1	2	1	2	MO
mupirocin calcium	1	1	2	1	2	MO
myorisan	2	3	4	3	4	
neuac gel 1.2%; 5%	2	3	4	3	4	MO
NORITATE	2	3	4	3	4	MO
OXSORALEN	2	3	4	3	4	MO
podofilox soln	2	2	3	2	3	MO
REGRANEX	2	2	3	4	5	QL (15 GM per 30 days) PA MO
rosadan gel	2	2	3	2	3	
rosadan crea	2	3	4	3	4	
SANTYL	2	2	3	2	3	MO
selenium sulfide lotn	1	1	2	1	2	MO
silver sulfadiazine	1	1	2	1	2	MO
sodium sulfacetamide lotn 10%	1	1	2	1	2	MO
ssd	1	1	2	1	2	
sulfacetamide sodium susp 10%	1	1	2	1	2	MO
SULFAMYLON CREAM	2	3	4	3	4	MO
TAZORAC	2	3	4	3	4	MO
tretinoin microsphere	2	3	4	3	4	PA MO
tretinoin microsphere pump	2	3	4	3	4	PA MO
tretinoin crea 0.025%, 0.05%, 0.1%	2	3	4	3	4	PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	2	3	4	3	4	PA MO
VEREGEN	2	3	4	3	4	MO
zenatane	2	3	4	3	4	
Enzyme Replacement/Modifiers						
ADAGEN	2	3	4	4	5	PA
ALDURAZYME	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
BUPHENYL TABS	2	3	4	4	5	PA
CARBAGLU	2	3	4	3	4	
CEREZYME	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 CAPS 10MG, 2MG, 5MG	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
ZENPEP	2	2	3	2	3	MO
Gastrointestinal Agents						
ACIPHEX	2	3	4	3	4	ST MO
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	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	3	4	3	4	MO
dicyclomine hcl caps, tabs	1	1	1	1	1	PA MO
dicyclomine hcl oral soln	2	2	3	2	3	PA MO
diphenatol	2	2	3	2	3	
diphenoxylate/atropine liqd	1	1	2	1	2	MO
diphenoxylate/atropine 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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
enulose	1	1	2	1	2	
esomeprazole magnesium cpdr	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	2	2	3	2	3	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	1	1	1	MO
GATTEX	2	3	4	4	5	PA LA
gavilyte-c	1	1	2	1	2	MO
gavilyte-g	1	1	2	1	2	MO
gavilyte-h	1	1	2	1	2	MO
gavilyte-n/flavor pack	1	1	2	1	2	MO
generlac	1	1	2	1	2	MO
glycopyrrolate tabs	2	2	3	2	3	MO
glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	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
LINZESS	2	2	3	2	3	QL (30 EA per 30 days) MO
loperamide hcl caps	2	2	3	2	3	MO
methscopolamine bromide	2	3	4	3	4	MO
metoclopramide hcl immediate release tabs	1	1	2	1	2	MO
metoclopramide hcl inj, oral soln	2	2	3	2	3	MO
misoprostol	2	2	3	2	3	MO
MOVIPREP	2	3	4	3	4	MO
NEXIUM CAPSULES, PACKS	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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/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
PRILOSEC CPDR 10MG, 20MG	2	3	4	3	4	QL (30 EA per 30 days) ST MO
propantheline bromide	1	1	2	1	2	MO
ranitidine hcl caps, syrp	1	1	2	1	2	MO
ranitidine hcl inj 50mg/2ml	1	1	2	1	2	MO
ranitidine hcl inj 150mg/6ml	2	3	4	3	4	
ranitidine hcl tabs 150mg, 300mg	1	1	1	1	1	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	1	1	2	1	2	MO
ursodiol caps, tabs	2	3	4	3	4	MO
Genitourinary Agents						
acetic acid 0.25%	2	2	3	2	3	MO
alfuzosin hcl er	1	1	2	1	2	QL (30 EA per 30 days) MO
AURYXIA	2	3	4	3	4	MO
bethanechol chloride tabs	2	2	3	2	3	MO
calcium acetate caps	2	3	4	3	4	MO
calcium acetate tabs 667mg	2	3	4	3	4	MO
DETROL LA	2	3	4	3	4	QL (30 EA per 30 days) ST MO
dutasteride	2	3	4	3	4	QL (30 EA per 30 days) MO
dutasteride/tamsulosin hydrochloride	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ENABLEX	2	3	4	3	4	QL (30 EA per 30 days) ST MO
finasteride tabs 5mg	1	1	1	1	1	MO
flavoxate hcl	1	1	2	1	2	MO
FOSRENOL CHEW	2	3	4	3	4	MO
FOSRENOL PACK 750MG	2	3	4	3	4	
FOSRENOL PACK 1000MG	2	3	4	3	4	MO
methylergonovine maleate tabs	1	1	2	4	5	MO
MYRBETRIQ	2	2	3	2	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 5mg	2	2	3	2	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 10mg, 15mg	2	2	3	2	3	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	1	1	1	MO
tamsulosin hcl	1	1	2	1	2	MO
THIOLA	2	2	3	2	3	
tolterodine tartrate immediate release tabs	2	3	4	3	4	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
ala cort	1	1	1	1	1	
alclometasone dipropionate	2	3	4	3	4	MO
amcinonide	2	2	3	2	3	MO
APEXICON E	2	3	4	3	4	MO
augmented betamethasone dipropionate crea	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
augmented betamethasone dipropionate gel, lotn, oint	2	3	4	3	4	MO
baycadron	2	2	3	2	3	
betamethasone dipropionate lotn	2	2	3	2	3	MO
betamethasone dipropionate crea, oint	2	3	4	3	4	MO
betamethasone valerate crea, lotn, oint	2	2	3	2	3	MO
betamethasone valerate foam	2	3	4	3	4	MO
budesonide cpep 3mg	2	3	4	3	4	MO
CAPEX	2	2	3	2	3	MO
clobetasol propionate e	2	3	4	3	4	MO
clobetasol propionate emollient foam	2	3	4	3	4	MO
clobetasol propionate crea	2	2	3	2	3	MO
clobetasol propionate foam, gel, liqd, lotn, oint, sham, soln	2	3	4	3	4	MO
clodan shampoo	2	3	4	3	4	
colocort	1	1	2	1	2	
CORDRAN TAPE	2	3	4	3	4	MO
cormax scalp application	2	3	4	3	4	
CORTIFOAM	2	2	3	2	3	MO
cortisone acetate tabs	1	1	2	1	2	MO
deltasone	1	1	1	1	1	
desonide crea, lotn, oint	2	3	4	3	4	MO
desoximetasone crea 0.05%	2	2	3	2	3	MO
desoximetasone crea 0.25%	2	3	4	3	4	MO
desoximetasone gel	2	3	4	3	4	MO
desoximetasone oint 0.05%	2	2	3	2	3	MO
desoximetasone oint 0.25%	2	3	4	3	4	MO
DEXAMETHASONE INTENSOL	2	2	3	2	3	MO
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml	1	1	2	1	2	
dexamethasone sodium phosphate inj 120mg/30ml, 20mg/5ml, 4mg/ml	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
dexamethasone elix, soln, tabs	1	1	2	1	2	MO
diflorasone diacetate	2	2	3	2	3	MO
fludrocortisone acetate tabs	1	1	2	1	2	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%	1	1	2	1	2	MO
fluticasone propionate lotn 0.05%	2	3	4	3	4	MO
fluticasone propionate oint 0.005%	2	2	3	2	3	MO
halobetasol propionate	2	3	4	3	4	MO
HALOG	2	3	4	3	4	MO
hydrocortisone butyrate (lipophilic)	2	3	4	3	4	MO
hydrocortisone butyrate crea, oint, soln	2	3	4	3	4	MO
hydrocortisone in absorbase	1	1	1	1	1	MO
hydrocortisone valerate cream, oint	2	3	4	3	4	MO
hydrocortisone crea 1%, 2.5%	1	1	1	1	1	MO
hydrocortisone enem	1	1	2	1	2	MO
hydrocortisone tabs	2	2	3	2	3	MO
hydrocortisone lotn 2.5%	1	1	2	1	2	MO
hydrocortisone oint 1%, 2.5%	1	1	1	1	1	MO
lokara	2	3	4	3	4	
methylprednisolone acetate inj	1	1	2	1	2	MO
methylprednisolone dose pack	1	1	2	1	2	MO
methylprednisolone sodium succinate inj	2	2	3	2	3	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	1	1	2	1	2	MO
mometasone furoate soln	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
prednicarbate oint	2	2	3	2	3	MO
prednicarbate crea	2	3	4	3	4	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, tbpk	1	1	1	1	1	MO
procto-med hc	2	3	4	3	4	
procto-pak	1	1	2	1	2	MO
proctosol hc	2	3	4	3	4	MO
proctozone-hc	2	3	4	3	4	MO
triamcinolone acetonide aers 0.147mg/gm	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%	2	2	3	2	3	MO
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	1	1	2	1	2	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	2	2	3	4	5	PA
VASOSTRICT	2	3	4	3	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)						
alyacen 1/35	1	1	2	1	2	
alyacen 7/7/7	1	1	2	1	2	
amethia	1	1	2	1	2	
amethia lo	1	1	2	1	2	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
amethyst	1	1	2	1	2	
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	1	1	2	1	2	
aranelle	1	1	2	1	2	
ashlyna	1	1	2	1	2	
aubra	1	1	2	1	2	
aviane	1	1	2	1	2	
azurette	1	1	2	1	2	
balziva	1	1	2	1	2	
bekyree	1	1	2	1	2	
blisovi 24 fe	1	1	2	1	2	MO
blisovi fe 1.5/30	1	1	2	1	2	
blisovi fe 1/20	1	1	2	1	2	
briellyn	1	1	2	1	2	
camila	1	1	2	1	2	
camrese	1	1	2	1	2	
camrese lo	1	1	2	1	2	
caziant	1	1	2	1	2	
chateal	1	1	2	1	2	
cryselle-28	1	1	2	1	2	MO
cyclafem 1/35	1	1	2	1	2	MO
cyclafem 7/7/7	1	1	2	1	2	MO
cyred	1	1	2	1	2	
danazol caps	2	3	4	3	4	MO
dasetta 1/35	1	1	2	1	2	
dasetta 7/7/7	1	1	2	1	2	
daysee	1	1	2	1	2	MO
deblitane	1	1	2	1	2	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
delyla	1	1	2	1	2	
DEPO-ESTRADIOL	2	3	4	3	4	MO
DEPO-PROVERA 400MG/ML	2	3	4	3	4	MO
DEPO-TESTOSTERONE	2	3	4	3	4	PA MO
desogestrel/ethinyl estradiol	1	1	2	1	2	MO
DIVIGEL	2	3	4	3	4	MO
drospirenone/ethinyl estradiol	1	1	2	1	2	MO
ELESTRIN	2	3	4	3	4	MO
elinest	1	1	2	1	2	
ELLA	2	2	3	2	3	
emoquette	1	1	2	1	2	
enpresse-28	1	1	2	1	2	
enskyce	1	1	2	1	2	MO
errin	1	1	2	1	2	
estarylla	1	1	2	1	2	
ESTRACE CREA	2	3	4	3	4	MO
estradiol/norethindrone acetate	1	1	2	1	2	PA MO
estradiol tabs	1	1	2	1	2	PA MO
estradiol ptwk	2	2	3	2	3	QL (4 EA per 28 days) PA MO
estradiol pttw	2	2	3	2	3	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	1	1	2	1	2	
FEMRING	2	3	4	3	4	QL (1 EA per 90 days) MO
fyavolv	1	1	2	1	2	PA
gianvi	1	1	2	1	2	
gildagia	1	1	2	1	2	
gildess 1.5/30	1	1	2	1	2	MO
gildess 1/20	1	1	2	1	2	MO
gildess 24 fe	1	1	2	1	2	
gildess fe 1.5/30	1	1	2	1	2	
gildess fe 1/20	1	1	2	1	2	
heather	1	1	2	1	2	MO
hydroxyprogesterone caproate inj	1	1	2	4	5	PA

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
introvale	1	1	2	1	2	
jencycla	1	1	2	1	2	
jevantique lo	2	3	4	3	4	PA
jinteli	1	1	2	1	2	PA MO
jolessa	1	1	2	1	2	
jolivette	1	1	2	1	2	
juleber	1	1	2	1	2	
junel 1.5/30	1	1	2	1	2	
junel 1/20	1	1	2	1	2	
junel fe 1.5/30	1	1	2	1	2	MO
junel fe 1/20	1	1	2	1	2	MO
junel fe 24	1	1	2	1	2	
kaitlib fe	2	3	4	3	4	
kariva	1	1	2	1	2	
kelnor 1/35	1	1	2	1	2	MO
kimidess	1	1	2	1	2	
kurvelo	1	1	2	1	2	
larin 1.5/30	1	1	2	1	2	
larin 1/20	1	1	2	1	2	
larin 24 fe	1	1	2	1	2	
larin fe 1.5/30	1	1	2	1	2	
larin fe 1/20	1	1	2	1	2	
layolis fe	1	1	2	1	2	
leena	1	1	2	1	2	MO
lessina	1	1	2	1	2	
levonest	1	1	2	1	2	
levonorgestrel	1	1	2	1	2	
levonorgestrel/ethinyl estradiol	1	1	2	1	2	MO
levora 0.15/30-28	1	1	2	1	2	
lomedia 24 fe	1	1	2	1	2	MO
lopreeza	1	1	2	1	2	PA
loryna	1	1	2	1	2	MO
low-ogestrel	1	1	2	1	2	
lutera	1	1	2	1	2	
lyza	1	1	2	1	2	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
marlissa	1	1	2	1	2	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	1	1	2	1	2	
microgestin 1/20	1	1	2	1	2	
microgestin 24 fe	1	1	2	1	2	
microgestin fe	1	1	2	1	2	
microgestin fe 1.5/30	1	1	2	1	2	
mimvey	1	1	2	1	2	PA MO
mimvey lo	1	1	2	1	2	PA MO
mono-linyah	1	1	2	1	2	
mononessa	1	1	2	1	2	
myzilra	1	1	2	1	2	MO
necon 0.5/35-28	1	1	2	1	2	
necon 1/35	1	1	2	1	2	
necon 1/50-28	1	1	2	1	2	MO
necon 10/11-28	1	1	2	1	2	MO
necon 7/7/7	1	1	2	1	2	
nikki	1	1	2	1	2	
nora-be	1	1	2	1	2	
norethindrone & ethinyl estradiol ferrous fumarate	1	1	2	1	2	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate	1	1	2	1	2	MO
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	1	1	2	1	2	MO
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	1	1	2	1	2	PA MO
norethindrone acetate tabs	1	1	2	1	2	MO
norethindrone tabs	1	1	2	1	2	MO
norgestimate/ethinyl estradiol	1	1	2	1	2	MO
norlyroc	1	1	2	1	2	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
nortrel 0.5/35 (28)	1	1	2	1	2	MO
nortrel 1/35	1	1	2	1	2	
nortrel 7/7/7	1	1	2	1	2	
ocella	1	1	2	1	2	
ogestrel	1	1	2	1	2	MO
orsythia	1	1	2	1	2	
oxandrolone tabs 2.5mg	2	2	3	2	3	QL (120 EA per 30 days) PA MO
oxandrolone tabs 10mg	1	1	2	4	5	QL (60 EA per 30 days) PA MO
philith	1	1	2	1	2	
pimtrea	1	1	2	1	2	
pirmella 1/35	1	1	2	1	2	
pirmella 7/7/7	1	1	2	1	2	
portia-28	1	1	2	1	2	MO
PREMARIN CREA	2	2	3	2	3	MO
previfem	1	1	2	1	2	MO
progesterone caps, inj	2	3	4	3	4	MO
quasense	1	1	2	1	2	
raloxifene hydrochloride	1	1	2	1	2	MO
reclipsen	1	1	2	1	2	
setlakin	1	1	2	1	2	
sharobel	1	1	2	1	2	
sprintec 28	1	1	2	1	2	
sronyx	1	1	2	1	2	MO
syeda	1	1	2	1	2	
tarina fe 1/20	1	1	2	1	2	
TESTIM	2	3	4	3	4	QL (300 GM per 30 days) PA MO
testosterone cypionate inj	2	3	4	3	4	MO
testosterone enanthate inj	2	3	4	3	4	MO
testosterone gel 25mg/2.5gm, 50mg/5gm	2	2	3	2	3	QL (300 GM per 30 days) PA MO
tilia fe	1	1	2	1	2	
tri-estarylla	1	1	2	1	2	
tri-legest fe	1	1	2	1	2	MO

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
tri-linyah	1	1	2	1	2	
tri-lo-estarylla	1	1	2	1	2	
tri-lo-marzia	1	1	2	1	2	
tri-lo-sprintec	1	1	2	1	2	MO
tri-previfem	1	1	2	1	2	
tri-sprintec	1	1	2	1	2	MO
trinessa	1	1	2	1	2	
trinessa lo	1	1	2	1	2	
trivora-28	1	1	2	1	2	
VAGIFEM	2	2	3	2	3	MO
velivet	1	1	2	1	2	MO
vestura	1	1	2	1	2	
vienva	2	3	4	3	4	
viorele	1	1	2	1	2	MO
vyfemla	1	1	2	1	2	MO
wera	1	1	2	1	2	
wymzya fe	1	1	2	1	2	MO
xulane	2	3	4	3	4	MO
zarah	1	1	2	1	2	
zenchent	1	1	2	1	2	
zenchent fe	1	1	2	1	2	
zovia 1/35e	1	1	2	1	2	
zovia 1/50e	1	1	2	1	2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)						
levothyroxine sodium inj, tabs	1	1	1	1	1	MO
levoxyl	1	1	2	1	2	MO
liothyronine sodium tabs	1	1	2	1	2	MO
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	1	1	2	1	2	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	2	3	4	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	2	2	3	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	3	4	4	5	PA
VANTAS	2	3	4	3	4	
ZOLADEX	2	3	4	3	4	
Hormonal Agents, Suppressant (Thyroid)						
methimazole tabs	1	1	2	1	2	MO
propylthiouracil tabs	1	1	2	1	2	MO
Immunological Agents						
ACTEMRA INJ 162MG/0.9ML	2	3	4	4	5	QL (3.6 ML per 28 days) PA
ACTHIB	2	3	4	3	4	
ACTIMMUNE	2	3	4	4	5	PA LA
ADACEL	2	3	4	3	4	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ARCALYST	2	3	4	4	5	PA LA
ATGAM	2	3	4	4	5	B/D
azathioprine tabs	2	2	3	2	3	B/D MO
azathioprine inj	2	3	4	3	4	B/D
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	B/D
CERVARIX	2	3	4	3	4	
CINRYZE	2	3	4	4	5	PA LA
COMVAX	2	3	4	3	4	
cyclosporine modified	2	3	4	3	4	PA MO
cyclosporine inj	2	2	3	2	3	PA
cyclosporine caps	2	3	4	3	4	PA MO
DAPTACEL	2	3	4	3	4	
diphtheria/tetanus toxoids adsorbed pediatric	1	1	2	1	2	
ENBREL SURECLICK	2	2	3	4	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	2	2	3	4	5	QL (4.08 ML per 28 days) PA
ENBREL INJ 50MG/ML	2	2	3	4	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG	2	2	3	4	5	QL (8 EA per 28 days) PA
ENGERIX-B	2	2	3	2	3	B/D
ENVARSUS XR	2	3	4	3	4	B/D MO
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
GAMUNEX-C	2	2	3	4	5	PA
GARDASIL	2	3	4	3	4	
GARDASIL 9	2	3	4	3	4	
gengraf caps 100mg, 25mg	2	3	4	3	4	PA
gengraf soln	2	3	4	3	4	PA MO
HAVRIX	2	3	4	3	4	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
hecoria	2	3	4	3	4	B/D
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 STARTER	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	
MENHIBRIX	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 1gm/40ml, 1gm, 250mg/10ml	1	1	1	1	1	
methotrexate tabs	1	1	1	1	1	MO
mycophenolate mofetil caps, tabs	2	2	3	2	3	B/D MO
mycophenolate mofetil susr	1	1	2	4	5	B/D MO
NULOJIX	2	3	4	4	5	PA
OTREXUP INJ 10MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML, 7.5MG/0.4ML	2	3	4	3	4	ST
PEDIARIX	2	3	4	3	4	
PEDVAX HIB	2	3	4	3	4	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PENTACEL	2	3	4	3	4	
PROGRAF INJ	2	3	4	3	4	B/D
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	B/D MO
RASUVO	2	3	4	3	4	ST
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	B/D MO
SYNAGIS	2	3	4	4	5	PA
tacrolimus caps	2	3	4	3	4	B/D MO
TENIVAC	2	3	4	3	4	
tetanus/diphtheria toxoids-adsorbed	1	1	2	1	2	
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	2	3	2	3	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	2	3	4	3	4	MO
DELZICOL	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	2	2	3	2	3	MO
Metabolic Bone Disease Agents						
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	2	2	3	2	3	MO
calcitriol caps	1	1	2	1	2	MO
calcitriol inj	2	2	3	2	3	
calcitriol oral soln	2	2	3	2	3	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 inj	1	1	2	1	2	QL (3 ML per 90 days) MO
ibandronate sodium tabs	2	2	3	2	3	QL (1 EA per 30 days) MO
MIACALCIN INJ	2	3	4	3	4	MO
pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml	2	2	3	2	3	
pamidronate disodium inj 30mg, 90mg	2	3	4	3	4	
paricalcitol caps	2	3	4	3	4	MO
paricalcitol inj 2mcg/ml	1	1	2	1	2	
paricalcitol inj 5mcg/ml	2	2	3	2	3	
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) MO

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

PROOF

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) MO
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 SAFETYGLIDE/1ML/ 29G X 1/2”	2	2	3	2	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/ 31G X 5/16”	2	2	3	2	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/ 30G X 1/2”	2	2	3	2	3	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16”	2	2	3	2	3	MO
BD PEN NEEDLE/ULTRAFINE/ 29G X 12.7M	2	2	3	2	3	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
FERRIPROX SOLN 100MG/ML	2	3	4	4	5	PA
NATPARA	2	3	4	4	5	QL (2 EA per 28 days) PA
ORFADIN SUSP 4MG/ML	2	3	4	4	5	PA
SYLVANT	2	3	4	4	5	PA
V-GO 20	2	2	3	2	3	MO
V-GO 30	2	2	3	2	3	MO
V-GO 40	2	2	3	2	3	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
apraclonidine	2	2	3	2	3	MO
atropine sulfate soln	2	2	3	2	3	MO
AZASITE	2	2	3	2	3	MO
azelastine hcl ophthalmic soln 0.05%	2	2	3	2	3	MO
AZOPT	2	2	3	2	3	MO
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%	2	2	3	2	3	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	2	2	3	2	3	MO
bromfenac	2	3	4	3	4	MO
carteolol hcl	1	1	1	1	1	MO
CILOXAN OINTMENT	2	3	4	3	4	MO
ciprofloxacin hcl soln 0.3%	2	2	3	2	3	MO
COMBIGAN	2	2	3	2	3	MO
COSOPT	2	3	4	3	4	MO
cromolyn sodium soln 4%	2	3	4	3	4	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	2	2	3	2	3	MO
erythromycin oint 5mg/gm	1	1	2	1	2	MO
FLAREX	2	3	4	3	4	MO
fluorometholone	2	2	3	2	3	MO
flurbiprofen sodium	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
FML OINTMENT	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
gentamicin sulfate ophthalmic soln 0.3%	1	1	2	1	2	MO
ILEVRO	2	3	4	3	4	MO
ilotycin	1	1	2	1	2	
ISTALOL	2	2	3	2	3	MO
ketorolac tromethamine soln 0.4%, 0.5%	1	1	2	1	2	MO
LACRISERT	2	3	4	3	4	MO
latanoprost	1	1	2	1	2	MO
levobunolol hcl	1	1	2	1	2	MO
levofloxacin ophthalmic soln 0.5%	2	2	3	2	3	MO
LOTEMAX	2	2	3	2	3	MO
LUMIGAN	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	2	2	3	2	3	
neomycin/bacitracin/polymyxin	2	2	3	2	3	MO
neomycin/polymyxin/bacitracin/ hydrocortisone	2	3	4	3	4	MO
neomycin/polymyxin/ dexamethasone	1	1	2	1	2	MO
neomycin/polymyxin/gramicidin	2	2	3	2	3	MO
neomycin/polymyxin/ hydrocortisone 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%	2	2	3	2	3	MO

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
olopatadine hcl ophthalmic soln 0.1%	2	3	4	3	4	MO
PATADAY	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%	2	3	4	3	4	MO
polycin	1	1	2	1	2	
polymyxin b sulfate/trimethoprim sulfate	1	1	1	1	1	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	2	2	3	2	3	MO
RESTASIS	2	2	3	2	3	MO
SIMBRINZA	2	3	4	3	4	MO
sodium sulfacetamide soln 10%	2	2	3	2	3	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	2	3	2	3	MO
timolol maleate ophthalmic gel forming	2	3	4	3	4	MO
timolol maleate soln 0.25%, 0.5%	1	1	1	1	1	MO
TOBRADEX ST	2	3	4	3	4	MO
tobramycin sulfate ophthalmic soln 0.3%	1	1	2	1	2	MO
tobramycin/dexamethasone	2	3	4	3	4	MO
TOBREX OINTMENT	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

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
trimethoprim sulfate/polymyxin b sulfate	1	1	1	1	1	MO
triple antibiotic	2	2	3	2	3	
VEXOL	2	3	4	3	4	MO
VIGAMOX	2	3	4	3	4	MO
ZIRGAN	2	3	4	3	4	MO
ZYLET	2	2	3	2	3	MO
Otic Agents						
acetasol hc	2	3	4	3	4	
acetic acid	2	2	3	2	3	MO
acetic acid/aluminum acetate	1	1	2	1	2	MO
antibiotic ear	2	3	4	3	4	
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	2	3	4	3	4	MO
neomycin/polymyxin/ hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml	2	3	4	3	4	MO
ofloxacin otic soln 0.3%	2	3	4	3	4	MO
Respiratory Tract/Pulmonary Agents						
ACCOLATE	2	3	4	3	4	QL (60 EA per 30 days) MO
acetylcysteine inhalation soln	1	1	2	1	2	B/D MO
acetylcysteine inj	2	3	4	3	4	
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	3	4	3	4	MO
albuterol sulfate nebu	1	1	2	1	2	B/D MO
albuterol sulfate syrp	1	1	2	1	2	MO
albuterol sulfate tabs	2	2	3	2	3	MO
aminophylline	1	1	2	1	2	MO
ANORO ELLIPTA	2	2	3	2	3	QL (60 EA per 30 days) MO

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
ARCAPTA NEOHALER	2	3	4	3	4	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA	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
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%	2	2	3	2	3	MO
azelastine hcl nasal soln 0.1%	2	2	3	2	3	QL (30 ML per 25 days) MO
BECONASE AQ	2	3	4	3	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	2	2	3	2	3	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, 1mg/2ml	2	3	4	3	4	B/D MO
budesonide nasal susp 32mcg/act	2	3	4	3	4	QL (17.2 GM per 30 days) 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	2	3	2	3	PA MO
COMBIVENT RESPIMAT	2	3	4	3	4	QL (8 GM per 30 days) MO
cromolyn sodium nebu 20mg/2ml	2	2	3	2	3	B/D MO
CYPROHEPTADINE HCL TABS	2	3	4	3	4	PA 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

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	2	2	3	2	3	MO
fluticasone propionate susp 50mcg/act	1	1	2	1	2	QL (16 GM per 30 days) MO
hydroxyzine hcl inj	2	3	4	3	4	PA MO
INCRUSE ELLIPTA	2	2	3	2	3	QL (30 EA per 30 days) MO
ipratropium bromide/albuterol sulfate	1	1	1	1	1	B/D MO
ipratropium bromide inhalation soln	1	1	2	1	2	B/D MO
ipratropium bromide nasal soln 0.03%	1	1	2	1	2	QL (30 ML per 30 days) MO
ipratropium bromide nasal soln 0.06%	1	1	2	1	2	QL (45 ML per 30 days) 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
LETAIRIS	2	2	3	4	5	QL (30 EA per 30 days) PA LA
levalbuterol hcl nebu	1	1	2	1	2	B/D MO
levalbuterol nebu	1	1	2	1	2	B/D MO
levocetirizine dihydrochloride tabs	1	1	1	1	1	QL (30 EA per 30 days) MO
levocetirizine dihydrochloride soln	2	2	3	2	3	QL (300 ML per 30 days) MO
metaproterenol sulfate syrp, tabs	1	1	2	1	2	MO
montelukast sodium chew, tabs	1	1	1	1	1	QL (30 EA per 30 days) MO
montelukast sodium pack	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
OFEV	2	2	3	4	5	QL (60 EA per 30 days) PA
olopatadine hcl nasal soln 0.6%	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
ORKAMBI	2	3	4	4	5	QL (112 EA per 28 days) PA

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	2	3	4	5	PA MO
promethazine hcl syrp 6.25mg/5ml	1	1	2	1	2	PA MO
promethazine hcl tabs 12.5mg, 25mg, 50mg	1	1	2	1	2	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
STIOLTO RESPIMAT	2	2	3	2	3	QL (4 GM per 30 days) MO
STRIVERDI RESPIMAT	2	2	3	2	3	QL (4 GM per 30 days) MO
SYMBICORT	2	3	4	3	4	QL (10.2 GM per 30 days) ST MO
terbutaline sulfate tabs	2	3	4	3	4	MO
THEO-24	2	3	4	3	4	MO
theophylline cr tb12 100mg, 200mg	2	2	3	2	3	MO
theophylline er	2	2	3	2	3	MO
theophylline soln	2	2	3	2	3	MO
theophylline elix	2	3	4	3	4	MO
TOBI PODHALER	2	2	3	4	5	QL (224 EA per 56 days)
tobramycin nebu	2	2	3	2	3	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	3	4	3	4	MO

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
ZYFLO IMMEDIATE RELEASE TABS	2	3	4	4	5	QL (120 EA per 30 days) MO
Skeletal Muscle Relaxants						
chlorzoxazone	1	1	2	1	2	QL (180 EA per 30 days) PA MO
cyclobenzaprine hcl tabs	1	1	2	1	2	QL (90 EA per 30 days) PA MO
Sleep Disorder Agents						
armodafinil	2	2	3	2	3	QL (30 EA per 30 days) PA
eszopiclone	2	3	4	3	4	QL (30 EA per 30 days) PA MO
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	1	1	2	1	2	QL (30 EA per 30 days) PA MO
zaleplon caps 10mg	1	1	2	1	2	QL (60 EA per 30 days) PA MO
zolpidem tartrate immediate release tabs	1	1	2	1	2	QL (30 EA per 30 days) PA MO
Therapeutic Nutrients/Minerals/Electrolytes						
AMINOSYN	2	3	4	3	4	B/D
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

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PROOF

Drug name	2 tier	3 tier	4 tier	4 tier	5 tier	Requirements/Limits
	Plans without Specialty Tier			Plans with Specialty Tier		
AMINOSYN-PF 7%	2	3	4	3	4	B/D
AMINOSYN-RF	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	2	3	4	3	4	MO
CITRANATAL ASSURE	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

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
CLINIMIX E 5%/DEXTROSE 25%	2	3	4	3	4	B/D
clinisol sf 15%	1	1	2	1	2	B/D
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%	1	1	2	1	2	B/D
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	B/D MO
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 D	2	3	4	3	4	
ESCAVITE LQ	2	3	4	3	4	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
EXJADE	2	3	4	4	5	PA LA
EXTRA-VIRT PLUS DHA	2	3	4	3	4	MO
FERRIPROX TABS 500MG	2	3	4	4	5	PA
FLORIVA LIQD	2	3	4	3	4	MO
floriva chew	2	3	4	3	4	
fluor-a-day soln	2	3	4	3	4	
fluoride chew 1.1mg, 2.2mg	1	1	1	1	1	MO
fluoritab chew 0.5mg, 1mg, 2.2mg	1	1	1	1	1	
fluoritab soln	2	3	4	3	4	
FLURA-DROPS SOLN 0.25MG/DROP	2	3	4	3	4	MO
FOCALGIN 90 DHA	2	3	4	3	4	MO
FOCALGIN CA	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 ONE	2	3	4	3	4	MO
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
k-sol	2	3	4	3	4	MO
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	

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

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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
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	2	3	2	3	
kionex susp	2	2	3	2	3	MO
klor-con	1	1	2	1	2	MO
klor-con 10	1	1	2	1	2	MO
KLOR-CON 25	2	3	4	3	4	MO
klor-con 8	1	1	2	1	2	MO
klor-con m10	1	1	2	1	2	
KLOR-CON M15	2	3	4	3	4	MO
klor-con m20	1	1	2	1	2	MO
klor-con sprinkle cpcr 10meq	1	1	2	1	2	
klor-con sprinkle cpcr 8meq	1	1	2	1	2	MO
klor-con/ef	2	2	3	2	3	MO
lactated ringers dextrose 5% viaflex	2	3	4	3	4	
lactated ringers viaflex	1	1	2	1	2	
levocarnitine soln, tabs	2	3	4	3	4	MO
LIPOSYN III	2	3	4	3	4	B/D
ludent chew 0.5mg, 1mg	1	1	1	1	1	MO
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	1	1	2	1	2	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	1	1	2	1	2	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	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	1	1	2	1	2	MO
multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml; 5unit/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	1	1	2	1	2	MO
mvc-fluoride	1	1	2	1	2	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
NATELLE ONE	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	2	3	4	3	4	MO
NIVA-PLUS	2	3	4	3	4	MO
O-CAL PRENATAL	2	3	4	3	4	MO
OB COMPLETE GOLD	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	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
physiosol irrigation	1	1	2	1	2	
plenamine	1	1	2	1	2	B/D
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	
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	1	1	2	1	2	
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%/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	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
potassium chloride oral soln	2	3	4	3	4	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
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
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	2	3	4	3	4	
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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
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	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
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	

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	2	3	4	3	4	
PRENATE PIXIE	2	3	4	3	4	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	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

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

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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
sodium bicarbonate partial fill	2	3	4	3	4	MO
sodium bicarbonate inj 8.4%	2	3	4	3	4	MO
sodium chloride 0.45% viaflex	1	1	2	1	2	
sodium chloride inj 0.9%	1	1	2	1	2	MO
sodium chloride inj 2.5meq/ml, 3%, 5%	2	3	4	3	4	MO
sodium fluoride chew 0.5mg, 1.1mg	1	1	1	1	1	MO
sodium polystyrene sulfonate powd, oral susp	2	2	3	2	3	MO
sodium polystyrene sulfonate rectal susp	2	3	4	3	4	
sps	2	2	3	2	3	
sterile water irrigation	1	1	2	1	2	MO
SYPRINE	2	3	4	4	5	MO
TARON-PREX	2	3	4	3	4	MO
THRIVITE RX	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

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

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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
TRISTART 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-C DHA	2	3	4	3	4	MO
VIRT-CARE ONE	2	3	4	3	4	MO
VIRT-PN	2	3	4	3	4	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	2	3	4	3	4	MO
VIRT-PN PLUS	2	3	4	3	4	MO
VIRT-SELECT	2	3	4	3	4	MO
VITAFOL FE+	2	3	4	3	4	MO
VITAFOL-ONE	2	3	4	3	4	MO
VITAMEDMD ONE RX/ QUATREFOLIC	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-HEME ONE	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
Unclassified						
ENBRACE HR	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.

PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
PREFERAOB +DHA	2	3	4	3	4	MO
PROVIDA DHA	2	3	4	3	4	

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TWINRIX	75
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TYGACIL	21
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verapamil hcl er	55
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VITAFOL FE+	96
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ZOLADEX	72
zoledronic acid	77
ZOLINZA	36
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zolmitriptan odt	29
zolpidem tartrate	85
zonisamide	24
ZORTRESS	75
ZOSTAVAX	75
zovia 1/35e	71
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ZYDELIG	36
ZYFLO	85
ZYKADIA	36
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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	QL = Quantity Limit PA = Prior Authorization
Lowercase italics = Generic medications		

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
Cosmetic						
ACLARO	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	
EPIQUIN MICRO	2	2	3	2	3	
finasteride	1	1	1	1	1	
hydroquinone	1	1	1	1	1	
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	

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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
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	
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 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	
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	
CPB WC	2	2	3	2	3	
DECON-A	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
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	
FLOWTUSS	2	2	3	2	3	
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	
guaifenesin er	1	1	1	1	1	
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	
nohist-dm	1	1	1	1	1	
nortuss-de	1	1	1	1	1	
NORTUSS-EX	2	2	3	2	3	
OBREDON	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	

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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
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	
tussigon	1	1	1	1	1	
TUSSIONEX PENNKINETIC EXTENDED 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)
MUSE	2	2	3	2	3	QL (6 EA per 30 days)
papaverine-alprostadil	1	1	1	1	1	QL (5 ML per 30 days)
papaverine/phentolamine mes/ alprostadil	1	1	1	1	1	QL (5 ML per 30 days)
papaverine-phentolamine mes/ alprostadil	1	1	1	1	1	QL (5 ML per 30 days)
phentolamine mesylate-alprostadil	1	1	1	1	1	QL (5 ML 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						

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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
BRAVELLE	2	2	3	2	3	
CETROTIDE	2	2	3	2	3	
clomiphene citrate	1	1	1	1	1	
ENDOMETRIN	2	2	3	2	3	
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 REDIJECT	2	2	3	2	3	
MENOPUR	2	2	3	2	3	
OVIDREL	2	2	3	2	3	
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	
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	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	
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	
hydrocortisone acetate	1	1	1	1	1	
hydrocortisone acetate/pramoxine	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	
MEPERIDINE HCL/ PROMETHAZINE HCL	1	1	1	1	1	
MIGRALAM	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	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
NOVACORT	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	
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	
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 100	1	1	1	1	1	
b-plex	1	1	1	1	1	
b-plex plus	1	1	1	1	1	
BACMIN	2	2	3	2	3	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	
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	
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	
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	

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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
ENTERAGAM	2	2	3	2	3	
ergocalciferol	1	1	1	1	1	
fabb	1	1	1	1	1	
FE 90 PLUS	2	2	3	2	3	
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 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	
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	
FOLGARD OS	2	2	3	2	3	
FOLGARD RX	2	2	3	2	3	
folic acid	1	1	1	1	1	
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	

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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
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	
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	

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PROOF

Drug name	Plans without Specialty Tier 2 tier	3 tier	4 tier	Plans with Specialty Tier 4 tier	5 tier	Requirements/Limits
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	
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	
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	

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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
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	
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	
nufol	1	1	1	1	1	
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	

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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
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	
rena-vite rx	1	1	1	1	1	
renal	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	
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	
STROVITE FORTE	2	2	3	2	3	
STROVITE ONE	2	2	3	2	3	
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	

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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
TANDEM PLUS	2	2	3	2	3	
TARON FORTE	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	
tricon	1	1	1	1	1	
trigels-f forte	1	1	1	1	1	
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	
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	
VITAFOL	2	2	3	2	3	
vita-min	1	1	1	1	1	
VITA-RESPA	2	2	3	2	3	
vitacel	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
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	1	1	1	1	1	
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	
vp-precip	1	1	1	1	1	
VP-ZEL	2	2	3	2	3	
Weight loss						
ADIPEX-P	2	2	3	2	3	PA
APPTRIM	2	2	3	2	3	PA
APPTRIM-D	2	2	3	2	3	PA
BELVIQ	2	2	3	2	3	PA
BONTRIL PDM	2	2	3	2	3	PA
CONTRAVE	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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TTY: 711

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ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en www.aetnamedicare.com o llame al número de teléfono que se indica en su tarjeta de identificacion de afiliado.

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请注意：如果您说中文，您可以获得免费的语言援助服务。访问我们的网站www.aetnamedicare.com 或致电您会员卡上的电话号码。

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請注意：如果您說中文，您可以獲得免費的語言協助服務。請造訪我們的網站www.aetnamedicare.com 或致電您的會員卡上的電話號碼。

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TIẾNG VIỆT (VIETNAMESE):
LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin truy cập trang web của chúng tôi tại www.aetnamedicare.com hoặc gọi số điện thoại ghi trên thẻ chứng minh thành viên của quý vị.

DEUTSCH (GERMAN):
ACHTUNG: Wenn Sie deutsch sprechen, steht ein kostenloser Dolmetscherservice zur Verfügung. Besuchen Sie unsere Website unter www.aetnamedicare.com oder rufen Sie unter der auf Ihrem Mitgliedsausweis aufgeführten Telefonnummer an.

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ध्यान दें: अगर आप बात करने में सक्षम हैं हिंदी, तो निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट www.aetnamedicare.com पर विजिट करें या अपने सदस्य पहचान कार्ड पर दिए गए फोन नंबर पर कॉल करें।

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ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd gratis nan lang ki disponib pou ou. Ale sou sitwèb nou nan www.aetnamedicare.com oswa rele nimewo telefòn ki nan kat idantifikasyon manm ou.

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