2016

Formulary
List of covered Drugs

Health Partners Medicare Special

Health Partners Plans

Health Partners Medicare Special (HMO SNP)

2016 Formulary

(List of Covered Drugs)

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

Formulary ID 16343, Version 12

This formulary was updated on 10/1/2016. For more recent information or other questions, please contact Health Partners Medicare at 1-866-901-8000 or, for TTY users, 711, 24 hours a day, seven days a week, or visit www.HPPMedicare.com.

This information is available for free in other languages. Please contact our Member Relations number at 1-866-901-8000 for additional information. (TTY users should call 711). Hours are 24 hours a day, seven days a week. Member Relations also has free language interpreter services available for non-English speakers.

Esta información se puede obtener en otros idiomas gratuitamente. Comuníquese con nuestro Departamento de Servicios para los Miembros al 1-866-901-8000 para obtener información adicional (los usuarios de TTY deben llamar 711). Disponible las 24 horas al día, los siete días a la semana. El Departamento de Servicios para los Miembros también tiene servicios gratuitos de interpretación de idiomas para las personas que no hablan inglés.

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 Health Partners Medicare. When it refers to "plan" or "our plan," it means Health Partners Medicare Special.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/1/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Health Partners Medicare Special Formulary?

A formulary is a list of covered drugs selected by Health Partners Medicare Special 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. Health Partners Medicare Special will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Partners Medicare Special network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/1/2016. To get updated information about the drugs covered by Health Partners Medicare Special, please contact us. Our contact information appears on the front and back cover pages.

Our print formulary will be updated, either by reprinting or through the use of correction sheets, in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 Drugs." If you know what your drug is used for, look for the category name in the list that begins on page number 98. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 104. 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?

Health Partners Medicare Special 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: Health Partners Medicare Special requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Partners Medicare Special before you fill your prescriptions. If you don't get approval, Health Partners Medicare Special may not cover the drug.

- Quantity Limits: For certain drugs, Health Partners Medicare Special limits the amount of the drug that Health Partners Medicare Special will cover. For example, Health Partners Medicare Special provides 12 tablets per day per prescription for Endocet tablets, 5-325 mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Health Partners Medicare Special 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, Health Partners Medicare Special may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Partners Medicare Special 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.HPPMedicare.com. 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 Health Partners Medicare Special 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 Health Partners Medicare Special Formulary?" on this page for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Health Partners Medicare Special does not cover your drug, you have two options:

- You can ask us for a list of similar drugs that are covered by Health Partners Medicare Special. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Health Partners Medicare Special.

- You can ask Health Partners Medicare Special 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 Health Partners Medicare Special Formulary?

You can ask Health Partners Medicare Special 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Partners Medicare Special 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, Health Partners Medicare Special will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require you can ask us to make a formulary exception.

Examples of level of care changes might include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from Hospice Status and reverting back to standard Medicare Part A and B coverage;
- Ending a long-term care stay and returning to the community;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens.

For these unplanned transitions, you can ask us to make a formulary exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks.

For more information

For more detailed information about your Health Partners Medicare Special prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Health Partners Medicare Special, 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.

Health Partners Medicare Special's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Health Partners Medicare Special. If you have trouble finding your drug in the list, turn to the Index that begins on page 104.

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

The information in the Requirements/Limits column tells you if Health Partners Medicare Special has any special requirements for coverage of your drug.

Drugs marked LA: This prescription may be available only at certain pharmacies. For more information call us anytime at 1-866-901-8000. TTY users should call 711.

LEGEND

TIER	NAME
1	Covered

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
LA	Limited Access	This prescription drug is limited to certain pharmacies.
FDA	FDA Quantity Limit	There is an FDA limit on the amount of this drug that is covered per prescription, or within a specific time frame.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
acetaminophen-cod #2 tablet	1-Covered	QL (13 PER 1 DAYS)
acetaminophen-cod #3 tablet	1-Covered	QL (12 PER 1 DAYS)
acetaminophen-cod #4 tablet	1-Covered	QL (6 PER 1 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	1-Covered	
butalb-caff-acetaminoph-codein	1-Covered	PA
butalbital-acetaminophen	1-Covered	PA
butalbital-acetaminophen-caffe (butalb-acetamin-caff 50-325-40, butalbit-acetaminophen-caff cp)	1-Covered	PA
butalbital-aspirin-caffeine	1-Covered	PA
ENDOCET (7.5-325 MG TABLET, 10-325 MG TABLET)	1-Covered	
ENDOCET 5-325 TABLET	1-Covered	QL (12 PER 1 DAYS)
hydrocodon-acetaminoph 7.5-325	1-Covered	QL (8 PER 1 DAYS)
hydrocodon-acetaminophen 5-325	1-Covered	QL (12 PER 1 DAYS)
hydrocodon-acetaminophn 10-325	1-Covered	QL (6 PER 1 DAYS)
hydrocodone-acetaminophen (hydrocodon-acetamin 7.5-325/15, hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10)	1-Covered	
hydrocodone-ibuprofen 7.5-200	1-Covered	QL (5 PER 1 DAYS)
oxycodone hcl-aspirin	1-Covered	
oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325)	1-Covered	QL (12 PER 1 DAYS)
oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 10-325)	1-Covered	
pentazocine-naloxone hcl	1-Covered	QL (12 PER 1 DAYS)
ROXICET 5-325 TABLET	1-Covered	
tramadol hcl-acetaminophen	1-Covered	QL (8 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Nonsteroidal Anti-inflammatory Drugs		
celecoxib	1-Covered	
diclofenac potassium	1-Covered	
diclofenac sodium (1.5% topical soln, sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab)	1-Covered	
diclofenac sodium er	1-Covered	
diclofenac sodium-misoprostol	1-Covered	
diflunisal	1-Covered	
etodolac	1-Covered	
fenoprofen 600 mg tablet	1-Covered	
flurbiprofen	1-Covered	
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)	1-Covered	
indomethacin (25 mg capsule, 50 mg capsule, er 75 mg capsule)	1-Covered	PA
ketoprofen (50 mg capsule, 75 mg capsule)	1-Covered	
ketoprofen er 200 mg capsule	1-Covered	QL (1 PER 1 DAYS)
meclofenamate sodium	1-Covered	
meloxicam 15 mg tablet	1-Covered	QL (1 PER 1 DAYS)
meloxicam 7.5 mg tablet	1-Covered	QL (2 PER 1 DAYS)
meloxicam 7.5 mg/5 ml susp	1-Covered	
nabumetone	1-Covered	
naproxen (125 mg/5 ml suspen, 250 mg tablet, dr 375 mg tablet, 375 mg tablet, ec 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet, ec 500 mg tablet)	1-Covered	
naproxen sodium (275 mg tab, 550 mg tab)	1-Covered	
naproxen sodium cr	1-Covered	
naproxen sodium er	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxaprozin	1-Covered	
oxycodone hcl-ibuprofen	1-Covered	
piroxicam	1-Covered	
sulindac	1-Covered	
tolmetin sodium (400 mg cap, 600 mg tab)	1-Covered	
Opioid Analgesics, Long-acting		
DURAMORPH	1-Covered	
fentanyl (12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr)	1-Covered	QL (10 PER 23 DAYS)
fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)	1-Covered	PA
methadone hcl (hcl 5 mg tablet, 5 mg/5 ml solution, 10 mg/5 ml solution, hcl 10 mg tablet)	1-Covered	
morphine sulf er 60 mg tablet	1-Covered	
morphine sulfate (sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml soln, sulfate ir 15 mg tab, sulfate ir 30 mg tab)	1-Covered	
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 100 mg tablet, er 200 mg tablet)	1-Covered	QL (3 PER 1 DAYS)
oxycodone hcl er	1-Covered	PA
OXYCONTIN	1-Covered	PA, QL (2 PER 1 DAYS)
oxymorphone hcl er	1-Covered	
tramadol hcl er	1-Covered	
Opioid Analgesics, Short-acting		
asa-butalb-caffeine-codeine	1-Covered	
butalbital compound-codeine	1-Covered	
butorphanol 10 mg/ml spray	1-Covered	
hydrocodon-acetaminoph 2.5-325	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrocodone-ibuprofen (5-200 mg, 10-200)	1-Covered	
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	1-Covered	
morphine sulfate (2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml isecure syr, 4 mg/ml carpuject, 4 mg/ml isecure syr, 8 mg/ml syringe, 8 mg/ml isecure syr, 10 mg/ml isecure syr, 10 mg/ml carpuject)	1-Covered	
oxycodone hcl (5 mg/5 ml soln, 5 mg capsule, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet, 100 mg/5 ml soln)	1-Covered	
oxymorphone hcl	1-Covered	
tramadol hcl	1-Covered	
Anesthetics		
Local Anesthetics		
lidocaine 5% ointment	1-Covered	
lidocaine 5% patch	1-Covered	PA
lidocaine hcl (0.5% vial, 1% 20 mg/2 ml, 1% ampul, 1% vial, 1% 50 mg/5 ml, 2% vial, 2% jelly, 4% solution)	1-Covered	
lidocaine hcl viscous	1-Covered	
lidocaine-prilocaine	1-Covered	
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-craving		
acamprosate calcium	1-Covered	
disulfiram	1-Covered	
naltrexone 50 mg tablet	1-Covered	
VIVITROL	1-Covered	
Opioid Dependence Treatments		
buprenorphine hcl (0.3 mg/ml syrn, 0.3 mg/ml vial)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
buprenorphine hcl (2 mg tablet, 8 mg tablet)	1-Covered	PA
REVIA	1-Covered	
SUBOXONE	1-Covered	PA
Opioid Reversal Agents		
EVZIO	1-Covered	
naloxone hcl (0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	1-Covered	
NARCAN	1-Covered	
Smoking Cessation Agents		
CHANTIX	1-Covered	
NICOTROL	1-Covered	
NICOTROL NS	1-Covered	
Anti-inflammatory Agents		
Glucocorticoids		
triamcinolone acetonide (40mg/ml, 50mg/5ml)	1-Covered	
Nonsteroidal Anti-inflammatory Drugs		
ibuprofen 100 mg/5 ml susp	1-Covered	
mefenamic acid	1-Covered	
Antibacterials		
Aminoglycosides		
amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial)	1-Covered	
gentamicin sulfate (0.1% ointment, 0.1% cream, 0.3% eye ointment, 0.3% eye drops, 3 mg/ml eye drops, 3 mg/gm eye oint, 10 mg/ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gentamicin sulfate in ns (70 mg/ns 50 ml pb, isoton 80 mg/100 ml, 80 mg/ns 50 ml pb, 90 mg/ns 100 ml pb, iso 120 mg/100 ml, isoton 60 mg/50 ml, 60 mg/ns 50 ml pb, isoton 80 mg/50 ml, 80 mg/ns 100 ml pb, 100 mg/ns 100 ml, iso 100 mg/100 ml)	1-Covered	
neomycin sulfate	1-Covered	
neomycin-polymyxin b	1-Covered	
paromomycin sulfate	1-Covered	
streptomycin sulfate	1-Covered	
TOBI PODHALER	1-Covered	
TOBRADEX EYE OINTMENT	1-Covered	
tobramycin 0.3% eye drops	1-Covered	
tobramycin 300 mg/5 ml ampule	1-Covered	PA - TO CONFIRM PART D COVERAGE
tobramycin 80 mg/100 ml ns	1-Covered	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	1-Covered	
colistimethate	1-Covered	PA - TO CONFIRM PART D COVERAGE
SYNERCID	1-Covered	

Antibacterials, Other

acetic acid 2% ear solution	1-Covered	
bacitracin (500 unit/gm ophth, 50,000 units vial)	1-Covered	
BACTROBAN NASAL	1-Covered	
chloramphenicol sod succinate	1-Covered	
clindamycin hcl	1-Covered	
clindamycin palmitate hcl	1-Covered	
clindamycin pediatric	1-Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clindamycin phosphate (ph 1% solution, ph 1% gel, 2% vaginal cream, ph 9 g/60 ml vial, phosp 1% lotion, 150 mg/ml addvan, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, 900 mg/6 ml addvan)	1-Covered	
clindamycin phosphate-d5w	1-Covered	
CUBICIN	1-Covered	ST
isopropyl alcohol 0.7 ml/ml medicated pad	1-Covered	
linezolid (100 mg/5 ml susp, 600 mg tablet, 600 mg/300 ml iv sol)	1-Covered	PA
methenamine hippurate	1-Covered	
metronidazole (0.75% cream, topical 0.75% gl, 0.75% lotion, topical 1% gel, vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg/100 ml, 500 mg tablet)	1-Covered	
mupirocin	1-Covered	
nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 100 mg cap)	1-Covered	
nitrofurantoin mcr 50 mg cap	1-Covered	QL (112 PER 30 DAYS)
nitrofurantoin mono-macro	1-Covered	
polymyxin b sulfate	1-Covered	
trimethoprim	1-Covered	
TYGACIL	1-Covered	
vancomycin hcl (1 gm vial, 1 gm add-van vial, hcl 5 gm vial, hcl 10 gm vial, 500 mg a-v vial, 500 mg vial, hcl 750 mg vial)	1-Covered	
vancomycin hcl 125 mg capsule	1-Covered	QL (4 PER 1 DAYS)
vancomycin hcl 250 mg capsule	1-Covered	QL (8 PER 1 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 200 MG/100 ML IV SOLN)	1-Covered	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Beta-lactam, Cephalosporins		
CEDAX 90 MG/5 ML SUSPENSION	1-Covered	
cefaclor (250 mg capsule, 500 mg capsule)	1-Covered	
cefaclor er	1-Covered	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg/5 ml susp, 500 mg capsule)	1-Covered	
cefazolin 1 g/50 ml-dextrose	1-Covered	
cefazolin sodium	1-Covered	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	1-Covered	
cefepime hcl 1 gm vial	1-Covered	PA - TO CONFIRM PART D COVERAGE
cefepime hcl 2 gram vial	1-Covered	
cefepime-dextrose	1-Covered	
cefixime	1-Covered	
cefotetan	1-Covered	
cefoxitin	1-Covered	
cefoxitin sodium	1-Covered	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	1-Covered	
cefprozil (125 mg/5 ml susp, 250 mg/5 ml susp, 250 mg tablet, 500 mg tablet)	1-Covered	
ceftazidime	1-Covered	
ceftriaxone (1 gm vial, 2 gm add vial, 2 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	1-Covered	
cefuroxime (250 mg tab, 500 mg tab)	1-Covered	
cefuroxime sodium (1.5 gm vial, 7.5 gm vial, 75 gm bulk bag, 750 mg vial)	1-Covered	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPECTRACEF 400 MG DOSE PACK TB	1-Covered	
SUPRAX 400 MG CAPSULE	1-Covered	
TEFLARO	1-Covered	PA - TO CONFIRM PART D COVERAGE
Beta-lactam, Other		
AZACTAM-ISO-OSMOTIC DEXTROSE	1-Covered	PA - TO CONFIRM PART D COVERAGE
aztreonam	1-Covered	
imipenem-cilastatin sodium	1-Covered	
INVANZ 1 GM VIAL	1-Covered	
meropenem	1-Covered	
Beta-lactam, Penicillins		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg tablet, 500 mg capsule, 875 mg tablet)	1-Covered	
amoxicillin-clavulanate pot er	1-Covered	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 250-125 mg tablet, 400-57 mg/5 ml susp, 400-57 mg tab chew, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	1-Covered	
ampicillin sodium (1 gm a-v vial, 1 gm vial, 2 gm vial, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)	1-Covered	
ampicillin trihydrate (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)	1-Covered	
ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)	1-Covered	
BICILLIN L-A	1-Covered	
dicloxacillin sodium	1-Covered	
nafcillin	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nafcillin sodium (1 gm vial, 2 gm vial, 10 gm bulk vial, 10 gm vial)	1-Covered	
oxacillin	1-Covered	
oxacillin sodium (1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial)	1-Covered	
pen g 1.2 million unit/2 ml	1-Covered	
penicillin g potassium	1-Covered	
penicillin g sodium	1-Covered	
penicillin gk-iso-osm dextrose (2 million unit/50 ml, 3 million unit/50 ml)	1-Covered	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	1-Covered	
piperacillin-tazobactam (2.25 gm vl, 3.375 gm vl, 4.5 gm vial, 40.5 gram)	1-Covered	
Macrolides		
azithromycin (1 gm pwd packet, 250 mg tablet, i.v. 500 mg vial)	1-Covered	
azithromycin (100 mg/5 ml, 200 mg/5 ml)	1-Covered	QL (25 PER 1 DAYS)
azithromycin 500 mg tablet	1-Covered	QL (10 PER 23 DAYS)
azithromycin 600 mg tablet	1-Covered	QL (2 PER 1 DAYS)
clarithromycin (125 mg/5 ml, 250 mg/5 ml)	1-Covered	
clarithromycin (250 mg tablet, 500 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
clarithromycin er	1-Covered	
ERY-TAB	1-Covered	
ERYTHROCIN LACTOBIONATE (500 MG VIAL, 500 MG ADDVNT VL)	1-Covered	
erythromycin (0.5% eye ointment, 2% gel, 2% solution, ec 250 mg cap, 250 mg filmtab, 500 mg filmtab)	1-Covered	
erythromycin ethylsuccinate	1-Covered	
ZMAX	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Quinolones		
ciprofloxacin	1-Covered	
ciprofloxacin er	1-Covered	
ciprofloxacin hcl (0.2% otic soln, 0.3% eye drop, hcl 100 mg tab, hcl 250 mg tab, hcl 500 mg tab, hcl 750 mg tab)	1-Covered	
ciprofloxacin-d5w	1-Covered	
gatifloxacin	1-Covered	
levofloxacin (0.5% eye drops, 25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml vial, 500 mg/20 ml soln, 750 mg/30 ml vial)	1-Covered	
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	1-Covered	QL (1 PER 1 DAYS)
levofloxacin-d5w	1-Covered	
moxifloxacin	1-Covered	
moxifloxacin hcl	1-Covered	
ofloxacin (0.3% eye drops, 0.3% ear drops, 400 mg tablet)	1-Covered	
Sulfonamides		
SILVADENE	1-Covered	
silver sulfadiazine	1-Covered	
sodium sulfacetamide 10% lot	1-Covered	
SSD	1-Covered	
sulfacetamide sodium (eye drops, sod top susp, sodium lotn)	1-Covered	
sulfadiazine	1-Covered	
sulfamethoxazole-trimethoprim (ds tablet, inj vial, ss tablet, susp)	1-Covered	
Tetracyclines		
demeclocycline hcl	1-Covered	
doxycycline hyc 100 mg vial	1-Covered	PA - TO CONFIRM PART D COVERAGE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxycycline hyclate (hyc dr 50 mg tab, hyc dr 75 mg tab, hyc dr 100 mg tab, hyc dr 150 mg tab, hyc dr 200 mg tab, hyclate 20 mg tab, hyclate 50 mg cap, hyclate 100 mg tab, hyclate 100 mg cap)	1-Covered	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg tablet, mono 75 mg capsule, mono 100 mg tablet, mono 100 mg cap, mono 150 mg tablet)	1-Covered	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	1-Covered	
tetracycline hcl	1-Covered	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG/ML ORAL SOLN, 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET, 100 MG TABLET)	1-Covered	
diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)	1-Covered	
FYCOMPA 0.5 MG/ML ORAL SUSP	1-Covered	
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg/5 ml vial, 500 mg tablet, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet)	1-Covered	
levetiracetam er	1-Covered	
levetiracetam-nacl	1-Covered	PA - TO CONFIRM PART D COVERAGE
POTIGA	1-Covered	ST
ROWEEPRA	1-Covered	
Calcium Channel Modifying Agents		
CELONTIN	1-Covered	ST
ethosuximide (250 mg/5 ml soln, 250 mg capsule)	1-Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYRICA (20 MG/ML ORAL SOLUTION, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	1-Covered	
zonisamide	1-Covered	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clonazepam	1-Covered	
clorazepate dipotassium	1-Covered	
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	1-Covered	QL (4 PER 1 DAYS)
diazepam (5 mg/5 ml solution, 5 mg/5 ml oral soln)	1-Covered	QL (40 PER 1 DAYS)
diazepam 5 mg/ml oral conc	1-Covered	QL (8 PER 1 DAYS)
divalproex sodium	1-Covered	
divalproex sodium er	1-Covered	
gabapentin (100 mg capsule, 250 mg/5 ml soln, 300 mg/6 ml soln, 300 mg capsule, 400 mg capsule)	1-Covered	
gabapentin 600 mg tablet	1-Covered	QL (6 PER 1 DAYS)
gabapentin 800 mg tablet	1-Covered	QL (4 PER 1 DAYS)
GABITRIL 12 MG TABLET	1-Covered	ST, QL (4 PER 1 DAYS)
GABITRIL 16 MG TABLET	1-Covered	ST, QL (3 PER 1 DAYS)
GRALISE	1-Covered	ST
HORIZANT ER 300 MG TABLET	1-Covered	
lorazepam (0.5 mg tablet, 1 mg tablet)	1-Covered	QL (6 PER 1 DAYS)
lorazepam 2 mg tablet	1-Covered	QL (4 PER 1 DAYS)
LORAZEPAM INTENSOL	1-Covered	QL (5 PER 1 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	1-Covered	ST
ONFI 2.5 MG/ML SUSPENSION	1-Covered	
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml soln, 20 mg/5 ml elix, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
primidone	1-Covered	
SABRIL	1-Covered	ST, LA
tiagabine hcl 2 mg tablet	1-Covered	QL (14 PER 1 DAYS)
tiagabine hcl 4 mg tablet	1-Covered	
valproate sodium	1-Covered	
valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)	1-Covered	
Glutamate Reducing Agents		
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)	1-Covered	
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1-Covered	
LAMICTAL (BLUE)	1-Covered	
LAMICTAL (GREEN)	1-Covered	
LAMICTAL (ORANGE)	1-Covered	
LAMICTAL XR (BLUE)	1-Covered	
LAMICTAL XR (GREEN)	1-Covered	
LAMICTAL XR (ORANGE)	1-Covered	
lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1-Covered	
lamotrigine er	1-Covered	
lamotrigine odt	1-Covered	
QUDEXY XR	1-Covered	
topiramate (15 mg cap, 25 mg cap)	1-Covered	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1-Covered	QL (6 PER 1 DAYS)
topiramate 200 mg tablet	1-Covered	QL (4 PER 1 DAYS)
topiramate er	1-Covered	
TROKENDI XR	1-Covered	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sodium Channel Agents		
APTIOM	1-Covered	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	1-Covered	ST
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)	1-Covered	
carbamazepine er (er 100 mg tablet, er 200 mg tablet, er 400 mg tablet)	1-Covered	
CARBATROL	1-Covered	ST
CEREBYX	1-Covered	
DILANTIN 30 MG CAPSULE	1-Covered	ST
EPITOL	1-Covered	ST
EQUETRO	1-Covered	ST
fosphenytoin sodium	1-Covered	
oxcarbazepine (150 mg tablet, 300 mg/5 ml susp, 300 mg tablet, 600 mg tablet)	1-Covered	
OXTELLAR XR	1-Covered	ST
PEGANONE	1-Covered	ST
phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)	1-Covered	
phenytoin sodium (50 mg/ml vial, 50 mg/ml ampul, 100 mg/2 ml vial, 250 mg/5 ml vial)	1-Covered	
phenytoin sodium extended	1-Covered	
TEGRETOL XR 100 MG TABLET	1-Covered	ST
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG/20 ML VIAL, 200 MG TABLET)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates	1-Covered	PA
Cholinesterase Inhibitors		
donepezil hcl (5 mg tablet, 10 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
donepezil hcl 23 mg tablet	1-Covered	
donepezil hcl odt	1-Covered	QL (2 PER 1 DAYS)
EXELON (4.6 MG/24HR, 9.5 MG/24HR, 13.3 MG/24HR)	1-Covered	QL (1 PER 1 DAYS)
galantamine hbr	1-Covered	
galantamine hydrobromide	1-Covered	
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	1-Covered	QL (2 PER 1 DAYS)
rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	1-Covered	QL (1 PER 1 DAYS)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine 5-10 mg titration pk	1-Covered	
memantine hcl (5 mg tablet, 10 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
memantine hcl 2 mg/ml solution	1-Covered	QL (5 PER 1 DAYS)
NAMENDA (5-10 MG TITRATION PK, 5 MG TABLET, 10 MG TABLET)	1-Covered	
NAMENDA 2 MG/ML SOLUTION	1-Covered	QL (10 PER 1 DAYS)
NAMENDA XR	1-Covered	
Antidepressants		
chlordiazepoxide-amitriptyline	1-Covered	
fluoxetine hcl 60 mg tablet	1-Covered	
olanzapine-fluoxetine hcl	1-Covered	
perphenazine-amitriptyline	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antidepressants, Other		
APLENZIN	1-Covered	
BUPROBAN	1-Covered	QL (2 PER 1 DAYS)
bupropion hcl	1-Covered	QL (4 PER 1 DAYS)
bupropion hcl sr	1-Covered	QL (2 PER 1 DAYS)
bupropion hcl xl 150 mg tablet	1-Covered	QL (3 PER 1 DAYS)
bupropion hcl xl 300 mg tablet	1-Covered	QL (1 PER 1 DAYS)
FORFIVO XL	1-Covered	
maprotiline hcl	1-Covered	
mirtazapine (15 mg tablet, 15 mg odt)	1-Covered	QL (3 PER 1 DAYS)
mirtazapine (30 mg tablet, 30 mg odt)	1-Covered	QL (2 PER 1 DAYS)
mirtazapine (7.5 mg tablet, 45 mg tablet, 45 mg odt)	1-Covered	QL (1 PER 1 DAYS)
nefazodone hcl (50 mg tablet, 100 mg tablet, 250 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
nefazodone hcl 150 mg tablet	1-Covered	QL (4 PER 1 DAYS)
nefazodone hcl 200 mg tablet	1-Covered	QL (3 PER 1 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	1-Covered	QL (1 PER 1 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	1-Covered	QL (2 PER 1 DAYS)
trazodone hcl	1-Covered	
VIIBRYD 10-20-40 MG STARTER PK	1-Covered	
Monoamine Oxidase Inhibitors		
EMSAM	1-Covered	
MARPLAN	1-Covered	
phenelzine sulfate	1-Covered	
tranylcypromine sulfate	1-Covered	
SSRIs/ SNRIs		
BRINTELLIX	1-Covered	
BRISDELLE	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
citalopram hbr (20 mg tablet, 40 mg tablet)	1-Covered	QL (1.5 PER 1 DAYS)
citalopram hbr 10 mg tablet	1-Covered	QL (3 PER 1 DAYS)
citalopram hbr 10 mg/5 ml soln	1-Covered	
desvenlafaxine er (er 50 mg tab, er 50 mg tablet, er 100 mg tab)	1-Covered	
escitalopram 10 mg tablet	1-Covered	QL (1.5 PER 1 DAYS)
escitalopram 20 mg tablet	1-Covered	QL (1 PER 1 DAYS)
escitalopram 5 mg tablet	1-Covered	QL (3 PER 1 DAYS)
escitalopram oxalate 5 mg/5 ml	1-Covered	QL (20 PER 1 DAYS)
FETZIMA	1-Covered	
fluoxetine 20 mg/5 ml solution	1-Covered	
fluoxetine dr	1-Covered	
fluoxetine hcl (10 mg tablet, 10 mg capsule)	1-Covered	QL (3 PER 1 DAYS)
fluoxetine hcl (20 mg tablet, 20 mg capsule)	1-Covered	QL (4 PER 1 DAYS)
fluoxetine hcl 40 mg capsule	1-Covered	QL (2 PER 1 DAYS)
fluvoxamine maleate (50 mg tab, 100 mg tab)	1-Covered	QL (3 PER 1 DAYS)
fluvoxamine maleate 25 mg tab	1-Covered	QL (1 PER 1 DAYS)
fluvoxamine maleate er	1-Covered	
KHEDEZLA	1-Covered	
paroxetine cr	1-Covered	
paroxetine er	1-Covered	
paroxetine hcl	1-Covered	
PAXIL 10 MG/5 ML SUSPENSION	1-Covered	
PEXEVA	1-Covered	
PRISTIQ ER	1-Covered	
sertraline 20 mg/ml oral conc	1-Covered	QL (10 PER 1 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	1-Covered	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sertraline hcl 100 mg tablet	1-Covered	QL (2 PER 1 DAYS)
TRINTELLIX	1-Covered	
venlafaxine hcl	1-Covered	
venlafaxine hcl er (er 150 mg cap, er 150 mg tab)	1-Covered	QL (2 PER 1 DAYS)
venlafaxine hcl er (er 37.5 mg cap, er 37.5 mg tab, er 75 mg cap, er 75 mg tab)	1-Covered	QL (3 PER 1 DAYS)
venlafaxine hcl er 225 mg tab	1-Covered	QL (1 PER 1 DAYS)
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	1-Covered	
Tricyclics		
amitriptyline hcl	1-Covered	
amoxapine	1-Covered	
clomipramine hcl	1-Covered	
desipramine hcl	1-Covered	
doxepin hcl (5% cream, 10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	1-Covered	
imipramine hcl	1-Covered	
imipramine pamoate	1-Covered	
nortriptyline hcl (10 mg/5 ml sol, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)	1-Covered	
protriptyline hcl	1-Covered	
PRUDOXIN	1-Covered	
SILENOR	1-Covered	
SURMONTIL	1-Covered	
trimipramine maleate (25 mg cap, 50 mg cap)	1-Covered	QL (6 PER 1 DAYS)
trimipramine maleate 100 mg cp	1-Covered	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1-Covered	
diphenhydramine 50 mg/ml vial	1-Covered	
hydroxyzine hcl (hcl 10 mg tablet, 10 mg/5 ml syrup, 10 mg/5 ml soln, 25 mg/ml vial, hcl 25 mg tablet, 50 mg/ml vial, 50 mg/25 ml syrup, hcl 50 mg tablet, 100 mg/2 ml vial, 500 mg/10 ml vial)	1-Covered	
hydroxyzine pamoate	1-Covered	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	1-Covered	
metoclopramide hcl (5 mg tablet, 5 mg/5 ml syrup, 5 mg/5 ml soln, 10 mg/2 ml vial, 10 mg tablet)	1-Covered	
metoclopramide hcl odt	1-Covered	
perphenazine	1-Covered	
prochlorperazine	1-Covered	
prochlorperazine edisylate	1-Covered	
prochlorperazine maleate	1-Covered	
promethazine hcl (12.5 mg suppos, 25 mg/ml syringe, 25 mg/ml vial, 25 mg suppository, 25 mg/ml ampul, 50 mg/ml vial, 50 mg suppository, 50 mg/ml ampul)	1-Covered	
promethazine hcl (6.25 mg/5 ml syrp, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)	1-Covered	PA
trimethobenzamide 300 mg cap	1-Covered	
Emetogenic Therapy Adjuncts		
dronabinol	1-Covered	PA - TO CONFIRM PART D COVERAGE
EMEND (40 MG CAPSULE, 80 MG CAPSULE, 125 MG POWDER PACKET, 125 MG CAPSULE, 150 MG VIAL)	1-Covered	PA - TO CONFIRM PART D COVERAGE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMEND TRIPACK	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (3 PER 14 DAYS)
granisetron hcl	1-Covered	
ondansetron hcl (4 mg/5 ml solution, hcl 24 mg tablet)	1-Covered	PA - TO CONFIRM PART D COVERAGE
ondansetron hcl (hcl 4 mg/2 ml vial, 4 mg/2 ml ampule)	1-Covered	
ondansetron hcl 4 mg tablet	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (6 PER 1 DAYS)
ondansetron hcl 8 mg tablet	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (3 PER 1 DAYS)
ondansetron odt	1-Covered	PA - TO CONFIRM PART D COVERAGE
Antifungals		
ABELCET	1-Covered	
AMBISOME	1-Covered	
amphotericin b	1-Covered	
CANCIDAS	1-Covered	
ciclopirox (0.77% gel, 0.77% cream, 0.77% topical susp, 1% shampoo, 8% solution)	1-Covered	
clotrimazole (1% solution, 1% cream, 10 mg troche)	1-Covered	
econazole nitrate	1-Covered	
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1-Covered	
fluconazole 150 mg tablet	1-Covered	QL (2 PER 1 DAYS)
fluconazole-dext 400 mg/200 ml	1-Covered	
fluconazole-nacl 200 mg/100 ml	1-Covered	
fluconazole-ns 200 mg/100 ml	1-Covered	
flucytosine	1-Covered	
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	1-Covered	
griseofulvin ultramicrosize	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GYNAZOLE 1	1-Covered	
itraconazole	1-Covered	
ketoconazole (2% shampoo, 2% cream, 200 mg tablet)	1-Covered	
naftifine hcl	1-Covered	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	1-Covered	
NYAMYC	1-Covered	
nystatin (100,000 unit/gm cream, 100,000 units/gm oint, 100,000 unit/ml susp, 100,000 unit/gm powd, 500,000 unit oral tab, 500,000 unit/5 ml sus, 50,000,000 units pwd, 150,000,000 units pwd, 500,000,000 units pwd)	1-Covered	
NYSTOP	1-Covered	
ONMEL	1-Covered	
oxiconazole nitrate	1-Covered	
SPORANOX 10 MG/ML SOLUTION	1-Covered	
terbinafine hcl 250 mg tablet	1-Covered	QL (1 PER 1 DAYS)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	1-Covered	
VFEND 40 MG/ML SUSPENSION	1-Covered	
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)	1-Covered	
ZOLINZA	1-Covered	

Antigout Agents

allopurinol	1-Covered	
colchicine (0.6 mg capsule, 0.6 mg tablet)	1-Covered	
probenecid	1-Covered	

Antimigraine Agents

methylergonovine 0.2 mg tablet	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREXIMET	1-Covered	
Ergot Alkaloids		
dihydroergotamine mesylate (1 mg/ml vl, 1 mg/ml am)	1-Covered	
ERGOMAR	1-Covered	
MIGRANAL	1-Covered	
Prophylactic		
BOTOX	1-Covered	PA
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1-Covered	
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotriptan malate	1-Covered	
frovatriptan succinate	1-Covered	
naratriptan	1-Covered	QL (9 PER 23 DAYS)
naratriptan hcl	1-Covered	QL (9 PER 23 DAYS)
rizatriptan	1-Covered	
sumatriptan	1-Covered	
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1-Covered	QL (9 PER 23 DAYS)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml vial, 6 mg/0.5 ml refill, 6 mg/0.5 ml inject, 6 mg/0.5 ml syrng)	1-Covered	
zolmitriptan	1-Covered	
zolmitriptan odt	1-Covered	
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	1-Covered	
MESTINON (60 MG/5 ML SYRUP, 180 MG TIMESPAN)	1-Covered	
pyridostigmine bromide	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pyridostigmine bromide er	1-Covered	
Antimycobacterials		
Antimycobacterials, Other		
dapsone	1-Covered	
rifabutin	1-Covered	
Antituberculars		
CAPASTAT SULFATE	1-Covered	
ethambutol hcl	1-Covered	
isoniazid (50 mg/5 ml solution, 100 mg/ml vial, 100 mg tablet, 300 mg tablet)	1-Covered	
PASER	1-Covered	
PRIFTIN	1-Covered	
pyrazinamide	1-Covered	
rifampin	1-Covered	
RIFATER	1-Covered	
SIRTURO	1-Covered	
TRECATOR	1-Covered	
Antineoplastics		
Alkylating Agents		
BUSULFEX	1-Covered	
cyclophosphamide (25 mg capsule, 50 mg capsule)	1-Covered	PA - TO CONFIRM PART D COVERAGE
DAUNOXOME	1-Covered	PA - TO CONFIRM PART D COVERAGE
GLEOSTINE	1-Covered	
HEXALEN	1-Covered	
LEUKERAN	1-Covered	
lomustine	1-Covered	
MATULANE	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
melphalan hcl	1-Covered	PA - TO CONFIRM PART D COVERAGE
TREANDA (45 MG/0.5 ML VIAL, 180 MG/2 ML VIAL)	1-Covered	PA - TO CONFIRM PART D COVERAGE
VALCHLOR	1-Covered	
Antiandrogens		
bicalutamide	1-Covered	QL (1 PER 1 DAYS)
flutamide	1-Covered	
NILANDRON	1-Covered	QL (2 PER 1 DAYS)
nilutamide	1-Covered	
XTANDI	1-Covered	
ZYTIGA	1-Covered	
Antiangiogenic Agents		
POMALYST	1-Covered	
REVLIMID (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 25 MG CAPSULE)	1-Covered	
THALOMID	1-Covered	PA - FOR NEW STARTS ONLY
Antiestrogens/Modifiers		
EMCYT	1-Covered	
FARESTON	1-Covered	QL (4 PER 1 DAYS)
SOLTAMOX	1-Covered	
tamoxifen citrate	1-Covered	
Antimetabolites		
cytarabine (20 mg/ml vial, 100 mg/5 ml vial)	1-Covered	
DROXIA	1-Covered	
gemcitabine hcl (hcl 1 gram vial, 1 gram/26.3 ml vl, 2 gram/52.6 ml vl, hcl 2 gram vial, hcl 200 mg vial, 200 mg/5.26 ml vl)	1-Covered	PA - TO CONFIRM PART D COVERAGE
hydroxyurea	1-Covered	
LONSURF	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PURINETHOL	1-Covered	
PURIXAN	1-Covered	
TABLOID	1-Covered	
ALIMTA	1-Covered	PA - TO CONFIRM PART D COVERAGE
ARRANON	1-Covered	
AVASTIN	1-Covered	PA - TO CONFIRM PART D COVERAGE
azacitidine	1-Covered	PA - TO CONFIRM PART D COVERAGE
BELEODAQ	1-Covered	PA - TO CONFIRM PART D COVERAGE
BICNU	1-Covered	
bleomycin sulfate	1-Covered	
carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 150 mg vial, 450 mg/45 ml vial, 600 mg/60 ml vial)	1-Covered	
cisplatin	1-Covered	
cladribine	1-Covered	PA - TO CONFIRM PART D COVERAGE
CLOLAR	1-Covered	
COSMEGEN	1-Covered	PA - TO CONFIRM PART D COVERAGE
cytarabine 2 g/20 ml vial	1-Covered	
dacarbazine	1-Covered	
DACOGEN	1-Covered	
daunorubicin hcl (20 mg/4 ml vial, 20 mg vial)	1-Covered	
decitabine	1-Covered	PA - TO CONFIRM PART D COVERAGE
dexrazoxane	1-Covered	PA - TO CONFIRM PART D COVERAGE
DOCEFREZ 20 MG VIAL	1-Covered	
docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 140 mg/7 ml vial, 160 mg/16 ml vial)	1-Covered	PA - TO CONFIRM PART D COVERAGE
docetaxel 160 mg/8 ml vial	1-Covered	
DOXIL	1-Covered	
doxorubicin hcl (10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxorubicin hcl liposome	1-Covered	
ELITEK	1-Covered	
epirubicin hcl (hcl 50 mg vial, 50 mg/25 ml vial, hcl 200 mg vial, 200 mg/100 ml vial)	1-Covered	
ERBITUX	1-Covered	
ERWINAZE	1-Covered	
FASLODEX	1-Covered	
FOLOTYN	1-Covered	
HALAVEN	1-Covered	
HERCEPTIN	1-Covered	
idarubicin hcl	1-Covered	PA - TO CONFIRM PART D COVERAGE
ifosfamide (1 gm/20 ml vial, 1 gm vial, 3 gm vial, 3 gm/ 60 ml vial)	1-Covered	
irinotecan hcl	1-Covered	PA - TO CONFIRM PART D COVERAGE
ISTODAX	1-Covered	
IXEMPRA	1-Covered	
JEVTANA	1-Covered	
KADCYLA	1-Covered	
mesna	1-Covered	
MESNEX (1 GRAM/10 ML VIAL, 400 MG TABLET)	1-Covered	
mitomycin	1-Covered	
MUSTARGEN	1-Covered	
NIPENT	1-Covered	PA - TO CONFIRM PART D COVERAGE
oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial)	1-Covered	PA - TO CONFIRM PART D COVERAGE
paclitaxel	1-Covered	
PERJETA	1-Covered	
PROLEUKIN	1-Covered	
TREANDA (25 MG VIAL, 100 MG VIAL)	1-Covered	
TRISENOX	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VECTIBIX	1-Covered	PA - TO CONFIRM PART D COVERAGE
VELCADE	1-Covered	PA - TO CONFIRM PART D COVERAGE
VIDAZA	1-Covered	
vinblastine sulfate	1-Covered	
VINCASAR PFS	1-Covered	
vincristine sulfate	1-Covered	
vinorelbine tartrate	1-Covered	
ZINECARD	1-Covered	
Antineoplastics, Other		
ABRAXANE	1-Covered	
amifostine	1-Covered	PA - TO CONFIRM PART D COVERAGE
calcium folinate	1-Covered	
CYRAMZA	1-Covered	PA - TO CONFIRM PART D COVERAGE
docetaxel 200 mg/20 ml vial	1-Covered	PA - TO CONFIRM PART D COVERAGE
FARYDAK	1-Covered	
fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)	1-Covered	
FUSILEV	1-Covered	
leucovorin calcium (cal 500 mg/50 ml vl, calcium 5 mg tab, calcium 10 mg tab, calcium 15 mg tab, calcium 25 mg tab, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vl)	1-Covered	
levoleucovorin 175 mg/17.5 ml	1-Covered	PA - TO CONFIRM PART D COVERAGE
levoleucovorin 250 mg/25 ml vl	1-Covered	
LYNPARZA	1-Covered	
mitoxantrone hcl	1-Covered	
ONCASPAR	1-Covered	
REVLIMID (2.5 MG CAPSULE, 20 MG CAPSULE)	1-Covered	
SYNRIBO	1-Covered	PA - TO CONFIRM PART D COVERAGE

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
thiotepa	1-Covered	PA - TO CONFIRM PART D COVERAGE
YERVOY	1-Covered	
ZALTRAP	1-Covered	
Aromatase Inhibitors, 3rd Generation		
anastrozole	1-Covered	QL (1 PER 1 DAYS)
exemestane	1-Covered	
letrozole	1-Covered	
Enzyme Inhibitors		
ETOPOPHOS	1-Covered	
etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)	1-Covered	
topotecan hcl (4 mg/4 ml vial, 4 mg vial)	1-Covered	PA - TO CONFIRM PART D COVERAGE
ZYDELIG	1-Covered	
Molecular Target Inhibitors		
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1-Covered	
ALECENSA	1-Covered	
BOSULIF	1-Covered	
CABOMETYX	1-Covered	
CAPRELSA	1-Covered	
COMETRIQ	1-Covered	
COTELLIC	1-Covered	LA
ERIVEDGE	1-Covered	
GILOTRIF	1-Covered	
GLEEVEC	1-Covered	
IBRANCE	1-Covered	
ICLUSIG	1-Covered	
imatinib mesylate	1-Covered	
IMBRUVICA	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INLYTA	1-Covered	
IRESSA	1-Covered	
JAKAFI	1-Covered	
LENVIMA	1-Covered	
MEKINIST	1-Covered	
NEXAVAR	1-Covered	QL (4 PER 1 DAYS)
NINLARO	1-Covered	
ODOMZO	1-Covered	LA
SPRYCEL	1-Covered	
STIVARGA	1-Covered	
SUTENT (25 MG CAPSULE, 50 MG CAPSULE)	1-Covered	QL (1 PER 1 DAYS)
SUTENT 12.5 MG CAPSULE	1-Covered	QL (3 PER 1 DAYS)
SUTENT 37.5 MG CAPSULE	1-Covered	
TAFINLAR	1-Covered	
TAGRISSO	1-Covered	LA
TARCEVA	1-Covered	
TASIGNA	1-Covered	
TYKERB	1-Covered	
VENCLEXTA	1-Covered	
VENCLEXTA STARTING PACK	1-Covered	
VOTRIENT	1-Covered	
XALKORI	1-Covered	
ZELBORAF	1-Covered	
ZYKADIA	1-Covered	
Monoclonal Antibodies		
DARZALEX	1-Covered	LA
EMPLICITI	1-Covered	PA - TO CONFIRM PART D COVERAGE
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	1-Covered	PA - TO CONFIRM PART D COVERAGE

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPDIVO	1-Covered	PA - TO CONFIRM PART D COVERAGE
RITUXAN	1-Covered	
SYLVANT	1-Covered	PA - TO CONFIRM PART D COVERAGE
TECENTRIQ	1-Covered	
Retinoids		
ATRALIN	1-Covered	
bexarotene	1-Covered	
PANRETIN	1-Covered	
TARGRETIN (1% GEL, 75 MG SOFTGEL, 75 MG CAPSULE)	1-Covered	
TRETIN-X 0.05% COMBO PACK	1-Covered	
tretinoin (0.01% gel, 0.025% gel, 0.025% cream, 0.05% gel, 0.05% cream, 0.1% cream, 10 mg capsule)	1-Covered	
Antiparasitics		
Anthelmintics		
ALBENZA	1-Covered	
BILTRICIDE	1-Covered	
STROMECTOL	1-Covered	
Antiprotozoals		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	1-Covered	
atovaquone	1-Covered	
atovaquone-proguanil hcl	1-Covered	
chloroquine phosphate	1-Covered	
COARTEM	1-Covered	
DARAPRIM	1-Covered	
hydroxychloroquine sulfate	1-Covered	
mefloquine hcl	1-Covered	
NEBUPENT	1-Covered	PA - TO CONFIRM PART D COVERAGE

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTAM 300	1-Covered	
primaquine	1-Covered	QL (2 PER 1 DAYS)
quinine sulfate	1-Covered	
Pediculicides/ Scabicides		
lindane	1-Covered	
malathion	1-Covered	
permethrin 5% cream	1-Covered	
ULESFIA	1-Covered	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	1-Covered	PA
benztropine mesylate (2 mg/2 ml vial, 2 mg/2 ml ampule)	1-Covered	
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)	1-Covered	PA
Antiparkinson Agents, Other		
amantadine (50 mg/5 ml solution, 100 mg tablet, 100 mg/10 ml soln, 100 mg capsule)	1-Covered	
carbidopa-levodopa-entacapone	1-Covered	
entacapone	1-Covered	
NUPLAZID	1-Covered	
tolcapone	1-Covered	
Dopamine Agonists		
APOKYN	1-Covered	
bromocriptine mesylate	1-Covered	
MIRAPEX ER (ER 0.375 MG TABLET, ER 2.25 MG TABLET, ER 3 MG TABLET, ER 3.75 MG TABLET, ER 4.5 MG TABLET)	1-Covered	
NEUPRO	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pramipexole dihydrochloride	1-Covered	QL (3 PER 1 DAYS)
pramipexole er	1-Covered	
ropinirole er	1-Covered	
ropinirole hcl	1-Covered	
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
carbidopa	1-Covered	
carbidopa-levodopa	1-Covered	
carbidopa-levodopa er	1-Covered	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	1-Covered	
selegiline hcl	1-Covered	
ZELAPAR	1-Covered	
Antipsychotics		
1st Generation/ Typical		
fluphenazine decanoate	1-Covered	
fluphenazine hcl (1 mg tablet, 2.5 mg/ml vial, 2.5 mg tablet, 2.5 mg/5 ml elix, 5 mg/ml conc, 5 mg tablet, 10 mg tablet)	1-Covered	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg/ml ampul, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1-Covered	
haloperidol decanoate	1-Covered	
haloperidol decanoate 100	1-Covered	
haloperidol lactate	1-Covered	
loxapine (10 mg capsule, 25 mg capsule, 50 mg capsule)	1-Covered	
loxapine 5 mg capsule	1-Covered	QL (12 PER 1 DAYS)
molindone hcl	1-Covered	
ORAP	1-Covered	
pimozide	1-Covered	QL (5 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
thioridazine hcl	1-Covered	
thiothixene	1-Covered	
trifluoperazine hcl	1-Covered	
2nd Generation/ Atypical		
ABILIFY (1 MG/ML SOLUTION, 9.7 MG/1.3 ML VIAL)	1-Covered	
ABILIFY DISCMELT	1-Covered	
ABILIFY MAINTENA	1-Covered	
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	1-Covered	
aripiprazole odt	1-Covered	
ARISTADA	1-Covered	
FANAPT	1-Covered	
GEODON 20 MG/ML VIAL	1-Covered	
INVEGA	1-Covered	
INVEGA SUSTENNA	1-Covered	QL (1 PER 28 DAYS)
INVEGA TRINZA	1-Covered	QL (1 PER 84 DAYS)
LATUDA	1-Covered	
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)	1-Covered	QL (1 PER 1 DAYS)
olanzapine 10 mg vial	1-Covered	
olanzapine odt	1-Covered	
paliperidone er (er 1.5 mg tablet, er 3 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
paliperidone er (er 6 mg tablet, er 9 mg tablet)	1-Covered	QL (1 PER 1 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	1-Covered	QL (2 PER 1 DAYS)
quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)	1-Covered	QL (3 PER 1 DAYS)
quetiapine fumarate 25 mg tab	1-Covered	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	1-Covered	QL (2 PER 1 DAYS)
REXULTI (2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	1-Covered	QL (1 PER 1 DAYS)
RISPERDAL CONSTA	1-Covered	
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
risperidone 0.5 mg odt	1-Covered	QL (4 PER 1 DAYS)
risperidone 1 mg odt	1-Covered	QL (1 PER 1 DAYS)
risperidone 1 mg/ml solution	1-Covered	
risperidone 3 mg odt	1-Covered	QL (3 PER 1 DAYS)
risperidone odt (0.25 mg odt, 2 mg odt, 4 mg odt)	1-Covered	QL (2 PER 1 DAYS)
SAPHRIS	1-Covered	
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	1-Covered	
ziprasidone hcl	1-Covered	QL (2 PER 1 DAYS)
ZYPREXA RELPREVV	1-Covered	
Treatment-Resistant		
clozapine 100 mg tablet	1-Covered	QL (9 PER 1 DAYS)
clozapine 200 mg tablet	1-Covered	QL (4 PER 1 DAYS)
clozapine 25 mg tablet	1-Covered	QL (3 PER 1 DAYS)
clozapine 50 mg tablet	1-Covered	QL (2 PER 1 DAYS)
clozapine odt	1-Covered	
FAZACLO	1-Covered	
VERSACLOZ	1-Covered	
Antispasticity Agents		
baclofen	1-Covered	
dantrolene sodium	1-Covered	
tizanidine hcl (2 mg tablet, 4 mg tablet)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
GENVOYA	1-Covered	
ISENTRESS 100 MG POWDER PACKET	1-Covered	
ISENTRESS 100 MG TABLET CHEW	1-Covered	QL (8 PER 1 DAYS)
ISENTRESS 25 MG TABLET CHEW	1-Covered	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TABLET	1-Covered	QL (2 PER 1 DAYS)
STRIBILD	1-Covered	
TIVICAY	1-Covered	
VITEKTA	1-Covered	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	1-Covered	QL (1 PER 1 DAYS)
EDURANT	1-Covered	QL (1 PER 1 DAYS)
INTELENCE 100 MG TABLET	1-Covered	QL (4 PER 1 DAYS)
INTELENCE 200 MG TABLET	1-Covered	QL (2 PER 1 DAYS)
INTELENCE 25 MG TABLET	1-Covered	
nevirapine 200 mg tablet	1-Covered	QL (2 PER 1 DAYS)
nevirapine 50 mg/5 ml susp	1-Covered	QL (40 PER 1 DAYS)
nevirapine er	1-Covered	
RESCRIPTOR 100 MG TABLET	1-Covered	QL (12 PER 1 DAYS)
RESCRIPTOR 200 MG TABLET	1-Covered	QL (6 PER 1 DAYS)
SUSTIVA 200 MG CAPSULE	1-Covered	QL (3 PER 1 DAYS)
SUSTIVA 50 MG CAPSULE	1-Covered	QL (8 PER 1 DAYS)
SUSTIVA 600 MG TABLET	1-Covered	QL (1 PER 1 DAYS)
VIRAMUNE XR 100 MG TABLET	1-Covered	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	1-Covered	QL (2 PER 1 DAYS)
abacavir-lamivudine-zidovudine	1-Covered	
ATRIPLA	1-Covered	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMBIVIR	1-Covered	QL (2 PER 1 DAYS)
DESCOVY	1-Covered	
didanosine (dr 125 mg capsule, dr 200 mg capsule)	1-Covered	QL (2 PER 1 DAYS)
didanosine (dr 250 mg capsule, dr 400 mg capsule)	1-Covered	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	1-Covered	QL (24 PER 1 DAYS)
EMTRIVA 200 MG CAPSULE	1-Covered	QL (1 PER 1 DAYS)
EPZICOM	1-Covered	QL (1 PER 1 DAYS)
lamivudine-zidovudine	1-Covered	QL (2 PER 1 DAYS)
RETROVIR 200 MG/20 ML VIAL	1-Covered	
stavudine (15 mg capsule, 20 mg capsule)	1-Covered	QL (4 PER 1 DAYS)
stavudine (30 mg capsule, 40 mg capsule)	1-Covered	QL (2 PER 1 DAYS)
stavudine 1 mg/ml solution	1-Covered	QL (80 PER 1 DAYS)
TRIZIVIR	1-Covered	QL (2 PER 1 DAYS)
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET)	1-Covered	
TRUVADA 200 MG-300 MG TABLET	1-Covered	QL (1 PER 1 DAYS)
VIDEX	1-Covered	QL (40 PER 1 DAYS)
ZIAGEN 20 MG/ML SOLUTION	1-Covered	QL (30 PER 1 DAYS)
zidovudine 100 mg capsule	1-Covered	QL (6 PER 1 DAYS)
zidovudine 300 mg tablet	1-Covered	QL (2 PER 1 DAYS)
zidovudine 50 mg/5 ml syrup	1-Covered	QL (60 PER 1 DAYS)
Anti-HIV Agents, Other		
FUZEON	1-Covered	
SELZENTRY	1-Covered	QL (4 PER 1 DAYS)
TRIUMEQ	1-Covered	
TYBOST	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 100 MG/ML SOLUTION	1-Covered	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAPSULE	1-Covered	QL (4 PER 1 DAYS)
CRIXIVAN	1-Covered	
EVOTAZ	1-Covered	
INVIRASE 200 MG CAPSULE	1-Covered	QL (10 PER 1 DAYS)
INVIRASE 500 MG TABLET	1-Covered	QL (4 PER 1 DAYS)
KALETRA 100-25 MG TABLET	1-Covered	QL (10 PER 1 DAYS)
KALETRA 200-50 MG TABLET	1-Covered	QL (5 PER 1 DAYS)
KALETRA 400-100/5 ML ORAL SOLU	1-Covered	QL (14 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	1-Covered	QL (56 PER 1 DAYS)
LEXIVA 700 MG TABLET	1-Covered	QL (4 PER 1 DAYS)
NORVIR (100 MG TABLET, 100 MG SOFTGEL CAP)	1-Covered	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	1-Covered	QL (16 PER 1 DAYS)
PREZCOBIX	1-Covered	
PREZISTA 100 MG/ML SUSPENSION	1-Covered	
PREZISTA 150 MG TABLET	1-Covered	QL (4 PER 1 DAYS)
PREZISTA 600 MG TABLET	1-Covered	QL (2 PER 1 DAYS)
PREZISTA 75 MG TABLET	1-Covered	QL (8 PER 1 DAYS)
PREZISTA 800 MG TABLET	1-Covered	QL (1 PER 1 DAYS)
REYATAZ (150 MG CAPSULE, 200 MG CAPSULE)	1-Covered	QL (2 PER 1 DAYS)
REYATAZ 300 MG CAPSULE	1-Covered	QL (1 PER 1 DAYS)
REYATAZ 50 MG POWDER PACKET	1-Covered	
VIRACEPT 250 MG TABLET	1-Covered	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TABLET	1-Covered	QL (4 PER 1 DAYS)
Anti-cytomegalovirus (CMV) Agents		
cidofovir	1-Covered	
foscarnet sodium	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ganciclovir sodium	1-Covered	
VALCYTE 50 MG/ML SOLUTION	1-Covered	
valganciclovir 450 mg tablet	1-Covered	
ZIRGAN	1-Covered	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	1-Covered	
BARACLUDE 0.05 MG/ML SOLUTION	1-Covered	QL (20 PER 1 DAYS)
entecavir	1-Covered	
EPIVIR 10 MG/ML ORAL SOLN	1-Covered	QL (30 PER 1 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	1-Covered	
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML)	1-Covered	
lamivudine (10 mg/ml oral soln, 100 mg tablet)	1-Covered	
lamivudine 150 mg tablet	1-Covered	QL (2 PER 1 DAYS)
lamivudine 300 mg tablet	1-Covered	QL (1 PER 1 DAYS)
lamivudine hbv	1-Covered	
TYZEKA	1-Covered	
VIRAZOLE	1-Covered	PA - TO CONFIRM PART D COVERAGE
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	1-Covered	
VIREAD 300 MG TABLET	1-Covered	QL (1 PER 1 DAYS)
Anti-hepatitis C (HCV) Agents		
HARVONI	1-Covered	PA
INTRON A (18 MILLION VIL, 50 MILLION VIL)	1-Covered	
OLYSIO	1-Covered	PA
PEGINTRON	1-Covered	PA, QL (4 PER 28 DAYS)
PEGINTRON REDIPEN	1-Covered	PA, QL (4 PER 28 DAYS)
REBETOL 40 MG/ML SOLUTION	1-Covered	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ribavirin	1-Covered	PA, QL (7 PER 1 DAYS)
SOVALDI	1-Covered	PA
SYLATRON	1-Covered	
SYLATRON 4-PACK	1-Covered	
VIEKIRA PAK	1-Covered	PA
Anti-influenza Agents		
RAPIVAB	1-Covered	PA - TO CONFIRM PART D COVERAGE
RELENZA	1-Covered	
rimantadine hcl	1-Covered	
TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	1-Covered	
Antiherpetic Agents		
acyclovir (5% ointment, 200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)	1-Covered	
acyclovir sodium (sodium 1 gm vial, sodium 500 mg vial, 500 mg/10 ml vial, 1,000 mg/20 ml vial)	1-Covered	
famciclovir	1-Covered	QL (3 PER 1 DAYS)
trifluridine	1-Covered	
valacyclovir	1-Covered	QL (4 PER 1 DAYS)
ZOVIRAX 5% CREAM	1-Covered	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl	1-Covered	
oxazepam	1-Covered	
triazolam 0.125 mg tablet	1-Covered	QL (2 PER 1 DAYS)
triazolam 0.25 mg tablet	1-Covered	QL (1 PER 1 DAYS)
Benzodiazepines		
alprazolam	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
alprazolam er	1-Covered	
ALPRAZOLAM INTENSOL	1-Covered	
alprazolam odt	1-Covered	
alprazolam xr	1-Covered	
chlordiazepoxide 10 mg capsule	1-Covered	QL (10 PER 1 DAYS)
chlordiazepoxide 25 mg capsule	1-Covered	QL (12 PER 1 DAYS)
chlordiazepoxide 5 mg capsule	1-Covered	QL (8 PER 1 DAYS)
Bipolar Agents		
Mood Stabilizers		
carbamazepine er (er 100 mg cap, er 200 mg cap, er 300 mg cap)	1-Covered	
lithium	1-Covered	
lithium carbonate	1-Covered	
lithium carbonate er	1-Covered	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	1-Covered	QL (3 PER 1 DAYS)
BYDUREON	1-Covered	
BYDUREON PEN	1-Covered	
BYETTA	1-Covered	
chlorpropamide 100 mg tablet	1-Covered	QL (7 PER 1 DAYS)
chlorpropamide 250 mg tablet	1-Covered	QL (3 PER 1 DAYS)
CYCLOSET	1-Covered	
glimepiride	1-Covered	
glipizide	1-Covered	QL (4 PER 1 DAYS)
glipizide er 10 mg tablet	1-Covered	QL (2 PER 1 DAYS)
glipizide er 2.5 mg tablet	1-Covered	
glipizide er 5 mg tablet	1-Covered	QL (3 PER 1 DAYS)
glipizide xl 10 mg tablet	1-Covered	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glipizide xl 2.5 mg tablet	1-Covered	
glipizide xl 5 mg tablet	1-Covered	QL (3 PER 1 DAYS)
glyburide	1-Covered	QL (4 PER 1 DAYS)
glyburide micronized	1-Covered	QL (2 PER 1 DAYS)
GLYSET	1-Covered	
INVOKAMET	1-Covered	
INVOKANA	1-Covered	
JANUVIA	1-Covered	
JARDIANCE	1-Covered	
JENTADUETO	1-Covered	
JENTADUETO XR	1-Covered	
metformin er 1,000 mg osm-tab	1-Covered	
metformin hcl 1,000 mg tablet	1-Covered	QL (2.5 PER 1 DAYS)
metformin hcl 500 mg tablet	1-Covered	QL (5 PER 1 DAYS)
metformin hcl 850 mg tablet	1-Covered	QL (3 PER 1 DAYS)
metformin hcl er (er 500 mg osm-tb, er 500 mg tablet)	1-Covered	QL (4 PER 1 DAYS)
metformin hcl er 750 mg tablet	1-Covered	QL (2 PER 1 DAYS)
miglitol	1-Covered	
nateglinide 120 mg tablet	1-Covered	QL (3 PER 1 DAYS)
nateglinide 60 mg tablet	1-Covered	QL (6 PER 1 DAYS)
pioglitazone hcl	1-Covered	QL (1 PER 1 DAYS)
repaglinide (0.5 mg tablet, 1 mg tablet)	1-Covered	QL (4 PER 1 DAYS)
repaglinide 2 mg tablet	1-Covered	QL (8 PER 1 DAYS)
repaglinide-metformin hcl	1-Covered	QL (5 PER 1 DAYS)
SYMLINPEN 120	1-Covered	
SYMLINPEN 60	1-Covered	
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	1-Covered	QL (2 PER 1 DAYS)
SYNJARDY 5-500 MG TABLET	1-Covered	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tolazamide 250 mg tablet	1-Covered	QL (4 PER 1 DAYS)
tolazamide 500 mg tablet	1-Covered	QL (2 PER 30 DAYS)
tolbutamide	1-Covered	QL (6 PER 1 DAYS)
TRADJENTA	1-Covered	
VICTOZA 2-PAK	1-Covered	
VICTOZA 3-PAK	1-Covered	
WELCHOL	1-Covered	
glipizide-metformin	1-Covered	QL (4 PER 1 DAYS)
glyburide-metformin hcl	1-Covered	QL (4 PER 1 DAYS)
JANUMET	1-Covered	
JANUMET XR	1-Covered	
pioglitazone-glimepiride	1-Covered	QL (1 PER 1 DAYS)
pioglitazone-metformin	1-Covered	QL (3 PER 1 DAYS)
Glycemic Agents		
GLUCAGEN	1-Covered	
GLUCAGON EMERGENCY KIT	1-Covered	
PROGLYCEM	1-Covered	
Insulins		
1st tier unifine pentips	1-Covered	
1st tier unifine pentips plus (pntip 8mm 31g, pntp 31gx3/16, pntp 32gx5/32)	1-Covered	
advocate pen needles	1-Covered	
AFREZZA (4 CARTRIDGE, 30-4 / 60-8, 60-4 / 30-8, 60-8 / 30-12)	1-Covered	
APIDRA	1-Covered	QL (40 PER 23 DAYS)
APIDRA SOLOSTAR	1-Covered	QL (45 PER 23 DAYS)
bd ultra-fine pen needle	1-Covered	
carefine pen needle (6mm 31g, 8mm 30g, 12.7mm 29g)	1-Covered	
clickfine	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
comfort ez (4mm 32g, 4mm 33g, 5mm 31g, 5mm 33g, 5mm 32g, 6mm 32g, 6mm 31g, 6mm 33g, 8mm 31g, 8mm 32g, 8mm 33g)	1-Covered	
curity guaze pads	1-Covered	
easy comfort pen needles	1-Covered	
easy touch pen needle	1-Covered	
gauze pads & dressings - pads 2 x 2	1-Covered	
healthy accents unifine pentip (4mm 32g, 5mm 31g, 6mm 31g, 8mm 31g)	1-Covered	
HUMALOG 100 UNITS/ML CARTRIDGE	1-Covered	QL (45 PER 23 DAYS)
HUMALOG 100 UNITS/ML VIAL	1-Covered	QL (40 PER 23 DAYS)
HUMALOG KWIKPEN U-100	1-Covered	QL (45 PER 23 DAYS)
HUMALOG KWIKPEN U-200	1-Covered	
HUMALOG MIX 50-50	1-Covered	QL (40 PER 23 DAYS)
HUMALOG MIX 50-50 KWIKPEN	1-Covered	QL (45 PER 23 DAYS)
HUMALOG MIX 75-25	1-Covered	QL (40 PER 23 DAYS)
HUMALOG MIX 75-25 KWIKPEN	1-Covered	QL (45 PER 23 DAYS)
HUMULIN 70-30	1-Covered	QL (40 PER 23 DAYS)
HUMULIN 70/30 KWIKPEN	1-Covered	QL (45 PER 23 DAYS)
HUMULIN N	1-Covered	QL (40 PER 23 DAYS)
HUMULIN N KWIKPEN	1-Covered	QL (45 PER 23 DAYS)
HUMULIN R	1-Covered	QL (40 PER 23 DAYS)
HUMULIN R U-500	1-Covered	
incontrol pen needle	1-Covered	
insulin pen needle (comfort point ndl 29gx1/2", comfort point ndl 31gx1/3", comfort point ndl 31gx1/4", insulin needle)	1-Covered	
insulin syringe (disp) u-100 0.3 ml	1-Covered	
insulin syringe (disp) u-100 1 ml	1-Covered	
insulin syringe (disp) u-100 1/2 ml	1-Covered	
insupen	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LANTUS	1-Covered	QL (40 PER 23 DAYS)
LANTUS SOLOSTAR	1-Covered	QL (45 PER 23 DAYS)
LEVEMIR	1-Covered	QL (40 PER 23 DAYS)
LEVEMIR FLEXPEN	1-Covered	QL (45 PER 23 DAYS)
LEVEMIR FLEXTOUCH	1-Covered	QL (45 PER 23 DAYS)
lite touch (29g, 31gx1/4", 31g)	1-Covered	
mini ultra-thin ii	1-Covered	
needles, insulin disp., safety	1-Covered	
novofine	1-Covered	
novofine 32	1-Covered	
novofine plus	1-Covered	
NOVOLIN 70-30	1-Covered	QL (40 PER 23 DAYS)
NOVOLIN N	1-Covered	QL (40 PER 23 DAYS)
NOVOLIN R	1-Covered	QL (40 PER 23 DAYS)
NOVOLOG 100 UNIT/ML CARTRIDGE	1-Covered	QL (45 PER 23 DAYS)
NOVOLOG 100 UNIT/ML VIAL	1-Covered	QL (40 PER 23 DAYS)
NOVOLOG FLEXPEN	1-Covered	QL (45 PER 23 DAYS)
NOVOLOG MIX 70-30	1-Covered	QL (40 PER 23 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	1-Covered	QL (45 PER 23 DAYS)
novotwist	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pen needle (eql pen 8mm 31g x 5/16" needle, eql pen needle 6mm 31g, fifty50 pen 31g x 5/16" needle, fifty50 pen 31g x 3/16" needle, gnp clickfine pen ndl 31gx5/16, gnp clickfine pen ndl 31gx1/4", kroger pen needles 29g, kroger pen needles 31g x 5/16", leader pen needle 6mm 31g, live better pen needle 6mm 31g, live better pen needles 8mm, live better pen needles 12mm, ms pen needle 6mm 31g, pen needle 6mm 31g, pen needle 30g x 5/16", pen needle 31g x 5/16", pen needle 31g x 3/16", pen needles 8mm 31g, pen needles 12mm 29g, pub pen 8mm 31g needles, pub pen 12mm 29g needles, pub pen needle 6mm 31g, pv pen needle 6mm 31g, pv pen needles 6mm 31g, ra pen needle 31gx3/16", ra pen needle 31gx5/16", relion mini pen 31g x 1/4" ndl, relion pen 29g needle, relion pen 31g needle, relion pen needle 29gx1/2", relion pen needle 31gx5/16", today's hlt pn needle 12mm 29g, today's hlth pn needle 6mm 31g, today's hlth pn needle 8mm 31g)	1-Covered	
pen needles	1-Covered	
ra sterile pads	1-Covered	
reli on 31g x 1/4" needles	1-Covered	
relion pen needles	1-Covered	
sure comfort (ndl 29gx1/2", 30g needle, 31g needle, ndl 31gx3/16", ndl 31gx5/16", ndl 32gx5/32")	1-Covered	
sure-fine pen needles	1-Covered	
topcare clickfine	1-Covered	
TOUJEO SOLOSTAR	1-Covered	
ulticare pen needle (ndl 12.7 mm 29g, needles 4mm 32g, needles 6mm 31g, needles 6 mm 31 g, needles 8 mm 31 g, needles 8mm 31g, needles 12mm 29g)	1-Covered	
ultilet pen needle	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ultra-thin ii (29gx1/2", 31gx5/16)	1-Covered	
unifine pentips (careone pentip 4mm 32g, careone pentip 5mm 31g, careone pentip 6mm 31g, careone pentip 8mm 31g, careone pntp 12mm 29g, dr pentips 6mm ndl, dr pentips 8mm ndl, dr pentips 12mm ndl, pc pentips 6mm needle, pc pentips 8mm needle, pc pentips 12mm needle, pc pentips 31gx3/16", pentip 0.5cc needle, pentip needles, pentips 6mm needle, pentips 6mm 31g, pentips 8mm needles, pentips 8mm needle, pentips 8mm 31g, pentips 12mm needle, pentips 12mm 29g, pentips 31gx3/16", pentips 32gx5/32", pentips needles 29g, pv pentips 31gx3/16", pv pentips 32gx5/32", qc pentips 4mm 32g, qc pentips 32gx5/32", shopko pentips 4mm 32g, shopko pentips 5mm 31g, shopko pentips 8mm 31g, shopko pntips 12mm 29g)	1-Covered	
unifine pentips plus (careone pentp 29gx1/2", careone pentp 31gx1/4", careone pntp 31gx3/16", careone pntp 31gx5/16", careone pntp 32gx5/32", pentips plus 29gx1/2", pentips plus 31gx5/16", pentips plus 31gx1/4", pentips plus 31gx3/16", pentips plus 32gx5/32", pub pntp plus 31gx3/16, wm pentip plus 4mm 32g, wm pentip plus 5mm 31g, wm pentip plus 6mm 31g, wm pentip plus 8mm 31g)	1-Covered	

Blood Products/ Modifiers/ Volume Expanders

Anticoagulants

COUMADIN (1 MG TABLET, 2 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1-Covered	
ELIQUIS 2.5 MG TABLET	1-Covered	QL (2 PER 1 DAYS)
ELIQUIS 5 MG TABLET	1-Covered	QL (74 PER 30 DAYS)
enoxaparin sodium	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fondaparinux sodium	1-Covered	
heparin sodium (sod 1,000 unit/ml vial, sod 5,000 unit/ml vial, sod 5,000 unit/ml syr, sod 10,000 unit/ml vl, 10,000 unit/10 ml vial, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 units/4 ml vial, 50,000 units/5 ml vial, 50,000 unit/10 ml vial, 50,000 units/10 ml vl)	1-Covered	
heparin sodium-d5w	1-Covered	
JANTOVEN	1-Covered	
PRADAXA	1-Covered	
warfarin sodium	1-Covered	
XARELTO	1-Covered	
Blood Formation Modifiers		
anagrelide hcl	1-Covered	
LEUKINE 250 MCG VIAL	1-Covered	
MOZOBIL	1-Covered	
NEULASTA	1-Covered	PA
NEUMEGA	1-Covered	
NEUPOGEN	1-Covered	PA
PROCRIT	1-Covered	PA
PROMACTA	1-Covered	PA, LA
ZARXIO	1-Covered	PA
Coagulants		
tranexamic acid	1-Covered	
Platelet Modifying Agents		
AGGRENOX	1-Covered	QL (3 PER 1 DAYS)
aspirin-dipyridamole er	1-Covered	QL (3 PER 1 DAYS)
BRILINTA	1-Covered	
cilostazol	1-Covered	
clopidogrel 300 mg tablet	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clopidogrel 75 mg tablet	1-Covered	QL (4 PER 1 DAYS)
dipyridamole	1-Covered	PA
EFFIENT	1-Covered	
ticlopidine hcl	1-Covered	PA, QL (2 PER 1 DAYS)
ZONTIVITY	1-Covered	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	1-Covered	QL (4 PER 22 DAYS)
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1-Covered	
guanfacine hcl	1-Covered	PA
methyldopa	1-Covered	PA
methyldopate hcl	1-Covered	
midodrine hcl	1-Covered	
NORTHERA	1-Covered	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate	1-Covered	QL (2 PER 1 DAYS)
phenoxybenzamine hcl	1-Covered	
prazosin hcl	1-Covered	
terazosin hcl	1-Covered	QL (2 PER 1 DAYS)
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1-Covered	
irbesartan	1-Covered	QL (1 PER 1 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	1-Covered	QL (3 PER 1 DAYS)
losartan potassium 100 mg tab	1-Covered	QL (1 PER 1 DAYS)
telmisartan	1-Covered	
valsartan	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl	1-Covered	QL (2 PER 1 DAYS)
captopril	1-Covered	
enalapril maleate	1-Covered	
fosinopril sodium	1-Covered	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1-Covered	QL (3 PER 1 DAYS)
lisinopril (20 mg tablet, 30 mg tablet, 40 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
moexipril hcl	1-Covered	
perindopril erbumine	1-Covered	
quinapril hcl	1-Covered	QL (2 PER 1 DAYS)
ramipril	1-Covered	QL (2 PER 1 DAYS)
trandolapril	1-Covered	
Antiarrhythmics		
amiodarone hcl (hcl 100 mg tablet, 150 mg/3 ml amp, 150 mg/3 ml vial, hcl 200 mg tablet, hcl 400 mg tablet, 450 mg/9 ml vial, 900 mg/18 ml vial)	1-Covered	
disopyramide phosphate	1-Covered	PA
dofetilide	1-Covered	
flecainide acetate	1-Covered	
mexiletine hcl	1-Covered	
MULTAQ	1-Covered	
PACERONE 100 MG TABLET	1-Covered	
procainamide hcl	1-Covered	
propafenone hcl	1-Covered	
propafenone hcl er	1-Covered	
quinidine gluconate (80 mg/ml vial, er 324 mg tab)	1-Covered	
quinidine sulfate	1-Covered	
sotalol	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sotalol af	1-Covered	
TIKOSYN	1-Covered	
Beta-adrenergic Blocking Agents		
acebutolol hcl	1-Covered	
atenolol	1-Covered	
betaxolol hcl (10 mg tablet, 20 mg tablet)	1-Covered	
bisoprolol fumarate	1-Covered	
carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet)	1-Covered	QL (3 PER 1 DAYS)
carvedilol 25 mg tablet	1-Covered	QL (4 PER 1 DAYS)
COREG CR	1-Covered	
labetalol hcl (100 mg tablet, 100 mg/20 ml vl, 200 mg/40 ml vl, 200 mg tablet, 300 mg tablet)	1-Covered	
metoprolol succ er 200 mg tab	1-Covered	QL (2 PER 1 DAYS)
metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)	1-Covered	QL (3 PER 1 DAYS)
metoprolol tartrate (1 mg/ml carpuject, tart 5 mg/5 ml amp, tart 5 mg/5 ml vial, tartrate 25 mg tab, tartrate 50 mg tab, tartrate 100 mg tab)	1-Covered	
nadolol	1-Covered	
pindolol	1-Covered	
propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg/5 ml soln, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	1-Covered	
propranolol hcl er	1-Covered	
Calcium Channel Blocking Agents		
AFEDITAB CR	1-Covered	QL (2 PER 1 DAYS)
amlodipine besylate (2.5 mg tab, 5 mg tab)	1-Covered	QL (2 PER 1 DAYS)
amlodipine besylate 10 mg tab	1-Covered	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARTIA XT	1-Covered	
DILT-CD (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	1-Covered	
DILT-XR	1-Covered	
diltiazem 12hr er	1-Covered	
diltiazem 24hr cd (120 mg cap, 300 mg cap)	1-Covered	QL (1 PER 1 DAYS)
diltiazem 24hr cd (180 mg cap, 240 mg cap, 360 mg cap)	1-Covered	QL (2 PER 1 DAYS)
diltiazem 24hr er (er 120 mg cap, er 300 mg cap)	1-Covered	QL (1 PER 1 DAYS)
diltiazem 24hr er (er 180 mg cap, er 240 mg cap, er 360 mg cap)	1-Covered	QL (2 PER 1 DAYS)
diltiazem er (er 120 mg capsule, hcl er 120 mg cap, hcl er 300 mg cap)	1-Covered	QL (1 PER 1 DAYS)
diltiazem er (er 180 mg capsule, er 240 mg capsule, hcl er 180 mg cap, hcl er 240 mg cap, hcl er 360 mg cap)	1-Covered	QL (2 PER 1 DAYS)
diltiazem hcl (25 mg/5 ml vial, 30 mg tablet, 50 mg/10 ml vial, 60 mg tablet, 90 mg tablet, hcl 100 mg vial, 120 mg tablet, 125 mg/25 ml vial)	1-Covered	
diltiazem hcl er 420 mg cap	1-Covered	
felodipine er	1-Covered	QL (1 PER 1 DAYS)
isradipine	1-Covered	
MATZIM LA	1-Covered	
nicardipine hcl (20 mg capsule, 30 mg capsule)	1-Covered	
NIFEDICAL XL	1-Covered	
nifedipine	1-Covered	PA
nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
nimodipine	1-Covered	
nisoldipine (er 20 mg tablet, er 30 mg tablet, er 40 mg tablet)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet)	1-Covered	QL (1 PER 1 DAYS)
TAZTIA XT	1-Covered	
verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)	1-Covered	QL (2 PER 1 DAYS)
verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)	1-Covered	
verapamil er pm	1-Covered	
verapamil hcl (2.5 mg/ml vial, 2.5 mg/ml ampul, 40 mg tablet, 80 mg tablet, 120 mg tablet, 360 mg cap pellet)	1-Covered	
verapamil sr	1-Covered	QL (2 PER 1 DAYS)
amiloride-hydrochlorothiazide	1-Covered	
amlodipine besylate-benazepril	1-Covered	QL (1 PER 1 DAYS)
amlodipine-valsartan	1-Covered	
amlodipine-valsartan-hctz	1-Covered	
atenolol-chlorthalidone	1-Covered	
benazepril-hydrochlorothiazide	1-Covered	
bisoprolol-hydrochlorothiazide	1-Covered	
candesartan-hydrochlorothiazid	1-Covered	
captopril-hydrochlorothiazide	1-Covered	
CLORPRES	1-Covered	
DEMSER	1-Covered	
DUTOPROL	1-Covered	
enalapril-hydrochlorothiazide	1-Covered	
fosinopril-hydrochlorothiazide	1-Covered	
irbesartan-hydrochlorothiazide	1-Covered	QL (1 PER 1 DAYS)
lisinopril-hydrochlorothiazide	1-Covered	
losartan-hctz 50-12.5 mg tab	1-Covered	QL (2 PER 1 DAYS)
losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)	1-Covered	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methyldopa-hydrochlorothiazide	1-Covered	PA
metoprolol-hydrochlorothiazide	1-Covered	
propranolol-hydrochlorothiazid	1-Covered	
quinapril-hydrochlorothiazide	1-Covered	
reserpine 0.1 mg tablet	1-Covered	PA, QL (1 PER 1 DAYS)
reserpine 0.25 mg tablet	1-Covered	PA
spironolactone-hctz	1-Covered	
triamterene-hydrochlorothiazid	1-Covered	
valsartan-hydrochlorothiazide	1-Covered	QL (1 PER 1 DAYS)
Cardiovascular Agents, Other		
amlodipine-atorvastatin	1-Covered	
CORLANOR	1-Covered	
DIGITEK	1-Covered	
DIGOX	1-Covered	
digoxin (0.05 mg/ml solution, 0.25 mg/ml syringe, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet, 500 mcg/2 ml ampule)	1-Covered	
digoxin 0.125 mg tablet	1-Covered	PA
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET)	1-Covered	
moexipril-hydrochlorothiazide	1-Covered	
pentoxifylline	1-Covered	
RANEXA	1-Covered	
telmisartan-amlodipine	1-Covered	
telmisartan-hydrochlorothiazid	1-Covered	
trandolapril-verapamil er	1-Covered	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide	1-Covered	
acetazolamide sodium	1-Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KEVEYIS	1-Covered	
methazolamide	1-Covered	
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg/4 ml vial, 1 mg tablet, 2 mg tablet, 2.5 mg/10 ml vial)	1-Covered	
EDECRIN	1-Covered	
ethacrynate sodium	1-Covered	
furosemide (10 mg/ml syringe, 10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 40 mg tablet, 80 mg tablet, 100 mg/10 ml vial)	1-Covered	
torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)	1-Covered	
Diuretics, Potassium-sparing		
amiloride hcl	1-Covered	
DYRENIUM	1-Covered	
eplerenone	1-Covered	
spironolactone	1-Covered	
Diuretics, Thiazide		
chlorothiazide	1-Covered	
chlorothiazide sodium	1-Covered	
chlorthalidone	1-Covered	
DIURIL	1-Covered	
hydrochlorothiazide	1-Covered	
indapamide	1-Covered	
methyclothiazide	1-Covered	
metolazone	1-Covered	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 120 mg tablet, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	1-Covered	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fenofibrate (50 mg capsule, 150 mg capsule)	1-Covered	
fenofibrate 40 mg tablet	1-Covered	QL (3 PER 1 DAYS)
fenofibric acid (dr 45 mg cap, dr 135 mg cap)	1-Covered	
fenofibric acid 105 mg tablet	1-Covered	QL (1 PER 1 DAYS)
fenofibric acid 35 mg tablet	1-Covered	QL (3 PER 1 DAYS)
gemfibrozil	1-Covered	QL (2 PER 1 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin 20 mg tablet	1-Covered	QL (3 PER 1 DAYS)
atorvastatin calcium (10 mg tablet, 40 mg tablet, 80 mg tablet)	1-Covered	QL (1 PER 1 DAYS)
CRESTOR	1-Covered	
lovastatin (10 mg tablet, 20 mg tablet)	1-Covered	QL (1 PER 1 DAYS)
lovastatin 40 mg tablet	1-Covered	QL (2 PER 1 DAYS)
pravastatin sodium	1-Covered	QL (1 PER 1 DAYS)
rosuvastatin calcium	1-Covered	
simvastatin	1-Covered	QL (1 PER 1 DAYS)
Dyslipidemics, Other		
cholestyramine light (packet, powder)	1-Covered	
colestipol hcl (hcl 1 gm tablet, hcl granules, hcl granules packet, micronized 1 gm tab)	1-Covered	
JUXTAPID	1-Covered	PA
KYNAMRO	1-Covered	PA
niacin er	1-Covered	
NIACOR	1-Covered	
omega-3 acid ethyl esters	1-Covered	
PRALUENT PEN	1-Covered	PA
PRALUENT SYRINGE	1-Covered	PA
REPATHA PUSHTRONEX	1-Covered	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SURECLICK	1-Covered	PA
REPATHA SYRINGE	1-Covered	PA
ZETIA	1-Covered	
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1-Covered	
minoxidil	1-Covered	
Vasodilators, Direct-acting Arterial/ Venous		
isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, er 40 mg tablet)	1-Covered	
isosorbide mononitrate	1-Covered	
isosorbide mononitrate er	1-Covered	
NITRO-BID	1-Covered	
NITRO-DUR (0.3 MG/HR, 0.8 MG/HR)	1-Covered	
nitroglycerin (lingual 0.4 mg, 5 mg/ml vial, 400 mcg spray)	1-Covered	
nitroglycerin patch	1-Covered	
NITROSTAT	1-Covered	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamp-amphetamin 30 mg tab	1-Covered	QL (2 PER 1 DAYS)
dextroamphetamine sulfate (5 mg tab, 5 mg/5 ml, 10 mg tab)	1-Covered	
dextroamphetamine sulfate er	1-Covered	
dextroamphetamine-amphet er	1-Covered	QL (1 PER 1 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab)	1-Covered	QL (3 PER 1 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetamine 5 mg tab)	1-Covered	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYVANSE	1-Covered	
ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	1-Covered	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
clonidine hcl er	1-Covered	
dexmethylphenidate er 20 mg cp	1-Covered	
dexmethylphenidate hcl	1-Covered	QL (2 PER 1 DAYS)
guanfacine hcl er	1-Covered	
methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab)	1-Covered	QL (1 PER 1 DAYS)
methylphenidate er 20 mg tab	1-Covered	
methylphenidate er 36 mg tab	1-Covered	QL (2 PER 1 DAYS)
methylphenidate hcl (2.5 mg chew tb, 5 mg/5 ml soln, 5 mg chew tab, 10 mg/5 ml sol, 10 mg chew tab)	1-Covered	
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	1-Covered	QL (3 PER 1 DAYS)
methylphenidate sr	1-Covered	
STRATTERA (10 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	1-Covered	QL (2 PER 1 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	1-Covered	QL (1 PER 1 DAYS)
STRATTERA 18 MG CAPSULE	1-Covered	QL (4 PER 1 DAYS)
Central Nervous System, Other		
NUEDEXTA	1-Covered	
riluzole	1-Covered	
tetrabenazine	1-Covered	
VECAMYL	1-Covered	LA
XENAZINE	1-Covered	
Fibromyalgia Agents		
duloxetine hcl	1-Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SAVELLA	1-Covered	
Multiple Sclerosis Agents		
AMPYRA	1-Covered	FDA (2 / 1 DAYS)
AUBAGIO	1-Covered	PA
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG, PREFILLED SYR 30 MCG KT)	1-Covered	
AVONEX PEN (30 MCG/0.5 ML, 30 MCG/0.5 ML KIT)	1-Covered	
BETASERON	1-Covered	
COPAXONE	1-Covered	
GILENYA	1-Covered	
GLATOPA	1-Covered	
PLEGRIDY PEN	1-Covered	
TECFIDERA	1-Covered	PA
TYSABRI	1-Covered	
Dental and Oral Agents		
cevimeline hcl	1-Covered	
chlorhexidine 0.12% rinse	1-Covered	
PERIOGARD	1-Covered	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	1-Covered	
triamcinolone 0.1% paste	1-Covered	
Dermatological Agents		
8-MOP	1-Covered	
acitretin	1-Covered	
adapalene	1-Covered	
ADRUCIL	1-Covered	PA - TO CONFIRM PART D COVERAGE
ammonium lactate	1-Covered	
AMNESTEEM	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
betamethasone dp 0.05% lot	1-Covered	
calcipotriene (cream, ointment, solution)	1-Covered	
calcipotriene-betamethasone dp	1-Covered	
calcitriol 3 mcg/g ointment	1-Covered	
CLARAVIS	1-Covered	
clindamycin phos-benzoyl perox	1-Covered	
clindamycin-benzoyl peroxide	1-Covered	
clotrimazole-betamethasone (crm, lot)	1-Covered	
diclofenac sodium 1% gel	1-Covered	
ELIDEL	1-Covered	
erythromycin-benzoyl peroxide	1-Covered	
fluorouracil (0.5% cream, 2% topical soln, 2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5% top solution, 5% cream, 5 gm/100 ml vial, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)	1-Covered	
fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)	1-Covered	
imiquimod 5% cream packet	1-Covered	
nystatin-triamcinolone	1-Covered	
podofilox	1-Covered	
SANTYL	1-Covered	
selenium sulfide 2.5% lotion	1-Covered	
tacrolimus (0.03%, 0.1%)	1-Covered	
TAZORAC	1-Covered	
TOLAK	1-Covered	
tretinoin microsphere	1-Covered	
urea 40% cream	1-Covered	
VOLTAREN	1-Covered	
X-VIATE (CREAM, GEL, LOTION)	1-Covered	
ZONALON	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Enzyme Replacement/ Modifiers		
ADAGEN	1-Covered	
ALDURAZYME	1-Covered	LA
BUPHENYL 500 MG TABLET	1-Covered	
CEREZYME	1-Covered	LA
CREON	1-Covered	
CYSTADANE	1-Covered	
CYSTAGON	1-Covered	
FABRAZYME	1-Covered	
KANUMA	1-Covered	
KUVAN	1-Covered	
NAGLAZYME	1-Covered	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE)	1-Covered	
PANCREAZE	1-Covered	
RAVICTI	1-Covered	
STRENSIQ	1-Covered	LA
VPRIV	1-Covered	PA - TO CONFIRM PART D COVERAGE
ZAVESCA	1-Covered	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml abboject, 0.1 mg/ml syringe)	1-Covered	
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	1-Covered	
glycopyrrolate (0.2 mg/ml vial, 0.4 mg/2 ml vl, 1 mg/5 ml vial, 1 mg tablet, 2 mg tablet, 4 mg/20 ml vial)	1-Covered	
methscopolamine bromide	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
propantheline bromide	1-Covered	
TRANSDERM-SCOP	1-Covered	
lansoprazol-amoxicil-clarithro	1-Covered	
UCERIS 9 MG ER TABLET	1-Covered	
Gastrointestinal Agents, Other		
diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)	1-Covered	
FULYZAQ	1-Covered	
GATTEX	1-Covered	
GAVILYTE-H AND BISACODYL	1-Covered	
loperamide 2 mg capsule	1-Covered	
RELISTOR (12 MG/0.6 ML KIT, 12 MG/0.6 ML VIAL)	1-Covered	
ursodiol	1-Covered	
Histamine2 (H2) Receptor Antagonists		
cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 800 mg tablet)	1-Covered	
famotidine (20 mg tablet, 20 mg piggyback, 20 mg/2 ml vial, 40 mg/5 ml susp, 40 mg tablet)	1-Covered	
ranitidine hcl (15 mg/ml syrup, hcl 25 mg/ml vial, hcl 50 mg/2 ml vial, 150 mg/10 ml syrup, hcl 150 mg/6 ml vl, 150 mg tablet, 150 mg capsule, 300 mg capsule, 300 mg tablet, 1,000 mg/40 ml vial)	1-Covered	
Irritable Bowel Syndrome Agents		
alosetron hcl	1-Covered	
budesonide ec	1-Covered	
DELZICOL	1-Covered	
LINZESS	1-Covered	QL (1 PER 1 DAYS)
LOTRONEX	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIBERZI	1-Covered	
Laxatives		
COLYTE WITH FLAVOR PACKETS	1-Covered	
COLYTE WITH FLAVOR PACKS	1-Covered	
CONSTULOSE	1-Covered	
ENULOSE	1-Covered	
GAVILYTE-C	1-Covered	
GAVILYTE-G	1-Covered	
GAVILYTE-N	1-Covered	
GENERLAC	1-Covered	
GOLYTELY (PACKET, SOLUTION)	1-Covered	
KRISTALOSE	1-Covered	
lactulose	1-Covered	
MOVIPREP	1-Covered	
NULYTELY WITH FLAVOR PACKS	1-Covered	
peg 3350-electrolyte	1-Covered	
peg-3350 and electrolytes	1-Covered	
peg-3350 with flavor packs	1-Covered	
polyethylene glycol 3350	1-Covered	
TRILYTE WITH FLAVOR PACKETS	1-Covered	
Protectants		
CARAFATE 1 GM/10 ML SUSP	1-Covered	
misoprostol	1-Covered	
sucralfate	1-Covered	
Proton Pump Inhibitors		
esomeprazole magnesium	1-Covered	
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	1-Covered	
NEXIUM I.V. 40 MG VIAL	1-Covered	
omeprazole (dr 20 mg capsule, dr 40 mg capsule)	1-Covered	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
omeprazole dr 10 mg capsule	1-Covered	QL (1 PER 1 DAYS)
omeprazole-sodium bicarbonate (20-1,680 pkt, 20-1,100 cap, 40-1,100 cap, 40-1,680 pkt)	1-Covered	
pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)	1-Covered	QL (2 PER 1 DAYS)
pantoprazole sodium 40 mg vial	1-Covered	
rabeprazole sodium	1-Covered	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin er	1-Covered	
flavoxate hcl	1-Covered	
MYRBETRIQ	1-Covered	
oxybutynin 5 mg tablet	1-Covered	QL (4 PER 1 DAYS)
oxybutynin 5 mg/5 ml syrup	1-Covered	QL (20 PER 1 DAYS)
oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)	1-Covered	QL (2 PER 1 DAYS)
oxybutynin cl er 5 mg tablet	1-Covered	QL (1 PER 1 DAYS)
tolterodine tartrate	1-Covered	
tolterodine tartrate er	1-Covered	QL (1 PER 1 DAYS)
trospium chloride	1-Covered	
trospium chloride er	1-Covered	
VESICARE	1-Covered	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1-Covered	
dutasteride	1-Covered	QL (1 PER 1 DAYS)
dutasteride-tamsulosin	1-Covered	QL (1 PER 1 DAYS)
finasteride	1-Covered	QL (1 PER 1 DAYS)
JALYN	1-Covered	
tamsulosin hcl	1-Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents, Other		
bethanechol chloride	1-Covered	
DEPEN	1-Covered	
ELMIRON	1-Covered	
potassium citrate er	1-Covered	
UROCIT-K ER 15 MEQ TABLET	1-Covered	
Phosphate Binders		
calcium acetate (667 mg capsule, 667 mg gelcap)	1-Covered	
ELIPHOS	1-Covered	
FOSRENOL	1-Covered	
RENAGEL	1-Covered	
RENVELA 800 MG TABLET	1-Covered	QL (17 PER 1 DAYS)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
A-HYDROCORT	1-Covered	
alclometasone dipropionate	1-Covered	
amcinonide (cream, lotion, ointment)	1-Covered	
betamethasone dipropionate (aug crm, aug gel, aug lot, aug oin, crm, oint)	1-Covered	
betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm, valer 0.12% foam)	1-Covered	
CAPEX SHAMPOO	1-Covered	
clobetasol emollient 0.05% crm	1-Covered	
clobetasol propionate (gel, ointment, prop foam, prop spray, shampoo, solution, topical lotn)	1-Covered	
cortisone acetate	1-Covered	
desonide (cream, lotion, ointment)	1-Covered	
DESOWEN 0.05% LOTION	1-Covered	
desoximetasone	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	1-Covered	
DEXAMETHASONE INTENSOL	1-Covered	
dexamethasone sodium phosphate	1-Covered	
diflorasone diacetate	1-Covered	
fludrocortisone acetate	1-Covered	
fluocinolone acetonide (0.01% solution, 0.01% cream, 0.01% body oil, 0.025% cream, 0.025% ointment)	1-Covered	
fluocinolone acetonide oil	1-Covered	
fluocinonide (cream, gel, ointment, solution)	1-Covered	
fluocinonide emollient	1-Covered	
fluocinonide-e	1-Covered	
H.P. ACTHAR	1-Covered	
halobetasol propionate	1-Covered	
hydrocortisone (1% ointment, 1% cream, 2.5% cream, 2.5% ointment, 2.5% lotion, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1-Covered	
hydrocortisone butyrate (buty cream, butyr oint, soln)	1-Covered	
hydrocortisone valerate	1-Covered	
KORLYM	1-Covered	
methylprednisolone	1-Covered	
methylprednisolone acetate	1-Covered	
methylprednisolone sod succ	1-Covered	
MILLIPRED 5 MG TABLET	1-Covered	
mometasone furoate (cream, oint, soln)	1-Covered	
prednisolone 15 mg/5 ml soln	1-Covered	
prednisolone sodium phos odt	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)	1-Covered	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	1-Covered	
PREDNISONE INTENSOL	1-Covered	
SOLU-CORTEF	1-Covered	
SOLU-MEDROL (125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	1-Covered	
triamcinolone acetonide (0.025% lotion, 0.025% oint, 0.025% cream, 0.1% ointment, 0.1% cream, 0.1% lotion, 0.147 mg/g spray, 0.5% ointment, 0.5% cream)	1-Covered	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
chorionic gonad 10,000 unit vl	1-Covered	
desmopressin acetate (0.01% spray, 0.01% solution, 0.1 mg/ml sol)	1-Covered	QL (15 PER 23 DAYS)
desmopressin acetate (ac 4 mcg/ml vial, ac 4 mcg/ml ampul, acetate 0.1 mg tb, acetate 0.2 mg tb, 40 mcg/10 ml vial)	1-Covered	
INCRELEX	1-Covered	
MYALEPT	1-Covered	PA
NORDITROPIN FLEXPRO	1-Covered	PA
NORDITROPIN NORDIFLEX	1-Covered	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC 100 MCG TABLET	1-Covered	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50	1-Covered	
oxandrolone 10 mg tablet	1-Covered	PA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxandrolone 2.5 mg tablet	1-Covered	PA, QL (8 PER 1 DAYS)
Androgens		
ANDROGEL (1.62%(1.25G) GEL PCKT, 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	1-Covered	QL (150 PER 23 DAYS)
ANDROGEL 1%(5G) GEL PACKET	1-Covered	
danazol	1-Covered	
methyltestosterone	1-Covered	
testosterone (12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)	1-Covered	
testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)	1-Covered	
TESTRED	1-Covered	
Estrogens		
estradiol	1-Covered	PA
estropipate	1-Covered	PA
MENEST	1-Covered	PA
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET)	1-Covered	PA, QL (1 PER 1 DAYS)
PREMARIN (25 MG VIAL, VAGINAL CREAM-APPL)	1-Covered	
PREMARIN 1.25 MG TABLET	1-Covered	PA, QL (6 PER 1 DAYS)
VAGIFEM	1-Covered	
APRI	1-Covered	
ARANELLE	1-Covered	
AVIANE	1-Covered	
BALZIVA	1-Covered	
CRYSELLE	1-Covered	
CYCLAFEM	1-Covered	
drospirenone-ee 3-0.03 mg tab	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENPRESSE	1-Covered	
FEMCON FE	1-Covered	
GILDESS FE 1-20 TABLET	1-Covered	
JUNEL	1-Covered	
JUNEL FE	1-Covered	
KARIVA	1-Covered	
KELNOR 1-35	1-Covered	
LESSINA	1-Covered	
LEVORA-28	1-Covered	
LOW-OGESTREL	1-Covered	
LUTERA	1-Covered	
MICROGESTIN	1-Covered	
MICROGESTIN FE	1-Covered	
MONONESSA	1-Covered	
NECON (0.5-35-28 TABLET, 1-35-28 TABLET, 7-7-7-28 TABLET, 10-11-28 TABLET)	1-Covered	
norg-ee 0.18-0.215-0.25/0.035	1-Covered	
NORTREL	1-Covered	
NUVARING	1-Covered	QL (1 PER 28 DAYS)
OGESTREL	1-Covered	
PORTIA	1-Covered	
PREMPHASE	1-Covered	PA
PREMPRO	1-Covered	PA, QL (1 PER 1 DAYS)
PREVIFEM	1-Covered	
RECLIPSEN	1-Covered	
SPRINTEC	1-Covered	
SRONYX	1-Covered	
TRI-LEGEST FE	1-Covered	
TRI-LINYAH	1-Covered	
TRI-PREVIFEM	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-SPRINTEC	1-Covered	
TRINESSA	1-Covered	
TRIVORA-28	1-Covered	
VELIVET	1-Covered	
XULANE	1-Covered	
YASMIN 28	1-Covered	
ZENCHENT	1-Covered	
ZOVIA 1-35E	1-Covered	
ZOVIA 1-50E	1-Covered	
Progestins		
DEPO-PROVERA 400 MG/ML VIAL	1-Covered	
DEPO-SUBQ PROVERA 104	1-Covered	
JOLIVETTE	1-Covered	
medroxyprogesterone 150 mg/ml	1-Covered	QL (1 PER 68 DAYS)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1-Covered	
MEGACE ES	1-Covered	PA
megestrol acetate (20 mg tablet, 40 mg tablet)	1-Covered	
megestrol acetate (acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)	1-Covered	PA
norethindrone	1-Covered	
norethindrone acetate	1-Covered	
progesterone (100 mg capsule, 200 mg capsule)	1-Covered	
Selective Estrogen Receptor Modifying Agents		
raloxifene hcl	1-Covered	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1-Covered	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1-Covered	
SYNTHROID	1-Covered	
THYROLAR-1	1-Covered	
THYROLAR-1/2	1-Covered	
THYROLAR-1/4	1-Covered	
THYROLAR-2	1-Covered	
THYROLAR-3	1-Covered	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	1-Covered	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	1-Covered	
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	1-Covered	
ELIGARD	1-Covered	PA
leuprolide 1 mg/0.2 ml vial	1-Covered	
leuprolide 2wk 1 mg/0.2 ml kit	1-Covered	PA
LUPRON DEPOT (3.75 MG, 7.5 MG, 11.25 MG 3MO, 45 MG 6MO)	1-Covered	PA
LUPRON DEPOT 22.5 MG 3MO KIT	1-Covered	PA, QL (1 PER 90 DAYS)
LUPRON DEPOT-4 MONTH KIT	1-Covered	PA, QL (1 PER 120 DAYS)
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT)	1-Covered	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED 30 MG 3MO KIT	1-Covered	PA, QL (1 PER 120 DAYS)
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml vl, acet 100 mcg/ml amp, acet 200 mcg/ml vl, acet 500 mcg/ml vl, acet 500 mcg/ml amp, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	1-Covered	
SANDOSTATIN LAR	1-Covered	
SANDOSTATIN LAR DEPOT	1-Covered	
SIGNIFOR	1-Covered	
SIGNIFOR LAR	1-Covered	
SOMATULINE DEPOT	1-Covered	
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL)	1-Covered	
SYNAREL	1-Covered	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole	1-Covered	
propylthiouracil	1-Covered	
Immunological Agents		
Angioedema (HAE) Agents		
CINRYZE	1-Covered	LA
FIRAZYR	1-Covered	
Immune Suppressants		
AFINITOR 2.5 MG TABLET	1-Covered	
AFINITOR DISPERZ	1-Covered	
ASTAGRAF XL	1-Covered	PA - TO CONFIRM PART D COVERAGE
ATGAM	1-Covered	
AZASAN	1-Covered	PA - TO CONFIRM PART D COVERAGE
azathioprine	1-Covered	PA - TO CONFIRM PART D COVERAGE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
azathioprine sodium	1-Covered	
BENLYSTA	1-Covered	
cyclosporine (25 mg capsule, 50 mg/ml vial, 50 mg/ml ampul, 100 mg capsule, 100 mg/ml soln)	1-Covered	PA - TO CONFIRM PART D COVERAGE
cyclosporine modified	1-Covered	PA - TO CONFIRM PART D COVERAGE
ENBREL (25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE, 50 MG/ML SURECLICK SYR)	1-Covered	PA
ENBREL 25 MG KIT	1-Covered	PA, QL (8 PER 28 DAYS)
ENVARSUS XR	1-Covered	PA - TO CONFIRM PART D COVERAGE
HUMIRA (10 MG/0.2 ML, 40 MG/0.8 ML)	1-Covered	PA
HUMIRA 20 MG/0.4 ML SYRINGE	1-Covered	PA, QL (2 PER 28 DAYS)
HUMIRA PEDIATRIC CROHN'S	1-Covered	PA
HUMIRA PEN	1-Covered	PA
HUMIRA PEN CROHN-UC-HS STARTER	1-Covered	PA
HUMIRA PEN PSORIASIS-UVEITIS	1-Covered	PA
KINERET	1-Covered	
mercaptopurine	1-Covered	
methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 100 mg/4 ml vial, 250 mg/10 ml vial)	1-Covered	
methotrexate sodium	1-Covered	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	1-Covered	PA - TO CONFIRM PART D COVERAGE
mycophenolic acid	1-Covered	PA - TO CONFIRM PART D COVERAGE
NULOJIX	1-Covered	PA - TO CONFIRM PART D COVERAGE
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)	1-Covered	PA
ORENCIA CLICKJECT	1-Covered	PA
OTREXUP	1-Covered	
PROGRAF 5 MG/ML AMPULE	1-Covered	PA - TO CONFIRM PART D COVERAGE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RAPAMUNE 1 MG/ML ORAL SOLN	1-Covered	PA - TO CONFIRM PART D COVERAGE
RASUVO	1-Covered	
REMICADE	1-Covered	
RHEUMATREX	1-Covered	
SANDIMMUNE 100 MG/ML SOLN	1-Covered	PA - TO CONFIRM PART D COVERAGE
SIMULECT	1-Covered	
sirolimus	1-Covered	PA - TO CONFIRM PART D COVERAGE
tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	1-Covered	PA - TO CONFIRM PART D COVERAGE
TORISEL	1-Covered	
TREXALL	1-Covered	
ZORTRESS	1-Covered	PA - TO CONFIRM PART D COVERAGE
Immunizing Agents, Passive		
CARIMUNE NF NANOFILTERED	1-Covered	PA - TO CONFIRM PART D COVERAGE
GAMASTAN S-D	1-Covered	PA - TO CONFIRM PART D COVERAGE
GAMMAGARD LIQUID	1-Covered	PA - TO CONFIRM PART D COVERAGE
GAMMAGARD S-D	1-Covered	PA - TO CONFIRM PART D COVERAGE
GAMMAPLEX	1-Covered	PA - TO CONFIRM PART D COVERAGE
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	1-Covered	PA - TO CONFIRM PART D COVERAGE
GAMUNEX-C 40 GRAM/400 ML VIAL	1-Covered	
HYPERRAB S-D	1-Covered	
PRIVIGEN	1-Covered	PA - TO CONFIRM PART D COVERAGE
THYMOGLOBULIN	1-Covered	PA - TO CONFIRM PART D COVERAGE
VARIZIG 125 UNIT/1.2 ML VIAL	1-Covered	
Immunomodulators		
ARAVA	1-Covered	
SYNAGIS	1-Covered	PA, LA
ACTEMRA (80 MG/4 ML VIAL, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	1-Covered	PA - TO CONFIRM PART D COVERAGE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTIMMUNE	1-Covered	LA
ARCALYST	1-Covered	LA
ILARIS	1-Covered	
leflunomide 10 mg tablet	1-Covered	QL (1 PER 1 DAYS)
leflunomide 20 mg tablet	1-Covered	QL (5 PER 1 DAYS)
RIDAURA	1-Covered	
Vaccines		
ACTHIB	1-Covered	
ADACEL TDAP SYRINGE	1-Covered	QL (1 PER 1 OVER TIME)
ADACEL TDAP VIAL	1-Covered	
bcg vaccine (tice strain)	1-Covered	PA - TO CONFIRM PART D COVERAGE
BEXSERO	1-Covered	
BOOSTRIX TDAP	1-Covered	
CERVARIX	1-Covered	
COMVAX	1-Covered	
DAPTACEL DTAP	1-Covered	
diphtheria-tetanus toxoids-ped	1-Covered	
ENGERIX-B ADULT	1-Covered	PA - TO CONFIRM PART D COVERAGE
ENGERIX-B PEDIATRIC-ADOLESCENT	1-Covered	PA - TO CONFIRM PART D COVERAGE
GARDASIL	1-Covered	
GARDASIL 9	1-Covered	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL)	1-Covered	
HIBERIX	1-Covered	
IMOVAX RABIES VACCINE	1-Covered	
INFANRIX DTAP VIAL	1-Covered	
IPOL	1-Covered	
IXIARO	1-Covered	
M-M-R II VACCINE	1-Covered	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENACTRA	1-Covered	
MENHIBRIX	1-Covered	
MENOMUNE-A-C-Y-W-135	1-Covered	
MENVEO A-C-Y-W-135-DIP	1-Covered	
PEDVAXHIB	1-Covered	
PENTACEL ACTHIB COMPONENT	1-Covered	
PROQUAD	1-Covered	
QUADRACEL DTAP-IPV	1-Covered	
RABAVERT	1-Covered	
RECOMBIVAX HB	1-Covered	PA - TO CONFIRM PART D COVERAGE
ROTARIX	1-Covered	
ROTATEQ	1-Covered	
TENIVAC SYRINGE	1-Covered	
tetanus diphtheria toxoids	1-Covered	
TRUMENBA	1-Covered	
TWINRIX VACCINE VIAL	1-Covered	
TYPHIM VI	1-Covered	
VAQTA (25 UNITS/0.5 ML, 50 UNITS/ML)	1-Covered	
VARIVAX VACCINE	1-Covered	
YF-VAX	1-Covered	
ZOSTAVAX	1-Covered	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	1-Covered	
balsalazide disodium	1-Covered	
DIPENTUM	1-Covered	
mesalamine 4 gm/60 ml kit	1-Covered	
PENTASA	1-Covered	QL (8 PER 1 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Glucocorticoids		
COLOCORT	1-Covered	
hydrocortisone 100 mg/60 ml	1-Covered	
PROCTO-MED HC	1-Covered	
PROCTOSOL-HC	1-Covered	
PROCTOZONE-HC	1-Covered	
SOLU-MEDROL 40 MG VIAL	1-Covered	
UCERIS 2 MG RECTAL FOAM	1-Covered	
Sulfonamides		
sulfasalazine	1-Covered	QL (8 PER 1 DAYS)
sulfasalazine dr	1-Covered	
Metabolic Bone Disease Agents		
alendronate sod 70 mg/75 ml	1-Covered	
alendronate sodium (35 mg tab, 70 mg tab)	1-Covered	QL (1 PER 7 DAYS)
alendronate sodium (5 mg tablet, 10 mg tab, 40 mg tab)	1-Covered	QL (1 PER 1 DAYS)
ATELVIA	1-Covered	
BINOSTO	1-Covered	
calcitonin-salmon	1-Covered	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution, 1 mcg/ml ampul)	1-Covered	
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap, 4 mcg/2 ml vl, 4 mcg/2 ml amp)	1-Covered	
etidronate disodium	1-Covered	
FORTEO	1-Covered	
ibandronate 3 mg/3 ml vial	1-Covered	PA - TO CONFIRM PART D COVERAGE
ibandronate sodium (3 mg/3 ml syringe, sodium 150 mg tab)	1-Covered	
MIACALCIN (200 UNIT/ML VIAL, 400 UNIT/2 ML VIAL)	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NATPARA	1-Covered	
pamidronate disodium (disod 30 mg vial, 30 mg/10 ml vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)	1-Covered	
PROLIA	1-Covered	
risedronate sodium	1-Covered	
risedronate sodium dr	1-Covered	
XGEVA	1-Covered	
zoledronic acid 5 mg/100 ml	1-Covered	PA - TO CONFIRM PART D COVERAGE
Ophthalmic Agents		
bacitracin-polymyxin eye oint	1-Covered	
BLEPHAMIDE	1-Covered	
BLEPHAMIDE S.O.P.	1-Covered	
neomycin-bacitracin-poly-hc	1-Covered	
neomycin-bacitracin-polymyxin	1-Covered	
neomycin-poly-hc eye drops	1-Covered	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	1-Covered	
neomycin-polymyxin-gramicidin	1-Covered	
POLYCIN	1-Covered	
polymyxin b sul-trimethoprim	1-Covered	
prednisolone acetate	1-Covered	
sulfacetamide 10% eye ointment	1-Covered	
sulfacetamide-prednisolone	1-Covered	
tobramycin-dexamethasone	1-Covered	
Ophthalmic Agents, Other		
atropine 1% eye drops	1-Covered	
cyclopentolate hcl (1% eye drops, hcl 2% drops)	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
naphazoline hcl	1-Covered	
proparacaine hcl	1-Covered	
RESTASIS	1-Covered	QL (2 PER 1 DAYS)
tropicamide	1-Covered	
Ophthalmic Anti-allergy Agents		
ALOCRIL	1-Covered	
ALOMIDE	1-Covered	
azelastine hcl 0.05% drops	1-Covered	
cromolyn 4% eye drops	1-Covered	
epinastine hcl	1-Covered	
olopatadine hcl 0.1% eye drops	1-Covered	QL (5 PER 22 DAYS)
Ophthalmic Anti-inflammatories		
ALREX	1-Covered	
bromfenac sodium 0.09% eye drp	1-Covered	
diclofenac 0.1% eye drops	1-Covered	
DUREZOL	1-Covered	
FLAREX	1-Covered	
fluorometholone	1-Covered	
flurbiprofen sodium	1-Covered	
FML	1-Covered	
FML FORTE	1-Covered	
FML S.O.P.	1-Covered	
ILEVRO	1-Covered	
ketorolac 0.4% ophth solution	1-Covered	
ketorolac 0.5% ophth solution	1-Covered	QL (5 PER 18 DAYS)
PRED MILD	1-Covered	
prednisolone sod 1% eye drop	1-Covered	
PROLENSA	1-Covered	
VEXOL	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P 0.1% DROPS	1-Covered	
apraclonidine hcl	1-Covered	
AZOPT	1-Covered	
betaxolol hcl 0.5% eye drop	1-Covered	
bimatoprost	1-Covered	
brimonidine tartrate	1-Covered	
carteolol hcl	1-Covered	
dorzolamide hcl	1-Covered	QL (10 PER 18 DAYS)
dorzolamide-timolol	1-Covered	QL (10 PER 18 DAYS)
levobunolol 0.5% eye drops	1-Covered	
metipranolol	1-Covered	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	1-Covered	
SIMBRINZA	1-Covered	
timolol maleate (0.25% gfs gel-solution, 0.25% gel-solution, 0.25% eye drops, 0.5% eye drops, 0.5% gfs gel-solution, 0.5% gel-solution)	1-Covered	
travoprost	1-Covered	
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost	1-Covered	QL (2.5 PER 18 DAYS)
LUMIGAN	1-Covered	
TRAVATAN Z	1-Covered	QL (5 PER 18 DAYS)
Otic Agents		
CIPRODEX	1-Covered	
CORTISPORIN-TC	1-Covered	
hydrocortisone-acetic acid	1-Covered	
neomycin-polymyxin-hc ear susp	1-Covered	
neomycin-polymyxin-hydrocort	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
AEROSPAN	1-Covered	
budesonide 0.25 mg/2 ml susp	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (8 PER 1 DAYS)
budesonide 0.5 mg/2 ml susp	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (4 PER 1 DAYS)
budesonide 1 mg/2 ml inh susp	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (2 PER 1 DAYS)
budesonide 32 mcg nasal spray	1-Covered	
FLOVENT DISKUS	1-Covered	QL (80 PER 20 DAYS)
FLOVENT HFA	1-Covered	
fluticasone prop 50 mcg spray	1-Covered	QL (16 PER 20 DAYS)
mometasone furoate 50 mcg spry	1-Covered	
NASONEX	1-Covered	
PULMICORT 1 MG/2 ML RESPULE	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (2 PER 1 DAYS)
PULMICORT FLEXHALER	1-Covered	
QVAR	1-Covered	
triamcinolone 55 mcg nasal spr	1-Covered	
Antihistamines		
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	1-Covered	
carbinoxamine maleate (4 mg/5 ml liquid, maleate 4 mg tab)	1-Covered	PA
clemastine fumarate (0.5 mg/5 ml syrup, fum 2.68 mg tab)	1-Covered	PA
cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	1-Covered	PA
desloratadine	1-Covered	
levocetirizine dihydrochloride (2.5 mg/5 ml sol, 5 mg tablet)	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olopatadine 665 mcg nasal spry	1-Covered	
Antileukotrienes		
montelukast sodium	1-Covered	QL (1 PER 1 DAYS)
zafirlukast 10 mg tablet	1-Covered	QL (4 PER 1 DAYS)
zafirlukast 20 mg tablet	1-Covered	QL (2 PER 1 DAYS)
Bronchodilators, Anticholinergic		
ATROVENT HFA	1-Covered	
ipratropium br 0.02% soln	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (15 PER 1 DAYS)
ipratropium bromide (0.03%, 0.06%)	1-Covered	
PROAIR RESPICLICK	1-Covered	
SPIRIVA	1-Covered	
SPIRIVA RESPIMAT	1-Covered	
TUDORZA PRESSAIR	1-Covered	
Bronchodilators, Sympathomimetic		
ADRENALIN	1-Covered	
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sul 2.5 mg/3 ml soln, 2.5 mg/0.5 ml sol, 5 mg/ml solution)	1-Covered	PA - TO CONFIRM PART D COVERAGE
albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab, sulfate er 4 mg tab, sulfate er 8 mg tab)	1-Covered	
AUVI-Q	1-Covered	
DULERA 100 MCG/5 MCG INHALER	1-Covered	QL (13.3 PER 30 DAYS)
DULERA 200 MCG/5 MCG INHALER	1-Covered	QL (13 PER 30 DAYS)
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	1-Covered	
EPIPEN 2-PAK	1-Covered	
EPIPEN JR 2-PAK	1-Covered	
levalbuterol concentrate	1-Covered	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levalbuterol hcl	1-Covered	PA - TO CONFIRM PART D COVERAGE
metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syr, 20 mg tablet)	1-Covered	
PROAIR HFA	1-Covered	
PROVENTIL HFA	1-Covered	
SEREVENT DISKUS	1-Covered	QL (2 PER 1 DAYS)
STRIVERDI RESPIMAT	1-Covered	
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1-Covered	
VENTOLIN HFA	1-Covered	QL (36 PER 30 DAYS)
XOPENEX HFA	1-Covered	
Cystic Fibrosis Agents		
CAYSTON	1-Covered	
KALYDECO	1-Covered	PA
Mast Cell Stabilizers		
cromolyn 100 mg/5 ml oral conc	1-Covered	
cromolyn 20 mg/2 ml neb soln	1-Covered	PA - TO CONFIRM PART D COVERAGE, QL (8 PER 1 DAYS)
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline (250 mg/10 ml, 500 mg/20 ml)	1-Covered	
DALIRESP	1-Covered	
ELIXOPHYLLIN	1-Covered	
theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)	1-Covered	
theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab, er 450 mg tab)	1-Covered	
Pulmonary Antihypertensives		
ADCIRCA	1-Covered	PA
ADEMPAS	1-Covered	
LETAIRIS	1-Covered	PA, LA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPSUMIT	1-Covered	
REMODULIN	1-Covered	PA - TO CONFIRM PART D COVERAGE
REVATIO 10 MG/ML ORAL SUSP	1-Covered	PA
sildenafil	1-Covered	PA
sildenafil citrate	1-Covered	PA
TRACLEER	1-Covered	PA, LA
Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	1-Covered	PA - TO CONFIRM PART D COVERAGE
ANORO ELLIPTA	1-Covered	
ARALAST NP	1-Covered	
BREO ELLIPTA 200-25 MCG INH	1-Covered	
ESBRIET	1-Covered	PA
GLASSIA	1-Covered	
GRASTEK	1-Covered	
LUMIZYME	1-Covered	PA - TO CONFIRM PART D COVERAGE, LA
OFEV	1-Covered	
ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT)	1-Covered	
PROLASTIN C	1-Covered	
RAGWITEK	1-Covered	
STIOLTO RESPIMAT	1-Covered	
TYZINE PEDIATRIC 0.05% DROP	1-Covered	
ZEMAIRA	1-Covered	
ADVAIR DISKUS	1-Covered	
ADVAIR HFA	1-Covered	
COMBIVENT RESPIMAT	1-Covered	QL (4 PER 23 DAYS)
ipratropium-albuterol	1-Covered	PA - TO CONFIRM PART D COVERAGE
promethazine vc	1-Covered	PA
promethazine-phenylephrine	1-Covered	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMOZYME	1-Covered	PA - TO CONFIRM PART D COVERAGE
SYMBICORT	1-Covered	
XOLAIR	1-Covered	PA, LA
Skeletal Muscle Relaxants		
carisoprodol	1-Covered	PA, QL (4 PER 1 DAYS)
chlorzoxazone	1-Covered	PA
cyclobenzaprine 10 mg tablet	1-Covered	PA, QL (3 PER 1 DAYS)
cyclobenzaprine 5 mg tablet	1-Covered	PA, QL (6 PER 1 DAYS)
metaxalone 800 mg tablet	1-Covered	PA
methocarbamol (500 mg tablet, 750 mg tablet)	1-Covered	PA
orphenadrine er 100 mg tablet	1-Covered	PA
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1-Covered	PA
temazepam (15 mg capsule, 30 mg capsule)	1-Covered	QL (1 PER 1 DAYS)
zaleplon	1-Covered	PA
zolpidem tartrate 10 mg tablet	1-Covered	PA, QL (1 PER 1 DAYS)
zolpidem tartrate 5 mg tablet	1-Covered	QL (1 PER 1 DAYS)
Sleep Disorders, Other		
armodafinil	1-Covered	PA
HETLIOZ	1-Covered	
NUVIGIL	1-Covered	PA
ROZEREM	1-Covered	
XYREM	1-Covered	
zolpidem tartrate (1.75 mg tab, 3.5 mg tablet)	1-Covered	
zolpidem tartrate er	1-Covered	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Therapeutic Nutrients/ Minerals/ Electrolytes		
Electrolyte/ Mineral Modifiers		
CHEMET	1-Covered	
EXJADE	1-Covered	
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	1-Covered	
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	1-Covered	
sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)	1-Covered	
SYPRINE	1-Covered	
VELTASSA	1-Covered	
Electrolyte/ Mineral Replacement		
CARBAGLU	1-Covered	
DENTA 5000 PLUS	1-Covered	
FLUOR-A-DAY (0.25 MG TAB, 0.5 MG TAB, 1 MG TABLET)	1-Covered	
fluoride	1-Covered	
FLUORITAB (0.5 MG TABLET, 1 MG TABLET)	1-Covered	
K-TAB ER	1-Covered	
KLOR-CON 10	1-Covered	
KLOR-CON 8	1-Covered	
KLOR-CON M10	1-Covered	
KLOR-CON M15	1-Covered	
KLOR-CON M20	1-Covered	
KLOR-CON SPRINKLE	1-Covered	
LUDENT FLUORIDE	1-Covered	
magnesium sulfate 50% syringe	1-Covered	PA - TO CONFIRM PART D COVERAGE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
magnesium sulfate 50% vial	1-Covered	
NORMOSOL-R PH 7.4	1-Covered	
PLASMA-LYTE 148	1-Covered	
PLASMA-LYTE A PH 7.4	1-Covered	
potassium chl-normal saline	1-Covered	
potassium chloride (2 meq/ml vial, 2 meq/ml iv sol, 10 meq/5 ml conc, 20 meq/10 ml conc, 30 meq/15 ml conc, 40 meq/20 ml conc)	1-Covered	PA - TO CONFIRM PART D COVERAGE
potassium chloride (er 8 meq capsule, er 8 meq tablet, er 10 meq tablet, 10 meq/50 ml sol, 10% (40 meq/30 ml, 10 meq/100 ml sol, er 10 meq capsule, 10% (20 meq/15 ml, 20 meq packet, 20 meq/50 ml sol, 20% (40 meq/15 ml, er 20 meq tablet, 20 meq/100 ml sol, 40 meq/100 ml sol)	1-Covered	
potassium chloride-nacl	1-Covered	
PREVIDENT 1.1% GEL	1-Covered	
PREVIDENT 5000 SENSITIVE	1-Covered	
SF	1-Covered	
sodium chloride (saline 0.45% soln-excel con, saline 0.9% soln-excel cont, sodium chloride 0.45% soln, sodium chloride 0.45% solution, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% vial, sodium chloride 0.9% solution, sodium chloride 0.9% irrig., sodium chloride 0.9% soln, sodium chloride 0.9% 500 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 100 ml, sodium chloride 3% iv soln, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)	1-Covered	
sodium fluoride (0.5 mg(1.1 mg), 1 mg (2.2 mg))	1-Covered	
ACTIVE OB	1-Covered	
AMINOSYN 8.5%-ELECTROLYTES SOL	1-Covered	PA - TO CONFIRM PART D COVERAGE

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMINOSYN II	1-Covered	PA - TO CONFIRM PART D COVERAGE
AMINOSYN II WITH ELECTROLYTES	1-Covered	PA - TO CONFIRM PART D COVERAGE
ATABEX EC	1-Covered	
BAL-CARE DHA	1-Covered	
BAL-CARE DHA ESSENTIAL	1-Covered	
C-NATE DHA	1-Covered	
CADEAU DHA	1-Covered	
CALCIUM PNV	1-Covered	
CITRANATAL 90 DHA	1-Covered	
CITRANATAL ASSURE	1-Covered	
CITRANATAL B-CALM	1-Covered	
CITRANATAL DHA	1-Covered	
CITRANATAL HARMONY	1-Covered	
CITRANATAL RX	1-Covered	
CLINIMIX	1-Covered	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E (4.25%-5%, 5%-20%)	1-Covered	PA - TO CONFIRM PART D COVERAGE
COMPLETE NATAL DHA	1-Covered	
COMPLETENATE	1-Covered	
CONCEPT DHA	1-Covered	
CONCEPT OB	1-Covered	
dextrose 10%-0.2% nacl	1-Covered	
dextrose 10%-0.45% nacl	1-Covered	
dextrose 10%-water iv solution	1-Covered	PA - TO CONFIRM PART D COVERAGE
dextrose 2.5%-0.45% nacl	1-Covered	
dextrose 5%-0.2% nacl	1-Covered	
dextrose 5%-0.2% nacl-kcl	1-Covered	
dextrose 5%-0.225% nacl	1-Covered	
dextrose 5%-0.225% nacl-kcl	1-Covered	
dextrose 5%-0.3% nacl	1-Covered	
dextrose 5%-0.3% nacl-kcl	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose 5%-0.33% nacl	1-Covered	
dextrose 5%-0.33% nacl-kcl	1-Covered	
dextrose 5%-0.45% nacl	1-Covered	
dextrose 5%-0.45% nacl-kcl	1-Covered	
dextrose 5%-0.9% nacl	1-Covered	
dextrose 5%-1/2ns-kcl	1-Covered	
dextrose 5%-ns-kcl	1-Covered	
dextrose 5%-potassium chloride (20, 40)	1-Covered	
dextrose in lactated ringers	1-Covered	
dextrose in water (iv soln, vial)	1-Covered	
DOTHELLE DHA	1-Covered	
DUET DHA	1-Covered	
DUET DHA 400	1-Covered	
DUET DHA BALANCED	1-Covered	
DUET DHA EC	1-Covered	
ELITE OB DHA	1-Covered	
ELITE-OB 400	1-Covered	
ENBRACE HR	1-Covered	
EXTRA-VIRT PLUS DHA	1-Covered	
FOCALGIN 90 DHA	1-Covered	
FOCALGIN CA	1-Covered	
FOCALGIN-B	1-Covered	
FOLBECAL	1-Covered	
FOLET DHA	1-Covered	
FOLET ONE	1-Covered	
FOLIVANE-OB	1-Covered	
FOLIVANE-PRX DHA NF	1-Covered	
fomepizole	1-Covered	
GESTICARE DHA	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEMENATAL OB	1-Covered	
HEMENATAL OB + DHA	1-Covered	
INATAL ADVANCE	1-Covered	
INATAL ULTRA	1-Covered	
INFANATE BALANCE	1-Covered	
INFANATE PLUS	1-Covered	
INTRALIPID	1-Covered	PA - TO CONFIRM PART D COVERAGE
kcl 20 meq in d5w-lact ringer	1-Covered	
KOSHER PRENATAL PLUS IRON	1-Covered	
lactated ringers	1-Covered	
levomefolate dha	1-Covered	
M-VIT	1-Covered	
MACNATAL CN DHA	1-Covered	
MARNATAL-F	1-Covered	
MAXINATE	1-Covered	
MYNATAL	1-Covered	
MYNATAL ADVANCE	1-Covered	
MYNATAL PLUS	1-Covered	
MYNATAL-Z	1-Covered	
MYNATE 90 PLUS	1-Covered	
NATACHEW	1-Covered	
NATALVIRT 90 DHA	1-Covered	
NATALVIRT CA	1-Covered	
NATALVIT	1-Covered	
NATELLE ONE	1-Covered	
NEEVODHA	1-Covered	
NESTABS	1-Covered	
NESTABS ABC	1-Covered	
NESTABS DHA	1-Covered	
NEWGEN	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXA PLUS	1-Covered	
NIVA-PLUS	1-Covered	
NORMOSOL-M AND DEXTROSE	1-Covered	
NORMOSOL-R AND DEXTROSE	1-Covered	
O-CAL FA	1-Covered	
O-CAL PRENATAL	1-Covered	
OB COMPLETE	1-Covered	
OB COMPLETE GOLD	1-Covered	
OB COMPLETE ONE	1-Covered	
OB COMPLETE PETITE	1-Covered	
OB COMPLETE PREMIER	1-Covered	
OB COMPLETE WITH DHA	1-Covered	
OBSTETRIX DHA	1-Covered	
OBSTETRIX EC	1-Covered	
OBSTETRIX ONE	1-Covered	
OBTREX	1-Covered	
OBTREX DHA	1-Covered	
PAIRE OB PLUS DHA	1-Covered	
PLASMA-LYTE 56 IN DEXTROSE	1-Covered	
PNV 29-1	1-Covered	
pnv folic acid + iron	1-Covered	
PNV OB+DHA	1-Covered	
PNV-DHA + DOCUSATE	1-Covered	
pnv-ferrous fumarate-docu-fa	1-Covered	
PNV-OMEGA	1-Covered	
PNV-SELECT	1-Covered	
PNV-TOTAL	1-Covered	
PNV-VP-U	1-Covered	
PR NATAL 400	1-Covered	
PR NATAL 400 EC	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PR NATAL 430	1-Covered	
PR NATAL 430 EC	1-Covered	
PREFERA OB	1-Covered	
PREFERA-OB ONE	1-Covered	
PREFERA-OB PLUS DHA	1-Covered	
PREFOL-DHA	1-Covered	
PRENA1 CHEW	1-Covered	
PRENA1 PEARL	1-Covered	
PRENA1 TRUE	1-Covered	
PRENAISSANCE	1-Covered	
PRENAISSANCE 90 DHA	1-Covered	
PRENAISSANCE BALANCE	1-Covered	
PRENAISSANCE DHA	1-Covered	
PRENAISSANCE NEXT	1-Covered	
PRENAISSANCE NEXT-B	1-Covered	
PRENAISSANCE PLUS	1-Covered	
PRENAISSANCE PROMISE	1-Covered	
PRENAPLUS	1-Covered	
PRENATA	1-Covered	
PRENATABS FA	1-Covered	
PRENATABS RX	1-Covered	
prenatal 19	1-Covered	
prenatal ad	1-Covered	
prenatal low iron	1-Covered	
prenatal plus	1-Covered	
prenatal vitamin plus low iron	1-Covered	
prenatal-u	1-Covered	
PRENATE AM	1-Covered	
PRENATE CHEWABLE	1-Covered	
PRENATE DHA	1-Covered	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRENATE ELITE	1-Covered	
PRENATE ENHANCE	1-Covered	
PRENATE ESSENTIAL	1-Covered	
PRENATE MINI	1-Covered	
PRENATE PIXIE	1-Covered	
PRENATE RESTORE	1-Covered	
PRENATE STAR	1-Covered	
PREPLUS	1-Covered	
PREQUE 10	1-Covered	
PRETAB	1-Covered	
PROVIDA DHA	1-Covered	
PROVIDA OB	1-Covered	
PUREFE OB PLUS	1-Covered	
PUREFE PLUS	1-Covered	
R-NATAL OB	1-Covered	
RELNATE DHA	1-Covered	
ringers injection	1-Covered	
ringers irrigation	1-Covered	
RULAVITE DHA	1-Covered	
SE-NATAL 19	1-Covered	
SE-TAN DHA	1-Covered	
SELECT-OB	1-Covered	
SELECT-OB + DHA	1-Covered	
sodium lactate	1-Covered	
sterile water for irrigation	1-Covered	
TARON-BC	1-Covered	
TARON-C DHA	1-Covered	
TARON-PREX PRENATAL	1-Covered	
THRIVITE 19	1-Covered	
TL FOLATE	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TL-CARE DHA	1-Covered	
TL-SELECT	1-Covered	
TPN ELECTROLYTES	1-Covered	PA - TO CONFIRM PART D COVERAGE
TRAVASOL	1-Covered	PA - TO CONFIRM PART D COVERAGE
TRI-TABS DHA	1-Covered	
TRIADVANCE	1-Covered	
TRICARE	1-Covered	
TRICARE PRENATAL DHA ONE	1-Covered	
TRINATAL GT	1-Covered	
TRINATAL RX 1	1-Covered	
TRINATE	1-Covered	
TRISTART DHA	1-Covered	
TRIVEEN-DUO DHA	1-Covered	
TRIVEEN-ONE	1-Covered	
TRIVEEN-PRX RNF	1-Covered	
TROPHAMINE	1-Covered	PA - TO CONFIRM PART D COVERAGE
TRUST NATAL DHA	1-Covered	
ULTIMATECARE ONE	1-Covered	
ULTIMATECARE ONE NF	1-Covered	
VEMAVITE-PRX 2	1-Covered	
VENA-BAL DHA	1-Covered	
VENATAL-FA	1-Covered	
VINACAL	1-Covered	
VINATE CARE	1-Covered	
VINATE DHA	1-Covered	
VINATE DHA RF	1-Covered	
VINATE GT	1-Covered	
VINATE II	1-Covered	
VINATE ONE	1-Covered	
VINATE PN CARE	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VINATE ULTRA	1-Covered	
VINATE-M	1-Covered	
VIRT NATE	1-Covered	
VIRT-ADVANCE	1-Covered	
VIRT-BAL DHA	1-Covered	
VIRT-BAL DHA PLUS	1-Covered	
VIRT-C DHA	1-Covered	
VIRT-CARE ONE	1-Covered	
VIRT-NATE	1-Covered	
VIRT-NATE DHA	1-Covered	
VIRT-PN	1-Covered	
VIRT-PN DHA	1-Covered	
VIRT-PN PLUS	1-Covered	
VIRT-SELECT	1-Covered	
VIRT-VITE GT	1-Covered	
VIRTPREX	1-Covered	
VITAFOL FE+	1-Covered	
VITAFOL GUMMIES	1-Covered	
VITAFOL NANO	1-Covered	
VITAFOL ULTRA	1-Covered	
VITAFOL-OB	1-Covered	
VITAFOL-OB+DHA	1-Covered	
VITAFOL-ONE	1-Covered	
VITAMEDMD ONE RX	1-Covered	
VITAMEDMD PLUS RX	1-Covered	
VITAMEDMD REDICHEW RX	1-Covered	
VITAPEARL	1-Covered	
VITATRUE	1-Covered	
VIVA DHA	1-Covered	
VOL-NATE	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOL-PLUS	1-Covered	
VOL-TAB RX	1-Covered	
VP CH ULTRA	1-Covered	
VP-CH PLUS	1-Covered	
VP-CH-PNV	1-Covered	
VP-ERA OB PLUS	1-Covered	
VP-GGR-B6	1-Covered	
VP-HEME OB	1-Covered	
VP-HEME OB + DHA	1-Covered	
VP-HEME ONE	1-Covered	
VP-PNV-DHA	1-Covered	
ZATEAN-CH	1-Covered	
ZATEAN-PN	1-Covered	
ZATEAN-PN DHA	1-Covered	
ZATEAN-PN PLUS	1-Covered	
ZINGIBER	1-Covered	

Uncategorized

Unclassified

dicyclomine 20 mg/2 ml vial	1-Covered	
HUMULIN R U-500 KWIKPEN	1-Covered	
ODEFSEY	1-Covered	
SPRITAM	1-Covered	
VRAYLAR 1.5 MG-3 MG PACK	1-Covered	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Category Listing

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