Your health. Our focus.

2020 Formulary List of Covered Drugs

Health Partners Medicare Simple (HMO-POS)

Health Partners Plans

Health Partners Medicare Simple (HMO-POS) 2020 Formulary

(List of Covered Drugs)

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

Formulary ID 00020501, Version 18

This formulary was updated on 12/1/2020. For more recent information or other questions, please contact Health Partners Medicare at 1-866-901-8000 or, for TTY users, 1-877-454-8477, 24 hours a day, seven days a week, or visit www.HPPMedicare.com.

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 Simple.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/1/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the first and last 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, 2021, and from time to time during the year.

What is the Health Partners Medicare Simple Formulary?

A formulary is a list of covered drugs selected by Health Partners Medicare 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 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 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Health Partners Medicare Simple Formulary?"
- Drugs removed from the market. 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.
- Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 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 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Health Partners Medicare Simple Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

This formulary is current as of 12/1/2020. To get updated information about the drugs covered by Health Partners Medicare Simple, please contact us. Our contact information also appears on the first and last pages.

Our print formulary will be updated, either by reprinting or through the use of formulary update 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 Agents." If you know what your drug is used for, look for the category name in the list that begins on page 126. 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 133. The Index provides an alphabetical list of all 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 Simple 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 Simple 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 Simple before you fill your prescriptions. If you don't get approval, Health Partners Medicare Simple may not cover the drug.

- Quantity Limits: For certain drugs, Health Partners Medicare Simple limits the amount of the drug that Health Partners Medicare Simple will cover. For example, Health Partners Medicare Simple provides 360 tablets per prescription for Endocet, 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 Simple 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 Simple may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Partners Medicare Simple 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 first and last pages.

You can ask Health Partners Medicare Simple 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 Simple Formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact us at 1-866-901-8000 (TTY 1-877-454-8477) and ask if your drug is covered.

If you learn that Health Partners Medicare Simple 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 Simple. 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 Simple.

- You can ask Health Partners Medicare Simple 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 Simple Formulary?

You can ask Health Partners Medicare Simple 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 predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the Specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Partners Medicare Simple 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 Simple will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 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 Simple prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Health Partners Medicare Simple, please contact us. Our contact information, along with the date we last updated the formulary, appears on the first and last 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 www.Medicare.gov.

Health Partners Medicare Simple's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Health Partners Medicare Simple. If you have trouble finding your drug in the list, turn to the Index that begins on page 133.

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

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

The table below shows the cost-sharing for each drug tier shown in this formulary.

Health Partners Medicare Simple		
Drug Tier	Retail Cost-Sharing (30-day supply)	Mail-Order Cost-Sharing (90-day supply; also available at most network retail pharmacies)
1 – Preferred Generics	$7	$14
2 – Generic	$20	$40
3 – Preferred Brands	$47	$94
4 – Non-Preferred Drug	25%	25%
5 – Specialty	26%	Not offered

Cost-sharing above applies immediately to Tier 1 (Preferred Generics) and Tier 2 (Generic) drugs. It also applies to drugs in all other tiers after meeting the plan's $350 deductible.

LEGEND

TIER	NAME
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drug
5	Specialty

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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
butalbital-asa-caffeine	2-Generics	PA
butalbital-aspirin-caffeine 50-325-40 mg cap	2-Generics	PA
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	1-Preferred Generics	
diclofenac potassium	2-Generics	
diclofenac sodium (1.5 % solution, 25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2-Generics	
diclofenac sodium er	2-Generics	
diclofenac-misoprostol	2-Generics	
diflunisal 500 mg tab	2-Generics	
ec-naproxen	1-Preferred Generics	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	2-Generics	
fenoprofen calcium (400 mg cap, 600 mg tab)	1-Preferred Generics	
flurbiprofen 100 mg tab	2-Generics	
FLURBIPROFEN 50 MG TAB	1-Preferred Generics	
ibu	2-Generics	
ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	2-Generics	
indomethacin 25 mg cap	1-Preferred Generics	PA
indomethacin 50 mg cap	2-Generics	PA
indomethacin er	2-Generics	PA
ketoprofen er	2-Generics	QL (30 PER 30 DAYS)
meclofenamate sodium (50 mg cap, 100 mg cap)	1-Preferred Generics	
mefenamic acid 250 mg cap	1-Preferred Generics	

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
meloxicam 15 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
nabumetone (500 mg tab, 750 mg tab)	2-Generics	
naproxen (125 mg/5ml suspension, 250 mg tab, 500 mg tab)	1-Preferred Generics	
naproxen 375 mg tab	2-Generics	
naproxen dr	1-Preferred Generics	
naproxen sodium (275 mg tab, 550 mg tab)	2-Generics	
naproxen sodium er	1-Preferred Generics	
oxaprozin	2-Generics	
piroxicam (10 mg cap, 20 mg cap)	2-Generics	
relafen	2-Generics	
sulindac (150 mg tab, 200 mg tab)	2-Generics	
tolmetin sodium (400 mg cap, 600 mg tab)	2-Generics	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl	2-Generics	QL (10 PER 30 DAYS)
methadone hcl (5 mg/5ml, 10 mg/5ml)	1-Preferred Generics	
methadone hcl (5 mg tab, 10 mg tab)	2-Generics	
morphine sulfate er (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er, er 80 mg cap er, er 100 mg cap er)	2-Generics	QL (60 PER 30 DAYS)
morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	2-Generics	QL (90 PER 30 DAYS)
NUCYNTA ER (ER 100 MG TAB ER, ER 200 MG TAB ER, ER 250 MG TAB ER)	4-Non-Preferred Drug	PA, QL (60 PER 30 DAYS)
NUCYNTA ER 150 MG TAB ER 12H	4-Non-Preferred Drug	PA, QL (90 PER 30 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
NUCYNTA ER 50 MG TAB ER 12H	4-Non-Preferred Drug	PA, QL (120 PER 30 DAYS)
oxycodone hcl er	2-Generics	PA, QL (60 PER 30 DAYS)
OXYCONTIN	4-Non-Preferred Drug	PA, QL (60 PER 30 DAYS)
oxymorphone hcl er	1-Preferred Generics	PA, QL (60 PER 30 DAYS)
tramadol hcl er (er 100 mg cap er, er 100 mg tab er, er 200 mg tab er, er 200 mg cap er, er 300 mg tab er, er 300 mg cap er)	2-Generics	QL (30 PER 30 DAYS)
tramadol hcl er (biphasic)	2-Generics	QL (30 PER 30 DAYS)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine 120-12 mg/5ml solution	1-Preferred Generics	
acetaminophen-codeine 300-15 mg tab	2-Generics	QL (390 PER 30 DAYS)
acetaminophen-codeine 300-30 mg tab	2-Generics	QL (360 PER 30 DAYS)
acetaminophen-codeine 300-60 mg tab	2-Generics	QL (180 PER 30 DAYS)
acetaminophen-codeine #2	2-Generics	QL (390 PER 30 DAYS)
acetaminophen-codeine #3	2-Generics	QL (360 PER 30 DAYS)
acetaminophen-codeine #4	2-Generics	QL (180 PER 30 DAYS)
ascomp-codeine	2-Generics	PA
butalbital-apap-caff-cod 50-325-40-30 mg cap	2-Generics	PA
butalbital-asa-caff-codeine	2-Generics	PA
butorphanol tartrate 10 mg/ml solution	1-Preferred Generics	
duramorph	2-Generics	
endocet (5-325 mg tab, 10-325 mg tab)	2-Generics	QL (360 PER 30 DAYS)
endocet 2.5-325 mg tab	1-Preferred Generics	QL (360 PER 30 DAYS)
endocet 7.5-325 mg tab	2-Generics	
fentanyl citrate (200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)	4-Non-Preferred Drug	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
hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)	2-Generics	
hydrocodone-acetaminophen 10-325 mg tab	2-Generics	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen 5-325 mg tab	2-Generics	QL (360 PER 30 DAYS)
hydrocodone-acetaminophen 7.5-325 mg tab	2-Generics	QL (240 PER 30 DAYS)
hydrocodone-ibuprofen (5-200 mg tab, 10-200 mg tab)	1-Preferred Generics	
hydrocodone-ibuprofen 7.5-200 mg tab	2-Generics	QL (150 PER 30 DAYS)
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	2-Generics	
lorcet	2-Generics	QL (360 PER 30 DAYS)
lorcet hd	2-Generics	QL (180 PER 30 DAYS)
lorcet plus	2-Generics	QL (240 PER 30 DAYS)
morphine sulfate 20 mg/5ml solution	1-Preferred Generics	
morphine sulfate (10 mg/5ml solution, 15 mg tab, 30 mg tab)	2-Generics	
morphine sulfate (concentrate)	2-Generics	
morphine sulfate (pf) ((pf) 0.5 mg/ml, (pf) 1 mg/ml)	2-Generics	
morphine sulfate (pf) ((pf) 2 mg/ml, (pf) 4 mg/ml, (pf) 8 mg/ml, (pf) 10 mg/ml)	1-Preferred Generics	
oxycodone hcl (5 mg cap, 100 mg/5ml conc)	1-Preferred Generics	
oxycodone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2-Generics	
oxycodone-acetaminophen (5-325 mg tab, 10-325 mg tab)	2-Generics	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 2.5-325 mg tab	1-Preferred Generics	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 7.5-325 mg tab	2-Generics	

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
oxycodone-aspirin	1-Preferred Generics	
oxycodone-ibuprofen	1-Preferred Generics	
oxymorphone hcl	1-Preferred Generics	
pentazocine-naloxone hcl	1-Preferred Generics	QL (360 PER 30 DAYS)
tramadol hcl 100 mg tab	2-Generics	QL (120 PER 30 DAYS)
tramadol hcl 50 mg tab	1-Preferred Generics	
tramadol-acetaminophen	2-Generics	QL (240 PER 30 DAYS)
ANESTHETICS		
LOCAL ANESTHETICS		
glydo	1-Preferred Generics	
lidocaine 5 % patch	2-Generics	PA, QL (90 PER 30 DAYS)
lidocaine 5 % ointment	2-Generics	QL (106.32 PER 30 DAYS)
lidocaine hcl urethral/mucosal (urethral/mucosal 2 % gel, urethral/mucosal 2 % prsyr)	1-Preferred Generics	
lidocaine viscous hcl	2-Generics	
lidocaine-prilocaine	2-Generics	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	1-Preferred Generics	
disulfiram (250 mg tab, 500 mg tab)	1-Preferred Generics	
naltrexone hcl 50 mg tab	2-Generics	
VIVITROL	5-Specialty	

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
OPIOID DEPENDENCE TREATMENTS		
buprenorphine hcl 2 mg sl tab	1-Preferred Generics	QL (90 PER 30 DAYS)
buprenorphine hcl 8 mg sl tab	1-Preferred Generics	QL (60 PER 30 DAYS)
buprenorphine hcl-naloxone hcl (2-0.5 mg, 4-1 mg, 12-3 mg)	1-Preferred Generics	QL (60 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 8-2 mg film	1-Preferred Generics	QL (90 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	1-Preferred Generics	QL (120 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	1-Preferred Generics	QL (90 PER 30 DAYS)
LUCEMYRA	4-Non-Preferred Drug	PA, QL (16 PER DAY)
OPIOID REVERSAL AGENTS		
naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)	1-Preferred Generics	
NARCAN	3-Preferred Brands	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	2-Generics	QL (60 PER 30 DAYS)
CHANTIX	3-Preferred Brands	
CHANTIX CONTINUING MONTH PAK	3-Preferred Brands	
CHANTIX STARTING MONTH PAK	3-Preferred Brands	
NICOTROL	3-Preferred Brands	
NICOTROL NS	3-Preferred Brands	

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
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate 500 mg/2ml solution	1-Preferred Generics	
gentak	1-Preferred Generics	
gentamicin in saline (gentamicsale 0.8-0.9 mg/ml-%, gentamicsale 1-0.9 mg/ml-%, gentamicsale 1.2-0.9 mg/ml-%, gentamicsale 1.6-0.9 mg/ml-%)	1-Preferred Generics	
gentamicin sulfate (0.1 % cream, 40 mg/ml solution)	1-Preferred Generics	
gentamicin sulfate (0.1 % ointment, 0.3 % solution)	2-Generics	
neomycin sulfate 500 mg tab	2-Generics	
paromomycin sulfate 250 mg cap	1-Preferred Generics	
streptomycin sulfate 1 gm recon soln	1-Preferred Generics	
tobramycin 0.3 % solution	1-Preferred Generics	
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)	1-Preferred Generics	
ANTIBACTERIALS, OTHER		
bacitracin 500 unit/gm ointment	2-Generics	
benzoyl peroxide-erythromycin	2-Generics	
clindacin etz	2-Generics	
clindacin-p	2-Generics	
clindamycin hcl (150 mg cap, 300 mg cap)	2-Generics	
clindamycin hcl 75 mg cap	1-Preferred Generics	
clindamycin palmitate hcl	2-Generics	

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
clindamycin phosphate (1 % swab, 1 % lotion, 1 % gel, 1 % solution, 2 % cream)	2-Generics	
clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml)	1-Preferred Generics	
clindamycin phosphate in d5w	1-Preferred Generics	
colistimethate sodium (cba)	1-Preferred Generics	
daptomycin 500 mg recon soln	5-Specialty	
daptomycin 350 mg recon soln	5-Specialty	
linezolid 100 mg/5ml recon susp	4-Non-Preferred Drug	QL (1800 PER 30 DAYS)
linezolid 600 mg/300ml solution	4-Non-Preferred Drug	
linezolid 600 mg tab	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
methenamine hippurate	2-Generics	
metronidazole (0.75 % gel, 250 mg tab, 375 mg cap, 500 mg tab)	2-Generics	
metronidazole in nacl 0.74% iv soln 500 mg/100ml	1-Preferred Generics	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	1-Preferred Generics	
MONUROL	3-Preferred Brands	
mupirocin 2 % ointment	2-Generics	
mupirocin calcium	4-Non-Preferred Drug	
nitrofurantoin	1-Preferred Generics	
nitrofurantoin macrocrystal 100 mg cap	2-Generics	
nitrofurantoin macrocrystal 25 mg cap	1-Preferred Generics	
nitrofurantoin macrocrystal 50 mg cap	1-Preferred Generics	QL (112 PER 30 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
nitrofurantoin monohyd macro	2-Generics	
polymyxin b sulfate 500000 unit recon soln	1-Preferred Generics	
TIGECYCLINE	2-Generics	
trimethoprim 100 mg tab	1-Preferred Generics	
vancomycin hcl 125 mg cap	2-Generics	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg cap	2-Generics	QL (240 PER 30 DAYS)
vancomycin hcl (1 gm soln, 10 gm soln, 100 gm soln, 250 mg soln, 750 mg soln)	2-Generics	
vancomycin hcl 500 mg recon soln	1-Preferred Generics	
vandazole	2-Generics	
XIFAXAN 200 MG TAB	4-Non-Preferred Drug	PA
XIFAXAN 550 MG TAB	5-Specialty	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (250 mg cap, 500 mg cap)	1-Preferred Generics	
CEFACLOR ER	1-Preferred Generics	
cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap)	1-Preferred Generics	
cefadroxil 500 mg/5ml recon susp	2-Generics	
cefazolin sodium (1 gm soln, 500 mg soln)	1-Preferred Generics	
cefazolin sodium (10 gm soln, 100 gm soln, 300 gm soln)	2-Generics	
cefdinir (250 mg/5ml recon susp, 300 mg cap)	2-Generics	
cefdinir 125 mg/5ml recon susp	1-Preferred Generics	
cefepime hcl (1 gm soln, 2 gm soln)	1-Preferred Generics	

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
cefixime 400 mg cap	2-Generics	
cefixime (100 mg/5ml, 200 mg/5ml)	1-Preferred Generics	
cefotetan disodium (1 gm soln, 2 gm soln)	1-Preferred Generics	
cefoxitin sodium	1-Preferred Generics	
cefpodoxime proxetil (50 mg/5ml, 100 mg/5ml)	1-Preferred Generics	
cefpodoxime proxetil (100 mg tab, 200 mg tab)	2-Generics	
cefprozil (125 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg tab, 500 mg tab)	1-Preferred Generics	
ceftazidime (1 gm soln, 2 gm soln, 6 gm soln)	1-Preferred Generics	
ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 100 gm soln, 250 mg soln, 500 mg soln)	1-Preferred Generics	
cefuroxime axetil	2-Generics	
cefuroxime sodium	1-Preferred Generics	
cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg cap, 500 mg cap)	1-Preferred Generics	
SUPRAX 400 MG CAP	3-Preferred Brands	
tazicef (1 gm soln, 2 gm soln, 6 gm soln)	1-Preferred Generics	
TEFLARO	4-Non-Preferred Drug	
BETA-LACTAM, OTHER		
AZACTAM 2 GM RECON SOLN	4-Non-Preferred Drug	
aztreonam 1 gm recon soln	1-Preferred Generics	
ertapenem sodium	2-Generics	

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
imipenem-cilastatin	1-Preferred Generics	
meropenem	1-Preferred Generics	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg chew tab, 400 mg/5ml recon susp, 500 mg cap, 875 mg tab)	1-Preferred Generics	
amoxicillin (250 mg/5ml recon susp, 250 mg cap, 500 mg tab)	2-Generics	
amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 200-28.5 mg chew tab, 400-57 mg chew tab)	1-Preferred Generics	
amoxicillin-pot clavulanate (250-62.5 mg/5ml recon susp, 250-125 mg tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)	2-Generics	
amoxicillin-pot clavulanate er	1-Preferred Generics	
ampicillin 500 mg cap	2-Generics	
ampicillin sodium (1 gm soln, 10 gm soln, 125 mg soln)	1-Preferred Generics	
ampicillin-sulbactam sodium	1-Preferred Generics	
BICILLIN L-A	3-Preferred Brands	
dicloxacillin sodium 250 mg cap	1-Preferred Generics	
dicloxacillin sodium 500 mg cap	2-Generics	
nafcillin sodium (1 gm soln, 2 gm soln)	1-Preferred Generics	
NAFCILLIN SODIUM 10 GM RECON SOLN	1-Preferred Generics	
oxacillin sodium	1-Preferred Generics	
OXACILLIN SODIUM IN DEXTROSE	1-Preferred Generics	

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
PENICILLIN G POT IN DEXTROSE (PENICILL40000 UNIT/ML, PENICILL60000 UNIT/ML)	1-Preferred Generics	
penicillin g potassium	1-Preferred Generics	
PENICILLIN G PROCAINE	1-Preferred Generics	
penicillin g sodium	1-Preferred Generics	
penicillin v potassium (125 mg/5ml soln, 250 mg/5ml soln)	1-Preferred Generics	
penicillin v potassium (250 mg tab, 500 mg tab)	2-Generics	
pfizerpen	1-Preferred Generics	
piperacillin sod-tazobactam so	1-Preferred Generics	
MACROLIDES		
AZASITE	3-Preferred Brands	
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 600 mg tab)	1-Preferred Generics	
azithromycin (1 gm packet, 250 mg tab, 500 mg tab)	2-Generics	
clarithromycin (125 mg/5ml, 250 mg/5ml)	1-Preferred Generics	
clarithromycin (250 mg tab, 500 mg tab)	2-Generics	
clarithromycin er	2-Generics	
e.e.s. 400	2-Generics	
ery-tab	2-Generics	
ERYTHROCIN LACTOBIONATE	3-Preferred Brands	
erythromycin (2 % gel, 5 mg/gm ointment, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	2-Generics	

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
erythromycin 2 % solution	1-Preferred Generics	
erythromycin base (250 mg tab dr, 250 mg tab, 250 mg cp dr part, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	2-Generics	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp, 400 mg tab)	2-Generics	
QUINOLONES		
BESIVANCE	3-Preferred Brands	
CILOXAN 0.3 % OINTMENT	4-Non-Preferred Drug	
CIPRO 500 MG/5ML (10%) RECON SUSP	3-Preferred Brands	
ciprofloxacin 500 mg/5ml (10%) recon susp	1-Preferred Generics	
ciprofloxacin hcl (0.2 % solution, 0.3 % solution, 750 mg tab)	2-Generics	
ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab)	1-Preferred Generics	
ciprofloxacin in d5w 200 mg/100ml solution	1-Preferred Generics	
gatifloxacin 0.5 % solution	1-Preferred Generics	
levofloxacin (0.5 % solution, 250 mg tab, 500 mg tab, 750 mg tab)	2-Generics	
levofloxacin 25 mg/ml oral solution	2-Generics	
levofloxacin in d5w (500 mg/100ml, 750 mg/150ml)	1-Preferred Generics	
levofloxacin iv soln 25 mg/ml	1-Preferred Generics	
MOXEZA	4-Non-Preferred Drug	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	1-Preferred Generics	
moxifloxacin hcl (0.5 % solution, 400 mg tab)	2-Generics	

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
moxifloxacin hcl (2x day)	4-Non-Preferred Drug	
moxifloxacin hcl in nacl	1-Preferred Generics	
ofloxacin 0.3 % solution	2-Generics	
ofloxacin (300 mg tab, 400 mg tab)	1-Preferred Generics	
SULFONAMIDES		
SILVADENE	2-Generics	
silver sulfadiazine 1 % cream	1-Preferred Generics	
ssd	1-Preferred Generics	
sulfacetamide sodium 10 % ointment	1-Preferred Generics	
sulfacetamide sodium 10 % solution	2-Generics	
sulfacetamide sodium (acne)	1-Preferred Generics	
SULFADIAZINE 500 MG TAB	1-Preferred Generics	
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	2-Generics	
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	1-Preferred Generics	
TETRACYCLINES		
demeclocycline hcl	1-Preferred Generics	
doxy 100	2-Generics	
doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg recon soln, 100 mg tab, 100 mg cap, 150 mg tab)	2-Generics	
doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg tab dr, 150 mg tab dr, 200 mg tab dr)	1-Preferred Generics	
doxycycline monohydrate (50 mg tab, 100 mg tab, 100 mg cap)	2-Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg cap, 75 mg tab, 150 mg tab)	1-Preferred Generics	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	1-Preferred Generics	
mondoxyne nl 100 mg cap	2-Generics	
mondoxyne nl 75 mg cap	1-Preferred Generics	
morgidox	2-Generics	
okebo	1-Preferred Generics	
soloxide	1-Preferred Generics	
tetracycline hcl (250 mg cap, 500 mg cap)	1-Preferred Generics	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT 50 MG/5ML SOLUTION	4-Non-Preferred Drug	
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5-Specialty	
EPIDIOLEX	5-Specialty	PA - FOR NEW STARTS ONLY
FINTEPLA	5-Specialty	PA - FOR NEW STARTS ONLY
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	2-Generics	
levetiracetam er	2-Generics	
levetiracetam in nacl	1-Preferred Generics	
NAYZILAM	4-Non-Preferred Drug	PA - FOR NEW STARTS ONLY
roweepra	2-Generics	
roweepra xr	2-Generics	
SPRITAM	4-Non-Preferred Drug	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	3-Preferred Brands	
ethosuximide (250 mg/5ml solution, 250 mg cap)	1-Preferred Generics	
zonisamide (25 mg cap, 50 mg cap)	1-Preferred Generics	
zonisamide 100 mg cap	2-Generics	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam 2.5 mg/ml suspension	2-Generics	QL (480 PER 30 DAYS)
clobazam (10 mg tab, 20 mg tab)	2-Generics	QL (60 PER 30 DAYS)
DIASTAT ACUDIAL	3-Preferred Brands	
DIASTAT PEDIATRIC	3-Preferred Brands	
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	2-Generics	
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	1-Preferred Generics	
divalproex sodium er	1-Preferred Generics	
gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	2-Generics	
GRALISE	4-Non-Preferred Drug	
GRALISE STARTER	4-Non-Preferred Drug	
phenobarbital (15 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab)	2-Generics	
phenobarbital (16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 97.2 mg tab, 100 mg tab)	1-Preferred Generics	
primidone 250 mg tab	1-Preferred Generics	

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 50 mg tab	2-Generics	
SYMPAZAN	4-Non-Preferred Drug	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
tiagabine hcl	1-Preferred Generics	
valproate sodium (100 mg/ml, 250 mg/5ml, 500 mg/5ml)	2-Generics	
valproic acid (250 mg cap, 250 mg/5ml solution)	2-Generics	
VALTOCO 10 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
vigabatrin (500 mg tab, 500 mg packet)	5-Specialty	
vigadrone	5-Specialty	
GLUTAMATE REDUCING AGENTS		
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	1-Preferred Generics	
FYCOMPA (0.5 MG/ML SUSPENSION, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	3-Preferred Brands	
LAMICTAL XR (21 X 25 MG 7 X 50 MG, 25 50 100 MG, 50 100 200 MG)	3-Preferred Brands	
lamotrigine (5 mg chew tab, 25 mg tab, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 100 mg tab, 150 mg tab, 200 mg tab, 200 mg tab disp)	1-Preferred Generics	
lamotrigine er	1-Preferred Generics	
lamotrigine starter kit-blue	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lamotrigine starter kit-green	1-Preferred Generics	
lamotrigine starter kit-orange	1-Preferred Generics	
subvenite	1-Preferred Generics	
subvenite starter kit-blue	1-Preferred Generics	
subvenite starter kit-green	1-Preferred Generics	
subvenite starter kit-orange	1-Preferred Generics	
topiramate (15 mg cap, 25 mg cap)	1-Preferred Generics	
topiramate (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	QL (180 PER 30 DAYS)
topiramate 200 mg tab	1-Preferred Generics	QL (120 PER 30 DAYS)
topiramate er	1-Preferred Generics	
TROKENDI XR	4-Non-Preferred Drug	
XCOPRI (14 X 50 MG & 14 X100 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5-Specialty	
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drug	
XCOPRI (250 MG DAILY DOSE)	5-Specialty	
XCOPRI (350 MG DAILY DOSE)	5-Specialty	
SODIUM CHANNEL AGENTS		
APTIOM	5-Specialty	
BANZEL (40 MG/ML SUSPENSION, 200 MG TAB, 400 MG TAB)	5-Specialty	
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)	1-Preferred Generics	

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
carbamazepine er (er 100 mg tab er, er 100 mg cap er, er 200 mg tab er, er 200 mg cap er, er 300 mg cap er, er 400 mg tab er)	1-Preferred Generics	
DILANTIN 30 MG CAP	3-Preferred Brands	
epitol	1-Preferred Generics	
fosphenytoin sodium	1-Preferred Generics	
oxcarbazepine (150 mg tab, 300 mg/5ml suspension, 300 mg tab, 600 mg tab)	2-Generics	
OXTELLAR XR	4-Non-Preferred Drug	
PEGANONE	3-Preferred Brands	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	1-Preferred Generics	
phenytoin infatabs	1-Preferred Generics	
phenytoin sodium 50 mg/ml solution	1-Preferred Generics	
phenytoin sodium extended	1-Preferred Generics	
VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG/20ML SOLUTION, 200 MG TAB)	3-Preferred Brands	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ergoloid mesylates 1 mg tab	1-Preferred Generics	PA
CHOLINESTERASE INHIBITORS		
donepezil hcl 23 mg tab	1-Preferred Generics	

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
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	1-Preferred Generics	QL (60 PER 30 DAYS)
galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)	1-Preferred Generics	
galantamine hydrobromide er	1-Preferred Generics	
NAMZARIC (7 & 14 & 21 &28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	4-Non-Preferred Drug	
rivastigmine	2-Generics	QL (30 PER 30 DAYS)
rivastigmine tartrate	2-Generics	QL (60 PER 30 DAYS)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)	2-Generics	
memantine hcl (5 mg tab, 10 mg tab)	2-Generics	QL (60 PER 30 DAYS)
memantine hcl er	2-Generics	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
APLENZIN	5-Specialty	
bupropion hcl (75 mg tab, 100 mg tab)	2-Generics	QL (120 PER 30 DAYS)
bupropion hcl er (sr)	2-Generics	QL (60 PER 30 DAYS)
bupropion hcl er (xl) (er (xl) 300 mg tab er, er (xl) 450 mg tab er)	2-Generics	QL (30 PER 30 DAYS)
bupropion hcl er (xl) 150 mg tab er 24h	2-Generics	QL (90 PER 30 DAYS)
chlordiazepoxide-amitriptyline	1-Preferred Generics	
mirtazapine (15 mg tab, 15 mg tab disp)	2-Generics	QL (90 PER 30 DAYS)
mirtazapine (30 mg tab disp, 30 mg tab)	2-Generics	QL (60 PER 30 DAYS)
mirtazapine (7.5 mg tab, 45 mg tab disp, 45 mg tab)	2-Generics	QL (30 PER 30 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
olanzapine-fluoxetine hcl	1-Preferred Generics	
perphenazine-amitriptyline	1-Preferred Generics	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	3-Preferred Brands	
MARPLAN	3-Preferred Brands	
phenelzine sulfate 15 mg tab	1-Preferred Generics	
tranylcypromine sulfate	2-Generics	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide 10 mg/5ml solution	1-Preferred Generics	
citalopram hydrobromide (20 mg tab, 40 mg tab)	1-Preferred Generics	QL (45 PER 30 DAYS)
citalopram hydrobromide 10 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
DESVENLAFAXINE ER	2-Generics	
desvenlafaxine succinate er	2-Generics	
escitalopram oxalate 5 mg/5ml solution	1-Preferred Generics	QL (600 PER 30 DAYS)
escitalopram oxalate 10 mg tab	1-Preferred Generics	QL (45 PER 30 DAYS)
escitalopram oxalate 20 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
escitalopram oxalate 5 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drug	
FETZIMA TITRATION	4-Non-Preferred Drug	
fluoxetine hcl 40 mg cap	1-Preferred Generics	QL (60 PER 30 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
fluoxetine hcl 90 mg cap dr	1-Preferred Generics	QL (4 PER 28 DAYS)
fluoxetine hcl 20 mg/5ml solution	1-Preferred Generics	
fluoxetine hcl (10 mg tab, 10 mg cap)	1-Preferred Generics	QL (90 PER 30 DAYS)
fluoxetine hcl (20 mg cap, 20 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
fluoxetine hcl 60 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
fluoxetine hcl (pmdd) 10 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
fluoxetine hcl (pmdd) 20 mg tab	1-Preferred Generics	QL (120 PER 30 DAYS)
fluvoxamine maleate	1-Preferred Generics	QL (90 PER 30 DAYS)
fluvoxamine maleate er	1-Preferred Generics	
maprotiline hcl	1-Preferred Generics	
nefazodone hcl (50 mg tab, 100 mg tab, 250 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
nefazodone hcl 150 mg tab	1-Preferred Generics	QL (120 PER 30 DAYS)
nefazodone hcl 200 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
paroxetine hcl	1-Preferred Generics	
paroxetine hcl er	2-Generics	
paroxetine mesylate	2-Generics	
PAXIL 10 MG/5ML SUSPENSION	3-Preferred Brands	
PEXEVA	3-Preferred Brands	
sertraline hcl 20 mg/ml conc	1-Preferred Generics	QL (300 PER 30 DAYS)
sertraline hcl (25 mg tab, 50 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sertraline hcl 100 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	1-Preferred Generics	
TRINTELLIX	4-Non-Preferred Drug	
venlafaxine hcl	1-Preferred Generics	
venlafaxine hcl er (er 150 mg tab er, er 150 mg cap er)	1-Preferred Generics	QL (60 PER 30 DAYS)
venlafaxine hcl er (er 37.5 mg cap er, er 37.5 mg tab er, er 75 mg cap er, er 75 mg tab er)	1-Preferred Generics	QL (90 PER 30 DAYS)
venlafaxine hcl er 225 mg tab er 24h	1-Preferred Generics	QL (30 PER 30 DAYS)
VIIBRYD	4-Non-Preferred Drug	
VIIBRYD STARTER PACK	4-Non-Preferred Drug	
TRICYCLICS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1-Preferred Generics	
amoxapine	1-Preferred Generics	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	2-Generics	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1-Preferred Generics	
doxepin hcl (10 mg/ml conc, 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	2-Generics	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	1-Preferred Generics	
imipramine pamoate	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
protriptyline hcl 10 mg tab	2-Generics	
protriptyline hcl 5 mg tab	1-Preferred Generics	
trimipramine maleate (25 mg cap, 50 mg cap)	1-Preferred Generics	QL (180 PER 30 DAYS)
trimipramine maleate 100 mg cap	1-Preferred Generics	QL (90 PER 30 DAYS)
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro	1-Preferred Generics	
meclizine hcl (12.5 mg tab, 25 mg tab)	1-Preferred Generics	
metoclopramide hcl (5 mg tab, 10 mg tab)	2-Generics	
metoclopramide hcl (5 mg/5ml solution, 5 mg tab disp, 10 mg tab disp, 10 mg/10ml solution)	1-Preferred Generics	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	1-Preferred Generics	
phenadoz 12.5 mg suppos	1-Preferred Generics	
phenadoz 25 mg suppos	2-Generics	
prochlorperazine	1-Preferred Generics	
prochlorperazine edisylate (10 mg/2ml, 50 mg/10ml)	1-Preferred Generics	
prochlorperazine maleate (5 mg tab, 10 mg tab)	2-Generics	
promethazine hcl 12.5 mg suppos	1-Preferred Generics	
promethazine hcl 25 mg suppos	2-Generics	
promethazine hcl 50 mg tab	1-Preferred Generics	PA
promethegan (12.5 mg, 50 mg)	1-Preferred Generics	

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
promethegan 25 mg suppos	2-Generics	
scopolamine	2-Generics	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant	2-Generics	PA - TO CONFIRM PART D COVERAGE
dronabinol	2-Generics	PA
EMEND 125 MG/5ML RECON SUSP	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
granisetron hcl 1 mg tab	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS)
ondansetron 4 mg tab disp	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS)
ondansetron 8 mg tab disp	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
ondansetron hcl 4 mg/5ml solution	2-Generics	PA - TO CONFIRM PART D COVERAGE
ondansetron hcl 24 mg tab	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (30 PER 30 DAYS)
ondansetron hcl 4 mg tab	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS)
ondansetron hcl 8 mg tab	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
ondansetron hcl inj 4 mg/2ml	1-Preferred Generics	
ANTIFUNGALS		
ABELCET	5-Specialty	PA - TO CONFIRM PART D COVERAGE
AMBISOME	5-Specialty	PA - TO CONFIRM PART D COVERAGE
amphotericin b 50 mg recon soln	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
caspofungin acetate	2-Generics	
ciclodan	2-Generics	
ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)	2-Generics	
ciclopirox olamine (0.77 % suspension, 0.77 % cream)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clotrimazole (1 % cream, 1 % solution, 10 mg troche)	2-Generics	
econazole nitrate 1 % cream	2-Generics	
fluconazole (10 mg/ml, 40 mg/ml)	1-Preferred Generics	
fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
fluconazole in sodium chloride (200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%)	2-Generics	
flucytosine (250 mg cap, 500 mg cap)	1-Preferred Generics	
griseofulvin microsize 125 mg/5ml suspension	1-Preferred Generics	
griseofulvin microsize 500 mg tab	2-Generics	
griseofulvin ultramicrosize 125 mg tab	1-Preferred Generics	
griseofulvin ultramicrosize 250 mg tab	2-Generics	
GYNAZOLE-1	3-Preferred Brands	
itraconazole (10 mg/ml solution, 100 mg cap)	2-Generics	
ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)	2-Generics	
naftifine hcl (1 %, 2 %)	1-Preferred Generics	
NATACYN	3-Preferred Brands	
NOXAFIL (40 MG/ML SUSPENSION, 100 MG TAB DR)	5-Specialty	
nyamyc	1-Preferred Generics	
nystatin 100000 unit/gm powder	1-Preferred Generics	
nystatin (100000 unit/gm ointment, 100000 unit/ml suspension, 100000 unit/gm cream, 500000 unit tab)	2-Generics	

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
nystop	1-Preferred Generics	
oxiconazole nitrate	1-Preferred Generics	
posaconazole	5-Specialty	
terbinafine hcl 250 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
terconazole (0.4 %, 0.8 %)	2-Generics	
terconazole 80 mg suppos	1-Preferred Generics	
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab, 200 mg recon soln)	2-Generics	
ANTIGOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	2-Generics	
colchicine (0.6 mg tab, 0.6 mg cap)	2-Generics	
colchicine-probenecid	2-Generics	
febuxostat	2-Generics	ST
probenecid	1-Preferred Generics	
ULORIC	3-Preferred Brands	ST
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AIMOVIG	4-Non-Preferred Drug	PA, QL (1 PER 28 DAYS)
AJOVY 225 MG/1.5ML SOLN A-INJ	4-Non-Preferred Drug	PA, QL (1.5 PER 28 DAYS)
AJOVY 225 MG/1.5ML SOLN PRSYR	4-Non-Preferred Drug	PA, QL (1.5 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	4-Non-Preferred Drug	PA
EMGALITY (300 MG DOSE)	4-Non-Preferred Drug	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
ERGOT ALKALOIDS		
dihydroergotamine mesylate 4 mg/ml solution	2-Generics	
ergotamine-caffeine	2-Generics	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
almotriptan malate	1-Preferred Generics	QL (9 PER 30 DAYS)
frovatriptan succinate	2-Generics	
naratriptan hcl 1 mg tab	2-Generics	QL (9 PER 30 DAYS)
naratriptan hcl 2.5 mg tab	1-Preferred Generics	QL (9 PER 30 DAYS)
rizatriptan benzoate (10 mg tab disp, 10 mg tab)	2-Generics	
rizatriptan benzoate (5 mg tab, 5 mg tab disp)	1-Preferred Generics	
sumatriptan (5 mg/act, 20 mg/act)	2-Generics	
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsyr, 6 mg/0.5ml solution)	2-Generics	
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	2-Generics	QL (9 PER 30 DAYS)
sumatriptan succinate refill	2-Generics	
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	1-Preferred Generics	QL (9 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
GUANIDINE HCL	1-Preferred Generics	
pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)	2-Generics	
pyridostigmine bromide er	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tab, 100 mg tab)	2-Generics	
rifabutin	1-Preferred Generics	
ANTITUBERCULARS		
ethambutol hcl (100 mg tab, 400 mg tab)	2-Generics	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	1-Preferred Generics	
PASER	4-Non-Preferred Drug	
PRETOMANID	3-Preferred Brands	
PRIFTIN	3-Preferred Brands	
pyrazinamide 500 mg tab	2-Generics	
rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)	2-Generics	
RIFATER	3-Preferred Brands	
SIRTURO	5-Specialty	
TRECATOR	4-Non-Preferred Drug	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
BICNU	3-Preferred Brands	
busulfan	5-Specialty	
cyclophosphamide (25 mg cap, 50 mg cap)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	3-Preferred Brands	

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
IFEX 3 GM RECON SOLN	1-Preferred Generics	
ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution, 3 gm recon soln)	1-Preferred Generics	
LEUKERAN	3-Preferred Brands	
MATULANE	5-Specialty	
melphalan hcl	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TREANDA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
VALCHLOR	5-Specialty	
YONDELIS	5-Specialty	
ANTIANDROGENS		
abiraterone acetate	5-Specialty	
bicalutamide	2-Generics	QL (30 PER 30 DAYS)
ERLEADA	5-Specialty	
flutamide	1-Preferred Generics	
nilutamide	5-Specialty	
NUBEQA	5-Specialty	
XTANDI	5-Specialty	
YONSA	5-Specialty	
ZYTIGA 500 MG TAB	5-Specialty	
ANTIANGIOGENIC AGENTS		
POMALYST	5-Specialty	
REVLIMID	5-Specialty	
THALOMID	5-Specialty	PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
EMCYT	3-Preferred Brands	
FASLODEX	5-Specialty	
SOLTAMOX	3-Preferred Brands	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tamoxifen citrate (10 mg tab, 20 mg tab)	2-Generics	
toremifene citrate	2-Generics	
ANTIMETABOLITES		
adrucil	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
ALIMTA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
cladribine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
clofarabine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
cytarabine	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
cytarabine (pf)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
DROXIA	3-Preferred Brands	
fluorouracil 5 % cream	2-Generics	
fluorouracil (1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
fluorouracil (2 %, 5 %)	1-Preferred Generics	
FOLOTYN 40 MG/2ML SOLUTION	5-Specialty	
gemcitabine hcl 1 gm recon soln	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
hydroxyurea 500 mg cap	2-Generics	
mercaptopurine 50 mg tab	2-Generics	
NIPENT	5-Specialty	PA - TO CONFIRM PART D COVERAGE
PURIXAN	3-Preferred Brands	
TABLOID	3-Preferred Brands	
ANTINEOPLASTICS, OTHER		
ABRAXANE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
adriamycin 2 mg/ml solution	1-Preferred Generics	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
ALUNBRIG (30 MG TAB, 90 MG TAB, 90 & 180 MG TAB THPK, 180 MG TAB)	5-Specialty	
ARRANON	5-Specialty	
arsenic trioxide 10 mg/10ml solution	5-Specialty	PA - TO CONFIRM PART D COVERAGE
AYVAKIT	5-Specialty	
azacitidine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BALVERSA	5-Specialty	
bleomycin sulfate 30 unit recon soln	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
BORTEZOMIB	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BRUKINSA	5-Specialty	
carboplatin	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
cisplatin	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
COPIKTRA	5-Specialty	
dacarbazine 200 mg recon soln	1-Preferred Generics	
dactinomycin	5-Specialty	PA - TO CONFIRM PART D COVERAGE
daunorubicin hcl 20 mg/4ml solution	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
DAUNORUBICIN HCL 50 MG/10ML SOLUTION	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
decitabine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
docetaxel (20 mg/ml conc, 20 mg/2ml solution, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc, 200 mg/10ml conc)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
doxorubicin hcl 2 mg/ml solution	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
doxorubicin hcl liposomal	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
epirubicin hcl	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
ERWINAZE	5-Specialty	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fludarabine phosphate 50 mg recon soln	1-Preferred Generics	
HALAVEN	5-Specialty	
idarubicin hcl	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IDHIFA	5-Specialty	
INQOVI	5-Specialty	
INREBIC	5-Specialty	
ISTODAX (OVERFILL)	5-Specialty	
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)	1-Preferred Generics	
levoleucovorin calcium 50 mg recon soln	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
levoleucovorin calcium pf 175 mg/17.5ml solution	1-Preferred Generics	
levoleucovorin calcium pf 250 mg/25ml solution	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
LONSURF	5-Specialty	
LYSODREN	5-Specialty	
mitomycin (5 mg soln, 20 mg soln, 40 mg soln)	1-Preferred Generics	
mitoxantrone hcl	1-Preferred Generics	
mutamycin	1-Preferred Generics	
NINLARO	5-Specialty	
ONUREG	5-Specialty	PA - FOR NEW STARTS ONLY
paclitaxel (30 mg/5ml, 100 mg/16.7ml, 150 mg/25ml, 300 mg/50ml)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
paraplatin (50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
PEMAZYRE	5-Specialty	
PROLEUKIN	5-Specialty	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QINLOCK	5-Specialty	PA - FOR NEW STARTS ONLY
RETEVMO	5-Specialty	PA - FOR NEW STARTS ONLY
ROMIDEPSIN 10 MG RECON SOLN	5-Specialty	
ROZLYTREK	5-Specialty	
RUBRACA	5-Specialty	
RYDAPT	5-Specialty	
SYLATRON	5-Specialty	
SYNRIBO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TABRECTA	5-Specialty	PA - FOR NEW STARTS ONLY
TAZVERIK	5-Specialty	
TIBSOVO	5-Specialty	
TRISENOX	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TURALIO	5-Specialty	
VELCADE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
vinblastine sulfate	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
vincasar pfs	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
vincristine sulfate	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
vinorelbine tartrate 50 mg/5ml solution	1-Preferred Generics	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY
VIZIMPRO	5-Specialty	
VYXEOS	5-Specialty	PA - TO CONFIRM PART D COVERAGE
XOSPATA	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY

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
XPOVIO (80 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
ZANOSAR	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
ZOLINZA	5-Specialty	
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tab	2-Generics	QL (30 PER 30 DAYS)
exemestane	2-Generics	
letrozole 2.5 mg tab	1-Preferred Generics	
ENZYME INHIBITORS		
etoposide (1 gm/50ml, 100 mg/5ml, 500 mg/25ml)	1-Preferred Generics	
GAVRETO	5-Specialty	PA - FOR NEW STARTS ONLY
irinotecan hcl 100 mg/5ml solution	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
PIQRAY (200 MG DAILY DOSE)	5-Specialty	
PIQRAY (250 MG DAILY DOSE)	5-Specialty	
PIQRAY (300 MG DAILY DOSE)	5-Specialty	
toposar	1-Preferred Generics	
topotecan hcl 4 mg recon soln	5-Specialty	PA - TO CONFIRM PART D COVERAGE
MOLECULAR TARGET INHIBITORS		
AFINITOR	5-Specialty	
AFINITOR DISPERZ	5-Specialty	
ALECENSA	5-Specialty	
ALIQOPA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BAVENCIO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BELEODAQ	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BOSULIF	5-Specialty	
BRAFTOVI 75 MG CAP	5-Specialty	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX	5-Specialty	
CALQUENCE	5-Specialty	
CAPRELSA	5-Specialty	
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	
COTELLIC	5-Specialty	
DAURISMO	5-Specialty	
ERIVEDGE	5-Specialty	
erlotinib hcl	5-Specialty	
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab)	5-Specialty	
FARYDAK	5-Specialty	
GILOTRIF	5-Specialty	
HERCEPTIN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IBRANCE (75 MG TAB, 75 MG CAP, 100 MG CAP, 100 MG TAB, 125 MG TAB, 125 MG CAP)	5-Specialty	
ICLUSIG	5-Specialty	
imatinib mesylate	5-Specialty	
IMBRUVICA (70 MG CAP, 140 MG TAB, 140 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	5-Specialty	
INLYTA	5-Specialty	
IRESSA	5-Specialty	
JAKAFI	5-Specialty	
JEVTANA	5-Specialty	
KISQALI (200 MG DOSE)	5-Specialty	
KISQALI (400 MG DOSE)	5-Specialty	
KISQALI (600 MG DOSE)	5-Specialty	
KISQALI FEMARA (400 MG DOSE)	5-Specialty	
KISQALI FEMARA (600 MG DOSE)	5-Specialty	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI FEMARA(200 MG DOSE)	5-Specialty	
KOSELUGO	5-Specialty	
KYPROLIS (30 MG SOLN, 60 MG SOLN)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
lapatinib ditosylate	5-Specialty	
LENVIMA (10 MG DAILY DOSE)	5-Specialty	
LENVIMA (12 MG DAILY DOSE)	5-Specialty	
LENVIMA (14 MG DAILY DOSE)	5-Specialty	
LENVIMA (18 MG DAILY DOSE)	5-Specialty	
LENVIMA (20 MG DAILY DOSE)	5-Specialty	
LENVIMA (24 MG DAILY DOSE)	5-Specialty	
LENVIMA (4 MG DAILY DOSE)	5-Specialty	
LENVIMA (8 MG DAILY DOSE)	5-Specialty	
LORBRENA	5-Specialty	
LYNPARZA	5-Specialty	
MEKINIST	5-Specialty	
MEKTOVI	5-Specialty	
NERLYNX	5-Specialty	
NEXAVAR	5-Specialty	QL (120 PER 30 DAYS)
ODOMZO	5-Specialty	
oxaliplatin (100 mg/20ml solution, 100 mg recon soln)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
SPRYCEL	5-Specialty	
STIVARGA	5-Specialty	
SUTENT (25 MG CAP, 50 MG CAP)	5-Specialty	QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAP	5-Specialty	QL (90 PER 30 DAYS)
SUTENT 37.5 MG CAP	5-Specialty	
TAFINLAR	5-Specialty	
TAGRISSO	5-Specialty	
TALZENNA	5-Specialty	
TASIGNA	5-Specialty	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TUKYSA	5-Specialty	
TYKERB	5-Specialty	
VENCLEXTA (10 MG TAB, 50 MG TAB)	3-Preferred Brands	
VENCLEXTA 100 MG TAB	5-Specialty	
VENCLEXTA STARTING PACK	3-Preferred Brands	
VERZENIO	5-Specialty	
VOTRIENT	5-Specialty	
XALKORI	5-Specialty	
ZALTRAP 100 MG/4ML SOLUTION	5-Specialty	
ZEJULA	5-Specialty	
ZELBORAF	5-Specialty	
ZYDELIG	5-Specialty	
ZYKADIA (150 MG TAB, 150 MG CAP)	5-Specialty	
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
AVASTIN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
CYRAMZA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
DARZALEX	5-Specialty	
EMPLICITI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ERBITUX 100 MG/50ML SOLUTION	5-Specialty	
IMFINZI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
KADCYLA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
KEYTRUDA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LARTRUVO	5-Specialty	
MYLOTARG	5-Specialty	PA - TO CONFIRM PART D COVERAGE
OPDIVO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
PERJETA	5-Specialty	
RITUXAN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
RITUXAN HYCELA	5-Specialty	PA - TO CONFIRM PART D COVERAGE

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TECENTRIQ 1200 MG/20ML SOLUTION	5-Specialty	PA - TO CONFIRM PART D COVERAGE
VECTIBIX 100 MG/5ML SOLUTION	5-Specialty	PA - TO CONFIRM PART D COVERAGE
YERVOY 50 MG/10ML SOLUTION	5-Specialty	
RETINOIDS		
bexarotene	5-Specialty	
PANRETIN	5-Specialty	
TARGRETIN 1 % GEL	3-Preferred Brands	
tretinoin 10 mg cap	5-Specialty	
TREATMENT ADJUNCTS		
dexrazoxane hcl 250 mg recon soln	5-Specialty	PA - TO CONFIRM PART D COVERAGE
mesna	1-Preferred Generics	
MESNEX 400 MG TAB	5-Specialty	
ANTIPARASITICS		
ANTIHELMINTHICS		
albendazole 200 mg tab	2-Generics	
ivermectin 3 mg tab	2-Generics	
praziquantel 600 mg tab	2-Generics	
ANTIPROTOZOALS		
ALINIA (100 MG/5ML RECON SUSP, 500 MG TAB)	3-Preferred Brands	
atovaquone 750 mg/5ml suspension	2-Generics	
atovaquone-proguanil hcl	1-Preferred Generics	
BENZNIDAZOLE	2-Generics	
chloroquine phosphate (250 mg tab, 500 mg tab)	1-Preferred Generics	
COARTEM	3-Preferred Brands	
DARAPRIM	5-Specialty	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydroxychloroquine sulfate 200 mg tab	2-Generics	
mefloquine hcl	2-Generics	
NEBUPENT	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
PENTAM	3-Preferred Brands	
pentamidine isethionate 300 mg inject soln	2-Generics	
pentamidine isethionate for nebulization soln 300 mg	2-Generics	PA - TO CONFIRM PART D COVERAGE
primaquine phosphate	1-Preferred Generics	
pyrimethamine 25 mg tab	5-Specialty	
quinine sulfate 324 mg cap	1-Preferred Generics	
PEDICULICIDES/SCABICIDES		
lindane	2-Generics	
malathion	1-Preferred Generics	
permethrin 5 % cream	2-Generics	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	1-Preferred Generics	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	1-Preferred Generics	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (50 mg/5ml syrup, 100 mg tab, 100 mg cap)	2-Generics	
carbidopa-levodopa-entacapone	1-Preferred Generics	
entacapone	1-Preferred Generics	

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
tolcapone	5-Specialty	
DOPAMINE AGONISTS		
APOKYN	5-Specialty	
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	2-Generics	
NEUPRO	3-Preferred Brands	
pramipexole dihydrochloride	1-Preferred Generics	
pramipexole dihydrochloride er	1-Preferred Generics	
ropinirole hcl	1-Preferred Generics	
ropinirole hcl er	1-Preferred Generics	
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	1-Preferred Generics	
carbidopa-levodopa (10-100 mg tab disp, 10-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp, 25-100 mg tab)	1-Preferred Generics	
carbidopa-levodopa er	1-Preferred Generics	
RYTARY	4-Non-Preferred Drug	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate	2-Generics	
selegiline hcl (5 mg cap, 5 mg tab)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 200 mg tab)	2-Generics	
fluphenazine decanoate 25 mg/ml solution	1-Preferred Generics	
fluphenazine hcl 2.5 mg/5ml elixir	2-Generics	
fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/ml solution, 5 mg/ml conc, 5 mg tab, 10 mg tab)	1-Preferred Generics	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	2-Generics	
haloperidol 20 mg tab	1-Preferred Generics	
haloperidol decanoate (50 mg/ml, 100 mg/ml)	2-Generics	
haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)	1-Preferred Generics	
loxapine succinate	2-Generics	
molindone hcl	2-Generics	
pimozide	2-Generics	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
thiothixene	1-Preferred Generics	
trifluoperazine hcl	2-Generics	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG SRER, 400 MG PRSYR)	5-Specialty	
ABILIFY MYCITE (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 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
ABILIFY MYCITE 2 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2-Generics	
aripiprazole (10 mg tab disp, 15 mg tab disp)	4-Non-Preferred Drug	
ARISTADA	5-Specialty	
ARISTADA INITIO	5-Specialty	QL (2.4 PER 28 DAYS)
CAPLYTA	5-Specialty	QL (30 PER 30 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	4-Non-Preferred Drug	
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	
FANAPT TITRATION PACK	4-Non-Preferred Drug	
GEODON 20 MG RECON SOLN	3-Preferred Brands	
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3-Preferred Brands	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3-Preferred Brands	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.875ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.315ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.625ML SUSP PRSYR	5-Specialty	QL (2.62 PER 84 DAYS)
LATUDA	5-Specialty	

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
NUPLAZID (10 MG TAB, 34 MG CAP)	5-Specialty	QL (30 PER 30 DAYS)
olanzapine (2.5 mg tab, 5 mg tab disp, 5 mg tab, 7.5 mg tab, 10 mg tab disp, 10 mg tab, 10 mg recon soln, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)	1-Preferred Generics	
paliperidone er 1.5 mg tab er 24h	2-Generics	QL (240 PER 30 DAYS)
paliperidone er 3 mg tab er 24h	2-Generics	QL (120 PER 30 DAYS)
paliperidone er 6 mg tab er 24h	2-Generics	QL (60 PER 30 DAYS)
paliperidone er 9 mg tab er 24h	2-Generics	QL (30 PER 30 DAYS)
PERSERIS	5-Specialty	QL (1 PER 28 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	2-Generics	QL (60 PER 30 DAYS)
quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)	2-Generics	QL (90 PER 30 DAYS)
quetiapine fumarate 25 mg tab	2-Generics	QL (120 PER 30 DAYS)
quetiapine fumarate er	2-Generics	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG, 25 MG)	3-Preferred Brands	
RISPERDAL CONSTA (37.5 MG, 50 MG)	5-Specialty	
risperidone 1 mg/ml solution	1-Preferred Generics	
risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp, 3 mg tab, 4 mg tab disp, 4 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
risperidone 0.5 mg tab disp	1-Preferred Generics	QL (120 PER 30 DAYS)
risperidone 1 mg tab disp	1-Preferred Generics	QL (30 PER 30 DAYS)
risperidone 3 mg tab disp	1-Preferred Generics	QL (90 PER 30 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
risperidone m-tab (2 mg tab disp, 4 mg tab disp)	1-Preferred Generics	QL (60 PER 30 DAYS)
risperidone m-tab 0.5 mg tab disp	1-Preferred Generics	QL (120 PER 30 DAYS)
risperidone m-tab 1 mg tab disp	1-Preferred Generics	QL (30 PER 30 DAYS)
risperidone m-tab 3 mg tab disp	1-Preferred Generics	QL (90 PER 30 DAYS)
SAPHRIS	4-Non-Preferred Drug	
SECUADO	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	
VRAYLAR 1.5 & 3 MG CAP THPK	4-Non-Preferred Drug	
ziprasidone hcl	2-Generics	QL (60 PER 30 DAYS)
ziprasidone mesylate	2-Generics	
ZYPREXA RELPREVV	4-Non-Preferred Drug	
TREATMENT-RESISTANT		
clozapine 100 mg tab	1-Preferred Generics	QL (270 PER 30 DAYS)
clozapine 200 mg tab	1-Preferred Generics	QL (120 PER 30 DAYS)
clozapine 25 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
clozapine 50 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	1-Preferred Generics	
VERSACLOZ	4-Non-Preferred Drug	

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
ANTISPASTICITY AGENTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2-Generics	
BOTOX	3-Preferred Brands	PA
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	1-Preferred Generics	
tizanidine hcl (2 mg tab, 4 mg tab)	2-Generics	
XEOMIN	3-Preferred Brands	PA
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)	2-Generics	
ZIRGAN	3-Preferred Brands	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	1-Preferred Generics	
BARACLUDE 0.05 MG/ML SOLUTION	3-Preferred Brands	QL (600 PER 30 DAYS)
entecavir	2-Generics	
EPIVIR HBV 5 MG/ML SOLUTION	3-Preferred Brands	
lamivudine 100 mg tab	1-Preferred Generics	
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS		
LEDIPASVIR-SOFOSBUVIR	5-Specialty	PA
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA
ZEPATIER	5-Specialty	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
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN)	5-Specialty	
PEGASYS	5-Specialty	
PEGASYS PROCLICK	5-Specialty	
REBETOL 40 MG/ML SOLUTION	3-Preferred Brands	
ribasphere 200 mg cap	2-Generics	
ribavirin (200 mg cap, 200 mg tab)	2-Generics	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	5-Specialty	QL (30 PER 30 DAYS)
GENVOYA	5-Specialty	QL (30 PER 30 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET)	3-Preferred Brands	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
ISENTRESS HD	5-Specialty	QL (60 PER 30 DAYS)
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
TIVICAY 10 MG TAB	3-Preferred Brands	QL (60 PER 30 DAYS)
TIVICAY PD	3-Preferred Brands	QL (180 PER 30 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA	5-Specialty	QL (30 PER 30 DAYS)
COMPLERA	5-Specialty	QL (30 PER 30 DAYS)
DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	3-Preferred Brands	QL (30 PER 30 DAYS)
efavirenz 200 mg cap	2-Generics	QL (90 PER 30 DAYS)
efavirenz 50 mg cap	2-Generics	QL (240 PER 30 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
efavirenz 600 mg tab	2-Generics	QL (30 PER 30 DAYS)
efavirenz-emtricitab-tenofovir	5-Specialty	QL (30 PER 30 DAYS)
efavirenz-lamivudine-tenofovir	5-Specialty	QL (30 PER 30 DAYS)
INTELENCE (100 MG TAB, 200 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
INTELENCE 25 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
nevirapine 50 mg/5ml suspension	1-Preferred Generics	
nevirapine 200 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
nevirapine er 100 mg tab er 24h	1-Preferred Generics	QL (120 PER 30 DAYS)
nevirapine er 400 mg tab er 24h	1-Preferred Generics	QL (30 PER 30 DAYS)
ODEFSEY	5-Specialty	QL (30 PER 30 DAYS)
PIFELTRO	5-Specialty	QL (60 PER 30 DAYS)
RESCRIPTOR 200 MG TAB	3-Preferred Brands	QL (180 PER 30 DAYS)
SYMFI	5-Specialty	QL (30 PER 30 DAYS)
SYMFI LO	5-Specialty	QL (30 PER 30 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	1-Preferred Generics	
abacavir sulfate 300 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
abacavir sulfate-lamivudine	1-Preferred Generics	QL (30 PER 30 DAYS)
abacavir-lamivudine-zidovudine	1-Preferred Generics	QL (60 PER 30 DAYS)
CIMDUO	3-Preferred Brands	QL (30 PER 30 DAYS)
didanosine (250 mg cap dr, 400 mg cap dr)	1-Preferred Generics	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
didanosine 200 mg cap dr	1-Preferred Generics	QL (60 PER 30 DAYS)
emtricitabine	2-Generics	QL (30 PER 30 DAYS)
emtricitabine-tenofovir df	5-Specialty	QL (30 PER 30 DAYS)
EMTRIVA 200 MG CAP	3-Preferred Brands	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	3-Preferred Brands	
lamivudine 10 mg/ml solution	1-Preferred Generics	
lamivudine 150 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
lamivudine 300 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
lamivudine-zidovudine	1-Preferred Generics	QL (60 PER 30 DAYS)
stavudine (15 mg cap, 20 mg cap)	1-Preferred Generics	QL (120 PER 30 DAYS)
stavudine (30 mg cap, 40 mg cap)	1-Preferred Generics	QL (60 PER 30 DAYS)
TEMIXYS	3-Preferred Brands	QL (30 PER 30 DAYS)
tenofovir disoproxil fumarate	2-Generics	QL (30 PER 30 DAYS)
TRUVADA	5-Specialty	QL (30 PER 30 DAYS)
VIDEX	3-Preferred Brands	
VIDEX EC 125 MG CAP DR	3-Preferred Brands	QL (60 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	3-Preferred Brands	
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
zidovudine 100 mg cap	1-Preferred Generics	QL (180 PER 30 DAYS)
zidovudine 50 mg/5ml syrup	1-Preferred Generics	

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
zidovudine 300 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
ANTI-HIV AGENTS, OTHER		
DESCOVY	5-Specialty	QL (30 PER 30 DAYS)
DOVATO	5-Specialty	QL (30 PER 30 DAYS)
FUZEON	5-Specialty	QL (60 PER 30 DAYS)
JULUCA	5-Specialty	QL (30 PER 30 DAYS)
RUKOBIA	5-Specialty	QL (60 PER 30 DAYS)
SELZENTRY (150 MG TAB, 300 MG TAB)	3-Preferred Brands	QL (120 PER 30 DAYS)
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	3-Preferred Brands	
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TROGARZO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TYBOST	3-Preferred Brands	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS 250 MG CAP	3-Preferred Brands	QL (120 PER 30 DAYS)
APTIVUS 100 MG/ML SOLUTION	3-Preferred Brands	QL (300 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 200 mg cap)	2-Generics	QL (60 PER 30 DAYS)
atazanavir sulfate 300 mg cap	2-Generics	QL (30 PER 30 DAYS)
CRIXIVAN	3-Preferred Brands	
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
fosamprenavir calcium	2-Generics	
INVIRASE 500 MG TAB	3-Preferred Brands	
KALETRA (100-25 MG TAB, 200-50 MG TAB)	3-Preferred Brands	
LEXIVA 50 MG/ML SUSPENSION	3-Preferred Brands	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lopinavir-ritonavir	1-Preferred Generics	
NORVIR 100 MG PACKET	3-Preferred Brands	QL (360 PER 30 DAYS)
NORVIR 80 MG/ML SOLUTION	3-Preferred Brands	
PREZCOBIX	5-Specialty	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	
PREZISTA 150 MG TAB	3-Preferred Brands	
PREZISTA 600 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
PREZISTA 75 MG TAB	3-Preferred Brands	QL (240 PER 30 DAYS)
PREZISTA 800 MG TAB	5-Specialty	QL (30 PER 30 DAYS)
REYATAZ 50 MG PACKET	3-Preferred Brands	
ritonavir	2-Generics	QL (360 PER 30 DAYS)
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	3-Preferred Brands	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)	2-Generics	
RELENZA DISKHALER	3-Preferred Brands	
rimantadine hcl	1-Preferred Generics	
ANTIHERPETIC AGENTS		
acyclovir (5 % ointment, 200 mg cap, 400 mg tab, 800 mg tab)	2-Generics	
acyclovir 200 mg/5ml suspension	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
acyclovir sodium 50 mg/ml solution	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
trifluridine 1 % solution	2-Generics	
valacyclovir hcl (1 gm tab, 500 mg tab)	2-Generics	QL (120 PER 30 DAYS)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	2-Generics	
meprobamate	2-Generics	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)	1-Preferred Generics	QL (120 PER 30 DAYS)
alprazolam (1 mg tab disp, 1 mg tab, 2 mg tab disp, 2 mg tab)	1-Preferred Generics	QL (150 PER 30 DAYS)
alprazolam er (er 0.5 mg tab er, er 1 mg tab er)	1-Preferred Generics	QL (90 PER 30 DAYS)
alprazolam er (er 2 mg tab er, er 3 mg tab er)	1-Preferred Generics	QL (60 PER 30 DAYS)
ALPRAZOLAM INTENSOL	1-Preferred Generics	QL (300 PER 30 DAYS)
alprazolam xr (0.5 mg tab er, 1 mg tab er)	1-Preferred Generics	QL (90 PER 30 DAYS)
alprazolam xr (2 mg tab er, 3 mg tab er)	1-Preferred Generics	QL (60 PER 30 DAYS)
chlordiazepoxide hcl 10 mg cap	1-Preferred Generics	QL (300 PER 30 DAYS)
chlordiazepoxide hcl 25 mg cap	1-Preferred Generics	QL (360 PER 30 DAYS)
chlordiazepoxide hcl 5 mg cap	1-Preferred Generics	QL (240 PER 30 DAYS)
clonazepam (0.25 mg tab disp, 0.5 mg tab disp, 2 mg tab)	2-Generics	

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
clonazepam (0.125 mg tab disp, 0.5 mg tab, 1 mg tab disp, 1 mg tab, 2 mg tab disp)	1-Preferred Generics	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	2-Generics	QL (90 PER 30 DAYS)
clorazepate dipotassium 15 mg tab	2-Generics	QL (180 PER 30 DAYS)
diazepam 5 mg/ml conc	1-Preferred Generics	QL (240 PER 30 DAYS)
diazepam 5 mg/5ml solution	1-Preferred Generics	QL (1200 PER 30 DAYS)
diazepam (2 mg tab, 5 mg tab, 10 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
diazepam intensol	1-Preferred Generics	QL (240 PER 30 DAYS)
lorazepam (2 mg tab, 2 mg/ml conc)	1-Preferred Generics	QL (150 PER 30 DAYS)
lorazepam 0.5 mg tab	1-Preferred Generics	QL (600 PER 30 DAYS)
lorazepam 1 mg tab	1-Preferred Generics	QL (300 PER 30 DAYS)
lorazepam intensol	1-Preferred Generics	QL (150 PER 30 DAYS)
oxazepam	2-Generics	
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO	3-Preferred Brands	
LITHIUM	1-Preferred Generics	
lithium carbonate (150 mg cap, 300 mg tab, 300 mg cap, 600 mg cap)	1-Preferred Generics	
lithium carbonate er	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
alogliptin benzoate	2-Generics	QL (30 PER 30 DAYS)
alogliptin-metformin hcl	2-Generics	QL (60 PER 30 DAYS)
alogliptin-pioglitazone	2-Generics	QL (30 PER 30 DAYS)
BYDUREON 2 MG PEN	3-Preferred Brands	QL (4 PER 28 DAYS)
BYDUREON BCISE	3-Preferred Brands	QL (3.4 PER 28 DAYS)
BYETTA 10 MCG PEN	3-Preferred Brands	QL (2.4 PER 30 DAYS)
BYETTA 5 MCG PEN	3-Preferred Brands	QL (1.2 PER 30 DAYS)
CYCLOSET	3-Preferred Brands	
glimepiride	1-Preferred Generics	
glipizide (5 mg tab, 10 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
glipizide er 10 mg tab er 24h	1-Preferred Generics	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tab er 24h	1-Preferred Generics	
glipizide er 5 mg tab er 24h	1-Preferred Generics	QL (90 PER 30 DAYS)
glipizide xl 10 mg tab er 24h	1-Preferred Generics	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tab er 24h	1-Preferred Generics	
glipizide xl 5 mg tab er 24h	1-Preferred Generics	QL (90 PER 30 DAYS)
glipizide-metformin hcl	1-Preferred Generics	QL (120 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
glyburide micronized	1-Preferred Generics	QL (60 PER 30 DAYS)
glyburide-metformin	1-Preferred Generics	QL (120 PER 30 DAYS)
GLYXAMBI	3-Preferred Brands	QL (30 PER 30 DAYS)
INVOKAMET (50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
INVOKAMET XR (50-1000 MG TAB ER, 150-1000 MG TAB ER, 150-500 MG TAB ER)	3-Preferred Brands	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TAB ER 24H	3-Preferred Brands	QL (120 PER 30 DAYS)
INVOKANA	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUMET	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER, 50-500 MG TAB ER)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUVIA	3-Preferred Brands	QL (30 PER 30 DAYS)
JARDIANCE	3-Preferred Brands	QL (30 PER 30 DAYS)
JENTADUETO	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-500 MG TAB ER, 5-1000 MG TAB ER)	4-Non-Preferred Drug	QL (30 PER 30 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
KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
metformin hcl 1000 mg tab	1-Preferred Generics	QL (75 PER 30 DAYS)
metformin hcl 500 mg tab	1-Preferred Generics	QL (150 PER 30 DAYS)
metformin hcl 850 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tab er 24h	1-Preferred Generics	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tab er 24h	1-Preferred Generics	QL (60 PER 30 DAYS)
miglitol	1-Preferred Generics	
nateglinide 120 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
nateglinide 60 mg tab	1-Preferred Generics	QL (180 PER 30 DAYS)
ONGLYZA	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3-Preferred Brands	QL (1.5 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	QL (3 PER 28 DAYS)
pioglitazone hcl	1-Preferred Generics	QL (30 PER 30 DAYS)
pioglitazone hcl-glimepiride	1-Preferred Generics	QL (30 PER 30 DAYS)
pioglitazone hcl-metformin hcl	1-Preferred Generics	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tab, 1 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
repaglinide 2 mg tab	1-Preferred Generics	QL (240 PER 30 DAYS)
repaglinide-metformin hcl	1-Preferred Generics	QL (150 PER 30 DAYS)
SEGLUROMET (2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB)	4-Non-Preferred Drug	QL (60 PER 30 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
SEGLUROMET 2.5-500 MG TAB	4-Non-Preferred Drug	QL (120 PER 30 DAYS)
STEGLATRO 15 MG TAB	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
STEGLATRO 5 MG TAB	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
STEGLUJAN	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
SYMLINPEN 120	5-Specialty	QL (10.8 PER 30 DAYS)
SYMLINPEN 60	5-Specialty	QL (6 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 12.5-500 MG TAB, 12.5-1000 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER, 10-1000 MG TAB ER, 12.5-1000 MG TAB ER)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
tolbutamide	1-Preferred Generics	QL (180 PER 30 DAYS)
TRADJENTA	3-Preferred Brands	QL (30 PER 30 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN, 1.5 MG/0.5ML SOLN)	3-Preferred Brands	QL (2 PER 28 DAYS)
TRULICITY (3 MG/0.5ML SOLN, 4.5 MG/0.5ML SOLN)	3-Preferred Brands	QL (2 PER 28 DAYS)
VICTOZA	3-Preferred Brands	QL (9 PER 30 DAYS)
GLYCEMIC AGENTS		
GLUCAGEN HYPOKIT	3-Preferred Brands	
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	3-Preferred Brands	
PROGLYCEM	3-Preferred Brands	

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
INSULINS		
AFREZZA (4 & 8 & 12, 4, 8, 12, 90 X 4 & 90X8, 90 X 8 & 90X12)	3-Preferred Brands	
HUMALOG 100 UNIT/ML SOLN CART	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG 100 UNIT/ML SOLUTION	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	3-Preferred Brands	
HUMALOG MIX 50/50	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMALOG MIX 50/50 KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG MIX 75/25	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMALOG MIX 75/25 KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMULIN 70/30	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMULIN N	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMULIN N KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMULIN R	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMULIN R U-500 (CONCENTRATED)	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
LANTUS	3-Preferred Brands	QL (40 PER 30 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
LANTUS SOLOSTAR	3-Preferred Brands	QL (45 PER 30 DAYS)
LEVEMIR	3-Preferred Brands	QL (40 PER 30 DAYS)
LEVEMIR FLEXTOUCH	3-Preferred Brands	QL (45 PER 30 DAYS)
LYUMJEV	3-Preferred Brands	QL (40 PER 30 DAYS)
LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN	3-Preferred Brands	QL (45 PER 30 DAYS)
LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN	3-Preferred Brands	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION (BRAND RELION NOT COVERED)	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN (BRAND RELION NOT COVERED)	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLIN N 100 UNIT/ML SUSPENSION (BRAND RELION NOT COVERED)	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN (BRAND RELION NOT COVERED)	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLIN R 100 UNIT/ML SOLUTION (BRAND RELION NOT COVERED)	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN (BRAND RELION NOT COVERED)	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLOG	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLOG FLEXPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLOG MIX 70/30	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLOG MIX 70/30 FLEXPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLOG PENFILL	3-Preferred Brands	QL (45 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO MAX SOLOSTAR	3-Preferred Brands	QL (18 PER 30 DAYS)
TOUJEO SOLOSTAR	3-Preferred Brands	QL (13.5 PER 30 DAYS)
TRESIBA	3-Preferred Brands	QL (40 PER 30 DAYS)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	3-Preferred Brands	QL (45 PER 30 DAYS)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	3-Preferred Brands	QL (27 PER 30 DAYS)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ELIQUIS 2.5 MG TAB	3-Preferred Brands	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3-Preferred Brands	
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	
enoxaparin sodium (30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml)	2-Generics	
fondaparinux sodium	4-Non-Preferred Drug	
heparin sodium (porcine) ((porcine) 1000 unit/ml, (porcine) 10000 unit/ml, (porcine) 20000 unit/ml)	1-Preferred Generics	
heparin sodium (porcine) 5000 unit/ml solution	2-Generics	
jantoven	1-Preferred Generics	
PRADAXA	4-Non-Preferred Drug	
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1-Preferred Generics	
XARELTO	3-Preferred Brands	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO STARTER PACK	3-Preferred Brands	
ZONTIVITY	4-Non-Preferred Drug	
BLOOD FORMATION MODIFIERS		
anagrelide hcl	1-Preferred Generics	
FULPHILA	5-Specialty	PA
GRANIX (300 MCG/ML SOLUTION, 300 MCG/0.5ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR)	5-Specialty	PA
LEUKINE	5-Specialty	
NEULASTA	5-Specialty	PA
NEULASTA ONPRO	5-Specialty	PA
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5-Specialty	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5-Specialty	PA
PROCRIT	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG PACKET, 25 MG TAB, 50 MG TAB, 75 MG TAB)	5-Specialty	PA
RETACRIT (2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
UDENYCA	5-Specialty	PA
ZARXIO	5-Specialty	PA
ZIEXTENZO	5-Specialty	PA
HEMOSTASIS AGENTS		
tranexamic acid 650 mg tab	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	2-Generics	QL (90 PER 30 DAYS)
BRILINTA	3-Preferred Brands	
cilostazol	2-Generics	
clopidogrel bisulfate 75 mg tab	1-Preferred Generics	QL (120 PER 30 DAYS)
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	1-Preferred Generics	PA
prasugrel hcl	2-Generics	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine	2-Generics	QL (4 PER 28 DAYS)
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1-Preferred Generics	
guanfacine hcl	1-Preferred Generics	PA
methyldopa	1-Preferred Generics	PA
midodrine hcl	2-Generics	
NORTHERA	5-Specialty	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2-Generics	QL (60 PER 30 DAYS)
phenoxybenzamine hcl 10 mg cap	5-Specialty	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	2-Generics	
terazosin hcl	1-Preferred Generics	QL (60 PER 30 DAYS)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1-Preferred Generics	

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
irbesartan (75 mg tab, 300 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
irbesartan 150 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
losartan potassium 100 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	1-Preferred Generics	
telmisartan	1-Preferred Generics	
valsartan	1-Preferred Generics	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1-Preferred Generics	
fosinopril sodium	1-Preferred Generics	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
lisinopril (20 mg tab, 30 mg tab, 40 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
moexipril hcl	1-Preferred Generics	
perindopril erbumine	1-Preferred Generics	
quinapril hcl	1-Preferred Generics	QL (60 PER 30 DAYS)
ramipril	1-Preferred Generics	QL (60 PER 30 DAYS)
trandolapril	1-Preferred Generics	

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
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1-Preferred Generics	
disopyramide phosphate	1-Preferred Generics	PA
dofetilide	1-Preferred Generics	
flecainide acetate	2-Generics	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	1-Preferred Generics	
MULTAQ	3-Preferred Brands	
pacerone	1-Preferred Generics	
propafenone hcl	1-Preferred Generics	
propafenone hcl er	1-Preferred Generics	
quinidine gluconate er	1-Preferred Generics	
quinidine sulfate (200 mg tab, 300 mg tab)	1-Preferred Generics	
sorine	1-Preferred Generics	
sotalol hcl	1-Preferred Generics	
sotalol hcl (af)	1-Preferred Generics	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	1-Preferred Generics	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
betaxolol hcl (10 mg tab, 20 mg tab)	1-Preferred Generics	
bisoprolol fumarate	1-Preferred Generics	

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
BYSTOLIC	4-Non-Preferred Drug	
carvedilol	1-Preferred Generics	
carvedilol phosphate er	1-Preferred Generics	QL (30 PER 30 DAYS)
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	1-Preferred Generics	
metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er)	1-Preferred Generics	QL (90 PER 30 DAYS)
metoprolol succinate er 200 mg tab er 24h	1-Preferred Generics	QL (60 PER 30 DAYS)
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1-Preferred Generics	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	2-Generics	
pindolol	2-Generics	
propranolol hcl (10 mg tab, 20 mg/5ml solution, 20 mg tab, 40 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)	1-Preferred Generics	
propranolol hcl er	1-Preferred Generics	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	1-Preferred Generics	
CALCIUM CHANNEL BLOCKING AGENTS		
amlodipine besylate 10 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
amlodipine besylate 2.5 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
amlodipine besylate 5 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
cartia xt	1-Preferred Generics	
dilt-xr	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diltiazem cd	1-Preferred Generics	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	1-Preferred Generics	
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 24h, er 120 mg cap er 12h, er 180 mg cap er 24h, er 240 mg cap er 24h)	1-Preferred Generics	
diltiazem hcl er beads	1-Preferred Generics	
diltiazem hcl er coated beads (er 120 mg cap er, er 180 mg cap er, er 180 mg tab er, er 240 mg cap er, er 240 mg tab er, er 300 mg cap er, er 300 mg tab er, er 360 mg tab er, er 360 mg cap er, er 420 mg tab er)	1-Preferred Generics	
felodipine er	2-Generics	QL (30 PER 30 DAYS)
isradipine	1-Preferred Generics	
matzim la	1-Preferred Generics	
nicardipine hcl (20 mg cap, 30 mg cap)	1-Preferred Generics	
nifedipine (10 mg cap, 20 mg cap)	1-Preferred Generics	PA
nifedipine er	1-Preferred Generics	QL (60 PER 30 DAYS)
nifedipine er osmotic release	1-Preferred Generics	QL (60 PER 30 DAYS)
nimodipine 30 mg cap	1-Preferred Generics	
nisoldipine er	1-Preferred Generics	QL (30 PER 30 DAYS)
taztia xt	1-Preferred Generics	
tiadylt er	1-Preferred Generics	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1-Preferred Generics	

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
verapamil hcl er (er 100 mg cap er 24h, er 120 mg tab er, er 180 mg tab er, er 200 mg cap er 24h, er 240 mg tab er, er 300 mg cap er 24h, er 360 mg cap er 24h)	1-Preferred Generics	
verapamil hcl er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)	1-Preferred Generics	QL (60 PER 30 DAYS)
CARDIOVASCULAR AGENTS, OTHER		
aliskiren fumarate	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	2-Generics	
amlodipine besy-benazepril hcl	1-Preferred Generics	QL (30 PER 30 DAYS)
amlodipine besylate-valsartan	1-Preferred Generics	
amlodipine-atorvastatin	1-Preferred Generics	
amlodipine-olmesartan	1-Preferred Generics	
amlodipine-valsartan-hctz	1-Preferred Generics	
atenolol-chlorthalidone	1-Preferred Generics	
benazepril-hydrochlorothiazide	1-Preferred Generics	
bisoprolol-hydrochlorothiazide	1-Preferred Generics	
candesartan cilexetil-hctz	1-Preferred Generics	
captopril-hydrochlorothiazide	1-Preferred Generics	
CORLANOR 5 MG/5ML SOLUTION	4-Non-Preferred Drug	QL (450 PER 30 DAYS)
CORLANOR (5 MG TAB, 7.5 MG TAB)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
DEMSER	5-Specialty	
digitek	2-Generics	

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
digox	2-Generics	
digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)	2-Generics	
DUTOPROL	3-Preferred Brands	
enalapril-hydrochlorothiazide	1-Preferred Generics	
ENTRESTO	3-Preferred Brands	QL (60 PER 30 DAYS)
fosinopril sodium-hctz	1-Preferred Generics	
irbesartan-hydrochlorothiazide	1-Preferred Generics	QL (30 PER 30 DAYS)
LANOXIN (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	3-Preferred Brands	
lisinopril-hydrochlorothiazide	1-Preferred Generics	
losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
losartan potassium-hctz 50-12.5 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
methyldopa-hydrochlorothiazide	1-Preferred Generics	PA
metoprolol-hydrochlorothiazide	1-Preferred Generics	
olmesartan medoxomil-hctz	1-Preferred Generics	
olmesartan-amlodipine-hctz	1-Preferred Generics	
pentoxifylline er	2-Generics	
propranolol-hctz	1-Preferred Generics	
quinapril-hydrochlorothiazide	1-Preferred Generics	
ranolazine er	2-Generics	
spironolactone-hctz	1-Preferred Generics	

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
TEKTURNA HCT	4-Non-Preferred Drug	
telmisartan-amlodipine	1-Preferred Generics	
telmisartan-hctz	1-Preferred Generics	
trandolapril-verapamil hcl er	1-Preferred Generics	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1-Preferred Generics	
valsartan-hydrochlorothiazide	1-Preferred Generics	QL (30 PER 30 DAYS)
VECAMYL	5-Specialty	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1-Preferred Generics	
acetazolamide er	1-Preferred Generics	
KEVEYIS	5-Specialty	
DIURETICS, LOOP		
bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)	1-Preferred Generics	
ethacrynic acid	2-Generics	
furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	1-Preferred Generics	
torsemide	1-Preferred Generics	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	2-Generics	
eplerenone	2-Generics	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
triamterene (50 mg cap, 100 mg cap)	2-Generics	

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
DIURETICS, THIAZIDE		
chlorothiazide (250 mg tab, 500 mg tab)	1-Preferred Generics	
chlorthalidone	1-Preferred Generics	
DIURIL	3-Preferred Brands	
hydrochlorothiazide (12.5 mg tab, 12.5 mg cap, 25 mg tab, 50 mg tab)	1-Preferred Generics	
indapamide	1-Preferred Generics	
methyclothiazide	1-Preferred Generics	
metolazone	2-Generics	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 120 mg tab, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	1-Preferred Generics	QL (30 PER 30 DAYS)
fenofibrate (50 mg cap, 150 mg cap)	1-Preferred Generics	
fenofibrate 40 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)	1-Preferred Generics	QL (30 PER 30 DAYS)
fenofibric acid (35 mg tab, 45 mg cap dr, 105 mg tab, 135 mg cap dr)	1-Preferred Generics	
gemfibrozil 600 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 40 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
atorvastatin calcium 20 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
atorvastatin calcium 80 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
LIVALO	3-Preferred Brands	ST, QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lovastatin (10 mg tab, 20 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
lovastatin 40 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
pravastatin sodium	1-Preferred Generics	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
DYSLIPIDEMICS, OTHER		
cholestyramine (4 gm packet, 4 gm/dose powder)	1-Preferred Generics	
cholestyramine light (4 gm packet, 4 gm/dose powder)	1-Preferred Generics	
colesevelam hcl (3.75 gm packet, 625 mg tab)	2-Generics	
colestipol hcl (5 gm granules, 5 gm packet)	1-Preferred Generics	
colestipol hcl 1 gm tab	2-Generics	
ezetimibe	2-Generics	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	2-Generics	QL (30 PER 30 DAYS)
JUXTAPID	5-Specialty	PA
niacin er (antihyperlipidemic)	2-Generics	
omega-3-acid ethyl esters	2-Generics	
PRALUENT (75 MG/ML SOLN, 150 MG/ML SOLN)	4-Non-Preferred Drug	PA, QL (2 PER 28 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	1-Preferred Generics	
REPATHA	4-Non-Preferred Drug	PA, QL (3 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	4-Non-Preferred Drug	PA, QL (3.5 PER 28 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
REPATHA SURECLICK	4-Non-Preferred Drug	PA, QL (3 PER 28 DAYS)
VASCEPA	3-Preferred Brands	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2-Generics	
minoxidil (2.5 mg tab, 10 mg tab)	1-Preferred Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
GONITRO	3-Preferred Brands	
isosorbide dinitrate	2-Generics	
isosorbide mononitrate	1-Preferred Generics	
isosorbide mononitrate er	1-Preferred Generics	
minitran	2-Generics	
NITRO-BID	3-Preferred Brands	
NITRO-DUR (0.3 MG/HR, 0.8 MG/HR)	3-Preferred Brands	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg/hr patch 24hr)	2-Generics	
nitroglycerin (0.3 mg tab, 0.4 mg tab, 0.6 mg tab)	1-Preferred Generics	
NITROSTAT	3-Preferred Brands	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphet er	2-Generics	QL (30 PER 30 DAYS)
amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)	1-Preferred Generics	QL (90 PER 30 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
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
amphetamine-dextroamphetamine 30 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	2-Generics	
dextroamphetamine sulfate er	1-Preferred Generics	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)	2-Generics	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)	2-Generics	QL (30 PER 30 DAYS)
atomoxetine hcl 18 mg cap	2-Generics	QL (120 PER 30 DAYS)
clonidine hcl er	2-Generics	
dexmethylphenidate hcl	2-Generics	QL (60 PER 30 DAYS)
guanfacine hcl er	1-Preferred Generics	
metadate er	1-Preferred Generics	
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg/5ml solution, 10 mg/5ml solution, 10 mg chew tab)	1-Preferred Generics	
methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
methylphenidate hcl er 20 mg tab er	1-Preferred Generics	
methylphenidate hcl er (er 18 mg tab er, er 18 mg tab er 24h, er 27 mg tab er, er 27 mg tab er 24h, er 54 mg tab er, er 54 mg tab er 24h)	1-Preferred Generics	QL (30 PER 30 DAYS)
methylphenidate hcl er (er 36 mg tab er 24h, er 36 mg tab er)	1-Preferred Generics	QL (60 PER 30 DAYS)
methylphenidate hcl er (la) 60 mg cap er 24h	1-Preferred Generics	

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
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO	5-Specialty	PA
butalbital-acetaminophen 50-325 mg tab	1-Preferred Generics	PA
butalbital-apap	1-Preferred Generics	PA
butalbital-apap-caffeine (50-325-40 mg cap, 50-325-40 mg tab)	2-Generics	PA
esgic 50-325-40 mg cap	2-Generics	PA
HORIZANT 300 MG TAB ER	3-Preferred Brands	
INGREZZA (40 MG CAP, 80 MG CAP)	5-Specialty	PA, QL (30 PER 30 DAYS)
INGREZZA 40 & 80 MG CAP THPK	5-Specialty	PA, QL (28 PER 28 DAYS)
NUEDEXTA	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
riluzole	2-Generics	
tencon	1-Preferred Generics	PA
tetrabenazine	5-Specialty	PA
zebutal	2-Generics	PA
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE	4-Non-Preferred Drug	
duloxetine hcl (20 mg dr, 30 mg dr, 40 mg dr, 60 mg dr)	1-Preferred Generics	
LYRICA CR (82.5 MG TAB ER, 165 MG TAB ER)	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
LYRICA CR 330 MG TAB ER 24H	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
pregabalin (225 mg cap, 300 mg cap)	2-Generics	QL (60 PER 30 DAYS)
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)	2-Generics	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	2-Generics	

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
SAVELLA	4-Non-Preferred Drug	
SAVELLA TITRATION PACK	4-Non-Preferred Drug	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	5-Specialty	QL (30 PER 30 DAYS)
AVONEX PEN	5-Specialty	
AVONEX PREFILLED	5-Specialty	
BETASERON	5-Specialty	
dalfampridine er	5-Specialty	QL (60 PER 30 DAYS)
GILENYA 0.5 MG CAP	5-Specialty	QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	5-Specialty	QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	5-Specialty	QL (12 PER 28 DAYS)
glatopa 20 mg/ml soln prsyr	5-Specialty	QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	5-Specialty	QL (12 PER 28 DAYS)
MAVENCLAD (10 TABS)	5-Specialty	PA
MAVENCLAD (4 TABS)	5-Specialty	PA
MAVENCLAD (5 TABS)	5-Specialty	PA
MAVENCLAD (6 TABS)	5-Specialty	PA
MAVENCLAD (7 TABS)	5-Specialty	PA
MAVENCLAD (8 TABS)	5-Specialty	PA
MAVENCLAD (9 TABS)	5-Specialty	PA
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	5-Specialty	
PLEGRIDY STARTER PACK (63 94 MCG/0.5ML SOLN PRSYR, 63 94 MCG/0.5ML SOLN PEN)	5-Specialty	
TECFIDERA (120 & 240 MG MISC, 120 MG CAP DR, 240 MG CAP DR)	5-Specialty	
DENTAL AND ORAL AGENTS		
cevimeline hcl	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
chlorhexidine gluconate 0.12 % solution	1-Preferred Generics	
oralone	2-Generics	
paroex	1-Preferred Generics	
periogard	1-Preferred Generics	
pilocarpine hcl 5 mg tab	2-Generics	
pilocarpine hcl 7.5 mg tab	1-Preferred Generics	
triamcinolone acetonide 0.1 % paste	2-Generics	
DERMATOLOGICAL AGENTS		
acitretin	2-Generics	
adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)	2-Generics	PA
ammonium lactate (12 % lotion, 12 % cream)	2-Generics	
amnesteem	2-Generics	
avita (0.025 % cream, 0.025 % gel)	2-Generics	PA
calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)	2-Generics	
calcipotriene-betameth diprop 0.005-0.064 % ointment	4-Non-Preferred Drug	
calcitrene	2-Generics	
calcitriol 3 mcg/gm ointment	1-Preferred Generics	
claravis	2-Generics	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	2-Generics	
clotrimazole-betamethasone (1-0.05 % lotion, 1-0.05 % cream)	2-Generics	
COSENTYX	5-Specialty	PA
COSENTYX (300 MG DOSE)	5-Specialty	PA
COSENTYX SENSOREADY (300 MG)	5-Specialty	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
COSENTYX SENSOREADY PEN	5-Specialty	PA
diclofenac sodium 1 % gel	1-Preferred Generics	
doxepin hcl 5 % cream	4-Non-Preferred Drug	
DUPIXENT (200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA
fluorouracil 0.5 % cream	1-Preferred Generics	
hydrocortisone (perianal) 1 % cream	1-Preferred Generics	
imiquimod 5 % cream	2-Generics	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	2-Generics	
metronidazole (0.75 % cream, 1 % gel)	2-Generics	
metronidazole 0.75 % lotion	1-Preferred Generics	
MICORT-HC	2-Generics	
myorisan	2-Generics	
pimecrolimus	4-Non-Preferred Drug	
podofilox 0.5 % solution	1-Preferred Generics	
procto-pak	1-Preferred Generics	
RECTIV	4-Non-Preferred Drug	
REGRANEX	5-Specialty	PA, QL (30 PER 30 DAYS)
SANTYL	4-Non-Preferred Drug	QL (90 PER 30 DAYS)
selenium sulfide 2.5 % lotion	2-Generics	
STELARA (45 MG/0.5ML SOLUTION, 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR, 130 MG/26ML SOLUTION)	5-Specialty	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
tacrolimus (0.03 %, 0.1 %)	2-Generics	
tazarotene 0.1 % cream	2-Generics	
TAZORAC (0.05 % GEL, 0.05 % CREAM, 0.1 % GEL)	4-Non-Preferred Drug	
TOLAK	3-Preferred Brands	
tretinoin (0.01 % gel, 0.025 % gel, 0.025 % cream, 0.05 % gel, 0.05 % cream, 0.1 % cream)	2-Generics	PA
zenatane	2-Generics	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
AMINOSYN II	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
AMINOSYN-PF 10 % SOLUTION	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (2.75/5)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (4.25/10)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (4.25/5)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (5/15)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E/DEXTROSE (5/20)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
CLINOLIPID	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose (5 %, 10 %)	1-Preferred Generics	
dextrose-nacl (2.5-0.45 %, 5-0.3 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.9 %, 5-0.45 %, 10-0.45 %, 10-0.2 %)	1-Preferred Generics	
ENDARI	5-Specialty	PA, QL (180 PER 30 DAYS)
fluoritab (1.1 (0.5 f) mg tab, 2.2 (1 f) mg tab)	1-Preferred Generics	
FREAMINE III	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
INTRALIPID	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
K-TAB (8 TAB ER, 10 TAB ER)	2-Generics	
K-TAB 20 MEQ TAB ER	1-Preferred Generics	
kcl in dextrose-nacl (10-5-0.45 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.9 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%)	1-Preferred Generics	
KCL-LACTATED RINGERS-D5W	1-Preferred Generics	
klor-con (8 tab er, 20 packet)	2-Generics	
klor-con 10	2-Generics	
klor-con m10	2-Generics	
klor-con m15	2-Generics	
klor-con m20	2-Generics	
klor-con sprinkle	2-Generics	
ludent	1-Preferred Generics	
magnesium sulfate 50 % solution	1-Preferred Generics	
NORMOSOL-M IN D5W	3-Preferred Brands	
NORMOSOL-R	3-Preferred Brands	

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
NORMOSOL-R IN D5W	3-Preferred Brands	
NORMOSOL-R PH 7.4	3-Preferred Brands	
NUTRILIPID	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
PLASMA-LYTE 148	3-Preferred Brands	
PLASMA-LYTE A	3-Preferred Brands	
POTASSIUM CHLORIDE (2 MEQ/ML, 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML)	1-Preferred Generics	
potassium chloride (20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	2-Generics	
potassium chloride crys er	2-Generics	
potassium chloride er (er 8 tab er, er 8 cap er, er 10 tab er, er 10 cap er, er 20 tab er)	2-Generics	
potassium chloride in dextrose	1-Preferred Generics	
potassium chloride in nacl (20-0.9 meq/l-%, 20-0.45 meq/l-%, 40-0.9 meq/l-%)	1-Preferred Generics	
potassium chloride proamp	1-Preferred Generics	
PREMASOL 10 % SOLUTION	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
sodium chloride (0.45 %, 0.9 %, 3 %, 5 %)	1-Preferred Generics	
sodium chloride (pf)	1-Preferred Generics	
sodium fluoride (0.55 (0.25 f) mg tab, 1.1 (0.5 f) mg tab, 2.2 (1 f) mg tab)	1-Preferred Generics	
TPN ELECTROLYTES	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
TRAVASOL	3-Preferred Brands	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
TROPHAMINE	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	3-Preferred Brands	
clovique	5-Specialty	QL (240 PER 30 DAYS)
deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)	5-Specialty	PA
deferasirox granules	5-Specialty	PA
deferiprone	5-Specialty	
EXJADE	5-Specialty	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB)	5-Specialty	
FERRIPROX TWICE-A-DAY	5-Specialty	
JADENU	5-Specialty	PA
JADENU SPRINKLE	5-Specialty	PA
kionex (15gm/60mlsuspension, powder)	2-Generics	
sodium polystyrene sulfonate (15 gm/60ml suspension, 30 gm/120ml suspension, 50 gm/200ml suspension, powder)	2-Generics	
sps	2-Generics	
trientine hcl	5-Specialty	QL (240 PER 30 DAYS)
PHOSPHATE BINDERS		
calcium acetate 667 mg tab	2-Generics	
calcium acetate (phos binder) (binder) 667 mg tab, binder) 667 mg cap)	2-Generics	
FOSRENOL (750 MG, 1000 MG)	4-Non-Preferred Drug	
lanthanum carbonate	2-Generics	
sevelamer carbonate 800 mg tab	2-Generics	
VELTASSA	3-Preferred Brands	

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
VITAMINS		
BAL-CARE DHA	3-Preferred Brands	
C-NATE DHA	3-Preferred Brands	
CITRANATAL 90 DHA	3-Preferred Brands	
CITRANATAL B-CALM	3-Preferred Brands	
CITRANATAL BLOOM	3-Preferred Brands	
CITRANATAL HARMONY	3-Preferred Brands	
CITRANATAL MEDLEY	3-Preferred Brands	
CITRANATAL RX	3-Preferred Brands	
COMPLETENATE	3-Preferred Brands	
CONCEPT DHA	3-Preferred Brands	
CONCEPT OB	3-Preferred Brands	
DOTHELLE DHA	3-Preferred Brands	
DUET DHA 400	3-Preferred Brands	
DUET DHA BALANCED	3-Preferred Brands	
elite-ob	3-Preferred Brands	
ENBRACE HR	3-Preferred Brands	
FOLIVANE-OB	3-Preferred Brands	
M-NATAL PLUS	3-Preferred Brands	

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
MARNATAL-F	3-Preferred Brands	
NATACHEW	3-Preferred Brands	
NEONATAL 19	3-Preferred Brands	
NEONATAL COMPLETE	3-Preferred Brands	
NEONATAL FE	3-Preferred Brands	
NEONATAL PLUS	3-Preferred Brands	
NESTABS	3-Preferred Brands	
NESTABS ONE	3-Preferred Brands	
NIVA-PLUS	3-Preferred Brands	
O-CAL PRENATAL	3-Preferred Brands	
OB COMPLETE	3-Preferred Brands	
OB COMPLETE ONE	3-Preferred Brands	
OB COMPLETE PETITE	3-Preferred Brands	
OB COMPLETE PREMIER	3-Preferred Brands	
OB COMPLETE/DHA	3-Preferred Brands	
ONE VITE WOMENS PLUS	3-Preferred Brands	
PNV FOLIC ACID + IRON	3-Preferred Brands	
PNV PRENATAL PLUS MULTIVITAMIN	3-Preferred Brands	
PNV TABS 29-1	3-Preferred Brands	

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
pnv-dha	3-Preferred Brands	
PNV-DHA+DOCUSATE	3-Preferred Brands	
PNV-OMEGA	3-Preferred Brands	
PNV-SELECT	3-Preferred Brands	
PRENAISSANCE	3-Preferred Brands	
PRENAISSANCE PLUS	3-Preferred Brands	
PRENATA	3-Preferred Brands	
PRENATAL	3-Preferred Brands	
PRENATAL 19 (19 29-1 MG TAB, 19 CHEW TAB, 19 29-1 MG CHEW TAB)	3-Preferred Brands	
PRENATAL PLUS IRON	3-Preferred Brands	
PRENATAL VITAMIN PLUS LOW IRON	3-Preferred Brands	
PRENATE	3-Preferred Brands	
PRENATE AM	3-Preferred Brands	
PRENATE DHA	3-Preferred Brands	
PRENATE ELITE	3-Preferred Brands	
PRENATE ENHANCE	3-Preferred Brands	
PRENATE ESSENTIAL	3-Preferred Brands	
PRENATE MINI	3-Preferred Brands	
PRENATE PIXIE	3-Preferred Brands	

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
PRENATE RESTORE	3-Preferred Brands	
PRENATRIX	3-Preferred Brands	
PRENATVITE COMPLETE	3-Preferred Brands	
PRENATVITE PLUS	3-Preferred Brands	
PREPLUS	3-Preferred Brands	
PRETAB	3-Preferred Brands	
PRIMACARE	3-Preferred Brands	
PROVIDA OB	3-Preferred Brands	
RULAVITE DHA	3-Preferred Brands	
SE-NATAL 19 (19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	3-Preferred Brands	
SELECT-OB	3-Preferred Brands	
TARON-C DHA	3-Preferred Brands	
TARON-PREX	3-Preferred Brands	
THRIVITE RX	3-Preferred Brands	
TRICARE	3-Preferred Brands	
TRICARE PRENATAL DHA ONE 27-1-500 MG CAP	3-Preferred Brands	
TRINATAL RX 1	3-Preferred Brands	
TRISTART DHA	3-Preferred Brands	
TRISTART ONE	3-Preferred Brands	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIRT-C DHA	3-Preferred Brands	
VIRT-NATE DHA	3-Preferred Brands	
VIRT-PN DHA	3-Preferred Brands	
VIRT-PN PLUS	3-Preferred Brands	
VITAFOL FE+	3-Preferred Brands	
VITAFOL GUMMIES	3-Preferred Brands	
VITAFOL ULTRA	3-Preferred Brands	
VITAFOL-NANO	3-Preferred Brands	
VITAFOL-OB	3-Preferred Brands	
VITAFOL-ONE	3-Preferred Brands	
VITAMEDMD ONE RX/QUATREFOLIC	3-Preferred Brands	
VOL-PLUS	3-Preferred Brands	
VP-PNV-DHA	3-Preferred Brands	
WESTAB PLUS	3-Preferred Brands	
WESTGEL DHA	3-Preferred Brands	
ZATEAN-PN DHA	3-Preferred Brands	
ZATEAN-PN PLUS	3-Preferred Brands	

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
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg cap, 10 mg/5ml solution)	1-Preferred Generics	
dicyclomine hcl 20 mg tab	2-Generics	
glycopyrrolate (1 mg tab, 2 mg tab)	1-Preferred Generics	
methscopolamine bromide 2.5 mg tab	2-Generics	
methscopolamine bromide 5 mg tab	1-Preferred Generics	
propantheline bromide 15 mg tab	1-Preferred Generics	
GASTROINTESTINAL AGENTS, OTHER		
amoxicill-clarithro-lansopraz	2-Generics	
cromolyn sodium 100 mg/5ml conc	1-Preferred Generics	
diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)	2-Generics	
GATTEX	5-Specialty	
loperamide hcl 2 mg cap	2-Generics	
MYALEPT	5-Specialty	PA
RELISTOR (12 MG/0.6ML SOLUTION, 150 MG TAB)	5-Specialty	
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	2-Generics	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tab, 800 mg tab)	1-Preferred Generics	
cimetidine (300 mg tab, 400 mg tab)	2-Generics	
cimetidine hcl	1-Preferred Generics	
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	1-Preferred Generics	

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
IRRITABLE BOWEL SYNDROME AGENTS		
alosetron hcl	1-Preferred Generics	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
VIBERZI	5-Specialty	QL (60 PER 30 DAYS)
LAXATIVES		
COLYTE WITH FLAVOR PACKS	2-Generics	
constulose	1-Preferred Generics	
enulose	1-Preferred Generics	
gavilyte-c	1-Preferred Generics	
gavilyte-g	1-Preferred Generics	
gavilyte-n with flavor pack	1-Preferred Generics	
generlac	1-Preferred Generics	
GOLYTELY (227.1 GM SOLN, 236 GM SOLN)	1-Preferred Generics	
KRISTALOSE 10 GM PACKET	2-Generics	
KRISTALOSE 20 GM PACKET	3-Preferred Brands	
LACTULOSE 10 GM PACKET	2-Generics	
lactulose (10 gm/15ml, 20 gm/30ml)	1-Preferred Generics	
lactulose encephalopathy	1-Preferred Generics	
MOVIPREP	3-Preferred Brands	
NULYTELY LEMON-LIME	2-Generics	
NULYTELY WITH FLAVOR PACKS	2-Generics	
peg 3350-kcl-na bicarb-nacl	1-Preferred Generics	

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
peg 3350/electrolytes	1-Preferred Generics	
peg-3350/electrolytes	1-Preferred Generics	
SUPREP BOWEL PREP KIT	4-Non-Preferred Drug	
trilyte	1-Preferred Generics	
PROTECTANTS		
CARAFATE 1 GM/10ML SUSPENSION	3-Preferred Brands	
misoprostol (100 mcg tab, 200 mcg tab)	2-Generics	
sucralfate (1 gm/10ml suspension, 1 gm tab)	2-Generics	
PROTON PUMP INHIBITORS		
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	2-Generics	QL (60 PER 30 DAYS)
lansoprazole (15 mg cap dr, 30 mg cap dr)	2-Generics	QL (60 PER 30 DAYS)
lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
omeprazole (10 mg cap dr, 20 mg cap dr)	1-Preferred Generics	QL (60 PER 30 DAYS)
omeprazole 40 mg cap dr	2-Generics	QL (60 PER 30 DAYS)
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1-Preferred Generics	QL (60 PER 30 DAYS)
rabeprazole sodium 20 mg tab dr	2-Generics	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	5-Specialty	
CARBAGLU	5-Specialty	
CREON	3-Preferred Brands	
CYSTADANE	3-Preferred Brands	

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
CYSTAGON	3-Preferred Brands	
GLASSIA	5-Specialty	
KUVAN (100 MG TAB SOL, 100 MG PACKET, 500 MG PACKET)	5-Specialty	
miglustat	5-Specialty	
NITYR	5-Specialty	
OCALIVA	5-Specialty	PA
PANCREAZE	3-Preferred Brands	
PERTZYE	3-Preferred Brands	
PROLASTIN-C (1000 MG/20ML SOLUTION, 1000 MG RECON SOLN)	5-Specialty	
RAVICTI	5-Specialty	PA
sodium phenylbutyrate 500 mg tab	5-Specialty	
ZEMAIRA	5-Specialty	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin hydrobromide er	2-Generics	
flavoxate hcl	1-Preferred Generics	
MYRBETRIQ	3-Preferred Brands	
oxybutynin chloride 5 mg/5ml syrup	2-Generics	
oxybutynin chloride 5 mg tab	2-Generics	QL (120 PER 30 DAYS)
oxybutynin chloride er	2-Generics	QL (60 PER 30 DAYS)
OXYTROL	4-Non-Preferred Drug	
solifenacin succinate	2-Generics	
tolterodine tartrate	2-Generics	
tolterodine tartrate er	2-Generics	QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOVIAZ	4-Non-Preferred Drug	
trospium chloride	2-Generics	
trospium chloride er	2-Generics	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	2-Generics	
dutasteride 0.5 mg cap	2-Generics	QL (30 PER 30 DAYS)
dutasteride-tamsulosin hcl	2-Generics	QL (30 PER 30 DAYS)
finasteride 5 mg tab	2-Generics	QL (30 PER 30 DAYS)
silodosin	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
tamsulosin hcl	2-Generics	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	1-Preferred Generics	
DEPEN TITRATABS	5-Specialty	
ELMIRON	3-Preferred Brands	
penicillamine 250 mg tab	5-Specialty	
potassium citrate er	2-Generics	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	5-Specialty	PA
ala-cort	1-Preferred Generics	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	2-Generics	
amcinonide (0.1 % cream, 0.1 % lotion, 0.1 % ointment)	1-Preferred Generics	
betamethasone dipropionate (0.05 % lotion, 0.05 % ointment, 0.05 % cream)	2-Generics	
betamethasone dipropionate aug 0.05 % gel	1-Preferred Generics	

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 dipropionate aug (0.05 % cream, 0.05 % ointment, 0.05 % lotion)	2-Generics	
betamethasone valerate 0.12 % foam	1-Preferred Generics	
betamethasone valerate (0.1 % cream, 0.1 % ointment, 0.1 % lotion)	2-Generics	
CAPEX	3-Preferred Brands	
clobetasol prop emollient base	2-Generics	
clobetasol propionate (0.05 % solution, 0.05 % lotion, 0.05 % shampoo, 0.05 % ointment, 0.05 % foam, 0.05 % gel, 0.05 % cream, 0.05 % liquid)	2-Generics	
clobetasol propionate e	2-Generics	
clobetasol propionate emulsion	2-Generics	
clodan	2-Generics	
cortisone acetate 25 mg tab	1-Preferred Generics	
decadron (0.5 mg/5ml elixir, 0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)	1-Preferred Generics	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	2-Generics	
desoximetasone (0.25 % cream, 0.25 % ointment)	2-Generics	
desoximetasone (0.05 % ointment, 0.05 % cream, 0.05 % gel)	1-Preferred Generics	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	1-Preferred Generics	
DEXAMETHASONE INTENSOL	3-Preferred Brands	
dexamethasone sod phosphate pf 10 mg/ml solution	1-Preferred Generics	
dexamethasone sodium phosphate (4 mg/ml, 10 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diflorasone diacetate (0.05 % cream, 0.05 % ointment)	2-Generics	
EMFLAZA (6 MG TAB, 18 MG TAB, 22.75 MG/ML SUSPENSION, 30 MG TAB, 36 MG TAB)	5-Specialty	PA
fludrocortisone acetate 0.1 mg tab	2-Generics	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % ointment, 0.025 % cream)	2-Generics	
fluocinolone acetonide body	2-Generics	
fluocinolone acetonide scalp	2-Generics	
fluocinonide 0.05 % cream	1-Preferred Generics	
fluocinonide (0.05 % solution, 0.05 % gel, 0.05 % ointment)	2-Generics	
fluocinonide emulsified base	2-Generics	
flurandrenolide (0.05 % lotion, 0.05 % cream, 0.05 % ointment)	2-Generics	
fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)	2-Generics	
halobetasol propionate (0.05 % ointment, 0.05 % cream)	2-Generics	
hydrocortisone (1 % cream, 1 % ointment, 2.5 % lotion, 2.5 % ointment, 2.5 % cream)	1-Preferred Generics	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	2-Generics	
hydrocortisone (perianal) 2.5 % cream	1-Preferred Generics	
hydrocortisone butyrate (0.1 % ointment, 0.1 % solution)	1-Preferred Generics	
hydrocortisone valerate (0.2 % ointment, 0.2 % cream)	2-Generics	
KORLYM	5-Specialty	
methylprednisolone (4 mg tab thpk, 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	2-Generics	

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
methylprednisolone acetate 40 mg/ml suspension	1-Preferred Generics	
methylprednisolone sodium succ 1000 mg recon soln	1-Preferred Generics	
mometasone furoate (0.1 % solution, 0.1 % ointment, 0.1 % cream)	2-Generics	
nolix (0.05 % lotion, 0.05 % cream)	2-Generics	
prednisolone (15 mg/5ml syrup, 15 mg/5ml solution)	1-Preferred Generics	
prednisolone sodium phosphate (10 mg/5ml, 20 mg/5ml)	2-Generics	
prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg tab disp, 15 mg/5ml solution, 15 mg tab disp, 25 mg/5ml solution, 30 mg tab disp)	1-Preferred Generics	
prednisone (1 mg tab, 5 mg/5ml solution, 20 mg tab)	2-Generics	
prednisone (2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg tab, 50 mg tab)	1-Preferred Generics	
PREDNISONE INTENSOL	1-Preferred Generics	
procto-med hc	1-Preferred Generics	
proctosol hc	1-Preferred Generics	
proctozone-hc	1-Preferred Generics	
tovet	2-Generics	
triamcinolone acetonide (0.025 % ointment, 0.025 % cream, 0.025 % lotion, 0.1 % lotion, 0.1 % cream, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)	2-Generics	
triderm	2-Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig	2-Generics	QL (15 PER 30 DAYS)
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	1-Preferred Generics	
desmopressin acetate spray	2-Generics	QL (15 PER 30 DAYS)
INCRELEX	5-Specialty	
NORDITROPIN FLEXPRO	5-Specialty	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	5-Specialty	
oxandrolone 10 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
oxandrolone 2.5 mg tab	1-Preferred Generics	QL (240 PER 30 DAYS)
ANDROGENS		
danazol (50 mg cap, 100 mg cap, 200 mg cap)	1-Preferred Generics	
methyltestosterone 10 mg cap	1-Preferred Generics	
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)	2-Generics	PA, QL (300 PER 30 DAYS)
testosterone cypionate	1-Preferred Generics	
testosterone enanthate	1-Preferred Generics	
testosterone td gel pump 20.25 mg/act (1.62%)	2-Generics	PA, QL (150 PER 30 DAYS)
ESTROGENS		
afirmelle	1-Preferred Generics	
altavera	1-Preferred Generics	

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
alyacen 1/35	1-Preferred Generics	
alyacen 7/7/7	1-Preferred Generics	
amabelz	1-Preferred Generics	
amethia lo	1-Preferred Generics	
apri	1-Preferred Generics	
aubra	1-Preferred Generics	
aubra eq	1-Preferred Generics	
aurovela 1.5/30	1-Preferred Generics	
aurovela 1/20	1-Preferred Generics	
aurovela fe 1.5/30	1-Preferred Generics	
aurovela fe 1/20	1-Preferred Generics	
aviane	1-Preferred Generics	
ayuna	1-Preferred Generics	
azurette	1-Preferred Generics	
bekyree	1-Preferred Generics	
blisovi fe 1.5/30	1-Preferred Generics	
blisovi fe 1/20	1-Preferred Generics	
camrese lo	1-Preferred Generics	
caziant	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
chateal	1-Preferred Generics	
chateal eq	1-Preferred Generics	
cryselle-28	1-Preferred Generics	
cyclafem 1/35	1-Preferred Generics	
cyclafem 7/7/7	1-Preferred Generics	
cyred	1-Preferred Generics	
cyred eq	1-Preferred Generics	
dasetta 1/35	1-Preferred Generics	
dasetta 7/7/7	1-Preferred Generics	
delyla	1-Preferred Generics	
desogestrel-ethinyl estradiol	1-Preferred Generics	
dotti	1-Preferred Generics	
drospirenone-ethinyl estradiol 3-0.03 mg tab	1-Preferred Generics	
elinest	1-Preferred Generics	
eluryng	2-Generics	QL (1 PER 28 DAYS)
emoquette	1-Preferred Generics	
enskyce	1-Preferred Generics	
estarylla	1-Preferred Generics	
estradiol (0.1 mg/gm cream, 10 mcg tab)	2-Generics	

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
estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab)	1-Preferred Generics	
estradiol-norethindrone acet	1-Preferred Generics	
ethynodiol diac-eth estradiol	1-Preferred Generics	
etonogestrel-ethinyl estradiol	2-Generics	QL (1 PER 28 DAYS)
falmina	1-Preferred Generics	
femynor	1-Preferred Generics	
hailey 1.5/30	1-Preferred Generics	
hailey fe 1.5/30	1-Preferred Generics	
hailey fe 1/20	1-Preferred Generics	
introvale	1-Preferred Generics	
isibloom	1-Preferred Generics	
jolessa	1-Preferred Generics	
juleber	1-Preferred Generics	
junel 1.5/30	1-Preferred Generics	
junel 1/20	1-Preferred Generics	
junel fe 1.5/30	1-Preferred Generics	
junel fe 1/20	1-Preferred Generics	

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
kalliga	1-Preferred Generics	
kariva	1-Preferred Generics	
kelnor 1/35	1-Preferred Generics	
kelnor 1/50	1-Preferred Generics	
kimidess	1-Preferred Generics	
kurvelo	1-Preferred Generics	
larin 1.5/30	1-Preferred Generics	
larin 1/20	1-Preferred Generics	
larin fe 1.5/30	1-Preferred Generics	
larin fe 1/20	1-Preferred Generics	
larissia	1-Preferred Generics	
lessina	1-Preferred Generics	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)	1-Preferred Generics	
levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)	1-Preferred Generics	
levora 0.15/30 (28)	1-Preferred Generics	
lillow	1-Preferred Generics	
lojaimiess	1-Preferred Generics	
lopreeza	1-Preferred Generics	
low-ogestrel	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lutera	1-Preferred Generics	
lyllana	1-Preferred Generics	
marlissa	1-Preferred Generics	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	3-Preferred Brands	
microgestin 1.5/30	1-Preferred Generics	
microgestin 1/20	1-Preferred Generics	
microgestin fe 1.5/30	1-Preferred Generics	
microgestin fe 1/20	1-Preferred Generics	
mili	1-Preferred Generics	
mimvey	1-Preferred Generics	
mimvey lo	1-Preferred Generics	
mono-linyah	1-Preferred Generics	
necon 0.5/35 (28)	1-Preferred Generics	
norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)	1-Preferred Generics	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	1-Preferred Generics	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	1-Preferred Generics	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1-Preferred Generics	
norgestimate-eth estradiol	1-Preferred Generics	
nortrel 0.5/35 (28)	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nortrel 1/35 (21)	1-Preferred Generics	
nortrel 1/35 (28)	1-Preferred Generics	
nortrel 7/7/7	1-Preferred Generics	
NUVARING	3-Preferred Brands	QL (1 PER 28 DAYS)
ocella	1-Preferred Generics	
ogestrel	1-Preferred Generics	
orsythia	1-Preferred Generics	
pimtrea	1-Preferred Generics	
pirmella 1/35	1-Preferred Generics	
pirmella 7/7/7	1-Preferred Generics	
portia-28	1-Preferred Generics	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG/GM CREAM, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3-Preferred Brands	
PREMPHASE	3-Preferred Brands	
PREMPRO	3-Preferred Brands	QL (30 PER 30 DAYS)
previfem	1-Preferred Generics	
quasense	1-Preferred Generics	
reclipsen	1-Preferred Generics	
setlakin	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
simliya	1-Preferred Generics	
sprintec 28	1-Preferred Generics	
sronyx	1-Preferred Generics	
syeda	1-Preferred Generics	
tarina fe 1/20	1-Preferred Generics	
tarina fe 1/20 eq	1-Preferred Generics	
tilia fe	1-Preferred Generics	
tri femynor	1-Preferred Generics	
tri-estarylla	1-Preferred Generics	
tri-legest fe	1-Preferred Generics	
tri-linyah	1-Preferred Generics	
tri-mili	1-Preferred Generics	
tri-previfem	1-Preferred Generics	
tri-sprintec	1-Preferred Generics	
tri-vylibra	1-Preferred Generics	
TYBLUME	1-Preferred Generics	
velivet	1-Preferred Generics	
vienva	1-Preferred Generics	
viorele	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
volnea	1-Preferred Generics	
vylibra	1-Preferred Generics	
wera	1-Preferred Generics	
wymzya fe	1-Preferred Generics	
xulane	1-Preferred Generics	
yuvafem	2-Generics	
zarah	1-Preferred Generics	
zovia 1/35 (28)	1-Preferred Generics	
zovia 1/35e (28)	1-Preferred Generics	
zumandimine	1-Preferred Generics	
PROGESTINS		
camila	1-Preferred Generics	
deblitane	1-Preferred Generics	
DEPO-PROVERA 400 MG/ML SUSPENSION	4-Non-Preferred Drug	
DEPO-SUBQ PROVERA 104	4-Non-Preferred Drug	
errin	1-Preferred Generics	
heather	1-Preferred Generics	
incassia	1-Preferred Generics	
jencycla	1-Preferred Generics	

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
jolivette	1-Preferred Generics	
lyza	1-Preferred Generics	
medroxyprogesterone acetate (150 mg/ml suspension, 150 mg/ml susp prsyr)	2-Generics	QL (1 PER 68 DAYS)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1-Preferred Generics	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension)	2-Generics	
nora-be	1-Preferred Generics	
norethindrone 0.35 mg tab	1-Preferred Generics	
norethindrone acetate 5 mg tab	2-Generics	
norlyda	1-Preferred Generics	
norlyroc	1-Preferred Generics	
progesterone micronized (100 mg cap, 200 mg cap)	1-Preferred Generics	
sharobel	1-Preferred Generics	
tulana	1-Preferred Generics	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	3-Preferred Brands	
raloxifene hcl	2-Generics	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
euthyrox	1-Preferred Generics	
levo-t	1-Preferred Generics	

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
levothyroxine sodium (13 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap, 100 mcg cap, 112 mcg cap, 125 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap)	4-Non-Preferred Drug	
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1-Preferred Generics	
levoxyl	1-Preferred Generics	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1-Preferred Generics	
SYNTHROID	3-Preferred Brands	
THYROLAR-2	4-Non-Preferred Drug	
TIROSINT	4-Non-Preferred Drug	
TIROSINT-SOL	4-Non-Preferred Drug	
unithroid	1-Preferred Generics	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
BYNFEZIA PEN	4-Non-Preferred Drug	PA
cabergoline	2-Generics	
ELIGARD	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
FENSOLVI (6 MONTH)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
FIRMAGON	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
FIRMAGON (240 MG DOSE)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
leuprolide acetate 1 mg/0.2ml kit	1-Preferred Generics	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
LUPRON DEPOT (1-MONTH)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT (3-MONTH)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT (4-MONTH)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT (6-MONTH)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT-PED (1-MONTH)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT-PED (3-MONTH)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
octreotide acetate	2-Generics	
SIGNIFOR	5-Specialty	
SOMATULINE DEPOT	5-Specialty	
SOMAVERT	5-Specialty	
SYNAREL	5-Specialty	
TRELSTAR	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TRELSTAR MIXJECT	5-Specialty	PA - TO CONFIRM PART D COVERAGE
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1-Preferred Generics	
propylthiouracil 50 mg tab	2-Generics	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE	5-Specialty	
icatibant acetate	5-Specialty	
IMMUNE SUPPRESSANTS		
ASTAGRAF XL	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
AZASAN	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
azathioprine 50 mg tab	2-Generics	PA - TO CONFIRM PART D COVERAGE
AZATHIOPRINE SODIUM	2-Generics	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
cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARSUS XR	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
everolimus (0.5 mg tab, 0.75 mg tab)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
everolimus 0.25 mg tab	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
gengraf (25 mg cap, 100 mg/ml solution, 100 mg cap)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
HUMIRA	5-Specialty	PA
HUMIRA PEDIATRIC CROHNS START	5-Specialty	PA
HUMIRA PEN	5-Specialty	PA
HUMIRA PEN-CD/UC/HS STARTER	5-Specialty	PA
HUMIRA PEN-PS/UV/ADOL HS START	5-Specialty	PA
HUMIRA PEN-PSOR/UVEIT STARTER	5-Specialty	PA
INFLECTRA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
KINERET	5-Specialty	
methotrexate 2.5 mg tab	2-Generics	
methotrexate sodium 1 gm recon soln	1-Preferred Generics	
methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)	2-Generics	
methotrexate sodium (pf) ((pf) 1 gm/40ml, (pf) 50 mg/2ml, (pf) 250 mg/10ml)	2-Generics	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	2-Generics	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
mycophenolate mofetil hcl	2-Generics	PA - TO CONFIRM PART D COVERAGE
mycophenolate sodium	2-Generics	PA - TO CONFIRM PART D COVERAGE
NULOJIX	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ORENCIA (50 MG/0.4ML SOLN, 87.5 MG/0.7ML SOLN, 125 MG/ML SOLN)	5-Specialty	PA
ORENCIA CLICKJECT	5-Specialty	PA
OTREXUP (10 MG/0.4ML SOLN, 12.5 MG/0.4ML SOLN, 15 MG/0.4ML SOLN, 17.5 MG/0.4ML SOLN, 20 MG/0.4ML SOLN, 22.5 MG/0.4ML SOLN, 25 MG/0.4ML SOLN)	4-Non-Preferred Drug	
PROGRAF (0.2 MG, 1 MG)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
RASUVO (7.5 MG/0.15ML SOLN, 10 MG/0.2ML SOLN, 12.5 MG/0.25ML SOLN, 15 MG/0.3ML SOLN, 17.5 MG/0.35ML SOLN, 20 MG/0.4ML SOLN, 22.5 MG/0.45ML SOLN, 25 MG/0.5ML SOLN, 30 MG/0.6ML SOLN)	4-Non-Preferred Drug	
RENFLEXIS	5-Specialty	PA - TO CONFIRM PART D COVERAGE
SANDIMMUNE 100 MG/ML SOLUTION	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
SIMULECT 20 MG RECON SOLN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	2-Generics	PA - TO CONFIRM PART D COVERAGE
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	2-Generics	PA - TO CONFIRM PART D COVERAGE
temsirolimus	5-Specialty	
TREXALL	4-Non-Preferred Drug	
XATMEP	3-Preferred Brands	
XELJANZ	5-Specialty	PA
XELJANZ XR	5-Specialty	PA
ZORTRESS (0.5 MG TAB, 0.75 MG TAB, 1 MG TAB)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ZORTRESS 0.25 MG TAB	4-Non-Preferred Drug	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
IMMUNIZING AGENTS, PASSIVE		
ATGAM	5-Specialty	
BIVIGAM 5 GM/50ML SOLUTION	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	5-Specialty	PA
GAMMAGARD S/D LESS IGA	5-Specialty	PA
GAMMAKED	5-Specialty	PA
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C (1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML)	5-Specialty	PA
OCTAGAM	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA
THYMOGLOBULIN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IMMUNOMODULATORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5-Specialty	PA
ACTEMRA ACTPEN	5-Specialty	PA
ACTIMMUNE	5-Specialty	PA
ARCALYST	5-Specialty	
BENLYSTA (200 MG/ML SOLN PRSYR, 200 MG/ML SOLN A-INJ)	5-Specialty	
leflunomide 10 mg tab	2-Generics	QL (30 PER 30 DAYS)
leflunomide 20 mg tab	2-Generics	QL (150 PER 30 DAYS)
ORALAIR	4-Non-Preferred Drug	
ORALAIR ADULT SAMPLE KIT	4-Non-Preferred Drug	
ORALAIR ADULT STARTER PACK	4-Non-Preferred Drug	
RIDAURA	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYLVANT	5-Specialty	PA - TO CONFIRM PART D COVERAGE
VACCINES		
ACTHIB	1-Preferred Generics	
ADACEL	1-Preferred Generics	
BCG VACCINE	1-Preferred Generics	
BEXSERO	1-Preferred Generics	
BOOSTRIX	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
DIPHTHERIA-TETANUS TOXOIDS DT	1-Preferred Generics	
ENGERIX-B	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
GARDASIL 9 (9SUSPPRSYR, 9SUSPENSION)	1-Preferred Generics	
HAVRIX	1-Preferred Generics	
HIBERIX	1-Preferred Generics	
IMOVAX RABIES	1-Preferred Generics	
INFANRIX	1-Preferred Generics	
IPOL	1-Preferred Generics	
IXIARO	1-Preferred Generics	
KINRIX	1-Preferred Generics	
M-M-R II	1-Preferred Generics	

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
MENACTRA	1-Preferred Generics	
MENQUADFI	1-Preferred Generics	
MENVEO	1-Preferred Generics	
PEDIARIX	1-Preferred Generics	
PEDVAX HIB	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL	1-Preferred Generics	
RABAVERT	1-Preferred Generics	
RECOMBIVAX HB	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
ROTARIX	1-Preferred Generics	
ROTATEQ	1-Preferred Generics	
SHINGRIX	1-Preferred Generics	
TDVAX	1-Preferred Generics	
TENIVAC	1-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	1-Preferred Generics	
TYPHIM VI	1-Preferred Generics	
VAQTA	1-Preferred Generics	
VARIVAX	1-Preferred Generics	

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
VARIZIG	1-Preferred Generics	
YF-VAX	1-Preferred Generics	
ZOSTAVAX	1-Preferred Generics	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO	3-Preferred Brands	
balsalazide disodium	2-Generics	
mesalamine 4 gm enema	1-Preferred Generics	
mesalamine 1000 mg suppos	4-Non-Preferred Drug	
mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)	2-Generics	
mesalamine er	2-Generics	
mesalamine-cleanser	1-Preferred Generics	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	2-Generics	
budesonide er	4-Non-Preferred Drug	
colocort	1-Preferred Generics	
hydrocortisone 100 mg/60ml enema	1-Preferred Generics	
SULFONAMIDES		
sulfasalazine (500 mg tab dr, 500 mg tab)	2-Generics	
METABOLIC BONE DISEASE AGENTS		
alendronate sodium 70 mg/75ml solution	2-Generics	

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
alendronate sodium (35 mg tab, 70 mg tab)	1-Preferred Generics	QL (4 PER 28 DAYS)
alendronate sodium (5 mg tab, 10 mg tab, 40 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
calcitonin (salmon)	2-Generics	
calcitriol (0.25 mcg cap, 0.5 mcg cap)	2-Generics	
calcitriol 1 mcg/ml solution	1-Preferred Generics	
cinacalcet hcl	2-Generics	PA - TO CONFIRM PART D COVERAGE
doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)	1-Preferred Generics	
FORTEO	5-Specialty	PA
ibandronate sodium 150 mg tab	2-Generics	
NATPARA	5-Specialty	
PROLIA	3-Preferred Brands	
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab dr, 35 mg tab, 150 mg tab)	2-Generics	
XGEVA	5-Specialty	
zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
MISCELLANEOUS THERAPEUTIC AGENTS		
GAUZE PADS & DRESSINGS - PADS 2 X 2	1-Preferred Generics	
INSULIN PEN NEEDLE	1-Preferred Generics	
INSULIN SYRINGE (DISP) U-100 0.3 ML	1-Preferred Generics	
INSULIN SYRINGE (DISP) U-100 1 ML	1-Preferred Generics	
INSULIN SYRINGE (DISP) U-100 1/2 ML	1-Preferred Generics	
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	1-Preferred Generics	

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
NEEDLES, INSULIN DISP., SAFETY	1-Preferred Generics	
sterile water for irrigation	1-Preferred Generics	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ak-poly-bac	1-Preferred Generics	
ATROPINE SULFATE 1 % SOLUTION	2-Generics	
bacitra-neomycin-polymyxin-hc	1-Preferred Generics	
bacitracin-polymyxin b	1-Preferred Generics	
BLEPHAMIDE	3-Preferred Brands	
BLEPHAMIDE S.O.P.	3-Preferred Brands	
cyclopentolate hcl (0.5 %, 1 %, 2 %)	1-Preferred Generics	
CYSTARAN	3-Preferred Brands	
ISOPTO ATROPINE	2-Generics	
neo-polycin	2-Generics	
neo-polycin hc	1-Preferred Generics	
neomycin-bacitracin zn-polymyx	2-Generics	
neomycin-polymyxin-dexameth (3.5-10000-0.1suspension, 3.5-10000-0.1ointment)	2-Generics	
neomycin-polymyxin-gramicidin	1-Preferred Generics	
neomycin-polymyxin-hc 3.5-10000-1 suspension	2-Generics	
OXERVATE	5-Specialty	PA
polycin	1-Preferred Generics	

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
polymyxin b-trimethoprim	1-Preferred Generics	
proparacaine hcl 0.5 % solution	1-Preferred Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (60 PER 30 DAYS)
sulfacetamide-prednisolone	1-Preferred Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
tobramycin-dexamethasone	2-Generics	
ZYLET	4-Non-Preferred Drug	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	3-Preferred Brands	
ALOMIDE	3-Preferred Brands	
azelastine hcl 0.05 % solution	2-Generics	
BEPREVE	4-Non-Preferred Drug	
cromolyn sodium 4 % solution	2-Generics	
epinastine hcl	2-Generics	
olopatadine hcl 0.1 % solution	2-Generics	QL (10 PER 30 DAYS)
olopatadine hcl 0.2 % solution	2-Generics	
PAZEO	4-Non-Preferred Drug	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	3-Preferred Brands	
bromfenac sodium (once-daily)	2-Generics	
dexamethasone sodium phosphate 0.1 % solution	2-Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diclofenac sodium 0.1 % solution	1-Preferred Generics	
DUREZOL	3-Preferred Brands	
FLAREX	3-Preferred Brands	
fluorometholone	2-Generics	
flurbiprofen sodium	1-Preferred Generics	
FML	3-Preferred Brands	
ILEVRO	3-Preferred Brands	
ketorolac tromethamine (0.4 %, 0.5 %)	2-Generics	
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT)	4-Non-Preferred Drug	
loteprednol etabonate	4-Non-Preferred Drug	
PRED MILD	3-Preferred Brands	
prednisolone acetate 1 % suspension	2-Generics	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1-Preferred Generics	
PROLENSA	4-Non-Preferred Drug	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P 0.1 % SOLUTION	3-Preferred Brands	
apraclonidine hcl	1-Preferred Generics	
AZOPT	3-Preferred Brands	
betaxolol hcl 0.5 % solution	1-Preferred Generics	
brimonidine tartrate (0.15 %, 0.2 %)	2-Generics	
carteolol hcl	1-Preferred Generics	

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
COMBIGAN	3-Preferred Brands	
dorzolamide hcl 2 % solution	2-Generics	QL (10 PER 18 DAYS)
dorzolamide hcl-timolol mal	2-Generics	QL (10 PER 18 DAYS)
dorzolamide hcl-timolol mal pf	2-Generics	
levobunolol hcl	1-Preferred Generics	
methazolamide 25 mg tab	1-Preferred Generics	
methazolamide 50 mg tab	2-Generics	
pilocarpine hcl (2 %, 4 %)	2-Generics	
pilocarpine hcl 1 % solution	1-Preferred Generics	
RHOPRESSA	3-Preferred Brands	
SIMBRINZA	3-Preferred Brands	
timolol maleate (0.25 % gel soln, 0.5 % gel soln)	2-Generics	
timolol maleate (0.25 %, 0.5 %, 0.5 % (daily))	1-Preferred Generics	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % ophth solution	1-Preferred Generics	
latanoprost 0.005 % solution	2-Generics	QL (5 PER 30 DAYS)
LUMIGAN	3-Preferred Brands	
TRAVATAN Z	3-Preferred Brands	QL (10 PER 30 DAYS)
travoprost (bak free)	2-Generics	QL (10 PER 30 DAYS)
OTIC AGENTS		
acetic acid 2 % solution	2-Generics	
CIPRODEX	3-Preferred Brands	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flac	2-Generics	
fluocinolone acetonide 0.01 % oil	2-Generics	
hydrocortisone-acetic acid	2-Generics	
neomycin-polymyxin-hc (1 %, 3.5-10000-1)	2-Generics	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
budesonide 0.25 mg/2ml suspension	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (240 PER 30 DAYS)
budesonide 0.5 mg/2ml suspension	2-Generics	PA - TO CONFIRM PART D COVERAGE, QL (120 PER 30 DAYS)
budesonide 1 mg/2ml suspension	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS)
FLOVENT DISKUS	3-Preferred Brands	QL (80 PER 30 DAYS)
FLOVENT HFA (110 MCG/ACT, 220 MCG/ACT)	3-Preferred Brands	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG/ACT AEROSOL	3-Preferred Brands	QL (22 PER 30 DAYS)
flunisolide 25 mcg/act (0.025%) solution	2-Generics	
fluticasone propionate 50 mcg/act suspension	1-Preferred Generics	QL (16 PER 30 DAYS)
mometasone furoate 50 mcg/act suspension	1-Preferred Generics	
PULMICORT FLEXHALER	3-Preferred Brands	
QVAR REDIHALER	3-Preferred Brands	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
azelastine hcl (0.1 %, 0.15 %, 137 mcg/spray)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cyproheptadine hcl 2 mg/5ml syrup	1-Preferred Generics	
cyproheptadine hcl 4 mg tab	2-Generics	
desloratadine (2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	1-Preferred Generics	
diphenhydramine hcl 50 mg/ml solution	2-Generics	
hydroxyzine hcl (10 mg/5ml syrup, 10 mg tab, 25 mg tab, 50 mg tab)	1-Preferred Generics	
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	2-Generics	
levocetirizine dihydrochloride 2.5 mg/5ml solution	1-Preferred Generics	
levocetirizine dihydrochloride 5 mg tab	2-Generics	
olopatadine hcl 0.6 % solution	1-Preferred Generics	
promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup, 12.5 mg tab)	1-Preferred Generics	PA
promethazine hcl 25 mg tab	2-Generics	PA
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
zafirlukast 10 mg tab	2-Generics	QL (120 PER 30 DAYS)
zafirlukast 20 mg tab	2-Generics	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3-Preferred Brands	
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
ipratropium bromide (0.03 %, 0.06 %)	2-Generics	
ipratropium bromide 0.02 % solution	2-Generics	PA - TO CONFIRM PART D COVERAGE
SPIRIVA HANDIHALER	3-Preferred Brands	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3-Preferred Brands	QL (4 PER 30 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
TUDORZA PRESSAIR	3-Preferred Brands	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, 2.5 mg/0.5ml soln, (2.5 mg/3ml) 0.083% soln, (5 mg/ml) 0.5% soln)	2-Generics	PA - TO CONFIRM PART D COVERAGE
albuterol sulfate (2 mg tab, 2 mg/5ml syrup)	1-Preferred Generics	
albuterol sulfate 4 mg tab	2-Generics	
albuterol sulfate er	1-Preferred Generics	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)	2-Generics	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)	2-Generics	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)	2-Generics	
epinephrine (0.15 mg/0.15ml soln, 0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln)	1-Preferred Generics	
EPIPEN 2-PAK	3-Preferred Brands	
EPIPEN JR 2-PAK	3-Preferred Brands	
levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/3ml soln, 1.25 mg/0.5ml soln)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
levalbuterol tartrate	2-Generics	
metaproterenol sulfate 10 mg/5ml syrup	1-Preferred Generics	
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYSTIC FIBROSIS AGENTS		
CAYSTON	5-Specialty	
KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5-Specialty	PA
ORKAMBI (100-125 MG TAB, 100-125 MG PACKET, 150-188 MG PACKET, 200-125 MG TAB)	5-Specialty	PA
PULMOZYME	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TOBI PODHALER	5-Specialty	
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE, QL (240 PER 30 DAYS)
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP	4-Non-Preferred Drug	
THEO-24	4-Non-Preferred Drug	
theophylline	2-Generics	
theophylline er (er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)	2-Generics	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5-Specialty	PA
alyq	5-Specialty	PA
ambrisentan	5-Specialty	PA
bosentan	5-Specialty	PA
OPSUMIT	5-Specialty	PA
sildenafil citrate 10 mg/ml recon susp	5-Specialty	PA
sildenafil citrate 20 mg tab	2-Generics	PA
tadalafil (pah)	5-Specialty	PA
TRACLEER 32 MG TAB SOL	5-Specialty	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
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET (267 MG CAP, 267 MG TAB, 801 MG TAB)	5-Specialty	PA
OFEV	5-Specialty	PA
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10 %, 20 %)	2-Generics	PA - TO CONFIRM PART D COVERAGE
ADVAIR HFA	4-Non-Preferred Drug	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
DULERA (100-5 MCG/ACT, 200-5 MCG/ACT)	3-Preferred Brands	QL (13 PER 30 DAYS)
DULERA 50-5 MCG/ACT AEROSOL	3-Preferred Brands	QL (13 PER 30 DAYS)
fluticasone-salmeterol (100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose)	2-Generics	QL (60 PER 30 DAYS)
fluticasone-salmeterol (55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act)	2-Generics	
ipratropium-albuterol	2-Generics	PA - TO CONFIRM PART D COVERAGE
promethazine-phenylephrine	2-Generics	PA
STIOLTO RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
SYMBICORT	3-Preferred Brands	QL (10.2 PER 30 DAYS)
tobramycin 300 mg/5ml nebu soln	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 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
wixela inhub	2-Generics	QL (60 PER 30 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR, 150 MG RECON SOLN)	5-Specialty	PA
SKELETAL MUSCLE RELAXANTS		
carisoprodol (250 mg tab, 350 mg tab)	2-Generics	PA, QL (120 PER 30 DAYS)
chlorzoxazone 500 mg tab	2-Generics	PA
cyclobenzaprine hcl 10 mg tab	1-Preferred Generics	PA, QL (90 PER 30 DAYS)
cyclobenzaprine hcl 5 mg tab	1-Preferred Generics	PA, QL (180 PER 30 DAYS)
metaxalone	2-Generics	PA
methocarbamol (500 mg tab, 750 mg tab)	2-Generics	PA
orphenadrine citrate er	2-Generics	PA
vanadom	2-Generics	PA, QL (120 PER 30 DAYS)
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
estazolam	1-Preferred Generics	
eszopiclone	1-Preferred Generics	PA, QL (30 PER 30 DAYS)
temazepam (15 mg cap, 30 mg cap)	1-Preferred Generics	QL (30 PER 30 DAYS)
triazolam 0.125 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
triazolam 0.25 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
zaleplon	2-Generics	PA, QL (30 PER 30 DAYS)
zolpidem tartrate (1.75 mg tab, 3.5 mg tab)	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
zolpidem tartrate 10 mg tab	1-Preferred Generics	PA, QL (30 PER 30 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
zolpidem tartrate 5 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
zolpidem tartrate er	2-Generics	PA, QL (30 PER 30 DAYS)
SLEEP DISORDERS, OTHER		
armodafinil	4-Non-Preferred Drug	PA
doxepin hcl (3 mg tab, 6 mg tab)	2-Generics	
HETLIOZ	5-Specialty	PA
ramelteon	2-Generics	
SILENOR	3-Preferred Brands	
XYREM	5-Specialty	PA

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

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Health Partners Plans

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Phone: 1-866-901-8000 (TTY 1-877-454-8477)

Mail: Attn: Complaints, Grievances & Appeals Unit
Health Partners Medicare
901 Market Street, Suite 500
Philadelphia, PA 19107

Fax: 215-991-4105

If you need help filing a grievance, Health Partners Medicare Member Relations is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-901-8000 (TTY 1-877-454-8477).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-901-8000 (TTY 1-877-454-8477).

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-901-8000 (TTY 1-877-454-8477).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-901-8000 (TTY 1-877-454-8477).

ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-901-8000 (TTY 1-877-454-8477).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-901-8000 (TTY 1-877-454-8477)번으로 전화해 주십시오.

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-866-901-8000 (TTY 1-877-454-8477).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-901-8000 (TTY 1-877-454-8477).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-901-8000 (TTY 1-877-454-8477).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-901-8000 (телетайп 1-877-454-8477).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-901-8000 (TTY 1-877-454-8477).

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