



2021 Formulary
List of Covered Drugs
**Health Partners Medicare
Prime and Complete (HMO-POS)**

Health Partners Medicare Prime and Complete (HMO-POS) 2021 Formulary (List of Covered Drugs)

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

Formulary ID 00021482, Version 7

This formulary was updated on 12/10/2020. 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 Prime and Health Partners Medicare Complete.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/10/2020. 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, 2022, and from time to time during the year.

What is the Health Partners Medicare Prime and Complete 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 the 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 Prime and Complete 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 both. 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 Prime and Complete Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 12/10/2020. To get updated information about the drugs covered by Health Partners Medicare Prime and Complete, 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 115. 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 122. 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 Prime and Complete cover 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 Prime and Complete require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Health Partners Medicare Prime and Complete limit the amount of the drug that our plan will cover. For example, our plan 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 Prime and Complete require 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Partners Medicare Prime and Complete 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 our plan does not cover your drug, you have two options:

- You can ask Member Relations for a list of similar drugs that are covered by Health Partners Medicare Prime and Complete. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Health Partners Medicare Prime and Complete Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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 Prime or Complete prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Health Partners Medicare Prime or Complete, 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 Prime and Complete's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Health Partners Medicare Prime and Complete. If you have trouble finding your drug in the list, turn to the Index that begins on page 122.

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 Prime 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 Prime		
Drug Tier	Retail Cost-Sharing (30-day supply)	Mail-Order Cost-Sharing (90-day supply)
1 - Preferred Generics	\$0	\$0
2 - Generic	\$10	\$20
3 - Preferred Brand	\$47	\$94
4 - Non-Preferred Drug	\$100	\$200
5 - Specialty	33%	Not offered

LEGEND

TIER	NAME
1	Preferred Generics
2	Generic
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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-asa-caffeine</i>	2-Generic	PA
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2-Generic	PA
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	1-Preferred Generics	
<i>diclofenac potassium</i>	2-Generic	
<i>diclofenac sodium 1.5 % solution</i>	4-Non-Preferred Drug	QL (450 PER 30 DAYS)
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2-Generic	
<i>diclofenac sodium er</i>	2-Generic	
<i>diclofenac-misoprostol</i>	2-Generic	
<i>diflunisal 500 mg tab</i>	2-Generic	
<i>ec-naproxen</i>	1-Preferred Generics	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	2-Generic	
<i>flurbiprofen 100 mg tab</i>	2-Generic	
<i>ibu</i>	2-Generic	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	2-Generic	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2-Generic	PA
<i>indomethacin er</i>	2-Generic	PA
<i>ketoprofen er</i>	2-Generic	QL (30 PER 30 DAYS)
<i>meclofenamate sodium (50 mg cap, 100 mg cap)</i>	1-Preferred Generics	
<i>mefenamic acid 250 mg cap</i>	1-Preferred Generics	
<i>meloxicam 15 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tab</i>	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nabumetone (500 mg tab, 750 mg tab)</i>	2-Generic	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab dr, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>naproxen dr</i>	1-Preferred Generics	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2-Generic	
<i>oxaprozin</i>	2-Generic	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	2-Generic	
<i>relafen</i>	2-Generic	
<i>sulindac (150 mg tab, 200 mg tab)</i>	2-Generic	
<i>tolmetin sodium (400 mg cap, 600 mg tab)</i>	2-Generic	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i>	2-Generic	QL (10 PER 30 DAYS)
<i>methadone hcl (5 mg/5ml, 10 mg/5ml)</i>	1-Preferred Generics	
<i>methadone hcl (5 mg tab, 10 mg tab)</i>	2-Generic	
<i>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)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>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)</i>	2-Generic	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)
NUCYNTA ER 50 MG TAB ER 12H	4-Non-Preferred Drug	PA, QL (120 PER 30 DAYS)
<i>oxycodone hcl er</i>	2-Generic	PA, QL (60 PER 30 DAYS)
OXYCONTIN	4-Non-Preferred Drug	PA, QL (60 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxymorphone hcl er</i>	1-Preferred Generics	PA, QL (60 PER 30 DAYS)
<i>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)</i>	2-Generic	QL (30 PER 30 DAYS)
<i>tramadol hcl er (biphasic)</i>	2-Generic	QL (30 PER 30 DAYS)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	1-Preferred Generics	
<i>acetaminophen-codeine 300-15 mg tab</i>	2-Generic	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	2-Generic	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	2-Generic	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine #2</i>	2-Generic	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine #3</i>	2-Generic	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine #4</i>	2-Generic	QL (180 PER 30 DAYS)
<i>ascomp-codeine</i>	2-Generic	PA
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2-Generic	PA
<i>butalbital-asa-caff-codeine</i>	2-Generic	PA
<i>butorphanol tartrate 10 mg/ml solution</i>	1-Preferred Generics	
<i>endocet 10-325 mg tab</i>	2-Generic	QL (180 PER 30 DAYS)
<i>endocet 2.5-325 mg tab</i>	2-Generic	QL (360 PER 30 DAYS)
<i>endocet 5-325 mg tab</i>	2-Generic	QL (360 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	2-Generic	QL (240 PER 30 DAYS)
<i>fentanyl citrate (200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)</i>	4-Non-Preferred Drug	PA
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	2-Generic	
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	2-Generic	QL (180 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	2-Generic	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	2-Generic	QL (240 PER 30 DAYS)
<i>hydrocodone-ibuprofen (5-200 mg tab, 10-200 mg tab)</i>	2-Generic	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	2-Generic	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	2-Generic	
<i>lorcet</i>	2-Generic	QL (360 PER 30 DAYS)
<i>lorcet hd</i>	2-Generic	QL (180 PER 30 DAYS)
<i>morphine sulfate 20 mg/5ml solution</i>	1-Preferred Generics	
<i>morphine sulfate (10 mg/5ml solution, 15 mg tab, 30 mg tab)</i>	2-Generic	
<i>morphine sulfate (concentrate)</i>	2-Generic	
<i>oxycodone hcl (5 mg tab, 5 mg cap, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	2-Generic	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	2-Generic	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	2-Generic	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	2-Generic	QL (240 PER 30 DAYS)
<i>oxycodone-aspirin</i>	1-Preferred Generics	
<i>oxymorphone hcl</i>	1-Preferred Generics	
<i>pentazocine-naloxone hcl</i>	1-Preferred Generics	QL (360 PER 30 DAYS)
<i>tramadol hcl 100 mg tab</i>	2-Generic	QL (120 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
<i>tramadol-acetaminophen</i>	2-Generic	QL (240 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>glydo</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	2-Generic	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5 % ointment</i>	2-Generic	QL (50 PER 30 DAYS)
<i>lidocaine hcl urethral/mucosal (urethral/mucosal 2 % gel, urethral/mucosal 2 % prsyr)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2-Generic	
<i>lidocaine-prilocaine</i>	2-Generic	QL (30 PER 30 DAYS)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	1-Preferred Generics	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>naltrexone hcl 50 mg tab</i>	2-Generic	
VIVITROL	5-Specialty	
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine hcl 2 mg sl tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg, 4-1 mg, 12-3 mg)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
LUCEMYRA	4-Non-Preferred Drug	PA, QL (16 PER DAY)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	1-Preferred Generics	
NARCAN	3-Preferred Brands	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	2-Generic	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	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate (1 gm/4ml, 500 mg/2ml)</i>	1-Preferred Generics	
<i>gentak</i>	1-Preferred Generics	
<i>gentamicin in saline</i>	1-Preferred Generics	
<i>gentamicin sulfate (0.1 % cream, 10 mg/ml solution, 40 mg/ml solution)</i>	1-Preferred Generics	
<i>gentamicin sulfate (0.1 % ointment, 0.3 % solution)</i>	2-Generic	
<i>neomycin sulfate 500 mg tab</i>	2-Generic	
<i>paromomycin sulfate 250 mg cap</i>	1-Preferred Generics	
<i>streptomycin sulfate 1 gm recon soln</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin 0.3 % solution</i>	1-Preferred Generics	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	1-Preferred Generics	
ANTIBACTERIALS, OTHER		
<i>bacitracin 500 unit/gm ointment</i>	2-Generic	
<i>benzoyl peroxide-erythromycin</i>	2-Generic	
<i>clindacin etz</i>	2-Generic	
<i>clindacin-p</i>	2-Generic	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1-Preferred Generics	
<i>clindamycin palmitate hcl</i>	2-Generic	
<i>clindamycin phosphate 1 % gel</i>	2-Generic	QL (75 PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml)</i>	1-Preferred Generics	
<i>clindamycin phosphate (1 % swab, 2 % cream)</i>	2-Generic	
<i>clindamycin phosphate in d5w</i>	1-Preferred Generics	
<i>colistimethate sodium (cba)</i>	1-Preferred Generics	
<i>daptomycin 500 mg recon soln</i>	5-Specialty	
<i>daptomycin 350 mg recon soln</i>	5-Specialty	
<i>linezolid 100 mg/5ml recon susp</i>	4-Non-Preferred Drug	QL (1800 PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	4-Non-Preferred Drug	
<i>linezolid 600 mg tab</i>	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
<i>methenamine hippurate</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole (0.75 % gel, 250 mg tab, 375 mg cap, 500 mg tab)</i>	2-Generic	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	4-Non-Preferred Drug	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	4-Non-Preferred Drug	
MONUROL	3-Preferred Brands	
<i>mupirocin 2 % ointment</i>	2-Generic	QL (66 PER 30 DAYS)
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	1-Preferred Generics	
<i>nitrofurantoin monohyd macro</i>	2-Generic	
<i>polymyxin b sulfate 500000 unit recon soln</i>	1-Preferred Generics	
TIGECYCLINE	5-Specialty	
<i>trimethoprim 100 mg tab</i>	1-Preferred Generics	
<i>vancomycin hcl 125 mg cap</i>	4-Non-Preferred Drug	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	4-Non-Preferred Drug	QL (240 PER 30 DAYS)
<i>vancomycin hcl (1 gm soln, 10 gm soln, 100 gm soln, 500 mg soln, 750 mg soln)</i>	2-Generic	
VANCOMYCIN HCL 250 MG RECON SOLN	4-Non-Preferred Drug	
<i>vandazole</i>	2-Generic	
XIFAXAN 200 MG TAB	4-Non-Preferred Drug	PA
XIFAXAN 550 MG TAB	5-Specialty	PA
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor (250 mg cap, 500 mg cap)</i>	1-Preferred Generics	
CEFACLOR ER	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium (1 gm soln, 10 gm soln, 500 mg soln)</i>	1-Preferred Generics	
<i>cefazolin sodium (100 gm soln, 300 gm soln)</i>	4-Non-Preferred Drug	
<i>cefdinir 300 mg cap</i>	2-Generic	
<i>cefdinir (125 mg/5ml, 250 mg/5ml)</i>	1-Preferred Generics	
<i>cefepime hcl (1 gm soln, 2 gm soln)</i>	1-Preferred Generics	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	2-Generic	
<i>cefotetan disodium (1 gm soln, 2 gm soln)</i>	1-Preferred Generics	
<i>cefoxitin sodium</i>	1-Preferred Generics	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg/5ml recon susp, 100 mg tab, 200 mg tab)</i>	1-Preferred Generics	
<i>cefprozil (125 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>ceftazidime (1 gm soln, 2 gm soln, 6 gm soln)</i>	1-Preferred Generics	
<i>ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln)</i>	1-Preferred Generics	
CEFTRIAXONE SODIUM 100 GM RECON SOLN	4-Non-Preferred Drug	
<i>cefuroxime axetil</i>	2-Generic	
<i>cefuroxime sodium</i>	1-Preferred Generics	
<i>cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg cap, 500 mg cap)</i>	1-Preferred Generics	
<i>tazicef (1 gm soln, 2 gm soln, 6 gm soln)</i>	1-Preferred Generics	
TEFLARO	4-Non-Preferred Drug	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETA-LACTAM, OTHER		
<i>aztreonam</i>	4-Non-Preferred Drug	
<i>ertapenem sodium</i>	2-Generic	
<i>imipenem-cilastatin</i>	1-Preferred Generics	
<i>meropenem</i>	1-Preferred Generics	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 400 mg/5ml recon susp, 500 mg tab, 500 mg cap, 875 mg tab)</i>	1-Preferred Generics	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 200-28.5 mg chew tab, 250-62.5 mg/5ml recon susp, 250-125 mg tab, 400-57 mg/5ml recon susp, 400-57 mg chew tab, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2-Generic	
<i>amoxicillin-pot clavulanate er</i>	2-Generic	
<i>ampicillin 500 mg cap</i>	2-Generic	
<i>ampicillin sodium</i>	1-Preferred Generics	
<i>ampicillin-sulbactam sodium</i>	1-Preferred Generics	
BICILLIN L-A	3-Preferred Brands	
<i>dicloxacillin sodium</i>	1-Preferred Generics	
<i>nafcillin sodium (1 gm soln, 2 gm soln)</i>	1-Preferred Generics	
NAFCILLIN SODIUM 10 GM RECON SOLN	1-Preferred Generics	
<i>oxacillin sodium</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OXACILLIN SODIUM IN DEXTROSE	1-Preferred Generics	
PENICILLIN G POT IN DEXTROSE	4-Non-Preferred Drug	
<i>penicillin g potassium</i>	4-Non-Preferred Drug	
PENICILLIN G PROCAINE	4-Non-Preferred Drug	
<i>penicillin g sodium</i>	4-Non-Preferred Drug	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, 250 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>pfizerpen</i>	4-Non-Preferred Drug	
<i>piperacillin sod-tazobactam so</i>	1-Preferred Generics	

MACROLIDES

AZASITE	3-Preferred Brands	
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	1-Preferred Generics	
<i>clarithromycin (125 mg/5ml, 250 mg/5ml)</i>	1-Preferred Generics	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	2-Generic	
<i>clarithromycin er</i>	2-Generic	
<i>e.e.s. 400</i>	2-Generic	
<i>ery</i>	2-Generic	
<i>ery-tab</i>	2-Generic	
ERYTHROCIN LACTOBIONATE	3-Preferred Brands	
<i>erythromycin (2 % gel, 5 mg/gm ointment, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin 2 % solution</i>	1-Preferred Generics	
<i>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)</i>	2-Generic	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp, 400 mg tab)</i>	2-Generic	
QUINOLONES		
BESIVANCE	3-Preferred Brands	
CILOXAN 0.3 % OINTMENT	4-Non-Preferred Drug	
CIPRO (250 MG/5ML (5%), 500 MG/5ML (10%))	3-Preferred Brands	
<i>ciprofloxacin hcl (0.2 %, 0.3 %)</i>	2-Generic	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Preferred Generics	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	1-Preferred Generics	
<i>gatifloxacin 0.5 % solution</i>	1-Preferred Generics	
<i>levofloxacin (0.5 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generic	
<i>levofloxacin 25 mg/ml oral solution</i>	2-Generic	
<i>levofloxacin in d5w (500 mg/100ml, 750 mg/150ml)</i>	1-Preferred Generics	
<i>levofloxacin iv soln 25 mg/ml</i>	1-Preferred Generics	
<i>moxifloxacin hcl (0.5 % solution, 400 mg tab)</i>	2-Generic	
<i>moxifloxacin hcl (2x day)</i>	4-Non-Preferred Drug	
<i>moxifloxacin hcl in nacl</i>	1-Preferred Generics	
<i>ofloxacin 0.3 % solution</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1-Preferred Generics	
SULFONAMIDES		
<i>silver sulfadiazine 1 % cream</i>	1-Preferred Generics	
<i>ssd</i>	1-Preferred Generics	
<i>sulfacetamide sodium 10 % ointment</i>	1-Preferred Generics	
<i>sulfacetamide sodium 10 % solution</i>	2-Generic	
<i>sulfacetamide sodium (acne)</i>	1-Preferred Generics	
SULFADIAZINE 500 MG TAB	1-Preferred Generics	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1-Preferred Generics	
<i>doxy 100</i>	2-Generic	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg recon soln, 100 mg tab, 100 mg cap, 150 mg tab)</i>	2-Generic	
<i>doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg tab dr, 150 mg tab dr, 200 mg tab dr)</i>	1-Preferred Generics	
<i>doxycycline monohydrate (50 mg tab, 100 mg tab, 100 mg cap)</i>	2-Generic	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg cap, 75 mg tab, 150 mg tab)</i>	1-Preferred Generics	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1-Preferred Generics	
<i>mondoxyne nl 100 mg cap</i>	2-Generic	
<i>mondoxyne nl 75 mg cap</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morgidox</i>	2-Generic	
<i>okebo</i>	1-Preferred Generics	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	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
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generic	
<i>levetiracetam er</i>	2-Generic	
<i>levetiracetam in nacl</i>	4-Non-Preferred Drug	
NAYZILAM	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
<i>roweepra</i>	2-Generic	
<i>roweepra xr</i>	2-Generic	
SPRITAM	4-Non-Preferred Drug	

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN	3-Preferred Brands	
<i>ethosuximide (250 mg/5ml solution, 250 mg cap)</i>	1-Preferred Generics	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam 2.5 mg/ml suspension</i>	2-Generic	QL (480 PER 30 DAYS)
<i>clobazam (10 mg tab, 20 mg tab)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	2-Generic	
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1-Preferred Generics	
<i>divalproex sodium er</i>	1-Preferred Generics	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2-Generic	
GRALISE	4-Non-Preferred Drug	
GRALISE STARTER	4-Non-Preferred Drug	
<i>phenobarbital (15 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab)</i>	2-Generic	
<i>phenobarbital (16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 97.2 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>primidone (50 mg tab, 250 mg tab)</i>	1-Preferred Generics	
SYMPAZAN	4-Non-Preferred Drug	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	1-Preferred Generics	
<i>valproate sodium (100 mg/ml, 250 mg/5ml, 500 mg/5ml)</i>	2-Generic	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	2-Generic	
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)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<i>vigabatrin (500 mg tab, 500 mg packet)</i>	5-Specialty	
<i>vigadrone</i>	5-Specialty	

GLUTAMATE REDUCING AGENTS

<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	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	
<i>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)</i>	1-Preferred Generics	
<i>lamotrigine er</i>	1-Preferred Generics	
<i>lamotrigine starter kit-blue</i>	1-Preferred Generics	
<i>lamotrigine starter kit-green</i>	1-Preferred Generics	
<i>lamotrigine starter kit-orange</i>	1-Preferred Generics	
<i>subvenite</i>	1-Preferred Generics	
<i>subvenite starter kit-blue</i>	1-Preferred Generics	
<i>subvenite starter kit-green</i>	1-Preferred Generics	
<i>subvenite starter kit-orange</i>	1-Preferred Generics	
<i>topiramate (15 mg cap, 25 mg cap)</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	QL (180 PER 30 DAYS)
<i>topiramate 200 mg tab</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>topiramate er</i>	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	
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	1-Preferred Generics	
<i>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)</i>	1-Preferred Generics	
DILANTIN 30 MG CAP	3-Preferred Brands	
<i>epitol</i>	1-Preferred Generics	
<i>fosphenytoin sodium</i>	1-Preferred Generics	
<i>oxcarbazepine (150 mg tab, 300 mg/5ml suspension, 300 mg tab, 600 mg tab)</i>	2-Generic	
OXTELLAR XR	4-Non-Preferred Drug	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEGANONE	3-Preferred Brands	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1-Preferred Generics	
<i>phenytoin infatabs</i>	1-Preferred Generics	
<i>phenytoin sodium 50 mg/ml solution</i>	1-Preferred Generics	
<i>phenytoin sodium extended</i>	1-Preferred Generics	
VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3-Preferred Brands	
VIMPAT 200 MG/20ML SOLUTION	4-Non-Preferred Drug	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

<i>ergoloid mesylates 1 mg tab</i>	1-Preferred Generics	PA
------------------------------------	----------------------	----

CHOLINESTERASE INHIBITORS

<i>donepezil hcl 23 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1-Preferred Generics	
<i>galantamine hydrobromide er</i>	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	
<i>rivastigmine</i>	2-Generic	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate</i>	2-Generic	QL (60 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	2-Generic	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>memantine hcl er</i>	2-Generic	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>APLENZIN</i>	5-Specialty	
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	2-Generic	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) (er (xl) 300 mg tab er, er (xl) 450 mg tab er)</i>	2-Generic	QL (30 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2-Generic	QL (90 PER 30 DAYS)
<i>chlordiazepoxide-amitriptyline</i>	1-Preferred Generics	
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	2-Generic	QL (90 PER 30 DAYS)
<i>mirtazapine (30 mg tab disp, 30 mg tab)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab disp, 45 mg tab)</i>	2-Generic	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl</i>	1-Preferred Generics	
<i>perphenazine-amitriptyline</i>	1-Preferred Generics	
MONOAMINE OXIDASE INHIBITORS		
<i>EMSAM</i>	3-Preferred Brands	
<i>MARPLAN</i>	3-Preferred Brands	
<i>phenelzine sulfate 15 mg tab</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tranylcypromine sulfate</i>	2-Generic	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1-Preferred Generics	
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
DESVENLAFAXINE ER	2-Generic	
<i>desvenlafaxine succinate er</i>	2-Generic	
<i>escitalopram oxalate 5 mg/5ml solution</i>	1-Preferred Generics	QL (600 PER 30 DAYS)
<i>escitalopram oxalate 10 mg tab</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drug	
FETZIMA TITRATION	4-Non-Preferred Drug	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	1-Preferred Generics	QL (4 PER 28 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	1-Preferred Generics	
<i>fluoxetine hcl (10 mg tab, 10 mg cap)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg cap, 20 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 60 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>fluoxetine hcl (pmdd) 10 mg tab</i>	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl (pddd) 20 mg tab</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluvoxamine maleate</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate er</i>	1-Preferred Generics	
<i>maprotiline hcl</i>	1-Preferred Generics	
<i>nefazodone hcl (50 mg tab, 100 mg tab, 250 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>nefazodone hcl 150 mg tab</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>nefazodone hcl 200 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>paroxetine hcl</i>	1-Preferred Generics	
<i>paroxetine hcl er</i>	2-Generic	
<i>paroxetine mesylate</i>	2-Generic	
PAXIL 10 MG/5ML SUSPENSION	3-Preferred Brands	
PEXEVA	3-Preferred Brands	
<i>sertraline hcl 20 mg/ml conc</i>	1-Preferred Generics	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1-Preferred Generics	
TRINTELLIX	4-Non-Preferred Drug	
<i>venlafaxine hcl</i>	1-Preferred Generics	
<i>venlafaxine hcl er (er 150 mg tab er, er 150 mg cap er)</i>	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>venlafaxine hcl er 225 mg tab er 24h</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
VIIBRYD	4-Non-Preferred Drug	
VIIBRYD STARTER PACK	4-Non-Preferred Drug	

TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1-Preferred Generics	
<i>amoxapine</i>	1-Preferred Generics	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	2-Generic	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1-Preferred Generics	
<i>doxepin hcl (10 mg/ml conc, 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2-Generic	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>imipramine pamoate</i>	1-Preferred Generics	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1-Preferred Generics	
<i>protriptyline hcl</i>	2-Generic	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1-Preferred Generics	

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro</i>	1-Preferred Generics	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoclopramide hcl (5 mg tab, 10 mg tab)</i>	2-Generic	
<i>metoclopramide hcl (5 mg/5ml solution, 5 mg tab disp, 10 mg tab disp, 10 mg/10ml solution)</i>	1-Preferred Generics	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	1-Preferred Generics	
<i>phenadoz 25 mg suppos</i>	2-Generic	
<i>prochlorperazine</i>	1-Preferred Generics	
<i>prochlorperazine edisylate (10 mg/2ml, 50 mg/10ml)</i>	4-Non-Preferred Drug	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	2-Generic	
<i>promethazine hcl (12.5 mg, 25 mg)</i>	2-Generic	
<i>promethazine hcl 50 mg tab</i>	1-Preferred Generics	PA
<i>promethegan</i>	2-Generic	
<i>scopolamine</i>	2-Generic	

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>dronabinol</i>	2-Generic	PA
EMEND 125 MG/5ML RECON SUSP	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>granisetron hcl 1 mg tab</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
<i>ondansetron hcl 4 mg/5ml solution</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>ondansetron hcl 24 mg tab</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (30 PER 30 DAYS)
<i>ondansetron hcl 4 mg tab</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron hcl 8 mg tab</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
<i>ondansetron hcl inj 4 mg/2ml</i>	2-Generic	
ANTIFUNGALS		
ABELCET	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
AMBISOME	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>amphotericin b 50 mg recon soln</i>	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
<i>casprofungin acetate</i>	4-Non-Preferred Drug	
<i>ciclodan</i>	2-Generic	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	2-Generic	
<i>ciclopirox olamine (0.77 % suspension, 0.77 % cream)</i>	2-Generic	
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	2-Generic	
<i>econazole nitrate 1 % cream</i>	4-Non-Preferred Drug	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml, 40 mg/ml)</i>	1-Preferred Generics	
<i>fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generic	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%)</i>	2-Generic	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	1-Preferred Generics	
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1-Preferred Generics	
<i>griseofulvin microsize 500 mg tab</i>	2-Generic	
<i>griseofulvin ultramicrosize 125 mg tab</i>	1-Preferred Generics	
<i>griseofulvin ultramicrosize 250 mg tab</i>	2-Generic	
GYNAZOLE-1	3-Preferred Brands	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	2-Generic	
<i>ketoconazole 2 % cream</i>	2-Generic	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2-Generic	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2-Generic	
<i>micafungin sodium</i>	5-Specialty	
<i>naftifine hcl (1 %, 2 %)</i>	1-Preferred Generics	
NATACYN	3-Preferred Brands	
NOXAFIL 40 MG/ML SUSPENSION	5-Specialty	
<i>nyamyc</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm ointment, 100000 unit/gm cream)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>nystatin 100000 unit/gm powder</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2-Generic	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% ointment, 100000-0.1 unit/gm-% cream)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>nystop</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>posaconazole</i>	5-Specialty	
<i>terbinafine hcl 250 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>terconazole (0.4 %, 0.8 %)</i>	2-Generic	
<i>terconazole 80 mg suppos</i>	1-Preferred Generics	
<i>voriconazole 200 mg recon soln</i>	5-Specialty	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	4-Non-Preferred Drug	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2-Generic	
<i>colchicine (0.6 mg tab, 0.6 mg cap)</i>	2-Generic	
<i>colchicine-probenecid</i>	2-Generic	
<i>febuxostat</i>	2-Generic	ST
<i>probenecid</i>	1-Preferred Generics	
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, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	4-Non-Preferred Drug	PA, QL (3 PER 28 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	2-Generic	
<i>ergotamine-caffeine</i>	2-Generic	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>almotriptan malate</i>	1-Preferred Generics	QL (9 PER 30 DAYS)
<i>frovatriptan succinate</i>	2-Generic	QL (12 PER 30 DAYS)
<i>naratriptan hcl</i>	2-Generic	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate (10 mg tab disp, 10 mg tab)</i>	2-Generic	QL (12 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp)</i>	1-Preferred Generics	QL (12 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	2-Generic	
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsy, 6 mg/0.5ml solution)</i>	2-Generic	
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generic	QL (9 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	2-Generic	
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1-Preferred Generics	QL (9 PER 30 DAYS)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

GUANIDINE HCL	3-Preferred Brands	
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	2-Generic	
<i>pyridostigmine bromide er</i>	2-Generic	

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tab, 100 mg tab)</i>	2-Generic	
<i>rifabutin</i>	1-Preferred Generics	

ANTITUBERCULARS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2-Generic	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1-Preferred Generics	
PASER	4-Non-Preferred Drug	
PRETOMANID	3-Preferred Brands	
PRIFTIN	3-Preferred Brands	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pyrazinamide 500 mg tab</i>	2-Generic	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	2-Generic	
SIRTURO	5-Specialty	
TRECTOR	4-Non-Preferred Drug	

ANTINEOPLASTICS

ALKYLATING AGENTS

<i>busulfan</i>	5-Specialty	
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	3-Preferred Brands	
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	4-Non-Preferred Drug	
LEUKERAN	3-Preferred Brands	
MATULANE	5-Specialty	
<i>melphalan</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
<i>melphalan hcl</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TREANDA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
VALCHLOR	5-Specialty	QL (60 PER 30 DAYS)
YONDELIS	5-Specialty	

ANTIANDROGENS

<i>abiraterone acetate</i>	5-Specialty	
<i>bicalutamide</i>	2-Generic	QL (30 PER 30 DAYS)
ERLEADA	5-Specialty	
<i>flutamide</i>	1-Preferred Generics	
<i>nilutamide</i>	5-Specialty	
NUBEQA	5-Specialty	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>fulvestrant</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
SOLTAMOX	3-Preferred Brands	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2-Generic	
<i>toremifene citrate</i>	2-Generic	
ANTIMETABOLITES		
<i>adrucil</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
ALIMTA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>cladribine</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>clofarabine</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>cytarabine</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>cytarabine (pf)</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
DROXIA	3-Preferred Brands	
<i>fluorouracil 5 % cream</i>	2-Generic	QL (80 PER 30 DAYS)
<i>fluorouracil (1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml)</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>fluorouracil (2 %, 5 %)</i>	1-Preferred Generics	QL (20 PER 30 DAYS)
FOLOTYN 40 MG/2ML SOLUTION	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>gemcitabine hcl 1 gm recon soln</i>	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxyurea 500 mg cap</i>	2-Generic	
<i>mercaptopurine 50 mg tab</i>	2-Generic	
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
<i>adriamycin 2 mg/ml solution</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
ALUNBRIG (30 MG TAB, 90 MG TAB, 90 & 180 MG TAB THPK, 180 MG TAB)	5-Specialty	
ARRANON	5-Specialty	
<i>arsenic trioxide 10 mg/10ml solution</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
AYVAKIT	5-Specialty	
<i>azacitidine</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BALVERSA	5-Specialty	
<i>bleomycin sulfate</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
BORTEZOMIB	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BRUKINSA	5-Specialty	
<i>carboplatin</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>cisplatin</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
COPIKTRA	5-Specialty	
<i>dacarbazine 200 mg recon soln</i>	4-Non-Preferred Drug	
<i>dactinomycin</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>daunorubicin hcl 20 mg/4ml solution</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
DAUNORUBICIN HCL 50 MG/10ML SOLUTION	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
<i>decitabine</i>	5-Specialty	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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)</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>doxorubicin hcl 2 mg/ml solution</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
<i>doxorubicin hcl liposomal</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
<i>epirubicin hcl</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
ERWINAZE	5-Specialty	
<i>fludarabine phosphate 50 mg recon soln</i>	4-Non-Preferred Drug	
HALAVEN	5-Specialty	
<i>idarubicin hcl</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IDHIFA	5-Specialty	
INQOVI	5-Specialty	
INREBIC	5-Specialty	
ISTODAX (OVERFILL)	5-Specialty	
<i>leucovorin calcium (50 mg soln, 100 mg soln, 200 mg soln, 350 mg soln, 500 mg soln)</i>	4-Non-Preferred Drug	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1-Preferred Generics	
<i>levoleucovorin calcium 50 mg recon soln</i>	5-Specialty	
<i>levoleucovorin calcium pf</i>	5-Specialty	
LONSURF	5-Specialty	
LYSODREN	5-Specialty	
<i>mitomycin (5 mg soln, 20 mg soln, 40 mg soln)</i>	4-Non-Preferred Drug	
<i>mitoxantrone hcl</i>	4-Non-Preferred Drug	
<i>mutamycin</i>	4-Non-Preferred Drug	
NINLARO	5-Specialty	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONUREG	5-Specialty	PA - FOR NEW STARTS ONLY
<i>paclitaxel (30 mg/5ml, 100 mg/16.7ml, 150 mg/25ml, 300 mg/50ml)</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
<i>paraplatin (50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml)</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
PEMAZYRE	5-Specialty	
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	
SYNRIBO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TABRECTA	5-Specialty	PA - FOR NEW STARTS ONLY
TAZVERIK	5-Specialty	
TIBSOVO	5-Specialty	
TURALIO	5-Specialty	
VELCADE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>vinblastine sulfate</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>vincasar pfs</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>vincristine sulfate</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>vinorelbine tartrate 50 mg/5ml solution</i>	2-Generic	
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

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (60 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
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

<i>anastrozole 1 mg tab</i>	2-Generic	QL (30 PER 30 DAYS)
<i>exemestane</i>	2-Generic	
<i>letrozole 2.5 mg tab</i>	1-Preferred Generics	

ENZYME INHIBITORS

<i>etoposide (1 gm/50ml, 100 mg/5ml, 500 mg/25ml)</i>	2-Generic	
<i>irinotecan hcl</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
<i>toposar</i>	2-Generic	
<i>topotecan hcl 4 mg recon soln</i>	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
BOSULIF	5-Specialty	
BRAFTOVI 75 MG CAP	5-Specialty	
CABOMETYX	5-Specialty	
CALQUENCE	5-Specialty	
CAPRELSA	5-Specialty	
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	
COTELLIC	5-Specialty	
DAURISMO	5-Specialty	
ERIVEDGE	5-Specialty	
<i>erlotinib hcl</i>	5-Specialty	
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab)</i>	5-Specialty	
FARYDAK (10 MG CAP, 20 MG CAP)	5-Specialty	
GAVRETO	5-Specialty	PA - FOR NEW STARTS ONLY
GILOTRIF	5-Specialty	
HERCEPTIN 150 MG RECON SOLN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
HERZUMA	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	
<i>imatinib mesylate</i>	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	
KANJINTI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
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	
KISQALI FEMARA(200 MG DOSE)	5-Specialty	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KOSELUGO	5-Specialty	
KYPROLIS	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>lapatinib ditosylate</i>	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	
OGIVRI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>oxaliplatin (50 mg/10ml solution, 50 mg recon soln, 100 mg/20ml solution, 100 mg recon soln)</i>	4-Non-Preferred Drug	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	
SPRYCEL	5-Specialty	
STIVARGA	5-Specialty	
SUTENT	5-Specialty	
TAFINLAR	5-Specialty	
TAGRISSO	5-Specialty	
TALZENNA	5-Specialty	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TASIGNA	5-Specialty	
TRAZIMERA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
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	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	PA - TO CONFIRM PART D COVERAGE
EMPLICITI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ERBITUX 100 MG/50ML SOLUTION	5-Specialty	
HERCEPTIN HYLECTA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
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
MVASI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
MYLOTARG	5-Specialty	PA - TO CONFIRM PART D COVERAGE
OPDIVO	5-Specialty	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PERJETA	5-Specialty	
RITUXAN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
RITUXAN HYCELA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
RUXIENCE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TECENTRIQ	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TRUXIMA	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	
ZIRABEV	5-Specialty	PA - TO CONFIRM PART D COVERAGE
RETINOIDS		
<i>bexarotene</i>	5-Specialty	
PANRETIN	5-Specialty	
TARGRETIN 1 % GEL	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5-Specialty	
TREATMENT ADJUNCTS		
<i>dexrazoxane hcl 250 mg recon soln</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>mesna</i>	4-Non-Preferred Drug	
MESNEX 400 MG TAB	5-Specialty	
ANTIPARASITICS		
ANTIHELMINTHICS		
<i>albendazole 200 mg tab</i>	2-Generic	
<i>ivermectin 3 mg tab</i>	2-Generic	
<i>praziquantel 600 mg tab</i>	2-Generic	
ANTIPROTOZOALS		
ALINIA (100 MG/5ML RECON SUSP, 500 MG TAB)	3-Preferred Brands	
<i>atovaquone 750 mg/5ml suspension</i>	2-Generic	
<i>atovaquone-proguanil hcl</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZNIDAZOLE	4-Non-Preferred Drug	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1-Preferred Generics	
COARTEM	3-Preferred Brands	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2-Generic	
<i>mefloquine hcl</i>	2-Generic	
<i>pentamidine isethionate 300 mg inject soln</i>	2-Generic	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>primaquine phosphate</i>	2-Generic	
<i>pyrimethamine 25 mg tab</i>	5-Specialty	
<i>quinine sulfate 324 mg cap</i>	1-Preferred Generics	
PEDICULICIDES/SCABICIDES		
<i>lindane</i>	2-Generic	
<i>malathion</i>	1-Preferred Generics	
<i>permethrin 5 % cream</i>	2-Generic	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Preferred Generics	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1-Preferred Generics	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml syrup, 100 mg tab, 100 mg cap)</i>	2-Generic	
<i>carbidopa-levodopa-entacapone</i>	1-Preferred Generics	
<i>entacapone</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolcapone</i>	5-Specialty	
DOPAMINE AGONISTS		
APOKYN	5-Specialty	
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	2-Generic	
NEUPRO	3-Preferred Brands	
<i>pramipexole dihydrochloride</i>	1-Preferred Generics	
<i>pramipexole dihydrochloride er</i>	1-Preferred Generics	
<i>ropinirole hcl</i>	1-Preferred Generics	
<i>ropinirole hcl er</i>	1-Preferred Generics	
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	1-Preferred Generics	
<i>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)</i>	1-Preferred Generics	
<i>carbidopa-levodopa er</i>	1-Preferred Generics	
RYTARY	4-Non-Preferred Drug	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	2-Generic	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	1-Preferred Generics	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (25 mg/ml, 50 mg/2ml)</i>	4-Non-Preferred Drug	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generic	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1-Preferred Generics	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc, 5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generic	
<i>haloperidol 20 mg tab</i>	1-Preferred Generics	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	2-Generic	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	1-Preferred Generics	
<i>loxapine succinate</i>	2-Generic	
<i>molindone hcl</i>	2-Generic	
<i>pimozide</i>	2-Generic	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>thiothixene</i>	1-Preferred Generics	
<i>trifluoperazine hcl</i>	2-Generic	

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)
ABILIFY MYCITE 2 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generic	
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4-Non-Preferred Drug	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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	
NUPLAZID (10 MG TAB, 34 MG CAP)	5-Specialty	QL (30 PER 30 DAYS)
<i>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)</i>	1-Preferred Generics	
<i>paliperidone er 1.5 mg tab er 24h</i>	2-Generic	QL (240 PER 30 DAYS)
<i>paliperidone er 3 mg tab er 24h</i>	2-Generic	QL (120 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paliperidone er 6 mg tab er 24h</i>	2-Generic	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	2-Generic	QL (30 PER 30 DAYS)
PERSERIS	5-Specialty	QL (1 PER 28 DAYS)
<i>quetiapine fumarate</i>	2-Generic	
<i>quetiapine fumarate er</i>	2-Generic	
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	
<i>risperidone 1 mg/ml solution</i>	1-Preferred Generics	
<i>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)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>risperidone 0.5 mg tab disp</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>risperidone 1 mg tab disp</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>risperidone 3 mg tab disp</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>risperidone m-tab (2 mg tab disp, 4 mg tab disp)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>risperidone m-tab 0.5 mg tab disp</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>risperidone m-tab 1 mg tab disp</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>risperidone m-tab 3 mg tab disp</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
SAPHRIS	4-Non-Preferred Drug	
SECUADO	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<i>ziprasidone hcl</i>	2-Generic	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	2-Generic	
ZYPREXA RELPREVV	4-Non-Preferred Drug	
TREATMENT-RESISTANT		
<i>clozapine 100 mg tab</i>	1-Preferred Generics	QL (270 PER 30 DAYS)
<i>clozapine 200 mg tab</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>clozapine 25 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>clozapine 50 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	1-Preferred Generics	
VERSACLOZ	4-Non-Preferred Drug	
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generic	
BOTOX	4-Non-Preferred Drug	PA
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1-Preferred Generics	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generic	
XEOMIN	4-Non-Preferred Drug	PA

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	2-Generic	
ZIRGAN	3-Preferred Brands	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	1-Preferred Generics	
BARACLUDE 0.05 MG/ML SOLUTION	3-Preferred Brands	QL (600 PER 30 DAYS)
<i>entecavir</i>	2-Generic	
EPIVIR HBV 5 MG/ML SOLUTION	3-Preferred Brands	
<i>lamivudine 100 mg tab</i>	1-Preferred Generics	
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS		
MAVYRET	5-Specialty	PA, QL (84 PER 28 DAYS)
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA, QL (28 PER 28 DAYS)
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	
<i>ribavirin (200 mg cap, 200 mg tab)</i>	2-Generic	
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)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	5-Specialty	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)
<i>efavirenz 200 mg cap</i>	2-Generic	QL (90 PER 30 DAYS)
<i>efavirenz 50 mg cap</i>	2-Generic	QL (240 PER 30 DAYS)
<i>efavirenz 600 mg tab</i>	2-Generic	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofovir</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir</i>	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)
<i>nevirapine 50 mg/5ml suspension</i>	1-Preferred Generics	
<i>nevirapine 200 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>nevirapine er 100 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>nevirapine er 400 mg tab er 24h</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
ODEFSEY	5-Specialty	QL (30 PER 30 DAYS)
PIFELTRO	5-Specialty	QL (60 PER 30 DAYS)
SYMFI	5-Specialty	QL (30 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMFI LO	5-Specialty	QL (30 PER 30 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	1-Preferred Generics	
<i>abacavir sulfate 300 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
CIMDUO	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>didanosine (250 mg cap dr, 400 mg cap dr)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2-Generic	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df</i>	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	
<i>lamivudine 10 mg/ml solution</i>	1-Preferred Generics	
<i>lamivudine 150 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>stavudine (15 mg cap, 20 mg cap)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>stavudine (30 mg cap, 40 mg cap)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
TEMIXYS	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	2-Generic	QL (30 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRUVADA	5-Specialty	QL (30 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)
<i>zidovudine 100 mg cap</i>	1-Preferred Generics	QL (180 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	1-Preferred Generics	
<i>zidovudine 300 mg tab</i>	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 (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB, 150 MG TAB, 300 MG TAB)	3-Preferred Brands	
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TROGARZO	5-Specialty	
TYBOST	3-Preferred Brands	QL (30 PER 30 DAYS)

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)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	2-Generic	QL (30 PER 30 DAYS)
CRIXIVAN	3-Preferred Brands	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	2-Generic	
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	
<i>lopinavir-ritonavir</i>	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	
PREZISTA (100 MG/ML SUSPENSION, 600 MG TAB, 800 MG TAB)	5-Specialty	
PREZISTA (75 MG TAB, 150 MG TAB)	3-Preferred Brands	
REYATAZ 50 MG PACKET	3-Preferred Brands	
<i>ritonavir</i>	2-Generic	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

<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2-Generic	
RELENZA DISKHALER	3-Preferred Brands	
<i>rimantadine hcl</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	2-Generic	
<i>acyclovir 5 % ointment</i>	2-Generic	QL (30 PER 30 DAYS)
<i>acyclovir sodium 50 mg/ml solution</i>	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>trifluridine 1 % solution</i>	2-Generic	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2-Generic	QL (120 PER 30 DAYS)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>bupirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	2-Generic	
<i>meprobamate</i>	2-Generic	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab disp, 1 mg tab, 2 mg tab disp, 2 mg tab)</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>alprazolam er (er 0.5 mg tab er, er 1 mg tab er)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>alprazolam er (er 2 mg tab er, er 3 mg tab er)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
ALPRAZOLAM INTENSOL	1-Preferred Generics	QL (300 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tab er, 1 mg tab er)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>alprazolam xr (2 mg tab er, 3 mg tab er)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>chlordiazepoxide hcl 10 mg cap</i>	1-Preferred Generics	QL (300 PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg cap</i>	1-Preferred Generics	QL (360 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlordiazepoxide hcl 5 mg cap</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 0.5 mg tab, 1 mg tab disp, 1 mg tab, 2 mg tab, 2 mg tab disp)</i>	2-Generic	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	2-Generic	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	2-Generic	QL (180 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	1-Preferred Generics	QL (1200 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>diazepam intensol</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	1-Preferred Generics	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	1-Preferred Generics	QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>oxazepam</i>	2-Generic	

BIPOLAR AGENTS

MOOD STABILIZERS

EQUETRO	3-Preferred Brands
LITHIUM	1-Preferred Generics
<i>lithium carbonate (150 mg cap, 300 mg tab, 300 mg cap, 600 mg cap)</i>	1-Preferred Generics
<i>lithium carbonate er</i>	1-Preferred Generics

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>alogliptin benzoate</i>	2-Generic	QL (30 PER 30 DAYS)
<i>alogliptin-metformin hcl</i>	2-Generic	QL (60 PER 30 DAYS)
<i>alogliptin-pioglitazone</i>	2-Generic	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	
<i>glimepiride</i>	1-Preferred Generics	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 5 mg tab er 24h</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>glipizide xl 10 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide xl 5 mg tab er 24h</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>glipizide-metformin hcl</i>	1-Preferred Generics	QL (120 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide micronized</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glyburide-metformin</i>	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)
<i>metformin hcl 1000 mg tab</i>	1-Preferred Generics	QL (75 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl 500 mg tab</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>miglitol</i>	1-Preferred Generics	
<i>nateglinide 120 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Preferred Generics	QL (180 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)
<i>pioglitazone hcl</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1-Preferred Generics	QL (240 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)
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	3-Preferred Brands	QL (30 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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

<i>diazoxide 50 mg/ml suspension</i>	4-Non-Preferred Drug	
GLUCAGEN HYPOKIT	3-Preferred Brands	
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	3-Preferred Brands	
GVOKE HYPOPEN 1-PACK	3-Preferred Brands	
GVOKE HYPOPEN 2-PACK	3-Preferred Brands	

INSULINS

HUMALOG (100 UNIT/ML SOLUTION, 100 UNIT/ML SOLN CART)	3-Preferred Brands	
HUMALOG JUNIOR KWIKPEN	3-Preferred Brands	
HUMALOG KWIKPEN	3-Preferred Brands	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 50/50	3-Preferred Brands	
HUMALOG MIX 50/50 KWIKPEN	3-Preferred Brands	
HUMALOG MIX 75/25	3-Preferred Brands	
HUMALOG MIX 75/25 KWIKPEN	3-Preferred Brands	
HUMULIN 70/30	3-Preferred Brands	
HUMULIN 70/30 KWIKPEN	3-Preferred Brands	
HUMULIN N	3-Preferred Brands	
HUMULIN N KWIKPEN	3-Preferred Brands	
HUMULIN R	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
INSULIN LISPRO	3-Preferred Brands	
INSULIN LISPRO (1 UNIT DIAL)	3-Preferred Brands	
INSULIN LISPRO JUNIOR KWIKPEN	3-Preferred Brands	
INSULIN LISPRO PROT & LISPRO	3-Preferred Brands	
LANTUS	3-Preferred Brands	QL (40 PER 30 DAYS)
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)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYUMJEV	3-Preferred Brands	
LYUMJEV KWIKPEN	3-Preferred Brands	
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
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	3-Preferred Brands	
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	
<i>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)</i>	2-Generic	
<i>fondaparinux sodium</i>	4-Non-Preferred Drug	
<i>heparin sodium (porcine) ((porcine) 1000 unit/ml, (porcine) 5000 unit/ml, (porcine) 10000 unit/ml, (porcine) 20000 unit/ml)</i>	1-Preferred Generics	
<i>jantoven</i>	1-Preferred Generics	
<i>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)</i>	1-Preferred Generics	
XARELTO	3-Preferred Brands	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO STARTER PACK	3-Preferred Brands	
ZONTIVITY	4-Non-Preferred Drug	
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl</i>	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		
<i>tranexamic acid 650 mg tab</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er</i>	2-Generic	QL (90 PER 30 DAYS)
BRILINTA	3-Preferred Brands	
<i>cilostazol</i>	2-Generic	
<i>clopidogrel bisulfate 300 mg tab</i>	2-Generic	
<i>clopidogrel bisulfate 75 mg tab</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1-Preferred Generics	PA
<i>prasugrel hcl</i>	2-Generic	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine</i>	2-Generic	QL (4 PER 28 DAYS)
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1-Preferred Generics	
<i>guanfacine hcl</i>	1-Preferred Generics	PA
<i>methyldopa</i>	1-Preferred Generics	PA
<i>midodrine hcl</i>	2-Generic	
NORTHERA	5-Specialty	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2-Generic	
<i>phenoxybenzamine hcl 10 mg cap</i>	5-Specialty	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2-Generic	
<i>terazosin hcl</i>	1-Preferred Generics	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irbesartan</i>	1-Preferred Generics	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>telmisartan</i>	1-Preferred Generics	
<i>valsartan</i>	1-Preferred Generics	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Preferred Generics	
<i>fosinopril sodium</i>	1-Preferred Generics	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>moexipril hcl</i>	1-Preferred Generics	
<i>perindopril erbumine</i>	1-Preferred Generics	
<i>quinapril hcl</i>	1-Preferred Generics	
<i>ramipril</i>	1-Preferred Generics	
<i>trandolapril</i>	1-Preferred Generics	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1-Preferred Generics	
<i>disopyramide phosphate</i>	1-Preferred Generics	PA

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dofetilide</i>	1-Preferred Generics	
<i>flecainide acetate</i>	2-Generic	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1-Preferred Generics	
MULTAQ	3-Preferred Brands	
<i>pacerone</i>	1-Preferred Generics	
<i>propafenone hcl</i>	1-Preferred Generics	
<i>propafenone hcl er</i>	1-Preferred Generics	
<i>quinidine gluconate er</i>	1-Preferred Generics	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>sorine</i>	1-Preferred Generics	
<i>sotalol hcl</i>	1-Preferred Generics	
<i>sotalol hcl (af)</i>	1-Preferred Generics	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	1-Preferred Generics	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	
<i>bisoprolol fumarate</i>	1-Preferred Generics	
BYSTOLIC	4-Non-Preferred Drug	
<i>carvedilol</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carvedilol phosphate er</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>metoprolol succinate er 200 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	2-Generic	
<i>pindolol</i>	2-Generic	
<i>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)</i>	1-Preferred Generics	
<i>propranolol hcl er</i>	1-Preferred Generics	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Preferred Generics	

CALCIUM CHANNEL BLOCKING AGENTS

<i>amlodipine besylate 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine besylate 2.5 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>amlodipine besylate 5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>cartia xt</i>	1-Preferred Generics	
<i>dilt-xr</i>	1-Preferred Generics	
<i>diltiazem cd</i>	1-Preferred Generics	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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)</i>	1-Preferred Generics	
<i>diltiazem hcl er beads</i>	1-Preferred Generics	
<i>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)</i>	1-Preferred Generics	
<i>felodipine er</i>	2-Generic	QL (30 PER 30 DAYS)
<i>isradipine</i>	1-Preferred Generics	
<i>matzim la</i>	1-Preferred Generics	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1-Preferred Generics	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	1-Preferred Generics	PA
<i>nifedipine er</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>nifedipine er osmotic release</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>nimodipine 30 mg cap</i>	1-Preferred Generics	
<i>nisoldipine er</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>taztia xt</i>	1-Preferred Generics	
<i>tiadylt er</i>	1-Preferred Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>verapamil hcl er (er 100 mg cap er 24h, er 120 mg tab er, er 120 mg cap er 24h, er 180 mg cap er 24h, er 180 mg tab er, er 200 mg cap er 24h, er 240 mg tab er, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h)</i>	1-Preferred Generics	
CARDIOVASCULAR AGENTS, OTHER		
<i>aliskiren fumarate</i>	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2-Generic	
<i>amlodipine besy-benazepril hcl</i>	1-Preferred Generics	
<i>amlodipine besylate-valsartan</i>	1-Preferred Generics	
<i>amlodipine-atorvastatin</i>	1-Preferred Generics	
<i>amlodipine-olmesartan</i>	1-Preferred Generics	
<i>amlodipine-valsartan-hctz</i>	1-Preferred Generics	
<i>atenolol-chlorthalidone</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>bisoprolol-hydrochlorothiazide</i>	1-Preferred Generics	
<i>candesartan cilexetil-hctz</i>	1-Preferred Generics	
<i>captopril-hydrochlorothiazide</i>	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	
<i>digitek</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>digox</i>	2-Generic	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	2-Generic	
DUTOPROL	3-Preferred Brands	
<i>enalapril-hydrochlorothiazide</i>	1-Preferred Generics	
ENTRESTO	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Preferred Generics	
<i>irbesartan-hydrochlorothiazide</i>	1-Preferred Generics	
LANOXIN (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	3-Preferred Brands	
<i>lisinopril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>losartan potassium-hctz</i>	1-Preferred Generics	
<i>methyldopa-hydrochlorothiazide</i>	1-Preferred Generics	PA
<i>metoprolol-hydrochlorothiazide</i>	1-Preferred Generics	
<i>metyrosine</i>	5-Specialty	
<i>olmesartan medoxomil-hctz</i>	1-Preferred Generics	
<i>olmesartan-amlodipine-hctz</i>	1-Preferred Generics	
<i>pentoxifylline er</i>	2-Generic	
<i>propranolol-hctz</i>	1-Preferred Generics	
<i>quinapril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>ranolazine er</i>	2-Generic	
<i>spironolactone-hctz</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

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

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	1-Preferred Generics	
DIURIL	3-Preferred Brands	
<i>hydrochlorothiazide (12.5 mg tab, 12.5 mg cap, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>indapamide</i>	1-Preferred Generics	
<i>metolazone</i>	2-Generic	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (40 mg tab, 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 120 mg tab, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)</i>	1-Preferred Generics	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	1-Preferred Generics	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1-Preferred Generics	
<i>gemfibrozil 600 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>atorvastatin calcium 20 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
LIVALO	3-Preferred Brands	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Preferred 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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1-Preferred Generics	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1-Preferred Generics	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	2-Generic	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2-Generic	
<i>ezetimibe</i>	2-Generic	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
JUXTAPID	5-Specialty	PA
<i>niacin er (antihyperlipidemic)</i>	2-Generic	
<i>omega-3-acid ethyl esters</i>	2-Generic	
PRALUENT (75 MG/ML SOLN, 150 MG/ML SOLN)	4-Non-Preferred Drug	PA, QL (2 PER 28 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1-Preferred Generics	
REPATHA	4-Non-Preferred Drug	PA, QL (3 PER 28 DAYS)
REPATHA PUSHRONEX SYSTEM	4-Non-Preferred Drug	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	4-Non-Preferred Drug	PA, QL (3 PER 28 DAYS)
VASCEPA	3-Preferred Brands	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate</i>	2-Generic	
<i>isosorbide mononitrate</i>	1-Preferred Generics	
<i>isosorbide mononitrate er</i>	1-Preferred Generics	
<i>minitran</i>	2-Generic	
NITRO-BID	3-Preferred Brands	
NITRO-DUR (0.3 MG/HR, 0.8 MG/HR)	3-Preferred Brands	
<i>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)</i>	2-Generic	
<i>nitroglycerin (0.3 mg tab, 0.4 mg tab, 0.6 mg tab)</i>	1-Preferred Generics	
NITROSTAT	3-Preferred Brands	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er</i>	2-Generic	QL (30 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	2-Generic	
<i>dextroamphetamine sulfate er</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	2-Generic	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 18 mg cap</i>	2-Generic	QL (120 PER 30 DAYS)
<i>clonidine hcl er</i>	2-Generic	
<i>guanfacine hcl er</i>	1-Preferred Generics	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg/5ml solution, 10 mg/5ml solution, 10 mg chew tab)</i>	1-Preferred Generics	
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>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)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (er 36 mg tab er 24h, er 36 mg tab er)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO	5-Specialty	PA
<i>butalbital-acetaminophen 50-325 mg tab</i>	2-Generic	PA
<i>butalbital-apap</i>	2-Generic	PA
<i>butalbital-apap-caffeine (50-325-40 mg cap, 50-325-40 mg tab)</i>	2-Generic	PA
<i>esgic 50-325-40 mg cap</i>	2-Generic	PA
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)
<i>riluzole</i>	2-Generic	
<i>tencon</i>	2-Generic	PA
<i>tetrabenazine</i>	5-Specialty	PA

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zebutal</i>	2-Generic	PA
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE	4-Non-Preferred Drug	
<i>duloxetine hcl (20 mg dr, 30 mg dr, 40 mg dr, 60 mg dr)</i>	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)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	2-Generic	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2-Generic	QL (900 PER 30 DAYS)
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	
COPAXONE 20 MG/ML SOLN PRSYR	5-Specialty	QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SOLN PRSYR	5-Specialty	QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	5-Specialty	QL (60 PER 30 DAYS)
GILENYA 0.5 MG CAP	5-Specialty	QL (30 PER 30 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

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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

<i>cevimeline hcl</i>	2-Generic	
<i>chlorhexidine gluconate 0.12 % solution</i>	1-Preferred Generics	
<i>oralone</i>	2-Generic	
<i>paroex</i>	1-Preferred Generics	
<i>periogard</i>	1-Preferred Generics	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2-Generic	
<i>triamcinolone acetonide 0.1 % paste</i>	2-Generic	

DERMATOLOGICAL AGENTS

<i>acitretin</i>	2-Generic	
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	2-Generic	PA
<i>ammonium lactate (12 % lotion, 12 % cream)</i>	2-Generic	
<i>amnestem</i>	2-Generic	
<i>avita (0.025 % cream, 0.025 % gel)</i>	2-Generic	PA
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drug	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
<i>calcitrene</i>	4-Non-Preferred Drug	QL (120 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARAC	5-Specialty	QL (30 PER 30 DAYS)
<i>claravis</i>	2-Generic	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	2-Generic	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2-Generic	QL (45 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2-Generic	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1 % gel</i>	4-Non-Preferred Drug	
DUPIXENT (200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA
<i>fluorouracil 0.5 % cream</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>hydrocortisone (perianal) 1 % cream</i>	1-Preferred Generics	
<i>imiquimod 5 % cream</i>	2-Generic	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	2-Generic	
<i>metronidazole (0.75 % cream, 0.75 % lotion, 1 % gel)</i>	2-Generic	
<i>myorisan</i>	2-Generic	
<i>podofilox 0.5 % solution</i>	1-Preferred Generics	
<i>procto-pak</i>	1-Preferred Generics	
RECTIV	4-Non-Preferred Drug	
REGRANEX	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>rosadan (0.75 % gel, 0.75 % cream)</i>	2-Generic	
SANTYL	4-Non-Preferred Drug	QL (90 PER 30 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2-Generic	
SKYRIZI (150 MG DOSE)	5-Specialty	PA

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tacrolimus (0.03 %, 0.1 %)</i>	2-Generic	
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	5-Specialty	PA
<i>tazarotene 0.1 % cream</i>	2-Generic	QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
TAZORAC (0.05 % GEL, 0.1 % GEL)	4-Non-Preferred Drug	QL (100 PER 30 DAYS)
<i>tretinoin (0.01 % gel, 0.025 % gel, 0.025 % cream, 0.05 % gel, 0.05 % cream, 0.1 % cream)</i>	2-Generic	PA
<i>zenatane</i>	2-Generic	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

AMINOSYN II 15 % SOLUTION	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
AMINOSYN-PF	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

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINOLIPID	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>dextrose (5 %, 10 %, 30 %, 50 %, 70 %, 250 mg/ml)</i>	1-Preferred Generics	
<i>dextrose-nacl (2.5-0.45 %, 5-0.3 %, 5-0.2 %, 5-0.33 %, 5-0.9 %, 5-0.45 %, 10-0.45 %, 10-0.2 %)</i>	1-Preferred Generics	
ENDARI	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>fluoritab (1.1 (0.5 f) mg tab, 2.2 (1 f) mg tab)</i>	1-Preferred Generics	
FREAMINE HBC	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
FREAMINE III	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
INTRALIPID	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>kcl in dextrose-nacl (10-5-0.45 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-%-%)</i>	1-Preferred Generics	
KCL-LACTATED RINGERS-D5W	1-Preferred Generics	
<i>klor-con (8 tab er, 20 packet)</i>	2-Generic	
<i>klor-con 10</i>	2-Generic	
<i>klor-con m10</i>	2-Generic	
<i>klor-con m15</i>	2-Generic	
<i>klor-con m20</i>	2-Generic	
<i>klor-con sprinkle</i>	2-Generic	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2-Generic	
<i>levocarnitine sf</i>	2-Generic	
<i>ludent</i>	1-Preferred Generics	
<i>magnesium sulfate 50 % solution</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEPHRAMINE	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
NORMOSOL-M IN D5W	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	
<i>potassium chloride (20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	2-Generic	
<i>potassium chloride crys er</i>	2-Generic	
<i>potassium chloride er (er 8 tab er, er 8 cap er, er 10 tab er, er 10 cap er, er 20 tab er)</i>	2-Generic	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1-Preferred Generics	
<i>potassium chloride in nacl (20-0.9 meq/l-%, 20-0.45 meq/l-%, 40-0.9 meq/l-%)</i>	1-Preferred Generics	
<i>potassium chloride proamp</i>	1-Preferred Generics	
PREMASOL 10 % SOLUTION	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
PROSOL	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>sodium chloride (0.45 %, 0.9 %, 3 %, 5 %)</i>	1-Preferred Generics	
<i>sodium chloride (pf)</i>	1-Preferred Generics	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TPN ELECTROLYTES	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
TRAVASOL	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
TROPHAMINE 10 % SOLUTION	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	3-Preferred Brands	
<i>clovique</i>	5-Specialty	QL (240 PER 30 DAYS)
<i>deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox granules</i>	5-Specialty	PA
<i>deferiprone</i>	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
<i>kionex (15gm/60mlsuspension, powder)</i>	2-Generic	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, 30 gm/120ml suspension, 50 gm/200ml suspension, powder)</i>	2-Generic	
<i>sps</i>	2-Generic	
<i>trientine hcl</i>	5-Specialty	QL (240 PER 30 DAYS)

PHOSPHATE BINDERS

<i>calcium acetate 667 mg tab</i>	2-Generic	
<i>calcium acetate (phos binder) (binder) 667 mg tab, binder) 667 mg cap)</i>	2-Generic	
FOSRENOL (750 MG, 1000 MG)	4-Non-Preferred Drug	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lanthanum carbonate</i>	2-Generic	
<i>sevelamer carbonate 800 mg tab</i>	2-Generic	
VELTASSA	3-Preferred Brands	

VITAMINS

PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	
------------------------------	--------------------	--

GASTROINTESTINAL AGENTS

ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1-Preferred Generics	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1-Preferred Generics	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	2-Generic	
<i>propantheline bromide 15 mg tab</i>	1-Preferred Generics	

GASTROINTESTINAL AGENTS, OTHER

<i>amoxicill-clarithro-lansopraz</i>	4-Non-Preferred Drug	
<i>cromolyn sodium 100 mg/5ml conc</i>	1-Preferred Generics	
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	2-Generic	
GATTEX	5-Specialty	PA
<i>loperamide hcl 2 mg cap</i>	2-Generic	
MYALEPT	5-Specialty	PA
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	5-Specialty	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2-Generic	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine</i>	1-Preferred Generics	
-------------------	----------------------	--

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cimetidine hcl</i>	1-Preferred Generics	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1-Preferred Generics	
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron hcl</i>	1-Preferred Generics	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
VIBERZI	5-Specialty	QL (60 PER 30 DAYS)
LAXATIVES		
<i>constulose</i>	1-Preferred Generics	
<i>enulose</i>	1-Preferred Generics	
<i>gavilyte-c</i>	1-Preferred Generics	
<i>gavilyte-g</i>	1-Preferred Generics	
<i>gavilyte-n with flavor pack</i>	1-Preferred Generics	
<i>generlac</i>	1-Preferred Generics	
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	1-Preferred Generics	
<i>lactulose encephalopathy</i>	1-Preferred Generics	
MOVIPREP	3-Preferred Brands	
<i>peg 3350-kcl-na bicarb-nacl</i>	1-Preferred Generics	
<i>peg 3350/electrolytes</i>	1-Preferred Generics	
<i>peg-3350/electrolytes</i>	1-Preferred Generics	
SUPREP BOWEL PREP KIT	4-Non-Preferred Drug	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trilyte</i>	1-Preferred Generics	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2-Generic	
<i>sucralfate 1 gm/10ml suspension</i>	4-Non-Preferred Drug	
<i>sucralfate 1 gm tab</i>	2-Generic	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2-Generic	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)</i>	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>omeprazole 40 mg cap dr</i>	2-Generic	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	2-Generic	QL (30 PER 30 DAYS)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	5-Specialty	
CARBAGLU	5-Specialty	
CREON	3-Preferred Brands	
CYSTADANE	3-Preferred Brands	
CYSTAGON	3-Preferred Brands	
GLASSIA	5-Specialty	
KUVAN (100 MG TAB SOL, 100 MG PACKET, 500 MG PACKET)	5-Specialty	
<i>miglustat</i>	5-Specialty	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitisinone</i>	5-Specialty	
NITYR	5-Specialty	
OCALIVA	5-Specialty	PA
PANCREAZE	3-Preferred Brands	
PROLASTIN-C (1000 MG/20ML SOLUTION, 1000 MG RECON SOLN)	5-Specialty	
RAVICTI	5-Specialty	PA, QL (525 PER 30 DAYS)
<i>sapropterin dihydrochloride (100 mg tab sol, 100 mg packet, 500 mg packet)</i>	5-Specialty	
<i>sodium phenylbutyrate 500 mg tab</i>	5-Specialty	
ZEMAIRA	5-Specialty	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>	2-Generic	
<i>flavoxate hcl</i>	1-Preferred Generics	
MYRBETRIQ	3-Preferred Brands	
<i>oxybutynin chloride 5 mg/5ml syrup</i>	2-Generic	
<i>oxybutynin chloride 5 mg tab</i>	2-Generic	QL (120 PER 30 DAYS)
<i>oxybutynin chloride er</i>	2-Generic	QL (60 PER 30 DAYS)
OXYTROL	4-Non-Preferred Drug	
<i>solifenacin succinate</i>	2-Generic	
<i>tolterodine tartrate</i>	2-Generic	
<i>tolterodine tartrate er</i>	2-Generic	QL (30 PER 30 DAYS)
TOVIAZ	4-Non-Preferred Drug	
<i>trospium chloride</i>	2-Generic	
<i>trospium chloride er</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	2-Generic	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg cap</i>	2-Generic	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl</i>	2-Generic	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tab</i>	2-Generic	QL (30 PER 30 DAYS)
<i>silodosin</i>	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	2-Generic	QL (60 PER 30 DAYS)
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	
ELMIRON	3-Preferred Brands	
<i>penicillamine 250 mg tab</i>	5-Specialty	
<i>potassium citrate er</i>	2-Generic	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	5-Specialty	PA
<i>ala-cort</i>	1-Preferred Generics	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	2-Generic	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % ointment, 0.05 % cream)</i>	2-Generic	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % ointment, 0.05 % lotion, 0.05 % gel)</i>	2-Generic	
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment, 0.1 % lotion, 0.12 % foam)</i>	2-Generic	
CAPEX	3-Preferred Brands	
<i>clobetasol prop emollient base</i>	2-Generic	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % solution, 0.05 % foam)</i>	2-Generic	QL (100 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate 0.05 % liquid</i>	2-Generic	QL (125 PER 30 DAYS)
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	2-Generic	QL (118 PER 30 DAYS)
<i>clobetasol propionate (0.05 % ointment, 0.05 % gel, 0.05 % cream)</i>	2-Generic	QL (120 PER 30 DAYS)
<i>clobetasol propionate e</i>	2-Generic	QL (120 PER 30 DAYS)
<i>clobetasol propionate emulsion</i>	2-Generic	QL (100 PER 30 DAYS)
<i>clodan</i>	2-Generic	QL (118 PER 30 DAYS)
<i>cortisone acetate 25 mg tab</i>	1-Preferred Generics	
<i>decadron (0.5 mg/5ml elixir, 0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	1-Preferred Generics	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2-Generic	
<i>desoximetasone (0.05 % ointment, 0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % ointment)</i>	2-Generic	
<i>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)</i>	1-Preferred Generics	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	4-Non-Preferred Drug	
<i>dexamethasone sodium phosphate (4 mg/ml, 10 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml)</i>	4-Non-Preferred Drug	
EMFLAZA (6 MG TAB, 18 MG TAB, 22.75 MG/ML SUSPENSION, 30 MG TAB, 36 MG TAB)	5-Specialty	PA
<i>fludrocortisone acetate 0.1 mg tab</i>	2-Generic	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % ointment, 0.025 % cream)</i>	2-Generic	
<i>fluocinolone acetonide body</i>	2-Generic	
<i>fluocinolone acetonide scalp</i>	2-Generic	
<i>fluocinonide (0.05 % cream, 0.05 % solution, 0.05 % gel, 0.05 % ointment)</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinonide emulsified base</i>	2-Generic	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)</i>	2-Generic	
<i>halobetasol propionate (0.05 % ointment, 0.05 % cream)</i>	2-Generic	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % lotion, 2.5 % ointment, 2.5 % cream)</i>	1-Preferred Generics	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generic	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1-Preferred Generics	
<i>hydrocortisone butyrate (0.1 % ointment, 0.1 % solution)</i>	1-Preferred Generics	
<i>hydrocortisone valerate (0.2 % ointment, 0.2 % cream)</i>	2-Generic	
KORLYM	5-Specialty	
<i>methylprednisolone (4 mg tab thpk, 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2-Generic	
<i>methylprednisolone acetate (40 mg/ml, 80 mg/ml)</i>	2-Generic	
<i>methylprednisolone sodium succ</i>	2-Generic	
<i>mometasone furoate (0.1 % solution, 0.1 % ointment, 0.1 % cream)</i>	2-Generic	
<i>prednisolone (15 mg/5ml syrup, 15 mg/5ml solution)</i>	1-Preferred Generics	
<i>prednisolone sodium phosphate (10 mg/5ml, 20 mg/5ml)</i>	2-Generic	
<i>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)</i>	1-Preferred Generics	
<i>prednisone 5 mg/5ml solution</i>	2-Generic	
<i>prednisone (1 mg tab, 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, 20 mg tab, 50 mg tab)</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREDNISONE INTENSOL	2-Generic	
<i>procto-med hc</i>	1-Preferred Generics	
<i>proctosol hc</i>	1-Preferred Generics	
<i>proctozone-hc</i>	1-Preferred Generics	
SOLU-MEDROL 2 GM RECON SOLN	4-Non-Preferred Drug	
<i>tovet</i>	2-Generic	QL (100 PER 30 DAYS)
<i>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)</i>	2-Generic	
<i>triderm</i>	2-Generic	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig</i>	2-Generic	
<i>desmopressin acetate 4 mcg/ml solution</i>	4-Non-Preferred Drug	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1-Preferred Generics	
<i>desmopressin acetate spray</i>	2-Generic	
INCRELEX	5-Specialty	
NORDITROPIN FLEXPRO	5-Specialty	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANABOLIC STEROIDS

ANADROL-50	5-Specialty	
<i>oxandrolone 10 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>oxandrolone 2.5 mg tab</i>	1-Preferred 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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1-Preferred Generics	
<i>methyltestosterone 10 mg cap</i>	1-Preferred Generics	
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	2-Generic	PA, QL (300 PER 30 DAYS)
<i>testosterone cypionate</i>	1-Preferred Generics	
<i>testosterone enanthate</i>	1-Preferred Generics	
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	2-Generic	PA, QL (150 PER 30 DAYS)
ESTROGENS		
<i>afirmelle</i>	1-Preferred Generics	
<i>altavera</i>	1-Preferred Generics	
<i>alyacen 1/35</i>	1-Preferred Generics	
<i>alyacen 7/7/7</i>	1-Preferred Generics	
<i>amabelz</i>	1-Preferred Generics	
<i>amethia lo</i>	1-Preferred Generics	
<i>apri</i>	1-Preferred Generics	
<i>aubra</i>	1-Preferred Generics	
<i>aubra eq</i>	1-Preferred Generics	
<i>aurovela 1.5/30</i>	1-Preferred Generics	
<i>aurovela 1/20</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aurovela fe 1.5/30</i>	1-Preferred Generics	
<i>aurovela fe 1/20</i>	1-Preferred Generics	
<i>aviane</i>	1-Preferred Generics	
<i>ayuna</i>	1-Preferred Generics	
<i>azurette</i>	1-Preferred Generics	
<i>bekyree</i>	1-Preferred Generics	
<i>blisovi fe 1.5/30</i>	1-Preferred Generics	
<i>blisovi fe 1/20</i>	1-Preferred Generics	
<i>camrese lo</i>	1-Preferred Generics	
<i>caziant</i>	1-Preferred Generics	
<i>chateal</i>	1-Preferred Generics	
<i>chateal eq</i>	1-Preferred Generics	
<i>cryselle-28</i>	1-Preferred Generics	
<i>cyclafem 1/35</i>	1-Preferred Generics	
<i>cyclafem 7/7/7</i>	1-Preferred Generics	
<i>cyred</i>	1-Preferred Generics	
<i>cyred eq</i>	1-Preferred Generics	
<i>dasetta 1/35</i>	1-Preferred Generics	
<i>dasetta 7/7/7</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>delyla</i>	1-Preferred Generics	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1-Preferred Generics	
<i>dotti</i>	1-Preferred Generics	
<i>drospirenone-ethinyl estradiol</i>	1-Preferred Generics	
<i>elinest</i>	1-Preferred Generics	
<i>eluryng</i>	2-Generic	QL (1 PER 28 DAYS)
<i>emoquette</i>	1-Preferred Generics	
<i>enskyce</i>	1-Preferred Generics	
<i>estarylla</i>	1-Preferred Generics	
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	2-Generic	
<i>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)</i>	1-Preferred Generics	
<i>estradiol valerate (20 mg/ml, 40 mg/ml)</i>	2-Generic	
<i>estradiol-norethindrone acet</i>	1-Preferred Generics	
<i>ethynodiol diac-eth estradiol</i>	1-Preferred Generics	
<i>etonogestrel-ethinyl estradiol</i>	2-Generic	QL (1 PER 28 DAYS)
<i>falmina</i>	1-Preferred Generics	
<i>femynor</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gianvi</i>	1-Preferred Generics	
<i>hailey 1.5/30</i>	1-Preferred Generics	
<i>hailey fe 1.5/30</i>	1-Preferred Generics	
<i>hailey fe 1/20</i>	1-Preferred Generics	
<i>introvale</i>	1-Preferred Generics	
<i>isibloom</i>	1-Preferred Generics	
<i>jasmiel</i>	1-Preferred Generics	
<i>jolessa</i>	1-Preferred Generics	
<i>juleber</i>	1-Preferred Generics	
<i>junel 1.5/30</i>	1-Preferred Generics	
<i>junel 1/20</i>	1-Preferred Generics	
<i>junel fe 1.5/30</i>	1-Preferred Generics	
<i>junel fe 1/20</i>	1-Preferred Generics	
<i>kalliga</i>	1-Preferred Generics	
<i>kariva</i>	1-Preferred Generics	
<i>kelnor 1/35</i>	1-Preferred Generics	
<i>kelnor 1/50</i>	1-Preferred Generics	
<i>kimidess</i>	1-Preferred Generics	
<i>kurvelo</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>larin 1.5/30</i>	1-Preferred Generics	
<i>larin 1/20</i>	1-Preferred Generics	
<i>larin fe 1.5/30</i>	1-Preferred Generics	
<i>larin fe 1/20</i>	1-Preferred Generics	
<i>larissia</i>	1-Preferred Generics	
<i>lessina</i>	1-Preferred Generics	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	1-Preferred Generics	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1-Preferred Generics	
<i>levora 0.15/30 (28)</i>	1-Preferred Generics	
<i>lillow</i>	1-Preferred Generics	
<i>lo-zumandimine</i>	1-Preferred Generics	
<i>loestrin 1.5/30 (21)</i>	1-Preferred Generics	
<i>loestrin 1/20 (21)</i>	1-Preferred Generics	
<i>loestrin fe 1.5/30</i>	1-Preferred Generics	
<i>loestrin fe 1/20</i>	1-Preferred Generics	
<i>lojaimiess</i>	1-Preferred Generics	
<i>lopreeza</i>	1-Preferred Generics	
<i>loryna</i>	1-Preferred Generics	
<i>low-ogestrel</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

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

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nortrel 1/35 (21)</i>	1-Preferred Generics	
<i>nortrel 1/35 (28)</i>	1-Preferred Generics	
<i>nortrel 7/7/7</i>	1-Preferred Generics	
<i>ocella</i>	1-Preferred Generics	
<i>orsythia</i>	1-Preferred Generics	
<i>pimtrea</i>	1-Preferred Generics	
<i>pirmella 1/35</i>	1-Preferred Generics	
<i>pirmella 7/7/7</i>	1-Preferred Generics	
<i>portia-28</i>	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)
<i>previfem</i>	1-Preferred Generics	
<i>quasense</i>	1-Preferred Generics	
<i>reclipsen</i>	1-Preferred Generics	
<i>setlakin</i>	1-Preferred Generics	
<i>simliya</i>	1-Preferred Generics	
<i>sprintec 28</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sronyx</i>	1-Preferred Generics	
<i>syeda</i>	1-Preferred Generics	
<i>tarina fe 1/20</i>	1-Preferred Generics	
<i>tarina fe 1/20 eq</i>	1-Preferred Generics	
<i>tilia fe</i>	1-Preferred Generics	
<i>tri femynor</i>	1-Preferred Generics	
<i>tri-estarylla</i>	1-Preferred Generics	
<i>tri-legest fe</i>	1-Preferred Generics	
<i>tri-linyah</i>	1-Preferred Generics	
<i>tri-lo-estarylla</i>	1-Preferred Generics	
<i>tri-lo-marzia</i>	1-Preferred Generics	
<i>tri-lo-mili</i>	1-Preferred Generics	
<i>tri-lo-sprintec</i>	1-Preferred Generics	
<i>tri-mili</i>	1-Preferred Generics	
<i>tri-previfem</i>	1-Preferred Generics	
<i>tri-sprintec</i>	1-Preferred Generics	
<i>tri-vylibra</i>	1-Preferred Generics	
<i>tri-vylibra lo</i>	1-Preferred Generics	
<i>velivet</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

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

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>incassia</i>	1-Preferred Generics	
<i>jencycla</i>	1-Preferred Generics	
<i>jolivette</i>	1-Preferred Generics	
<i>lyza</i>	1-Preferred Generics	
<i>medroxyprogesterone acetate (150 mg/ml suspension, 150 mg/ml susp prsyr)</i>	2-Generic	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension)</i>	2-Generic	
<i>nora-be</i>	1-Preferred Generics	
<i>norethindrone 0.35 mg tab</i>	1-Preferred Generics	
<i>norethindrone acetate 5 mg tab</i>	2-Generic	
<i>norlyda</i>	1-Preferred Generics	
<i>norlyroc</i>	1-Preferred Generics	
<i>progesterone micronized (100 mg cap, 200 mg cap)</i>	1-Preferred Generics	
<i>sharobel</i>	1-Preferred Generics	
<i>tulana</i>	1-Preferred Generics	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>DUAVEE</i>	3-Preferred Brands	
<i>raloxifene hcl</i>	2-Generic	QL (30 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox</i>	1-Preferred Generics	
<i>levo-t</i>	1-Preferred Generics	
<i>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)</i>	4-Non-Preferred Drug	
<i>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)</i>	1-Preferred Generics	
<i>levoxyl</i>	1-Preferred Generics	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1-Preferred Generics	
SYNTHROID	3-Preferred Brands	
TIROSINT	4-Non-Preferred Drug	
TIROSINT-SOL	4-Non-Preferred Drug	
<i>unithroid</i>	1-Preferred Generics	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	2-Generic	
ELIGARD	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
<i>leuprolide acetate 1 mg/0.2ml kit</i>	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

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
<i>octreotide acetate</i>	2-Generic	
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

<i>methimazole (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
<i>propylthiouracil 50 mg tab</i>	2-Generic	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

CINRYZE	5-Specialty	PA
<i>icatibant acetate</i>	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
<i>azathioprine 50 mg tab</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
AZATHIOPRINE SODIUM	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
<i>cyclosporine 50 mg/ml solution</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	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
<i>everolimus (0.5 mg tab, 0.75 mg tab)</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>everolimus 0.25 mg tab</i>	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
<i>gengraf (25 mg cap, 100 mg/ml solution, 100 mg cap)</i>	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/UEIT STARTER	5-Specialty	PA
INFLECTRA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>methotrexate 2.5 mg tab</i>	2-Generic	
<i>methotrexate sodium 1 gm recon soln</i>	4-Non-Preferred Drug	
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	2-Generic	
<i>methotrexate sodium (pf) ((pf) 1 gm/40ml, (pf) 50 mg/2ml, (pf) 250 mg/10ml)</i>	2-Generic	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	2-Generic	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolate mofetil hcl</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>mycophenolate sodium</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
NULOJIX	5-Specialty	PA - TO CONFIRM PART D COVERAGE
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
RINVOQ	5-Specialty	PA
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
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>temsirolimus</i>	5-Specialty	
TREXALL	4-Non-Preferred Drug	
XATMEP	3-Preferred Brands	
XELJANZ	5-Specialty	PA
XELJANZ XR	5-Specialty	PA
ZORTRESS 1 MG TAB	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IMMUNOGLOBULINS		
ATGAM	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BIVIGAM	5-Specialty	PA

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	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

ACTIMMUNE	5-Specialty	PA
ARCALYST	5-Specialty	
BENLYSTA (200 MG/ML SOLN PRSYR, 200 MG/ML SOLN A-INJ)	5-Specialty	
<i>leflunomide 10 mg tab</i>	2-Generic	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	2-Generic	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	
SYLVANT	5-Specialty	PA - TO CONFIRM PART D COVERAGE

VACCINES

ACTHIB	1-Preferred Generics	
ADACEL	1-Preferred Generics	
BCG VACCINE	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BXSERO	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	
MENACTRA	1-Preferred Generics	
MENQUADFI	1-Preferred Generics	
MENVEO	1-Preferred Generics	
PEDIARIX	1-Preferred Generics	
PEDVAX HIB	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
VARIZIG	1-Preferred Generics	
YF-VAX	1-Preferred Generics	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	2-Generic
-----------------------------	-----------

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine 1000 mg suppos</i>	4-Non-Preferred Drug	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr)</i>	2-Generic	
<i>mesalamine er</i>	2-Generic	
<i>mesalamine-cleanser</i>	2-Generic	
<i>sulfasalazine (500 mg tab dr, 500 mg tab)</i>	2-Generic	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	2-Generic	
<i>budesonide er</i>	4-Non-Preferred Drug	
<i>colocort</i>	1-Preferred Generics	
<i>hydrocortisone 100 mg/60ml enema</i>	1-Preferred Generics	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium 70 mg/75ml solution</i>	1-Preferred Generics	
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1-Preferred Generics	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>calcitonin (salmon)</i>	2-Generic	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2-Generic	
<i>cinacalcet hcl</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1-Preferred Generics	
FORTEO	5-Specialty	PA
<i>ibandronate sodium 150 mg tab</i>	2-Generic	
NATPARA	5-Specialty	
PROLIA	3-Preferred Brands	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab dr, 35 mg tab, 150 mg tab)</i>	2-Generic	
XGEVA	5-Specialty	PA
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE

MISCELLANEOUS THERAPEUTIC AGENTS

BD ALCOHOL PADS	2-Generic	
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generic	
INSULIN PEN NEEDLE	2-Generic	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2-Generic	
INSULIN SYRINGE (DISP) U-100 1 ML	2-Generic	
INSULIN SYRINGE (DISP) U-100 1/2 ML	2-Generic	
NEEDLES, INSULIN DISP., SAFETY	2-Generic	
<i>sterile water for irrigation</i>	4-Non-Preferred Drug	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	1-Preferred Generics	
ATROPINE SULFATE 1 % SOLUTION	2-Generic	
<i>bacitra-neomycin-polymyxin-hc</i>	1-Preferred Generics	
<i>bacitracin-polymyxin b</i>	1-Preferred Generics	
BLEPHAMIDE	3-Preferred Brands	
BLEPHAMIDE S.O.P.	3-Preferred Brands	
<i>cyclopentolate hcl (0.5 %, 1 %, 2 %)</i>	1-Preferred Generics	
CYSTARAN	3-Preferred Brands	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISOPTO ATROPINE	2-Generic	
<i>neo-polycin</i>	2-Generic	
<i>neo-polycin hc</i>	1-Preferred Generics	
<i>neomycin-bacitracin zn-polymyx</i>	2-Generic	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1suspension, 3.5-10000-0.1ointment)</i>	2-Generic	
<i>neomycin-polymyxin-gramicidin</i>	1-Preferred Generics	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2-Generic	
OXERVATE	5-Specialty	PA
<i>polycin</i>	1-Preferred Generics	
<i>polymyxin b-trimethoprim</i>	1-Preferred Generics	
<i>proparacaine hcl 0.5 % solution</i>	1-Preferred Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
<i>sulfacetamide-prednisolone</i>	1-Preferred Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
<i>tobramycin-dexamethasone</i>	2-Generic	
ZYLET	4-Non-Preferred Drug	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	3-Preferred Brands	
ALOMIDE	3-Preferred Brands	
<i>azelastine hcl 0.05 % solution</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEPREVE	4-Non-Preferred Drug	
<i>cromolyn sodium 4 % solution</i>	1-Preferred Generics	
<i>epinastine hcl</i>	2-Generic	
<i>olopatadine hcl (0.1 %, 0.2 %)</i>	2-Generic	
PAZEO	4-Non-Preferred Drug	

OPHTHALMIC ANTI-INFLAMMATORIES

ALREX	3-Preferred Brands	
<i>bromfenac sodium (once-daily)</i>	2-Generic	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	2-Generic	
<i>diclofenac sodium 0.1 % solution</i>	1-Preferred Generics	
DUREZOL	3-Preferred Brands	
FLAREX	3-Preferred Brands	
<i>fluorometholone</i>	2-Generic	
<i>flurbiprofen sodium</i>	1-Preferred Generics	
FML	3-Preferred Brands	
ILEVRO	3-Preferred Brands	
<i>ketorolac tromethamine (0.4 %, 0.5 %)</i>	2-Generic	
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT)	4-Non-Preferred Drug	
<i>loteprednol etabonate</i>	4-Non-Preferred Drug	
PRED MILD	3-Preferred Brands	
<i>prednisolone acetate 1 % suspension</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1-Preferred Generics	
PROLENSA	4-Non-Preferred Drug	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P 0.1 % SOLUTION	3-Preferred Brands	
<i>apraclonidine hcl</i>	1-Preferred Generics	
AZOPT	3-Preferred Brands	
<i>betaxolol hcl 0.5 % solution</i>	1-Preferred Generics	
<i>brimonidine tartrate (0.15 %, 0.2 %)</i>	2-Generic	
<i>carteolol hcl</i>	1-Preferred Generics	
COMBIGAN	3-Preferred Brands	
<i>dorzolamide hcl 2 % solution</i>	2-Generic	
<i>dorzolamide hcl-timolol mal</i>	2-Generic	
<i>dorzolamide hcl-timolol mal pf</i>	2-Generic	
<i>levobunolol hcl</i>	1-Preferred Generics	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	2-Generic	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	2-Generic	
RHOPRESSA	3-Preferred Brands	
SIMBRINZA	3-Preferred Brands	
<i>timolol maleate (0.25 % gel soln, 0.5 % gel soln)</i>	2-Generic	
<i>timolol maleate (0.25 %, 0.5 %, 0.5 % (daily))</i>	1-Preferred Generics	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % ophth solution</i>	1-Preferred Generics	
<i>latanoprost 0.005 % solution</i>	2-Generic	
LUMIGAN	3-Preferred Brands	
<i>travoprost (bak free)</i>	2-Generic	
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	2-Generic	
CIPRODEX	3-Preferred Brands	
<i>flac</i>	2-Generic	
<i>fluocinolone acetonide 0.01 % oil</i>	2-Generic	
<i>hydrocortisone-acetic acid</i>	2-Generic	
<i>neomycin-polymyxin-hc (1 %, 3.5-10000-1)</i>	2-Generic	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (240 PER 30 DAYS)
<i>budesonide 0.5 mg/2ml suspension</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (120 PER 30 DAYS)
<i>budesonide 1 mg/2ml suspension</i>	2-Generic	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)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2-Generic	

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate 50 mcg/act suspension</i>	1-Preferred Generics	QL (16 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	2-Generic	
QVAR REDHALER	3-Preferred Brands	QL (21.2 PER 30 DAYS)

ANTIHISTAMINES

<i>azelastine hcl (0.1 %, 0.15 %, 137 mcg/spray)</i>	2-Generic	
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1-Preferred Generics	
<i>cyproheptadine hcl 4 mg tab</i>	2-Generic	
<i>desloratadine (2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1-Preferred Generics	
<i>diphenhydramine hcl 50 mg/ml solution</i>	2-Generic	
<i>hydroxyzine hcl (10 mg/5ml syrup, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	2-Generic	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	2-Generic	
<i>olopatadine hcl 0.6 % solution</i>	1-Preferred Generics	
<i>promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup)</i>	1-Preferred Generics	PA
<i>promethazine hcl (12.5 mg tab, 25 mg tab)</i>	2-Generic	PA

ANTILEUKOTRIENES

<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>zafirlukast 10 mg tab</i>	2-Generic	QL (120 PER 30 DAYS)
<i>zafirlukast 20 mg tab</i>	2-Generic	QL (60 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3-Preferred Brands	
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	2-Generic	
<i>ipratropium bromide 0.02 % solution</i>	2-Generic	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)
YUPELRI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>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)</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
<i>albuterol sulfate 2 mg/5ml syrup</i>	1-Preferred Generics	
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	2-Generic	
<i>albuterol sulfate er</i>	2-Generic	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	2-Generic	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	2-Generic	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	2-Generic	
BROVANA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>epinephrine (0.15 mg/0.15ml soln, 0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln)</i>	1-Preferred Generics	
EPIPEN 2-PAK	3-Preferred Brands	
EPIPEN JR 2-PAK	3-Preferred Brands	
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/3ml soln, 1.25 mg/0.5ml soln)</i>	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levalbuterol tartrate</i>	2-Generic	
<i>metaproterenol sulfate 10 mg/5ml syrup</i>	1-Preferred Generics	
PERFOROMIST	5-Specialty	PA - TO CONFIRM PART D COVERAGE
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1-Preferred Generics	
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		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	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	
<i>theophylline</i>	2-Generic	
<i>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)</i>	2-Generic	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5-Specialty	PA
<i>alyq</i>	5-Specialty	PA, QL (60 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ambrisentan</i>	5-Specialty	PA
<i>bosentan</i>	5-Specialty	PA
OPSUMIT	5-Specialty	PA
<i>sildenafil citrate 10 mg/ml recon susp</i>	5-Specialty	PA
<i>sildenafil citrate 20 mg tab</i>	2-Generic	PA
<i>tadalafil (pah)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TAB SOL	5-Specialty	PA
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		
<i>acetylcysteine (10 %, 20 %)</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
ADVAIR DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
FASENRA	5-Specialty	PA
FASENRA PEN	5-Specialty	PA
<i>fluticasone-salmeterol (100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose)</i>	2-Generic	QL (60 PER 30 DAYS)

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

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ipratropium-albuterol</i>	2-Generic	PA - TO CONFIRM PART D COVERAGE
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5-Specialty	PA
<i>promethazine-phenylephrine</i>	2-Generic	PA
SYMBICORT	3-Preferred Brands	QL (10.2 PER 30 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TRELEGY ELLIPTA	3-Preferred Brands	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

<i>carisoprodol (250 mg tab, 350 mg tab)</i>	2-Generic	PA, QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl 10 mg tab</i>	1-Preferred Generics	PA, QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tab</i>	1-Preferred Generics	PA, QL (180 PER 30 DAYS)
<i>metaxalone</i>	2-Generic	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2-Generic	PA
<i>orphenadrine citrate er</i>	2-Generic	PA
<i>vanadom</i>	2-Generic	PA, QL (120 PER 30 DAYS)

SLEEP DISORDER AGENTS

GABA RECEPTOR MODULATORS

<i>estazolam</i>	1-Preferred Generics	
<i>eszopiclone</i>	1-Preferred Generics	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>triazolam 0.125 mg tab</i>	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.

Health Partners Medicare Prime and Complete 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triazolam 0.25 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>zaleplon</i>	2-Generic	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate (1.75 mg tab, 3.5 mg tab)</i>	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	1-Preferred Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	2-Generic	PA, QL (30 PER 30 DAYS)
SLEEP DISORDERS, OTHER		
<i>armodafinil</i>	2-Generic	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2-Generic	
HETLIOZ	5-Specialty	PA
<i>ramelteon</i>	2-Generic	QL (30 PER 30 DAYS)
XYREM	5-Specialty	PA

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

Category Listing

ANALGESICS	2
ANESTHETICS	6
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	6
ANTIBACTERIALS	7
ANTICONVULSANTS	15
ANTIDEMENTIA AGENTS	19
ANTIDEPRESSANTS	20
ANTIEMETICS	23
ANTIFUNGALS	25
ANTIGOUT AGENTS	27
ANTIMIGRAINE AGENTS	27
ANTIMYASTHENIC AGENTS	28
ANTIMYCOBACTERIALS	28
ANTINEOPLASTICS	29
ANTIPARASITICS	38
ANTIPARKINSON AGENTS	39
ANTIPSYCHOTICS	40
ANTISPASTICITY AGENTS	44
ANTIVIRALS	45
ANXIOLYTICS	50
BIPOLAR AGENTS	51
BLOOD GLUCOSE REGULATORS	52
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	57
CARDIOVASCULAR AGENTS	59
CENTRAL NERVOUS SYSTEM AGENTS	69
DENTAL AND ORAL AGENTS	72
DERMATOLOGICAL AGENTS	72
ELECTROLYTES/MINERALS/METALS/VITAMINS	74
GASTROINTESTINAL AGENTS	78
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	80
GENITOURINARY AGENTS	81
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	82
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	85
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	85
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	96
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	96

HORMONAL AGENTS, SUPPRESSANT (THYROID).....	97
IMMUNOLOGICAL AGENTS.....	97
INFLAMMATORY BOWEL DISEASE AGENTS.....	102
METABOLIC BONE DISEASE AGENTS.....	103
MISCELLANEOUS THERAPEUTIC AGENTS.....	104
OPHTHALMIC AGENTS.....	104
OTIC AGENTS.....	108
RESPIRATORY TRACT/PULMONARY AGENTS.....	108
SKELETAL MUSCLE RELAXANTS.....	113
SLEEP DISORDER AGENTS.....	113

Class Listing

1ST GENERATION/TYPICAL.....	40
2ND GENERATION/ATYPICAL.....	41
ALCOHOL DETERRENTS/ANTI-CRAVING.....	6
ALKYLATING AGENTS.....	29
ALPHA-ADRENERGIC AGONISTS.....	59
ALPHA-ADRENERGIC BLOCKING AGENTS.....	59
AMINOGLYCOSIDES.....	7
AMINOSALICYLATES.....	102
ANABOLIC STEROIDS.....	85
ANDROGENS.....	86
ANGIOEDEMA AGENTS.....	97
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	59
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS.....	60
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS.....	45
ANTI-HEPATITIS B (HBV) AGENTS.....	45
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS.....	45
ANTI-HEPATITIS C (HCV) AGENTS, OTHER.....	45
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI).....	45
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI).....	46
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI).....	47
ANTI-HIV AGENTS, OTHER.....	48
ANTI-HIV AGENTS, PROTEASE INHIBITORS.....	48
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS.....	108
ANTI-INFLUENZA AGENTS.....	49
ANTIANDROGENS.....	29
ANTIANGIOGENIC AGENTS.....	30
ANTIARRHYTHMICS.....	60
ANTIBACTERIALS, OTHER.....	8
ANTICHOLINERGICS.....	39
ANTICOAGULANTS.....	57
ANTICONVULSANTS, OTHER.....	15
ANTIDEMENTIA AGENTS, OTHER.....	19
ANTIDEPRESSANTS, OTHER.....	20
ANTIDIABETIC AGENTS.....	52
ANTIEMETICS, OTHER.....	23
ANTIESTROGENS/MODIFIERS.....	30

ANTIHELMINTHICS.....	38
ANTIHERPETIC AGENTS.....	50
ANTIHISTAMINES.....	109
ANTILEUKOTRIENES.....	109
ANTIMETABOLITES.....	30
ANTIMIGRAINE AGENTS, OTHER.....	27
ANTIMYCOBACTERIALS, OTHER.....	28
ANTINEOPLASTICS, OTHER.....	31
ANTIPARKINSON AGENTS, OTHER.....	39
ANTIPROTOZOALS.....	38
ANTISPASMODICS, GASTROINTESTINAL.....	78
ANTISPASMODICS, URINARY.....	81
ANTITHYROID AGENTS.....	97
ANTITUBERCULARS.....	28
ANXIOLYTICS, OTHER.....	50
AROMATASE INHIBITORS, 3RD GENERATION.....	34
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES.....	69
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES.....	70
BENIGN PROSTATIC HYPERTROPHY AGENTS.....	82
BENZODIAZEPINES.....	50
BETA-ADRENERGIC BLOCKING AGENTS.....	61
BETA-LACTAM, CEPHALOSPORINS.....	9
BETA-LACTAM, OTHER.....	11
BETA-LACTAM, PENICILLINS.....	11
BLOOD FORMATION MODIFIERS.....	58
BRONCHODILATORS, ANTICHOLINERGIC.....	110
BRONCHODILATORS, SYMPATHOMIMETIC.....	110
CALCIUM CHANNEL BLOCKING AGENTS.....	62
CALCIUM CHANNEL MODIFYING AGENTS.....	15
CARDIOVASCULAR AGENTS, OTHER.....	64
CENTRAL NERVOUS SYSTEM, OTHER.....	70
CHOLINESTERASE INHIBITORS.....	19
CYSTIC FIBROSIS AGENTS.....	111
DIURETICS, CARBONIC ANHYDRASE INHIBITORS.....	66
DIURETICS, LOOP.....	66
DIURETICS, POTASSIUM-SPARING.....	66
DIURETICS, THIAZIDE.....	67

DOPAMINE AGONISTS.....	40
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS.....	40
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES.....	67
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS.....	67
DYSLIPIDEMICS, OTHER.....	68
ELECTROLYTE/MINERAL REPLACEMENT.....	74
ELECTROLYTE/MINERAL/METAL MODIFIERS.....	77
EMETOGENIC THERAPY ADJUNCTS.....	24
ENZYME INHIBITORS.....	34
ERGOT ALKALOIDS.....	27
ESTROGENS.....	86
FIBROMYALGIA AGENTS.....	71
GABA RECEPTOR MODULATORS.....	113
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS.....	16
GASTROINTESTINAL AGENTS, OTHER.....	78
GENITOURINARY AGENTS, OTHER.....	82
GLUCOCORTICOIDS.....	103
GLUTAMATE REDUCING AGENTS.....	17
GLYCEMIC AGENTS.....	55
HEMOSTASIS AGENTS.....	58
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS.....	78
IMMUNE SUPPRESSANTS.....	97
IMMUNOGLOBULINS.....	99
IMMUNOMODULATORS.....	100
INSULINS.....	55
IRRITABLE BOWEL SYNDROME AGENTS.....	79
LAXATIVES.....	79
LOCAL ANESTHETICS.....	6
MACROLIDES.....	12
MAST CELL STABILIZERS.....	111
MOLECULAR TARGET INHIBITORS.....	34
MONOAMINE OXIDASE B (MAO-B) INHIBITORS.....	40
MONOAMINE OXIDASE INHIBITORS.....	20
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE.....	37
MOOD STABILIZERS.....	51
MULTIPLE SCLEROSIS AGENTS.....	71
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST.....	20

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS.....	2
OPHTHALMIC AGENTS, OTHER.....	104
OPHTHALMIC ANTI-ALLERGY AGENTS.....	105
OPHTHALMIC ANTI-INFLAMMATORIES.....	106
OPHTHALMIC ANTIGLAUCOMA AGENTS.....	107
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS.....	108
OPIOID ANALGESICS, LONG-ACTING.....	3
OPIOID ANALGESICS, SHORT-ACTING.....	4
OPIOID DEPENDENCE TREATMENTS.....	6
OPIOID REVERSAL AGENTS.....	7
PARASYMPATHOMIMETICS.....	28
PEDICULICIDES/SCABICIDES.....	39
PHOSPHATE BINDERS.....	77
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE.....	111
PLATELET MODIFYING AGENTS.....	59
PROGESTINS.....	94
PROTECTANTS.....	80
PROTON PUMP INHIBITORS.....	80
PULMONARY ANTIHYPERTENSIVES.....	111
PULMONARY FIBROSIS AGENTS.....	112
QUINOLONES.....	13
RESPIRATORY TRACT AGENTS, OTHER.....	112
RETINOIDS.....	38
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS.....	95
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS.....	27
SLEEP DISORDERS, OTHER.....	114
SMOKING CESSATION AGENTS.....	7
SODIUM CHANNEL AGENTS.....	18
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR).....	21
SULFONAMIDES.....	14
TETRACYCLINES.....	14
TREATMENT ADJUNCTS.....	38
TREATMENT-RESISTANT.....	44
TRICYCLICS.....	23
VACCINES.....	100
VASODILATORS, DIRECT-ACTING ARTERIAL.....	68

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS.....69
VITAMINS.....78

Index of Drugs

A

abacavir sulfate	47	ala-cort	82
abacavir sulfate-lamivudine	47	albendazole	38
abacavir-lamivudine-zidovudine	47	albuterol sulfate	110
ABELCET	25	albuterol sulfate er	110
ABILIFY MAINTENA	41	albuterol sulfate hfa 108 (90 base) mcg/act	110
ABILIFY MYCITE	41	aero soln (generic proair)	110
abiraterone acetate	29	albuterol sulfate hfa 108 (90 base) mcg/act	110
ABRAXANE	31	aero soln (generic proventil)	110
acamprosate calcium	6	albuterol sulfate hfa 108 (90 base) mcg/act	110
acarbose	52	aero soln (generic ventolin)	110
acebutolol hcl	61	alclometasone dipropionate	82
acetaminophen-codeine	4	ALECENSA	34
acetaminophen-codeine #2	4	alendronate sodium	103
acetaminophen-codeine #3	4	alfuzosin hcl er	82
acetaminophen-codeine #4	4	ALIMTA	30
acetazolamide	66	ALINIA	38
acetazolamide er	66	ALIQOPA	34
acetic acid	108	aliskiren fumarate	64
acetylcysteine	112	allopurinol	27
acitretin	72	almotriptan malate	27
ACTHAR	82	ALOCERIL	105
ACTHIB	100	alogliptin benzoate	52
ACTIMMUNE	100	alogliptin-metformin hcl	52
acyclovir	50	alogliptin-pioglitazone	52
acyclovir sodium	50	ALOMIDE	105
ADACEL	100	alosectron hcl	79
adapalene	72	ALPHAGAN P	107
adefovir dipivoxil	45	alprazolam	50
ADEMPAS	111	alprazolam er	50
adriamycin	31	ALPRAZOLAM INTENSOL	50
adrucil	30	alprazolam xr	50
ADVAIR DISKUS	112	ALREX	106
ADVAIR HFA	112	altavera	86
AFINITOR	34	ALUNBRIG	31
AFINITOR DISPERZ	34	alyacen 1/35	86
afirmelle	86	alyacen 7/7/7	86
AIMOVIG	27	alyq	111
AJOVY	27	amabelz	86
ak-poly-bac	104	amantadine hcl	39
		AMBISOME	25
		ambrisentan	112

amethia lo	86	ARISTADA	42
amikacin sulfate	7	ARISTADA INITIO	42
amiloride hcl	66	armodafinil	114
amiloride-hydrochlorothiazide	64	ARNUIITY ELLIPTA	108
AMINOSYN II	74	ARRANON	31
AMINOSYN-PF	74	arsenic trioxide	31
amiodarone hcl	60	ascomp-codeine	4
amitriptyline hcl	23	aspirin-dipyridamole er	59
amlodipine besy-benazepril hcl	64	ASTAGRAF XL	97
amlodipine besylate	62	atazanavir sulfate	48
amlodipine besylate-valsartan	64	atenolol	61
amlodipine-atorvastatin	64	atenolol-chlorthalidone	64
amlodipine-olmesartan	64	ATGAM	99
amlodipine-valsartan-hctz	64	atomoxetine hcl	70
ammonium lactate	72	atorvastatin calcium	67
amnesteem	72	atovaquone	38
amoxapine	23	atovaquone-proguanil hcl	38
amoxicill-clarithro-lansopraz	78	ATRIPLA	46
amoxicillin	11	ATROPINE SULFATE	104
amoxicillin-pot clavulanate	11	ATROVENT HFA	110
amoxicillin-pot clavulanate er	11	AUBAGIO	71
amphetamine-dextroamphet er	69	aubra	86
amphetamine-dextroamphetamine	69	aubra eq	86
amphotericin b	25	aurovela 1.5/30	86
ampicillin	11	aurovela 1/20	86
ampicillin sodium	11	aurovela fe 1.5/30	87
ampicillin-sulbactam sodium	11	aurovela fe 1/20	87
ANADROL-50	85	AUSTEDO	70
anagrelide hcl	58	AVASTIN	37
anastrozole	34	aviane	87
ANORO ELLIPTA	112	avita	72
APLENZIN	20	AVONEX PEN	71
APOKYN	40	AVONEX PREFILLED	71
apraclonidine hcl	107	ayuna	87
aprepitant	24	AYVAKIT	31
apri	86	azacitidine	31
APTIOM	18	AZASAN	97
APTIVUS	48	AZASITE	12
ARALAST NP	80	azathioprine	97
ARCALYST	100	AZATHIOPRINE SODIUM	97
aripiprazole	41	azelastine hcl	105,109

azithromycin	12	BIVIGAM	99
AZOPT	107	bleomycin sulfate	31
aztreonam	11	BLEPHAMIDE	104
azurette	87	BLEPHAMIDE S.O.P.	104
B		blisovi fe 1.5/30	87
bacitra-neomycin-polymyxin-hc	104	blisovi fe 1/20	87
bacitracin	8	BOOSTRIX	101
bacitracin-polymyxin b	104	BORTEZOMIB	31
baclofen	44	bosentan	112
balsalazide disodium	102	BOSULIF	34
BALVERSA	31	BOTOX	44
BANZEL	18	BRAFTOVI	34
BARACLUDE	45	BREO ELLIPTA	112
BAVENCIO	34	BRILINTA	59
BCG VACCINE	100	brimonidine tartrate	107
BD ALCOHOL PADS	104	BRIVIACT	15
bekyree	87	bromfenac sodium (once-daily)	106
benazepril hcl	60	bromocriptine mesylate	40
benazepril-hydrochlorothiazide	64	BROVANA	110
BENLYSTA	100	BRUKINSA	31
BENZNIDAZOLE	39	budesonide	103,108
benzoyl peroxide-erythromycin	8	budesonide er	103
benztropine mesylate	39	bumetanide	66
BEPREVE	106	buprenorphine hcl	6
BESIVANCE	13	buprenorphine hcl-naloxone hcl	6
betamethasone dipropionate	82	bupropion hcl	20
betamethasone dipropionate aug	82	bupropion hcl er (smoking det)	7
betamethasone valerate	82	bupropion hcl er (sr)	20
BETASERON	71	bupropion hcl er (xl)	20
betaxolol hcl	61,107	bupirone hcl	50
bethanechol chloride	82	busulfan	29
BEVESPI AEROSPHERE	112	butalbital-acetaminophen	70
bexarotene	38	butalbital-apap	70
BEXSERO	101	butalbital-apap-caff-cod	4
bicalutamide	29	butalbital-apap-caffeine	70
BICILLIN L-A	11	butalbital-asa-caff-codeine	4
BIKTARVY	45	butalbital-asa-caffeine	2
bimatoprost 0.03 % ophth solution	108	butalbital-aspirin-caffeine	2
bisoprolol fumarate	61	butorphanol tartrate	4
bisoprolol-hydrochlorothiazide	64	BYDUREON	52
		BYDUREON BCISE	52

BYETTA 10 MCG PEN.....	52	CEFACLOR ER.....	9
BYETTA 5 MCG PEN.....	52	cefadroxil.....	9
BYSTOLIC.....	61	cefazolin sodium.....	10
C		CEFAZOLIN SODIUM.....	10
cabergoline.....	96	cefdinir.....	10
CABOMETYX.....	34	cefepime hcl.....	10
calcipotriene.....	72	cefixime.....	10
calcitonin (salmon).....	103	cefotetan disodium.....	10
calcitrene.....	72	cefoxitin sodium.....	10
calcitriol.....	103	cefpodoxime proxetil.....	10
calcium acetate.....	77	cefprozil.....	10
calcium acetate (phos binder).....	77	ceftazidime.....	10
CALQUENCE.....	34	ceftriaxone sodium.....	10
camila.....	94	CEFTRIAXONE SODIUM.....	10
camrese lo.....	87	cefuroxime axetil.....	10
candesartan cilexetil.....	59	cefuroxime sodium.....	10
candesartan cilexetil-hctz.....	64	celecoxib.....	2
CAPEX.....	82	CELONTIN.....	15
CAPLYTA.....	42	cephalexin.....	10
CAPRELSA.....	34	cevimeline hcl.....	72
captopril.....	60	CHANTIX.....	7
captopril-hydrochlorothiazide.....	64	CHANTIX CONTINUING MONTH PAK.....	7
CARAC.....	73	CHANTIX STARTING MONTH PAK.....	7
CARBAGLU.....	80	chateal.....	87
carbamazepine.....	18	chateal eq.....	87
carbamazepine er.....	18	CHEMET.....	77
carbidopa.....	40	chlordiazepoxide hcl.....	50,51
carbidopa-levodopa.....	40	chlordiazepoxide-amitriptyline.....	20
carbidopa-levodopa er.....	40	chlorhexidine gluconate.....	72
carbidopa-levodopa-entacapone.....	39	chloroquine phosphate.....	39
carboplatin.....	31	chlorpromazine hcl.....	40,41
carisoprodol.....	113	chlorthalidone.....	67
carteolol hcl.....	107	cholestyramine.....	68
cartia xt.....	62	cholestyramine light.....	68
carvedilol.....	61	ciclodan.....	25
carvedilol phosphate er.....	62	ciclopirox.....	25
caspofungin acetate.....	25	ciclopirox olamine.....	25
CAYSTON.....	111	cilostazol.....	59
caziant.....	87	CILOXAN.....	13
cefaclor.....	9	CIMDUO.....	47
		cimetidine.....	78

cimetidine hcl.....	79	clonidine hcl er.....	70
cinacalcet hcl.....	103	clopidogrel bisulfate.....	59
CINRYZE.....	97	clorazepate dipotassium.....	51
CIPRO.....	13	clotrimazole.....	25
CIPRODEX.....	108	clotrimazole-betamethasone.....	73
ciprofloxacin hcl.....	13	clovique.....	77
ciprofloxacin in d5w.....	13	clozapine.....	44
cisplatin.....	31	COARTEM.....	39
citalopram hydrobromide.....	21	colchicine.....	27
cladribine.....	30	colchicine-probenecid.....	27
claravis.....	73	colesevelam hcl.....	68
clarithromycin.....	12	colestipol hcl.....	68
clarithromycin er.....	12	colistimethate sodium (cba).....	8
clindacin etz.....	8	colocort.....	103
clindacin-p.....	8	COMBIGAN.....	107
clindamycin hcl.....	8	COMBIVENT RESPIMAT.....	112
clindamycin palmitate hcl.....	8	COMETRIQ (100 MG DAILY DOSE).....	34
clindamycin phos-benzoyl perox.....	73	COMETRIQ (140 MG DAILY DOSE).....	35
clindamycin phosphate.....	8	COMETRIQ (60 MG DAILY DOSE).....	35
clindamycin phosphate in d5w.....	8	COMPLERA.....	46
CLINIMIX E/DEXTROSE (2.75/5).....	74	compro.....	23
CLINIMIX E/DEXTROSE (4.25/10).....	74	constulose.....	79
CLINIMIX E/DEXTROSE (4.25/5).....	74	COPAXONE.....	71
CLINIMIX E/DEXTROSE (5/15).....	74	COPIKTRA.....	31
CLINIMIX E/DEXTROSE (5/20).....	74	CORLANOR.....	64
CLINIMIX/DEXTROSE (4.25/10).....	74	cortisone acetate.....	83
CLINIMIX/DEXTROSE (4.25/5).....	74	COTELLIC.....	35
CLINIMIX/DEXTROSE (5/15).....	74	CREON.....	80
CLINIMIX/DEXTROSE (5/20).....	74	CRIXIVAN.....	48
CLINOLIPID.....	75	cromolyn sodium.....	78,106,111
clobazam.....	16	cryselle-28.....	87
clobetasol prop emollient base.....	82	cyclafem 1/35.....	87
clobetasol propionate.....	82,83	cyclafem 7/7/7.....	87
clobetasol propionate e.....	83	cyclobenzaprine hcl.....	113
clobetasol propionate emulsion.....	83	cyclopentolate hcl.....	104
clodan.....	83	cyclophosphamide.....	29
clofarabine.....	30	CYCLOSET.....	52
clomipramine hcl.....	23	cyclosporine.....	98
clonazepam.....	51	cyclosporine modified.....	98
clonidine.....	59	cyproheptadine hcl.....	109
clonidine hcl.....	59	CYRAMZA.....	37

cyred.....	87	desloratadine.....	109
cyred eq.....	87	desmopressin ace spray refrig.....	85
CYSTADANE.....	80	desmopressin acetate.....	85
CYSTAGON.....	80	desmopressin acetate spray.....	85
CYSTARAN.....	104	desogestrel-ethinyl estradiol.....	88
cytarabine.....	30	desonide.....	83
cytarabine (pf).....	30	desoximetasone.....	83
D			
dacarbazine.....	31	DESVENLAFAXINE ER.....	21
dactinomycin.....	31	desvenlafaxine succinate er.....	21
dalfampridine er.....	71	dexamethasone.....	83
DALIRESP.....	111	dexamethasone sod phosphate pf.....	83
danazol.....	86	dexamethasone sodium phosphate....	83,106
dantrolene sodium.....	44	dexrazoxane hcl.....	38
dapsone.....	28	dextroamphetamine sulfate.....	69
DAPTACEL.....	101	dextroamphetamine sulfate er.....	69
daptomycin.....	8	dextrose.....	75
daptomycin 350 mg recon soln.....	8	dextrose-nacl.....	75
darifenacin hydrobromide er.....	81	diazepam.....	16,51
DARZALEX.....	37	diazepam intensol.....	51
dasetta 1/35.....	87	diazoxide.....	55
dasetta 7/7/7.....	87	diclofenac potassium.....	2
daunorubicin hcl 20 mg/4ml solution.....	31	diclofenac sodium.....	2,73,106
DAUNORUBICIN HCL 50 MG/10ML		diclofenac sodium er.....	2
SOLUTION.....	31	diclofenac-misoprostol.....	2
DAURISMO.....	35	dicloxacillin sodium.....	11
deblitane.....	94	dicyclomine hcl.....	78
decadron.....	83	didanosine.....	47
decitabine.....	31	diflunisal.....	2
deferasirox.....	77	digitek.....	64
deferasirox granules.....	77	digox.....	65
deferiprone.....	77	digoxin.....	65
DELSTRIGO.....	46	dihydroergotamine mesylate.....	27
delyla.....	88	DILANTIN.....	18
demeclocycline hcl.....	14	dilt-xr.....	62
DEMSER.....	64	diltiazem cd.....	62
DEPO-PROVERA.....	94	diltiazem hcl.....	62
DEPO-SUBQ PROVERA 104.....	94	diltiazem hcl er.....	63
DESCOVY.....	48	diltiazem hcl er beads.....	63
desipramine hcl.....	23	diltiazem hcl er coated beads.....	63
		diphenhydramine hcl.....	109
		diphenoxylate-atropine.....	78

DIPHThERIA-TETANUS TOXOIDS DT...	101	efavirenz-emtricitab-tenofovir	46
dipyridamole	59	efavirenz-lamivudine-tenofovir	46
disopyramide phosphate	60	ELIGARD	96
disulfiram	6	elinest	88
DIURIL	67	ELIQUIS	57
divalproex sodium	16	ELIQUIS DVT/PE STARTER PACK	57
divalproex sodium er	16	ELMIRON	82
docetaxel	32	eluryng	88
dofetilide	61	EMCYT	30
donepezil hcl	19	EMEND	24
dorzolamide hcl	107	EMFLAZA	83
dorzolamide hcl-timolol mal	107	EMGALITY	27
dorzolamide hcl-timolol mal pf	107	EMGALITY (300 MG DOSE)	27
dotti	88	emoquette	88
DOVATO	48	EMPLICITI	37
doxazosin mesylate	59	EMSAM	20
doxepin hcl	23,114	emtricitabine	47
doxercalciferol	103	emtricitabine-tenofovir df	47
doxorubicin hcl	32	EMTRIVA	47
doxorubicin hcl liposomal	32	enalapril maleate	60
doxy 100	14	enalapril-hydrochlorothiazide	65
doxycycline hyclate	14	ENBREL	98
doxycycline monohydrate	14	ENBREL MINI	98
DRIZALMA SPRINKLE	71	ENBREL SURECLICK	98
dronabinol	24	ENDARI	75
drospirenone-ethinyl estradiol	88	endocet	4
DROXIA	30	ENGERIX-B	101
DUAVEE	95	enoxaparin sodium	57
duloxetine hcl	71	enskyce	88
DUPIXENT	73	entacapone	39
DUREZOL	106	entecavir	45
dutasteride	82	ENTRESTO	65
dutasteride-tamsulosin hcl	82	enulose	79
DUTOPROL	65	ENVARUSUS XR	98
E		EPIDIOLEX	15
e.e.s. 400	12	epinastine hcl	106
ec-naproxen	2	epinephrine	110
econazole nitrate	25	EPIPEN 2-PAK	110
EDURANT	46	EPIPEN JR 2-PAK	110
efavirenz	46	epirubicin hcl	32
		epitol	18

EPIVIR HBV	45	ezetimibe-simvastatin	68
eplerenone	66		
EQUETRO	51	F	
ERBITUX	37	falmina	88
ergoloid mesylates	19	famciclovir	50
ergotamine-caffeine	27	famotidine	79
ERIVEDGE	35	FANAPT	42
ERLEADA	29	FANAPT TITRATION PACK	42
erlotinib hcl	35	FARYDAK	35
errin	94	FASENRA	112
ertapenem sodium	11	FASENRA PEN	112
ERWINAZE	32	febuxostat	27
ery	12	felbamate	17
ery-tab	12	felodipine er	63
ERYTHROCIN LACTOBIONATE	12	femynor	88
erythromycin	12,13	fenofibrate	67
erythromycin base	13	fenofibrate micronized	67
erythromycin ethylsuccinate	13	fenofibric acid	67
ESBRIET	112	fentanyl	3
escitalopram oxalate	21	fentanyl citrate	4
esgic	70	FERRIPROX	77
esomeprazole magnesium	80	FERRIPROX TWICE-A-DAY	77
estarylla	88	FETZIMA	21
estazolam	113	FETZIMA TITRATION	21
estradiol	88	finasteride	82
estradiol valerate	88	FINTEPLA	15
estradiol-norethindrone acet	88	FIRMAGON	96
eszopiclone	113	FIRMAGON (240 MG DOSE)	96
ethacrynic acid	66	flac	108
ethambutol hcl	28	FLAREX	106
ethosuximide	15	flavoxate hcl	81
ethynodiol diac-eth estradiol	88	FLEBOGAMMA DIF	100
etodolac	2	flecainide acetate	61
etonogestrel-ethinyl estradiol	88	FLOVENT DISKUS	108
etoposide	34	FLOVENT HFA	108
euthyrox	96	fluconazole	25
everolimus	35,98	fluconazole in sodium chloride	25
EVOTAZ	49	flucytosine	25
exemestane	34	fludarabine phosphate	32
EXJADE	77	fludrocortisone acetate	83
ezetimibe	68	flunisolide	108

fluocinolone acetonide.....	83,108	GAMMAGARD.....	100
fluocinolone acetonide body.....	83	GAMMAGARD S/D LESS IGA.....	100
fluocinolone acetonide scalp.....	83	GAMMAKED.....	100
fluocinonide.....	83	GAMMAPLEX.....	100
fluocinonide emulsified base.....	84	GAMUNEX-C.....	100
fluoritab.....	75	GARDASIL 9.....	101
fluorometholone.....	106	gatifloxacin.....	13
fluorouracil.....	30,73	GATTEX.....	78
fluoxetine hcl.....	21	GAUZE PADS & DRESSINGS - PADS 2 X	
fluoxetine hcl (pmdd).....	21,22	2.....	104
fluphenazine decanoate.....	41	gavilyte-c.....	79
fluphenazine hcl.....	41	gavilyte-g.....	79
flurbiprofen.....	2	gavilyte-n with flavor pack.....	79
flurbiprofen sodium.....	106	GAVRETO.....	35
flutamide.....	29	gemcitabine hcl.....	30
fluticasone propionate.....	84,109	gemfibrozil.....	67
fluticasone-salmeterol.....	112	generlac.....	79
fluvoxamine maleate.....	22	gengraf.....	98
fluvoxamine maleate er.....	22	gentak.....	7
FML.....	106	gentamicin in saline.....	7
FOLOTYN.....	30	gentamicin sulfate.....	7
fondaparinux sodium.....	57	GENVOYA.....	45
FORTEO.....	103	gianvi.....	89
fosamprenavir calcium.....	49	GILENYA.....	71
fosinopril sodium.....	60	GILOTRIF.....	35
fosinopril sodium-hctz.....	65	GLASSIA.....	80
fosphenytoin sodium.....	18	GLEOSTINE.....	29
FOSRENOL.....	77	glimepiride.....	52
FREAMINE HBC.....	75	glipizide.....	52
FREAMINE III.....	75	glipizide er.....	52
frovatriptan succinate.....	27	glipizide xl.....	52
FULPHILA.....	58	glipizide-metformin hcl.....	52
fulvestrant.....	30	GLUCAGEN HYPOKIT.....	55
furosemide.....	66	GLUCAGON EMERGENCY.....	55
FUZEON.....	48	glyburide.....	53
FYCOMPA.....	17	glyburide micronized.....	53
		glyburide-metformin.....	53
		glycopyrrolate.....	78
G		glydo.....	6
gabapentin.....	16	GLYXAMBI.....	53
galantamine hydrobromide.....	19	GRALISE.....	16
galantamine hydrobromide er.....	19		

GRALISE STARTER.....	16	HUMIRA PEN-PSOR/UEVIT STARTER....	98
granisetron hcl.....	24	HUMULIN 70/30.....	56
GRANIX.....	58	HUMULIN 70/30 KWIKPEN.....	56
griseofulvin microsize.....	25	HUMULIN N.....	56
griseofulvin ultramicrosize.....	25	HUMULIN N KWIKPEN.....	56
guanfacine hcl.....	59	HUMULIN R.....	56
guanfacine hcl er.....	70	HUMULIN R U-500 (CONCENTRATED)...	56
GUANIDINE HCL.....	28	HUMULIN R U-500 KWIKPEN.....	56
GVOKE HYOPEN 1-PACK.....	55	hydralazine hcl.....	68
GVOKE HYOPEN 2-PACK.....	55	hydrochlorothiazide.....	67
GYNAZOLE-1.....	25	hydrocodone-acetaminophen.....	4,5
H		hydrocodone-ibuprofen.....	5
hailey 1.5/30.....	89	hydrocortisone.....	84,103
hailey fe 1.5/30.....	89	hydrocortisone (perianal).....	73,84
hailey fe 1/20.....	89	hydrocortisone butyrate.....	84
HALAVEN.....	32	hydrocortisone valerate.....	84
halobetasol propionate.....	84	hydrocortisone-acetic acid.....	108
haloperidol.....	41	hydromorphone hcl.....	5
haloperidol decanoate.....	41	hydroxychloroquine sulfate.....	39
haloperidol lactate.....	41	hydroxyurea.....	31
HAVRIX.....	101	hydroxyzine hcl.....	109
heather.....	94	hydroxyzine pamoate.....	109
heparin sodium (porcine).....	57	I	
HERCEPTIN.....	35	ibandronate sodium.....	103
HERCEPTIN HYLECTA.....	37	IBRANCE.....	35
HERZUMA.....	35	ibu.....	2
HETLIOZ.....	114	ibuprofen.....	2
HIBERIX.....	101	icatibant acetate.....	97
HUMALOG.....	55	ICLUSIG.....	35
HUMALOG JUNIOR KWIKPEN.....	55	idarubicin hcl.....	32
HUMALOG KWIKPEN.....	55	IDHIFA.....	32
HUMALOG MIX 50/50.....	56	ifosfamide.....	29
HUMALOG MIX 50/50 KWIKPEN.....	56	ILEVRO.....	106
HUMALOG MIX 75/25.....	56	imatinib mesylate.....	35
HUMALOG MIX 75/25 KWIKPEN.....	56	IMBRUVICA.....	35
HUMIRA.....	98	IMFINZI.....	37
HUMIRA PEDIATRIC CROHNS START....	98	imipenem-cilastatin.....	11
HUMIRA PEN.....	98	imipramine hcl.....	23
HUMIRA PEN-CD/UC/HS STARTER.....	98	imipramine pamoate.....	23
HUMIRA PEN-PS/UV/ADOL HS START...	98	imiquimod.....	73

IMOVAX RABIES.....	101	isoniazid.....	28
incassia.....	95	ISOPTO ATROPINE.....	105
INCRELEX.....	85	isosorbide dinitrate.....	69
INCRUSE ELLIPTA.....	110	isosorbide mononitrate.....	69
indapamide.....	67	isosorbide mononitrate er.....	69
indomethacin.....	2	isotretinoin.....	73
indomethacin er.....	2	isradipine.....	63
INFANRIX.....	101	ISTODAX (OVERFILL).....	32
INFLECTRA.....	98	itraconazole.....	26
INGREZZA.....	70	ivermectin.....	38
INLYTA.....	35	IXIARO.....	101
INQOVI.....	32		
INREBIC.....	32	J	
INSULIN LISPRO.....	56	JADENU.....	77
INSULIN LISPRO (1 UNIT DIAL).....	56	JADENU SPRINKLE.....	77
INSULIN LISPRO JUNIOR KWIKPEN.....	56	JAKAFI.....	35
INSULIN LISPRO PROT & LISPRO.....	56	jantoven.....	57
INSULIN PEN NEEDLE.....	104	JANUMET.....	53
INSULIN SYRINGE (DISP) U-100 0.3 ML.....	104	JANUMET XR.....	53
INSULIN SYRINGE (DISP) U-100 1 ML.....	104	JANUVIA.....	53
INSULIN SYRINGE (DISP) U-100 1/2 ML.....	104	JARDIANCE.....	53
INTELENCE.....	46	jasmiel.....	89
INTRALIPID.....	75	jencycla.....	95
INTRON A.....	45	JENTADUETO.....	53
introvale.....	89	JENTADUETO XR.....	53
INVEGA SUSTENNA.....	42	JEVTANA.....	35
INVEGA TRINZA.....	42	jolessa.....	89
INVIRASE.....	49	jolivette.....	95
INVOKAMET.....	53	juleber.....	89
INVOKAMET XR.....	53	JULUCA.....	48
INVOKANA.....	53	junel 1.5/30.....	89
IPOL.....	101	junel 1/20.....	89
ipratropium bromide.....	110	junel fe 1.5/30.....	89
ipratropium-albuterol.....	113	junel fe 1/20.....	89
irbesartan.....	60	JUXTAPID.....	68
irbesartan-hydrochlorothiazide.....	65		
IRESSA.....	35	K	
irinotecan hcl.....	34	KADCYLA.....	37
ISENTRESS.....	45,46	KALETRA.....	49
ISENTRESS HD.....	46	kalliga.....	89
isibloom.....	89	KALYDECO.....	111

KANJINTI.....	35	lamotrigine starter kit-blue.....	17
kariva.....	89	lamotrigine starter kit-green.....	17
kcl in dextrose-nacl.....	75	lamotrigine starter kit-orange.....	17
KCL-LACTATED RINGERS-D5W.....	75	LANOXIN.....	65
kelnor 1/35.....	89	lansoprazole.....	80
kelnor 1/50.....	89	lanthanum carbonate.....	78
ketoconazole.....	26	LANTUS.....	56
ketoprofen er.....	2	LANTUS SOLOSTAR.....	56
ketorolac tromethamine.....	106	lapatinib ditosylate.....	36
KEVEYIS.....	66	larin 1.5/30.....	90
KEYTRUDA.....	37	larin 1/20.....	90
kimidess.....	89	larin fe 1.5/30.....	90
KINRIX.....	101	larin fe 1/20.....	90
kionex.....	77	larissia.....	90
KISQALI (200 MG DOSE).....	35	latanoprost.....	108
KISQALI (400 MG DOSE).....	35	LATUDA.....	42
KISQALI (600 MG DOSE).....	35	leflunomide.....	100
KISQALI FEMARA (400 MG DOSE).....	35	LENVIMA (10 MG DAILY DOSE).....	36
KISQALI FEMARA (600 MG DOSE).....	35	LENVIMA (12 MG DAILY DOSE).....	36
KISQALI FEMARA(200 MG DOSE).....	35	LENVIMA (14 MG DAILY DOSE).....	36
klor-con.....	75	LENVIMA (18 MG DAILY DOSE).....	36
klor-con 10.....	75	LENVIMA (20 MG DAILY DOSE).....	36
klor-con m10.....	75	LENVIMA (24 MG DAILY DOSE).....	36
klor-con m15.....	75	LENVIMA (4 MG DAILY DOSE).....	36
klor-con m20.....	75	LENVIMA (8 MG DAILY DOSE).....	36
klor-con sprinkle.....	75	lessina.....	90
KORLYM.....	84	letrozole.....	34
KOSELUGO.....	36	leucovorin calcium.....	32
kurvelo.....	89	LEUKERAN.....	29
KUVAN.....	80	LEUKINE.....	58
KYPROLIS.....	36	leuprolide acetate.....	96
L		levabuterol hcl.....	110
labetalol hcl.....	62	levabuterol tartrate.....	111
lactulose.....	79	LEVEMIR.....	56
lactulose encephalopathy.....	79	LEVEMIR FLEXTOUCH.....	56
LAMICTAL XR.....	17	levetiracetam.....	15
lamivudine.....	45,47	levetiracetam er.....	15
lamivudine-zidovudine.....	47	levetiracetam in nacl.....	15
lamotrigine.....	17	levo-t.....	96
lamotrigine er.....	17	levobunolol hcl.....	107
		levocarnitine.....	75

levocarnitine sf	75	lorazepam	51
levocetirizine dihydrochloride	109	lorazepam intensol	51
levofloxacin	13	LORBRENA	36
levofloxacin 25 mg/ml oral solution	13	lorcet	5
levofloxacin in d5w	13	lorcet hd	5
levofloxacin iv soln 25 mg/ml	13	loryna	90
levoleucovorin calcium	32	losartan potassium	60
levoleucovorin calcium pf	32	losartan potassium-hctz	65
levonorgest-eth estrad 91-day	90	LOTEMAX	106
levonorgestrel-ethinyl estrad	90	loteprednol etabonate	106
levora 0.15/30 (28)	90	lovastatin	67
LEVOTHYROXINE SODIUM	96	low-ogestrel	90
levothyroxine sodium	96	loxapine succinate	41
levoxyl	96	LUCEMYRA	6
LEXIVA	49	ludent	75
lidocaine	6	LUMIGAN	108
lidocaine 5 % ointment	6	LUPRON DEPOT (1-MONTH)	97
lidocaine hcl urethral/mucosal	6	LUPRON DEPOT (3-MONTH)	97
lidocaine viscous hcl	6	LUPRON DEPOT (4-MONTH)	97
lidocaine-prilocaine	6	LUPRON DEPOT (6-MONTH)	97
lillow	90	LUPRON DEPOT-PED (1-MONTH)	97
lindane	39	LUPRON DEPOT-PED (3-MONTH)	97
linezolid	8	lutera	91
LINZESS	79	lyllana	91
liothyronine sodium	96	LYNPARZA	36
lisinopril	60	LYRICA CR	71
lisinopril-hydrochlorothiazide	65	LYSODREN	32
LITHIUM	51	LYUMJEV	57
lithium carbonate	51	LYUMJEV KWIKPEN	57
lithium carbonate er	51	lyza	95
LIVALO	67		
lo-zumandimine	90	M	
loestrin 1.5/30 (21)	90	M-M-R II	101
loestrin 1/20 (21)	90	magnesium sulfate	75
loestrin fe 1.5/30	90	malathion	39
loestrin fe 1/20	90	maprotiline hcl	22
lojaimiess	90	marlissa	91
LONSURF	32	MARPLAN	20
loperamide hcl	78	MATULANE	29
lopinavir-ritonavir	49	matzim la	63
lopreeza	90	MAVENCLAD (10 TABS)	71

MAVENCLAD (4 TABS).....	71	methotrexate.....	98
MAVENCLAD (5 TABS).....	71	methotrexate sodium.....	98
MAVENCLAD (6 TABS).....	71	methotrexate sodium (pf).....	98
MAVENCLAD (7 TABS).....	71	methscopolamine bromide.....	78
MAVENCLAD (8 TABS).....	72	methyldopa.....	59
MAVENCLAD (9 TABS).....	72	methyldopa-hydrochlorothiazide.....	65
MAVYRET.....	45	methylphenidate hcl.....	70
meclizine hcl.....	23	methylphenidate hcl er.....	70
meclofenamate sodium.....	2	methylprednisolone.....	84
medroxyprogesterone acetate.....	95	methylprednisolone acetate.....	84
mefenamic acid.....	2	methylprednisolone sodium succ.....	84
mefloquine hcl.....	39	methyltestosterone.....	86
megestrol acetate.....	95	metoclopramide hcl.....	24
MEKINIST.....	36	metolazone.....	67
MEKTOVI.....	36	metoprolol succinate er.....	62
meloxicam.....	2	metoprolol tartrate.....	62
melphalan.....	29	metoprolol-hydrochlorothiazide.....	65
melphalan hcl.....	29	metronidazole.....	9,73
memantine hcl.....	20	metronidazole in nacl 0.74% iv soln 500 mg/100ml.....	9
memantine hcl er.....	20	metronidazole in nacl 0.79% iv soln 500 mg/100ml.....	9
MENACTRA.....	101	metyrosine.....	65
MENEST.....	91	mexiletine hcl.....	61
MENQUADFI.....	101	micalfungin sodium.....	26
MENVEO.....	101	microgestin 1.5/30.....	91
meprobamate.....	50	microgestin 1/20.....	91
mercaptapurine.....	31	microgestin fe 1.5/30.....	91
meropenem.....	11	microgestin fe 1/20.....	91
mesalamine.....	103	midodrine hcl.....	59
mesalamine er.....	103	miglitol.....	54
mesalamine-cleanser.....	103	miglustat.....	80
mesna.....	38	mili.....	91
MESNEX.....	38	mimvey.....	91
metaproterenol sulfate.....	111	minitran.....	69
metaxalone.....	113	minocycline hcl.....	14
metformin hcl.....	53,54	minoxidil.....	69
metformin hcl er.....	54	mirtazapine.....	20
methadone hcl.....	3	misoprostol.....	80
methazolamide.....	107	mitomycin.....	32
methenamine hippurate.....	8	mitoxantrone hcl.....	32
methimazole.....	97		
methocarbamol.....	113		

moexipril hcl.....	60	NARCAN.....	7
molindone hcl.....	41	NATACYN.....	26
mometasone furoate.....	84,109	nateglinide.....	54
mondoxyne nl.....	14	NATPARA.....	103
mono-linyah.....	91	NAYZILAM.....	15
montelukast sodium.....	109	necon 0.5/35 (28).....	91
MONUROL.....	9	NEEDLES, INSULIN DISP., SAFETY.....	104
morgidox.....	15	nefazodone hcl.....	22
morphine sulfate.....	5	neo-polycin.....	105
morphine sulfate (concentrate).....	5	neo-polycin hc.....	105
morphine sulfate er.....	3	neomycin sulfate.....	7
MOVIPREP.....	79	neomycin-bacitracin zn-polymyx.....	105
moxifloxacin hcl.....	13	neomycin-polymyxin-dexameth.....	105
moxifloxacin hcl (2x day).....	13	neomycin-polymyxin-gramicidin.....	105
moxifloxacin hcl in nacl.....	13	neomycin-polymyxin-hc.....	105,108
MULTAQ.....	61	NEPHRAMINE.....	76
mupirocin.....	9	NERLYNX.....	36
mutamycin.....	32	NEULASTA.....	58
MVASI.....	37	NEULASTA ONPRO.....	58
MYALEPT.....	78	NEUPOGEN.....	58
mycophenolate mofetil.....	98	NEUPRO.....	40
mycophenolate mofetil hcl.....	99	nevirapine.....	46
mycophenolate sodium.....	99	nevirapine er.....	46
MYLOTARG.....	37	NEXAVAR.....	36
myorisan.....	73	niacin er (antihyperlipidemic).....	68
MYRBETRIQ.....	81	nicardipine hcl.....	63
N		NICOTROL.....	7
nabumetone.....	3	NICOTROL NS.....	7
nadolol.....	62	nifedipine.....	63
nafcillin sodium.....	11	nifedipine er.....	63
NAFCILLIN SODIUM 10 GM RECON		nifedipine er osmotic release.....	63
SOLN.....	11	nikki.....	91
naftifine hcl.....	26	nilutamide.....	29
naloxone hcl.....	7	nimodipine.....	63
naltrexone hcl.....	6	NINLARO.....	32
NAMZARIC.....	19	NIPENT.....	31
naproxen.....	3	nisoldipine er.....	63
naproxen dr.....	3	nitisinone.....	81
naproxen sodium.....	3	NITRO-BID.....	69
naratriptan hcl.....	27	NITRO-DUR.....	69
		nitrofurantoin macrocrystal.....	9

nitrofurantoin monohyd macro	9	octreotide acetate	97
nitroglycerin	69	ODEFSEY	46
NITROSTAT	69	ODOMZO	36
NITYR	81	OFEV	112
NIVESTYM	58	ofloxacin	13,14
nora-be	95	OGIVRI	36
NORDITROPIN FLEXPRO	85	okebo	15
norethin ace-eth estrad-fe	91	olanzapine	42
norethin-eth estradiol-fe	91	olanzapine-fluoxetine hcl	20
norethindrone	95	olmesartan medoxomil	60
norethindrone acet-ethinyl est	91	olmesartan medoxomil-hctz	65
norethindrone acetate	95	olmesartan-amlodipine-hctz	65
norgestim-eth estrad triphasic	91	olopatadine hcl	106,109
norgestimate-eth estradiol	91	omega-3-acid ethyl esters	68
norlyda	95	omeprazole	80
norlyroc	95	ondansetron	24
NORMOSOL-M IN D5W	76	ondansetron hcl	24,25
NORTHERA	59	ondansetron hcl inj 4 mg/2ml	25
nortrel 0.5/35 (28)	91	ONUREG	33
nortrel 1/35 (21)	92	OPDIVO	37
nortrel 1/35 (28)	92	OPSUMIT	112
nortrel 7/7/7	92	ORALAIR	100
nortriptyline hcl	23	ORALAIR ADULT SAMPLE KIT	100
NORVIR	49	ORALAIR ADULT STARTER PACK	100
NOXAFIL	26	oralone	72
NUBEQA	29	ORKAMBI	111
NUCALA	113	orphenadrine citrate er	113
NUCYNTA ER	3	orsythia	92
NUDEXTA	70	oseltamivir phosphate	49
NULOJIX	99	OTREXUP	99
NUPLAZID	42	oxacillin sodium	11
NUTRILIPID	76	OXACILLIN SODIUM IN DEXTROSE	12
nyamyc	26	oxaliplatin	36
nystatin	26	oxandrolone	85
nystatin-triamcinolone	26	oxaprozin	3
nystop	26	oxazepam	51
O		oxcarbazepine	18
OCALIVA	81	OXERVATE	105
ocella	92	OXTELLAR XR	18
OCTAGAM	100	oxybutynin chloride	81
		oxybutynin chloride er	81

oxycodone hcl.....	5	penicillin g sodium.....	12
oxycodone hcl er.....	3	penicillin v potassium.....	12
oxycodone-acetaminophen.....	5	pentamidine isethionate 300 mg inject soln.....	39
oxycodone-aspirin.....	5	pentamidine isethionate for nebulization soln	
OXYCONTIN.....	3	300 mg.....	39
oxymorphone hcl.....	5	pentazocine-naloxone hcl.....	5
oxymorphone hcl er.....	4	pentoxifylline er.....	65
OXYTROL.....	81	PERFOROMIST.....	111
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	54	perindopril erbumine.....	60
OZEMPIC (1 MG/DOSE).....	54	perlogard.....	72
P			
pacerone.....	61	PERJETA.....	38
paclitaxel.....	33	permethrin.....	39
paliperidone er.....	42,43	perphenazine.....	24
PANCREAZE.....	81	perphenazine-amitriptyline.....	20
PANRETIN.....	38	PERSERIS.....	43
pantoprazole sodium.....	80	PEXEVA.....	22
PANZYGA.....	100	pfizerpen.....	12
paraplatin.....	33	phenadoz.....	24
paroex.....	72	phenelzine sulfate.....	20
paromomycin sulfate.....	7	phenobarbital.....	16
paroxetine hcl.....	22	phenoxybenzamine hcl.....	59
paroxetine hcl er.....	22	phenytoin.....	19
paroxetine mesylate.....	22	phenytoin infatabs.....	19
PASER.....	28	phenytoin sodium.....	19
PAXIL.....	22	phenytoin sodium extended.....	19
PAZEO.....	106	PIFELTRO.....	46
PEDIARIX.....	101	pilocarpine hcl.....	72,107
PEDVAX HIB.....	101	pimozide.....	41
peg 3350-kcl-na bicarb-nacl.....	79	pimtrea.....	92
peg 3350/electrolytes.....	79	pindolol.....	62
peg-3350/electrolytes.....	79	pioglitazone hcl.....	54
PEGANONE.....	19	pioglitazone hcl-glimepiride.....	54
PEGASYS.....	45	pioglitazone hcl-metformin hcl.....	54
PEGASYS PROCLICK.....	45	piperacillin sod-tazobactam so.....	12
PEMAZYRE.....	33	PIQRAY (200 MG DAILY DOSE).....	36
penicillamine.....	82	PIQRAY (250 MG DAILY DOSE).....	36
PENICILLIN G POT IN DEXTROSE.....	12	PIQRAY (300 MG DAILY DOSE).....	36
penicillin g potassium.....	12	pirmella 1/35.....	92
PENICILLIN G PROCAINE.....	12	pirmella 7/7/7.....	92
		piroxicam.....	3
		PLASMA-LYTE 148.....	76

PLASMA-LYTE A.....	76	PREZCOBIX.....	49
PLEGRIDY.....	72	PREZISTA.....	49
PLEGRIDY STARTER PACK.....	72	PRIFTIN.....	28
podofilox.....	73	primaquine phosphate.....	39
polycin.....	105	primidone.....	16
polymyxin b sulfate.....	9	PRIVIGEN.....	100
polymyxin b-trimethoprim.....	105	probenecid.....	27
POMALYST.....	30	prochlorperazine.....	24
portia-28.....	92	prochlorperazine edisylate.....	24
posaconazole.....	26	prochlorperazine maleate.....	24
POTASSIUM CHLORIDE.....	76	PROCRIT.....	58
potassium chloride.....	76	procto-med hc.....	85
potassium chloride crys er.....	76	procto-pak.....	73
potassium chloride er.....	76	proctosol hc.....	85
potassium chloride in dextrose.....	76	proctozone-hc.....	85
potassium chloride in nacl.....	76	progesterone micronized.....	95
potassium chloride proamp.....	76	PROGRAF.....	99
potassium citrate er.....	82	PROLASTIN-C.....	81
PRALUENT.....	68	PROLENSA.....	107
pramipexole dihydrochloride.....	40	PROLIA.....	103
pramipexole dihydrochloride er.....	40	PROMACTA.....	58
prasugrel hcl.....	59	promethazine hcl.....	24,109
pravastatin sodium.....	67	promethazine-phenylephrine.....	113
praziquantel.....	38	promethegan.....	24
prazosin hcl.....	59	propafenone hcl.....	61
PRED MILD.....	106	propafenone hcl er.....	61
prednisolone.....	84	propantheline bromide.....	78
prednisolone acetate.....	106	proparacaine hcl.....	105
prednisolone sodium phosphate.....	84	propranolol hcl.....	62
PREDNISOLONE SODIUM PHOSPHATE.....	107	propranolol hcl er.....	62
prednisone.....	84	propranolol-hctz.....	65
PREDNISONE INTENSOL.....	85	propylthiouracil.....	97
pregabalin.....	71	PROQUAD.....	102
PREMARIN.....	92	PROSOL.....	76
PREMASOL.....	76	protriptyline hcl.....	23
PREMPHASE.....	92	PULMOZYME.....	111
PREMPRO.....	92	PURIXAN.....	31
PRENATAL VITAMIN ORAL TABLET.....	78	pyrazinamide.....	29
PRETOMANID.....	28	pyridostigmine bromide.....	28
prevalite.....	68	pyridostigmine bromide er.....	28
previfem.....	92	pyrimethamine.....	39

Q

QINLOCK	33
QUADRACEL	102
quasense	92
quetiapine fumarate	43
quetiapine fumarate er	43
quinapril hcl	60
quinapril-hydrochlorothiazide	65
quinidine gluconate er	61
quinidine sulfate	61
quinine sulfate	39
QVAR REDIHALER	109

R

RABAVERT	102
rabeprazole sodium	80
raloxifene hcl	95
ramelteon	114
ramipril	60
ranolazine er	65
rasagiline mesylate	40
RASUVO	99
RAVICTI	81
reclipsen	92
RECOMBIVAX HB	102
RECTIV	73
REGANEX	73
relafen	3
RELENZA DISKHALER	49
RELISTOR	78
RENFLEXIS	99
repaglinide	54
REPATHA	68
REPATHA PUSHTRONEX SYSTEM	68
REPATHA SURECLICK	68
RESTASIS	105
RESTASIS MULTIDOSE	105
RETACRIT	58
RETEVMO	33
REVLIMID	30

REXULTI	43
REYATAZ	49
RHOPRESSA	107
ribavirin	45
RIDAURA	100
rifabutin	28
rifampin	29
riluzole	70
rimantadine hcl	49
RINVOQ	99
risedronate sodium	104
RISPERDAL CONSTA	43
risperidone	43
risperidone m-tab	43
ritonavir	49
RITUXAN	38
RITUXAN HYCELA	38
rivastigmine	19
rivastigmine tartrate	19
rizatriptan benzoate	27
ROMIDEPSIN	33
ropinirole hcl	40
ropinirole hcl er	40
rosadan	73
rosuvastatin calcium	68
ROTARIX	102
ROTATEQ	102
roweepra	15
roweepra xr	15
ROZLYTREK	33
RUBRACA	33
RUKOBIA	48
RUXIENCE	38
RYDAPT	33
RYTARY	40

S

SANDIMMUNE	99
SANTYL	73
SAPHRIS	43
sapropterin dihydrochloride	81

SAVELLA.....	71	SPIRIVA RESPIMAT.....	110
SAVELLA TITRATION PACK.....	71	spironolactone.....	66
scopolamine.....	24	spironolactone-hctz.....	65
SECUADO.....	43	sprintec 28.....	92
SEGLUROMET.....	54	SPRITAM.....	15
selegiline hcl.....	40	SPRYCEL.....	36
selenium sulfide.....	73	sps.....	77
SELZENTRY.....	48	sronyx.....	93
SEREVENT DISKUS.....	111	ssd.....	14
sertraline hcl.....	22	stavudine.....	47
setlakin.....	92	STEGLATRO.....	54
sevelamer carbonate.....	78	STEGLUJAN.....	54
sharobel.....	95	STELARA.....	73
SHINGRIX.....	102	sterile water for irrigation.....	104
SIGNIFOR.....	97	STIVARGA.....	36
sildenafil citrate.....	112	streptomycin sulfate.....	7
silodosin.....	82	STRIBILD.....	46
silver sulfadiazine.....	14	STRIVERDI RESPIMAT.....	111
SIMBRINZA.....	107	subvenite.....	17
simliya.....	92	subvenite starter kit-blue.....	17
SIMULECT.....	99	subvenite starter kit-green.....	17
simvastatin.....	68	subvenite starter kit-orange.....	17
sirolimus.....	99	sucralfate.....	80
SIRTURO.....	29	sulfacetamide sodium.....	14
SKYRIZI (150 MG DOSE).....	73	sulfacetamide sodium (acne).....	14
sodium chloride.....	76	sulfacetamide-prednisolone.....	105
sodium chloride (pf).....	76	SULFADIAZINE.....	14
sodium fluoride.....	76	sulfamethoxazole-trimethoprim.....	14
sodium phenylbutyrate.....	81	sulfasalazine.....	103
sodium polystyrene sulfonate.....	77	sulindac.....	3
SOFOSBUVIR-VELPATASVIR.....	45	sumatriptan.....	28
solifenacin succinate.....	81	sumatriptan succinate.....	28
SOLQUA.....	57	sumatriptan succinate refill.....	28
SOLTAMOX.....	30	SUPREP BOWEL PREP KIT.....	79
SOLU-MEDROL.....	85	SUTENT.....	36
SOMATULINE DEPOT.....	97	syeda.....	93
SOMAVERT.....	97	SYLVANT.....	100
sorine.....	61	SYMBICORT.....	113
sotalol hcl.....	61	SYMFI.....	46
sotalol hcl (af).....	61	SYMFI LO.....	47
SPIRIVA HANDIHALER.....	110	SYMLINPEN 120.....	55

SYMLINPEN 60	55	TENIVAC	102
SYMPAZAN	16	tenofovir disoproxil fumarate	47
SYMTUZA	49	terazosin hcl	59
SYNAREL	97	terbinafine hcl	26
SYNJARDY	55	terbutaline sulfate	111
SYNJARDY XR	55	terconazole	26
SYNRIBO	33	testosterone	86
SYNTHROID	96	testosterone cypionate	86
		testosterone enanthate	86
		testosterone td gel pump 20.25 mg/act (1.62%)	86
T		tetrabenazine	70
TABLOID	31	tetracycline hcl	15
TABRECTA	33	THALOMID	30
tacrolimus	74,99	THEO-24	111
tadalafil (pah)	112	theophylline	111
TAFINLAR	36	theophylline er	111
TAGRISSO	36	thioridazine hcl	41
TALTZ	74	thiothixene	41
TALZENNA	36	THYMOGLOBULIN	100
tamoxifen citrate	30	tiadylt er	63
tamsulosin hcl	82	tiagabine hcl	16
TARGRETIN	38	TIBSOVO	33
tarina fe 1/20	93	TIGECYCLINE	9
tarina fe 1/20 eq	93	tilia fe	93
TASIGNA	37	timolol maleate	62,107
tazarotene	74	TIROSINT	96
tazicef	10	TIROSINT-SOL	96
TAZORAC	74	TIVICAY	46
taztia xt	63	TIVICAY PD	46
TAZVERIK	33	tizanidine hcl	44
TDVAX	102	TOBI PODHALER	111
TECENTRIQ	38	TOBRADEX	105
TECFIDERA	72	tobramycin	8,113
TEFLARO	10	tobramycin sulfate	8
TEKTURNA HCT	66	tobramycin-dexamethasone	105
telmisartan	60	tolcapone	40
telmisartan-amlodipine	66	tolmetin sodium	3
telmisartan-hctz	66	tolterodine tartrate	81
temazepam	113	tolterodine tartrate er	81
TEMIXYS	47	topiramate	17,18
temsirolimus	99		
tencon	70		

topiramate er.....	18	tri-mili.....	93
toposar.....	34	tri-previfem.....	93
topotecan hcl.....	34	tri-sprintec.....	93
toremifene citrate.....	30	tri-vylibra.....	93
torseamide.....	66	tri-vylibra lo.....	93
TOUJEO MAX SOLOSTAR.....	57	triamcinolone acetonide.....	72,85
TOUJEO SOLOSTAR.....	57	triamterene.....	66
tovet.....	85	triamterene-hctz.....	66
TOVIAZ.....	81	triazolam.....	113,114
TPN ELECTROLYTES.....	77	triderm.....	85
TRACLEER.....	112	trientine hcl.....	77
TRADJENTA.....	55	trifluoperazine hcl.....	41
tramadol hcl.....	5	trifluridine.....	50
tramadol hcl er.....	4	trihexyphenidyl hcl.....	39
tramadol hcl er (biphasic).....	4	trilyte.....	80
tramadol-acetaminophen.....	5	trimethoprim.....	9
trandolapril.....	60	trimipramine maleate.....	23
trandolapril-verapamil hcl er.....	66	TRINTELLIX.....	22
tranexamic acid.....	58	TRIUMEQ.....	48
tranylcypromine sulfate.....	21	TROGARZO.....	48
TRAVASOL.....	77	TROKENDI XR.....	18
travoprost (bak free).....	108	TROPHAMINE.....	77
TRAZIMERA.....	37	tropium chloride.....	81
trazodone hcl.....	22	tropium chloride er.....	81
TREANDA.....	29	TRULICITY.....	55
TRECATOR.....	29	TRUMENBA.....	102
TRELEGY ELLIPTA.....	113	TRUVADA.....	48
TRELSTAR.....	97	TRUXIMA.....	38
TRELSTAR MIXJECT.....	97	TUKYSA.....	37
TRESIBA.....	57	tulana.....	95
TRESIBA FLEXTOUCH.....	57	TURALIO.....	33
tretinoin.....	38,74	TWINRIX.....	102
TREXALL.....	99	TYBOST.....	48
tri femynor.....	93	TYKERB.....	37
tri-estarylla.....	93	TYPHIM VI.....	102
tri-legest fe.....	93		
tri-linyah.....	93	U	
tri-lo-estarylla.....	93	UDENYCA.....	58
tri-lo-marzia.....	93	unithroid.....	96
tri-lo-mili.....	93	UPTRAVI.....	112
tri-lo-sprintec.....	93	ursodiol.....	78

V

valacyclovir hcl	50
VALCHLOR	29
valganciclovir hcl	45
valproate sodium	16
valproic acid	16
valsartan	60
valsartan-hydrochlorothiazide	66
VALTOCO 10 MG DOSE	16
VALTOCO 15 MG DOSE	16
VALTOCO 20 MG DOSE	17
VALTOCO 5 MG DOSE	17
vanadom	113
vancomycin hcl	9
VANCOMYCIN HCL	9
vandazole	9
VAQTA	102
VARIVAX	102
VARIZIG	102
VASCEPA	68
VECAMEYL	66
VECTIBIX	38
VELCADE	33
velivet	93
VELTASSA	78
VENCLEXTA	37
VENCLEXTA STARTING PACK	37
venlafaxine hcl	22
venlafaxine hcl er	22,23
verapamil hcl	63
verapamil hcl er	64
VERSACLOZ	44
VERZENIO	37
VIBERZI	79
VICTOZA	55
vienva	94
vigabatrin	17
vigadrone	17
VIIBRYD	23
VIIBRYD STARTER PACK	23

VIMPAT	19
vinblastine sulfate	33
vincasar pfs	33
vincristine sulfate	33
vinorelbine tartrate	33
viorele	94
VIRACEPT	49
VIREAD	48
VITRAKVI	33
VIVITROL	6
VIZIMPRO	33
volnea	94
voriconazole	26
VOTRIENT	37
VRAYLAR	44
vylibra	94
VYXEOS	33

W

warfarin sodium	57
wera	94
wymzya fe	94

X

XALKORI	37
XARELTO	57
XARELTO STARTER PACK	58
XATMEP	99
XCOPRI	18
XCOPRI (250 MG DAILY DOSE)	18
XCOPRI (350 MG DAILY DOSE)	18
XELJANZ	99
XELJANZ XR	99
XEOMIN	44
XGEVA	104
XIFAXAN	9
XOLAIR	113
XOSPATA	33
XPOVIO (100 MG ONCE WEEKLY)	33
XPOVIO (40 MG ONCE WEEKLY)	33
XPOVIO (40 MG TWICE WEEKLY)	33

XPOVIO (60 MG ONCE WEEKLY)	34
XPOVIO (60 MG TWICE WEEKLY)	34
XPOVIO (80 MG ONCE WEEKLY)	34
XPOVIO (80 MG TWICE WEEKLY)	34
XTANDI	30
xulane	94
XYREM	114

Y

YERVOY	38
YF-VAX	102
YONDELIS	29
YONSA	30
YUPELRI	110
yuvafem	94

Z

zafirlukast	109
zaleplon	114
ZALTRAP	37
ZANOSAR	34
zarah	94
ZARXIO	58
zebutal	71
ZEJULA	37
ZELBORAF	37
ZEMAIRA	81
zenatane	74
zidovudine	48
ZIEXTENZO	58
ziprasidone hcl	44
ziprasidone mesylate	44
ZIRABEV	38
ZIRGAN	45
zoledronic acid	104
ZOLINZA	34
zolmitriptan	28
zolpidem tartrate	114
zolpidem tartrate er	114
zonisamide	15
ZONTIVITY	58

ZORTRESS	99
zovia 1/35 (28)	94
zovia 1/35e (28)	94
zumandimine	94
ZYDELIG	37
ZYKADIA	37
ZYLET	105
ZYPREXA RELPREVV	44
ZYTIGA	30

This formulary was updated on 12/10/2020. 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.

Health Partners Medicare is an HMO plan with Medicare and Pennsylvania State Medicaid program contracts. Enrollment in Health Partners Medicare depends on contract renewal.

H9207_HPM-540RX-2451-002-012_C

Health Partners Medicare

901 Market Street, Suite 500
Philadelphia, PA 19107

1-866-901-8000 (1-877-454-8477)

HPPMedicare.com



Health Partners Plans

