

2012 Formulary

Priority Health Medicare

► List of covered drugs

Please read:

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

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Last Updated May 1, 2012

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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A health plan with a Medicare contract.

If you would prefer us to send you information in another format (like Braille or large print) please contact Priority Health Medicare at toll-free 888 389-6648 (TTY users should call 711), 8 a.m. – 8 p.m., 7 days a week.

Introduction

What is the Priority Health Medicare Formulary?

A formulary is a list of covered drugs selected by Priority Health 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. Priority Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Priority Health 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 change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 1, 2012. To get updated information about the drugs covered by Priority Health Medicare, please visit our website at prioritymedicare.com or call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711. If there are significant changes to the formulary, you may receive a letter in the mail outlining those 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 10. 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 10. 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 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Priority Health Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 18 tablets per prescription for Maxalt. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical

condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

- **Limited Availability:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.
- **Part B vs. Part D:** This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **Home Infusion:** This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.
- **Free First Fill:** This prescription drug will be provided at zero cost-sharing the first time you fill it.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at prioritymedicare.com.

You can ask Priority Health Medicare to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Priority Health Medicare formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Priority Health Medicare does not cover your drug, you have two options:

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

You can ask Priority Health Medicare 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 your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare 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 more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, Priority Health Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered 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 are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician'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 your prescriber's or prescribing physician's supporting statement.

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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 31 days of medication unless the prescription is written for less than 31 days.

Priority Health Medicare realizes that a 31-day transition may not be sufficient time to talk to your doctor and review alternatives. Therefore, we may grant up to a maximum of two 31-day supply authorizations per non-formulary medication or formulary medication requiring step therapy or prior authorization during a single transition event.

For more information

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

If you have questions about Priority Health Medicare, please call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711. Or visit prioritymedicare.com.

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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Formulary

The formulary that begins on page 10 provides coverage information about some of the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

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

List of Abbreviations

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 18 tablets per prescription for Maxalt. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

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

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

FF: Free First Fill. This prescription drug will be provided at zero cost-sharing the first time you fill it.

Understanding your copays

The table below lists the Priority Health Medicare drug tiers and the copay and coinsurance amount associated with each tier after the deductible is met (if there is one).

Drug Tiers	PriorityMedicare Value SM (HMO-POS)	PriorityMedicare SM (HMO-POS)	PriorityMedicare Select SM (PPO)	PriorityMedicare Rx SM (PDP)
Retail: one-month (31-day) supply				
Mail Order: three-month (90-day) supply*				
Tier 1 Generic	\$9 copay \$22.50 copay	\$8 copay \$20 copay	\$8 copay \$20 copay	\$9 copay \$22.50 copay
Tier 2 Preferred brand	\$40 copay \$100 copay	\$35 copay \$87.50 copay	\$40 copay \$100 copay	\$45 copay \$112.50 copay
Tier 3 Non-preferred brand	\$81 copay \$202.50 copay	\$70 copay \$175 copay	\$80 copay \$200 copay	\$95 copay \$237.50 copay
Tier 4 Specialty (31-day supply only)	33% coinsurance 33% coinsurance	33% coinsurance 33% coinsurance	33% coinsurance 33% coinsurance	27% coinsurance 27% coinsurance

* All drugs listed on our formulary are available via mail order.

Drug Name	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	FF-Free First Fill
	T3-Non-preferred brand	HI-Home Infusion
	T4-Specialty	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy

Analgesics		
Analgesics		
GRALISE	3	ST QL (93 per 31 days)
GRALISE STARTER PACK	3	ST QL (93 per 31 days)
Nonsteroidal Anti-inflammatory Drugs		
CAMBIA	3	ST
<i>mefenamic acid</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>salsalate</i>	1	
SPRIX	3	QL (5 per 30 days)
TREXIMET	3	QL (18 per 31 days)
VOLTAREN GEL	3	ST
Opioid Analgesics		
ABSTRAL	3	PA
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>ascomp/codeine</i>	1	
AVINZA	3	ST
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hcl injection</i>	1	HI
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butorphanol tartrate nasal solution</i>	1	
<i>butorphanol tartrate injection</i>	1	B/D
BUTRANS	3	QL (4 per 28 days) ST
CAPITAL/CODEINE	2	
<i>co-gesic</i>	1	
EMBEDA	3	ST
<i>endocet</i>	1	
EXALGO	3	ST
<i>fentanyl</i>	1	QL (15 per 30 days)
<i>fentanyl citrate</i>	1	HI
<i>fentanyl citrate oral transmucosal</i>	1	QL (124 per 31 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>hydrocodone bitartrate/acetaminophen tablet 750mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl tablet</i>	1	
<i>hydromorphone hcl injection</i>	1	
INFUMORPH 500	2	
<i>levorphanol tartrate</i>	1	
<i>margesic-h</i>	1	
<i>methadone hcl concentrate, tablet</i>	1	
<i>methadose</i>	1	
<i>methyldopa</i>	1	
<i>methylphenidate hcl</i>	1	
<i>morphine sulfate er capsule 100mg; 20mg; 60mg; 80mg</i>	1	QL (62 per 31days)
<i>morphine sulfate er capsule 30mg; 50mg</i>	1	QL (31 per 31days)
<i>morphine sulfate er tablet</i>	1	
<i>morphine sulfate tablet</i>	1	
<i>morphine sulfate injection</i>	1	
<i>nalbuphine hcl</i>	1	HI
ONSOLIS	3	PA
<i>oxycodone hcl tablet</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin tablet 325mg; 4.5mg; 0.38mg</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 40MG	2	QL (124 per 31 days)
OXYCONTIN TABLET EXTENDED RELEASE 12 HOUR 60MG, 80MG	2	QL (62 per 31 days)
<i>oxymorphone hydrochloride</i>	1	
<i>reprexain tablet 10mg; 200mg</i>	1	
ROXICET SOLUTION	2	
ROXICET TABLET 500MG; 5MG	2	
<i>roxicet tablet 325mg; 5mg</i>	1	
RYBIX ODT	3	QL (186 per 31 days)
RYZOLT	3	
<i>stagesic</i>	1	

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
SUBOXONE	2		B/D-Part B vs. Part D
<i>tramadol hcl</i>	1		FF-Free First Fill
<i>tramadol hcl er</i>	1		HI-Home Infusion
<i>tramadol hydrochloride/acetaminophen</i>	1		LA-Limited Availability
<i>zerlor</i>	1		PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
Anesthetics			
Local Anesthetics			
<i>lidocaine hcl jelly</i>	1		B/D
<i>lidocaine hcl gel, external solution</i>	1		B/D
<i>lidocaine hcl injection 1%, 4%</i>	1		
<i>lidocaine/prilocaine</i>	1		B/D
LIDODERM	2		PA
SYNERA	3		B/D
Anti-inflammatory Agents			
Nonsteroidal Anti-inflammatory Drugs			
ARTHROTEC 50	3		
ARTHROTEC 75	3		
CELEBREX	3		PA
<i>diclofenac potassium</i>	1		
<i>diclofenac sodium</i>	1		
<i>diclofenac sodium dr</i>	1		
<i>diclofenac sodium ec</i>	1		
<i>diclofenac sodium xr</i>	1		
<i>diflunisal</i>	1		
<i>etodolac</i>	1		
<i>etodolac er</i>	1		
<i>fenoprofen calcium</i>	1		
FLECTOR	3		ST
<i>flurbiprofen</i>	1		
<i>ibuprofen</i>	1		
<i>indomethacin</i>	1		
<i>indomethacin er</i>	1		
<i>ketoprofen</i>	1		
<i>ketoprofen er</i>	1		
<i>meloxicam</i>	1		
<i>nabumetone</i>	1		
NALFON CAPSULE 200MG	2		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	FF-Free First Fill
	T3-Non-preferred brand	HI-Home Infusion
	T4-Specialty	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
ZIPSOR	3	ST
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	HI
CORTISPORIN	3	
<i>gentak</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	HI
<i>gentamicin sulfate 40mg/ml injection</i>	1	
<i>gentamicin sulfate cream, ointment</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI	4	B/D
<i>tobramycin sulfate add-vantage</i>	1	B/D HI
<i>tobramycin sulfate/sodium chloride</i>	1	HI
<i>tobramycin sulfate ophthalmic solution</i>	1	
<i>tobramycin sulfate injection</i>	1	HI
Antibacterials, Other		
<i>bacitracin/polymyxin b</i>	1	
BACTROBAN NASAL	2	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN SUPPOSITORY	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	B/D
<i>colistimethate sodium</i>	1	HI
CUBICIN	4	B/D HI
FLAGYL ER	2	
LINCOCIN	3	HI
<i>methenamine hippurate</i>	1	

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	HI
<i>metronidazole vaginal</i>	1	
MONUROL	2	
<i>mupirocin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
NEUTREXIN	4	B/D
NORITATE	2	
PHISOHEX	2	
PREVPAC	2	
PRIMSOL	2	
<i>silver sulfadiazine</i>	1	
SULFAMYLON	3	
<i>trimethoprim</i>	1	
TYGACIL	2	HI
VANCOCIN HCL	4	
<i>vancomycin hcl</i>	1	B/D HI
VIBATIV	2	B/D
XIFAXAN TABLET 200MG	3	QL (31 per 31 days)
XIFAXAN TABLET 550MG	3	QL (62 per 31 days)
ZYVOX	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection 1gm; 5%</i>	1	HI
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefepime</i>	1	HI
<i>cefotaxime sodium injection 10gm, 1gm, 2gm</i>	1	HI
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	HI
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	HI
CEFTIN SUSPENSION RECONSTITUTED 250MG/5ML	2	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	B/D HI

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>ceftriaxone sodium</i>	1		HI
<i>cefuroxime axetil</i>	1		
<i>cefuroxime sodium</i>	1		HI
<i>cefuroxime/dextrose</i>	1		B/D
<i>cephalexin</i>	1		
SUPRAX	2		
<i>tazicef injection</i>	1		HI
TEFLARO	3		B/D
Beta-lactam, Other			
AZACTAM IN ISO-OSMOTIC DEXTROSE	2		HI
CAYSTON	4		
<i>imipenem/cilastatin</i>	1		
MERREM	3		
PRIMAXIN I.M.	3		
PRIMAXIN IV	2		HI
PRIMAXIN IV ADD-VANTAGE	2		B/D HI
Beta-lactam, Penicillins			
<i>amoxicillin</i>	1		
<i>amoxicillin/clavulanate potassium</i>	1		
<i>amoxicillin/clavulanate potassium er</i>	1		
<i>amoxicillin/potassium clavulanate</i>	1		
<i>ampicillin</i>	1		
<i>ampicillin sodium injection 125mg, 250mg, 2gm, 500mg</i>	1		HI
<i>ampicillin-sulbactam</i>	1		HI
<i>bactocill in dextrose injection 0; 1gm/50ml</i>	1		HI
<i>dicloxacillin sodium</i>	1		
<i>nafcillin sodium</i>	1		
<i>oxacillin sodium</i>	1		HI
<i>penicillin g potassium</i>	1		HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	1		HI
<i>penicillin g procaine</i>	1		
<i>penicillin g sodium</i>	1		
<i>penicillin v potassium</i>	1		
<i>piperacillin sodium</i>	1		HI
ZOSYN	3		HI
Macrolides			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection</i>	1	B/D HI
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
DIFICIDTAB	4	QL (20 per 30 days) ST
E.E.S. 400	2	
E.E.S. GRANULES	2	
<i>ery</i>	1	
ERY-TAB	2	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
PCE	2	
<i>romycin</i>	1	
Quinolones		
AVELOX TABLET	3	
CIPRO SUSPENSION RECONSTITUTED	2	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN ORAL SOLUTION, TABLET	2	
LEVAQUIN INJECTION 25MG/ML	2	HI
<i>levofloxacin</i>	1	
<i>ofloxacin solution, tablet</i>	1	
ZYMAR	2	
ZYMAXID	3	ST
Sulfonamides		
<i>sodium sulfacetamide</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfamethoxazole/trimethoprim injection</i>	1	
Tetracyclines		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate capsule, tablet</i>	1	

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Drug Name	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	FF-Free First Fill
	T3-Non-preferred brand	HI-Home Infusion
	T4-Specialty	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>doxycycline hyclate injection</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
BANZEL	3	PA
KEPPRA XR	3	
<i>levetiracetam oral solution, tablet</i>	1	
<i>levetiracetam er tablet</i>	1	
<i>levetiracetam injection</i>	1	
VIMPAT ORAL SOLUTION, TABLET	3	
VIMPAT INJECTION	3	
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
HORIZANT	3	QL (31 per 31 days) ST
<i>primidone</i>	1	
SABRIL	4	
STAVZOR	3	ST
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
Glutamate Reducing Agents		
<i>felbamate</i>	1	
FELBATOL	3	
LAMICTAL ODT	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL XR	3	
<i>lamotrigine</i>	1	

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
Sodium Channel Inhibitors			
<i>carbamazepine</i>		1	
<i>carbamazepine er</i>		1	
CARBATROL		3	
DILANTIN INFATABS		2	
DILANTIN CAPSULE 30MG		2	
<i>epitol</i>		1	
EQUETRO		3	
<i>oxcarbazepine</i>		1	
PEGANONE		3	
<i>phenytoin</i>		1	
<i>phenytoin sodium</i>		1	
<i>phenytoin sodium extended</i>		1	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG		2	
Antidementia Agents			
Cholinesterase Inhibitors			
ARICEPT TABLET 23MG		2	
<i>donepezil hcl</i>		1	
EXELON PATCH 24 HOUR, SOLUTION		2	
<i>galantamine hydrobromide</i>		1	
<i>rivastigmine tartrate</i>		1	
Glutamate Pathway Modifiers			
NAMENDA TITRATION PAK		2	
NAMENDA TABLET		2	
Antidepressants			
Antidepressants, Other			
APLENZIN		3	
<i>budeprion sr</i>		1	
<i>budeprion xl</i>		1	
<i>bupropion hcl</i>		1	
<i>bupropion hcl sr</i>		1	
<i>mirtazapine</i>		1	
<i>mirtazapine odt</i>		1	
<i>nefazodone hcl</i>		1	
OLEPTRO		3	ST
<i>trazodone hcl</i>		1	

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>venlafaxine hcl</i>	1	
Monoamine Oxidase Inhibitors		
EMSAM	2	ST
MARPLAN	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide</i>	1	
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	2	QL (124 per 31 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG	2	QL (186 per 31 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60MG	2	QL (62 per 31 days)
<i>escitalopram oxalate</i>	1	
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO	2	ST
LUVOX CR	3	ST
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (15 per 30 days) ST
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	ST
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<i>selfemra</i>	1	
<i>sertraline hcl</i>	1	
SYMBYAX	2	
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG	2	
<i>venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	
VIIBRYD	3	QL (31 per 31 days) ST

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
Tricyclics			
<i>amitriptyline hcl</i>	1		
<i>amoxapine</i>	1		
<i>chlordiazepoxide/amitriptyline</i>	1		
<i>clomipramine hcl</i>	1		
<i>desipramine hcl</i>	1		
<i>doxepin hcl</i>	1		
<i>imipramine hcl</i>	1		
<i>imipramine pamoate</i>	1		
<i>maprotiline hcl</i>	1		
<i>nortriptyline hcl</i>	1		
<i>perphenazine/amitriptyline</i>	1		
<i>protriptyline hcl</i>	1		
SILENOR	3		ST
SURMONTIL	2		
<i>trimipramine maleate</i>	1		
Antidotes, Deterrents, and Toxicologic Agents			
Antidotes			
CUPRIMINE	3		
EXJADE TABLET SOLUBLE 125MG	3		
EXJADE TABLET SOLUBLE 250MG, 500MG	4		
<i>kionex</i>	1		
RELISTOR	3		PA
<i>sodium polystyrene sulfonate</i>	1		
SYPRINE	2		
Deterrents			
ANTABUSE	2		
<i>buproban</i>	1		
CAMPRAL	3		
CHANTIX	3		
<i>disulfiram</i>	1		
NICOTROL INHALER	2		
NICOTROL NS	2		
Toxicologic Agents			
<i>depade</i>	1		
FERRIPROX	4		
<i>naloxone hcl</i>	1		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
<i>naltrexone hcl</i>	1		B/D-Part B vs. Part D
SUBOXONE	2		FF-Free First Fill
			HI-Home Infusion
			LA-Limited Availability
			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
Antiemetics			
Antiemetics			
ANZEMET TABLET	2		QL (20 per 31 days) B/D
<i>compro</i>	1		
<i>dronabinol</i>	1		B/D
EMEND	3		QL (6 per 31 days) B/D
<i>granisetron hcl tablet</i>	1		B/D
<i>granisetron hcl injection</i>	1		HI
<i>granisol</i>	1		B/D
<i>meclizine hcl</i>	1		
<i>meloxicam</i>	1		
<i>metoclopramide hcl tablet</i>	1		
<i>metoclopramide hcl injection</i>	1		B/D
METOZOLV ODT	3		ST
<i>ondansetron hcl oral solution, tablet</i>	1		B/D
<i>ondansetron hcl injection</i>	1		HI
<i>ondansetron odt</i>	1		B/D
<i>phenadoz</i>	1		
<i>prochlorperazine</i>	1		
<i>prochlorperazine edisylate</i>	1		
<i>prochlorperazine maleate</i>	1		
<i>promethazine hcl suppository</i>	1		
<i>promethazine hcl injection 25mg/ml</i>	1		
<i>promethegan</i>	1		
SANCUSO	3		QL (4 per 28 days) PA
ZUPLENZ	3		QL (93 per 31 days) B/D
Antifungals			
Antifungals			
<i>amphotericin b</i>	1		
ANCOBON	2		
CANCIDAS	4		
<i>ciclopirox</i>	1		
<i>ciclopirox nail lacquer</i>	1		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>ciclopirox olamine</i>	1		
<i>clotrimazole</i>	1		
<i>clotrimazole/betamethasone dipropionate</i>	1		
<i>econazole nitrate</i>	1		
ERAXIS	3		
EXELDERM CREAM	2		
<i>fluconazole</i>	1		
GRIFULVIN V	2		
GYNAZOLE-1	3		
<i>itraconazole</i>	1		
<i>ketoconazole</i>	1		
<i>miconazole 3</i>	1		
MYCAMINE	4		
NAFTIN	2		
<i>nyamyc</i>	1		
<i>nystatin</i>	1		
<i>nystatin/triamcinolone</i>	1		
<i>nystop</i>	1		
ORAVIG	3		ST
OXISTAT	2		
<i>pedi-dri</i>	1		
<i>terbinafine hcl</i>	1		
<i>terconazole</i>	1		
VFEND	4		
VFEND IV	3		
ZAZOLE CREAM 0.8%	3		
<i>zazole cream 0.4%</i>	1		
Antigout Agents			
Antigout Agents			
<i>allopurinol</i>	1		
<i>allopurinol sodium</i>	1		
COLCRYS	2		
KRYSTEXXA	4		B/D
<i>probenecid</i>	1		
<i>probenecid/colchicine</i>	1		
ULORIC	3		ST
Antimigraine Agents			

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
Abortive			
AXERT	3		QL (12 per 31 days)
ERGOMAR	2		
<i>ergotamine tartrate/caffeine</i>	1		
FROVA	3		QL (18 per 31 days)
MAXALT	2		QL (18 per 31 days)
MAXALT-MLT	2		QL (18 per 31 days)
<i>migergot</i>	1		
MIGRANAL	3		QL (12 per 31 days)
<i>naratriptan hcl</i>	1		
RELPAX	3		QL (12 per 31 days)
<i>sumatriptan</i>	1		
<i>sumatriptan succinate</i>	1		
<i>sumatriptan succinate refill</i>	1		
ZOMIG	3		QL (12 per 31 days)
ZOMIG ZMT	3		QL (12 per 31 days)
Prophylactic			
INNOPRAN XL	3		
<i>topiramate</i>	1		
Antimyasthenic Agents			
Parasympathomimetics			
<i>bethanechol chloride</i>	1		
<i>guanidine hcl</i>	1		
MESTINON TIMESPAN	2		
<i>pyridostigmine bromide</i>	1		
Antimycobacterials			
Antimycobacterials, Other			
<i>dapsone</i>	1		
MYCOBUTIN	3		
Antituberculars			
CAPASTAT SULFATE	2		
<i>ethambutol hcl</i>	1		
<i>isonarif</i>	1		
<i>isoniazid syrup, tablet</i>	1		
PASER	2		
PRIFTIN	3		
<i>pyrazinamide</i>	1		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
<i>rifampin capsule</i>	1		B/D-Part B vs. Part D
<i>rifampin injection</i>	1		FF-Free First Fill
RIFATER	3		HI-Home Infusion
SEROMYCIN	3		LA-Limited Availability
TRECTOR	3		PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
Antineoplastics			
<i>Alkylating Agents</i>			
BICNU	3		
BUSULFEX	3		
CEENU	3		
<i>cyclophosphamide</i>	1		B/D
<i>cytarabine aqueous</i>	1		
<i>dacarbazine</i>	1		
HEXALEN	4		
<i>ifosfamide</i>	1		
<i>ifosfamide/mesna</i>	1		
LEUKERAN	2		
MATULANE	4		
MUSTARGEN	3		
<i>thiotepa</i>	1		
TREANDA	4		
ZANOSAR	3		
<i>Antiangiogenic Agents</i>			
CAPRELSA	4		PA
REVLIMID	4		QL (31 per 31 days) LA
THALOMID	4		
VANDETANIB	4		PA
VOTRIENT	4		
<i>Antiestrogens/Modifiers</i>			
EMCYT	3		
FARESTON	3		
FASLODEX	4		
<i>tamoxifen citrate</i>	1		
<i>Antimetabolites</i>			
<i>cladribine</i>	1		
CLOLAR	3		
<i>cytarabine</i>	1		

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
DROXIA	3	
ELITEK	3	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
FOLOTYN	4	
<i>fosphenytoin sodium</i>	1	
<i>gemcitabine hcl</i>	4	
<i>hydroxyurea</i>	1	
<i>melphalan hydrochloride</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
ORTHOCLONE OKT3	3	
<i>pentostatin</i>	1	
SIMULECT	3	
<i>tabloid</i>	1	
Antineoplastics, Other		
<i>adriamycin</i>	1	
AFINITOR	4	
ALIMTA	4	
<i>amifostine</i>	4	
AVASTIN	4	
<i>bleomycin sulfate</i>	1	
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cyclophosphamide</i>	1	B/D
DACOGEN	4	
<i>daunorubicin hcl</i>	1	
DAUNOXOME	3	
<i>dexrazoxane</i>	1	
<i>docetaxel</i>	4	
DOXIL	4	
<i>doxorubicin hcl</i>	1	
<i>epirubicin</i>	1	
<i>etoposide</i>	1	
FIRMAGON INJECTION 80MG	3	PA
FIRMAGON INJECTION 120MG	4	PA
HALAVEN	4	

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>idarubicin hcl</i>	1	
<i>irinotecan</i>	1	
ISTODAX	4	
JAKAFI	4	PA LA
JEVTANA	4	PA
LIPODOX	4	
<i>mesna</i>	1	
MESNEX TABLET	3	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
ONTAK	2	
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
PHOTOFRIN	4	B/D
PICATO GEL	3	ST
PROLEUKIN	4	
SYLATRON	4	PA
TAXOTERE	4	
<i>toposar</i>	1	
<i>topotecan hcl</i>	4	
TORISEL	4	PA
TRISENOX	3	
TYKERB	4	PA
VELCADE	2	
VIDAZA	4	
<i>vinblastine sulfate</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
ZOLINZA	4	
ZYTIGA	4	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Molecular Target Inhibitors		
AFINITOR	4	

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
		T3-Non-preferred brand	B/D-Part B vs. Part D
		T4-Specialty	FF-Free First Fill
			HI-Home Infusion
			LA-Limited Availability
			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
GLEEVEC	4		
INLYTA	4		ST
IRESSA	4		
NEXAVAR	4		
SPRYCEL	4		
SUTENT	4		
TARCEVA	4		
TASIGNA	4		
XALKORI	4		PA QL (62 per 31 days)
ZELBORAF	4		PA QL (248 per 31 days)
Monoclonal Antibodies			
ARZERRA	4		PA
CAMPATH	4		
ERBITUX	4		PA
HERCEPTIN	4		
RITUXAN	4		PA
VECTIBIX	4		PA
YERVOY	4		PA
Retinoids			
PANRETIN	4		
TARGRETIN	4		
<i>tretinoin</i>	4		
Antiparasitics			
Anthelmintics			
ALBENZA	2		
BILTRICIDE	2		
<i>mebendazole</i>	1		
STROMECTOL	2		
Antiprotozoals			
ALINIA	2		
<i>atovaquone/proguanil hcl</i>	1		
<i>chloroquine phosphate</i>	1		
DARAPRIM	2		
<i>hydroxychloroquine sulfate</i>	1		
MALARONE	2		
<i>mefloquine hcl</i>	1		

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
MEPRON	4	
NEBUPENT	2	PA
<i>primaquine phosphate</i>	1	
QUALAQUIN	3	
<i>Pediculicides/ Scabicides</i>		
<i>acticin</i>	1	
EURAX	2	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
ULESFIA	2	
Antiparkinson Agents		
<i>Antiparkinson Agents</i>		
<i>amantadine hcl</i>	1	
APOKYN	2	
AZILECT	2	
<i>benztropine mesylate tablet</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	2	
MIRAPEX ER	3	ST
<i>pramipexole dihydrochloride</i>	1	
REQUIP XL	3	ST
<i>ropinirole hcl</i>	1	
<i>selegiline hcl</i>	1	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	

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Drug Name	Drug Tiers:	Notes:
<i>trihexyphenidyl hcl</i>	1	
Antipsychotics		
Atypicals		
ABILIFY DISCMELT	2	
ABILIFY ORAL SOLUTION, TABLET	2	
ABILIFY INJECTION	2	
<i>clozapine</i>	1	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FAZACLO	2	
GEODON CAPSULE	2	
GEODON INJECTION	2	
INVEGA	3	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML, 78MG/0.5ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	
LATUDA	3	QL (31 per 31 days)
<i>olanzapine</i>	1	QL (31 per 31 days)
<i>olanzapine odt</i>	1	QL (31 per 31 days)
<i>olanzapine solr</i>	1	
RISPERDAL CONSTA	3	
<i>risperidone</i>	1	
<i>risperidone odt</i>	1	
SAPHRIS	3	ST
SEROQUEL	2	
SEROQUEL XR	2	
SYMBYAX	2	
<i>ziprasidone hcl</i>	1	
ZYPREXA RELPREVV	4	B/D
ZYPREXA ZYDIS	2	QL (31 per 31 days)
ZYPREXA TABLET	2	QL (31 per 31 days)
ZYPREXA INJECTION	2	QL (31 per 31 days)
Conventional		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hcl injection</i>	1	
<i>fluphenazine decanoate</i>	1	

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>fluphenazine hcl concentrate, elixir, tablet</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
ORAP	2	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet sodium</i>	1	
GANCICLOVIR CAPSULE 500MG	4	
<i>ganciclovir capsule 250mg</i>	1	
VALCYTE TABLET	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
COMPLERA	4	QL (31 per 31 days)
EDURANT	2	QL (31 per 31 days)
INTELENCE	4	
RESCRIPTOR	2	
SUSTIVA	2	
VIRAMUNE	2	
VIRAMUNE XR	2	QL (31 per 31 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	4	
COMBIVIR	4	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
EPZICOM	3		
<i>lamivudine</i>	1		
<i>lamivudine/zidovudine</i>	1		
RETROVIR IV INFUSION	2		
<i>stavudine</i>	1		
TRIZIVIR	4		
TRUVADA	4		
VIDEX PEDIATRIC	2		
VIREAD	4		
ZERIT SOLUTION RECONSTITUTED	2		
ZIAGEN	2		
<i>zidovudine</i>	1		
Anti-HIV Agents, Other			
FUZEON	4		
ISENTRESS	4		
SELZENTRY	4		
Anti-HIV Agents, Protease Inhibitors			
APTIVUS SOLUTION	3		
APTIVUS CAPSULE	4		
CRIXIVAN	2		
INVIRASE CAPSULE	3		
INVIRASE TABLET	4		
KALETRA	3		
LEXIVA SUSPENSION	3		
LEXIVA TABLET	4		
NORVIR	3		
PREZISTA TABLET 150MG, 75MG	2		
PREZISTA TABLET 400MG, 600MG	4		
REYATAZ CAPSULE 100MG	3		
REYATAZ CAPSULE 150MG, 200MG, 300MG	4		
VICTRELIS	4		PA
VIRACEPT	2		
Anti-influenza Agents			
<i>amantadine hcl</i>	1		
RELENZA DISKHALER	2		
<i>rimantadine hcl</i>	1		
TAMIFLU SUSPENSION RECONSTITUTED	3		QL (350 per 365 days)

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
TAMIFLU CAPSULE 30MG	3	QL (112 per 365 days)
TAMIFLU CAPSULE 45MG, 75MG	3	QL (56 per 365 days)
Antih hepatitis Agents		
BARACLUDE SOLUTION	3	
BARACLUDE TABLET 1MG	3	
BARACLUDE TABLET 0.5MG	4	
HEPSERA	4	
INCIVEK	4	PA QL (186 per 31 days)
<i>ribapak tablet 400mg, 600mg</i>	1	
<i>ribasphere</i>	1	
<i>ribavirin</i>	1	
TYZEKA	4	
VIRAZOLE	4	B/D
Antiherpetic Agents		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	B/D
DENAVIR	2	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
XERESE	3	
ZIRGAN GEL	3	
ZOVIRAX CREAM, OINTMENT	2	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl</i>	1	
Bipolar Agents		
Bipolar Agents		
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule</i>	1	
<i>lithium citrate</i>	1	
<i>risperidone odt</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	2	

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
ACTOS	2		
AVANDAMET	2		
AVANDARYL	2		
AVANDIA	2		
BYDUREON	2		ST QL (4 per 28 days)
BYETTA	2		ST
CYCLOSET	3		ST
DUETACT	2		
FORTAMET	2		
<i>glimepiride</i>	1		
<i>glipizide</i>	1		
<i>glipizide er</i>	1		
<i>glipizide xl</i>	1		
<i>glipizide/metformin hcl</i>	1		
GLUMETZA	3		ST
<i>glyburide</i>	1		
<i>glyburide micronized</i>	1		
<i>glyburide/metformin hcl</i>	1		
<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1		
GLYSET	2		
JANUMET	2		
JANUMET XR 1000MG/100MG, 500MG/50MG	2		QL (31 per 31 days)
JANUMET XR 1000MG/50MG	2		QL (62 per 31 days)
JANUVIA	2		ST
JENTADUETO	3		QL (62 per 31 days)
JUVISYNC	2		QL (31 per 31 days) ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	2		QL (31 per 31 days)
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	2		QL (62 per 31 days)
<i>metformin hcl</i>	1		
<i>metformin hcl er</i>	1		
<i>nateglinide</i>	1		
ONGLYZA	2		ST
PRANDIMET	3		
PRANDIN	3		
SYMLIN	2		ST

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Drug Name	Drug Tiers:		Notes:	
	T1-Generic	T2-Preferred brand	T3-Non-preferred brand	T4-Specialty
SYMLINPEN 120	2		ST	
SYMLINPEN 60	2		ST	
<i>tolazamide</i>	1			
<i>tolbutamide</i>	1			
TRADJENTA	3		QL (31 per 31 days) ST	
VICTOZA	2		ST	
Glycemic Agents				
GLUCAGEN HYPOKIT	2			
GLUCAGON EMERGENCY KIT	2			
PROGLYCEM	2			
Insulins				
APIDRA	2			
APIDRA SOLOSTAR	2			
HUMALOG	2			
HUMALOG KWIKPEN	2			
HUMALOG MIX 50/50	2			
HUMALOG MIX 50/50 KWIKPEN	2			
HUMALOG MIX 75/25	2			
HUMALOG MIX 75/25 KWIKPEN	2			
HUMULIN 70/30	2			
HUMULIN 70/30 PEN	2			
HUMULIN N	2			
HUMULIN N U-100 PEN	2			
HUMULIN R	2			
HUMULIN R U-500 (CONCENTRATED)	2			
LANTUS	2			
LANTUS SOLOSTAR	2			
LEVEMIR	2			
LEVEMIR FLEXPEN	2			
NOVOLIN 70/30	2			
NOVOLIN N	2			
NOVOLIN R	2			
NOVOLOG	2			
NOVOLOG FLEXPEN	2			
NOVOLOG MIX 70/30	2			
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2			
NOVOLOG PENFILL	2			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	
COUMADIN TABLET	2	
COUMADIN INJECTION	2	
ENOXAPARIN SODIUM INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML	4	
<i>enoxaparin sodium injection 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	QL (21 per 31 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	1	QL (28 per 31 days)
<i>fondaparinux sodium injection 10mg/0.8ml; 5mg/0.4ml; 7.5mg/0.6ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	QL (31 per 31 days)
FRAGMIN INJECTION 25000UNIT/ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 7500UNIT/0.3ML	4	
<i>heparin sodium</i>	1	B/D HI
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	B/D
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
INNOHEP	3	
<i>jantoven</i>	1	
LOVENOX INJECTION 300MG/3ML	3	
PRADAXA	2	QL (62 per 31 days)
<i>warfarin sodium</i>	1	
XARELTO	2	QL (31 per 31 days)
Blood Formation Products		
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	3	B/D
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML,	4	B/D

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	FF-Free First Fill
	T3-Non-preferred brand	HI-Home Infusion
	T4-Specialty	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
300MCG/0.6ML, 300MCG/ML, 500MCG/ML		
EPOGEN	3	B/D
LEUKINE	4	
NEULASTA	4	
NEUMEGA	4	
NEUPOGEN	4	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	B/D
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	B/D
Blood Products/Modifiers/ Volume Expanders		
PROMACTA	4	PA
SOLIRIS	4	PA
Coagulants		
BRILINTA	2	QL (62 per 31 days)
CYKLOKAPRON	2	
LYSTEDA	3	ST
Platelet Aggregation Inhibitors		
AGGRENOX	2	
<i>cilostazol</i>	1	
EFFIENT	2	
PLAVIX	2	
<i>ticlopidine hcl</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl</i>	1	
<i>clorpres</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
INTUNIV	3	ST
KAPVAY	3	QL (62 per 31 days)
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	1	
<i>reserpine tablet 0.25mg</i>	1	

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
Antiarrhythmics			
<i>amiodarone hcl tablet</i>	1		
<i>amiodarone hcl injection</i>	1		
<i>disopyramide phosphate</i>	1		
<i>flecainide acetate</i>	1		
<i>mexiletine hcl</i>	1		
MULTAQ	2		
PACERONE TABLET 100MG	2		
<i>pacerone tablet 200mg</i>	1		
<i>propafenone hcl</i>	1		
<i>quinidine gluconate er</i>	1		
<i>quinidine sulfate</i>	1		
RYTHMOL SR	3		
<i>sorine</i>	1		
<i>sotalol hcl</i>	1		
<i>sotalol hcl (af)</i>	1		
TIKOSYN	2		
Beta-adrenergic Blocking Agents			
<i>acebutolol hcl</i>	1		
<i>atenolol</i>	1		
<i>atenolol/chlorthalidone</i>	1		
<i>betaxolol hcl</i>	1		
<i>bisoprolol fumarate</i>	1		
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1		
BYSTOLIC	3		
<i>carvedilol</i>	1		
COREG CR	3		ST
<i>labetalol hcl tablet</i>	1		
<i>labetalol hcl injection</i>	1		
LEVATOL	2		
<i>metoprolol succinate er</i>	1		
<i>metoprolol tartrate tablet</i>	1		
<i>metoprolol tartrate injection</i>	1		
<i>metoprolol/hydrochlorothiazide</i>	1		
<i>nadolol</i>	1		
<i>nadolol/bendroflumethiazide</i>	1		
<i>pindolol</i>	1		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
<i>propranolol hcl er</i>	1		B/D-Part B vs. Part D
<i>propranolol hcl oral solution, tablet</i>	1		FF-Free First Fill
<i>propranolol hcl injection</i>	1		HI-Home Infusion
<i>propranolol/hydrochlorothiazide</i>	1		LA-Limited Availability
<i>timolol maleate</i>	1		PA-Prior Authorization
Calcium Channel Blocking Agents			
<i>afeditab cr</i>	1		
<i>amlodipine besylate</i>	1		
<i>amlodipine besylate/benazepril hcl</i>	1		FF
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG	2		
<i>cartia xt</i>	1		
<i>dilt-cd</i>	1		
<i>dilt-xr</i>	1		
<i>diltiazem cd</i>	1		
<i>diltiazem hcl er</i>	1		
<i>diltiazem hcl capsule extended release 24 hour, tablet</i>	1		
<i>diltiazem hcl injection 25mg/5ml</i>	1		
<i>diltzac</i>	1		
DYNACIRC CR	2		
<i>felodipine er</i>	1		
<i>isradipine</i>	1		
<i>matzim la</i>	1		
<i>nicardipine hcl capsule</i>	1		
<i>nifediac cc</i>	1		
<i>nifedical xl</i>	1		
<i>nifedipine er</i>	1		
<i>nimodipine</i>	1		
<i>nisoldipine tablet extended release 24 hour 20mg, 30mg, 40mg</i>	1		
<i>taztia xt</i>	1		
TRIBENZOR	3		ST
TWYNSTA	3		ST
<i>verapamil hcl er</i>	1		
<i>verapamil hcl tablet</i>	1		
Cardiovascular Agents, Other			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
DEMSEER	3		
<i>digoxin oral solution, tablet</i>	1		
<i>digoxin injection</i>	1		
RANEXA	2		
Diuretics			
<i>acetazolamide</i>	1		
<i>amiloride hcl</i>	1		
<i>amiloride/hydrochlorothiazide</i>	1		
<i>bumetanide tablet</i>	1		
<i>chlorothiazide</i>	1		
<i>chlorthalidone</i>	1		
DYRENIUM	2		
EDECIN	2		
<i>furosemide tablet</i>	1		
<i>furosemide injection</i>	1		HI
<i>furosemide oral solution 10mg/ml</i>	1		
<i>hydrochlorothiazide capsule</i>	1		
<i>hydrochlorothiazide tablet 25mg, 50mg</i>	1		
<i>indapamide</i>	1		
<i>methyclothiazide</i>	1		
<i>metolazone</i>	1		
SAMSCA	4		PA
THALITONE	2		
<i>toremide tablet</i>	1		
<i>triamterene/hydrochlorothiazide</i>	1		
Dyslipidemics			
ADVICOR	2		
ALTOPREV	3		ST
<i>atorvastatin calcium</i>	1		
CADUET	3		ST
<i>cholestyramine</i>	1		
<i>cholestyramine light</i>	1		
COLESTID FLAVORED	2		
<i>colestipol hcl</i>	1		
CRESTOR	2		
<i>fenofibrate</i>	1		
<i>fenofibrate micronized</i>	1		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:	
	T1-Generic	T2-Preferred brand	T3-Non-preferred brand	T4-Specialty
<i>fenofibric acid</i>	1			
<i>gemfibrozil</i>	1			
LESCOL	3			
LESCOL XL	3		ST	
LIPITOR	3		ST	
LIVALO	3		ST	
<i>lovastatin</i>	1			
LOVAZA	2		PA	
<i>niacor</i>	1			
NIASPAN	2			
<i>pravastatin sodium</i>	1			
<i>prevalite</i>	1			
<i>propranolol hcl er</i>	1			
SIMCOR	2			
<i>simvastatin</i>	1			
TRICOR	2			
TRIGLIDE TABLET	3			
TRILIPIX	2			
VYTORIN	3		ST	
WELCHOL	2			
ZETIA	2			
Renin-angiotensin-aldosterone System Inhibitors				
<i>amlodipine besylate/benazepril hydrochloride</i>	1		FF	
AMTURNIDE	2		QL (31 per 31 days) ST	
ATACAND	3		ST	
ATACAND HCT	3		ST	
AVALIDE	3		ST	
AVAPRO	3		ST	
AZOR	3		ST	
<i>benazepril hcl</i>	1		FF	
<i>benazepril hcl/hydrochlorothiazide</i>	1		FF	
BENICAR	3		ST	
BENICAR HCT	3		ST	
<i>captopril</i>	1		FF	
<i>captopril/hydrochlorothiazide</i>	1		FF	
DIOVAN	2		ST	
DIOVAN HCT	2		ST	

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:	
	T1-Generic	T2-Preferred brand	T3-Non-preferred brand	T4-Specialty
EDARBYCLOR		3		ST QL (31 per 31 days)
<i>enalapril maleate</i>		1		FF
<i>enalapril maleate/hydrochlorothiazide</i>		1		FF
<i>eplerenone</i>		1		
<i>eprosartan mesylate</i>		1		
EXFORGE		2		ST
EXFORGE HCT		2		ST
<i>fosinopril sodium</i>		1		FF
<i>fosinopril sodium/hydrochlorothiazide</i>		1		FF
<i>lisinopril</i>		1		FF
<i>lisinopril/hydrochlorothiazide</i>		1		FF
<i>losartan potassium</i>		1		FF
<i>losartan potassium/hydrochlorothiazide</i>		1		FF
MICARDIS		2		ST
MICARDIS HCT		2		ST
<i>moexipril hcl</i>		1		FF
<i>moexipril/hydrochlorothiazide</i>		1		FF
<i>perindopril erbumine</i>		1		FF
<i>quinapril hcl</i>		1		FF
<i>quinapril/hydrochlorothiazide</i>		1		FF
<i>ramipril</i>		1		FF
<i>spironolactone</i>		1		
<i>spironolactone/hydrochlorothiazide</i>		1		
TEKAMLO		2		ST
TEKTURNA		2		ST
TEKTURNA HCT		2		ST
TEVETEN		3		ST
TEVETEN HCT		3		ST
<i>trandolapril</i>		1		FF
VALTURNA		2		ST
Vasodilators				
BIDIL		2		
<i>hydralazine hcl tablet</i>		1		
<i>hydralazine hcl injection</i>		1		
<i>isochron</i>		1		
<i>isosorbide dinitrate</i>		1		
<i>isosorbide dinitrate er</i>		1		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>isosorbide mononitrate</i>	1		
<i>isosorbide mononitrate er</i>	1		
<i>minoxidil</i>	1		
NITRO-BID	2		
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	2		
<i>nitroglycerin transdermal</i>	1		
<i>nitroglycerin patch 24 hour</i>	1		
NITROLINGUAL PUMPSPRAY	2		
NITROSTAT	2		
RECTIV OINT	3		QL (30 per 30 days)
Central Nervous System Agents			
Amphetamines, ADHD			
<i>amphetamine/dextroamphetamine tablet</i>	1		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1		QL (31 per 31 days)
<i>dextroamphetamine sulfate</i>	1		
<i>dextroamphetamine sulfate er</i>	1		
VYVANSE	3		
Non-amphetamines, ADHD			
CONCERTA	3		
DAYTRANA	3		
<i>dexmethylphenidate hcl</i>	1		
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 5MG	3		
METADATE CD	3		
<i>metadate er</i>	1		
<i>methylin er</i>	1		
METHYLIN TABLET CHEWABLE	2		
<i>methylin tablet</i>	1		
<i>methylphenidate hcl</i>	1		
<i>methylphenidate hcl er</i>	1		
<i>methylphenidate hcl sr</i>	1		
<i>methylphenidate hydrochloride</i>	1		
RITALIN LA	3		
STRATTERA	2		
Non-amphetamines, Other			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
		T3-Non-preferred brand	B/D-Part B vs. Part D
		T4-Specialty	FF-Free First Fill
			HI-Home Infusion
			LA-Limited Availability
			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
AMPYRA	4		PA
NUDEXTA	3		QL (62 per 31 days)
NUVIGIL	3		PA
PROVIGIL	2		PA
RILUTEK	3		
XYREM	4		QL (540 per 30 days) PA LA
Dental and Oral Agents			
<i>Dental and Oral Agents</i>			
APHTHASOL	2		
<i>chlorhexidine gluconate</i>	1		
<i>chlorhexidine gluconate oral rinse</i>	1		
EVOXAC	2		
<i>pilocarpine hcl</i>	1		
<i>pilocarpine hydrochloride</i>	1		
<i>triamcinolone in orabase</i>	1		
Dermatological Agents			
<i>Dermatological Agents</i>			
<i>adapalene</i>	1		
<i>ammonium lactate</i>	1		
<i>amnesteam</i>	1		
ATRALIN	3		
AZELEX	2		
<i>calcipotriene solution</i>	1		
<i>calcitriol ointment</i>	1		
CARAC	3		
<i>claravis</i>	1		
<i>clindamycin phosphate</i>	1		
<i>clindamycin/benzoyl peroxide</i>	1		
CONDYLOX	3		
DIFFERIN GEL 0.3%	3		
DOVONEX	2		
ELIDEL	2		
<i>erythromycin/benzoyl peroxide</i>	1		
FINACEA	2		
FLUOROPLEX	3		
<i>fluorouracil</i>	1		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>imiquimod</i>	1		
<i>laclotion</i>	1		
OXSORALEN	2		
OXSORALEN ULTRA	4		
<i>podofilox</i>	1		
PROTOPIC	2		
REGRANEX	3		ST
RETIN-A MICRO GEL 0.04%	3		
SANTYL	2		
<i>selenium sulfide</i>	1		
SOLARAZE	2		
<i>sotret</i>	1		
TAZORAC	3		
<i>tretinoin</i>	1		
VECTICAL	3		ST
VEREGEN	3		
ZONALON	3		ST
ZYCLARA	3		ST
ZYCLARA PUMP	3		ST
Enzyme Replacements/ Modifiers			
<i>Enzyme Replacements/ Modifiers</i>			
ADAGEN	4		
ALDURAZYME	4		
BUPHENYL	4		
CARBAGLU	4		PA
CEREDASE	4		
CEREZYME	2		
CREON	2		
CYSTADANE	2		
CYSTAGON	2		
ELAPRASE	4		B/D
FABRAZYME	4		
KUVAN	4		
LUMIZYME	4		B/D
NAGLAZYME	4		
ORFADIN	4		
PANCREAZE	2		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
PULMOZYME	4		B/D
ZAVESCA	4		
ZENPEP	2		
Gastrointestinal Agents			
<i>Antispasmodics, Gastrointestinal</i>			
CANTIL	2		
CUVPOSA	3		
<i>glycopyrrolate tablet</i>	1		
<i>methscopolamine bromide</i>	1		
<i>propantheline bromide</i>	1		
<i>Gastrointestinal Agents, Other</i>			
AMITIZA	2		ST
GASTROCROM	2		
<i>gavilyte-g</i>	1		
KRISTALOSE	2		
<i>lactulose</i>	1		
<i>loperamide hcl</i>	1		
<i>metoclopramide hcl</i>	1		
<i>peg 3350/electrolytes</i>	1		
<i>polyethylene glycol 3350</i>	1		
SUPREP BOWEL PREP	3		
<i>trilyte</i>	1		
<i>ursodiol</i>	1		
VISICOL	2		
<i>Histamine2 (H2) Blocking Agents</i>			
<i>cimetidine</i>	1		
<i>cimetidine hcl oral solution</i>	1		
<i>cimetidine hcl injection</i>	1		
<i>famotidine tablet</i>	1		
<i>famotidine injection</i>	1		
<i>nizatidine capsule</i>	1		
<i>ranitidine hcl capsule, syrup, tablet</i>	1		
<i>Irritable Bowel Syndrome Agents</i>			
LOTRONEX	2		
<i>Protectants</i>			
CARAFATE ORAL SUSPENSION	2		
<i>misoprostol</i>	1		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
			B/D-Part B vs. Part D
			FF-Free First Fill
			HI-Home Infusion
			LA-Limited Availability
			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
<i>sucralfate</i>	1		
Proton Pump Inhibitors			
ACIPHEX	3		ST
DEXILANT	3		ST
<i>lansoprazole</i>	1		
<i>lansoprazole odt</i>	1		
NEXIUM	2		ST
NEXIUM I.V.	3		
<i>omeprazole</i>	1		
<i>omeprazole/sodium bicarbonate</i>	1		
<i>pantoprazole sodium</i>	1		
VIMOVO	3		ST
Genitourinary Agents			
Antispasmodics, Urinary			
DETROL	2		ST
DETROL LA	2		ST
ENABLEX	2		
<i>flavoxate hcl</i>	1		
GELNIQUE	3		
<i>oxybutynin chloride</i>	1		
<i>oxybutynin chloride er</i>	1		
OXYTROL	3		ST
SANCTURA XR	3		ST
TOVIAZ	2		ST
<i>tropium chloride</i>	1		
VESICARE	3		ST
Benign Prostatic Hypertrophy Agents			
<i>alfuzosin hcl er tablet</i>	1		
AVODART	2		
<i>doxazosin mesylate</i>	1		
<i>finasteride</i>	1		
JALYN	3		ST
RAPAFLO	2		ST
<i>tamsulosin hcl</i>	1		
<i>terazosin hcl</i>	1		
UROXATRAL	3		ST
Genitourinary Agents, Other			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>bethanechol chloride</i>	1		
CIALIS TABLET 2.5MG; 5MG	2		ST QL(31 per 31 days)
ELMIRON	3		
Phosphate Binders			
<i>calcium acetate</i>	1		
FOSRENOL	3		
PHOSLYRA	3		ST
RENVELA	2		ST
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			
Glucocorticoids/ Mineralocorticoids			
<i>ala cort</i>	1		
ALA SCALP	2		
<i>ala-cort</i>	1		
<i>alclometasone dipropionate</i>	1		
<i>amcinonide</i>	1		
<i>augmented betamethasone dipropionate cream, gel, ointment</i>	1		
<i>betamethasone dipropionate</i>	1		
<i>betamethasone valerate</i>	1		
CAPEX	3		
CELESTONE	2		
<i>clobetasol propionate</i>	1		
<i>clobetasol propionate e</i>	1		
<i>clobetasol propionate emollient</i>	1		
CLODERM	2		
CORDRAN TAPE	2		
CORTIFOAM	2		
<i>cortisone acetate</i>	1		
DERMA-SMOOTH/FS BODY OIL	2		
DERMA-SMOOTH/FS SCALP OIL	2		
<i>desonide</i>	1		
<i>desoximetasone</i>	1		
<i>dexamethasone</i>	1		
<i>dexamethasone intensol</i>	1		
<i>dexamethasone sodium phosphate</i>	1		
<i>diflorasone diacetate</i>	1		
<i>fludrocortisone acetate</i>	1		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>fluocinolone acetonide cream, solution</i>	1		
<i>fluocinonide</i>	1		
<i>fluocinonide emollient base</i>	1		
<i>fluocinonide-e</i>	1		
<i>fluticasone propionate</i>	1		
<i>halobetasol propionate</i>	1		
HALOG CREAM	3		
<i>hydrocortisone</i>	1		
<i>hydrocortisone butyrate</i>	1		
<i>hydrocortisone in absorbbase</i>	1		
<i>hydrocortisone valerate</i>	1		
KENALOG	2		
<i>lokara</i>	1		
MEDROL TABLET 2MG	2		
<i>methylprednisolone</i>	1		
<i>mometasone furoate</i>	1		
<i>nizatidine</i>	1		
<i>perphenazine</i>	1		
<i>prednicarbate</i>	1		
<i>prednisolone sodium phosphate</i>	1		
<i>prednisone</i>	1		
<i>prednisone intensol</i>	1		
<i>procto-pak</i>	1		
<i>proctocream hc</i>	1		
<i>proctosol hc</i>	1		
<i>proctozone-hc</i>	1		
<i>triamcinolone acetonide</i>	1		
<i>triamcinolone acetonide in absorbbase</i>	1		
<i>triderm</i>	1		
<i>u-cort</i>	1		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>			
ACTHAR HP	4		PA
<i>chorionic gonadotropin</i>	1		
<i>desmopressin acetate tablet</i>	1		
<i>desmopressin acetate injection</i>	1		
<i>desmopressin acetate nasal solution 0.01%</i>	1		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
		T3-Non-preferred brand	B/D-Part B vs. Part D
		T4-Specialty	FF-Free First Fill
			HI-Home Infusion
			LA-Limited Availability
			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
GENOTROPIN	4		PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	3		PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4		PA
HUMATROPE COMBO PACK	4		PA
HUMATROPE INJECTION 6MG	3		PA
HUMATROPE INJECTION 12MG, 24MG	4		PA
INCRELEX	4		
NORDITROPIN FLEXPRO INJECTION 15MG/1.5ML, 5MG/1.5ML	4		PA
NUTROPIN	4		PA
NUTROPIN AQ	4		PA
NUTROPIN AQ PEN	4		PA
SEROSTIM	4		PA
ZORBTIVE	4		PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			
Anabolic Steroids			
ANADROL-50	2		
<i>oxandrolone</i>	1		
Androgens			
ANDRODERM	2		
ANDROGEL	2		
ANDROGEL PUMP GEL	2		
<i>androxy</i>	1		
AXIRON	3		
<i>danazol</i>	1		
TESTIM	2		PA
<i>testosterone cypionate</i>	1		
<i>testosterone enanthate</i>	1		
Estrogens			
ALORA	2		
<i>amethia</i>	1		
<i>amethia lo</i>	1		
<i>amethyst</i>	1		
<i>balziva</i>	1		
BEYAZ	3		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	B/D-Part B vs. Part D
	T3-Non-preferred brand	T4-Specialty	FF-Free First Fill
			HI-Home Infusion
			LA-Limited Availability
			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
<i>camrese</i>		1	
<i>camrese lo</i>		1	
<i>cryselle-28</i>		1	
DEPO-ESTRADIOL		2	
DIVIGEL		2	
ELESTRIN		2	
ESTRACE CREAM		2	
ESTRADERM		2	
<i>estradiol patch</i>		1	
<i>estradiol tablet</i>		1	
<i>estradiol valerate</i>		1	
<i>estradiol/norethindrone acetate</i>		1	
ESTRASORB		3	
ESTRING		2	
EVAMIST		2	
FEMCON FE		3	
FEMRING		2	
<i>gianvi</i>		1	
<i>kelnor 1/35</i>		1	
<i>levora 0.15/30-28</i>		1	
LOESTRIN 24 FE		3	
LOSEASONIQUE		2	
LYBREL		3	
MAKENA		4	B/D
MENEST		3	
MENOSTAR		2	
<i>microgestin 1/20</i>		1	
<i>microgestin fe</i>		1	
<i>microgestin fe 1.5/30</i>		1	
NATAZIA		3	
<i>necon 1/35-28</i>		1	
<i>nortrel 0.5/35 (28)</i>		1	
<i>nortrel 1/35 (28)</i>		1	
<i>nortrel 7/7/7</i>		1	
NUVARING		3	
OVCON-50 28		3	
<i>portia-28</i>		1	

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
PREMARIN CREAM W/APPLICATOR	2		B/D-Part B vs. Part D
<i>previfem</i>	1		FF-Free First Fill
<i>reclipsen</i>	1		HI-Home Infusion
SAFYRAL	3		LA-Limited Availability
SEASONIQUE	2		PA-Prior Authorization
<i>sprintec 28</i>	1		QL-Quantity Limits
<i>sronyx</i>	1		ST-Step Therapy
<i>tri-legest fe</i>	1		
<i>tri-sprintec</i>	1		
VAGIFEM	2		
VIVELLE-DOT PATCH BIWEEKLY	2		
Progestins			
ACTIVELLA TABLET 0.5MG; 0.1MG	2		
<i>apri</i>	1		
<i>aranelle</i>	1		
<i>aviane</i>	1		
<i>camila</i>	1		
CLIMARA PRO	2		
COMBIPATCH	2		
CRINONE GEL 8%	3		
ELLA	3		
<i>errin</i>	1		
<i>estradiol/norethindrone acetate</i>	1		
FEMHRT 1/5	2		
FEMHRT LOW DOSE	2		
<i>jolivette</i>	1		
<i>junel 1.5/30</i>	1		
<i>junel 1/20</i>	1		
<i>junel fe 1.5/30</i>	1		
<i>junel fe 1/20</i>	1		
<i>kariva</i>	1		
<i>leena</i>	1		
<i>low-ogestrel</i>	1		
<i>lutera</i>	1		
<i>medroxyprogesterone acetate</i>	1		
<i>megestrol acetate</i>	1		
<i>microgestin 1.5/30</i>	1		

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>next choice</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>ocella</i>	1	
<i>ogestrel</i>	1	
ORTHO EVRA	2	
<i>progesterone caps</i>	1	
PROMETRIUM	2	
<i>quasense</i>	1	
<i>tri-previfem</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>lidocaine</i>	1	B/D
<i>liothyronine sodium tablet</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lovastatin</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
TIROSINT	3		ST
<i>unithroid tablet 125mcg, 25mcg</i>	1		
Hormonal Agents, Suppressant (Adrenal)			
<i>Hormonal Agents, Suppressant (Adrenal)</i>			
LYSODREN	2		
Hormonal Agents, Suppressant (Parathyroid)			
<i>Hormonal Agents, Suppressant (Parathyroid)</i>			
SENSIPAR	2		
Hormonal Agents, Suppressant (Pituitary)			
<i>Hormonal Agents, Suppressant (Pituitary)</i>			
<i>cabergoline</i>	1		
ELIGARD	3		
<i>leuprolide acetate</i>	1		
LUPRON DEPOT-PED INJECTION 11.25MG	3		B/D
LUPRON DEPOT-PED INJECTION 15MG, 7.5MG	4		B/D
LUPRON DEPOT INJECTION 11.25MG, 22.5MG, 3.75MG, 30MG, 7.5MG	3		B/D
LUPRON DEPOT INJECTION 45MG	4		B/D
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1		
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	4		
SANDOSTATIN LAR DEPOT	4		
SOMATULINE DEPOT	4		B/D
SOMAVERT	4		
SYNAREL	4		
TRELSTAR DEPOT	4		B/D
TRELSTAR DEPOT MIXJECT	2		
TRELSTAR LA	4		B/D
TRELSTAR LA MIXJECT	2		
TRELSTAR MIXJECT	4		
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)			
<i>Antandrogens</i>			
<i>bicalutamide</i>	1		
<i>flutamide</i>	1		
NILANDRON	2		
Hormonal Agents, Suppressant (Thyroid)			
<i>Antithyroid Agents</i>			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
<i>methimazole</i>	1		B/D-Part B vs. Part D
<i>propylthiouracil</i>	1		FF-Free First Fill
Immunological Agents			
<i>Immune Suppressants</i>			
ACTEMRA	4		PA
AZASAN	3		B/D
<i>azathioprine</i>	1		B/D
<i>azathioprine sodium</i>	1		B/D
BENLYSTA	4		
CELLCEPT SUSPENSION RECONSTITUTED	2		B/D
CIMZIA	4		PA
<i>cyclosporine</i>	1		B/D
<i>cyclosporine modified</i>	1		B/D
DEPEN TITRATABS	3		
ENBREL	4		PA
ENBREL SURECLICK	4		PA
<i>gengraf</i>	1		B/D
HUMIRA PEN	4		QL (6 per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	4		PA
HUMIRA INJECTION 20MG/0.4ML	4		PA
HUMIRA INJECTION 40MG/0.8ML	4		QL (6 per 28 days) PA
IFEX	3		B/D
<i>methotrexate</i>	1		
<i>mycophenolate mofetil</i>	1		B/D
MYFORTIC	2		B/D
NULOJIX	4		PA
ORENCIA 125MG/1ML	4		PA
ORENCIA 250MG	4		
RAPAMUNE	2		B/D
REMICADE	4		PA
RHEUMATREX	3		B/D
SANDIMMUNE ORAL SOLUTION	2		B/D
SIMPONI	4		PA
<i>tacrolimus</i>	1		B/D
TREXALL	3		B/D
ZORTRESS	3		B/D
<i>Immunizing Agents, Passive</i>			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:		
	T1-Generic	T2-Preferred brand	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
ATGAM		4		PA	
CARIMUNE NANOFILTERED		4		PA	
GAMASTAN S/D		2		PA	
GAMMAGARD LIQUID		4		PA	
GAMUNEX		4		PA	
HIZENTRA		4		PA	
THYMOGLOBULIN		4		PA	
VIVAGLOBIN		4		PA	
Immunomodulators					
ACTIMMUNE		4		PA	
ARCALYST		4			
AVONEX		4		ST	
BETASERON		4		ST	
COPAXONE		4			
EXTAVIA		4		ST	
GILENYA		4		PA	
INFERGEN		4			
INTRON-A W/DILUENT INJECTION 10MU		3			
INTRON-A W/DILUENT INJECTION 18MU, 50MU		4			
INTRON-A INJECTION 3MU/0.2ML, 6000000UNIT/ML		3			
INTRON-A INJECTION 10MU/0.2ML, 10MU/ML, 5MU/0.2ML		4			
KINERET		4		PA	
<i>leflunomide</i>		1			
PEG-INTRON		4		PA	
PEG-INTRON REDIPEN		4		PA	
PEGASYS INJECTION 180MCG/0.5ML		4			
PEGASYS PROCLICK		4			
REBIF		4			
REBIF TITRATION PACK		4			
RIDAURA		2			
Vaccines					
ACTHIB		2			
ADACEL		2			
BOOSTRIX		2			
CERVARIX		2			

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
COMVAX	2		
DAPTACEL	2		
DECAVAC	2		
<i>diphtheria/tetanus toxoid pediatric</i>	1		
ENGERIX-B	2		
GARDASIL	2		
HAVRIX	2		B/D
IMOVAX RABIES (H.D.C.V.)	2		B/D
INFANRIX	2		
IPOL INACTIVATED IPV	2		
IXIARO	2		
JE-VAX	2		
M-M-R II W/DILUENT 10 DOSE	2		
MENACTRA	2		
MENOMUNE-A/C/Y/W-135	2		
MENVEO	2		
PEDIARIX	2		
PEDVAX HIB	2		
PROQUAD	2		
RABAVERT	2		B/D
RECOMBIVAX HB	2		B/D
ROTATEQ	2		
<i>tetanus toxoid adsorbed</i>	1		
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1		
TRIHIBIT	2		
TRIPEDIA	2		
TWINRIX	2		
TYPHIM VI	2		
VAQTA INJECTION 50UNIT/ML	2		B/D
VAQTA INJECTION 25UNIT/0.5ML	2		B/D
VARIVAX	2		
YF-VAX	2		
ZOSTAVAX	2		
Inflammatory Bowel Disease Agents			
<i>Glucocorticoids</i>			
<i>colocort</i>	1		
ENTOCORT EC	3		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
<i>hydrocortisone</i>	1		B/D-Part B vs. Part D
<i>methylprednisolone</i>	1		FF-Free First Fill
Salicylates			HI-Home Infusion
APRISO	3		LA-Limited Availability
ASACOL	2		PA-Prior Authorization
ASACOL HD	2		QL-Quantity Limits
<i>balsalazide disodium</i>	1		ST-Step Therapy
CANASA	2		
DIPENTUM	3		
LIALDA	3		
<i>mesalamine</i>	1		
PENTASA	2		
Sulfonamides			
<i>sulfasalazine</i>	1		
<i>sulfazine ec</i>	1		
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
ACTONEL TABLET 150MG	2		QL (1 per 28 days)
ACTONEL TABLET 30MG, 5MG	2		QL (31 per 31 days)
ACTONEL TABLET 35MG	2		QL (4 per 28 days)
<i>alendronate sodium</i>	1		
ADELVIA	3		
BONIVA TABLET	3		
BONIVA INJECTION	3		B/D
<i>calcitonin-salmon</i>	1		B/D
<i>calcitriol</i>	1		B/D
<i>etidronate disodium</i>	1		
FORTEO	4		PA
<i>fortical</i>	1		B/D
FOSAMAX PLUS D	2		QL (4 per 28 days)
FOSAMAX SOLUTION	2		
HECTOROL	2		B/D
<i>ibandronate sodium 150mg tablet</i>	1		
MIACALCIN NASAL SOLUTION	2		B/D
MIACALCIN INJECTION	2		B/D
<i>pamidronate disodium</i>	1		B/D
PROLIA	3		PA

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
RECLAST	3		B/D
ZEMPLAR INJECTION	2		B/D
ZEMPLAR CAPSULE 1MCG, 2MCG	3		B/D
ZEMPLAR CAPSULE 4MCG	4		B/D
ZOMETA	4		B/D
Miscellaneous Therapeutic Agents			
<i>Miscellaneous Therapeutic Agents</i>			
<i>alcohol preps</i>	1		
<i>anagrelide hydrochloride</i>	1		
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2		
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2		
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2		
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2		
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2		
CINRYZE	4		B/D
CURITY GAUZE PADS 2"X2"	2		
<i>dextrose 10% flex container</i>	1		B/D
<i>dextrose 5%</i>	1		B/D
FIRAZYR	4		
INTRALIPID	2		B/D
KALBITOR	4		B/D
<i>leucovorin calcium</i>	1		
<i>levocarnitine</i>	1		B/D
<i>pentopak</i>	1		
<i>pentoxifylline er</i>	1		
XENAZINE	4		
Ophthalmic Agents			
<i>Ophthalmic Agents, Other</i>			
<i>ak-con</i>	1		
<i>bacitracin</i>	1		
CILOXAN	2		
<i>gentamicin sulfate</i>	1		
<i>gantasol</i>	1		

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
LACRISERT	2		B/D-Part B vs. Part D
<i>mydral</i>	1		FF-Free First Fill
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1		HI-Home Infusion
<i>neomycin/polymyxin/gramicidin</i>	1		LA-Limited Availability
<i>polycin b</i>	1		PA-Prior Authorization
<i>proparacaine hcl</i>	1		QL-Quantity Limits
RESTASIS	3		ST-Step Therapy
TOBREX OINTMENT	2		
<i>trifluridine</i>	1		
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1		
<i>tropicacyl</i>	1		
<i>tropicamide solution 0.5%; 1%</i>	1		
VIGAMOX	2		
Ophthalmic Anti-allergy Agents			
ALOCRIL	3		
ALOMIDE	3		
<i>azelastine hcl</i>	1		
BEPREVE	3		ST
<i>cromolyn sodium</i>	1		
EMADINE	2		ST
<i>epinastine hcl</i>	1		
LASTACAFT	3		ST
PATADAY	3		ST
PATANOL	3		ST
Ophthalmic Anti-inflammatories			
ALREX	3		
BLEPHAMIDE	3		
BLEPHAMIDE S.O.P.	2		
<i>bromfenac</i>	1		
<i>dexamethasone sodium phosphate</i>	1		
<i>diclofenac sodium</i>	1		
FLAREX	2		
<i>fluorometholone</i>	1		
<i>flurbiprofen sodium</i>	1		
FML	2		
FML FORTE	2		
<i>ketorolac tromethamine</i>	1		

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
LOTEMAX	2		B/D-Part B vs. Part D
MAXIDEX	2		FF-Free First Fill
<i>neomycin/polymyxin/dexamethasone</i>	1		HI-Home Infusion
NEVANAC	3		LA-Limited Availability
<i>poly-dex ointment</i>	1		PA-Prior Authorization
POLY-PRED	2		QL-Quantity Limits
PRED MILD	2		ST-Step Therapy
PRED-G	3		
PRED-G S.O.P.	2		
<i>prednisolone acetate</i>	1		
<i>prednisolone sodium phosphate</i>	1		
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1		
TOBRADEX OINTMENT	3		
<i>tobramycin/dexamethasone</i>	1		
VEXOL	2		
Ophthalmic Antiglaucoma Agents			
ALPHAGAN P SOLUTION 0.1%	2		
<i>apraclonidine</i>	1		
AZOPT	2		
<i>betaxolol hcl</i>	1		
BETIMOL	2		
BETOPTIC-S	2		
<i>brimonidine tartrate</i>	1		
<i>carteolol hcl</i>	1		
COMBIGAN	2		
<i>dorzolamide hcl</i>	1		
<i>dorzolamide hcl/timolol maleate</i>	1		
IOPIDINE SOLUTION 1%	3		
<i>levobunolol hcl</i>	1		
<i>methazolamide</i>	1		
<i>metipranolol</i>	1		
PHOSPHOLINE IODIDE	3		
PILOPINE HS	2		
PROPINE	2		
<i>timolol maleate</i>	1		
<i>timolol maleate ophthalmic gel forming</i>	1		

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Drug Name	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	FF-Free First Fill
	T3-Non-preferred brand	HI-Home Infusion
	T4-Specialty	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost</i>	1	
LUMIGAN	2	ST
TRAVATAN Z	2	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
Respiratory Tract Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ALVESCO	3	
ASMANEX 120 METERED DOSES	3	
ASMANEX 14 METERED DOSES	3	
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	3	
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	
ASMANEX 60 METERED DOSES	3	
BECONASE AQ	3	
<i>budesonide</i>	1	B/D
DULERA	3	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
NASACORT AQ	3	
OMNARIS	3	

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
PULMICORT FLEXHALER	2		
PULMICORT SUSPENSION 1MG/2ML	2		B/D
QVAR	2		
RHINOCORT AQUA	3		
SYMBICORT	2		
<i>triamcinolone acetonide</i>	1		
VERAMYST	3		
Antihistamines			
ASTEPRO	3		
<i>azelastine hcl</i>	1		
<i>carbinoxamine maleate</i>	1		
<i>cetirizine hcl syrup</i>	1		
CLARINEX	3		ST
CLARINEX REDITABS	3		ST
CLARINEX-D 12 HOUR	3		ST
CLARINEX-D 24 HOUR	3		ST
<i>clemastine fumarate</i>	1		
<i>levocetirizine dihydrochloride</i>	1		
SEMPREX-D	3		
XYZAL SOLUTION	3		
Antileukotrienes			
SINGULAIR	2		
<i>zafirlukast</i>	1		
ZYFLO CR	2		
Bronchodilators, Anticholinergic			
ATROVENT HFA	2		
<i>ipratropium bromide/albuterol sulfate</i>	1		B/D
<i>ipratropium bromide nasal solution</i>	1		
<i>ipratropium bromide inhalation solution</i>	1		B/D
SPIRIVA HANDIHALER	2		
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)			
<i>aminophylline tablet</i>	1		
<i>aminophylline injection</i>	1		
ELIXOPHYLLIN	3		
<i>theochron</i>	1		
<i>theophylline er</i>	1		
Bronchodilators, Sympathomimetic			

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Drug Name	Drug Tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>albuterol sulfate er</i>	1		
<i>albuterol sulfate syrup, tablet</i>	1		
<i>albuterol sulfate nebulization solution</i>	1		B/D
ARCAPTA BEOHALER	3		ST QL (31 per 31 days)
BROVANA	2		B/D
COMBIVENT	2		
<i>epinephrine</i>	1		
<i>epinephrine hcl</i>	1		
EPIPEN 2-PAK	2		
EPIPEN-JR 2-PAK	2		QL (3 per 30 days)
FORADIL AEROLIZER	3		
<i>levalbuterol</i>	1		B/D
<i>metaproterenol sulfate</i>	1		
PERFOROMIST	2		B/D
PROAIR HFA	2		
SEREVENT DISKUS	3		
<i>terbutaline sulfate tablet</i>	1		
<i>terbutaline sulfate injection</i>	1		
TWINJECT	3		
VENTOLIN HFA	2		
XOPENEX	3		B/D
XOPENEX HFA	3		
Mast Cell Stabilizers			
<i>cromolyn sodium</i>	1		B/D
Pulmonary Antihypertensives			
ADCIRCA	4		
LETAIRIS	4		
REVATIO TABLET	4		
TRACLEER	4		LA
TYVASO	4		PA
TYVASO REFILL	4		PA
TYVASO STARTER	4		PA
VENTAVIS	4		PA
Respiratory Tract Agents, Other			
<i>acetylcysteine</i>	1		
ARALAST NP	4		
DALIRESP	3		PA QL (31 per 31 days)

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Drug Name	Drug Tiers:	Notes:
	T1 -Generic	B/D -Part B vs. Part D
	T2 -Preferred brand	FF -Free First Fill
	T3 -Non-preferred brand	HI -Home Infusion
	T4 -Specialty	LA -Limited Availability
		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy
<i>flunisolide</i>	1	
GLASSIA	4	PA
<i>ipratropium bromide</i>	1	
NASONEX	2	
PROLASTIN	4	PA
TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
XOLAIR	4	PA
ZEMAIRA	4	PA
Sedatives/Hypnotics		
<i>Sedatives/Hypnotics</i>		
LUNESTA	3	ST
ROZEREM	3	ST
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
<i>zolpidem tartrate er</i>	1	
ZOLPIMIST	3	QL (7.7 per 31 days) ST
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone</i>	1	
<i>orphenadrine citrate injection</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>Electrolytes/Minerals</i>		
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN II 3.5%/DEXTROSE5%	2	B/D
AMINOSYN II 4.25%/DEXTROSE10%	2	B/D
AMINOSYN II 4.25%/DEXTROSE20%	2	B/D
AMINOSYN II 4.25%/DEXTROSE25% INJECTION 30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML;	2	B/D

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
19MEQ/L; 170MG/100ML; 85MG/100ML; 115MG/100ML; 212MG/100ML		
AMINOSYN II 8.5%/ELECTROLYTES	2	B/D
AMINOSYN II M 4.25/DEXTROSE 10%	2	B/D
AMINOSYN II INJECTION 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	2	B/D
AMINOSYN-HF	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
AMINOSYN INJECTION 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 86MEQ/L; 640MG/100ML; 490MG/100ML; 640MG/100ML; 150MG/100ML; 360MG/100ML; 470MG/100ML; 360MG/100ML; 200MG/100ML; 220MG/100ML; 5.4MEQ/L; 430MG/100ML; 210MG/100ML; 260MG/100ML; 80MG/100ML; 44MG/100ML; 400MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX 4.25%/DEXTROSE 20%	2	B/D
CLINIMIX 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 5%/DEXTROSE 25%	2	B/D
<i>dextrose 10%/nacl 0.45%</i>	1	B/D
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	B/D
<i>dextrose 10%/nacl 0.2%</i>	1	B/D
<i>dextrose 2.5%/nacl 0.45%</i>	1	B/D
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	B/D
<i>dextrose 5%/lactated ringers</i>	1	B/D
<i>dextrose 5%/nacl 0.2%</i>	1	B/D
<i>dextrose 5%/nacl 0.225%</i>	1	B/D
<i>dextrose 5%/nacl 0.33%</i>	1	B/D
<i>dextrose 5%/nacl 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.9%</i>	1	B/D
<i>dextrose 5%/sodium chloride 0.2%</i>	1	B/D
<i>dextrose 5%/sodium chloride 0.33%</i>	1	B/D
<i>dextrose 5%/sodium chloride 0.9%</i>	1	B/D
<i>ed k+10</i>	1	
FREAMINE III	2	B/D
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	B/D
<i>kcl 0.15%/d5w/lr</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	B/D
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	B/D
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	B/D
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	1	B/D
<i>lactated ringers irrigation</i>	1	
<i>lactated ringers viaflex</i>	1	B/D

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Drug Name	Drug Tiers: T1-Generic T2-Preferred brand T3-Non-preferred brand T4-Specialty	Notes: B/D-Part B vs. Part D FF-Free First Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>leucovorin calcium</i>	1	B/D
<i>magnesium sulfate in d5w</i>	1	B/D HI
<i>magnesium sulfate injection 50%</i>	1	B/D
<i>magnesium sulfate injection 40mg/ml, 80mg/ml</i>	1	B/D HI
NEPHRAMINE	2	B/D
NORMOSOL -R	2	B/D
<i>normosol-m in d5w</i>	1	B/D
<i>novamine</i>	1	B/D
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	B/D
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	B/D
<i>potassium chloride 0.15%/d5w</i>	1	B/D
<i>potassium chloride 0.15%/nacl 0.9%</i>	1	B/D
<i>potassium chloride 0.224%/d5w</i>	1	B/D
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/d5w</i>	1	B/D
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	1	B/D
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 2meq/ml, 30meq/100ml, 40meq/100ml</i>	1	B/D HI
<i>potassium citrate extended-release</i>	1	
PREMASOL	2	B/D
PROCALAMINE	2	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	B/D HI
TROPHAMINE	2	B/D
Vitamins		
<i>prenatabs obn</i>	1	

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