PriorityHealth

2017 Employer Group 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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This formulary was updated on 10/24/2017. For more recent information or other questions, please contact Priority Health Medicare at toll-free 888.389.6648 (press #3) or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week, or visit *prioritymedicare.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 Priority Health. When it refers to “plan” or “our plan,” it means Priority Health Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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 (drug list) change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2017. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. 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 9. 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 9. 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 87. 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 30 tablets per 30 days for FARXIGA. 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Priority Health Medicare 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 Priority Health Medicare formulary?" on this page for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is 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. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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 a greater amount.

Generally, Priority Health Medicare 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

Priority Health Medicare realizes that a 30-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 30-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 prescription drug coverage, please review your Evidence of Coverage and other Priority Health Medicare plan materials.

If you have questions about Priority Health Medicare please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE 1.800.633.4227 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit *medicare.gov.*

Formulary

The formulary that begins on page 9 provides coverage information about 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 87.

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

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

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending upon your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

EA: Each.

ED: Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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 (press #3), 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

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 30 tablets per perscription for FARXIGA. This may be in addition to a standard one month or three month supply.

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 (press #3), 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

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.

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.

Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
Analgesics		
Analgesics		
GRALISE	4	QL (90 EA per 30 days) ST
GRALISE STARTER	4	QL (90 EA per 30 days) ST
oxycodone/ibuprofen	2	QL (240 EA per 30 days)
Nonsteroidal Anti-inflammatory Drugs		
CAMBIA	4	
celecoxib capsule	2	
diclofenac sodium/misoprostol	2	
etodolac capsule 300mg	2	
mefenamic acid capsule	2	
meloxicam tablet 15mg, 7.5mg	1	
naproxen sodium cr 24 hour tablet 375mg	2	
naproxen sodium er 24 hour tablet 500mg	2	
naproxen sodium tablet 275mg, 550mg	1	
naproxen tablet 500mg	1	
salsalate	2	
ZIPSOR	4	
Opioid Analgesics, Long-acting		
BELBUCA	4	QL (60 EA per 30 days) ST
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	2	QL (10 EA per 30 days)
fentanyl patch 72 hour 37.5mcg/hr, 62.5mcg/hr	4	QL (10 EA per 30 days)
fentanyl patch 72 hour 87.5mcg/hr	5	QL (10 EA per 30 days)
hydromorphone hcl er tablet er 24 hour abuse-deterrent 12mg	4	QL (60 EA per 30 days)
hydromorphone hcl er tablet er 24 hour abuse-deterrent 8mg	4	QL (90 EA per 30 days)
hydromorphone hcl er tablet er 24 hour abuse-deterrent 16mg, 32mg	5	QL (30 EA per 30 days)
HYSINGLA ER	4	QL (30 EA per 30 days) PA
INFUMORPH 200	3	QL (360 ML per 30 days)
INFUMORPH 500	3	QL (80 ML per 30 days)
levorphanol tartrate tablet	2	QL (273 EA per 30 days)
methadone hcl injection	2	QL (160 ML per 30 days)
methadone hcl tablet soluble	2	QL (50 EA per 30 days)
methadone hcl concentrate	2	QL (200 ML per 30 days)
methadone hcl oral solution 5mg/5ml	2	QL (1200 ML per 30 days)
methadone hcl oral solution 10mg/5ml	2	QL (600 ML per 30 days)
methadone hcl tablet 5mg	2	QL (120 EA per 30 days)
methadone hcl tablet 10mg	2	QL (200 EA per 30 days)

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
morphine sulfate er capsule extended release 24 hour 120mg	4	QL (50 EA per 30 days)
morphine sulfate er capsule extended release 24 hour 100mg, 30mg, 45mg, 60mg, 75mg, 90mg	4	QL (60 EA per 30 days)
morphine sulfate er capsule extended release 24 hour 80mg	4	QL (75 EA per 30 days)
morphine sulfate er capsule extended release 24 hour 10mg, 20mg, 30mg, 50mg, 60mg	4	QL (90 EA per 30 days)
morphine sulfate er tablet extended release 60mg	2	QL (100 EA per 30 days)
morphine sulfate er tablet extended release 30mg	2	QL (120 EA per 30 days)
morphine sulfate er tablet extended release 200mg	2	QL (30 EA per 30 days)
morphine sulfate er tablet extended release 15mg	2	QL (400 EA per 30 days)
morphine sulfate er tablet extended release 100mg	2	QL (60 EA per 30 days)
morphine sulfate injection 10mg/0.7ml	2	QL (83 ML per 30 days)
OPANA ER (CRUSH RESISTANT)	3	QL (60 EA per 30 days)
oxycodone hcl er tablet er 12 hour abuse-deterrent 10mg, 15mg, 20mg, 30mg, 40mg, 60mg	4	QL (60 EA per 30 days)
oxycodone hcl er tablet er 12 hour abuse-deterrent 80mg	5	QL (60 EA per 30 days)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG	4	QL (60 EA per 30 days)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40MG	4	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60MG, 80MG	5	QL (60 EA per 30 days)
oxymorphone hydrochloride er	2	QL (60 EA per 30 days)
tramadol hcl er tablet extended release 24 hour	2	QL (30 EA per 30 days)
ZOHYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	QL (60 EA per 30 days) PA
Opioid Analgesics, Short-acting		
ABSTRAL TABLET SUBLINGUAL 400MCG	5	QL (116 EA per 30 days) PA
ABSTRAL TABLET SUBLINGUAL 100MCG, 200MCG, 300MCG	5	QL (120 EA per 30 days) PA
ABSTRAL TABLET SUBLINGUAL 800MCG	5	QL (58 EA per 30 days) PA
ABSTRAL TABLET SUBLINGUAL 600MCG	5	QL (77 EA per 30 days) PA

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acetaminophen/caffeine/dihydrocodeine	2	QL (300 EA per 30 days)
acetaminophen/codeine #3	2	QL (360 EA per 30 days)
acetaminophen/codeine solution	2	QL (4500 ML per 30 days)
acetaminophen/codeine tablet 300mg; 60mg	2	QL (180 EA per 30 days)
acetaminophen/codeine tablet 300mg; 15mg	2	QL (360 EA per 30 days)
butorphanol tartrate nasal solution	2	QL (5 ML per 28 days)
butorphanol tartrate injection 2mg/ml	2	QL (360 ML per 30 days)
butorphanol tartrate injection 1mg/ml	2	QL (720 ML per 30 days)
CAPITAL/CODEINE	3	QL (4500 ML per 30 days)
codeine sulfate tablet 60mg	2	QL (180 EA per 30 days)
codeine sulfate tablet 30mg	2	QL (360 EA per 30 days)
codeine sulfate tablet 15mg	2	QL (720 EA per 30 days)
duramorph injection 1mg/ml	2	QL (2000 ML per 30 days)
duramorph injection 0.5mg/ml	2	QL (4000 ML per 30 days)
endocet	2	QL (360 EA per 30 days)
fentanyl citrate oral transmucosal lozenge on a handle 400mcg	5	QL (116 EA per 30 days) PA
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	5	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lozenge on a handle 1600mcg	5	QL (29 EA per 30 days) PA
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg	5	QL (39 EA per 30 days) PA
fentanyl citrate oral transmucosal lozenge on a handle 800mcg	5	QL (58 EA per 30 days) PA
fentanyl citrate oral transmucosal lozenge on a handle 600mcg	5	QL (77 EA per 30 days) PA
fentanyl citrate injection 100mcg/2ml	2	QL (400 ML per 30 days) HI
FENTORA TABLET 400MCG	5	QL (116 EA per 30 days) PA
FENTORA TABLET 100MCG, 200MCG	5	QL (120 EA per 30 days) PA
FENTORA TABLET 800MCG	5	QL (58 EA per 30 days) PA
FENTORA TABLET 600MCG	5	QL (77 EA per 30 days) PA
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	2	QL (5550 ML per 30 days)
hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 325mg; 2.5mg	2	QL (360 EA per 30 days)
hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg	2	QL (390 EA per 30 days)
hydrocodone/acetaminophen tablet 500mg; 10mg, 500mg; 7.5mg	2	QL (240 EA per 30 days)

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	2	QL (360 EA per 30 days)
hydrocodone/ibuprofen tablet 10mg; 200mg	2	QL (360 EA per 30 days)
hydrocodone/ibuprofen tablet 5mg; 200mg, 7.5mg; 200mg	2	QL (480 EA per 30 days)
hydromorphone hcl liquid	2	QL (1500 ML per 30 days)
HYDROMORPHONE HCL INJECTION 1MG/ML	4	QL (180 ML per 30 days)
hydromorphone hcl injection 10mg/ml	2	QL (120 ML per 30 days)
hydromorphone hcl injection 1mg/ml	2	QL (300 ML per 30 days)
hydromorphone hcl injection 4mg/ml	2	QL (75 ML per 30 days)
hydromorphone hcl injection 2mg/ml	2	QL (90 ML per 30 days)
hydromorphone hcl tablet 4mg	2	QL (375 EA per 30 days)
hydromorphone hcl tablet 2mg	2	QL (750 EA per 30 days)
hydromorphone hcl tablet 8mg	2	QL (90 EA per 30 days)
hydromorphone hcl vial 50mg/5ml	2	QL (120 ML per 30 days)
LAZANDA SOLUTION 300MCG/ACT	5	QL (23 EA per 30 days) PA
LAZANDA SOLUTION 100MCG/ACT, 400MCG/ACT	5	QL (32 EA per 30 days) PA
morphine sulfate injection 10mg/ml	2	QL (120 ML per 30 days)
morphine sulfate injection 1mg/ml	2	QL (2000 ML per 30 days)
morphine sulfate injection 8mg/ml	2	QL (150 ML per 30 days)
morphine sulfate injection 150mg/30ml	2	QL (400 ML per 30 days)
morphine sulfate injection 5mg/ml	2	QL (240 ML per 30 days)
morphine sulfate injection 0.5mg/ml	2	QL (4000 ML per 30 days)
morphine sulfate injection 1mg/ml	2	QL (2000 ML per 30 days)
morphine sulfate injection 15mg/ml	2	QL (60 ML per 30 days)
morphine sulfate oral solution 20mg/5ml	2	QL (1500 ML per 30 days)
morphine sulfate oral solution 100mg/5ml	2	QL (300 ML per 30 days)
morphine sulfate oral solution 10mg/5ml	2	QL (3000 ML per 30 days)
morphine sulfate tablet 30mg	2	QL (200 EA per 30 days)
morphine sulfate tablet 15mg	2	QL (400 EA per 30 days)
nalbuphine hcl injection 20mg/ml	2	QL (100 ML per 30 days) HI
nalbuphine hcl injection 10mg/ml	2	QL (200 ML per 30 days) HI
OPIUM TINCTURE 10MG/ML	4	QL (118 ML per 30 days)
oxycodone hcl solution	2	QL (1200 ML per 30 days)
oxycodone hcl concentrate	2	QL (180 ML per 30 days)
oxycodone hcl capsule	2	QL (720 EA per 30 days)
oxycodone hcl tablet 30mg	2	QL (134 EA per 30 days)
oxycodone hcl tablet 20mg	2	QL (180 EA per 30 days)
oxycodone hcl tablet 15mg	2	QL (260 EA per 30 days)

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
oxycodone hcl tablet 10mg	2	QL (390 EA per 30 days)
oxycodone hcl tablet 5mg	2	QL (720 EA per 30 days)
oxycodone/acetaminophen tablet 500mg; 7.5mg	2	QL (240 EA per 30 days)
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QL (360 EA per 30 days)
oxycodone/aspirin	2	QL (360 EA per 30 days)
oxymorphone hydrochloride tablet 10mg	2	QL (200 EA per 30 days)
oxymorphone hydrochloride tablet 5mg	2	QL (400 EA per 30 days)
primlev tablet 300mg; 10mg	2	QL (360 EA per 30 days)
primlev tablet 300mg; 5mg, 300mg; 7.5mg	2	QL (390 EA per 30 days)
reprexain tablet 10mg; 200mg	2	QL (360 EA per 30 days)
roxicet tablet	2	QL (360 EA per 30 days)
SUBSYS LIQUID 100MCG, 200MCG	5	QL (120 EA per 30 days) PA
SUBSYS LIQUID 1600MCG	5	QL (21 EA per 30 days) PA
SUBSYS LIQUID 800MCG	5	QL (42 EA per 30 days) PA
SUBSYS LIQUID 600MCG	5	QL (56 EA per 30 days) PA
SUBSYS LIQUID 400MCG	5	QL (84 EA per 30 days) PA
tramadol hcl tablet	2	QL (240 EA per 30 days)
tramadol hydrochloride/acetaminophen	2	QL (240 EA per 30 days)
vicodin es tablet 300mg; 7.5mg	2	QL (390 EA per 30 days)
vicodin hp tablet 300mg; 10mg	2	QL (360 EA per 30 days)
vicodin tablet 300mg; 5mg	2	QL (390 EA per 30 days)
Anesthetics		
Local Anesthetics		
lidocaine hcl jelly	2	
lidocaine hcl external solution	2	
lidocaine hcl injection 0.5%, 1%, 2%	2	
lidocaine viscous	2	
lidocaine/prilocaine	2	
LIDOCAINE PATCH	4	PA
lidocaine ointment	2	
SYNERA	4	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	2	
disulfiram tablet	2	
Opioid Dependence Treatments		
buprenorphine hcl/naloxone hcl	2	QL (90 EA per 30 days) PA
buprenorphine hcl injection	2	QL (267 ML per 30 days) HI
buprenorphine hcl tablet sublingual 2mg	2	QL (120 EA per 30 days)
buprenorphine hcl tablet sublingual 8mg	2	QL (60 EA per 30 days)

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buprenorphine patch	4	QL (4 EA per 28 days)
BUTRANS	4	QL (4 EA per 28 days)
naltrexone hcl tablet	2	
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) PA
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	4	QL (30 EA per 30 days) PA
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	4	QL (60 EA per 30 days) PA
Opioid Reversal Agents		
naloxone hcl injection	2	
NARCAN	3	QL (2 EA per 30 days)
Smoking Cessation Agents		
buproban	2	
CHANTIX CONTINUING MONTH PAK	4	
CHANTIX STARTING MONTH PAK	4	
CHANTIX TABLET 0.5MG, 1MG	4	
NICOTROL INHALER	3	
NICOTROL NS	3	
Anti-inflammatory Agents		
Glucocorticoids		
EPIFOAM	3	
Nonsteroidal Anti-inflammatory Drugs		
diclofenac potassium	2	
diclofenac sodium dr	2	
diclofenac sodium er	2	
diclofenac sodium gel 3%	5	
diflunisal tablet	2	
etodolac er	2	
etodolac capsule 200mg	2	
etodolac tablet 400mg, 500mg	2	
fenoprofen calcium tablet	2	
FLECTOR	4	PA
flurbiprofen tablet	2	
ibuprofen suspension	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ketoprofen er	2	
ketoprofen capsule	2	
meloxicam suspension 7.5mg/5ml	2	

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
nabumetone	2	
naproxen dr	2	
naproxen suspension 125mg/5ml	1	
naproxen tablet 250mg, 375mg	1	
oxaprozin	2	
piroxicam capsule	2	
sulindac tablet	2	
tolmetin sodium	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection	2	HI
BETHKIS	5	B/D
gentak	2	
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%	2	HI
gentamicin sulfate cream, injection, external ointment, ophthalmic ointment, ophthalmic solution	2	
isotonic gentamicin	2	HI
neomycin sulfate	2	
paromomycin sulfate	2	
streptomycin sulfate injection	2	
TOBI	5	B/D
TOBI PODHALER	5	QL (224 EA per 28 days)
tobramycin sulfate ophthalmic solution	2	
tobramycin sulfate injection 10mg/ml, 80mg/2ml	2	HI
tobramycin nebulization solution	5	B/D
TOBREX OINTMENT	4	
Antibacterials, Other		
alcohol prep pads	2	
bacitracin ointment	2	
BACTROBAN NASAL	4	
chloramphenicol sodium succinate	2	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN SUPPOSITORY	3	
clindamycin hcl capsule 150mg	1	
clindamycin hcl capsule 300mg	2	
clindamycin palmitate hcl	2	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
clindamycin phosphate cream, foam, gel, lotion, external solution, swab	2	
clindamycin phosphate injection 600mg/4ml	2	
colistimethate sodium	2	HI
CORTISPORIN OINTMENT 400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	4	
CUBICIN	5	HI
DALVANCE	5	
daptomycin solution 500mg	5	HI
FLAGYL ER	4	
IMPAVIDO	5	PA
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	4	
LINCOCIN	4	HI
linezolid suspension reconstituted, tablet	5	PA
linezolid injection 600mg/300ml	5	PA
methenamine hippurate	2	
methenamine mandelate tablet	2	
metronidazole in nacl 0.79%	2	HI
metronidazole vaginal	2	
metronidazole cream, gel, lotion, tablet	2	
MONUROL	2	
mupirocin cream, ointment	2	
neomycin/bacitracin/polymyxin	2	
neomycin/polymyxin/bacitracin/hydrocortisone	2	
neomycin/polymyxin/gramicidin	2	
neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	2	
nitrofurantoin macrocrystals capsule 100mg, 50mg	2	QL (360 EA per 365 days)
nitrofurantoin monohydrate	2	QL (180 EA per 365 days)
nitrofurantoin monohydrate/macrocystals capsule 100mg	2	QL (180 EA per 365 days)
NUVESSA	4	ST
polymyxin b sulfate/trimethoprim sulfate	2	
PRIMSOL	3	
silver sulfadiazine cream	2	
SIVEXTRO TABLET	5	QL (6 EA per 30 days) PA
SULFAMYLON CREAM	4	
SYNERCID	5	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
tigecycline solution	3	HI
trimethoprim tablet	2	
TYGACIL	3	HI
vancomycin hcl capsule	5	
vancomycin hcl injection 1000mg, 10gm, 5000mg, 500mg	2	HI
VIBATIV	3	
XIFAXAN TABLET 200MG	4	QL (30 EA per 30 days)
XIFAXAN TABLET 550MG	5	QL (60 EA per 30 days) PA
ZYVOX SUSPENSION RECONSTITUTED, TABLET	5	PA
ZYVOX INJECTION 600MG/300ML	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ	5	
cefaclor	2	
cefadroxil	2	
cefazolin sodium injection 10gm, 1gm, 1gm; 5%, 500mg	2	HI
cefdinir	2	
cefepime injection 1gm, 2gm	2	HI
cefixime	2	
cefotaxime sodium injection 10gm, 1gm, 2gm	2	HI
cefoxitin sodium injection 10gm, 1gm, 2gm	2	HI
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime	2	HI
ceftibuten	2	
CEFTIN SUSPENSION RECONSTITUTED 250MG/5ML	3	
ceftriaxone in iso-osmotic dextrose injection 40mg/ml; 0	2	HI
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	2	HI
cefuroxime axetil	2	
cefuroxime sodium injection 1.5gm, 7.5gm, 750mg	2	HI
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
cephalexin tablet 250mg	1	
cephalexin tablet 500mg	2	
SUPRAX CAPSULE, TABLET CHEWABLE	3	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	3	
tazicef injection 1gm, 2gm, 6gm	2	HI
TEFLARO	4	
ZERBAXA	5	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	HI
CAYSTON	5	LA
imipenem/cilastatin	2	
INVANZ	4	
MERREM INJECTION 1 GM, 500MG	4	
Beta-lactam, Penicillins		
amoxicillin	2	
amoxicillin/clavulanate potassium	2	
amoxicillin/clavulanate potassium er	2	
ampicillin sodium injection	2	HI
ampicillin-sulbactam injection 10gm; 5gm, 2gm; 1gm	2	HI
ampicillin capsule 250mg	1	
ampicillin capsule 500mg	2	
ampicillin suspension reconstituted	2	
bactocill in dextrose injection 0; 1gm/50ml	2	HI
BICILLIN C-R	3	
BICILLIN L-A	3	
dicloxacillin sodium	2	
nafcillin sodium	2	
oxacillin sodium	2	HI
penicillin g potassium in iso-osmotic dextrose	2	HI
penicillin g potassium injection 20000000unit, 5000000unit	2	HI
penicillin g procaine	2	
penicillin g sodium	2	
penicillin v potassium	2	
piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm	2	HI
piperacillin/tazobactam injection 36gm; 4.5gm, 4gm; 0.5gm	2	HI
ZOSYN INJECTION 2GM; 0.25GM, 36GM; 4.5GM, 4GM; 0.5GM, 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	4	HI

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
Macrolides		
AZASITE	4	
azithromycin packet, suspension reconstituted, tablet	2	
azithromycin injection	2	HI
clarithromycin er	2	
clarithromycin suspension reconstituted, tablet	2	
DIFICID	5	QL (20 EA per 30 days) ST
E.E.S. 400	3	
E.E.S. GRANULES	3	
ery	2	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE	3	
ERYTHROCIN STEARATE	3	
erythromycin base	2	
erythromycin ethylsuccinate tablet	2	
erythromycin capsule delayed release particles, gel, ointment, pad, solution	2	
PCE	3	
Quinolones		
CILOXAN OINTMENT	3	
ciprofloxacin er	2	
ciprofloxacin hcl solution	2	
ciprofloxacin hcl otic solution 0.2%	2	
ciprofloxacin hcl tablet 250mg, 500mg	1	
ciprofloxacin hcl tablet 100mg, 750mg	2	
ciprofloxacin suspension reconstituted	2	
ciprofloxacin injection 400mg/40ml	2	
gatifloxacin	2	
levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml	2	
levofloxacin ophthalmic solution, oral solution, tablet	2	
levofloxacin injection	2	HI
MOXEZA	4	
moxifloxacin hcl ophthalmic drops 0.5%	2	
moxifloxacin hcl tablet	2	
ofloxacin	2	
VIGAMOX	3	
Sulfonamides		
sodium sulfacetamide solution	2	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
sulfacetamide sodium ointment 10%	2	
sulfadiazine tablet	2	
sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim tablet	1	
sulfamethoxazole/trimethoprim injection, suspension	2	
Tetracyclines		
DEMECLOCYCLINE HCL	4	
doxycycline hyclate dr tablet delayed release 100mg, 150mg, 75mg	2	
doxycycline hyclate capsule, injection, tablet	2	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet	2	
doxycycline capsule 75mg	2	
doxycycline suspension reconstituted	2	
minocycline hcl capsule, tablet	2	
SOLODYN	5	
tetracycline hcl capsule	1	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABLET 200MG	4	QL (30 EA per 30 days)
APTIOM TABLET 400MG, 800MG	5	QL (30 EA per 30 days)
APTIOM TABLET 600MG	5	QL (60 EA per 30 days)
BRIVIACT	5	
FYCOMPA SUSPENSION	4	
FYCOMPA TABLET	4	QL (30 EA per 30 days)
levetiracetam er	2	
levetiracetam injection, oral solution	2	
levetiracetam tablet 250mg, 500mg	1	
levetiracetam tablet 1000mg, 750mg	2	
magnesium sulfate in d5w injection 5%; 10mg/ml	2	HI
POTIGA TABLET 50MG	4	QL (180 EA per 30 days)
POTIGA TABLET 200MG, 300MG, 400MG	4	QL (90 EA per 30 days)
roweepra	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (60 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 500MG, 750MG	4	QL (90 EA per 30 days)
Calcium Channel Modifying Agents		
CELONTIN	3	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
ethosuximide	2	
LYRICA	4	
zonisamide capsule 25mg	1	
zonisamide capsule 100mg, 50mg	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clonazepam odt	2	
clonazepam tablet	1	
clorazepate dipotassium	2	
DIASTAT ACUDIAL 10MG, 20MG	4	
DIASTAT PEDIATRIC 2.5MG	4	
DIAZEPAM GEL 10MG, 2.5MG, 20MG	4	
divalproex sodium	2	
divalproex sodium dr tablet delayed release 125mg	1	
divalproex sodium dr tablet delayed release 250mg, 500mg	2	
gabapentin capsule	1	
gabapentin solution, tablet	2	
GABITRIL TABLET 12MG, 16MG	3	
ONFI SUSPENSION	4	ST
ONFI TABLET 10MG, 20MG	3	QL (60 EA per 30 days) ST
phenobarbital tablet 100mg, 15mg, 60mg	2	PA
primidone tablet	1	
SABRIL	5	LA
tiagabine hydrochloride	2	
valproate sodium injection	2	
valproic acid capsule, syrup	2	
vigabatrin pack 500mg	5	LA
Glutamate Reducing Agents		
FELBAMATE	4	
lamotrigine er	2	
lamotrigine odt	2	
lamotrigine tablet chewable	2	
lamotrigine tablet 100mg, 150mg, 200mg	1	
lamotrigine tablet 25mg	2	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 50MG	4	QL (30 EA per 30 days) ST
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	4	QL (60 EA per 30 days) ST
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25MG	4	QL (90 EA per 30 days) ST

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 25MG, 50MG	4	QL (30 EA per 30 days) ST
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 200MG	4	QL (60 EA per 30 days) ST
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL (60 EA per 30 days) ST
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 25MG, 50MG	4	QL (90 EA per 30 days) ST
Sodium Channel Agents		
BANZEL SUSPENSION	4	PA
BANZEL TABLET 200MG	4	PA
BANZEL TABLET 400MG	5	PA
carbamazepine er	2	
carbamazepine tablet chewable, suspension, tablet	2	
CARBATROL	4	
CEREBYX INJECTION 500MG PE/10ML	4	
DILANTIN INFATABS	3	
DILANTIN CAPSULE 30MG	3	
epitol	2	
EQUETRO	4	
fosphenytoin sodium injection 100mg pe/2ml	2	
oxcarbazepine	2	
OXTELLAR XR	4	
PEGANONE	4	
phenytoin infatabs	2	
phenytoin sodium extended capsule 100mg	1	
phenytoin sodium extended capsule 200mg, 300mg	2	
phenytoin sodium injection	2	
phenytoin tablet chewable, suspension	2	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200MG, 400MG	3	
VIMPAT	4	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	2	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG, 10MG; 14MG, 10MG; 21MG, 10MG; 28MG	4	QL (30 EA per 30 days) PA
NAMZARIC TITRATION PACK	4	QL (28 EA per 28 days) PA

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Cholinesterase Inhibitors		
donepezil hcl tablet dispersible	2	
donepezil hcl tablet 10mg, 5mg	1	
donepezil hcl tablet 23mg	2	
galantamine hydrobromide	2	
rivastigmine tartrate	2	
rivastigmine transdermal system	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl	2	
memantine hcl titration pak	2	
memantine hydrochloride solution	2	
NAMENDA XR	3	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3	QL (30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
APLENZIN	4	
BRINTELLIX	4	QL (30 EA per 30 days)
bupropion hcl sr	2	
bupropion hcl xl	2	
bupropion hcl tablet	2	
FORFIVO XL	4	QL (30 EA per 30 days)
maprotiline hcl	2	
mirtazapine odt	2	
mirtazapine tablet 7.5mg	1	
mirtazapine tablet 15mg, 30mg, 45mg	2	
nefazodone hcl	2	
trazodone hcl tablet 100mg, 150mg, 50mg	1	
trazodone hcl tablet 300mg	2	
TRINTELLIX	4	QL (30 EA per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM	3	ST
MARPLAN	3	
phenelzine sulfate	2	
tranylcypromine sulfate	2	
ZELAPAR	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
BRISDELLE	4	QL (30 EA per 30 days)
citalopram hydrobromide solution	1	QL (600 ML per 30 days)
citalopram hydrobromide tablet 40mg	1	QL (30 EA per 30 days)
citalopram hydrobromide tablet 10mg, 20mg	1	QL (45 EA per 30 days)
DESVENLAFAXINE ER	4	QL (30 EA per 30 days) ST

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desvenlafaxine succinate er (generic PRISTIQ)	4	QL (30 EA per 30 days)
duloxetine hcl capsule delayed release particles 30mg	2	QL (120 EA per 30 days)
duloxetine hcl capsule delayed release particles 20mg	2	QL (180 EA per 30 days)
duloxetine hcl capsule delayed release particles 40mg	2	QL (30 EA per 30 days)
duloxetine hcl capsule delayed release particles 60mg	2	QL (60 EA per 30 days)
escitalopram oxalate	2	
FETZIMA	4	QL (30 EA per 30 days)
FETZIMA TITRATION PACK	4	QL (30 EA per 30 days)
fluoxetine dr	2	
fluoxetine hcl capsule, solution, tablet	1	
fluvoxamine maleate	2	
fluvoxamine maleate er	2	
OLANZAPINE/FLUOXETINE CAPSULE 25MG; 3MG	4	
paroxetine capsule 7.5mg	4	QL (30 EA per 30 days)
paroxetine hcl	1	
paroxetine hcl er	2	
PAXIL SUSPENSION	4	
PRISTIQ	4	QL (30 EA per 30 days)
sertraline hcl concentrate, tablet	1	
VIIBRYD STARTER PACK	4	QL (30 EA per 30 days)
VIIBRYD TABLET	4	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl tablet	2	PA
amoxapine	2	
clomipramine hcl capsule	2	
desipramine hcl tablet	2	
doxepin hcl capsule, concentrate	2	
imipramine hcl tablet	2	PA
imipramine pamoate	2	PA
nortriptyline hcl capsule, solution	2	
protriptyline hcl	2	
trimipramine maleate capsule	2	PA
Antiemetics		
Antiemetics, Other		
AKYNZEO	4	QL (2 EA per 30 days) B/D
meclizine hcl tablet	2	

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phenadoz	2	
promethazine hcl tablet	2	PA
promethazine hcl injection 25mg/ml, 50mg/ml	2	
promethazine hcl suppository 12.5mg, 25mg	2	
promethegan suppository 25mg, 50mg	2	
scopolamine patch 1mg/3 days	3	
TRANSDERM-SCOP	3	
Emetogenic Therapy Adjuncts		
ANZEMET TABLET	3	QL (20 EA per 30 days) B/D
aprepitant capsule	4	QL (6 EA per 30 days) B/D
DRONABINOL	4	B/D
EMEND CAPSULE	4	QL (6 EA per 30 days) B/D
EMEND SUSPENSION 125MG	4	QL (3 EA per 30 days) B/D
granisetron hcl tablet	2	B/D
granisetron hcl injection 0.1mg/ml, 1mg/ml, 4mg/4ml	2	HI
ondansetron hcl oral solution, tablet	2	B/D
ondansetron hcl injection 4mg/2ml	2	HI
ondansetron hcl syringe 4mg/2ml	2	HI
ondansetron odt	2	B/D
SANCUSO	5	QL (4 EA per 28 days) PA
SUSTOL	5	B/D
Antifungals		
Antifungals		
ABELCET	5	B/D
AMBISOME	5	B/D
amphotericin b	2	B/D
ANCOBON	5	
CANCIDAS	5	
caspofungin acetate	5	
ciclopirox	2	
ciclopirox nail lacquer	2	
ciclopirox olamine cream	2	
clotrimazole/betamethasone dipropionate	2	
clotrimazole cream, solution, troche	2	
CRESEMBA	5	
econazole nitrate cream	2	
ERAXIS	4	
EXELDERM CREAM	4	
fluconazole in nacl injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	2	HI

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
fluconazole suspension reconstituted, tablet	2	
GRIFULVIN V	4	
griseofulvin microsize tablet	2	
griseofulvin ultramicrosize	2	
ITRACONAZOLE CAPSULE	4	
ketoconazole cream, shampoo, tablet	2	
ketoconazole foam 2%	4	
miconazole 3 suppository	2	
MYCAMINE INJECTION 50MG	4	
MYCAMINE INJECTION 100MG	5	
NOXAFIL SUSPENSION, TABLET DELAYED RELEASE	5	
nyamyc	2	
nystatin/triamcinolone	2	
nystatin cream, ointment, powder, suspension, tablet	2	
nystop	2	
oxiconazole nitrate	4	
OXISTAT LOTION	4	
terbinafine hcl tablet	2	
terconazole	2	
VFEND TABLET	5	
VORICONAZOLE INJECTION	4	
voriconazole suspension reconstituted, tablet	5	
ZAZOLE CREAM 0.8%	4	
zazole cream 0.4%	2	
Antigout Agents		
Antigout Agents		
allopurinol tablet	1	
colchicine capsule, tablet	2	
COLCRYS	3	
MITIGARE	4	
probenecid/colchicine	2	
probenecid tablet	2	
ULORIC	4	
Antimigraine Agents		
Antimigraine Agents		
isometheptene/dichloralphenazone/acetaminophen	2	ED
Ergot Alkaloids		
dihydroergotamine mesylate injection	2	

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dihydroergotamine mesylate nasal solution	2	QL (12 ML per 30 days)
ERGOMAR	3	
migergot	2	
Prophylactic		
divalproex sodium er	2	
topiramate capsule sprinkle	2	
topiramate tablet 25mg, 50mg	1	
topiramate tablet 100mg, 200mg	2	
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotriptan malate	2	QL (12 EA per 30 days)
eletriptan hydrobromide	4	QL (12 EA per 30 days) ST
frovatriptan succinate	4	QL (18 EA per 30 days)
naratriptan hcl	2	
ONZETRA XSAIL	4	ST
RELPAX	4	QL (12 EA per 30 days) ST
rizatriptan benzoate	2	QL (18 EA per 30 days)
rizatriptan benzoate odt	2	QL (18 EA per 30 days)
sumatriptan succinate refill	2	QL (4 ML per 30 days)
sumatriptan succinate tablet	2	
sumatriptan succinate injection 6mg/0.5ml	2	
sumatriptan succinate pen	2	QL (4 ML per 30 days)
sumatriptan solution	2	
SUMAVEL DOSEPRO	4	ST
TREXIMET	4	QL (18 EA per 30 days) ST
zolmitriptan odt	2	QL (12 EA per 30 days)
zolmitriptan tablet	2	QL (12 EA per 30 days)
ZOMIG NASAL SPRAY	4	QL (12 EA per 30 days) ST
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	2	
pyridostigmine bromide tablet, tablet extended release	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	2	
rifabutin	4	
Antituberculars		
CAPASTAT SULFATE	3	
cycloserine	2	
ethambutol hcl	2	
isoniazid syrup, tablet	1	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
PASER	3	
PRIFTIN	4	
pyrazinamide tablet	2	
RIFAMATE	4	
rifampin capsule, injection	2	
RIFATER	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
BENDEKA	5	B/D
BICNU	4	
busulfan solution 6mg/ml	4	
BUSULFEX	4	
cyclophosphamide injection	2	
cyclophosphamide capsule	4	B/D
dacarbazine injection 200mg	2	
GLEOSTINE	3	
HEXALEN	5	
IFEX	4	
ifosfamide injection 1gm	2	
KISQALI FEMARA	5	PA
LEUKERAN	3	
MATULANE	5	PA
melphalan hydrochloride	2	
MUSTARGEN	4	
thiotepa	2	
TREANDA INJECTION 100MG, 180MG/2ML, 45MG/0.5ML	5	
VALCHLOR	5	QL (60 GM per 30 days) PA LA
YONDELIS	5	B/D
ZANOSAR	4	
Antiandrogens		
bicalutamide	2	
flutamide	2	
NILANDRON	5	
nilutamide tablet 150mg	5	
XTANDI	5	PA LA
Antiangiogenic Agents		
REVLIMID	5	QL (30 EA per 30 days) PA LA
THALOMID	5	PA

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
Antiestrogens/Modifiers		
EMCYT	4	
FARESTON	5	
FASLODEX	5	
SOLTAMOX	4	
tamoxifen citrate tablet	2	
Antimetabolites		
ADRUCIL INJECTION 500MG/10ML	3	B/D
ALIMTA INJECTION 100MG, 500MG	5	
ARRANON	5	
cladribine	2	B/D
clofarabine solution 1mg/ml	4	B/D
CLOLAR	4	
cytarabine aqueous	2	B/D
DROXIA	4	
ELITEK	4	
fluorouracil injection 2.5gm/50ml	2	B/D
FOLOTYN	5	
gemcitabine	5	
gemcitabine hcl	5	
hydroxyurea capsule	2	
LONSURF	5	PA
mercaptopurine tablet	2	
PURIXAN	5	
tabloid	2	
VYXEOS	5	B/D
Antineoplastics, Other		
ABRAXANE	5	
adriamycin solution 2mg/ml	2	
amifostine	5	
azacitidine	5	
BELEODAQ	5	B/D
bleomycin sulfate injection 30unit	2	B/D
carboplatin injection 150mg/15ml	2	
cisplatin injection 100mg/100ml	2	
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA
COMETRIQ KIT 60MG/DAY	5	QL (84 EA per 28 days) PA
COSMEGEN	5	
COTELLIC	5	PA LA
DACOGEN	5	

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daunorubicin hcl	2	
DAUNOXOME	4	
decitabine	5	
dexrazoxane injection 250mg	2	
DOCEFREZ	5	
docetaxel injection 200mg/20ml, 80mg/4ml, 80mg/8ml	5	
doxorubicin hcl liposome	2	
doxorubicin hcl injection 2mg/ml, 50mg	2	
epirubicin hcl injection 200mg/100ml, 50mg/25ml	2	
ERIVEDGE	5	PA LA
ERWINAZE	5	
fludarabine phosphate injection 50mg	2	
FUSILEV	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
HALAVEN	5	
IBRANCE	5	QL (21 EA per 28 days) PA
idarubicin hcl injection 10mg/10ml	2	
irinotecan injection 100mg/5ml	2	
ISTODAX	5	
IXEMPRA KIT INJECTION 15MG, 45MG	5	
JAKAFI	5	PA LA
JEVTANA	5	B/D
KISQALI	5	PA
LARTRUVO	5	B/D
leucovorin calcium injection, tablet	2	
levoleucovorin calcium	4	
levoleucovorin vial 50mg	5	
LYNPARZA TABLET 100MG	5	QL (120 EA per 30 days) PA
LYNPARZA TABLET 50MG, 150MG	5	PA
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA
MENEST	4	
mesna	2	
MESNEX TABLET	5	
mitomycin injection 20mg, 5mg	2	B/D
mitomycin injection 40mg	5	B/D
mitoxantrone hcl	2	
NERLYNX	5	QL (180 EA per 30 days) PA
NINLARO	5	QL (3 EA per 28 days)

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
ODOMZO	5	QL (30 EA per 30 days) PA LA
ONCASPAR	5	
oxaliplatin injection 100mg/20ml	2	
paclitaxel injection 300mg/50ml	2	
PICATO	5	ST
POMALYST	5	QL (21 EA per 28 days) PA LA
PORTRAZZA	5	B/D
PROLEUKIN	5	
RUBRACA	5	QL (120 EA per 30 days) PA
RYDAPT	5	PA
SYLATRON	5	PA
SYNRIBO	5	PA
TAGRISSO	5	QL (30 EA per 30 days) PA LA
TRISENOX	4	
VELCADE	3	
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	4	PA
VENCLEXTA TABLET 100MG	5	PA
VIDAZA	5	
vinblastine sulfate	2	B/D
vincasar pfs	2	B/D
vincristine sulfate	2	B/D
vinorelbine tartrate injection 50mg/5ml	2	
ZEJULA	5	QL (90 EA per 30 days) PA
ZOLINZA	5	PA
ZYTIGA	5	PA LA
Antineoplastics		
FARYDAK	5	PA
ZALTRAP INJECTION 100MG/4ML	5	
ZYKADIA	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	2	
exemestane	2	
letrozole	2	
Enzyme Inhibitors		
etoposide injection 500mg/25ml	2	
KYPROLIS	5	PA
toposar injection 1gm/50ml	2	
topotecan hcl injection 4mg	5	
ZYDELIG	5	QL (60 EA per 30 days) PA
Molecular Target Inhibitors		

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AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	
ALIQOPA	5	B/D
ALUNBRIG	5	PA
BOSULIF TABLET 100MG	5	QL (120 EA per 30 days) PA
BOSULIF TABLET 500MG	5	QL (30 EA per 30 days) PA
CABOMETYX	5	PA
CAPRELSA	5	PA LA
GLEEVEC	5	PA
ICLUSIG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
imatinib mesylate	5	PA
IMBRUVICA	5	QL (120 EA per 30 days) PA
INLYTA	5	PA LA
IRESSA	5	PA
LENVIMA 10 MG DAILY DOSE	5	QL (30 EA per 30 days) PA LA
LENVIMA 14 MG DAILY DOSE	5	QL (60 EA per 30 days) PA LA
LENVIMA 18 MG DAILY DOSE	5	QL (90 EA per 30 days) PA LA
LENVIMA 20 MG DAILY DOSE	5	QL (60 EA per 30 days) PA LA
LENVIMA 24 MG DAILY DOSE	5	QL (90 EA per 30 days) PA LA
LENVIMA 8 MG DAILY DOSE	5	QL (60 EA per 30 days) PA LA
NEXAVAR	5	PA LA
SPRYCEL	5	PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
SUTENT	5	PA
TAFINLAR	5	QL (120 EA per 30 days) PA
TARCEVA	5	PA
TASIGNA	5	PA
TYKERB	5	PA LA
VOTRIENT	5	PA
XALKORI	5	QL (60 EA per 30 days) PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
Monoclonal Antibodies		
ARZERRA INJECTION 100MG/5ML	5	PA
AVASTIN	5	
BAVENCIO	5	B/D
BESPONSA	5	B/D
CYRAMZA	5	PA
DARZALEX INJECTION 400MG/20ML	5	B/D
DARZALEX INJECTION 100MG/5ML	5	B/D LA

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EMPLICITI	5	B/D
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	5	PA
GAZYVA	5	B/D
HERCEPTIN	5	
IMFINZI	5	B/D
KADCYLA	5	B/D
KEYTRUDA	5	B/D
OPDIVO	5	
PERJETA	5	
RITUXAN HYCELA	5	B/D
RITUXAN INJECTION 500MG/50ML	5	B/D
SYLVANT	5	B/D
TECENTRIQ	5	B/D
UNITUXIN	5	B/D
VECTIBIX INJECTION 100MG/5ML	5	B/D
YERVOY	5	B/D
ZALTRAP INJECTION 200MG/8ML	5	
Retinoids		
bexarotene	5	
PANRETIN	5	
TARGRETIN	5	PA
tretinoin capsule 10mg	5	PA
Antiparasitics		
Anthelmintics		
ALBENZA	3	
BILTRICIDE	3	
IVERMECTIN TABLET	3	
Antiprotozoals		
ALINIA	3	
atovaquone	5	
ATOVAQUONE/PROGUANIL HCL	4	
chloroquine phosphate tablet	2	
COARTEM	3	QL (24 EA per 30 days)
DARAPRIM	3	
hydroxychloroquine sulfate tablet	2	
mefloquine hcl	2	
MEPRON	5	
NEBUPENT	3	PA
PENTAM 300	4	
primaquine phosphate tablet	2	

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quinine sulfate	2	
Pediculicides/Scabicides		
EURAX	3	
lindane lotion, shampoo	2	
malathion	2	
permethrin cream	2	
SKLICE	4	QL (117 GM per 14 days)
ULESFIA	3	
Antiparkinson Agents		
Anticholinergics		
diphenhydramine hcl injection 50mg/ml	2	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
entacapone	2	
tolcapone	5	
Dopamine Agonists		
APOKYN	5	LA
bromocriptine mesylate capsule, tablet	2	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75MG	4	ST
NEUPRO	4	ST
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
ropinirole er	2	
ropinirole hcl tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	
ropinirole hcl tablet 5mg	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er	2	
carbidopa/levodopa odt	2	
CARBIDOPA/LEVODOPA/ENTACAPONE	4	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg	1	
carbidopa/levodopa tablet 25mg; 250mg	2	
carbidopa tablet	2	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	
rasagiline mesylate	3	

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selegiline hcl capsule, tablet	2	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	2	
chlorpromazine hcl injection 50mg/2ml	2	
compro	2	
fluphenazine decanoate injection	2	
fluphenazine hcl concentrate, elixir, injection	2	
fluphenazine hcl tablet 1mg	1	
fluphenazine hcl tablet 10mg, 2.5mg, 5mg	2	
haloperidol decanoate	2	
haloperidol lactate	2	
haloperidol tablet	1	
haloperidol concentrate	2	
loxapine succinate	2	
perphenazine tablet	2	
pimozide	2	
prochlorperazine edisylate injection	2	
thioridazine hcl tablet	2	
thiothixene	2	
trifluoperazine hcl tablet	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole odt	4	QL (60 EA per 30 days) PA
aripiprazole tablet	2	QL (30 EA per 30 days) PA
aripiprazole solution	4	PA
ARISTADA	5	
FANAPT	4	QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	
INVEGA SUSTENNA INJECTION 39MG/0.25ML, 78MG/0.5ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	5	
INVEGA TRINZA	5	
LATUDA	4	QL (30 EA per 30 days)
NUPLAZID	5	PA
olanzapine odt	2	QL (30 EA per 30 days)
olanzapine injection	2	QL (30 EA per 30 days)
olanzapine tablet 2.5mg	1	QL (30 EA per 30 days)
olanzapine tablet 10mg, 15mg, 20mg, 5mg, 7.5mg	2	QL (30 EA per 30 days)

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paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL (30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	4	QL (60 EA per 30 days)
quetiapine fumarate tablet 25mg	1	
quetiapine fumarate tablet 100mg, 200mg, 300mg, 400mg, 50mg	2	
quetiapine fumarate er 50mg, 150mg, 200mg	4	QL (30 EA per 30 days) PA
quetiapine fumarate er 300mg, 400mg	4	QL (60 EA per 30 days) PA
REXULTI	5	QL (30 EA per 30 days) PA
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	4	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5	
risperidone odt	2	
risperidone solution	2	
risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg	1	
risperidone tablet 4mg	2	
SAPHRIS TABLET SUBLINGUAL 5MG	4	QL (60 EA per 30 days)
SAPHRIS TABLET SUBLINGUAL 10MG, 2.5MG	5	QL (60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 200MG, 50MG	4	QL (30 EA per 30 days) PA
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG	4	QL (60 EA per 30 days) PA
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400MG	5	QL (60 EA per 30 days) PA
ziprasidone hcl	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV	5	
ZYPREXA INJECTION	4	QL (30 EA per 30 days)
Antipsychotics		
molindone hydrochloride	2	
VRAYLAR CAPSULE THERAPY PACK	4	ST
VRAYLAR CAPSULE	5	ST
Treatment-Resistant		
clozapine	2	
clozapine odt tablet dispersible 100mg, 12.5mg, 25mg	2	
clozapine odt tablet dispersible 150mg, 200mg	4	

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FAZACLO TABLET DISPERSIBLE 100MG, 12.5MG, 25MG	4	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet	2	
dantrolene sodium capsule	2	
tizanidine hcl capsule, tablet	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
GANCICLOVIR INJECTION	4	B/D
VALCYTE TABLET	5	
valganciclovir	5	
ZIRGAN	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	5	
BARACLUDE SOLUTION	4	QL (600 ML per 30 days)
ENTECAVIR	4	
EPIVIR HBV SOLUTION	3	
HEPSERA	5	
INTRON A W/DILUENT	5	
INTRON A INJECTION 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	5	
lamivudine tablet 100mg	2	
TYZEKA	5	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
DAKLINZA	5	PA
EPCLUSA	5	PA
HARVONI	5	QL (28 EA per 28 days) PA
moderiba	2	
moderiba 1200 dose pack	2	
moderiba 800 dose pack	2	
OLYSIO	5	QL (30 EA per 30 days) PA
PEG-INTRON REDIPEN	5	
PEGASYS	5	
PEGASYS PROCLICK	5	
PEGINTRON INJECTION 120MCG/0.5ML, 50MCG/0.5ML	5	
ribasphere	2	
ribavirin	2	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
SOVALDI	5	QL (30 EA per 30 days) PA
TECHNIVIE	5	PA
VICTRELIS	5	PA
VIEKIRA PAK	5	QL (112 EA per 28 days) PA
VIEKIRA XR	5	QL (28 EA per 28 days) PA
VIRAZOLE	5	B/D
ZEPATIER	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ATRIPLA	5	
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET 100MG	3	
TIVICAY TABLET 10MG	4	QL (30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL (30 EA per 30 days)
VITEKTA	5	QL (30 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	3	QL (30 EA per 30 days)
INTELENCE TABLET 25MG	3	QL (120 EA per 30 days)
INTELENCE TABLET 100MG, 200MG	5	
nevirapine er tablet extended release 24 hour 400mg	4	QL (30 EA per 30 days)
nevirapine er tablet extended release 24 hour 100mg	4	QL (60 EA per 30 days)
nevirapine suspension	4	QL (1200 ML per 30 days)
nevirapine tablet	4	QL (60 EA per 30 days)
ODEFSEY	5	QL (30 EA per 30 days)
RESCRIPTOR	3	
STRIBILD	5	
SUSTIVA	3	
VIRAMUNE SUSPENSION	4	QL (1200 ML per 30 days)
VIRAMUNE TABLET	5	QL (60 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	2	
abacavir/lamivudine	5	
abacavir sulfate/lamivudine/zidovudine	5	
DESCOVY	5	
didanosine	2	
EMTRIVA	3	
EPZICOM	5	
LAMIVUDINE/ZIDOVUDINE	4	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
lamivudine solution 10mg/ml	2	
lamivudine tablet 150mg, 300mg	2	
RETROVIR IV INFUSION	3	
stavudine	2	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIZIVIR	5	
TRUVADA	5	
VIDEX PEDIATRIC	3	
VIREAD	5	
ZERIT ORAL SOLUTION 1MG/ML	5	
ZIAGEN SOLUTION	3	
zidovudine	2	
Anti-HIV Agents, Other		
FUZEON	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
ISENTRESS TABLET 400MG	5	
SELZENTRY	5	
SELZENTRY ORAL SOLUTION 20MG/ML	5	QL (460 ML per 30 days)
TIVICAY TABLET 50MG	5	QL (60 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS SOLUTION	4	
APTIVUS CAPSULE	5	
CRIXIVAN	3	
EVOTAZ	5	QL (30 EA per 30 days)
fosamprenavir calcium tablet	5	
INVIRASE CAPSULE	4	
INVIRASE TABLET	5	
KALETRA SOLUTION	5	
KALETRA TABLET 100MG; 25MG	4	
KALETRA TABLET 200MG; 50MG	5	
LEXIVA SUSPENSION	4	
LEXIVA TABLET	5	
lopinavir/ritonavir oral solution 400mg/5ml; 100mg/5ml	5	
NORVIR	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	3	
PREZISTA TABLET 600MG, 800MG	5	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
REYATAZ	5	
VIRACEPT	3	
Anti-influenza Agents		
amantadine hcl capsule, syrup, tablet	2	
oseltamavir phosphate capsule 30mg	3	QL (112 EA per 365 days)
oseltamavir phosphate capsule 45mg, 75mg	3	QL (56 EA per 365 days)
RELENZA DISKHALER	3	
rimantadine hcl	2	
TAMIFLU SUSPENSION RECONSTITUTED	3	
TAMIFLU CAPSULE 30MG	3	QL (112 EA per 365 days)
TAMIFLU CAPSULE 45MG, 75MG	3	QL (56 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	2	B/D
acyclovir capsule, suspension, tablet	2	
acyclovir ointment	2	QL (30 GM per 30 days)
DENAVIR	4	QL (5 GM per 30 days)
famciclovir tablet	2	
trifluridine solution	2	
valacyclovir hcl	2	
XERESE	4	QL (5 GM per 30 days)
ZOVIRAX CREAM	4	QL (5 GM per 30 days)
Anxiolytics		
Anxiolytics, Other		
alprazolam	1	
alprazolam intensol	2	
alprazolam odt	2	
alprazolam xr	2	
buspirone hcl tablet 5mg	1	
buspirone hcl tablet 10mg, 15mg, 30mg, 7.5mg	2	
chlordiazepoxide hcl	1	
diazepam intensol	2	
diazepam solution 1mg/ml	1	
diazepam tablet 10mg, 2mg, 5mg	1	
estazolam	2	
oxazepam	2	
Benzodiazepines		
alprazolam er tablet extended release 24 hour 1mg, 2mg, 3mg	2	
lorazepam intensol	2	
lorazepam tablet	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
IRENKA	4	QL (120 EA per 30 days)
venlafaxine hcl	2	
venlafaxine hcl er capsule extended release 24 hour 37.5mg	1	
venlafaxine hcl er capsule extended release 24 hour 150mg, 75mg	2	
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG	4	
venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg	2	
Bipolar Agents		
Bipolar Agents, Other		
GEODON INJECTION	4	
OLANZAPINE/FLUOXETINE CAPSULE 25MG; 12MG, 25MG; 6MG, 50MG; 12MG, 50MG; 6MG	4	
Mood Stabilizers		
lithium	2	
lithium carbonate er	2	
lithium carbonate capsule, tablet	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	2	
ACTOPLUS MET XR	4	
ADLYXIN	4	
ADLYXIN STARTER PACK	4	
AVANDIA	4	
BYDUREON	3	QL (4 EA per 28 days)
BYETTA	3	
CYCLOSET	4	
FARXIGA	3	QL (30 EA per 30 days)
glimepiride	1	
glipizide er	2	
glipizide xl tablet extended release 24 hour 2.5mg	2	
glipizide/metformin hcl	2	
glipizide tablet	1	
GLUMETZA	5	ST
GLYXAMBI	4	QL (30 EA per 30 days)
INVOKAMET	3	
INVOKANA	3	QL (30 EA per 30 days)

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
JANUMET	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	4	
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR	3	QL (30 EA per 30 days)
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	4	QL (30 EA per 30 days)
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	4	QL (60 EA per 30 days)
metformin hcl er tablet extended release 24 hour (generic GLUCOPHAGE XR) 500mg, 750mg	1	
metformin hcl er tablet extended release 24 hour (generic FORTAMET) 1000mg, 500mg	2	
metformin hcl er tablet extended release 24 hour (generic GLUMETZA) 1000mg, 500mg	5	
metformin hcl tablet	1	
miglitol	2	
nateglinide	2	
ONGLYZA	4	
pioglitazone hcl	2	
pioglitazone hcl-glimepiride	2	
pioglitazone hcl/metformin hcl	2	
repaglinide	2	
repaglinide/metformin hydrochloride	2	
SYMLINPEN 120	5	ST
SYMLINPEN 60	3	QL (12 ML per 30 days) ST
TANZEUM	4	QL (4 EA per 28 days)
tolazamide	2	
tolbutamide	2	
TRADJENTA	3	QL (30 EA per 30 days)
VICTOZA	3	
XIGDUO XR	3	
Glycemic Agents		
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 25%	3	B/D
dextrose 10%/nacl 0.45%	2	
dextrose 10%	2	
dextrose 10%/nacl 0.2%	2	
dextrose 2.5%/nacl 0.45%	2	
dextrose 5%	2	
dextrose 5%/nacl 0.2%	2	
dextrose 5%/nacl 0.225%	2	
dextrose 5%/nacl 0.33%	2	
dextrose 5%/nacl 0.45%	2	
dextrose 5%/nacl 0.9%	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
kcl 0.15%/d5w/ nacl 0.3%	2	
kcl 0.15%/d5w/lr	2	
kcl 0.15%/d5w/nacl 0.45%	2	
potassium chloride packet 20meq	2	
PROGLYCEM	3	
Insulins		
AFREZZA	4	ST
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
BASAGLAR QUICKPEN	4	
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 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	

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HUMULIN R U-500 KWIKPEN	2	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	4	
LEVEMIR FLEXTOUCH	4	
NOVOLIN 70/30	4	ST
NOVOLIN N	4	ST
NOVOLIN R	4	ST
NOVOLOG	4	ST
NOVOLOG FLEXPEN	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	ST
NOVOLOG PEN	4	ST
SOLIQUA 100/33	4	
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	4	
XULTOPHY	4	QL (15 ML per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN	3	
ELIQUIS	3	QL (74 EA per 30 days)
ENOXAPARIN SODIUM INJECTION 30MG/0.3ML	4	QL (18 ML per 30 days)
ENOXAPARIN SODIUM INJECTION 100MG/ML, 150MG/ML	5	QL (60 ML per 30 days)
enoxaparin sodium injection 300mg/3ml	2	
enoxaparin sodium injection 40mg/0.4ml	4	QL (24 ML per 30 days)
enoxaparin sodium injection 60mg/0.6ml	4	QL (36 ML per 30 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	4	QL (48 ML per 30 days)
FONDAPARINUX SODIUM INJECTION 2.5MG/0.5ML	4	QL (15 ML per 30 days)
fondaparinux sodium injection 5mg/0.4ml	5	QL (12 ML per 30 days)
fondaparinux sodium injection 7.5mg/0.6ml	5	QL (18 ML per 30 days)
fondaparinux sodium injection 10mg/0.8ml	5	QL (24 ML per 30 days)
FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 7500UNIT/0.3ML	5	
heparin sodium/d5w	2	

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heparin sodium/nacl 0.45%	2	
heparin sodium/nacl 0.9%	2	
heparin sodium/sodium chloride 0.9% premix	2	
heparin sodium injection 2500unit/ml	2	B/D HI
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 5000unit/ml	2	HI
jantoven	1	
PRADAXA	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
warfarin sodium tablet	1	
XARELTO STARTER PACK	3	
XARELTO TABLET 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABLET 15MG	3	QL (60 EA per 30 days)
Blood Formation Modifiers		
anagrelide hydrochloride	2	
ARANESP ALBUMIN FREE INJECTION 100MCG, 0.4ML, 100MCG/ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	B/D
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	5	B/D
EPOGEN	4	B/D
GRANIX	5	
LEUKINE INJECTION 250MCG	5	
MIRCERA	3	QL (0.6 ML per 28 days)
MOZOBIL	5	
NEULASTA	5	
NEUPOGEN INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML	3	B/D
PROCRIT INJECTION 4000UNIT/ML	4	B/D
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	B/D
PROMACTA	5	PA LA
ZARXIO	5	

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Blood Products/Modifiers/Volume Expanders		
SOLIRIS	5	PA LA
Coagulants		
BRILINTA TABLET 90MG	3	QL (60 EA per 30 days)
tranexamic acid injection, tablet	2	
Platelet Modifying Agents		
aspirin/dipyridamole	2	
BRILINTA TABLET 60MG	3	QL (60 EA per 30 days)
cilostazol	2	
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
EFFIENT	3	
prasugrel	3	
ZONTIVITY	4	QL (30 EA per 30 days) ST
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl tablet	1	
clonidine hcl patch weekly	2	
clorpres	2	
midodrine hcl	2	
Alpha-adrenergic Blocking Agents		
doxazosin	2	
doxazosin mesylate tablet 1mg, 2mg, 8mg	2	
phenoxybenzamine hydrochloride capsule 10mg	2	
prazosin hcl	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	
candesartan cilexetil/hydrochlorothiazide	2	
EDARBYCLOR	4	QL (30 EA per 30 days)
ENTRESTO	3	QL (60 EA per 30 days)
eprosartan mesylate	2	
irbesartan	2	
irbesartan/hydrochlorothiazide	2	
losartan potassium	1	
losartan potassium/hydrochlorothiazide	1	
irbesartan	2	
olmesartan medoxomil	2	
olmesartan medoxomil/hydrochlorothiazide	2	
telmisartan/amlodipine	2	
telmisartan/hydrochlorothiazide	2	
valsartan	2	

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valsartan/hydrochlorothiazide	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl/hydrochlorothiazide	2	
benazepril hcl tablet	1	
captopril/hydrochlorothiazide	2	
captopril tablet	1	
enalapril maleate/hydrochlorothiazide	2	
enalapril maleate tablet	1	
fosinopril sodium	2	
fosinopril sodium/hydrochlorothiazide	2	
lisinopril	1	
lisinopril/hydrochlorothiazide	1	
moexipril hcl	2	
moexipril/hydrochlorothiazide	2	
perindopril erbumine	2	
quinapril hcl	2	
quinapril/hydrochlorothiazide	2	
ramipril capsule 2.5mg	1	
ramipril capsule 1.25mg, 10mg, 5mg	2	
trandolapril	2	
trandolapril/verapamil hcl	2	
Antiarrhythmics		
amiodarone hcl tablet	2	
amiodarone hcl injection 50mg/ml	2	
disopyramide phosphate	2	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl	2	
MULTAQ	3	
pacerone tablet 200mg	2	
propafenone hcl	2	
propafenone hcl er	2	
quinidine gluconate cr	2	
quinidine sulfate tablet 200mg	1	
quinidine sulfate tablet 300mg	2	
RYTHMOL SR	4	
sorine	2	
sotalol hcl (af)	2	
sotalol hcl tablet 160mg, 240mg, 80mg	2	
TIKOSYN	4	
Beta-adrenergic Blocking Agents		

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acebutolol hcl capsule	2	
atenolol/chlorthalidone	1	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	2	
bisoprolol fumarate	2	
bisoprolol fumarate/hydrochlorothiazide	1	
BYSTOLIC	4	
carvedilol	1	
COREG CR	4	
INNOPRAN XL	4	
labetalol hcl injection, tablet	2	
metoprolol succinate er	2	
metoprolol tartrate injection	1	
metoprolol tartrate tablet 100mg, 25mg, 50mg	1	
metoprolol tartrate tablet 37.5mg, 75mg	2	
metoprolol/hydrochlorothiazide	2	
nadolol/bendroflumethiazide	2	
nadolol tablet	2	
pindolol	2	
propranolol hcl er	2	
propranolol hcl injection, oral solution, tablet	1	
propranolol/hydrochlorothiazide	2	
timolol maleate tablet 10mg, 20mg, 5mg	2	
Calcium Channel Blocking Agents		
afeditab cr	2	
amlodipine besylate/atorvastatin calcium	2	
amlodipine besylate/benazepril hydrochloride	2	
amlodipine besylate/valsartan	2	
amlodipine besylate tablet	1	
amlodipine/olmesartan medoxomil /	4	
amlodipine/valsartan/hctz	2	
AZOR	4	
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG	4	
cartia xt	2	
dilt-xr	2	
diltiazem cd capsule extended release 24 hour 240mg, 300mg	2	
diltiazem hcl er	2	
diltiazem hcl injection 100mg, 50mg/10ml	2	
diltiazem hcl tablet 30mg	1	

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diltiazem hcl tablet 120mg, 60mg, 90mg	2	
felodipine er	2	
isradipine	2	
matzim la	2	
nicardipine hcl capsule	2	
nifedical xl	2	
nifedipine er	2	
NIMODIPINE CAPSULE	4	
nisoldipine	2	
nisoldipine er	2	
olmesartan medoxomil/amlodipine/hctz	4	
taztia xt	2	
TRIBENZOR	4	
verapamil hcl er capsule extended release 24 hour	2	
verapamil hcl er tablet extended release 120mg, 180mg, 240mg	2	
verapamil hcl sr capsule extended release 24 hour 360mg	2	
verapamil hcl tablet 120mg, 80mg	1	
verapamil hcl tablet 40mg	2	
Cardiovascular Agents, Other		
CORLANOR	4	ST
DEMSER	4	
digitek tablet 0.125mg	2	QL (30 EA per 30 days)
digitek tablet 0.25mg	2	PA
digoxin injection, oral solution	2	PA
digoxin tablet 250mcg	2	PA
digoxin tablet 125mcg	2	QL (30 EA per 30 days)
NORTHERA	5	ST
pentoxifylline er	2	
PRALUENT	5	QL (2 ML per 28 days) PA
RANEXA	3	
REPATHA	5	QL (3 ML per 30 days) PA
REPATHA PUSHTRONEX SYSTEM	5	QL (3.50 ML per 30 days) PA
REPATHA SURECLICK	5	QL (3 ML per 30 days) PA
TEKTURNA	4	
TEKTURNA HCT	4	
vecamyl	5	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide sodium	2	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
acetazolamide tablet	2	
methazolamide	2	
Diuretics, Loop		
bumetanide tablet	1	
EDECRIN	4	
ethacrynic acid tablet 25mg	4	
furosemide tablet	1	
furosemide injection	1	HI
furosemide oral solution 10mg/ml, 8mg/ml	1	
furosemide syringe 10mg/ml	1	HI
torsemide tablet 10mg, 20mg	1	
torsemide tablet 100mg, 5mg	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet	2	
amiloride/hydrochlorothiazide	2	
DYRENIUM	4	
eplerenone	2	
spironolactone/hydrochlorothiazide	2	
spironolactone tablet 25mg	1	
spironolactone tablet 100mg, 50mg	2	
triamterene/hydrochlorothiazide	2	
Diuretics, Thiazide		
chlorothiazide	2	
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide	1	
methyclothiazide tablet	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized	2	
fenofibrate capsule	2	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid	2	
fenofibric acid dr	2	
gemfibrozil tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ADVICOR TABLET EXTENDED RELEASE 24 HOUR 20MG; 500MG	4	
ALTOPREV	4	
atorvastatin calcium tablet 10mg	1	
atorvastatin calcium tablet 20mg, 40mg, 80mg	2	

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fluvastatin	2	
fluvastatin sodium er	2	
LIVALO	4	
lovastatin	1	
pravastatin sodium	2	
rosuvastatin calcium	2	
SIMCOR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 20MG, 500MG; 20MG	4	
simvastatin	1	
Dyslipidemics, Other		
cholestyramine light	2	
cholestyramine packet, powder	2	
COLESTID FLAVORED PACKET	4	
colestipol hcl granules, tablet	2	
ezetimibe	2	
ezetimibe/simvastatin	4	
JUXTAPID	5	QL (30 EA per 30 days) PA
KYNAMRO	5	PA
omega-3-acid ethyl esters	2	
prevalite powder	2	
VASCEPA	4	PA
VYTORIN	4	
WELCHOL	4	
ZETIA	4	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	
isosorbide dinitrate er	2	
isosorbide dinitrate tablet 20mg	1	
isosorbide dinitrate tablet 10mg, 30mg, 5mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	
nitroglycerin lingual	2	
nitroglycerin sublingual 0.3mg, 0.4mg, 0.6mg	2	
nitroglycerin transdermal	2	
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
RECTIV	4	QL (30 GM per 30 days)
Vasodilators, Direct-acting Arterial		

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hydralazine hcl tablet	1	
hydralazine hcl injection	2	
minoxidil tablet	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
AMPHETAMINE/DEXTROAMPHETAMINE CAPSULE EXTENDED RELEASE 24 HOUR 5MG, 10MG, 15MG,20MG	4	QL (30 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG	4	QL (120 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABLET 30MG	4	QL (60 EA per 30 days)
AMPHETAMINE/DEXTROAMPHETAMINE TABLET 20MG	4	QL (90 EA per 30 days)
dextroamphetamine sulfate er	2	
dextroamphetamine sulfate tablet	2	
VYVANSE	4	QL (30 EA per 30 days)
VYVANSE CHEW	4	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine	4	
clonidine hcl er	2	
DAYTRANA	4	QL (30 EA per 30 days)
dexmethylphenidate hcl	2	
dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 20mg, 5mg	2	QL (30 EA per 30 days)
dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 25mg, 30mg, 35mg, 40mg	4	QL (30 EA per 30 days)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25MG, 35MG	4	QL (30 EA per 30 days)
guanfacine er	2	
metadate er	2	
methylphenidate hcl cd	2	QL (30 EA per 30 days)
methylphenidate hcl er capsule extended release 24 hour 20mg, 40mg	2	QL (30 EA per 30 days)

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METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18MG, 54MG	4	QL (30 EA per 30 days)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27MG, 36MG	4	QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 10mg, 20mg	2	
methylphenidate hcl tablet chewable, tablet	2	
methylphenidate hydrochloride	2	
STRATTERA	4	
Central Nervous System, Other		
AUSTEDO TABLET 12MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABLET 6MG	5	QL (240 EA per 30 days) PA
AUSTEDO TABLET 9MG	5	QL (150 EA per 30 days) PA
HETLIOZ	5	PA
HORIZANT TABLET EXTENDED RELEASE 300MG	4	QL (30 EA per 30 days) ST
HORIZANT TABLET EXTENDED RELEASE 600MG	4	QL (60 EA per 30 days) ST
INGREZZA	5	QL (60 EA per 30 days) PA
NUEDEXTA	5	QL (60 EA per 30 days)
RADICAVA	5	B/D
RILUTEK	5	
riluzole	2	
tetrabenazine	5	
XENAZINE	5	LA
Fibromyalgia Agents		
SAVELLA	4	
SAVELLA TITRATION PACK	4	
Multiple Sclerosis Agents		
AMPYRA	5	PA LA
AUBAGIO	5	PA LA
AVONEX PEN	5	
COPAXONE	5	
GILENYA	5	
glatopa	5	
PLEGRIDY	5	QL (1 ML per 28 days) ST
PLEGRIDY STARTER PACK	5	QL (1 ML per 28 days) ST
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
TYSABRI	5	B/D
ZINBRYTA	5	QL (1 ML per 30 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hcl	2	
chlorhexidine gluconate oral rinse	2	
chlorhexidine gluconate solution	2	
KEPIVANCE	5	
pilocarpine hcl tablet 7.5mg	2	
pilocarpine hydrochloride	2	
triamcinolone in orabase	2	
Dermatological Agents		
Dermatological Agents		
ACITRETIN	4	
adapalene	2	
ammonium lactate cream, lotion	2	
amnesteem	2	
AVAGE	3	ED
AZELEX	4	
calcipotriene	2	
calcitrene	2	
calcitriol ointment 3mcg/gm	2	
CARAC	5	
claravis	2	
clindamycin/benzoyl peroxide gel 5%; 1%	2	
CONDYLOX GEL	4	
CORTISPORIN CREAM 0.5%; 3.5MG/GM; 10000UNIT/GM	4	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
CURITY GAUZE PADS 2"X2"	3	
diclofenac sodium gel 1%	2	
diclofenac sodium solution 1.5%	4	
doxepin hydrochloride cream 5%	4	
DUPIXENT	5	QL (4 ML per 30 days) PA
ELIDEL	3	
ENSTILAR	5	
erythromycin/benzoyl peroxide	2	
FABIOR	4	QL (100 GM per 30 days)
FINACEA GEL	4	
fluocinolone acetonide body	2	

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fluocinolone acetonide solution 0.01%	2	
fluorouracil cream 5%	2	
fluorouracil cream 0.5%	5	
fluorouracil external solution 2%, 5%	2	
imiquimod cream	2	
methoxsalen capsule	5	
MIRVASO	4	
neuac gel 5%; 1.2%	2	
OXSORALEN ULTRA	5	
podofilox solution	2	
PROCTOFOAM HC	3	
refissa	2	ED
REGRANEX	5	
RENOVA	3	ED
RENOVA PUMP	3	ED
REQ 49+	3	ED
RHOFADE	4	QL (30 GM per 30 days) PA
SANTYL	3	
selenium sulfide lotion	2	
SILIQ	5	QL (3 ML per 28 days) PA
SOLARAZE	5	
SOOLANTRA	3	
SORIATANE	5	
STELARA	5	PA
STROVITE FORTE	3	ED
STROVITE ONE	3	ED
sulfacetamide sodium suspension 10%	2	
SUPERVITE	3	ED
SUPERVITE EC	3	ED
tacrolimus ointment 0.03%, 0.1%	4	QL (100 GM per 30 days)
TALTZ	5	PA
tazarotene cream 0.1%	4	
TAZORAC	4	
TOLAK	4	
TRETIN-X CREAM 0.075%	4	
tretinoin microsphere	2	
tretinoin cream 0.025%, 0.05%, 0.1%	2	
tretinoin gel 0.01%, 0.025%, 0.05%	2	
UVADEX	3	
VANIQA	3	ED
VASCULERA	3	ED

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VEREGEN	4	
ZONALON	4	
ZYCLARA	4	ST
ZYCLARA PUMP CREAM 3.75%	4	ST
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN	5	LA
ALDURAZYME	5	LA
BUPHENYL TABLET	5	
CERDELGA	5	QL (60 EA per 30 days)
CEREZYME	5	LA
CREON	3	
CYSTADANE	3	LA
CYSTAGON	3	LA
ELAPRASE	5	LA
ELELYSO	5	
FABRAZYME	5	
KANUMA	5	
KUVAN TABLET SOLUBLE	5	LA
KUVAN PACKET 100MG, 500MG	5	LA
LUMIZYME	5	LA
NAGLAZYME	5	LA
ORFADIN CAPSULE 10MG, 2MG, 20MG, 5MG	5	LA
PANCREAZE	4	ST
RAVICTI	5	PA
sodium phenylbutyrate powder	5	
sodium phenylbutyrate tablet 500mg	5	
STRENSIQ	5	PA LA
SUCRAID	5	LA
ULTRESA CAPSULE DELAYED RELEASE PARTICLES 27600UNIT; 13800UNIT; 27600UNIT	4	
ULTRESA CAPSULE DELAYED RELEASE PARTICLES 41400UNIT; 20700UNIT; 41400UNIT, 46000UNIT; 23000UNIT; 46000UNIT	5	
VIOKACE	4	
VPRIV	5	
ZAVESCA	5	LA
ZENPEP	4	ST

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Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CANTIL	3	
CUVPOSA	4	
dicyclomine hcl capsule, solution, tablet	1	
glycopyrrolate tablet	2	
methscopolamine bromide	2	
propantheline bromide	2	
Gastrointestinal Agents, Other		
CHOLBAM	5	PA
diphenoxylate/atropine	2	
FULYZAQ	4	QL (60 EA per 30 days) PA
GASTROCROM	5	
GATTEX	5	PA
gavilyte-h	2	
loperamide hcl capsule	2	
metoclopramide hcl injection, oral solution, tablet	1	
metoclopramide odt	2	
MOVANTIK	4	QL (30 EA per 30 days) ST
OCALIVA	5	QL (30 EA per 30 days) PA
RELISTOR INJECTION	4	PA
RELISTOR SYRINGE	4	PA
RELISTOR TABLET 150MG	5	QL (90 EA per 30 days) PA
ursodiol capsule, tablet	2	
XERMELO	5	PA
Histamine2 (H2) receptor Antagonists		
cimetidine hcl	2	
cimetidine tablet	2	
famotidine injection 20mg/2ml	2	
famotidine tablet 20mg, 40mg	1	
nizatidine capsule	2	
ranitidine hcl capsule, syrup	2	
ranitidine hcl tablet 150mg, 300mg	1	
Irritable Bowel Syndrome Agents		
alosetron hydrochloride	5	
AMITIZA	3	
LINZESS	3	QL (30 EA per 30 days)
Laxatives		
constulose	2	
enulose	2	

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gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac	2	
KRISTALOSE	3	
lactulose solution	2	
peg 3350/electrolytes	2	
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
polyethylene glycol 3350 powder	2	
PREPOPIK	4	
SUPREP BOWEL PREP	4	
trilyte	2	
Protectants		
CARAFATE SUSPENSION	3	
misoprostol	2	
sucralfate tablet	2	
Proton Pump Inhibitors		
DEXILANT	4	ST
esomeprazole magnesium	2	ST
ESOMEPRAZOLE SODIUM INJECTION 20MG	4	
esomeprazole sodium injection 40mg	4	
lansoprazole capsule delayed release	2	
omeprazole capsule delayed release 20mg	1	
omeprazole capsule delayed release 10mg, 40mg	2	
pantoprazole sodium tablet delayed release	1	
rabeprazole sodium	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	2	
flavoxate hcl	2	
GELNIQUE	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride syrup, tablet	2	
tolterodine tartrate	2	
tolterodine tartrate er	2	
TOVIAZ	4	
trospium chloride	2	

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trospium chloride er	2	
VESICARE	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
dutasteride	2	
dutasteride/tamsulosin hydrochloride	2	
finasteride tablet 5mg	2	
finasteride tablet 1mg	2	ED
RAPAFLO	3	
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
bethanechol chloride tablet 5mg	1	
bethanechol chloride tablet 10mg, 25mg, 50mg	2	
CAVERJECT	3	QL (6 EA per 30 days) ED
CAVERJECT IMPULSE	3	QL (6 EA per 30 days) ED
CIALIS TABLET 10MG, 20MG	3	QL (6 EA per 30 days) ED
CIALIS TABLET 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
EDEX	3	QL (6 EA per 30 days) ED
ELMIRON	4	
LEVITRA	3	QL (6 EA per 30 days) ED
MUSE	3	QL (6 EA per 30 days) ED
STAXYN	3	QL (6 EA per 30 days) ED
STENDRA	3	QL (6 EA per 30 days) ED
VIAGRA	3	QL (6 EA per 30 days) ED
Phosphate Binders		
AURYXIA	5	ST
calcium acetate capsule	2	
FOSRENOL TABLET CHEWABLE	5	
lanthanum carbonate chew tab	5	
RENVELA TABLET	4	
RENVELA PACKET	5	
sevelamer carbonate pack 0.8gm, 2.4gm	5	
sevelamer carbonate tablet 800mg	4	
VELPHORO	5	ST
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala cort	2	
ALA SCALP	3	
alclometasone dipropionate	2	
amcinonide	2	

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augmented betamethasone dipropionate	2	
betamethasone dipropionate cream, lotion, ointment	2	
betamethasone valerate cream, foam, lotion, ointment	2	
BUDESONIDE CAPSULE DELAYED RELEASE PARTICLES 3MG	4	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	4	
CAPEX	4	
clobetasol propionate e	2	
clobetasol propionate emollient cream	2	
CLOBETASOL PROPIONATE SHAMPOO	4	
clobetasol propionate cream, foam, gel, lotion, ointment, solution	2	
clobetasol propionate liquid	4	
clocortolone pivalate	2	
CORDRAN TAPE	3	
CORTIFOAM	3	
cortisone acetate tablet	2	
desonide cream, lotion, ointment	2	
desoximetasone cream, gel, ointment	2	
dexamethasone intensol	2	
dexamethasone sodium phosphate injection 120mg/30ml	2	
dexamethasone elixir, solution	2	
dexamethasone tablet 0.5mg, 0.75mg, 4mg	1	
dexamethasone tablet 1.5mg, 1mg, 2mg, 6mg	2	
diflorasone diacetate	2	
fludrocortisone acetate tablet	2	
fluocinolone acetonide scalp	2	
fluocinolone acetonide cream 0.01%, 0.025%	2	
fluocinolone acetonide oil 0.01%	2	
fluocinolone acetonide ointment 0.025%	2	
fluocinonide-e	2	
fluocinonide cream, gel, ointment, solution	2	
flurandrenolide cream 0.05%, lotion 0.05%	2	
flurandrenolide ointment 0.05%	4	
fluticasone propionate cream 0.05%	2	
fluticasone propionate lotion 0.05%	2	
fluticasone propionate ointment 0.005%	2	

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halobetasol propionate	2	
HALOG	4	
hydrocortisone butyrate cream, ointment, solution	2	
hydrocortisone in absorbase	2	
hydrocortisone valerate	2	
hydrocortisone cream 1%, 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone ointment 1%, 2.5%	2	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
lokara	2	
methylprednisolone acetate injection	2	
methylprednisolone dose pack	2	
methylprednisolone sodiumsuccinate injection 125mg, 40mg	2	HI
methylprednisolone tablet 32mg, 8mg	2	
millipred tablet	2	
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
prednicarbate	2	
prednisolone sodium phosphate oral solution 15mg/5ml, 5mg/5ml	2	
prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml	4	
prednisolone sodium phosphate odt 10mg, 15mg, 30mg	2	
prednisone intensol	2	
prednisone tablet	1	
prednisone solution	2	
prednisone tablet therapy pack 5mg	1	
procto-pak	2	
proctosol hc	2	
proctozone-hc	2	
RAYOS	4	ST
triamcinolone acetonide aerosol solution 0.147mg/gm	2	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.025%, 0.1%	2	

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm	2	
UCERIS FOAM	4	
UCERIS TABLET EXTENDED RELEASE 24 HOUR	5	QL (30 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
BRAVELLE	6	ED
chorionic gonadotropin	2	PA
desmopressin acetate injection, nasal solution, tablet	2	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 75UNIT/0.5ML, 900UNT/1.08ML	6	ED
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GONAL-F	6	ED
GONAL-F RFF	6	ED
GONAL-F RFF REDIJECT	6	ED
H.P. ACTHAR	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJECTION 6MG	4	PA
HUMATROPE INJECTION 12MG, 24MG	5	PA
INCRELEX	5	LA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN	5	PA
NUTROPIN AQ PEN	5	PA
OVIDREL	6	ED
SEROSTIM	5	PA LA
ZORBTIVE	5	PA LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	4	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
oxandrolone tablet	2	
Androgens		
ANDRODERM	3	QL (30 EA per 30 days) PA
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM, 50MG/5GM	3	PA
androxy	2	
AVEED	4	PA
AXIRON	3	PA
danazol capsule	2	
methyltestosterone capsule 10mg	5	PA
NATESTO	4	PA
STRIANT	4	PA
testosterone cypionate injection	2	
testosterone enanthate injection	2	
testosterone pump	4	PA
testosterone gel	4	PA
testosterone topical solution 30mg/1.5ml	3	PA
Estrogens		
ALORA	3	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethia	2	
amethia lo	2	
amethyst	2	
apri	2	
aranelle	2	
aviane	2	
balziva	2	
BEYAZ	4	
camrese	2	
camrese lo	2	
chateal	2	
CLIMARA PRO	3	
COMBIPATCH	3	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
dasetta 1/35	2	
dasetta 7/7/7	2	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
DEPO-ESTRADIOL	4	
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM	3	
ELESTRIN	3	
emoquette	2	
enskyce	2	
ESTRACE CREAM	3	
estradiol valerate injection	2	
estradiol/norethindrone acetate	2	
estradiol patch twice weekly, patch weekly, tablet	2	
estradiol tablet 10mcg	3	
ESTRING	3	
EVAMIST	3	
falmina	2	
fayosim	4	
FEMCON FE	4	
FEMRING	3	
fyavolv	2	
gianvi	2	
gildess fe 1.5/30	2	
gildess fe 1/20	2	
jevantique lo	2	
jinteli	2	
jolessa	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
leena	2	
lessina	2	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	2	
levora 0.15/30-28	2	
lomedia 24 fe	2	
loryna	2	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
low-ogestrel	2	
lutera	2	
MAKENA	5	LA
marlissa	2	
MENOSTAR	3	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe	2	
microgestin fe 1.5/30	2	
miebelas 24 fe	4	
mimvey	2	
MINASTRIN 24 FE	4	
MINIVELLE PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	4	
mononessa	2	
NATAZIA	4	
necon 0.5/35-28	2	
necon 1/35	2	
necon 1/50-28	2	
necon 10/11-28	2	
necon 7/7/7	2	
norethindrone & ethinyl estradiol ferrous fumarate	2	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	2	
norgestimate/ethinyl estradiol tablet 0; 0	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
NUVARING	4	
ocella	2	
ogestrel	2	
orsythia	2	
pirmella 1/35	2	
pirmella 7/7/7	2	
portia-28	2	
PREMARIN CREAM	3	
previfem	2	
QUARTETTE	4	
quasense	2	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
reclipsen	2	
rivelsa	4	
SAFYRAL	4	
sprintec 28	2	
sronyx	2	
TAYTULLA	4	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-previfem	2	
tri-sprintec	2	
trinessa	2	
trinessa lo	2	
trivora-28	2	
VAGIFEM	3	
velivet	2	
xulane	2	
yuvafem	3	
zovia 1/35e	2	
zovia 1/50e	2	
Progesterone Agonists/Antagonists		
ELLA	3	
Progestins		
camila	2	
CRINONE GEL 8%	4	PA
DEPO-PROVERA 400MG/ML	4	
DEPO-SUBQ PROVERA 104	4	
errin	2	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	6	ED
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	6	ED
FIRST-PROGESTERONE VGS 25 COMPOUNDING KIT	6	ED
FIRST-PROGESTERONE VGS 400 COMPOUNDING KIT	6	ED
FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT	6	ED
hydroxyprogesterone caproate injection	5	B/D
jolivette	2	
medroxyprogesterone acetate tablet	1	

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
medroxyprogesterone acetate injection	2	
megestrol acetate tablet	2	
megestrol acetate suspension 40mg/ml	2	
megestrol acetate suspension 625mg/5ml	4	
nora-be	2	
norethindrone acetate tablet	2	
progesterone capsule	2	
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate tablet	6	ED
OSPHENA	3	ED
raloxifene hydrochloride	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tablet	1	
levoxyl	2	
liothyronine sodium tablet	2	
SYNTHROID	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
TYMLOS	5	QL (1.56 ML per 30 days) PA
unithroid	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABLET 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABLET 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABLET 60MG	5	QL (60 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	2	
CETROTIDE	6	ED
ELIGARD	4	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG	5	
GANIRELIX ACETATE	6	ED

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leuprolide acetate injection	2	
LUPANETA PACK KIT 3.75MG; 5MG	4	QL (1 EA per 30 days)
LUPANETA PACK KIT 11.25MG; 5MG	4	QL (1 EA per 90 days)
LUPRON DEPOT	5	
LUPRON DEPOT-PED INJECTION 11.25MG, 15MG, 7.5MG	5	
MENOPUR	6	ED
OCTREOTIDE ACETATE INJECTION 100MCG/ML, 200MCG/ML, 50MCG/ML	4	
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	
SOMAVERT	5	LA
SYNAREL	5	
TRELSTAR	5	
TRELSTAR MIXJECT	5	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet	2	
propylthiouracil tablet	2	
Immunological Agents		
Angioedema (HAE) Agents		
BERINERT	5	PA
CINRYZE	5	LA
FIRAZYR	5	QL (9 ML per 15 days) PA LA
RUCONEST	5	PA
Immune Suppressants		
ASTAGRAF XL	4	B/D
AZASAN	4	B/D
azathioprine tablet	2	B/D
azathioprine injection	5	B/D
BENLYSTA	5	
CELLCEPT INTRAVENOUS	4	B/D
CELLCEPT SUSPENSION RECONSTITUTED	3	B/D
CELLCEPT CAPSULE, TABLET	5	B/D
CIMZIA	5	PA
cyclosporine modified	2	B/D
cyclosporine capsule, injection	2	B/D

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DEPEN TITRATABS	4	
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ENVARSUS XR	4	B/D
gengraf capsule 100mg, 25mg, 50mg	2	B/D
gengraf solution	2	B/D
HUMIRA	5	QL (2 EA per 28 days) PA
HUMIRA PEN	5	QL (2 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
INFLECTRA	5	
KINERET	5	PA
methotrexate sodium injection 1gm/40ml, 1gm, 50mg/2ml	2	
methotrexate tablet	2	
mycophenolate mofetil	2	B/D
mycophenolate mofetil intravenous	4	B/D
MYCOPHENOLIC ACID DR TABLET DELAYED RELEASE 180MG	4	B/D
mycophenolic acid dr tablet delayed release 360mg	4	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	4	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	5	B/D
NULOJIX	5	B/D
ORENCIA CLICKJECT	5	PA
ORENCIA INJECTION 250MG	5	
ORENCIA INJECTION 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML	5	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML, 7.5MG/0.4ML	4	ST
PROGRAF INJECTION	4	B/D
RAPAMUNE SOLUTION	5	B/D
RAPAMUNE TABLET 0.5MG	3	B/D
RAPAMUNE TABLET 1MG, 2MG	5	B/D
RASUVO	4	ST
REMICADE	5	PA

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RENFLEXIS	5	PA
RHEUMATREX	4	B/D
SANDIMMUNE SOLUTION	3	B/D
SIMPONI	5	PA
SIMPONI ARIA	5	PA
SIMPONI PEN	5	PA
sirolimus tablet 0.5mg	2	B/D
sirolimus tablet 1mg	4	B/D
sirolimus tablet 2mg	5	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	2	B/D
TORISEL	5	PA
TREXALL	4	B/D
XATMEP	4	PA
ZORTRESS TABLET 0.25MG	4	B/D
ZORTRESS TABLET 0.5MG, 0.75MG	5	B/D
Immunizing Agents, Passive		
ATGAM	5	PA
CARIMUNE NANOFILTERED INJECTION 6GM	5	PA
CUVITRU	5	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID INJECTION 2.5GM/25ML	5	PA
GAMMAGARD S/D 10GM, 5GM	5	PA
GAMUNEX-C INJECTION 1GM/10ML	4	PA
HIZENTRA	5	PA LA
THYMOGLOBULIN	5	PA
Immunomodulators		
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTIMMUNE	5	PA LA
ARCALYST	5	LA
AVONEX	5	
BETASERON	5	ST
EXTAVIA	5	ST
ILARIS	5	PA
KEVZARA	5	QL (2.28 ML per 28 days) PA
leflunomide	2	
LEMTRADA	5	PA
OTEZLA	5	QL (60 EA per 30 days) PA

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REBIF	5	
REBIF TITRATION PACK	5	
RIDAURA	3	
SIMULECT INJECTION 10MG, 20MG	4	
STELARA VIAL	5	PA
TECFIDERA	5	
TECFIDERA STARTER PACK	5	
XELJANZ	5	PA
XELJANZ XR	5	PA
Vaccines		
ACTHIB	3	
ADACEL	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
diphtheria/tetanus toxoids adsorbed pediatric	2	
ENGERIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	

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TENIVAC	3	
tetanus/diphtheria toxoids-adsorbed	2	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG	3	
YF-VAX	3	
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	
ASACOL HD	4	ST
balsalazide disodium	2	
CANASA	4	
DELZICOL	4	ST
DIPENTUM	4	
GIAZO	5	
LIALDA	3	
mesalamine kit	2	
mesalamine dr 1.2gm	3	
PENTASA	3	
Glucocorticoids		
colocort	2	
hydrocortisone enema 100mg/60ml	2	
methylprednisolone tablet 16mg, 4mg	2	
Sulfonamides		
sulfasalazine tablet, tablet delayed release	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium	1	
calcitonin-salmon	2	
calcitriol capsule 0.25mcg, 0.5mcg	2	
calcitriol injection 1mcg/ml	2	
calcitriol oral solution 1mcg/ml	2	
doxercalciferol	2	
etidronate disodium	2	
FORTEO	5	PA
fortical	2	
FOSAMAX PLUS D	3	QL (4 EA per 28 days)

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ibandronate sodium tablet	2	
ibandronate sodium injection	2	QL (3 ML per 90 days)
MIACALCIN INJECTION	4	
pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml	2	
PARICALCITOL CAPSULE 2MCG, 4MCG	4	
paricalcitol capsule 1mcg	2	
paricalcitol injection 2mcg/ml, 5mcg/ml	2	
PROLIA	4	PA
risedronate sodium dr	2	
risedronate sodium tablet 150mg	2	QL (1 EA per 28 days)
risedronate sodium tablet 30mg, 5mg	2	QL (30 EA per 30 days)
risedronate sodium tablet 35mg	2	QL (4 EA per 28 days)
XGEVA	5	
ZEMPLAR INJECTION	3	
ZOLEDRONIC ACID INJECTION 4MG/100ML, 4MG/5ML, 5MG/100ML	4	
ZOMETA INJECTION 4MG/100ML	5	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	
FERRIPROX TABLET	5	LA
HAEGARDA	5	PA
INTRALIPID	3	B/D
KALBITOR	5	QL (6 ML per 30 days) PA LA
KEVEYIS	5	PA
l-methylfolate	2	ED
l-methylfolate calcium tablet	2	ED
lactated ringers irrigation	2	
levocarnitine injection, oral solution, tablet	2	
methylergonovine maleate tablet	2	
MYALEPT	5	PA

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
NATPARA	5	PA
ORFADIN SUSPENSION 4MG/ML	5	LA
SMOFLIPID	5	B/D
sodium chloride 0.9%	2	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	QL (20 EA per 5 days)
VORAXAZE	5	
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost	2	
latanoprost	2	
LATISSE	3	ED
LUMIGAN	3	
TRAVATAN Z	3	
travoprost	2	
ZIOPTAN	4	QL (30 EA per 30 days)
Ophthalmic Agents, Other		
atropine sulfate solution	2	
bacitracin/polymyxin b	2	
CYSTARAN	5	QL (60 ML per 28 days)
homatropine hbr	2	
LACRISERT	3	
naphazoline hcl	2	
PROCYSBI	5	
proparacaine hcl	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
tropicamide solution 0.5%	2	
XIIDRA	4	QL (60 EA per 30 days)
Ophthalmic Anti-allergy Agents		
ALOCRIL	4	
azelastine hcl ophthalmic solution 0.05%	2	
cromolyn sodium solution 4%	2	
EMADINE	3	
epinastine hcl	2	
LASTACAFT	3	
olopatadine hcl ophthalmic solution 0.1%, 0.2%	2	
PAZEO	4	
Ophthalmic Anti-inflammatories		

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ALOMIDE	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	3	
bromfenac	2	
BROMSITE	3	
dexamethasone sodium phosphate ophthalmic solution 0.1%	2	
diclofenac sodium solution 0.1%	2	
DUREZOL	3	
FLAREX	3	
fluorometholone	2	
flurbiprofen sodium	2	
FML	3	
FML FORTE	3	
ketorolac tromethamine	2	
LOTEMAX	4	
MAXIDEX	3	
neomycin/polymyxin/dexamethasone	2	
NEVANAC	4	
PRED MILD	3	
PRED-G	4	
PRED-G S.O.P.	3	
prednisolone acetate	2	
prednisolone sodium phosphate ophthalmic solution 1%	2	
PROLENSA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	2	
VEXOL	3	
Ophthalmic Antiglaucoma Agents		
acetazolamide er	1	
ALPHAGAN P SOLUTION 0.1%	3	
apraclonidine	2	
AZOPT	3	
betaxolol hcl solution 0.5%	2	
BETIMOL	3	
BETOPTIC-S	3	
brimonidine tartrate	2	
carteolol hcl	2	

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COMBIGAN	3	
dorzolamide hcl	2	
dorzolamide hcl/timolol maleate	2	
IOPIDINE SOLUTION 1%	4	
levobunolol hcl	2	
metipranolol	2	
PHOSPHOLINE IODIDE	4	
pilocarpine hcl solution 1%, 2%, 4%	2	
SIMBRINZA	3	
timolol maleate ophthalmic gel forming	2	
timolol maleate solution 0.25%, 0.5%	1	
Otic Agents		
Otic Agents		
acetic acid	2	
acetic acid/aluminum acetate	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	3	
CORTISPORIN-TC	4	
hydrocortisone/acetic acid	2	
neomycin/polymyxin/hc	2	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	4	
BECONASE AQ	4	
budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	2	B/D
budesonide nasal suspension 32mcg/act	2	
DULERA	2	
flunisolide	2	
fluticasone propionate suspension 50mcg/act	2	
fluticasone propionate/salmeterol inhaler	2	
mometasone furoate suspension 50mcg/act	4	
OMNARIS	4	
PULMICORT FLEXHALER	2	
QNASL	4	QL (8.7 GM per 30 days)
QVAR	2	
SYMBICORT	2	
triamcinolone acetonide aerosol 55mcg/act	2	

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VERAMYST	4	
Antihistamines		
azelastine hcl nasal solution 0.1%, 0.15%	2	
CLARINEX-D 12 HOUR	4	ST
CLARINEX SYRUP	4	ST
cyproheptadine hcl syrup, tablet	2	
desloratadine	2	
desloratadine odt	2	
diphenhydramine hcl elixir 12.5mg/5ml	2	
levocetirizine dihydrochloride solution, tablet	2	
olopatadine hcl nasal solution 0.6%	2	QL (30.5 GM per 30 days)
prochlorperazine	2	
prochlorperazine maleate	1	
SEMPREX-D	4	
Antileukotrienes		
montelukast sodium	2	
zafirlukast	2	
zileuton er	5	QL (120 EA per 30 days)
ZYFLO CR	5	QL (120 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
COMBIVENT RESPIMAT	3	
ipratropium bromide/albuterol sulfate	2	B/D
ipratropium bromide nasal solution	2	
ipratropium bromide inhalation solution	2	B/D
SEEBRI NEOHALER	3	QL (60 EA per 30 days)
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	QL (8 GM per 30 days)
TUDORZA PRESSAIR	3	QL (1 EA per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate er	2	
albuterol sulfate syrup, tablet	2	
albuterol sulfate nebulization solution	2	B/D
ANORO ELLIPTA	4	QL (60 EA per 30 days)
ARCAPTA NEOHALER	4	QL (30 EA per 30 days)
AUVI-Q	5	QL (2 EA per 30 days) PA
BEVESPI AEROSPHERE	4	QL (10.70 GM per 30 days)
BROVANA	3	B/D
epinephrine auto-injector 0.15mg/0.3ml (generic EPI-PEN JR *(*Mylan*))*	3	QL (4 EA per 30 days)

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Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
epinephrine auto-injector 0.3mg/0.3ml (generic EPI-PEN *(*Mylan*))*	3	QL (4 EA per 30 days)
epinephrine injection	2	
EPIPEN 2-PAK	3	QL (4 EA per 30 days)
EPIPEN-JR 2-PAK	3	QL (4 EA per 30 days)
levalbuterol hfa	4	
levalbuterol nebulization solution	2	B/D
levalbuterol nebulization solution	2	B/D
metaproterenol sulfate syrup, tablet	2	
PERFOROMIST	3	B/D
PROAIR HFA	3	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	4	
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
terbutaline sulfate injection, tablet	2	
VENTOLIN HFA	4	
XOPENEX HFA	4	
Cystic Fibrosis Agents		
KALYDECO PACKET	5	QL (56 EA per 28 days) PA
KALYDECO TABLET	5	QL (60 EA per 30 days) PA
ORKAMBI	5	QL (120 EA per 30 days) PA
PULMOZYME	5	B/D
tobramycin inhalation solution pak	5	QL (280 ML per 56 days) PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline	2	
DALIRESP	4	QL (30 EA per 30 days) PA
ELIXOPHYLLIN	4	
theophylline cr tablet extended release 12 hour 100mg, 200mg	2	
theophylline er tablet extended release 24 hour	2	
theophylline er tablet extended release 12 hour 300mg, 450mg	2	
Pulmonary Antihypertensives		
ADCIRCA	5	PA
ADEMPAS	5	QL (90 EA per 30 days) PA LA
LETAIRIS	5	LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA

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ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
sildenafil tablet	2	PA
TRACLEER	5	LA
TYVASO	5	PA LA
TYVASO REFILL	5	PA LA
TYVASO STARTER	5	PA LA
UPTRAVI	5	PA
VENTAVIS	5	B/D
Respiratory Tract Agents, Other		
acetylcysteine solution	2	B/D
ARALAST NP INJECTION 500MG	5	PA LA
benzonatate capsule 100mg, 200mg	2	ED
ESBRIET CAPSULE, TABLET 267MG	5	QL (270 EA per 30 days) PA
ESBRIET TABLET 801MG	5	QL (90 EA per 30 days) PA
GLASSIA	5	PA LA
OFEV	5	QL (60 EA per 30 days) PA LA
PROLASTIN-C	5	PA LA
ribavirin nebulizer solution 6g	5	B/D
STIOLTO RESPIMAT	4	QL (4 GM per 30 days)
TYZINE	4	
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
chlorzoxazone	2	
orphenadrine citrate er	2	
orphenadrine citrate injection	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	2	PA
flurazepam hcl	1	
temazepam capsule 15mg, 30mg	1	
temazepam capsule 22.5mg, 7.5mg	2	
triazolam	2	QL (10 EA per 30 days)
zaleplon	2	QL (90 EA per 365 days)
zolpidem tartrate er	2	QL (90 EA per 365 days)
zolpidem tartrate sublingual tablet	4	QL (90 EA per 365 days) PA
zolpidem tartrate tablet	2	QL (90 EA per 365 days)

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Sleep Disorders, Other		
armodafinil	4	QL (30 EA per 30 days) PA
modafinil	4	QL (60 EA per 30 days) PA
NUVIGIL	4	QL (30 EA per 30 days) PA
phenobarbital elixir 20mg/5ml	2	PA
phenobarbital tablet 16.2mg, 30mg, 32.4mg, 64.8mg, 97.2mg	2	PA
ROZEREM	3	
XYREM	5	QL (540 ML per 30 days) PA LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CARBAGLU	5	PA LA
CUPRIMINE	4	
EXJADE TABLET SOLUBLE 125MG	4	LA
EXJADE TABLET SOLUBLE 250MG, 500MG	5	LA
JADENU	5	
JADENU SPRINKLE	5	
kionex powder	2	
SAMSCA	5	PA
sodium polystyrene sulfonate suspension	2	
SYPRINE	3	
VELTASSA	3	QL (30 EA per 30 days)
Electrolyte/Mineral Replacement		
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN II 8.5%/ELECTROLYTES	3	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	3	B/D

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aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml	2	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN INJECTION 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	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
denta 5000 plus	2	
dextrose 5% /electrolyte #48 viaflex	2	
dextrose 5%/lactated ringers	2	
dextrose 5%/potassium chloride 0.15%	2	
effer-k tablet effervescent 25meq	2	
eliphos	2	
k-effervescent	2	
kcl 0.075%/d5w/nacl 0.45%	2	
kcl 0.3%/d5w/nacl 0.45%	2	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con sprinkle 10meq, 8meq	2	

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klor-con/ef	2	
lactated ringers viaflex	2	
magnesium sulfate injection 50%	2	
magnesium sulfate injection 20gm/500ml, 4gm/50ml	2	HI
NEPHRAMINE	3	B/D
NORMOSOL -R	3	
normosol-m in d5w	2	
PHOSLYRA	4	ST
potassium chloride 0.15% /nacl 0.45% viaflex	2	
potassium chloride 0.15% d5w/nacl 0.33%	2	
potassium chloride 0.15% d5w/nacl 0.45%	2	
potassium chloride 0.22% d5w/nacl 0.45%	2	
potassium chloride 0.15%/nacl 0.9%	2	
potassium chloride 0.3%/ nacl 0.9%	2	
potassium chloride 0.3%/d5w	2	
potassium chloride 0.3%/nacl 0.9%/viaflex	2	
potassium chloride er capsule extended release	2	
potassium chloride er tablet extended release 10meq, 20meq, 8meq	2	
potassium chloride sr	2	
potassium chloride injection 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	2	HI
potassium chloride oral solution 10%, 20%	2	
potassium citrate er	2	
PREMASOL	3	B/D
PROCALAMINE	3	B/D
sf	2	
sf 5000 plus	2	
sodium chloride 0.45% viaflex	2	HI
sodium chloride injection 0.9%	2	HI
TROPHAMINE	3	B/D
Vitamins		
advanced am/pm	2	ED
ANIMI-3	3	ED
ANIMI-3/VITAMIN D	3	ED
AQUASOL A PARENTERAL	3	ED
ascorbic acid injection	2	ED
BACMIN	3	ED
bp vit 3	2	ED
c-nate dha	2	

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complete natal dha	2	
completenate	2	
corvita	2	ED
CORVITE FREE	3	ED
cyanocobalamin injection	2	ED
DIALYVITE	3	ED
DIALYVITE 3000	3	ED
DIALYVITE 5000	3	ED
DIALYVITE SUPREME D	3	ED
DIALYVITE/ZINC	3	ED
ELDERCAPS	3	ED
elite-ob	2	
ENLYTE	3	ED
extra-virt plus dha	2	
fabb	2	ED
folbee	2	ED
folbee plus	2	ED
folbee plus cz	2	ED
folbic	2	ED
folbic rf	2	ED
folic acid/vitamin b-6/vitamin b-12	2	ED
folic acid injection	2	ED
folic acid tablet 1mg	2	ED
folivane-ob	2	
folplex 2.2	2	ED
foltanx	2	ED
foltanx rf	2	ED
FORTAVIT CAPSULE	3	ED
hemenatal ob	2	
hemenatal ob + dha	2	
hydroxocobalamin	2	ED
l-methyl-b6-b12	2	ED
L-METHYL-MC	3	ED
l-methyl-mc nac	2	ED
l-methylfolate ca me-cbl nac	2	ED
lmthf/pyridoxine hcl/cyanocobalamin	2	ED
MEPHYTON	3	ED
metafolbic	2	ED
metafolbic plus	2	ED
metafolbic plus rf	2	ED
mynatal	2	

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mynatal-z	2	
mynate 90 plus	2	
mynephrocaps	2	ED
NASCOBAL	3	ED
NEPHPLEX RX	3	ED
NEPHROCAPS QT	3	ED
NEURIN-SL	3	ED
niacin er tablet extended release 500mg, 750mg	1	
niacin er tablet extended release 1000mg	2	
niacor	2	
NICOMIDE TABLET 1.5MG; 500MCG; 750MG; 25MG	3	ED
NUTRICAP	3	ED
obstetrix dha	2	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	3	ED
pnv folic acid + iron multivitamin	2	
pnv-dha	2	
PODIAPN	3	ED
POTABA	3	ED
pr natal 400 ec	2	
pr natal 430	2	
pr natal 430 ec	2	
prenaissance balance	2	
prenaissance harmony dha	2	
prenaissance next	2	
prenaissance plus	2	
prenatal 19 tablet chewable 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg	2	
prenatal 19 tablet 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg	2	
PROBARIMIN QT	3	ED
PROTECTIRON	3	ED
pyridoxine hcl injection	2	ED
r-natal ob	2	
RAYALDEE	5	PA
rena-vite rx	2	ED
renal capsule	2	ED
reno caps	2	ED

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se-natal 19 tablet chewable	2	
se-tan dha	2	
taron-bc	2	
taron-c dha	2	
taron-prex	2	
thiamine hcl injection	2	ED
tl gard rx	2	ED
tl-care dha	2	
tl-select	2	
tretinoin emollient	2	ED
tri-tabs dha	2	
TRICARE PRENATAL COMPLEAT	4	
triphrocaps	2	ED
triveen-duo dha	2	
triveen-prx rnf	2	
ultimatecare one	2	
ultimatecare one nf	2	
v-c forte	2	ED
vemavite-prx 2	2	
vena-bal dha	2	
vic-forte	2	ED
vinate calcium	2	
vinate ic	2	
vinate ii	2	
vinate one	2	
virt-caps	2	ED
virt-vite	2	ED
virt-vite forte	2	ED
VIRT-VITE PLUS TABLET 60MG; 300MCG; 1MG; 5MG; 20MG; 10MG; 50MG; 1.5MG; 1.5MG	3	ED
VITA-RESPA	3	ED
VITAL-D RX	3	ED
vitamin b-complex 100 injection 2%; 2mg/ml; 100mg/ml; 2mg/ml; 2mg/ml; 100mg/ml	2	ED
vitamin d capsule 50000unit	2	ED
vitamin k1 injection 10mg/ml, 1mg/0.5ml	2	ED
vol-care rx	2	ED
vol-nate	2	
vol-tab rx	2	
vp-ch plus	2	

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

Drug Name	Drug tiers: **T1**-Preferred generic **T2**- Generic **T3**- Preferred brand **T4**-Non-preferred drug **T5**-Specialty **T6**-Infertility	Notes: **B/D**-Part B vs. Part D **EA**-Each **ED**-Excluded Drug **HI**-Home Infusion **LA**-Limited Availability **PA**-Prior Authorization **QL**-Quantity Limits **ST**-Step Therapy
vp-heme ob	2	
vp-pnv-dha	2	
zatean-ch	2	
zatean-pn plus	2	

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations on this table mean on page 8.

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Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Priority Health:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health customer service by calling the number at the back of your membership ID card (TTY users call 711).

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at *hhs.gov/ocr/office/file/index.html.*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذكنت ا تتحدث العربية، فإن خدمالا تمساعدلا ةلغوية تتوفار لك بالمجان. يرجى الاتصال برقم خدمة علاملاء على
لاجالاب نخلف يمن بطاقة عضويتك لاشخصية.)رقم هاتلا فصم ولابم:711ك).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打會員卡背面的客服電話 (TTY: 711）。

ܢܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܗܡܙܡܝܬܘܢ ܠܫܢܐ ܣܘܪܝܝܐ (ܐܬܘܪܝܐ) ، ܬܝܒܠܬܘܢ
ܡܨܠܝܬܘܢ ܝܠܦܢܝܐ ܕܡܢܝܢܐ ܕܠܫܢܐ ܡܓܢܐܝܬ. ܐܢ ܡܨܠܝܬܘܢ ܗܘܘ ܠܡܢܝܢ ܩܪܝ
ܡܢܝܢܐ ܕܡܫܡܫܢܐ ܕܝܠܦܢܝܐ ܥܠ ܓܒܐ ܕܐܚܪܝܐ ܕܟܪܛܝܣܐ ܠܗܕܡܐ ܕܗܘܝܬܐ
ܕܗܕܡܘܬܐ. (TTY: 711).

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtaresimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버쉽 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুনঃ আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。(TTY: 711).

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY: 711).

Kung nagsasalita ka ng Tagalog,mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY: 711).

This formulary was updated on 10/24/2017. For more recent information or other questions, please contact Priority Health Medicare at toll-free 888.389.6648 (press #3) or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week, or visit *www.prioritymedicare.com*.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

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