

2018 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 5/22/2018. 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 June 1, 2018. 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, 2019, 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 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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 June 1, 2018. 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 98. 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 60 tablets per 30-day prescription of ENTRESTO. 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 a generic tier or 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 transition supplies 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 98. 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.

GM: Grams.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

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.

ML: Milliliters.

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.

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 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one month or three month supply.

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

Drug Name		Drug Tiers:	Notes:
		T1-Preferred generic	B/D-Part B vs. Part D
		T2-Generic	EA-Each
		T3-Preferred brand	ED-Excluded Drug
		T4-Non-preferred drug	HI-Home Infusion
		T5-Specialty	LA-Limited Availability
		T6-Infertility	PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
			ML-Milliliters
			GM- Grams
Analgesics			
<i>Nonsteroidal Anti-inflammatory Drugs</i>			
CAMBIA	4		
<i>celecoxib capsule</i>	2		
<i>diclofenac potassium</i>	2		
<i>diclofenac sodium dr</i>	2		
<i>diclofenac sodium er</i>	2		
<i>diclofenac sodium/misoprostol</i>	2		
<i>diclofenac sodium gel 3%</i>	5		
<i>diflunisal tablet 500mg</i>	2		
<i>etodolac er</i>	2		
<i>etodolac capsule, tablet</i>	2		
<i>ibuprofen tablet 400mg, 800mg</i>	1		
<i>ketoprofen capsule 50mg</i>	2		
<i>mefenamic acid capsule</i>	2		
<i>meloxicam tablet 15mg, 7.5mg</i>	1		
<i>nabumetone tablet</i>	2		
<i>naproxen dr</i>	2		
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	2		
<i>naproxen sodium tablet extended release 24 hour</i>	2		
<i>naproxen sodium tablet 275mg, 550mg</i>	1		
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1		
<i>salsalate tablet</i>	2		
<i>sulindac tablet</i>	2		
ZIPSOR	4		
<i>Opioid Analgesics, Long-acting</i>			
BELBUCA	4		QL (60 EA per 30 days) ST
<i>buprenorphine patch weekly</i>	4		QL (4 EA per 28 days)
<i>buprenorphine hcl injection 0.3mg/ml</i>	2		QL (266 ML per 30 days) HI
BUTRANS PATCH WEEKLY 7.5MCG/HR	4		QL (4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2		QL (10 EA per 30 days)
<i>fentanyl patch 72 hour 37.5mcg/hr, 62.5mcg/hr</i>	4		QL (10 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:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	5	QL (10 EA per 30 days)
<i>hydromorphone hcl er tablet er 24 hour abuse-deterrent 12mg, 8mg</i>	4	QL (60 EA per 30 days)
<i>hydromorphone hcl er tablet er 24 hour abuse-deterrent 16mg</i>	5	QL (60 EA per 30 days)
<i>hydromorphone hydrochloride er</i>	5	QL (60 EA per 30 days)
HYSINGLA ER	4	QL (60 EA per 30 days) PA
INFUMORPH 200	3	QL (200 ML per 30 days)
INFUMORPH 500	3	QL (80 ML per 30 days)
<i>levorphanol tartrate tablet</i>	2	QL (120 EA per 30 days)
<i>methadone hcl injection</i>	2	QL (150 ML per 30 days)
<i>methadone hcl concentrate</i>	2	QL (200 ML per 30 days)
<i>methadone hcl oral solution 5mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>methadone hcl oral solution 10mg/5ml</i>	2	QL (600 ML per 30 days)
<i>methadone hcl tablet 10mg</i>	2	QL (120 EA per 30 days)
<i>methadone hcl tablet 5mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 120mg, 30mg, 45mg, 60mg, 75mg, 90mg (generic AVINZA)</i>	4	QL (60 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg (generic KADIAN)</i>	4	QL (90 EA per 30 days)
<i>morphine sulfate er tablet extended release 15mg, 200mg, 30mg, 60mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er tablet extended release 100mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>morphine sulfate injection 10mg/0.7ml</i>	2	QL (83 ML per 30 days)
OPANA ER (CRUSH RESISTANT)	3	QL (90 EA per 30 days)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10mg, 15mg, 20mg, 30mg, 40mg, 60mg</i>	4	QL (90 EA per 30 days)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80mg</i>	5	QL (60 EA per 30 days)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	4	QL (90 EA per 30 days)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	5	QL (60 EA per 30 days)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60MG	5	QL (90 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	2	QL (90 EA per 30 days)
<i>tramadol hcl er tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
ZOXYDRO ER CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	QL (90 EA per 30 days) PA
<i>Opioid Analgesics, Short-acting</i>		
ABSTRAL	5	QL (120 EA per 30 days) PA
<i>acetaminophen/caffeine/dihydrocodeine</i>	2	QL (300 EA per 30 days)
<i>acetaminophen/codeine solution</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL (180 EA per 30 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	2	QL (360 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	2	QL (10 ML per 28 days)
<i>butorphanol tartrate injection 2mg/ml</i>	2	QL (428 ML per 30 days)
<i>butorphanol tartrate injection 1mg/ml</i>	2	QL (857 ML per 30 days)

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>codeine sulfate tablet</i>	2	QL (180 EA per 30 days)
<i>duramorph injection 1mg/ml</i>	2	QL (2000 ML per 30 days)
<i>duramorph injection 0.5mg/ml</i>	2	QL (4000 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA
<i>fentanyl citrate injection 100mcg/2ml</i>	2	QL (400 ML per 30 days) HI
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (120 EA per 30 days) PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL (5550 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 500mg; 10mg, 500mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL (50 EA per 30 days)
<i>hydromorphone hcl tablet</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl liquid</i>	2	QL (2400 ML per 30 days)
<i>hydromorphone hcl injection 2mg/ml</i>	2	QL (1200 ML per 30 days)
<i>hydromorphone hcl injection 10mg/ml, 50mg/5ml</i>	2	QL (240 ML per 30 days)
<i>hydromorphone hcl injection 1mg/ml</i>	2	QL (300 ML per 30 days)
<i>hydromorphone hcl injection 4mg/ml</i>	2	QL (75 ML per 30 days)
<i>hydromorphone hcl injection 1mg/ml</i>	4	QL (300 ML per 30 days)

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
LAZANDA SOLUTION 300MCG/ACT	5	QL (23 EA per 30 days) PA
LAZANDA SOLUTION 400MCG/ACT	5	QL (30 EA per 30 days) PA
LAZANDA SOLUTION 100MCG/ACT	5	QL (45 EA per 30 days) PA
<i>morphine sulfate injection 10mg/ml</i>	2	QL (120 ML per 30 days)
<i>morphine sulfate injection 1mg/ml</i>	2	QL (2000 ML per 30 days)
<i>morphine sulfate injection 5mg/ml</i>	2	QL (240 ML per 30 days)
<i>morphine sulfate injection 150mg/30ml</i>	2	QL (400 ML per 30 days)
<i>morphine sulfate injection 0.5mg/ml</i>	2	QL (4000 ML per 30 days)
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days)
<i>morphine sulfate tablet 15mg, 30mg</i>	2	QL (180 EA per 30 days)
<i>nalbuphine hcl injection 20mg/ml</i>	2	QL (100 ML per 30 days) HI
<i>nalbuphine hcl injection 10mg/ml</i>	2	QL (200 ML per 30 days) HI
<i>oxycodone hcl solution</i>	2	QL (1200 ML per 30 days)
<i>oxycodone hcl concentrate</i>	2	QL (180 ML per 30 days)
<i>oxycodone hcl capsule</i>	2	QL (360 EA per 30 days)
<i>oxycodone hcl tablet 10mg, 15mg, 20mg, 30mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl tablet 5mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone/acetaminophen solution</i>	2	QL (1860 ML per 30 days)
<i>oxycodone/acetaminophen tablet 500mg; 7.5mg</i>	2	QL (240 EA per 30 days)

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone/ibuprofen</i>	2	QL (28 EA per 30 days)
<i>oxymorphone hydrochloride tablet 5mg</i>	2	QL (180 EA per 30 days)
<i>oxymorphone hydrochloride tablet 10mg</i>	2	QL (360 EA per 30 days)
<i>primlev</i>	2	QL (360 EA per 30 days)
<i>reprexain tablet 10mg; 200mg</i>	2	QL (50 EA per 30 days)
<i>roxicet tablet</i>	2	QL (360 EA per 30 days)
SUBSYS LIQUID 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (120 EA per 30 days) PA
SUBSYS LIQUID 1600MCG	5	QL (21 EA per 30 days) PA
<i>tramadol hcl tablet</i>	2	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL (240 EA per 30 days)
<i>vicodin es tablet 300mg; 7.5mg</i>	2	QL (360 EA per 30 days)
<i>vicodin hp tablet 300mg; 10mg</i>	2	QL (360 EA per 30 days)
<i>vicodin tablet 300mg; 5mg</i>	2	QL (360 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl injection 0.5%, 1%, 2%</i>	2	
<i>lidocaine viscous</i>	2	
<i>lidocaine/prilocaine</i>	2	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
<i>lidocaine ointment</i>	2		
<i>lidocaine patch</i>	4		PA
SYNERA	4		
Anti-Addiction/Substance Abuse Treatment Agents			
<i>Alcohol Deterrents/Anti-craving</i>			
<i>acamprosate calcium dr</i>	2		
<i>disulfiram tablet</i>	2		
<i>Opioid Dependence Treatments</i>			
<i>buprenorphine hcl/naloxone hcl</i>	2		QL (90 EA per 30 days) PA
<i>buprenorphine hcl injection 0.3mg/ml</i>	2		QL (266 ML per 30 days) HI
<i>buprenorphine hcl tablet sublingual 2mg</i>	2		QL (100 EA per 30 days) PA
<i>buprenorphine hcl tablet sublingual 8mg</i>	2		QL (25 EA per 30 days) PA
<i>naltrexone hcl tablet</i>	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
<i>Opioid Reversal Agents</i>			
<i>naloxone hcl injection 0.4mg/ml, 2mg/2ml</i>	1		
<i>naloxone hcl syringe 0.4mg/ml</i>	1		
NARCAN LIQUID	3		QL (2 EA per 30 days)
<i>Smoking Cessation Agents</i>			
<i>buproban</i>	2		
<i>bupropion hcl sr tablet extended release 12 hour 150mg</i>	2		
CHANTIX CONTINUING MONTH PAK	4		
CHANTIX STARTING MONTH PAK	4		
CHANTIX TABLET 0.5MG, 1MG	4		
NICOTROL INHALER	3		

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
NICOTROL NS	3		
Anti-inflammatory Agents			
Glucocorticoids			
EPIFOAM	3		
Nonsteroidal Anti-inflammatory Drugs			
<i>fenoprofen calcium tablet</i>	2		
FLECTOR	4		PA
<i>flurbiprofen tablet</i>	2		
<i>ibuprofen suspension 100mg/5ml</i>	1		
<i>ibuprofen tablet 600mg</i>	1		
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	2		
<i>ketoprofen capsule 75mg</i>	2		
<i>meloxicam suspension 7.5mg/5ml</i>	2		
<i>naproxen suspension 125mg/5ml</i>	1		
<i>oxaprozin</i>	2		
<i>piroxicam capsule</i>	2		
<i>tolmetin sodium</i>	2		
Antibacterials			
Aminoglycosides			
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	2		HI
<i>gentak ointment</i>	2		
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	2		HI
<i>gentamicin sulfate cream, external ointment, ophthalmic ointment, ophthalmic solution</i>	2		
<i>gentamicin sulfate injection 10mg/ml, 40mg/ml</i>	2		
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	2		HI
<i>neomycin sulfate</i>	2		
<i>paromomycin sulfate</i>	2		
<i>streptomycin sulfate injection 1gm</i>	2		
<i>tobramycin sulfate ophthalmic solution</i>	2		
<i>tobramycin sulfate injection 10mg/ml, 80mg/2ml</i>	2		HI
<i>tobramycin nebulization solution</i>	5		B/D
TOBREX OINTMENT	4		
Antibacterials, Other			
<i>bacitracin ointment</i>	2		
BACTROBAN NASAL	4		

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	T1-Preferred generic	B/D-Part B vs. Part D
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	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>chloramphenicol sodium succinate</i>	2	
CLEOCIN PEDIATRIC GRANULES	3	
CLEOCIN SUPPOSITORY	3	
<i>clindamycin hcl capsule 150mg</i>	1	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate cream, foam, gel, lotion, external solution, swab</i>	2	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>colistimethate sodium</i>	2	HI
CORTISPORIN CREAM, OINTMENT	4	
DALVANCE	5	
<i>daptomycin</i>	5	HI
FLAGYL ER	4	
IMPAVIDO	5	PA
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	
LINCOCIN INJECTION	4	HI
<i>linezolid suspension reconstituted, tablet</i>	5	PA
<i>linezolid injection 600mg/300ml</i>	5	PA
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	2	
<i>metronidazole in nacl 0.79%</i>	2	HI
<i>metronidazole vaginal</i>	2	
<i>metronidazole cream, gel, lotion, tablet</i>	2	
MONUROL	3	
<i>mupirocin cream, ointment</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	QL (360 EA per 365 days)
<i>nitrofurantoin monohydrate</i>	2	QL (180 EA per 365 days)

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<i>nitrofurantoin monohydrate/macrocrystals</i>	2		QL (180 EA per 365 days)
NUVESSA	4		ST
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2		
<i>silver sulfadiazine cream</i>	2		
SIVEXTRO TABLET	5		QL (6 EA per 30 days) PA
SULFAMYLON CREAM	4		
SYNERCID INJECTION 350MG; 150MG	5		
<i>tigecycline</i>	4		HI
<i>trimethoprim tablet</i>	2		
<i>vancomycin hcl capsule</i>	5		
<i>vancomycin hcl injection 1000mg, 10gm, 5000mg, 500mg</i>	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
<i>Beta-lactam, Cephalosporins</i>			
AVYCAZ	5		
<i>cefaclor capsule</i>	2		
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2		
<i>cefadroxil</i>	2		
<i>cefazolin sodium injection 1gm, 1gm; 5%, 500mg</i>	2		HI
<i>cefdinir</i>	2		
<i>cefepime injection 1gm, 2gm</i>	2		HI
<i>cefixime</i>	2		
<i>cefotaxime sodium injection 10gm, 1gm, 2gm</i>	2		HI
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	2		HI
<i>cefpodoxime proxetil</i>	2		
<i>cefprozil tablet</i>	2		
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2		
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	2		HI
<i>ceftibuten</i>	2		
CEFTIN SUSPENSION RECONSTITUTED 250MG/5ML	3		
<i>ceftriaxone in iso-osmotic dextrose injection 40mg/ml; 0</i>	2		HI

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	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	HI
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	2	HI
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
<i>cephalexin tablet 250mg</i>	1	
<i>cephalexin tablet 500mg</i>	2	
SUPRAX CAPSULE, TABLET CHEWABLE	3	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	3	
<i>tazicef injection 1gm, 2gm, 6gm</i>	2	HI
TEFLARO	4	
ZERBAXA	5	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	HI
CAYSTON	5	PA LA
<i>imipenem/cilastatin</i>	2	
INVANZ	4	
MERREM	4	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection</i>	2	HI
<i>ampicillin-sulbactam injection 10gm; 5gm, 2gm; 1gm</i>	2	HI
<i>ampicillin capsule 250mg</i>	1	
<i>ampicillin capsule 500mg</i>	2	
<i>ampicillin suspension reconstituted</i>	2	
<i>bactocill in dextrose injection 0; 1gm/50ml</i>	2	HI
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	2	
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	2	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	2	HI

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>penicillin g potassium in iso-osmotic dextrose</i>	2		HI
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	2		HI
<i>penicillin g procaine</i>	2		
<i>penicillin g sodium</i>	2		
<i>penicillin v potassium</i>	2		
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	2		HI
<i>piperacillin/tazobactam injection 36gm; 4.5gm, 4gm; 0.5gm</i>	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
Macrolides			
AZASITE	4		
<i>azithromycin packet, suspension reconstituted, tablet</i>	2		
<i>azithromycin injection 500mg</i>	2		HI
<i>clarithromycin er</i>	2		
<i>clarithromycin suspension reconstituted, tablet</i>	2		
DIFICID	5		QL (20 EA per 30 days) ST
E.E.S. 400 TABLET	3		
E.E.S. GRANULES	3		
<i>ery</i>	2		
ERY-TAB	3		
ERYTHROCIN LACTOBIONATE INJECTION 500MG	3		
ERYTHROCIN STEARATE TABLET 250MG	3		
<i>erythromycin base</i>	2		
<i>erythromycin ethylsuccinate tablet</i>	2		
<i>erythromycin capsule delayed release particles, gel, ointment, pad</i>	2		
<i>erythromycin solution 2%</i>	2		
PCE	3		
Quinolones			
CILOXAN OINTMENT	3		
<i>ciprofloxacin er</i>	2		
<i>ciprofloxacin hcl solution</i>	2		
<i>ciprofloxacin hcl tablet 250mg, 500mg</i>	1		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	2		

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	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
<i>ciprofloxacin otic solution, suspension reconstituted</i>	2		
<i>ciprofloxacin injection 400mg/40ml</i>	2		
<i>gatifloxacin</i>	2		
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2		
<i>levofloxacin ophthalmic solution, oral solution, tablet</i>	2		
<i>levofloxacin injection</i>	2		HI
MOXEZA	4		
<i>moxifloxacin hcl solution 0.5%</i>	2		
<i>moxifloxacin hcl tablet</i>	2		
<i>ofloxacin ophthalmic solution, otic solution</i>	2		
<i>ofloxacin tablet 300mg, 400mg</i>	2		
VIGAMOX	3		
Sulfonamides			
<i>sodium sulfacetamide solution</i>	2		
<i>sulfacetamide sodium lotion, ointment</i>	2		
<i>sulfadiazine tablet</i>	2		
<i>sulfamethoxazole/trimethoprim ds</i>	1		
<i>sulfamethoxazole/trimethoprim tablet</i>	1		
<i>sulfamethoxazole/trimethoprim injection, suspension</i>	2		
Tetracyclines			
<i>demeclocycline hcl tablet</i>	4		
<i>doxy 100</i>	4		B/D
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 75mg</i>	2		
<i>doxycycline hyclate capsule, injection</i>	2		
<i>doxycycline hyclate tablet 100mg, 20mg</i>	2		
<i>doxycycline monohydrate capsule 100mg, 50mg, 75mg</i>	2		
<i>doxycycline monohydrate tablet</i>	2		
<i>doxycycline suspension reconstituted</i>	2		
<i>minocycline hcl capsule, tablet</i>	2		
<i>tetracycline hydrochloride</i>	1		
Anticonvulsants			
Anticonvulsants, Other			
APTOM TABLET 200MG	4		QL (30 EA per 30 days)

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	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
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)
<i>levetiracetam er</i>	2	
<i>levetiracetam injection, oral solution</i>	2	
<i>levetiracetam tablet 250mg, 500mg</i>	1	
<i>levetiracetam tablet 1000mg, 750mg</i>	2	
POTIGA TABLET 50MG	4	QL (180 EA per 30 days)
POTIGA TABLET 200MG, 300MG, 400MG	4	QL (90 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	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)
<i>Calcium Channel Modifying Agents</i>		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	2	
LYRICA	4	
<i>zonisamide capsule 25mg</i>	1	
<i>zonisamide capsule 100mg, 50mg</i>	2	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clonazepam odt</i>	2	
<i>clonazepam tablet</i>	1	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
DIAZEPAM GEL 10MG, 2.5MG, 20MG	4	
<i>divalproex sodium dr tablet delayed release 125mg</i>	1	
<i>divalproex sodium dr tablet delayed release 250mg, 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	2	

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	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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
			ML-Milliliters
			GM- Grams
<i>divalproex sodium capsule delayed release sprinkle</i>	2		
<i>gabapentin capsule</i>	1		
<i>gabapentin solution</i>	2		
<i>gabapentin tablet 600mg, 800mg</i>	2		
GABITRIL TABLET 12MG, 16MG	3		
ONFI SUSPENSION	4		ST
ONFI TABLET 10MG, 20MG	3		QL (60 EA per 30 days) ST
<i>phenobarbital tablet 100mg, 15mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2		PA
<i>primidone tablet</i>	1		
SABRIL	5		LA
<i>tiagabine hydrochloride</i>	2		
<i>valproate sodium injection</i>	2		
<i>valproic acid capsule, solution</i>	2		
<i>vigabatrin pack 500mg</i>	5		LA
Glutamate Reducing Agents			
<i>felbamate</i>	4		
<i>lamotrigine er</i>	2		
<i>lamotrigine odt</i>	2		
<i>lamotrigine tablet chewable</i>	2		
<i>lamotrigine tablet 100mg, 150mg, 200mg</i>	1		
<i>lamotrigine tablet 25mg</i>	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
TOPIRAMATE ER	4		ST
<i>topiramate capsule sprinkle 15mg</i>	2		
<i>topiramate tablet 25mg, 50mg</i>	1		
<i>topiramate tablet 100mg, 200mg</i>	2		
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

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		T4-Non-preferred drug	HI-Home Infusion
		T5-Specialty	LA-Limited Availability
		T6-Infertility	PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
			ML-Milliliters
			GM- Grams
Sodium Channel Agents			
BANZEL SUSPENSION	4	PA	
BANZEL TABLET 200MG	4	PA	
BANZEL TABLET 400MG	5	PA	
<i>carbamazepine er</i>	2		
<i>carbamazepine tablet chewable, suspension, tablet</i>	2		
CARBATROL	4		
CEREBYX INJECTION 500MG PE/10ML	4		
DILANTIN INFATABS	3		
DILANTIN CAPSULE 30MG	3		
<i>epitol</i>	2		
EQUETRO	4		
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	2		
<i>oxcarbazepine</i>	2		
OXTELLAR XR	4		
PEGANONE TABLET 250MG	4		
<i>phenytoin infatabs</i>	2		
<i>phenytoin sodium extended capsule 100mg</i>	1		
<i>phenytoin sodium extended capsule 200mg, 300mg</i>	2		
<i>phenytoin sodium injection</i>	2		
<i>phenytoin tablet chewable, suspension</i>	2		
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200MG, 400MG	3		
VIMPAT	4		
Antidementia Agents			
Antidementia Agents, Other			
<i>ergoloid mesylates tablet</i>	2		
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL (28 EA per 28 days)	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)	
Cholinesterase Inhibitors			
<i>donepezil hcl tablet disintegrating</i>	2		
<i>donepezil hcl tablet 10mg, 5mg</i>	1		
<i>donepezil hcl tablet 23mg</i>	2		
<i>galantamine hydrobromide er</i>	2		
<i>galantamine hydrobromide solution, tablet</i>	2		

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	T5-Specialty	T6-Infertility	
<i>rivastigmine tartrate</i>	2		
<i>rivastigmine transdermal system</i>	2		
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>			
<i>memantine hcl</i>	2		
<i>memantine hcl titration pak</i>	2		
<i>memantine hydrochloride er</i>	2		QL (30 EA per 30 days)
<i>memantine hydrochloride solution</i>	2		
NAMENDA XR	3		QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3		QL (30 EA per 30 days)
Antidepressants			
<i>Antidepressants, Other</i>			
APLENZIN	4		
BRINTELLIX	4		QL (30 EA per 30 days)
<i>bupropion hcl sr tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2		
<i>bupropion hcl xl</i>	2		
<i>bupropion hcl tablet</i>	2		
FORFIVO XL	4		QL (30 EA per 30 days)
<i>mirtazapine odt</i>	2		
<i>mirtazapine tablet 7.5mg</i>	1		
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	2		
<i>Monoamine Oxidase Inhibitors</i>			
EMSAM	3		ST
MARPLAN	3		
<i>phenelzine sulfate</i>	2		
<i>tranylcypromine sulfate</i>	2		
ZELAPAR	4		
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>			
BRISDELLE	4		QL (30 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 ML-Milliliters GM- Grams
<i>citalopram hydrobromide solution</i>	1	QL (600 ML per 30 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days)
<i>citalopram hydrobromide tablet 10mg, 20mg</i>	1	QL (45 EA per 30 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tablet extended release 24 hour (generic PRISTIQ) 100mg, 25mg, 50mg</i>	4	QL (30 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30mg</i>	2	QL (120 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 20mg</i>	2	QL (180 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 60mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate</i>	2	
FETZIMA	4	QL (30 EA per 30 days)
FETZIMA TITRATION PACK	4	QL (30 EA per 30 days)
<i>fluoxetine dr</i>	2	
<i>fluoxetine hcl capsule, solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
<i>maprotiline hcl</i>	2	
<i>nefazodone hcl</i>	2	
<i>olanzapine/fluoxetine</i>	4	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	2	
<i>paroxetine mesylate capsule 7.5mg</i>	4	QL (30 EA per 30 days)
PAXIL SUSPENSION	4	
<i>sertraline hcl concentrate, tablet</i>	1	
<i>trazodone hcl tablet 100mg, 150mg, 50mg</i>	1	

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	T5-Specialty
	T6-Infertility		
<i>trazodone hcl tablet 300mg</i>	2		
TRINTELLIX	4		QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2		
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	1		
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 75mg</i>	2		
<i>venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg</i>	2		
<i>venlafaxine hcl er tablet extended release 24 hour 225mg</i>	4		
VIIBRYD STARTER PACK	4		QL (30 EA per 30 days)
VIIBRYD TABLET	4		QL (30 EA per 30 days)
Tricyclics			
<i>amitriptyline hcl tablet</i>	2		PA
<i>amoxapine</i>	2		
<i>clomipramine hcl capsule</i>	2		
<i>desipramine hcl tablet</i>	2		
<i>doxepin hcl capsule, concentrate</i>	2		
<i>imipramine hcl tablet</i>	2		PA
<i>imipramine pamoate</i>	2		PA
<i>nortriptyline hcl capsule, solution</i>	2		
<i>protriptyline hcl</i>	2		
<i>trimipramine maleate capsule</i>	2		PA
Antiemetics			
Antiemetics, Other			
<i>meclizine hcl tablet</i>	2		
<i>phenadoz</i>	2		
<i>prochlorperazine maleate tablet</i>	1		
<i>prochlorperazine suppository 25mg</i>	2		
<i>promethazine hcl injection</i>	2		
<i>promethazine hcl tablet</i>	2		PA
<i>promethazine hcl suppository 12.5mg, 25mg</i>	2		
<i>promethegan suppository 25mg, 50mg</i>	2		
<i>scopolamine patch</i>	3		
TRANSDERM-SCOP	3		

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Drug Name	Drug Tiers: Notes:	
	T1-Preferred generic T2-Generic T3-Preferred brand T4-Non-preferred drug T5-Specialty T6-Infertility	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 ML-Milliliters GM- Grams
<i>Emetogenic Therapy Adjuncts</i>		
ANZEMET TABLET	3	QL (20 EA per 30 days) B/D
<i>aprepitant</i>	4	QL (6 EA per 30 days) B/D
<i>dronabinol</i>	4	B/D
EMEND SUSPENSION RECONSTITUTED	4	QL (3 EA per 30 days) B/D
<i>granisetron hcl tablet</i>	2	B/D
<i>granisetron hcl injection</i>	2	HI
<i>ondansetron hcl oral solution, tablet</i>	2	B/D
<i>ondansetron hcl injection 4mg/2ml</i>	2	HI
<i>ondansetron odt</i>	2	B/D
SANCUSO	5	QL (4 EA per 28 days) PA
SUSTOL	5	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b injection</i>	2	B/D
ANCOBON	5	
CANCIDAS	5	
<i>caspofungin acetate</i>	5	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine cream</i>	2	
<i>ciclopirox gel, shampoo, suspension</i>	2	
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	
<i>clotrimazole cream, lozenge, solution</i>	2	
CRESEMBA	5	
<i>econazole nitrate cream</i>	2	
ERAXIS	4	
EXELDERM CREAM	4	
<i>fluconazole in nacl injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	2	HI
<i>fluconazole suspension reconstituted, tablet</i>	2	
GRIFULVIN V TABLET 500MG	4	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>griseofulvin microsize tablet</i>	2		
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	2		
<i>itraconazole capsule</i>	4		
<i>ketoconazole cream, shampoo, tablet</i>	2		
<i>ketoconazole foam</i>	4		
<i>miconazole 3 suppository</i>	2		
MYCAMINE INJECTION 50MG	4		
MYCAMINE INJECTION 100MG	5		
NATACYN	4		
NOXAFIL SUSPENSION, TABLET DELAYED RELEASE	5		
<i>nyamyc</i>	2		
<i>nyata powder</i>	2		
<i>nystatin/triamcinolone</i>	2		
<i>nystatin cream, ointment, powder, suspension, tablet</i>	2		
<i>nystop</i>	2		
<i>oxiconazole nitrate</i>	4		
OXISTAT LOTION	4		
<i>terbinafine hcl tablet</i>	2		
<i>terconazole</i>	2		
<i>voriconazole injection</i>	4		
<i>voriconazole suspension reconstituted, tablet</i>	5		
<i>zazole cream 0.4%</i>	2		
<i>zazole cream 0.8%</i>	4		
Antigout Agents			
<i>Antigout Agents</i>			
<i>allopurinol tablet</i>	1		
<i>colchicine capsule</i>	2		
<i>colchicine tablet 0.6mg</i>	2		
COLCRYS	3		
MITIGARE	4		
<i>probenecid/colchicine</i>	2		
<i>probenecid tablet</i>	2		
ULORIC	4		
Antimigraine Agents			
<i>Ergot Alkaloids</i>			
<i>dihydroergotamine mesylate injection</i>	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:		Notes:
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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 ML-Milliliters GM- Grams
<i>dihydroergotamine mesylate nasal solution</i>	2		QL (12 ML per 30 days)
ERGOMAR	3		
<i>migergot</i>	2		
Prophylactic			
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	2		
<i>topiramate capsule sprinkle 25mg</i>	2		
Serotonin (5-HT) 1b/1d Receptor Agonists			
<i>almotriptan malate</i>	2		QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	4		QL (12 EA per 30 days) ST
<i>frovatriptan succinate</i>	4		QL (18 EA per 30 days)
<i>naratriptan hcl</i>	2		
ONZETRA XSAIL	4		ST
RELPAX	4		QL (12 EA per 30 days) ST
<i>rizatriptan benzoate</i>	2		QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2		QL (18 EA per 30 days)
<i>sumatriptan/naproxen sodium 550mg; 85mg</i>	4		QL (18 EA per 30 days) ST
<i>sumatriptan succinate refill</i>	2		QL (4 ML per 30 days)
<i>sumatriptan succinate tablet</i>	2		
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2		
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	2		QL (4 ML per 30 days)
<i>sumatriptan solution</i>	2		
SUMAVEL DOSEPRO	4		ST
TREXIMET	4		QL (18 EA per 30 days) ST
<i>zolmitriptan odt</i>	2		QL (12 EA per 30 days)
<i>zolmitriptan tablet</i>	2		QL (12 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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	T5-Specialty
	T6-Infertility		
ZOMIG SOLUTION 5MG	4	QL (12 EA per 30 days) ST	
Antimyasthenic Agents			
<i>Parasympathomimetics</i>			
guanidine hcl	2		
pyridostigmine bromide er	2		
pyridostigmine bromide tablet	2		
Antimycobacterials			
<i>Antimycobacterials, Other</i>			
dapsone tablet	2		
rifabutin	4		
<i>Antituberculars</i>			
CAPASTAT SULFATE	3		
cycloserine	2		
ethambutol hcl tablet	2		
isoniazid syrup, tablet	1		
PASER	3		
PRIFTIN	4		
pyrazinamide tablet	2		
RIFAMATE	4		
rifampin capsule, injection	2		
RIFATER	4		
SIRTURO	5		
TRECTOR	4		
Antineoplastics			
<i>Alkylating Agents</i>			
BENDEKA	5	B/D	
BICNU	4	B/D	
busulfan	5	B/D	
carboplatin injection 150mg/15ml	2	B/D	
cisplatin injection 100mg/100ml	2	B/D	
cyclophosphamide injection	2	B/D	
cyclophosphamide capsule	4	B/D	
dacarbazine injection 200mg	2	B/D	
GLEOSTINE	3		
HEXALEN	5		
IFEX	4	B/D	

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>ifosfamide injection 1gm</i>	2	B/D
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LEUKERAN	3	
MATULANE	5	PA
<i>melfhalan hydrochloride</i>	2	B/D
MUSTARGEN	4	B/D
<i>oxaliplatin injection 100mg/20ml, 100mg</i>	2	B/D
<i>thiotepa injection 15mg</i>	2	B/D
TREANDA INJECTION 100MG, 180MG/2ML, 45MG/0.5ML, 25MG	5	B/D
VALCHLOR	5	QL (60 GM per 30 days) PA LA
YONDELIS	5	B/D
ZANOSAR	4	B/D
Antandrogens		
<i>bicalutamide</i>	2	
ERLEADA	5	QL (120 EA per 30 days) PA
<i>flutamide</i>	2	
NILANDRON TABLET 150MG	5	
<i>nilutamide</i>	5	
XTANDI	5	PA LA
ZYTIGA TABLET 500MG	5	PA LA
Antiangiogenic Agents		
POMALYST	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (30 EA per 30 days) PA LA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	4	
FARESTON	5	
FASLODEX INJECTION 250MG/5ML	5	B/D
SOLTAMOX	4	
<i>tamoxifen citrate tablet</i>	2	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			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
			ML-Milliliters
			GM- Grams
Antimetabolites			
ADRUCIL INJECTION 500MG/10ML	3		B/D
ALIMTA	5		B/D
ARRANON	5		B/D
<i>cladribine</i>	2		B/D
<i>clofarabine</i>	4		B/D
<i>cytarabine aqueous</i>	2		B/D
DROXIA	4		
<i>fluorouracil injection 2.5gm/50ml</i>	2		B/D
FOLOTYN	5		B/D
<i>gemcitabine</i>	5		B/D
<i>gemcitabine hcl</i>	5		B/D
<i>hydroxyurea capsule</i>	2		
LONSURF	5		PA
<i>mercaptopurine tablet</i>	2		
PURIXAN	5		
<i>tabloid</i>	2		
VYXEOS	5		B/D
Antineoplastics, Other			
ABRAXANE	5		B/D
<i>adriamycin injection 2mg/ml</i>	2		B/D
<i>amifostine</i>	5		
<i>azacitidine</i>	5		B/D
BELEODAQ	5		B/D
<i>bleomycin sulfate injection 30unit</i>	2		B/D
<i>bortezomib 3.5mg</i>	3		B/D
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 20MG	5		QL (84 EA per 28 days) PA
COSMEGEN	5		B/D
COTELLIC	5		PA LA
DACOGEN	5		B/D
<i>dactinomycin vial 0.5mg</i>	5		B/D
<i>daunorubicin hcl injection 5mg/ml</i>	2		B/D

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	
	T5-Specialty	T6-Infertility	
<i>decitabine</i>	5		B/D
<i>dexrazoxane injection 250mg</i>	2		
<i>docetaxel injection 200mg/20ml, 80mg/4ml, 80mg/8ml</i>	5		B/D
<i>doxorubicin hcl liposome</i>	2		B/D
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	2		B/D
<i>epirubicin hcl injection 200mg/100ml, 50mg/25ml</i>	2		B/D
ERIVEDGE	5		PA LA
ERWINAZE	5		B/D
FARYDAK	5		PA
<i>fludarabine phosphate injection 50mg</i>	2		B/D
HALAVEN	5		B/D
IBRANCE	5		QL (21 EA per 28 days) PA
<i>idarubicin hcl injection 10mg/10ml</i>	2		B/D
<i>irinotecan injection 100mg/5ml</i>	2		B/D
ISTODAX	5		B/D
ISTODAX (OVERFILL)	5		B/D
IXEMPRA KIT	5		B/D
JAKAFI	5		PA LA
JEVTANA	5		B/D
KISQALI	5		QL (63 EA per 28 days) PA
<i>leucovorin calcium tablet</i>	2		
<i>leucovorin calcium injection 100mg, 200mg, 350mg, 500mg, 50mg</i>	2		
<i>levoleucovorin calcium</i>	4		
<i>levoleucovorin injection 50mg</i>	5		
LYNPARZA CAPSULE	5		PA
LYNPARZA TABLET 100MG	5		QL (120 EA per 30 days) PA
LYNPARZA TABLET 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		
<i>mitomycin injection 20mg, 5mg</i>	2		B/D

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	T5-Specialty
	T6-Infertility		
<i>mitomycin injection 40mg</i>	5		B/D
<i>mitoxantrone hcl injection 2mg/ml</i>	2		B/D
NERLYNX	5		QL (180 EA per 30 days) PA
NINLARO	5		QL (3 EA per 28 days)
ONCASPAR	5		B/D
ONIVYDE VIAL 43MG/10ML	5		B/D
<i>paclitaxel injection 300mg/50ml</i>	2		B/D
PICATO	5		ST
PROLEUKIN	5		B/D
<i>romidepsin vial 10mg</i>	5		B/D
RUBRACA	5		QL (120 EA per 30 days) PA
RYDAPT	5		PA
SYLATRON	5		PA
SYNRIBO	5		PA
TRISENOX 10MG/10ML	4		B/D
TRISENOX 12MG/6ML	5		B/D
VELCADE	3		B/D
VERZENIO	5		PA
VIDAZA	5		B/D
<i>vinblastine sulfate injection 1mg/ml</i>	2		B/D
<i>vincasar pfs</i>	2		B/D
<i>vincristine sulfate</i>	2		B/D
<i>vinorelbine tartrate injection 50mg/5ml</i>	2		B/D
ZALTRAP	5		B/D
ZEJULA	5		QL (90 EA per 30 days) PA
ZOLINZA	5		PA
ZYKADIA	5		PA
ZYTIGA TABLET 250MG	5		PA LA
<i>Aromatase Inhibitors, 3rd Generation</i>			
<i>anastrozole tablet</i>	2		
<i>exemestane</i>	2		
<i>letrozole</i>	2		
<i>Enzyme Inhibitors</i>			
<i>etoposide injection 500mg/25ml</i>	2		B/D

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	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
T6-Infertility	PA-Prior Authorization	
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
KYPROLIS	5	PA
toposar injection 1gm/50ml	2	B/D
topotecan hcl injection 4mg	5	B/D
ZYDELIG	5	QL (60 EA per 30 days) PA
Molecular Target Inhibitors		
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	
ALIQOPA	5	B/D
ALUNBRIG	5	PA
ALUNBRIG PACK 90MG-180MG	5	PA
BOSULIF TABLET 100MG	5	QL (120 EA per 30 days) PA
BOSULIF TABLET 400MG, 500MG	5	QL (30 EA per 30 days) PA
CABOMETYX	5	PA
CALQUENCE	5	QL (60 EA per 30 days) PA
CAPRELSA	5	PA LA
GILOTRIF	5	QL (30 EA per 30 days) PA
ICLUSIG	5	PA
IDHIFA	5	Ql (30 EA per 30 days) PA
imatinib mesylate	5	PA
IMBRUVICA CAPSULE 140MG	5	QL (120 EA per 30 days) PA
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA
IMBRUVICA TABLET 140MG, 280MG, 420MG, 560MG	5	QL (30 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

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
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
ODOMZO	5		QL (30 EA per 30 days) 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
TAGRISSO	5		QL (30 EA per 30 days) PA LA
TARCEVA	5		PA
TASIGNA	5		PA
TORISEL	5		PA
TYKERB	5		PA LA
VENCLEXTA STARTING PACK	5		PA
VENCLEXTA TABLET 10MG, 50MG	4		PA
VENCLEXTA TABLET 100MG	5		PA
VOTRIENT	5		PA
XALKORI	5		QL (60 EA per 30 days) PA LA
ZELBORAF	5		QL (240 EA per 30 days) PA LA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>			
ARZERRA INJECTION 100MG/5ML	5		PA
AVASTIN	5		B/D
BAVENCIO	5		B/D

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
BESPONSA	5		B/D
CYRAMZA	5		PA
DARZALEX INJECTION 400MG/20ML	5		B/D
DARZALEX INJECTION 100MG/5ML	5		B/D LA
EMPLICITI	5		B/D
ERBITUX	5		PA
GAZYVA	5		B/D
HERCEPTIN INJECTION 150MG	4		B/D
HERCEPTIN INJECTION 440MG	5		B/D
IMFINZI	5		B/D
KADCYLA	5		B/D
KEYTRUDA	5		B/D
LARTRUVO INJECTION 190MG/19ML, 500MG/50ML	5		B/D
MYLOTARG	5		B/D
OPDIVO	5		B/D
PERJETA	5		B/D
PORTRAZZA	5		B/D
RITUXAN HYCELA	5		B/D
RITUXAN INJECTION 100MG/10ML, 500MG/50ML	5		B/D
TECENTRIQ	5		B/D
UNITUXIN	5		B/D
VECTIBIX INJECTION 100MG/5ML	5		B/D
YERVOY	5		B/D
Retinoids			
<i>bexarotene</i>	5		
PANRETIN	5		
TARGRETIN	5		PA
<i>tretinoin capsule 10mg</i>	5		PA
Treatment Adjuncts			
ELITEK	4		
<i>mesna</i>	2		
MESNEX TABLET	5		
Antiparasitics			
Anthelmintics			
ALBENZA	3		
BILTRICIDE	3		
IVERMECTIN TABLET	3		

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Drug Name		Drug Tiers:	Notes:
		T1-Preferred generic	B/D-Part B vs. Part D
		T2-Generic	EA-Each
		T3-Preferred brand	ED-Excluded Drug
		T4-Non-preferred drug	HI-Home Infusion
		T5-Specialty	LA-Limited Availability
		T6-Infertility	PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
			ML-Milliliters
			GM- Grams
Antiprotozoals			
ALINIA	3		
<i>atovaquone</i>	5		
<i>atovaquone/proguanil hcl</i>	4		
<i>chloroquine phosphate tablet</i>	2		
COARTEM	3		QL (24 EA per 30 days)
DARAPRIM	3		
<i>hydroxychloroquine sulfate tablet</i>	2		
<i>mefloquine hcl</i>	2		
MEPRON SUSPENSION	5		
NEBUPENT	3		PA
PENTAM 300	4		
<i>primaquine phosphate tablet</i>	2		
<i>quinine sulfate capsule 324mg</i>	2		
Pediculicides/Scabicides			
EURAX	3		
<i>lindane lotion, shampoo</i>	2		
<i>malathion</i>	2		
<i>permethrin cream</i>	2		
SKLICE	4		QL (117 GM per 14 days)
Antiparkinson Agents			
Anticholinergics			
<i>diphenhydramine hcl injection 50mg/ml</i>	2		
<i>trihexyphenidyl hcl</i>	2		
Antiparkinson Agents, Other			
<i>entacapone</i>	2		
<i>tolcapone</i>	5		
Dopamine Agonists			
APOKYN INJECTION 30MG/3ML	5		
<i>bromocriptine mesylate capsule, tablet</i>	2		
NEUPRO	4		ST
<i>pramipexole dihydrochloride</i>	1		
<i>pramipexole dihydrochloride er</i>	2		
<i>ropinirole er</i>	2		
<i>ropinirole hcl tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1		

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>ropinirole hcl tablet 5mg</i>	2		
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors			
<i>carbidopa/levodopa er</i>	2		
<i>carbidopa/levodopa odt</i>	2		
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 12.5MG; 200MG; 50MG	4		
<i>carbidopa/levodopa/entacapone tablet 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	4		
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg</i>	1		
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	2		
<i>carbidopa tablet</i>	2		
RYTARY	4		ST
Monoamine Oxidase B (MAO-B) Inhibitors			
<i>rasagiline mesylate tablet</i>	4		
<i>selegiline hcl capsule, tablet</i>	2		
Antipsychotics			
1st Generation/Typical			
ADASUVE	5		PA
<i>chlorpromazine hcl tablet</i>	2		
<i>chlorpromazine hcl injection 50mg/2ml</i>	2		
<i>compro</i>	2		
<i>fluphenazine decanoate injection</i>	2		
<i>fluphenazine hcl concentrate, elixir, injection</i>	2		
<i>fluphenazine hcl tablet 1mg</i>	1		
<i>fluphenazine hcl tablet 10mg, 2.5mg, 5mg</i>	2		
<i>haloperidol decanoate injection, vial</i>	2		
<i>haloperidol lactate</i>	2		
<i>haloperidol tablet</i>	1		
<i>haloperidol concentrate</i>	2		
<i>loxapine succinate capsule</i>	2		
<i>molindone hydrochloride</i>	2		
<i>perphenazine tablet</i>	2		
<i>pimozide</i>	2		
<i>prochlorperazine edisylate injection</i>	2		
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2		
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	T5-Specialty
	T6-Infertility		
<i>trifluoperazine hcl tablet</i>	2		
2nd Generation/Atypical			
ABILIFY MAINTENA	5		
<i>aripiprazole odt</i>	4		QL (60 EA per 30 days) PA
<i>aripiprazole tablet</i>	2		QL (30 EA per 30 days) PA
<i>aripiprazole solution</i>	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
<i>olanzapine odt</i>	2		QL (30 EA per 30 days)
<i>olanzapine injection</i>	2		QL (30 EA per 30 days)
<i>olanzapine tablet 2.5mg</i>	1		QL (30 EA per 30 days)
<i>olanzapine tablet 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2		QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4		QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4		QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg, 50mg</i>	4		QL (30 EA per 30 days) PA
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	4		QL (60 EA per 30 days) PA
<i>quetiapine fumarate tablet 25mg</i>	1		

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	
	T5-Specialty	T6-Infertility	
<i>quetiapine fumarate tablet 100mg, 200mg, 300mg, 400mg, 50mg</i>	2		
REXULTI	5		QL (30 EA per 30 days) PA
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	4		
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5		
<i>risperidone odt</i>	2		
<i>risperidone solution</i>	2		
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1		
<i>risperidone tablet 4mg</i>	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)
<i>ziprasidone hcl</i>	2		QL (60 EA per 30 days)
ZYPREXA RELPREVV	5		
ZYPREXA INJECTION	4		QL (30 EA per 30 days)
Treatment-Resistant			
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 25mg</i>	2		
<i>clozapine odt tablet disintegrating 150mg, 200mg</i>	4		
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2		
FAZACLO TABLET DISINTEGRATING 100MG, 12.5MG, 25MG	4		
VERSACLOZ	5		
Antispasticity Agents			
Antispasticity Agents			
<i>baclofen tablet</i>	2		
<i>dantrolene sodium capsule</i>	2		
<i>tizanidine hcl capsule, tablet</i>	2		
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
<i>ganciclovir injection 500mg</i>	4		B/D
PREVYMIS	5		PA
VALCYTE TABLET	5		
<i>valganciclovir</i>	5		

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	T5-Specialty
	T6-Infertility		
ZIRGAN	3		
Anti-hepatitis B (HBV) Agents			
<i>adefovir dipivoxil</i>	5		
BARACLUDE SOLUTION	4		QL (600 ML per 30 days)
<i>entecavir</i>	4		
EPIVIR HBV SOLUTION	3		
HEPSERA	5		
INTRON A W/DILUENT INJECTION 10MU, 18MU	5		
INTRON A W/DILUENT INJECTION 50MU	5		B/D
INTRON A INJECTION 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	5		B/D
INTRON A INJECTION 10MU	5		
<i>lamivudine tablet 100mg</i>	2		
VEMLIDY	5		
Anti-hepatitis C (HCV) Agents, Direct Acting Agents			
DAKLINZA	5		PA
EPCLUSA	5		PA
HARVONI	5		QL (28 EA per 28 days) PA
MAVYRET	5		QL (84 EA per 28 days) PA
SOVALDI	5		QL (30 EA per 30 days) PA
VICTRELIS	5		PA
ZEPATIER	5		PA
Anti-hepatitis C (HCV) Agents, Other			
<i>moderiba</i>	2		
<i>moderiba 1200 dose pack</i>	2		
<i>moderiba 800 dose pack</i>	2		
PEG-INTRON REDIPEN	5		
PEGASYS	5		
PEGASYS PROCLICK	5		
PEGINTRON INJECTION 120MCG/0.5ML, 50MCG/0.5ML	5		
<i>ribasphere</i>	2		
<i>ribavirin capsule</i>	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 ML-Milliliters GM- Grams
ribavirin tablet 200mg	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS PACKET 100MG	3	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	
TIVICAY TABLET 10MG	4	QL (30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL (30 EA per 30 days)
TRIUMEQ	5	QL (30 EA per 30 days)
VITEKTA	5	QL (30 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	5	
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	3	QL (30 EA per 30 days)
efavirenz capsule 50mg, 200mg	2	
efavirenz tablet 600mg	3	
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)

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:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
nevirapine tablet	4	QL (60 EA per 30 days)
ODEFSEY	5	QL (30 EA per 30 days)
RESCRIPTOR	3	
SUSTIVA TABLET	3	
SUSTIVA CAPSULE 200MG, 50MG	3	
SYMFI	5	QL (30 EA per 30 days)
SYMFI LO	5	
VIRAMUNE SUSPENSION	4	QL (1200 ML per 30 days)
VIRAMUNE TABLET	5	QL (60 EA per 30 days)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
abacavir solution 20mg/ml	3	
abacavir tablet 300mg	2	
abacavir sulfate/lamivudine/zidovudine	5	
abacavir/lamivudine	5	
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	
didanosine	2	
EMTRIVA	3	
EPZICOM	5	
lamivudine/zidovudine	4	
lamivudine solution 10mg/ml	2	
lamivudine tablet 150mg, 300mg	2	
RETROVIR IV INFUSION	3	
stavudine	2	
tenofovir disoproxil fumarate	5	
TRIZIVIR	5	
TRUVADA	5	
VIDEX EC 125MG	4	
VIDEX PEDIATRIC	3	
VIREAD	5	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	B/D-Part B vs. Part D	
	T2-Generic	EA-Each	
	T3-Preferred brand	ED-Excluded Drug	
	T4-Non-preferred drug	HI-Home Infusion	
	T5-Specialty	LA-Limited Availability	
	T6-Infertility	PA-Prior Authorization	
		QL-Quantity Limits	
		ST-Step Therapy	
		ML-Milliliters	
		GM- Grams	
ZERIT SOLUTION RECONSTITUTED	5		
ZIAGEN SOLUTION	3		
<i>zidovudine</i>	2		
Anti-HIV Agents, Other			
FUZEON	5		
ISENTRESS HD	5		
ISENTRESS TABLET CHEWABLE 25MG	3		
ISENTRESS TABLET CHEWABLE 100MG	5		
ISENTRESS TABLET 400MG	5		
SELZENTRY SOLUTION	5	QL (460 ML per 30 days)	
SELZENTRY TABLET 25MG	4		
SELZENTRY TABLET 150MG, 300MG, 75MG	5		
TIVICAY TABLET 50MG	5	QL (60 EA per 30 days)	
TROGARZO	5	PA	
TYBOST	3	QL (30 EA per 30 days)	
Anti-HIV Agents, Protease Inhibitors			
APTIVUS SOLUTION	4		
APTIVUS CAPSULE	5		
<i>atazanavir sulfate</i>	5		
CRIXIVAN CAPSULE 200MG, 400MG	3		
EVOTAZ	5	QL (30 EA per 30 days)	
<i>fosamprenavir tablet 700mg</i>	5		
INVIRASE CAPSULE	4		
INVIRASE TABLET	5		
KALETRA SUSPENSION	5		
KALETRA TABLET 100MG; 25MG	4		
KALETRA TABLET 200MG; 50MG	5		
LEXIVA SUSPENSION	4		
LEXIVA TABLET	5		
<i>lopinavir/ritonavir</i>	5		
NORVIR	4		
PREZCOBIX	5	QL (30 EA per 30 days)	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
PREZISTA SUSPENSION	5		
PREZISTA TABLET 150MG, 75MG	3		
PREZISTA TABLET 600MG, 800MG	5		
REYATAZ	5		
<i>ritonavir tablet 100mg</i>	4		
VIRACEPT	3		
Anti-influenza Agents			
<i>amantadine hcl capsule, syrup, tablet</i>	2		
<i>oseltamivir phosphate capsule 30mg</i>	3		QL (112 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3		QL (56 EA per 365 days)
<i>oseltamivir phosphate suspension</i>	3		
RELENZA DISKHALER	3		
<i>rimantadine hcl</i>	2		
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3		
Antiherpetic Agents			
<i>acyclovir sodium injection 50mg/ml</i>	2		B/D
<i>acyclovir capsule, suspension, tablet</i>	2		
<i>acyclovir ointment</i>	2		QL (30 GM per 30 days)
DENAVIR	4		QL (5 GM per 30 days)
<i>famciclovir tablet</i>	2		
<i>trifluridine</i>	2		
<i>valacyclovir hcl</i>	2		
XERESE	4		QL (5 GM per 30 days)
ZOVIRAX CREAM	4		QL (5 GM per 30 days)
Anxiolytics			
Anxiolytics, Other			
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	2		
<i>alprazolam intensol</i>	2		
<i>alprazolam xr tablet extended release 24 hour 1mg, 2mg, 3mg</i>	2		
<i>alprazolam tablet 0.25mg, 1mg</i>	1		
<i>buspirone hcl tablet 5mg</i>	1		
<i>buspirone hcl tablet 10mg, 15mg, 30mg, 7.5mg</i>	2		
<i>diazepam intensol</i>	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:		Notes:
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
	T6-Infertility		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 ML-Milliliters GM- Grams
<i>diazepam solution 1mg/ml</i>	1		
<i>estazolam</i>	2		
<i>Benzodiazepines</i>			
<i>alprazolam er tablet extended release 24 hour 1mg, 2mg, 3mg</i>	2		
<i>alprazolam odt</i>	2		
<i>alprazolam tablet 0.5mg, 2mg</i>	1		
<i>chlordiazepoxide hcl</i>	1		
<i>clorazepate dipotassium tablet</i>	2		
<i>diazepam tablet 10mg, 2mg, 5mg</i>	1		
<i>lorazepam intensol</i>	2		
<i>lorazepam tablet</i>	1		
<i>oxazepam</i>	2		
<i>temazepam capsule 15mg, 30mg</i>	1		
Bipolar Agents			
<i>Bipolar Agents, Other</i>			
GEODON INJECTION	4		
<i>lithium</i>	2		
<i>lithium carbonate</i>	1		
<i>lithium carbonate er</i>	2		
VRAYLAR CAPSULE THERAPY PACK	4		ST
VRAYLAR CAPSULE	5		ST
Blood Glucose Regulators			
<i>Antidiabetic Agents</i>			
<i>acarbose</i>	2		
ACTOPLUS MET XR	4		
ADLYXIN	4		
ADLYXIN STARTER PACK	4		
AVANDIA TABLET 2MG, 4MG	4		
BYDUREON	3		QL (4 EA per 28 days)
BYDUREON BCISE	3		QL (3.40 ML per 28 days)
BYDUREON PEN	3		QL (4 EA per 28 days)
BYETTA	3		
CYCLOSET	4		
FARXIGA	3		QL (30 EA per 30 days)

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>glimepiride</i>	1		
<i>glipizide er</i>	2		
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	2		
<i>glipizide/metformin hcl</i>	2		
<i>glipizide tablet</i>	1		
GLYXAMBI	3		QL (30 EA per 30 days)
INVOKAMET	4		ST
INVOKAMET XR	4		QL (60 EA per 30 days) ST
INVOKANA	4		QL (30 EA per 30 days) ST
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	3		
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) ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	4		QL (60 EA per 30 days) ST
<i>metformin hcl er tablet extended release 24 hour 500mg, 750mg (generic GLUCOPHAGE XR)</i>	1		
<i>metformin hcl tablet</i>	1		
<i>miglitol</i>	2		
<i>nateglinide</i>	2		
ONGLYZA	4		ST
<i>pioglitazone hcl</i>	2		
<i>pioglitazone hcl-glimepiride</i>	2		
<i>pioglitazone hcl/metformin hcl</i>	2		

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
QTERN	4		QL (30 EA per 30 days)
<i>repaglinide</i>	2		
<i>repaglinide/metformin hydrochloride</i>	2		
SEGLUROMET	4		QL (60 EA per 30 days) ST
STEGLATRO	4		QL (30 EA per 30 days) ST
STEGLUJAN	4		QL (30 EA per 30 days)
SYMLINPEN 120	5		ST
SYMLINPEN 60	3		QL (12 ML per 30 days) ST
SYNJARDY	3		
TANZEUM	4		QL (4 EA per 28 days) ST
<i>tolazamide tablet 250mg, 500mg</i>	2		
<i>tolbutamide</i>	2		
TRADJENTA	3		QL (30 EA per 30 days)
TRULICITY	3		
VICTOZA	4		ST
XIGDUO XR	3		
<i>Glycemic Agents</i>			
CLINIMIX 5%/DEXTROSE 15%	3		B/D
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
<i>dextrose 10%/nacl 0.45%</i>	2		
<i>dextrose 10%</i>	2		
<i>dextrose 10%/nacl 0.2%</i>	2		
<i>dextrose 5%</i>	2		
<i>dextrose 5%/nacl 0.2%</i>	2		
<i>dextrose 5%/nacl 0.225%</i>	2		

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
<i>dextrose 5%/nacl 0.33%</i>	2		
<i>dextrose 5%/nacl 0.45%</i>	2		
GLUCAGEN HYPOKIT	3		
GLUCAGON EMERGENCY KIT	3		
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	2		
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	2		
PROGLYCEM	3		
Insulins			
AFREZZA	4		ST
APIDRA	4		ST
APIDRA SOLOSTAR	4		ST
BASAGLAR KWIKPEN	4		ST
FIASP	4		ST
FIASP FLEXTOUCH	4		ST
HUMALOG	2		
HUMALOG JUNIOR KWIKPEN	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		
HUMULIN R U-500 KWIKPEN	2		
LANTUS	3		
LANTUS SOLOSTAR	3		
LEVEMIR	4		ST
LEVEMIR FLEXTOUCH	4		ST
NOVOLIN 70/30	4		ST
NOVOLIN N	4		ST
NOVOLIN R	4		ST
NOVOLOG	4		ST

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Drug Name	Drug Tiers:		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 ML-Milliliters GM- Grams
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
NOVOLOG FLEXPEN	4	ST	
NOVOLOG MIX 70/30	4	ST	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	ST	
NOVOLOG PENFILL	4	ST	
SOLIQUA 100/33	4		
TOUJEO MAX SOLOSTAR	3		
TOUJEO SOLOSTAR	3		
TRESIBA FLEXTOUCH	4		
XULTOPHY 100/3.6	4	QL (15 ML per 30 days)	
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
COUMADIN TABLET	3		
ELIQUIS	3	QL (74 EA per 30 days)	
ELIQUIS STARTER PACK	3	QL (74 EA 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 30mg/0.3ml	4	QL (18 ML per 30 days)	
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)	

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
FRAGMIN INJECTION 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 7500UNIT/0.3ML	5	
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9% injection 2unit/ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>heparin sodium injection 2500unit/ml</i>	2	B/D HI
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 5000unit/ml</i>	2	HI
<i>jantoven</i>	1	
PRADAXA	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium tablet</i>	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		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 10MCG/0.4ML, 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 INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	B/D
GRANIX	5	
LEUKINE INJECTION 250MCG	5	
MIRCERA INJECTION 100MCG/0.3ML, 200MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	QL (0.6 ML per 28 days)

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
MOZOBIL	5		
NEULASTA	5		
NEUPOGEN	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		
Blood Products/Modifiers/Volume Expanders			
SOLIRIS	5		PA LA
Hemostasis Agents			
BRILINTA TABLET 90MG	3		QL (60 EA per 30 days)
<i>tranexamic acid injection, tablet</i>	2		
Platelet Modifying Agents			
<i>aspirin/dipyridamole</i>	2		
BRILINTA TABLET 60MG	3		QL (60 EA per 30 days)
<i>cilostazol</i>	2		
<i>clopidogrel tablet 300mg</i>	2		
<i>clopidogrel tablet 75mg</i>	1		
EFFIENT	3		
<i>prasugrel tablet</i>	3		
ZONTIVITY	4		QL (30 EA per 30 days) ST
Cardiovascular Agents			
Alpha-adrenergic Agonists			
<i>clonidine hcl tablet</i>	1		
<i>clonidine hcl patch weekly</i>	2		
<i>midodrine hcl</i>	2		
Alpha-adrenergic Blocking Agents			
<i>phenoxybenzamine hydrochloride</i>	2		
<i>prazosin hcl capsule</i>	2		
Angiotensin II Receptor Antagonists			
<i>candesartan cilexetil</i>	2		
<i>candesartan cilexetil/hydrochlorothiazide</i>	2		

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>eprosartan mesylate</i>	2	
<i>irbesartan</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	2	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>telmisartan</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>valsartan</i>	2	
<i>valsartan/hydrochlorothiazide</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	2	
<i>benazepril hcl tablet</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
<i>captopril tablet</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>moexipril/hydrochlorothiazide</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ramipril capsule 2.5mg</i>	1	
<i>ramipril capsule 1.25mg, 10mg, 5mg</i>	2	
<i>trandolapril</i>	2	
<i>trandolapril/verapamil hcl er</i>	2	
Antiarrhythmics		
<i>amiodarone hcl injection 50mg/ml</i>	2	
<i>amiodarone hcl tablet 100mg, 200mg, 400mg</i>	2	
<i>disopyramide phosphate capsule</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>mexiletine hcl</i>	2		
MULTAQ	3		
<i>pacerone tablet 200mg</i>	2		
<i>propafenone hcl</i>	2		
<i>propafenone hcl er</i>	2		
<i>quinidine gluconate cr</i>	2		
<i>quinidine sulfate tablet 200mg</i>	1		
<i>quinidine sulfate tablet 300mg</i>	2		
RYTHMOL SR	4		
<i>sorine</i>	2		
<i>sotalol hcl (af)</i>	2		
<i>sotalol hcl tablet 160mg, 240mg, 80mg</i>	2		
TIKOSYN	4		
Beta-adrenergic Blocking Agents			
<i>acebutolol hcl capsule</i>	2		
<i>atenolol/chlorthalidone</i>	1		
<i>atenolol tablet</i>	1		
<i>betaxolol hcl tablet 10mg, 20mg</i>	2		
<i>bisoprolol fumarate</i>	2		
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1		
BYSTOLIC	4		
<i>carvedilol</i>	1		
<i>carvedilol phosphate er</i>	4		
COREG CR	4		
INNOPRAN XL	4		
<i>labetalol hcl injection, tablet</i>	2		
<i>metoprolol succinate er</i>	2		
<i>metoprolol tartrate injection</i>	1		
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1		
<i>metoprolol tartrate tablet 37.5mg, 75mg</i>	2		
<i>metoprolol/hydrochlorothiazide</i>	2		
<i>nadolol/bendroflumethiazide</i>	2		
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2		
<i>pindolol tablet</i>	2		
<i>propranolol hcl er</i>	2		
<i>propranolol hcl injection, oral solution, tablet</i>	1		
<i>propranolol/hydrochlorothiazide</i>	2		

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	
	T5-Specialty	T6-Infertility	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	2		
Calcium Channel Blocking Agents			
<i>afeditab cr</i>	2		
<i>amlodipine besylate/atorvastatin calcium</i>	2		
<i>amlodipine besylate/benazepril hydrochloride</i>	2		
<i>amlodipine besylate/valsartan</i>	2		
<i>amlodipine besylate tablet</i>	1		
<i>amlodipine/olmesartan medoxomil</i>	4		
<i>amlodipine/valsartan/hctz</i>	2		
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG	4		
<i>cartia xt</i>	2		
<i>dilt-xr</i>	2		
<i>diltiazem cd capsule extended release 24 hour 240mg, 300mg</i>	2		
<i>diltiazem hcl er</i>	2		
<i>diltiazem hcl injection 100mg, 50mg/10ml</i>	2		
<i>diltiazem hcl tablet 30mg</i>	1		
<i>diltiazem hcl tablet 120mg, 60mg, 90mg</i>	2		
<i>felodipine er</i>	2		
<i>isradipine</i>	2		
<i>matzim la</i>	2		
<i>nicardipine hcl capsule</i>	2		
<i>nifedical xl</i>	2		
<i>nifedipine er</i>	2		
<i>nimodipine capsule</i>	4		
<i>nisoldipine er</i>	2		
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4		
<i>taztia xt</i>	2		
<i>telmisartan/amlodipine</i>	2		
<i>verapamil hcl er</i>	2		
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	2		
<i>verapamil hcl tablet 120mg, 80mg</i>	1		
<i>verapamil hcl tablet 40mg</i>	2		
Cardiovascular Agents, Other			
CORLANOR	4		ST
DEMSER	4		

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	B/D-Part B vs. Part D	
	T2-Generic	EA-Each	
	T3-Preferred brand	ED-Excluded Drug	
	T4-Non-preferred drug	HI-Home Infusion	
	T5-Specialty	LA-Limited Availability	
	Notes:		
	T6-Infertility	PA-Prior Authorization	
		QL-Quantity Limits	
		ST-Step Therapy	
		ML-Milliliters	
		GM- Grams	
<i>digitek tablet 0.25mg</i>	2	PA	
<i>digitek tablet 0.125mg</i>	2	QL (30 EA per 30 days)	
<i>digox tablet 250mcg</i>	2	PA	
<i>digox tablet 125mcg</i>	2	QL (30 EA per 30 days)	
<i>digoxin oral solution</i>	2	PA	
<i>digoxin injection 0.25mg/ml</i>	2	PA	
<i>digoxin tablet 250mcg</i>	2	PA	
<i>digoxin tablet 125mcg</i>	2	QL (30 EA per 30 days)	
ENTRESTO	3	QL (60 EA per 30 days)	
NORTHERA	5	ST	
<i>pentoxifylline er</i>	2		
RANEXA	3		
TEKTURN	4		
TEKTURN HCT	4		
<i>vecamyl</i>	5		
Diuretics, Carbonic Anhydrase Inhibitors			
<i>acetazolamide</i>	2		
<i>acetazolamide sodium</i>	2		
<i>methazolamide tablet 50mg</i>	2		
Diuretics, Loop			
<i>bumetanide tablet</i>	1		
<i>ethacrynic acid tablet</i>	4		
<i>furosemide oral solution, tablet</i>	1		
<i>furosemide injection</i>	1	HI	
<i>torsemide tablet 10mg, 20mg</i>	1		
<i>torsemide tablet 100mg, 5mg</i>	2		
Diuretics, Potassium-sparing			
<i>amiloride hcl tablet</i>	2		
<i>amiloride/hydrochlorothiazide</i>	2		
DYRENIUM	4		
<i>eplerenone</i>	2		
<i>spironolactone/hydrochlorothiazide</i>	2		
<i>spironolactone tablet 25mg</i>	1		

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	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>spironolactone tablet 100mg, 50mg</i>	2	
<i>triamterene/hydrochlorothiazide</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>methyclothiazide tablet</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized</i>	2	
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tablet</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ADVICOR	4	
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	4	
<i>atorvastatin calcium tablet 10mg</i>	1	
<i>atorvastatin calcium tablet 20mg, 40mg, 80mg</i>	2	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
LIVALO	4	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	2	
SIMCOR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 20MG, 500MG; 20MG	4	
<i>simvastatin tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine packet</i>	2	
<i>cholestyramine powder</i>	2	
COLESTID FLAVORED PACKET	4	
<i>colestipol hcl granules, tablet</i>	2	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
<i>ezetimibe</i>	2		
<i>ezetimibe/simvastatin</i>	4		
JUXTAPID	5		QL (30 EA per 30 days) PA
KYNAMRO	5		PA
<i>niacin er tablet extended release 500mg, 750mg</i>	1		
<i>niacin er tablet extended release 1000mg</i>	2		
<i>niacor</i>	2		
<i>omega-3-acid ethyl esters</i>	2		
<i>prevalite powder</i>	2		
VASCEPA	4		PA
WELCHOL	4		
<i>Vasodilators, Direct-acting Arterial/Venous</i>			
BIDIL	3		
<i>isosorbide dinitrate er</i>	2		
<i>isosorbide dinitrate tablet 20mg</i>	1		
<i>isosorbide dinitrate tablet 10mg, 30mg, 5mg</i>	2		
<i>isosorbide mononitrate</i>	2		
<i>isosorbide mononitrate er</i>	2		
NITRO-BID	3		
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3		
<i>nitroglycerin lingual</i>	2		
<i>nitroglycerin transdermal</i>	2		
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2		
NITROLINGUAL PUMPSPRAY	3		
<i>Vasodilators, Direct-acting Arterial</i>			
<i>hydralazine hcl tablet</i>	1		
<i>hydralazine hcl injection</i>	2		
<i>minoxidil tablet</i>	2		
Central Nervous System Agents			
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>			
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg, 10mg, 15mg, 25mg</i>	4		QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 20mg, 30mg</i>	4		QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 7.5mg, 10mg, 12.5mg, 15mg</i>	2		QL (120 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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>amphetamine/dextroamphetamine tablet 30mg</i>	2		QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 20mg</i>	2		QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er</i>	2		
<i>dextroamphetamine sulfate tablet</i>	2		
VYVANSE	4		QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
<i>atomoxetine</i>	4		
<i>clonidine hcl er</i>	2		
DAYTRANA	4		QL (30 EA per 30 days)
<i>dexmethylphenidate hcl</i>	2		
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 20mg, 5mg</i>	2		QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 25mg, 30mg, 35mg, 40mg</i>	4		QL (30 EA per 30 days)
<i>metadate er tablet extended release 20mg</i>	2		
<i>methylphenidate hcl cd capsule extended release 10mg, 20mg, 40mg, 50mg, 60mg</i>	2		QL (30 EA per 30 days)
<i>methylphenidate hcl er capsule extended release 24 hour 20mg, 40mg, 60mg</i>	2		QL (30 EA per 30 days)
<i>methylphenidate hcl er capsule extended release 30mg</i>	2		QL (30 EA per 30 days)
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)
<i>methylphenidate hcl er tablet extended release 10mg, 20mg</i>	2		
<i>methylphenidate hcl tablet chewable, tablet</i>	2		
<i>methylphenidate hydrochloride</i>	2		
Central Nervous System, Other			
AUSTEDO 12MG	5		QL (120 EA per 30 days) PA

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
AUSTEDO 6MG	5	QL (240 EA per 30 days) PA
AUSTEDO 9MG	5	QL (150 EA per 30 days) PA
GRALISE	4	QL (90 EA per 30 days) ST
GRALISE STARTER	4	QL (90 EA per 30 days) ST
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 CAPSULE 40MG	5	QL (60 EA per 30 days) PA
INGREZZA CAPSULE 80MG	5	QL (30 EA per 30 days) PA
<i>isometheptene/dichloralphenazone/acetaminophen capsule 325mg; 100mg; 0; 65mg</i>	2	ED
NUEDEXTA	5	QL (60 EA per 30 days)
RADICAVA	5	B/D
RILUTEK	5	
<i>riluzole</i>	2	
SAVELLA	4	
SAVELLA TITRATION PACK	4	
<i>tetrabenazine</i>	5	
XENAZINE	5	LA
<i>Fibromyalgia Agents</i>		
LYRICA CR 165MG, 82.5MG	4	QL (90 EA per 30 days)
LYRICA CR 330MG	4	QL (60 EA per 30 days)
<i>Multiple Sclerosis Agents</i>		
AMPYRA	5	PA LA
AVONEX PEN	5	
COPAXONE INJECTION 20MG/ML, 40MG/ML	5	
GILENYA	5	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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 ML-Milliliters GM- Grams
<i>glatiramer acetate</i>	5		
<i>glatopa</i>	5		
PLEGRIDY	5		QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5		QL (1 ML per 28 days)
REBIF REBIDOSE	5		
REBIF REBIDOSE TITRATION PACK	5		
TYSABRI	5		B/D
ZINBRYTA	5		QL (1 ML per 30 days) PA
Dental and Oral Agents			
<i>Dental and Oral Agents</i>			
<i>cevimeline hcl</i>	2		
<i>chlorhexidine gluconate oral rinse</i>	2		
<i>chlorhexidine gluconate solution</i>	2		
<i>denta 5000 plus</i>	2		
KEPIVANCE	5		
<i>pilocarpine hcl tablet 7.5mg</i>	2		
<i>pilocarpine hydrochloride</i>	2		
<i>sf</i>	2		
<i>sf 5000 plus</i>	2		
<i>triamcinolone acetonide dental paste</i>	2		
Dermatological Agents			
<i>Dermatological Agents</i>			
<i>acitretin</i>	4		
<i>adapalene</i>	2		
<i>ammonium lactate cream, lotion</i>	2		
AVAGE	3		ED
AZELEX	4		
<i>calcipotriene</i>	2		
<i>calcipotriene/betamethasone dipropionate</i>	4		
<i>calcitrene</i>	2		
<i>calcitriol ointment 3mcg/gm</i>	2		
CARAC	5		
<i>claravis</i>	2		
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	2		
<i>clotrimazole/betamethasone dipropionate lotion 0.05%; 1%</i>	2		
CONDYLOX GEL	4		

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium transdermal solution 1.5%</i>	4	
<i>doxepin hydrochloride</i>	4	
DUPIXENT	5	PA
ELIDEL	3	
ENSTILAR	5	
<i>erythromycin/benzoyl peroxide</i>	2	
FABIOR	4	QL (100 GM per 30 days)
FINACEA GEL	4	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil cream 0.5%</i>	5	
<i>fluorouracil external solution 2%, 5%</i>	2	
<i>imiquimod cream</i>	2	
<i>methoxsalen capsule</i>	5	
MIRVASO	4	PA
<i>neuac</i>	2	
OXSORALEN ULTRA	5	
<i>podofilox solution</i>	2	
PROCTOFOAM HC	3	
RECTIV	4	QL (30 GM per 30 days)
<i>refissa</i>	2	ED
<i>rena-vite rx</i>	2	ED
<i>renal caps</i>	2	ED
<i>reno caps</i>	2	ED
RENOVA PUMP	3	ED
RENOVA CREAM 0.02%	3	ED
REQ 49+	3	ED
RHOFADE	4	QL (30 GM per 30 days) PA
SANTYL	3	
<i>selenium sulfide lotion</i>	2	

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
SILIQ	5	QL (3 ML per 28 days) PA
SOOLANTRA	3	
SORIATANE CAPSULE 10MG, 17.5MG, 25MG	5	
STELARA	5	PA
STROVITE FORTE	3	ED
STROVITE ONE	3	ED
SUPERVITE	3	ED
SUPERVITE EC	3	ED
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (100 GM per 30 days)
TALTZ	5	PA
<i>tazarotene cream</i>	4	
TAZORAC GEL	4	
TAZORAC CREAM 0.05%	4	
TOLAK	4	
TREMFYA	5	QL (1 ML per 56 days) PA
TRETIN-X CREAM 0.075%	4	
<i>tretinoin microsphere</i>	2	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	
ULESFIA	3	
UVADEX	3	B/D
VANIQA	3	ED
VASCULERA	3	ED
VEREGEN	4	
ZONALON	4	
ZYCLARA	4	ST
ZYCLARA PUMP CREAM 3.75%	4	ST
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN II 8.5%/ELECTROLYTES	3	B/D
CARBAGLU	5	PA LA
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
CLINIMIX 4.25%/DEXTROSE 20%	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
CLINIMIX E 5%/DEXTROSE 25%	3		B/D
<i>dextrose 5% /electrolyte #48 viaflex</i>	2		
<i>dextrose 2.5%/nacl 0.45%</i>	2		
<i>dextrose 5%/lactated ringers</i>	2		
<i>dextrose 5%/nacl 0.9%</i>	2		
<i>effe-k tablet effervescent 25meq</i>	2		
<i>eliphos</i>	2		
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2		
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2		
<i>klor-con 10</i>	2		
<i>klor-con 8</i>	2		
<i>klor-con m10</i>	2		
<i>klor-con m15</i>	2		
<i>klor-con m20</i>	2		
<i>klor-con sprinkle</i>	2		
<i>klor-con/ef</i>	2		
<i>lactated ringers viaflex</i>	2		
<i>magnesium sulfate in d5w injection 5%; 1gm/100ml</i>	2		HI
<i>magnesium sulfate injection 50%</i>	2		
<i>magnesium sulfate injection 20gm/500ml, 4gm/50ml</i>	2		HI
NORMOSOL -R	3		
<i>normosol-m in d5w</i>	2		
PHOSLYRA	4		ST
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2		
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2		
<i>potassium chloride er capsule extended release</i>	2		
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2		
<i>potassium chloride sr tablet extended release 8meq</i>	2		
<i>potassium chloride/dextrose</i>	2		
<i>potassium chloride/dextrose/sodium chloride</i>	2		

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	B/D-Part B vs. Part D	
	T2-Generic	EA-Each	
	T3-Preferred brand	ED-Excluded Drug	
	T4-Non-preferred drug	HI-Home Infusion	
	T5-Specialty	LA-Limited Availability	
	T6-Infertility	PA-Prior Authorization	
		QL-Quantity Limits	
		ST-Step Therapy	
		ML-Milliliters	
		GM- Grams	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	2		
<i>potassium chloride packet, oral solution</i>	2		
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	2	HI	
<i>potassium citrate er</i>	2		
PROCALAMINE	3	B/D	
<i>sodium chloride 0.45% injection</i>	2	HI	
<i>sodium chloride injection 0.9%</i>	2	HI	
<i>Electrolyte/Mineral/Metal Modifiers</i>			
EXJADE TABLET SOLUBLE 125MG	4	LA	
EXJADE TABLET SOLUBLE 250MG, 500MG	5	LA	
JADENU	5		
JADENU SPRINKLE	5		
<i>kionex powder</i>	2		
SAMSCA	5	PA	
<i>sodium polystyrene sulfonate suspension</i>	2		
<i>sps suspension 15gm/60ml</i>	2		
SYPRINE	3		
VELTASSA	3	QL (30 EA per 30 days)	
<i>Phosphate Binders</i>			
AURYXIA	5	ST	
<i>calcium acetate capsule, tablet</i>	2		
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	5		
<i>lanthanum carbonate</i>	5		
REVELA TABLET	4		
<i>sevelamer carbonate packet</i>	5		
<i>sevelamer carbonate tablet 800mg</i>	4		
VELPHORO	5	ST	
<i>Vitamins</i>			
<i>advanced am/pm</i>	2	ED	
ANIMI-3	3	ED	
ANIMI-3/VITAMIN D	3	ED	
AQUASOL A PARENTERAL	3	ED	
<i>ascorbic acid injection 500mg/ml</i>	2	ED	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	T5-Specialty
	T6-Infertility		
BACMIN TABLET 500MG; 150MCG; 25MG; 0.1MG; 3MG; 50MCG; 27MG; 1MG; 50MG; 50MG; 5MG; 100MG; 25MG; 20MG; 50MCG; 20MG; 30UNIT; 5000UNIT; 22.5MG	3		ED
<i>bp vit 3</i>	2		ED
<i>corvita</i>	2		ED
CORVITE FREE	3		ED
<i>cyanocobalamin injection 1000mcg/ml</i>	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
ENLYTE	3		ED
<i>fabb</i>	2		ED
<i>finasteride tablet 1mg</i>	2		ED
<i>folbee</i>	2		ED
<i>folbee plus</i>	2		ED
<i>folbee plus cz</i>	2		ED
<i>folbic</i>	2		ED
<i>folbic rf</i>	2		ED
<i>folic acid/vitamin b-6/vitamin b-12</i>	2		ED
<i>folic acid injection</i>	2		ED
<i>folic acid tablet 1mg</i>	2		ED
<i>folplex 2.2</i>	2		ED
<i>foltanx</i>	2		ED
<i>foltanx rf</i>	2		ED
FORTAVIT CAPSULE	3		ED
<i>hydroxocobalamin injection</i>	2		ED
<i>l-methyl-b6-b12</i>	2		ED
L-METHYL-MC	3		ED
<i>l-methyl-mc nac</i>	2		ED
<i>l-methylfolate</i>	2		ED
<i>l-methylfolate ca me-cbl nac</i>	2		ED
<i>l-methylfolate calcium</i>	2		ED
<i>lmthf/pyridoxine hcl/cyanocobalamin</i>	2		ED

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	T1-Preferred generic	B/D-Part B vs. Part D
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	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
MEPHYTON	3	ED
<i>metafolbic</i>	2	ED
<i>metafolbic plus</i>	2	ED
<i>metafolbic plus rf</i>	2	ED
<i>mynephrocaps</i>	2	ED
NASCOBAL SOLUTION	3	ED
NEPHPLEX RX	3	ED
NEPHROCAPS QT	3	ED
NEURIN-SL	3	ED
NICOMIDE TABLET 1.5MG; 500MCG; 750MG; 25MG	3	ED
NUTRICAP	3	ED
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	3	ED
PODIAPN	3	ED
POTABA CAPSULE	3	ED
PROBARIMIN QT	3	ED
PROTECTIRON	3	ED
<i>pyridoxine hcl injection</i>	2	ED
<i>thiamine hcl injection</i>	2	ED
<i>tl gard rx</i>	2	ED
<i>tretinoin emollient</i>	2	ED
<i>triphrocaps</i>	2	ED
<i>v-c forte</i>	2	ED
<i>vic-forte</i>	2	ED
<i>virt-caps</i>	2	ED
<i>virt-vite</i>	2	ED
<i>virt-vite forte</i>	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
<i>vitamin d capsule 50000unit</i>	2	ED
<i>vitamin k1 injection 10mg/ml, 1mg/0.5ml</i>	2	ED
<i>vol-care rx</i>	2	ED
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
CANTIL	3	
CUVPOSA	4	

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	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>dicyclomine hcl capsule, solution, tablet</i>	1		
<i>glycopyrrolate tablet</i>	2		
<i>methscopolamine bromide tablet</i>	2		
<i>propantheline bromide tablet</i>	2		
Gastrointestinal Agents, Other			
CHOLBAM	5		PA
<i>diphenoxylate/atropine</i>	2		
FULYZAQ	4		QL (60 EA per 30 days) PA
GASTROCROM CONCENTRATE	5		
GATTEX	5		PA
<i>loperamide hcl capsule</i>	2		
<i>metoclopramide hcl injection, oral solution, tablet</i>	1		
<i>metoclopramide odt</i>	2		
MOVANTIK	4		QL (30 EA per 30 days) ST
OCALIVA	5		QL (30 EA per 30 days) PA
<i>opium tincture tincture 1%</i>	4		QL (118 ML per 30 days)
RELISTOR INJECTION	4		PA
RELISTOR TABLET	5		QL (90 EA per 30 days) PA
SYMPROIC	4		QL (30 EA per 30 days) ST
<i>ursodiol capsule, tablet</i>	2		
XERMELO	5		PA
Histamine2 (H2) Receptor Antagonists			
<i>cimetidine hcl solution</i>	2		
<i>cimetidine tablet</i>	2		
<i>famotidine injection 20mg/2ml</i>	2		
<i>famotidine tablet 20mg, 40mg</i>	1		
<i>nizatidine capsule</i>	2		
<i>ranitidine hcl capsule, syrup</i>	2		
<i>ranitidine hcl tablet 150mg, 300mg</i>	1		
Irritable Bowel Syndrome Agents			
<i>alosetron hydrochloride</i>	5		

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	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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 ML-Milliliters GM- Grams
AMITIZA	3		
LINZESS	3		QL (30 EA per 30 days)
Laxatives			
<i>constulose</i>	2		
<i>enulose</i>	2		
<i>gavilyte-c</i>	2		
<i>gavilyte-g</i>	2		
<i>gavilyte-h</i>	2		
<i>gavilyte-n/flavor pack</i>	2		
<i>generlac</i>	2		
KRISTALOSE	3		
<i>lactulose solution</i>	2		
<i>peg 3350/electrolytes</i>	2		
<i>peg-3350/electrolytes</i>	2		
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2		
<i>polyethylene glycol 3350 powder</i>	2		
PREPOPIK	4		
SUPREP BOWEL PREP KIT	4		
<i>trilyte</i>	2		
Protectants			
CARAFATE SUSPENSION	3		
<i>misoprostol</i>	2		
<i>sucrafate tablet</i>	2		
Proton Pump Inhibitors			
DEXILANT	4		ST
<i>esomeprazole magnesium</i>	2		ST
ESOMEPRAZOLE SODIUM INJECTION 20MG	4		
<i>esomeprazole sodium injection 40mg</i>	4		
<i>lansoprazole capsule delayed release</i>	2		
<i>omeprazole capsule delayed release 20mg</i>	1		
<i>omeprazole capsule delayed release 10mg, 40mg</i>	2		
<i>omeprazole/sodium bicarbonate capsule, pack</i>	2		
<i>pantoprazole sodium tablet delayed release</i>	1		
<i>rabeprazole sodium</i>	2		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	
	T5-Specialty	T6-Infertility	
			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 ML-Milliliters GM- Grams
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			
ADAGEN	5		LA
ALDURAZYME	5		LA
BUPHENYL TABLET	5		
CERDELGA	5		QL (60 EA per 30 days)
CEREZYME	5		LA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3		
CYSTADANE	3		LA
CYSTAGON	3		LA
ELAPRASE	5		LA
ELELYSO	5		
FABRAZYME	5		
KANUMA	5		
KUVAN	5		LA
LUMIZYME	5		LA
<i>miglustat capsule 100mg</i>	5		LA
NAGLAZYME	5		LA
ORFADIN	5		LA
PANCREAZE	4		ST
PROCYSBI	5		
RAVICTI	5		PA
<i>sodium phenylbutyrate powder</i>	5		
<i>sodium phenylbutyrate tablet 500mg</i>	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		

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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
			ML-Milliliters
			GM- Grams
VPRIV	5		
ZAVESCA	5		LA
ZENPEP	4		ST
Genitourinary Agents			
<i>Antispasmodics, Urinary</i>			
<i>darifenacin hydrobromide er</i>	2		
<i>flavoxate hcl</i>	2		
GELNIQUE	4		
MYRBETRIQ	3		
<i>oxybutynin chloride er</i>	2		
<i>oxybutynin chloride syrup, tablet</i>	2		
<i>tolterodine tartrate</i>	2		
<i>tolterodine tartrate er</i>	2		
TOVIAZ	4		
<i>trospium chloride</i>	2		
<i>trospium chloride er</i>	2		
VESICARE	3		
<i>Benign Prostatic Hypertrophy Agents</i>			
<i>alfuzosin hcl er</i>	2		
CIALIS TABLET 2.5MG, 5MG	4		QL (30 EA per 30 days) PA
<i>doxazosin</i>	2		
<i>doxazosin mesylate tablet 1mg, 2mg, 8mg</i>	2		
<i>dutasteride</i>	2		
<i>dutasteride/tamsulosin hydrochloride</i>	2		
<i>finasteride tablet 5mg</i>	2		
RAPAFLO	3		
<i>tamsulosin hcl</i>	1		
<i>terazosin hcl capsule</i>	1		
<i>Genitourinary Agents, Other</i>			
<i>bethanechol chloride tablet 5mg</i>	1		
<i>bethanechol chloride tablet 10mg, 25mg, 50mg</i>	2		
CAVERJECT IMPULSE	3		QL (6 EA per 30 days) ED
CAVERJECT INJECTION 20MCG, 40MCG	3		QL (6 EA per 30 days) ED

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:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
CIALIS TABLET 10MG, 20MG	3		QL (6 EA per 30 days) ED
CUPRIMINE CAPSULE 250MG	5		PA
EDEX INJECTION 10MCG, 20MCG, 40MCG	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
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>			
ALA SCALP	3		
<i>ala-cort cream 1%</i>	2		
<i>alclometasone dipropionate</i>	2		
<i>amcinonide</i>	2		
<i>augmented betamethasone dipropionate</i>	2		
<i>betamethasone dipropionate cream, lotion, ointment</i>	2		
<i>betamethasone valerate cream, foam, lotion, ointment</i>	2		
CAPEX	4		
<i>clobetasol propionate e</i>	2		
<i>clobetasol propionate emollient cream</i>	2		
<i>clobetasol propionate cream, foam, gel, lotion, ointment, solution</i>	2		
<i>clobetasol propionate liquid, shampoo</i>	4		
<i>clocortolone pivalate</i>	2		
CORDRAN TAPE	3		
CORDRAN TAPE	3		
CORTIFOAM FOAM 10%	3		
<i>cortisone acetate tablet 25mg</i>	2		
<i>desonide cream, lotion, ointment</i>	2		

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>desoximetasone cream, gel, ointment</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate injection 120mg/30ml</i>	2	
<i>dexamethasone elixir, solution</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 4mg</i>	1	
<i>dexamethasone tablet 1.5mg, 1mg, 2mg, 6mg</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide ointment 0.025%</i>	2	
<i>fluocinolone acetonide solution 0.01%</i>	2	
<i>fluocinonide cream, gel, ointment, solution</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate lotion 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate</i>	2	
HALOG OINTMENT	4	
HALOG CREAM 0.1%	4	
<i>hydrocortisone butyrate cream, ointment, solution</i>	2	
<i>hydrocortisone in absorbase</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema, tablet</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 1%, 2.5%</i>	2	
<i>lokara</i>	2	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg, 1000mg</i>	2	HI
<i>methylprednisolone tablet 32mg, 4mg, 8mg</i>	2	
<i>millipred tablet</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	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 ML-Milliliters GM- Grams
<i>mometasone furoate solution 0.1%</i>	2	
<i>nolix lotion 0.05%</i>	4	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate odt</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml</i>	4	
<i>prednisone intensol</i>	2	
<i>prednisone pack 10mg, 5mg</i>	1	
<i>prednisone solution</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
RAYOS	4	ST
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	2	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
UCERIS FOAM 2MG/ACT	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
BRAVELLE	6	ED
<i>chorionic gonadotropin</i>	2	PA
<i>desmopressin acetate injection, nasal solution, tablet</i>	2	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 75UNIT/0.5ML, 900UNT/1.08ML	6	ED
GENOTROPIN	5	PA
GENOTROPIN MINISQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINISQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJECTION 6MG	4	PA
HUMATROPE INJECTION 12MG, 24MG	5	PA

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
	T5-Specialty	T6-Infertility	
INCRELEX	5		LA
NORDITROPIN FLEXPRO	5		PA
NUTROPIN AQ NUSPIN 10	5		PA
NUTROPIN AQ NUSPIN 20	5		PA
NUTROPIN AQ NUSPIN 5	5		PA
OVIDREL INJECTION 250MCG/0.5ML	6		ED
SEROSTIM INJECTION 4MG, 5MG, 6MG	5		PA LA
ZORBTIVE	5		PA LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>			
KORLYM	5		
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
<i>Anabolic Steroids</i>			
ANADROL-50	4		
<i>oxandrolone tablet</i>	2		
<i>Androgens</i>			
<i>androxy</i>	2		
AVEED	4		PA
<i>danazol capsule</i>	2		
<i>methyltestosterone capsule</i>	5		PA
STRIANT	4		PA
<i>testosterone cypionate injection</i>	2		
<i>testosterone enanthate injection</i>	2		
<i>testosterone pump</i>	4		PA
<i>testosterone gel, solution</i>	4		PA
<i>Estrogens</i>			
ALORA	3		
<i>altavera</i>	2		
<i>alyacen 1/35</i>	2		
<i>alyacen 7/7/7</i>	2		
<i>amethia</i>	2		
<i>amethia lo</i>	2		
<i>apri</i>	2		
<i>aranelle</i>	2		

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Drug Name	Drug Tiers:	Notes:
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	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>aviane</i>	2	
<i>balziva</i>	2	
BEYAZ	4	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
DEPO-ESTRADIOL INJECTION 5MG/ML	4	
<i>desogestrel/ethinyl estradiol .015mg; 30mcg</i>	2	
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM	3	
ELESTRIN	3	
<i>emoquette</i>	2	
<i>enskyce</i>	2	
ESTRACE CREAM	3	
<i>estradiol valerate injection</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol patch twice weekly, patch weekly, tablet</i>	2	
<i>estradiol vaginal cream 0.1mg/gm</i>	2	
<i>estradiol vaginal tablet 10mcg</i>	3	
ESTRING	3	
<i>ethynodiol diacetate/ethinyl estradiol 35mcg/1mg</i>	2	
EVAMIST	3	
<i>falmina</i>	2	
<i>fayosim</i>	4	
FEMCON FE	4	
FEMRING	3	
<i>femynor</i>	2	
<i>fyavolv</i>	2	
<i>gianvi</i>	2	
<i>gildess fe 1.5/30</i>	2	

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Drug Name	Drug Tiers:	Notes:
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	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>gildess fe 1/20</i>	2	
<i>isibloom</i>	2	
<i>jevantique lo</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lomedial 24 fe</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
MENOSTAR	3	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mimvey</i>	2	
MINIVELLE	4	
<i>mononessa</i>	2	
NATAZIA	4	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35</i>	2	

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	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
<i>necon 1/50-28</i>	2		
<i>necon 10/11-28</i>	2		
<i>necon 7/7/7</i>	2		
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2		
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2		
<i>norgestimate/ethinyl estradiol</i>	2		
<i>nortrel 0.5/35 (28)</i>	2		
<i>nortrel 1/35</i>	2		
<i>nortrel 7/7/7</i>	2		
NUVARING	4		
<i>ocella</i>	2		
<i>ogestrel</i>	2		
<i>orsythia</i>	2		
<i>pirmella 1/35</i>	2		
<i>pirmella 7/7/7</i>	2		
<i>portia-28</i>	2		
PREMARIN CREAM	3		
<i>previfem</i>	2		
QUARTETTE	4		
<i>quasense</i>	2		
<i>reclipsen</i>	2		
<i>rivelsa</i>	4		
SAFYRAL	4		
<i>sprintec 28</i>	2		
<i>sronyx</i>	2		
TAYTULLA	4		
<i>tri-estarylla</i>	2		
<i>tri-legest fe</i>	2		
<i>tri-lynyah</i>	2		
<i>tri-lo-estarylla</i>	2		
<i>tri-lo-marzia</i>	2		
<i>tri-lo-sprintec</i>	2		
<i>tri-previfem</i>	2		
<i>tri-sprintec</i>	2		
<i>trinessa</i>	2		
<i>trinessa lo</i>	2		

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>xulane</i>	4	
<i>yuvaferm</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
Progesterone Agonists/Antagonists		
ELLA	3	
Progestins		
<i>camila</i>	2	
CRINONE GEL 8%	4	PA
DEPO-PROVERA INJECTION 400MG/ML	4	
DEPO-SUBQ PROVERA 104	4	
<i>errin</i>	2	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	5	B/D
<i>jolivette</i>	2	
MAKENA	5	LA
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	
<i>medroxyprogesterone acetate syringe 150mg/ml</i>	2	
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension 40mg/ml</i>	2	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	
<i>progesterone capsule</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>clomiphene citrate tablet</i>	2	PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tablet</i>	2	
SYNTHROID TABLET	4	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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 ML-Milliliters GM- Grams
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
<i>unithroid</i>	2		
Hormonal Agents, Suppressant (Adrenal)			
<i>Hormonal Agents, Suppressant (Adrenal)</i>			
LYSODREN	3		
Hormonal Agents, Suppressant (Pituitary)			
<i>Hormonal Agents, Suppressant (Pituitary)</i>			
<i>cabergoline</i>	2		
CETROTIDE INJECTION 0.25MG	6		ED
ELIGARD	4		
FIRMAGON INJECTION 80MG	4		B/D
FIRMAGON INJECTION 120MG	5		B/D
GANIRELIX ACETATE	6		ED
GONAL-F	6		ED
GONAL-F RFF	6		ED
GONAL-F RFF REDIJECT	6		ED
<i>leuprolide acetate injection</i>	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 (1-MONTH)	5		
LUPRON DEPOT (3-MONTH)	5		
LUPRON DEPOT (4-MONTH)	5		
LUPRON DEPOT (6-MONTH)	5		
LUPRON DEPOT-PED (1-MONTH)	5		
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5		
MENOPUR	6		ED
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4		
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5		

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic		
	T2-Generic		
	T3-Preferred brand		
	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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
			ML-Milliliters
			GM- Grams
SANDOSTATIN LAR DEPOT	5		
SIGNIFOR	5		PA
SOMATULINE DEPOT	5		
SOMAVERT	5		LA
SYNAREL	5		
TRELSTAR	5		B/D
TRELSTAR MIXJECT	5		B/D
Hormonal Agents, Suppressant (Thyroid)			
<i>Antithyroid Agents</i>			
<i>methimazole tablet 10mg, 5mg</i>	2		
<i>propylthiouracil tablet</i>	2		
Immunological Agents			
<i>Angioedema Agents</i>			
BERINERT	5		PA
CINRYZE	5		LA
FIRAZYR	5		QL (9 ML per 15 days) PA LA
RUCONEST	5		PA
<i>Immune Suppressants</i>			
ASTAGRAF XL	4		B/D
AZASAN	4		B/D
<i>azathioprine tablet</i>	2		B/D
<i>azathioprine injection</i>	5		B/D
BENLYSTA AUTO-INJECTOR, SYRINGE 200MG/ML	5		
BENLYSTA INJECTION 120MG, 400MG	5		
CELLCEPT SUSPENSION RECONSTITUTED	3		B/D
CELLCEPT CAPSULE, TABLET	5		B/D
CIMZIA	5		PA
<i>cyclosporine modified</i>	2		B/D
<i>cyclosporine capsule, injection</i>	2		B/D
DEPEN TITRATABS	4		
ENBREL	5		PA
ENBREL MINI	5		PA
ENBREL SURECLICK	5		PA
ENVARUSUS XR	4		B/D
<i>engraf</i>	2		B/D

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	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
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	PA
KINERET	5	PA
<i>methotrexate sodium injection 1gm/40ml, 1gm, 50mg/2ml, 250mg/10ml</i>	2	
<i>methotrexate sodium solution 250mg/10ml</i>	2	
<i>methotrexate tablet</i>	2	
<i>mycophenolate mofetil capsule, suspension reconstituted, tablet</i>	2	B/D
<i>mycophenolate mofetil injection</i>	4	B/D
<i>mycophenolic acid dr</i>	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	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
RENFLEXIS	5	PA
RHEUMATREX	4	B/D
SANDIMMUNE SOLUTION	3	B/D
SIMPONI	5	PA
SIMPONI ARIA	5	PA
<i>sirolimus tablet 0.5mg</i>	2	B/D
<i>sirolimus tablet 1mg</i>	4	B/D

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			EA-Each
			ED-Excluded Drug
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			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
			ML-Milliliters
			GM- Grams
<i>sirolimus tablet 2mg</i>	5		B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2		B/D
TREXALL	4		B/D
XATMEP	4		PA
ZORTRESS TABLET 0.25MG	4		B/D
ZORTRESS TABLET 0.5MG, 0.75MG	5		B/D
<i>Immunizing Agents, Passive</i>			
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 IGA LESS THAN 1MCG/ML	5		PA
GAMUNEX-C INJECTION 1GM/10ML	4		PA
HIZENTRA	5		PA LA
THYMOGLOBULIN	5		PA
<i>Immunomodulators</i>			
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
ARCALYST	5		LA
AVONEX	5		
ILARIS INJECTION 150MG/ML, 180MG	5		PA
KEVZARA	5		QL (2.28 ML per 28 days) PA
<i>leflunomide tablet</i>	2		
LEMTRADA	5		PA
OTEZLA	5		QL (60 EA per 30 days) PA
REBIF	5		
REBIF TITRATION PACK	5		
RIDAURA	3		
SIMULECT	4		
SYLVANT	5		B/D
TECFIDERA	5		

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	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
TECFIDERA STARTER PACK	5	
XELJANZ	5	PA
XELJANZ XR	5	PA
<i>Vaccines</i>		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
DAPTACEL	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGRIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	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 INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
TENIVAC	3	

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	T4-Non-preferred drug		
	T5-Specialty		
T6-Infertility			
			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
			ML-Milliliters
			GM- Grams
<i>tetanus/diphtheria toxoids-adsorbed</i>	2		
TRUMENBA	3		
TWINRIX	3		
TYPHIM VI	3		
VAQTA	3		
VARIVAX	3		
VARIZIG	3		
YF-VAX	3		
ZOSTAVAX	3		
Inflammatory Bowel Disease Agents			
<i>Aminosalicylates</i>			
APRISO	3		
ASACOL HD	4		ST
<i>balsalazide disodium</i>	2		
CANASA SUPPOSITORY 1000MG	4		
DELZICOL	4		ST
DIPENTUM	4		
GIAZO	5		
LIALDA	3		
<i>mesalamine kit</i>	2		
<i>mesalamine dr tablet 1.2gm, 800mg</i>	3		
PENTASA	3		
<i>Glucocorticoids</i>			
<i>budesonide capsule delayed release particles 3mg</i>	4		
<i>colocort</i>	2		
<i>methylprednisolone tablet 16mg</i>	2		
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9MG	5		QL (30 EA per 30 days)
<i>Sulfonamides</i>			
<i>sulfasalazine tablet, tablet delayed release</i>	2		
Metabolic Bone Disease Agents			
<i>Metabolic Bone Disease Agents</i>			
<i>alendronate sodium</i>	1		
<i>calcitonin-salmon solution</i>	2		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2		
<i>calcitriol injection 1mcg/ml</i>	2		
<i>calcitriol oral solution 1mcg/ml</i>	2		

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	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	
	T5-Specialty	T6-Infertility	
<i>doxercalciferol</i>	2		
<i>etidronate disodium</i>	2		
FORTEO INJECTION 600MCG/2.4ML	5		PA
<i>fortical</i>	2		
FOSAMAX PLUS D	3		QL (4 EA per 28 days)
<i>ibandronate sodium tablet</i>	2		
<i>ibandronate sodium injection</i>	2		QL (3 ML per 90 days)
MIACALCIN INJECTION	4		
NATPARA	5		PA
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	2		
<i>paricalcitol capsule 1mcg</i>	2		
<i>paricalcitol capsule 2mcg, 4mcg</i>	4		
<i>paricalcitol injection</i>	2		
PROLIA	4		PA
RAYALDEE	5		PA
<i>risedronate sodium dr</i>	2		
<i>risedronate sodium tablet 150mg</i>	2		QL (1 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	2		QL (30 EA per 30 days)
<i>risedronate sodium tablet 35mg</i>	2		QL (4 EA per 28 days)
SENSIPAR TABLET 30MG	3		QL (60 EA per 30 days) B/D
SENSIPAR TABLET 90MG	5		QL (120 EA per 30 days) B/D
SENSIPAR TABLET 60MG	5		QL (60 EA per 30 days) B/D
XGEVA	5		B/D
ZOLEDRONIC ACID INJECTION 4MG/100ML	4		B/D
<i>zoledronic acid injection 5mg/100ml</i>	4		
<i>zoledronic acid injection 4mg/5ml</i>	4		B/D
ZOMETA INJECTION 4MG/100ML	5		B/D
Miscellaneous Therapeutic Agents			
<i>Miscellaneous Therapeutic Agents</i>			
<i>alcohol prep pads</i>	2		

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Drug Name	Drug Tiers:	Notes:
	T1-Preferred generic	B/D-Part B vs. Part D
	T2-Generic	EA-Each
	T3-Preferred brand	ED-Excluded Drug
	T4-Non-preferred drug	HI-Home Infusion
	T5-Specialty	LA-Limited Availability
	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
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
<i>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</i>	2	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	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
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	4	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	4	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	4	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	4	
CURITY GAUZE PADS 2"X2"	3	
FERRIPROX TABLET	5	LA
HAEGARDA	5	PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D

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	T5-Specialty		
T6-Infertility			
			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 ML-Milliliters GM- Grams
KALBITOR	5		QL (6 ML per 30 days) PA LA
KEVEYIS	5		PA
<i>lactated ringers irrigation</i>	2		
<i>levocarnitine solution, tablet</i>	2		
<i>methylergonovine maleate tablet</i>	2		
MYALEPT	5		PA
NEPHRAMINE	3		B/D
PREMASOL	3		B/D
SMOFLIPID	5		B/D
<i>sodium chloride 0.9%</i>	2		
TROPHAMINE	3		B/D
V-GO 20	3		
V-GO 30	3		
V-GO 40	3		
VISTOGARD	5		QL (20 EA per 5 days)
VORAXAZE	5		
Ophthalmic Agents			
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>			
<i>bimatoprost</i>	2		
<i>latanoprost solution</i>	2		
LUMIGAN	3		
TRAVATAN Z	3		
<i>travoprost</i>	2		
ZIOPTAN	4		QL (30 EA per 30 days)
<i>Ophthalmic Agents, Other</i>			
<i>atropine sulfate solution</i>	2		
<i>bacitracin/polymyxin b</i>	2		
CYSTARAN	5		QL (60 ML per 28 days)
<i>homatropine hbr solution 5%</i>	2		
LACRISERT	3		
RESTASIS	3		
<i>tropicamide solution 0.5%</i>	2		
XIIDRA	4		QL (60 EA per 30 days)

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			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
			ML-Milliliters
			GM- Grams
<i>Ophthalmic Anti-allergy Agents</i>			
ALOCRI	4		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2		
<i>cromolyn sodium solution 4%</i>	2		
EMADINE	3		
<i>epinastine hcl</i>	2		
LASTACAFT	3		
<i>naphazoline hcl</i>	2		
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2		
<i>olopatadine hydrochloride</i>	2		
PAZEO	4		
<i>Ophthalmic Anti-inflammatories</i>			
ALOMIDE	4		
BLEPHAMIDE	4		
BLEPHAMIDE S.O.P.	3		
<i>bromfenac</i>	2		
BROMSITE	3		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2		
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2		
DUREZOL	3		
FLAREX	3		
<i>fluorometholone</i>	2		
<i>flurbiprofen sodium</i>	2		
FML	3		
FML FORTE	3		
<i>ketorolac tromethamine</i>	2		
LOTEMAX	4		
MAXIDEX SUSPENSION	3		
<i>neomycin/polymyxin/dexamethasone</i>	2		
NEVANAC	4		
PRED MILD	3		
PRED-G	4		
PRED-G S.O.P.	3		
<i>prednisolone acetate</i>	2		
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2		
PROLENSA	3		
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2		

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TOBRADEX OINTMENT	4		
<i>tobramycin/dexamethasone</i>	2		
VEXOL	3		
Ophthalmic Antiglaucoma Agents			
<i>acetazolamide er</i>	1		
ALPHAGAN P SOLUTION 0.1%	3		
<i>apraclonidine</i>	2		
AZOPT	3		
<i>betaxolol hcl solution 0.5%</i>	2		
BETIMOL	3		
BETOPTIC-S	3		
<i>brimonidine tartrate</i>	2		
<i>carteolol hcl</i>	2		
COMBIGAN	3		
<i>dorzolamide hcl</i>	2		
<i>dorzolamide hcl/timolol maleate</i>	2		
IOPIDINE SOLUTION 1%	4		
<i>levobunolol hcl solution 0.5%</i>	2		
<i>methazolamide tablet 25mg</i>	2		
<i>metipranolol</i>	2		
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	4		
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2		
SIMBRINZA	3		
<i>timolol maleate ophthalmic gel forming</i>	2		
<i>timolol maleate solution 0.25%, 0.5%</i>	1		
Otic Agents			
Otic Agents			
<i>acetic acid</i>	2		
<i>acetic acid/aluminum acetate solution 2%; 0</i>	2		
CIPRO HC	4		
CIPRODEX	3		
COLY-MYCIN S	3		
CORTISPORIN-TC	4		
<i>hydrocortisone/acetic acid</i>	2		
<i>neomycin/polymyxin/hc</i>	2		

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<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2		
Respiratory Tract/Pulmonary Agents			
<i>Anti-inflammatories, Inhaled Corticosteroids</i>			
ARNUITY ELLIPTA	4		
BECONASE AQ SUSPENSION	4		
<i>budesonide nasal spray</i>	2		
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2		B/D
<i>flunisolide solution 0.025%</i>	2		
<i>fluticasone propionate/salmeterol</i>	2		
<i>fluticasone propionate suspension 50mcg/act</i>	2		
<i>mometasone furoate suspension 50mcg/act</i>	4		
OMNARIS	4		
PULMICORT FLEXHALER	3		
QNASL	4		QL (8.7 GM per 30 days)
QVAR	3		
QVAR REDHALER	3		
<i>triamcinolone acetanide aerosol 55mcg/act</i>	2		
VERAMYST	4		
<i>Antihistamines</i>			
<i>azelastine hcl nasal solution 0.1%, 0.15%</i>	2		
CLARINEX-D 12 HOUR	4		ST
CLARINEX SYRUP	4		ST
<i>cypheptadine hcl syrup, tablet</i>	2		
<i>desloratadine</i>	2		
<i>desloratadine odt</i>	2		
<i>diphenhydramine hcl elixir 12.5mg/5ml</i>	2		
<i>levocetirizine dihydrochloride solution, tablet</i>	2		
<i>olopatadine hcl nasal solution 0.6%</i>	2		QL (30.5 GM per 30 days)
SEMPREX-D	4		
<i>Antileukotrienes</i>			
<i>montelukast sodium tablet chewable, packet, tablet</i>	2		
<i>zafirlukast</i>	2		
<i>zileuton er</i>	5		QL (120 EA per 30 days)

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Drug Name		Drug Tiers:	Notes:
		T1-Preferred generic	B/D-Part B vs. Part D
		T2-Generic	EA-Each
		T3-Preferred brand	ED-Excluded Drug
		T4-Non-preferred drug	HI-Home Infusion
		T5-Specialty	LA-Limited Availability
		T6-Infertility	PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
			ML-Milliliters
			GM- Grams
Bronchodilators, Anticholinergic			
ANORO ELLIPTA	3	QL (60 EA per 30 days)	
ATROVENT HFA	3		
COMBIVENT RESPIMAT	3		
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D	
<i>ipratropium bromide nasal solution</i>	2		
<i>ipratropium bromide inhalation solution</i>	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			
<i>albuterol sulfate er</i>	2		
<i>albuterol sulfate syrup, tablet</i>	2		
<i>albuterol sulfate nebulization solution</i>	2	B/D	
ARCAPTA NEOHALER	4	QL (30 EA per 30 days)	
BROVANA	3	B/D	
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml (Mylan)</i>	3	QL (4 EA per 30 days)	
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	2	B/D	
<i>levalbuterol tartrate hfa</i>	4		
<i>metaproterenol sulfate syrup, tablet</i>	2		
PERFOROMIST	3	B/D	
PROAIR HFA	3		
PROAIR RESPICLICK	3		
SEREVENT DISKUS	4		
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)	
<i>terbutaline sulfate injection, tablet</i>	2		
VENTOLIN 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	

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Drug Name	Drug Tiers:		Notes:
	T1-Preferred generic	T2-Generic	
	T3-Preferred brand	T4-Non-preferred drug	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 ML-Milliliters GM- Grams
ORKAMBI	5		QL (120 EA per 30 days) PA
PULMOZYME	5		B/D
Mast Cell Stabilizers			
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2		B/D
Phosphodiesterase Inhibitors, Airways Disease			
<i>aminophylline injection</i>	2		
DALIRESP	4		QL (30 EA per 30 days) PA
ELIXOPHYLLIN	4		
<i>theophylline cr tablet extended release 12 hour 100mg, 200mg</i>	2		
<i>theophylline er tablet extended release 24 hour</i>	2		
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	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
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4		PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5		PA
<i>sildenafil tablet</i>	2		PA
TRACLEER TABLET 62.5MG, 125MG	5		LA
TRACLEER TAB SUSP 32MG	5		QL (56 EA per 28 days) LA
TYVASO	5		PA LA
TYVASO REFILL	5		PA LA
TYVASO STARTER	5		PA LA
UPTRAVI	5		PA
VENTAVIS	5		B/D
Pulmonary Fibrosis Agents			
ESBRIET TABLET 267MG	5		QL (270 EA per 30 days) 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 ML-Milliliters GM- Grams
ESBRIET TABLET 801MG	5	QL (90 EA per 30 days) PA
OFEV	5	QL (60 EA per 30 days) PA LA
Respiratory Tract Agents, Other		
acetylcysteine solution	2	B/D
ARALAST NP INJECTION 500MG	5	PA LA
benzonatate capsule 100mg, 200mg	2	ED
DULERA	3	
ESBRIET CAPSULE 267MG	5	QL (270 EA per 30 days) PA
FASENRA	5	PA
GLASSIA	5	PA LA
PROLASTIN-C	5	PA LA
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
SYMBICORT	3	
TYZINE SOLUTION 0.1%	4	
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
chlorzoxazone tablet 500mg	2	
orphenadrine citrate er	2	
orphenadrine citrate injection	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	2	QL (90 EA per 365 days) PA
flurazepam hcl	1	
temazepam capsule 22.5mg, 7.5mg	2	
triazolam	2	QL (10 EA per 30 days)
zaleplon	2	QL (90 EA per 365 days) PA
zolpidem tartrate er	2	QL (90 EA per 365 days) PA

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	T6-Infertility	PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
		ML-Milliliters
		GM- Grams
<i>zolpidem tartrate tablet</i>	2	QL (90 EA per 365 days) PA
<i>zolpidem tartrate tablet sublingual</i>	4	QL (90 EA per 365 days) PA
<i>Sleep Disorders, Other</i>		
<i>armodafinil</i>	4	QL (30 EA per 30 days) PA
HETLIOZ	5	PA
<i>modafinil</i>	4	QL (60 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	2	PA
<i>phenobarbital tablet 16.2mg, 30mg</i>	2	PA
ROZEREM	3	
XYREM	5	QL (540 ML per 30 days) PA LA

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.

Index

abacavir	45	alclometasone dipropionate	74
abacavir sulfate/lamivudine/zidovudine	45	alcohol prep pads	88
abacavir/lamivudine	45	aldurazyme	72
abelcet	28	alecensa	36
abilify maintena	41	alendronate sodium	87
abraxane	33	alfuzosin hcl er	73
abstral	11	alimta	33
acamprosate calcium dr	15	alinia	39
acarbose	48	aliqopa	36
acebutolol hcl	56	allopurinol	29
acetaminophen/caffeine/dihydrocodeine	11	almotriptan malate	30
acetaminophen/codeine	11	alocril	91
acetazolamide	58, 92	alomide	91
acetazolamide er	92	alora	77
acetazolamide sodium	58	alosetron hydrochloride	70
acetic acid	92	alphagan p	92
acetic acid/aluminum acetate	92	alprazolam	47, 48
acetylcysteine	96	alprazolam er	47, 48
acitretin	63	alprazolam intensol	47
actemra	85	alprazolam odt	48
acthib	86	alprazolam xr	47
actimmune	85	altavera	77
actoplus met xr	48	altoprev	59
acyclovir	47	alunbrig	36
acyclovir sodium	47	alyacen 1/35	77
adacel	86	alyacen 7/7/7	77
adagen	72	amantadine hcl	47
adapalene	63	ambisome	28
adasuve	40	amcinonide	74
adcirca	95	amethia	77
adefovir dipivoxil	43	amethia lo	77
adempas	95	amifostine	33
adlyxin	48	amikacin sulfate	16
adlyxin starter pack	48	amiloride hcl	58
adriamycin	33	amiloride/hydrochlorothiazide	58
adrucil	33	aminophylline	95
advanced am/pm	67	aminosyn	65, 89
advicor	59	aminosyn 7%/electrolytes	65
afeditab cr	57	aminosyn ii	65, 89
afinitor	36	aminosyn ii 8.5%/electrolytes	65
afinitor disperz	36	aminosyn-pf	89
afrezza	51	aminosyn-pf 7%	89
ala scalp	74	amiodarone hcl	55
ala-cort	74	amitiza	71
albenza	38	amitriptyline hcl	27
albuterol sulfate	94	amlodipine besylate	57
albuterol sulfate er	94	amlodipine besylate/atorvastatin calcium	57

amlodipine besylate/benazepril hydrochloride...	57
amlodipine besylate/valsartan	57
amlodipine/olmesartan medoxomil	57
amlodipine/valsartan/hctz.....	57
ammonium lactate	63
amoxapine	27
amoxicillin.....	19
amoxicillin/clavulanate potassium	19
amoxicillin/clavulanate potassium er	19
amphetamine/dextroamphetamine	60, 61
amphotericin b.....	28
ampicillin.....	19
ampicillin sodium.....	19
ampicillin-sulbactam	19
ampyra.....	62
anadrol-50.....	77
anagrelide hydrochloride.....	53
anastrozole.....	35
ancobon	28
androxy.....	77
animi-3	67
animi-3/vitamin d	67
anoro ellipta.....	94
anzemet.....	28
apidra	51
apidra solostar	51
aplenzin	25
apokyn	39
apraclonidine	92
aprepitant.....	28
apri.....	77
apriso	87
aptiom.....	21, 22
aptivus	46
aquasol a parenteral	67
aralast np	96
aranelle	77
aranesp albumin free	53
arcalyst	85
arcapta neohaler.....	94
aripiprazole.....	41
aripiprazole odt.....	41
aristada	41
armodafinil	97
arnuity ellipta.....	93
arranon.....	33
arzerra.....	37
asacol hd.....	87
ascorbic acid.....	67
aspirin/dipyridamole.....	54

astagraf xl	83
atazanavir sulfate	46
atenolol	56
atenolol/chlorthalidone	56
atgam	85
atomoxetine	61
atorvastatin calcium.....	59
atovaquone.....	39
atovaquone/proguanil hcl	39
atripla	44
atropine sulfate	90
atrovent hfa.....	94
augmented betamethasone dipropionate.....	74
auryxia	67
austedo	61, 62
avage.....	63
avandia.....	48
avastin.....	37
aveed.....	77
aviane.....	78
avonex.....	62, 85
avonex pen.....	62
avycaz	18
azacitidine.....	33
azactam in iso-osmotic dextrose.....	19
azasan.....	83
azasite	20
azathioprine	83
azelastine hcl.....	91, 93
azelex	63
azithromycin	20
azopt.....	92
bacitracin	16, 90
bacitracin/polymyxin b.....	90
baclofen	42
bacmin	68
bactocill in dextrose.....	19
bactroban nasal	16
balsalazide disodium.....	87
balziva.....	78
banzel.....	24
baraclude.....	43
basaglar kwikpen	51
bavencio.....	37
bcg vaccine	86
bd insulin syringe safetyglide/1ml/29g x 1/2	89
bd insulin syringe ultrafine/0.3ml/31g x 5/16 ...	89
bd insulin syringe ultrafine/0.5ml/30g x 1/2	89
bd insulin syringe ultrafine/1ml/31g x 5/16	89
bd pen needle/ultrafine/29g x 12.7mm.....	89

beconase aq	93
belbuca	9
beleodaq	33
benazepril hcl	55
benazepril hcl/hydrochlorothiazide	55
bendeka	31
benlysta	83
benzonatate	96
berinert	83
besponsa	38
betamethasone dipropionate	74
betamethasone valerate	74
betaxolol hcl	56, 92
bethanechol chloride	73
betimol	92
betoptic-s	92
bexarotene	38
bexsero	86
beyaz	78
bicalutamide	32
bicillin c-r	19
bicillin l-a	19
bicnu	31
bidil	60
biktarvy	44
biltricide	38
bimatoprost	90
bisoprolol fumarate	56
bisoprolol fumarate/hydrochlorothiazide	56
bleomycin sulfate	33
blephamide	91
blephamide s.o.p	91
boostrix	86
bortezomib	33
bosulif	36
bp vit 3	68
bravelle	76
brilinta	54
brimonidine tartrate	92
brintellix	25
brisdelle	25
briviact	22
bromfenac	91
bromocriptine mesylate	39
bromsite	91
brovana	94
budesonide	87, 93
budesonide nasal spray	93
bumetanide	58
buphenyl	72

buprenorphine	9, 15
buprenorphine hcl	9, 15
buprenorphine hcl/naloxone hcl	15
buproban	15
bupropion hcl	15, 25
bupropion hcl sr	15, 25
bupropion hcl xl	25
buspirone hcl	47
busulfan	31
butorphanol tartrate	11
butrans	9
bydureon	48
bydureon bcise	48
bydureon pen	48
byetta	48
bystolic	56
cabergoline	82
cabometyx	36
calcipotriene	63
calcipotriene/betamethasone dipropionate	63
calcitonin-salmon	87
calcitrene	63
calcitriol	63, 87
calcium acetate	67
calquence	36
cambia	9
camila	81
camrese	78
camrese lo	78
canasa	87
cancidas	28
candesartan cilexetil	54
candesartan cilexetil/hydrochlorothiazide	54
cantil	69
capastat sulfate	31
capex	74
caprelsa	36
captopril	55
captopril/hydrochlorothiazide	55
carac	63
carafate	71
carbaglu	65
carbamazepine	24
carbamazepine er	24
carbatrol	24
carbidopa	40
carbidopa/levodopa	40
carbidopa/levodopa er	40
carbidopa/levodopa odt	40
carbidopa/levodopa/entacapone	40

carboplatin.....	31
cardizem la.....	57
carimune nanofiltered.....	85
carteolol hcl.....	92
cartia xt.....	57
carvedilol.....	56
carvedilol phosphate er.....	56
caspofungin acetate.....	28
caverject.....	73
caverject impulse.....	73
cayston.....	19
caziant.....	78
cefaclor.....	18
cefadroxil.....	18
cefazolin sodium.....	18
cefdinir.....	18
cefepime.....	18
cefixime.....	18
cefotaxime sodium.....	18
cefoxitin sodium.....	18
cefpodoxime proxetil.....	18
cefprozil.....	18
ceftazidime.....	18
ceftibuten.....	18
ceftin.....	18
ceftriaxone in iso-osmotic dextrose.....	18
ceftriaxone sodium.....	19
cefuroxime axetil.....	19
cefuroxime sodium.....	19
celecoxib.....	9
cellcept.....	83
celontin.....	22
cephalexin.....	19
cerdelga.....	72
cerebyx.....	24
cerezyme.....	72
cervarix.....	86
cetrotide.....	82
cevimeline hcl.....	63
chantix.....	15
chantix continuing month pak.....	15
chantix starting month pak.....	15
chateal.....	78
chloramphenicol sodium succinate.....	17
chlordiazepoxide hcl.....	48
chlorhexidine gluconate.....	63
chlorhexidine gluconate oral rinse.....	63
chloroquine phosphate.....	39
chlorothiazide.....	59
chlorpromazine hcl.....	40

chlorthalidone.....	59
chlorzoxazone.....	96
cholbam.....	70
cholestyramine.....	59
cholestyramine light.....	59
chorionic gonadotropin.....	76
cialis.....	73, 74
ciclopirox.....	28
ciclopirox nail lacquer.....	28
ciclopirox olamine.....	28
cilostazol.....	54
ciloxan.....	20
cimduo.....	45
cimetidine.....	70
cimetidine hcl.....	70
cimzia.....	83
cinryze.....	83
cipro hc.....	92
ciprodex.....	92
ciprofloxacin.....	20, 21
ciprofloxacin er.....	20
ciprofloxacin hcl.....	20
cisplatin.....	31
citalopram hydrobromide.....	26
cladribine.....	33
claravis.....	63
clarinex.....	93
clarinex-d 12 hour.....	93
clarithromycin.....	20
clarithromycin er.....	20
cleocin.....	17
cleocin pediatric granules.....	17
climara pro.....	78
clindamycin hcl.....	17
clindamycin palmitate hcl.....	17
clindamycin phosphate.....	17
clindamycin/benzoyl peroxide.....	63
clinimix 2.75%/dextrose 5%.....	65
clinimix 4.25%/dextrose 10%.....	65
clinimix 4.25%/dextrose 20%.....	66
clinimix 4.25%/dextrose 25%.....	66
clinimix 4.25%/dextrose 5%.....	66
clinimix 5%/dextrose 15%.....	50
clinimix 5%/dextrose 20%.....	50
clinimix 5%/dextrose 25%.....	66
clinimix e 2.75%/dextrose 10%.....	50
clinimix e 2.75%/dextrose 5%.....	50
clinimix e 4.25%/dextrose 10%.....	66
clinimix e 4.25%/dextrose 25%.....	50
clinimix e 4.25%/dextrose 5%.....	50

clanimix e 5%/dextrose 15%	50
clanimix e 5%/dextrose 20%	66
clanimix e 5%/dextrose 25%	66
clobetasol propionate.....	74
clobetasol propionate e.....	74
clobetasol propionate emollient	74
clocortolone pivalate	74
clofarabine.....	33
clomiphene citrate	81
clomipramine hcl.....	27
clonazepam.....	22
clonazepam odt.....	22
clonidine hcl	54, 61
clonidine hcl er	61
clopidogrel.....	54
clorazepate dipotassium	48
clotrimazole.....	28, 63
clotrimazole/betamethasone dipropionate.....	28, 63
clozapine.....	42
clozapine odt	42
coartem.....	39
codeine sulfate.....	12
colchicine	29
colcrys	29
colestid flavored	59
colestipol hcl	59
colistimethate sodium.....	17
colocort.....	87
coly-mycin s	92
combigan	92
combipatch	78
combivent respimat	94
cometriq.....	33
complera.....	44
compro.....	40
condylox	63
constulose.....	71
copaxone.....	62
cordran.....	74
cordran tape	74
coreg cr.....	56
corlanor.....	57
cortifoam	74
cortisone acetate	74
cortisporin.....	17, 92
cortisporin-tc	92
corvita.....	68
corvite free.....	68
cosentyx.....	64
cosentyx sensoready pen	64

cosmegen	33
cotellic	33
coumadin	52
creon	72
cresemba	28
crinone	81
crixivan	46
cromolyn sodium	91, 95
cryselle-28	78
cuprimine	74
curity gauze pads 2	89
cuvitru	85
cuvposa	69
cyanocobalamin	68
cyclafem 1/35	78
cyclafem 7/7/7	78
cyclophosphamide	31
cycloserine	31
cycloset	48
cyclosporine.....	83
cyclosporine modified	83
cyproheptadine hcl.....	93
cyramza.....	38
cystadane	72
cystagon	72
cystaran.....	90
cytarabine aqueous	33
dacarbazine	31
dacogen.....	33
dactinomycin	33
daklinza.....	43
daliresp.....	95
dalvance	17
danazol.....	77
dantrolene sodium.....	42
dapsone	31
daptacel.....	86
daptomycin	17
daraprim.....	39
darifenacin hydrobromide er	73
darzalex.....	38
dasetta 1/35	78
dasetta 7/7/7	78
daunorubicin hcl	33
daytrana	61
decitabine.....	34
delzicol.....	87
demeclocycline hcl	21
demser.....	57
denavir	47

denta 5000 plus.....	63	dicyclomine hcl.....	70
depen titratabs	83	didanosine	45
depo-estradiol	78	dificid	20
depo-provera.....	81	diflorasone diacetate	75
depo-subq provera 104	81	diflunisal	9
descovy.....	45	digitek	58
desipramine hcl	27	digox	58
desloratadine.....	93	digoxin	58
desloratadine odt	93	dihydroergotamine mesylate.....	29, 30
desmopressin acetate	76	dilantin	24
desogestrel/ethinyl estradiol.....	78	dilantin infatabs	24
desonide.....	74	diltiazem cd.....	57
desoximetasone	75	diltiazem hcl	57
desvenlafaxine er.....	26	diltiazem hcl er	57
dexamethasone	75, 91	dilt-xr	57
dexamethasone intensol.....	75	dipentum	87
dexamethasone sodium phosphate	75, 91	diphenhydramine hcl	39, 93
dexilant.....	71	diphenoxylate/atropine	70
dexmethylphenidate hcl.....	61	diphtheria/tetanus toxoids adsorbed pediatric ...	86
dexmethylphenidate hcl er	61	disopyramide phosphate	55
dexrazoxane.....	34	disulfiram.....	15
dextroamphetamine sulfate	61	divalproex sodium	22, 23, 30
dextroamphetamine sulfate er	61	divalproex sodium dr	22
dextrose 10%/nacl 0.45%.....	50	divalproex sodium er	22, 30
dextrose 5% /electrolyte #48 viaflex.....	66	divigel	78
dextrose 10%.....	50	docetaxel.....	34
dextrose 10%/nacl 0.2%.....	50	dofetilide.....	55
dextrose 2.5%/nacl 0.45%.....	66	donepezil hcl.....	24
dextrose 5%.....	50, 51, 66	dorzolamide hcl	92
dextrose 5%/lactated ringers	66	dorzolamide hcl/timolol maleate	92
dextrose 5%/nacl 0.2%.....	50	doxazosin	73
dextrose 5%/nacl 0.225%.....	50	doxazosin mesylate.....	73
dextrose 5%/nacl 0.33%.....	51	doxepin hcl	27
dextrose 5%/nacl 0.45%.....	51	doxepin hydrochloride	64
dextrose 5%/nacl 0.9%.....	66	doxercalciferol	88
dialyvite.....	68	doxorubicin hcl	34
dialyvite 3000	68	doxorubicin hcl liposome	34
dialyvite 5000	68	doxy 100	21
dialyvite supreme d	68	doxycycline.....	21
dialyvite/zinc	68	doxycycline hyclate	21
diastat acudial	22	doxycycline hyclate dr.....	21
diastat pediatric	22	doxycycline monohydrate.....	21
diazepam.....	22, 47, 48	dronabinol.....	28
diazepam intensol.....	47	droxia	33
diclofenac potassium.....	9	dulera	96
diclofenac sodium	9, 64, 91	duloxetine hcl	26
diclofenac sodium dr	9	dupixent	64
diclofenac sodium er	9	duramorph.....	12
diclofenac sodium/misoprostol	9	durezol	91
dicloxacin sodium	19	dutasteride.....	73

dutasteride/tamsulosin hydrochloride	73
dyrenium.....	58
e.e.s. 400.....	20
e.e.s. granules	20
econazole nitrate.....	28
edex	74
edurant.....	44
efavirenz	44
effer-k.....	66
effient	54
elaprase.....	72
eldercaps.....	68
elelyso.....	72
elestrin	78
eletriptan hydrobromide	30
elidel.....	64
eligard.....	82
eliphos	66
eliquis	52
elitek.....	38
elixophyllin.....	95
ella	81
elmiron	74
emadine	91
emcyt.....	32
emend	28
emoquette	78
empliciti.....	38
emsam.....	25
emtriva.....	45
enalapril maleate	55
enalapril maleate/hydrochlorothiazide	55
enbrel.....	83
enbrel mini.....	83
enbrel sureclick	83
endocet.....	12
engerix-b.....	86
enlyte	68
enoxaparin sodium	52
enskyce.....	78
enstilar	64
entacapone.....	39
entecavir	43
entresto	58
enulose.....	71
envarsus xr.....	83
epclusa.....	43
epifoam.....	16
epinastine hcl.....	91
epinephrine	94

epirubicin hcl	34
epitol	24
epivir hbv.....	43
eplerenone.....	58
epogen.....	53
eprosartan mesylate	55
epzicom.....	45
equetro	24
eraxis.....	28
erbitux.....	38
ergoloid mesylates	24
ergomar.....	30
erivedge	34
erleada.....	32
errin.....	81
erwinaze.....	34
ery	20
ery-tab.....	20
erythrocin lactobionate	20
erythrocin stearate.....	20
erythromycin.....	20, 64
erythromycin base.....	20
erythromycin ethylsuccinate.....	20
erythromycin/benzoyl peroxide.....	64
esbriet.....	95, 96
escitalopram oxalate	26
esomeprazole magnesium.....	71
esomeprazole sodium	71
estazolam	48
estrace	78
estradiol	78
estradiol valerate.....	78
estradiol/norethindrone acetate.....	78
estring	78
eszopiclone	96
ethacrynic acid.....	58
ethambutol hcl	31
ethosuximide.....	22
ethynodiol diacetate/ethinyl estradiol.....	78
etidronate disodium	88
etodolac.....	9
etodolac er.....	9
etoposide.....	35
eurax	39
evamist.....	78
evotaz.....	46
exelderm	28
exemestane.....	35
exjade.....	67
ezetimibe.....	60

ezetimibe/simvastatin	60	fluocinolone acetonide body	75
fabb	68	fluocinolone acetonide scalp	75
fabior	64	fluocinonide	75
fabrazyme	72	fluorometholone	91
falmina	78	fluorouracil	33, 64
famciclovir	47	fluoxetine dr	26
famotidine	70	fluoxetine hcl	26
fanapt	41	fluphenazine decanoate	40
fanapt titration pack	41	fluphenazine hcl	40
fareston	32	flurandrenolide	75
farxiga	48	flurazepam hcl	96
farydak	34	flurbiprofen	16, 91
fasenra	96	flurbiprofen sodium	91
faslodex	32	flutamide	32
fayosim	78	fluticasone propionate	75, 93
fazaclo	42	fluticasone propionate/salmeterol	93
felbamate	23	fluvastatin	59
felodipine er	57	fluvastatin sodium er	59
femcon fe	78	fluvoxamine maleate	26
femring	78	fluvoxamine maleate er	26
femynor	78	fml	91
fenofibrate	59	fml forte	91
fenofibrate micronized	59	folbee	68
fenofibric acid	59	folbee plus	68
fenofibric acid dr	59	folbee plus cz	68
fenoprofen calcium	16	folbic	68
fentanyl	9, 10, 12	folbic rf	68
fentanyl citrate	12	folic acid	68
fentanyl citrate oral transmucosal	12	folic acid/vitamin b-6/vitamin b-12	68
fentora	12	follistim aq	76
ferriprox	89	folotyn	33
fetzima	26	folplex 2.2	68
fetzima titration pack	26	foltanx	68
fiasp	51	foltanx rf	68
fiasp flextouch	51	fondaparinux sodium	52
finacea	64	forfivo xl	25
finasteride	68, 73	fortavit	68
firazyr	83	forteo	88
firmagon	82	fortical	88
flagyl er	17	fosamax plus d	88
flarex	91	fosamprenavir	46
flavoxate hcl	73	fosinopril sodium	55
flecainide acetate	55	fosinopril sodium/hydrochlorothiazide	55
flector	16	fosphenytoin sodium	24
fluconazole	28	fosrenol	67
fluconazole in nacl	28	fragmin	53
fludarabine phosphate	34	frovatriptan succinate	30
fludrocortisone acetate	75	fulyzaq	70
flunisolide	93	furosemide	58
fluocinolone acetonide	64, 75	fuzeon	46

fyavolv.....	78
fycompa.....	22
gabapentin.....	23
gabitril.....	23
galantamine hydrobromide.....	24
galantamine hydrobromide er.....	24
gamastan s/d.....	85
gammagard liquid.....	85
gammagard s/d iga less than 1mcg/ml.....	85
gamunex-c.....	85
ganciclovir.....	42
ganirelix acetate.....	82
gardasil.....	86
gardasil 9.....	86
gastrocrom.....	70
gatifloxacin.....	21
gattex.....	70
gavilyte-c.....	71
gavilyte-g.....	71
gavilyte-h.....	71
gavilyte-n/flavor pack.....	71
gazyva.....	38
gelnique.....	73
gemcitabine.....	33
gemcitabine hcl.....	33
gemfibrozil.....	59
generlac.....	71
engraf.....	83
genotropin.....	76
genotropin miniquick.....	76
gentak.....	16
gentamicin sulfate.....	16
gentamicin sulfate/0.9% sodium chloride.....	16
genvoya.....	44
geodon.....	48
gianvi.....	78
giazio.....	87
gildess fe 1.5/30.....	78
gildess fe 1/20.....	79
gilenya.....	62
gilotrif.....	36
glassia.....	96
glatiramer acetate.....	63
glatopa.....	63
gleostine.....	31
glimepiride.....	49
glipizide.....	49
glipizide er.....	49
glipizide xl.....	49
glipizide/metformin hcl.....	49

glucagen hypokit.....	51
glucagon emergency kit.....	51
glycopyrrolate.....	70
glyxambi.....	49
gonal-f.....	82
gonal-f rff.....	82
gonal-f rff rediject.....	82
gralise.....	62
gralise starter.....	62
granisetron hcl.....	28
granix.....	53
grifulvin v.....	28
griseofulvin microsize.....	29
griseofulvin ultramicrosize.....	29
guanidine hcl.....	31
haegarda.....	89
halaven.....	34
halobetasol propionate.....	75
halog.....	75
haloperidol.....	40
haloperidol decanoate.....	40
haloperidol lactate.....	40
harvoni.....	43
havrix.....	86
heparin sodium.....	53
heparin sodium/d5w.....	53
heparin sodium/nacl 0.45%.....	53
heparin sodium/nacl 0.9%.....	53
heparin sodium/sodium chloride 0.9% premix.....	53
hepsara.....	43
herceptin.....	38
hetlio.....	97
hexalen.....	31
hizentra.....	85
homatropine hbr.....	90
horizant.....	62
humalog.....	51
humalog junior kwikpen.....	51
humalog kwikpen.....	51
humalog mix 50/50.....	51
humalog mix 50/50 kwikpen.....	51
humalog mix 75/25.....	51
humalog mix 75/25 kwikpen.....	51
humatrope.....	76
humatrope combo pack.....	76
humira.....	84
humira pen.....	84
humira pen-crohns diseasestarter.....	84
humira pen-psoriasis starter.....	84
humulin 70/30.....	51

humulin 70/30 kwikpen.....	51	innopran xl.....	56
humulin n.....	51	intence.....	44
humulin n kwikpen.....	51	intralipid.....	89
humulin r.....	51	intron a.....	43
humulin r u-500 (concentrated).....	51	intron a w/diluent.....	43
humulin r u-500 kwikpen.....	51	invanz.....	19
hydralazine hcl.....	60	invega sustenna.....	41
hydrochlorothiazide.....	59	invega trinza.....	41
hydrocodone bitartrate/acetaminophen.....	12	invirase.....	46
hydrocodone/acetaminophen.....	12	invokamet.....	49
hydrocodone/ibuprofen.....	12	invokamet xr.....	49
hydrocortisone.....	75, 92	invokana.....	49
hydrocortisone butyrate.....	75	iopidine.....	92
hydrocortisone in absorbase.....	75	ipol inactivated ipv.....	86
hydrocortisone valerate.....	75	ipratropium bromide.....	94
hydrocortisone/acetic acid.....	92	ipratropium bromide/albuterol sulfate.....	94
hydromorphone hcl.....	10, 12	irbesartan.....	55
hydromorphone hcl er.....	10	irbesartan/hydrochlorothiazide.....	55
hydromorphone hydrochloride er.....	10	iressa.....	36
hydroxocobalamin.....	68	irinotecan.....	34
hydroxychloroquine sulfate.....	39	isentress.....	44, 46
hydroxyprogesterone caproate.....	81	isentress hd.....	46
hydroxyurea.....	33	isibloom.....	79
hysingla er.....	10	isometheptene/dichloralphenazone/acetaminophe n.....	62
ibandronate sodium.....	88	isoniazid.....	31
ibrance.....	34	isosorbide dinitrate.....	60
ibuprofen.....	9, 16	isosorbide dinitrate er.....	60
iclusig.....	36	isosorbide mononitrate.....	60
idarubicin hcl.....	34	isosorbide mononitrate er.....	60
idhifa.....	36	isotonic gentamicin.....	16
ifex.....	31	isradipine.....	57
ifosfamide.....	32	istodax.....	34
ilaris.....	85	istodax (overfill).....	34
imatinib mesylate.....	36	itraconazole.....	29
imbruvica.....	36	ivermectin.....	38
imfinzi.....	38	ixempra kit.....	34
imipenem/cilastatin.....	19	ixiaro.....	86
imipramine hcl.....	27	jadenu.....	67
imipramine pamoate.....	27	jadenu sprinkle.....	67
imiquimod.....	64	jakafi.....	34
imovax rabies (h.d.c.v.).....	86	jantoven.....	53
impavido.....	17	janumet.....	49
increlex.....	77	janumet xr.....	49
indapamide.....	59	januvia.....	49
infanrix.....	86	jardiance.....	49
inflectra.....	84	jentadueto.....	49
infumorph 200.....	10	jentadueto xr.....	49
infumorph 500.....	10	jevantique lo.....	79
ingrezza.....	62	jevtana.....	34
inlyta.....	36		

jinteli.....	79
jolessa.....	79
jolivette.....	81
juluca.....	44
junel 1.5/30.....	79
junel 1/20.....	79
junel fe 1.5/30.....	79
junel fe 1/20.....	79
juxtapid.....	60
kadcyla.....	38
kalbitor.....	90
kaletra.....	46
kalydeco.....	94
kanuma.....	72
kariva.....	79
kcl 0.075%/d5w/nacl 0.45%.....	66
kcl 0.15%/d5w/nacl 0.45%.....	51
kcl 0.3%/d5w/nacl 0.45%.....	66
kelnor 1/35.....	79
kepivance.....	63
ketoconazole.....	29
ketoprofen.....	9, 16
ketoprofen er.....	16
ketorolac tromethamine.....	91
keveyis.....	90
kevzara.....	85
keytruda.....	38
kineret.....	84
kinrix.....	86
kionex.....	67
kisqali.....	32, 34
kisqali femara 200 dose.....	32
kisqali femara 400 dose.....	32
kisqali femara 600 dose.....	32
klor-con 10.....	66
klor-con 8.....	66
klor-con m10.....	66
klor-con m15.....	66
klor-con m20.....	66
klor-con sprinkle.....	66
klor-con/ef.....	66
kombiglyze xr.....	49
korlym.....	77
kristalose.....	71
kurvelo.....	79
kuvan.....	72
kynamro.....	60
kyprolis.....	36
labetalol hcl.....	56
lacrisert.....	90

lactated ringers irrigation.....	90
lactated ringers viaflex.....	66
lactulose.....	71
lamivudine.....	43, 45
lamivudine/zidovudine.....	45
lamotrigine.....	23
lamotrigine er.....	23
lamotrigine odt.....	23
lansoprazole.....	17, 71
lansoprazole/amoxicillin/clarithromycin.....	17
lanthanum carbonate.....	67
lantus.....	51
lantus solostar.....	51
larin fe 1.5/30.....	79
larin fe 1/20.....	79
larissia.....	79
lartruvo.....	38
lastacaft.....	91
latanoprost.....	90
latuda.....	41
lazanda.....	13
leena.....	79
leflunomide.....	85
lemtrada.....	85
lenvima 10 mg daily dose.....	36
lenvima 14 mg daily dose.....	37
lenvima 18 mg daily dose.....	37
lenvima 20 mg daily dose.....	37
lenvima 24 mg daily dose.....	37
lenvima 8 mg daily dose.....	37
lessina.....	79
letairis.....	95
letrozole.....	35
leucovorin calcium.....	34
leukeran.....	32
leukine.....	53
leuprolide acetate.....	82
levalbuterol hcl.....	94
levalbuterol tartrate hfa.....	94
levemir.....	51
levemir flextouch.....	51
levetiracetam.....	22
levetiracetam er.....	22
levitra.....	74
levobunolol hcl.....	92
levocarnitine.....	90
levocetirizine dihydrochloride.....	93
levofloxacin.....	21
levofloxacin in d5w.....	21
levoleucovorin.....	34

levoleucovorin calcium	34
levonorgestrel/ethinyl estradiol	79
levora 0.15/30-28	79
levorphanol tartrate	10
levothyroxine sodium	81
levoxyl	81
lexiva	46
lialda	87
lidocaine	14, 15
lidocaine hcl	14
lidocaine hcl jelly	14
lidocaine viscous	14
lidocaine/prilocaine	14
lincocin	17
lindane	39
linezolid	17
linzess	71
liothyronine sodium	81
lisinopril	55
lisinopril/hydrochlorothiazide	55
lithium	48
lithium carbonate	48
lithium carbonate er	48
livalo	59
l-methyl-b6-b12	68
l-methylfolate	68
l-methylfolate ca me-cbl nac	68
l-methylfolate calcium	68
l-methyl-mc	68
l-methyl-mc nac	68
lmthf/pyridoxine hcl/cyanocobalamin	68
lokara	75
lomedia 24 fe	79
lonsurf	33
loperamide hcl	70
lopinavir/ritonavir	46
lorazepam	48
lorazepam intensol	48
loryna	79
losartan potassium	55
losartan potassium/hydrochlorothiazide	55
lotemax	91
lovastatin	59
low-ogestrel	79
loxapine succinate	40
lumigan	90
lumizyme	72
lupaneta pack	82
lupron depot (1-month)	82
lupron depot (3-month)	82

lupron depot (4-month)	82
lupron depot (6-month)	82
lupron depot-ped (1-month)	82
lupron depot-ped (3-month)	82
luteria	79
lynparza	34
lyrica	22
lyrica cr	62
lysodren	82
magnesium sulfate	66
magnesium sulfate in d5w	66
makena	81
malathion	39
maprotiline hcl	26
marlissa	79
marplan	25
matulane	32
matzim la	57
mavyret	43
maxidex	91
meclizine hcl	27
medroxyprogesterone acetate	81
mefenamic acid	9
mefloquine hcl	39
megestrol acetate	81
mekinist	34
meloxicam	9, 16
melphalan hydrochloride	32
memantine hcl	25
memantine hcl titration pak	25
memantine hydrochloride	25
memantine hydrochloride er	25
menactra	86
menest	34
menhibrix	86
menomune-a/c/y/w-135	86
menopur	82
menostar	79
menveo	86
mephyton	69
mepron	39
mercaptopurine	33
merrem	19
mesalamine	87
mesalamine dr	87
mesna	38
mesnex	38
metadate er	61
metafolbic	69
metafolbic plus	69

metafolbic plus rf	69	minoxidil.....	60
metaproterenol sulfate	94	mircera	53
metformin hcl	49	mirtazapine	25
metformin hcl er	49	mirtazapine odt	25
methadone hcl	10	mirvaso	64
methazolamide	58, 92	misoprostol	71
methenamine hippurate	17	mitigare	29
methenamine mandelate	17	mitomycin	34, 35
methimazole	83	mitoxantrone hcl	35
methotrexate	84	m-m-r ii.....	86
methotrexate sodium	84	modafinil.....	97
methoxsalen.....	64	moderiba	43
methscopolamine bromide	70	moderiba 1200 dose pack	43
methyclothiazide	59	moderiba 800 dose pack	43
methylergonovine maleate	90	moexipril hcl.....	55
methylphenidate hcl	61	moexipril/hydrochlorothiazide	55
methylphenidate hcl cd.....	61	molindone hydrochloride.....	40
methylphenidate hcl er	61	mometasone furoate.....	75, 76, 93
methylphenidate hydrochloride.....	61	mononessa	79
methylprednisolone	75, 87	montelukast sodium.....	93
methylprednisolone acetate	75	monurol.....	17
methylprednisolone dose pack	75	morphine sulfate	10, 11, 13
methylprednisolone sodiumsuccinate	75	morphine sulfate er	10
methyltestosterone.....	77	movantik	70
metipranolol	92	moxeza.....	21
metoclopramide hcl	70	moxifloxacin hcl	21
metoclopramide odt.....	70	mozobil	54
metolazone	59	multaq	56
metoprolol succinate er	56	mupirocin.....	17
metoprolol tartrate	56	muse.....	74
metoprolol/hydrochlorothiazide	56	mustargen.....	32
metronidazole	17	myalept	90
metronidazole in nacl 0.79%.....	17	mycamine.....	29
metronidazole vaginal	17	mycophenolate mofetil	84
mexiletine hcl	56	mycophenolic acid dr.....	84
miacalcin	88	myfortic	84
mibelas 24 fe	79	mylotarg	38
miconazole 3	29	mynephrocaps	69
microgestin 1.5/30.....	79	myrbetrig	73
microgestin 1/20.....	79	nabumetone.....	9
microgestin fe.....	79	nadolol	56
microgestin fe 1.5/30.....	79	nadolol/bendroflumethiazide	56
midodrine hcl.....	54	nafcillin sodium	19
migergot	30	naglazyme	72
miglitol	49	nalbuphine hcl.....	13
miglustat	72	naloxone hcl.....	15
millipred	75	naltrexone hcl	15
mimvey.....	79	namenda xr	25
minivelle.....	79	namenda xr titration pack	25
minocycline hcl	21	namzaric.....	24

naphazoline hcl.....	91
naproxen	9, 16
naproxen dr.....	9
naproxen sodium	9
naproxen sodium er	9
naratriptan hcl.....	30
narcan	15
nascobal.....	69
natacyn	29
natazia.....	79
nateglinide	49
natpara	88
nebupent.....	39
necon 0.5/35-28.....	79
necon 1/35	79
necon 1/50-28.....	80
necon 10/11-28.....	80
necon 7/7/7	80
nefazodone hcl.....	26
neomycin sulfate	16
neomycin/bacitracin/polymyxin.....	17
neomycin/polymyxin/bacitracin/hydrocortisone	17
neomycin/polymyxin/dexamethasone.....	91
neomycin/polymyxin/gramicidin	17
neomycin/polymyxin/hc.....	92
neomycin/polymyxin/hydrocortisone.....	17, 93
nephplex rx.....	69
nephramine	90
nephrocaps qt.....	69
nerlynx.....	35
neuac.....	64
neulasta.....	54
neupogen	54
neupro	39
neurin-sl.....	69
nevanac.....	91
nevirapine	44, 45
nevirapine er	44
nexavar	37
niacin er	60
niacor.....	60
nicardipine hcl	57
nicomide.....	69
nicotrol inhaler	15
nicotrol ns.....	16
nifedical xl.....	57
nifedipine er.....	57
nilandron.....	32
nilutamide.....	32
nimodipine.....	57

ninlaro	35
nisoldipine er	57
nitro-bid	60
nitro-dur	60
nitrofurantoin macrocrystals.....	17
nitrofurantoin monohydrate.....	17, 18
nitrofurantoin monohydrate/macrocrystals.....	18
nitroglycerin.....	60
nitroglycerin lingual	60
nitroglycerin transdermal.....	60
nitrolingual pumpspray.....	60
nizatidine	70
nolix.....	76
nora-be	81
norditropin flexpro.....	77
norethindrone & ethinyl estradiol ferrous fumarate	
.....	80
norethindrone acetate.....	80, 81
norethindrone acetate/ethinyl estradiol.....	80
norgestimate/ethinyl estradiol.....	80
normosol -r	66
normosol-m in d5w.....	66
northera.....	58
nortrel 0.5/35 (28).....	80
nortrel 1/35	80
nortrel 7/7/7	80
nortriptyline hcl	27
norvir	46
novolin 70/30.....	51
novolin n.....	51
novolin r.....	51
novolog	51, 52
novolog flexpen	52
novolog mix 70/30.....	52
novolog mix 70/30 prefilled flexpen	52
novolog penfill.....	52
noxafil.....	29
nuedexta.....	62
nulojix	84
nuplazid	41
nutricap	69
nutropin aq nuspin 10	77
nutropin aq nuspin 20	77
nutropin aq nuspin 5	77
nuvaring.....	80
nuvessa.....	18
nyamyc.....	29
nyata.....	29
nystatin.....	29
nystatin/triamcinolone	29

nystop	29
ocaliva	70
ocella	80
octreotide acetate	82
odefsey	45
odomzo	37
ofev	96
ofloxacin	21
ogestrel	80
olanzapine	26, 41
olanzapine odt	41
olanzapine/fluoxetine	26
olmesartan medoxomil	55
olmesartan medoxomil/amlodipine/hydrochlorothiazide	57
olmesartan medoxomil/hydrochlorothiazide	55
olopatadine hcl	91, 93
olopatadine hydrochloride	91
omega-3-acid ethyl esters	60
omeprazole	71
omeprazole/sodium bicarbonate	71
omnaris	93
oncaspar	35
ondansetron hcl	28
ondansetron odt	28
onfi	23
onglyza	49
onivyde	35
onzetra xsail	30
opana er (crush resistant)	11
opdivo	38
opium tincture	70
opsumit	95
orencia	84
orencia clickject	84
orenitram	95
orfadin	72
orkambi	95
orphenadrine citrate	96
orphenadrine citrate er	96
orsythia	80
oseltamivir phosphate	47
otezla	85
otrexup	84
ovidrel	77
oxacillin sodium	19
oxaliplatin	32
oxandrolone	77
oxaprozin	16
oxazepam	48

oxcarbazepine	24
oxiconazole nitrate	29
oxistat	29
oxsoralen ultra	64
oxtellar xr	24
oxybutynin chloride	73
oxybutynin chloride er	73
oxycodone hcl	11, 13
oxycodone hcl er	11
oxycodone/acetaminophen	13, 14
oxycodone/aspirin	14
oxycodone/ibuprofen	14
oxycontin	11
oxymorphone hydrochloride	11, 14
oxymorphone hydrochloride er	11
pacerone	56
paclitaxel	35
paliperidone er	41
pamidronate disodium	88
pancreaze	72
panretin	38
pantoprazole sodium	71
paricalcitol	88
paromomycin sulfate	16
paroxetine hcl	26
paroxetine hcl er	26
paroxetine meyslate	26
paser	31
paxil	26
pazeo	91
pce	20
pediarix	86
pedvax hib	86
peg 3350/electrolytes	71
peg-3350/electrolytes	71
peg-3350/nacl/na bicarbonate/kcl	71
peganone	24
pegasys	43
pegasys proclick	43
pegintron	43
peg-intron redipen	43
penicillin g potassium	20
penicillin g potassium in iso-osmotic dextrose	20
penicillin g procaine	20
penicillin g sodium	20
penicillin v potassium	20
pentacel	86
pentam 300	39
pentasa	87
pentoxifylline er	58

perforomist	94
perindopril erbumine	55
perjeta	38
permethrin	39
perphenazine	40
phenadoz	27
phenelzine sulfate	25
phenobarbital	23, 97
phenoxybenzamine hydrochloride	54
phenytoin	24
phenytoin infatabs	24
phenytoin sodium	24
phenytoin sodium extended	24
phoslyra	66
phospholine iodide	92
physicians ez use b-12 compliance kit	69
picato	35
pilocarpine hcl	63, 92
pilocarpine hydrochloride	63
pimozide	40
pindolol	56
pioglitazone hcl	49
pioglitazone hcl/metformin hcl	49
pioglitazone hcl-glimepiride	49
piperacillin sodium/tazobactam sodium	20
piperacillin/tazobactam	20
pirmella 1/35	80
pirmella 7/7/7	80
piroxicam	16
plegridy	63
plegridy starter pack	63
podapn	69
podofilox	64
polyethylene glycol 3350	71
polymyxin b sulfate/trimethoprim sulfate	18
pomalyst	32
portia-28	80
portrazza	38
potaba	69
potassium chloride	51, 66, 67
potassium chloride 0.15% d5w/nacl 0.45%	66
potassium chloride 0.22% d5w/nacl 0.45%	66
potassium chloride er	66
potassium chloride sr	66
potassium chloride/dextrose	51, 66
potassium chloride/dextrose/lactated ringers	51
potassium chloride/dextrose/sodium chloride	66
potassium chloride/sodium chloride	67
potassium citrate er	67
potiga	22

pradaxa	53
pramipexole dihydrochloride	39
pramipexole dihydrochloride er	39
prasugrel	54
pravastatin sodium	59
prazosin hcl	54
pred mild	91
pred-g	91
pred-g s.o.p.	91
prednicarbate	76
prednisolone acetate	91
prednisolone sodium phosphate	76, 91
prednisolone sodium phosphate odt	76
prednisone	76
prednisone intensol	76
premarin	80
premasol	90
prepopik	71
prevalite	60
previfem	80
prevymis	42
prezcobix	46
prezista	47
priftin	31
primaquine phosphate	39
primidone	23
primlev	14
proair hfa	94
proair respiclick	94
probarimin qt	69
probenecid	29
probenecid/colchicine	29
procalamine	67
prochlorperazine	27, 40
prochlorperazine edisylate	40
prochlorperazine maleate	27
procrit	54
proctofoam hc	64
procto-pak	76
proctosol hc	76
proctozone-hc	76
procysbi	72
progesterone	81
proglycem	51
prograf	84
prolactin-c	96
prolensa	91
proleukin	35
prolia	88
promacta	54

promethazine hcl	27
promethegan	27
propafenone hcl	56
propafenone hcl er	56
propantheline bromide	70
propranolol hcl	56
propranolol hcl er	56
propranolol/hydrochlorothiazide	56
propylthiouracil	83
proquad	86
protectiron	69
protriptyline hcl	27
pulmicort flexhaler	93
pulmozyme	95
purixan	33
pyrazinamide	31
pyridostigmine bromide	31
pyridostigmine bromide er	31
pyridoxine hcl	69
qnasl	93
qtern	50
quadracel	86
quartette	80
quasense	80
qudexy xr	23
quetiapine fumarate	41, 42
quetiapine fumarate er	41
quinapril hcl	55
quinapril/hydrochlorothiazide	55
quinidine gluconate cr	56
quinidine sulfate	56
quinine sulfate	39
qvar	93
qvar redihaler	93
rabavert	86
rabeprazole sodium	71
radicava	62
raloxifene hydrochloride	81
ramipril	55
ranexa	58
ranitidine hcl	70
rapaflo	73
rapamune	84
rasagiline mesylate	40
rasuvo	84
ravicti	72
rayaldee	88
rayos	76
rebif	63, 85
rebif rebidose	63

rebif rebidose titration pack	63
rebif titration pack	85
reclipsen	80
recombivax hb	86
rectiv	64
refissa	64
relenza diskhaler	47
relistor	70
relpax	30
remicade	84
renal caps	64
rena-vite rx	64
renflexis	84
reno caps	64
renova	64
renova pump	64
renvela	67
repaglinide	50
repaglinide/metformin hydrochloride	50
reprexain	14
req 49+	64
rescriptor	45
restasis	90
retrovir iv infusion	45
revlimid	32
rexulti	42
reyataz	47
rheumatrex	84
rhofade	64
ribasphere	43
ribavirin	43, 44
ridaura	85
rifabutin	31
rifamate	31
rifampin	31
rifater	31
rilutek	62
riluzole	62
rimantadine hcl	47
risedronate sodium	88
risedronate sodium dr	88
risperdal consta	42
risperidone	42
risperidone odt	42
ritonavir	47
rituxan	38
rituxan hycela	38
rivastigmine tartrate	25
rivastigmine transdermal system	25
rivelsa	80

rizatriptan benzoate	30
rizatriptan benzoate odt	30
romidepsin	35
ropinirole er	39
ropinirole hcl	39, 40
rosuvastatin calcium	59
rotarix	86
rotateq	86
roweepra	22
roweepra xr	22
roxicet	14
rozerem	97
rubraca	35
ruconest	83
rydapt	35
rytary	40
rythmol sr	56
sabril	23
safyral	80
salsalate	9
samsca	67
sancuso	28
sandimmune	84
sandostatin lar depot	83
santyl	64
saphris	42
savaysa	53
savella	62
savella titration pack	62
scopolamine	27
seebri neohaler	94
segluromet	50
selegiline hcl	40
selenium sulfide	64
selzentry	46
semprex-d	93
sensipar	88
serevent diskus	94
serostim	77
sertraline hcl	26
sevelamer carbonate	67
sf	63
sf 5000 plus	63
shingrix	86
signifor	83
sildenafil	95
siliq	65
silver sulfadiazine	18
simbrinza	92
simcor	59

simponi	84
simponi aria	84
simulect	85
simvastatin	59
sirolimus	84, 85
sirturo	31
sivextro	18
sklice	39
smoflipid	90
sodium chloride	67, 90
sodium chloride 0.45%	67
sodium chloride 0.9%	90
sodium phenylbutyrate	72
sodium polystyrene sulfonate	67
sodium sulfacetamide	21
soliqua 100/33	52
soliris	54
soltamox	32
somatuline depot	83
somavert	83
soolantra	65
soriatane	65
sorine	56
sotalol hcl	56
sotalol hcl (af)	56
sovaldi	43
spiriva handihaler	94
spiriva respimat	94
spironolactone	58, 59
spironolactone/hydrochlorothiazide	58
sprintec 28	80
spritam	22
sprycel	37
sps	67
sronyx	80
stavudine	45
staxyn	74
steglatro	50
steglujan	50
stelara	65
stendra	74
stiolto respimat	96
stivarga	37
strensiq	72
streptomycin sulfate	16
striant	77
stribild	44
striverdi respimat	94
strovite forte	65
strovite one	65

suboxone.....	15
subsys	14
sucraid	72
sucralfate	71
sulfacetamide sodium.....	21, 91
sulfacetamide sodium/prednisolone sodium phosphate.....	91
sulfadiazine.....	21
sulfamethoxazole/trimethoprim	21
sulfamethoxazole/trimethoprim ds.....	21
sulfamylon	18
sulfasalazine	87
sulindac.....	9
sumatriptan	30
sumatriptan succinate	30
sumatriptan succinate refill	30
sumatriptan/naproxen sodium	30
sumavel dosepro	30
supervite	65
supervite ec.....	65
suprax	19
suprep bowel prep kit.....	71
sustiva.....	45
sustol.....	28
sutent	37
sylatron	35
sylvant	85
symbicort.....	96
symfi.....	45
symfi lo.....	45
symlinpen 120	50
symlinpen 60	50
symproic	70
synarel	83
synera	15
synercid	18
synjardy	50
synribo.....	35
synthroid.....	81
syprine	67
tabloid.....	33
tacrolimus.....	65, 85
tafinlar	37
tagrisso	37
taltz	65
tamiflu	47
tamoxifen citrate.....	32
tamsulosin hcl.....	73
tanzeum	50
tarceva	37

targretin.....	38
tasigna	37
taytulla	80
tazarotene.....	65
tazicef.....	19
tazorac.....	65
taztia xt	57
tecentriq	38
tecfidera	85, 86
tecfidera starter pack.....	86
teflaro.....	19
tegretol-xr	24
tekturna	58
tekturna hct	58
telmisartan	55, 57
telmisartan/amlodipine	57
telmisartan/hydrochlorothiazide	55
temazepam	48, 96
tenivac.....	86
tenofovir disoproxil fumarate	45
terazosin hcl.....	73
terbinafine hcl.....	29
terbutaline sulfate	94
terconazole.....	29
testosterone	77
testosterone cypionate.....	77
testosterone enanthate.....	77
testosterone pump	77
tetanus/diphtheria toxoids-adsorbed	87
tetrabenazine.....	62
tetracycline hydrochloride	21
thalamid	32
theophylline cr	95
theophylline er	95
thiamine hcl	69
thioridazine hcl	40
thiotepa	32
thiothixene	40
thymoglobulin.....	85
thyrolar-1	82
thyrolar-1/2	82
thyrolar-1/4	82
thyrolar-2	82
thyrolar-3	82
tiagabine hydrochloride	23
tigecycline.....	18
tikosyn	56
timolol maleate	57, 92
timolol maleate ophthalmic gel forming	92
tirosint.....	82

tivicay	44, 46
tizanidine hcl	42
tl gard rx	69
tobradex	92
tobramycin	16, 92
tobramycin sulfate	16
tobramycin/dexamethasone	92
tobrex	16
tolak	65
tolazamide	50
tolbutamide	50
tolcapone	39
tolmetin sodium	16
tolterodine tartrate	73
tolterodine tartrate er	73
topiramate	23, 30
topiramate er	23
toposar	36
topotecan hcl	36
torisel	37
torsemide	58
toujeo max solostar	52
toujeo solostar	52
toviaz	73
tracleer	95
tradjenta	50
tramadol hcl	11, 14
tramadol hcl er	11
tramadol hydrochloride/acetaminophen	14
trandolapril	55
trandolapril/verapamil hcl er	55
tranexamic acid	54
transderm-scop	27
tranylcypromine sulfate	25
travatan z	90
travoprost	90
trazodone hcl	26, 27
treanda	32
trecator	31
trelstar	83
trelstar mixject	83
tremfya	65
tresiba flextouch	52
tretinoin	38, 65, 69
tretinoin emollient	69
tretinoin microsphere	65
tretin-x	65
trexall	85
treximet	30
triamcinolone acetonide	63, 76, 93

triamcinolone acetonide dental paste	63
triamterene/hydrochlorothiazide	59
triazolam	96
triderm	76
tri-estarylla	80
trifluoperazine hcl	41
trifluridine	47
trihexyphenidyl hcl	39
tri-legest fe	80
tri-lynh	80
tri-lo-estarylla	80
tri-lo-marzia	80
tri-lo-sprintec	80
trilyte	71
trimethoprim	18
trimipramine maleate	27
trinessa	80
trinessa lo	80
trintellix	27
triphrocaps	69
tri-previfem	80
trisenox	35
tri-sprintec	80
triumeq	44
trivora-28	81
trizivir	45
trogarzo	46
trokendi xr	23
trophamine	90
tropicamide	90
trospium chloride	73
trospium chloride er	73
trulicity	50
trumenba	87
truvada	45
tudorza pressair	94
twinrix	87
tybost	46
tykerb	37
tymlos	82
typhim vi	87
tysabri	63
tyvaso	95
tyvaso refill	95
tyvaso starter	95
tyzine	96
uceris	76, 87
ulesfia	65
uloric	29
ultresa	72

unithroid	82
unituxin	38
uptravi	95
ursodiol	70
uvadex	65
valacyclovir hcl	47
valchlor	32
valcyte	42
valganciclovir	42
valproate sodium	23
valproic acid	23
valsartan	55
valsartan/hydrochlorothiazide	55
vancomycin hcl	18
vaniqua	65
vaqta	87
varivax	87
varizig	87
vascepa	60
vasculera	65
v-c forte	69
vecamyl	58
vectibix	38
velcade	35
velivet	81
velphoro	67
veltassa	67
vemlidy	43
venclexta	37
venclexta starting pack	37
venlafaxine hcl	27
venlafaxine hcl er	27
ventavis	95
ventolin hfa	94
veramyst	93
verapamil hcl	57
verapamil hcl er	57
verapamil hcl sr	57
veregen	65
versacloz	42
verzenio	35
vesicare	73
vexol	92
v-go 20	90
v-go 30	90
v-go 40	90
viagra	74
vibativ	18
vic-forte	69
vicodin	14

vicodin es	14
vicodin hp	14
victoza	50
victrelis	43
vidaza	35
videx ec	45
videx pediatric	45
vigabatrin	23
vigamox	21
viibryd	27
viibryd starter pack	27
vimpat	24
vinblastine sulfate	35
vincasar pfs	35
vincristine sulfate	35
vinorelbine tartrate	35
viokace	72
viracept	47
viramune	45
viread	45
virt-caps	69
virt-vite	69
virt-vite forte	69
virt-vite plus	69
vistogard	90
vital-d rx	69
vitamin d	69
vitamin k1	69
vita-respa	69
vitekta	44
vol-care rx	69
voraxaze	90
voriconazole	29
votrient	37
vpriv	73
vraylar	48
vyvanse	61
vyxeos	33
warfarin sodium	53
welchol	60
xalkori	37
xarelto	53
xarelto starter pack	53
xatmep	85
xeljanz	86
xeljanz xr	86
xenazine	62
xerese	47
xermelo	70
xgeva	88

xifaxan.....	18
xigduo xr	50
xiidra.....	90
xolair.....	96
xtandi.....	32
xulane	81
xultophy 100/3.6.....	52
xyrem.....	97
yervoy.....	38
yf-vax	87
yondelis	32
yuvafer.....	81
zafirlukast.....	93
zaleplon	96
zaltrap	35
zanosar.....	32
zarah	81
zarxio.....	54
zavesca	73
zazole.....	29
zejula	35
zelapar	25
zelboraf.....	37
zemaira	96
zenpep.....	73
zepatier	43
zerbaxa	19
zerit.....	46
ziagen	46
zidovudine	46
zileuton er.....	93
zinbryta.....	63

zioptan	90
ziprasidone hcl.....	42
zipsor	9
zirgan	43
zohydro er.....	11
zoledronic acid.....	88
zolinza.....	35
zolmitriptan.....	30
zolmitriptan odt.....	30
zolpidem tartrate	96, 97
zolpidem tartrate er.....	96
zometa.....	88
zomig	31
zonalon.....	65
zonisamide	22
zontivity	54
zorbtive	77
zortress.....	85
zostavax	87
zosyn.....	20
zovia 1/35e.....	81
zovia 1/50e.....	81
zovirax	47
zubsolv.....	15
zyclara.....	65
zyclara pump.....	65
zydelig	36
zykadia	35
zyprexa.....	42
zyprexa relprevv	42
zytiga	32, 35

Notice of Nondiscrimination and Language Assistance Services

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. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

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)

Priority Health 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).

To file a civil rights grievance

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*.

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This formulary was updated on 5/22/2018. 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.

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