2019 Formulary List of Covered Drugs

Health Partners Medicare Prime (HMO)

Health Partners Plans

Health Partners Medicare Prime (HMO)
2019 Formulary

(List of Covered Drugs)

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

Formulary ID 19355, Version 14

This formulary was updated on 10/1/2019. For more recent information or other questions, please contact Health Partners Medicare at 1-866-901-8000 or, for TTY users, 1-877-454-8477, 24 hours a day, seven days a week, or visit www.HPPMedicare.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means Health Partners Medicare. When it refers to "plan" or "our plan," it means Health Partners Medicare Prime.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/1/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the first and last pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Health Partners Medicare Prime Formulary?

A formulary is a list of covered drugs selected by Health Partners Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Health Partners Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Partners Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

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

This formulary is current as of 10/1/2019. To get updated information about the drugs covered by Health Partners Medicare Prime, please contact us. Our contact information also appears on the first and last pages.

Our print formulary will be updated, either by reprinting or through the use of formulary update sheets, in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 122. 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 129. 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?

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

Are there any restrictions on my coverage?

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

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

- Quantity Limits: For certain drugs, Health Partners Medicare Prime limits the amount of the drug that Health Partners Medicare Prime will cover. For example, Health Partners Medicare Prime provides 360 tablets per prescription for Endocet, 5-325 mg. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.HPPMedicare.com. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the first and last pages.

You can ask Health Partners Medicare Prime to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Partners Medicare Prime Formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Health Partners Medicare Prime does not cover your drug, you have two options:

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

- You can ask Health Partners Medicare Prime to make an exception and cover your drug. See below for information about how to request an exception.

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health Partners Medicare Prime limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require, you can ask us to make a formulary exception. Examples of level of care changes might include:

- Discharge from a hospital to home
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan
- Changing from Hospice Status and reverting back to standard Medicare Part A and B coverage
- Ending a long-term care stay and returning to the community
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens

For these unplanned transitions, you can ask us to make a formulary exception or appeal for continued coverage of your drug. In addition, we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered are known to have risks.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit www.Medicare.gov.

Health Partners Medicare Prime's Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Health Partners Medicare Prime. If you have trouble finding your drug in the list, turn to the Index that begins on page 129.

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

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

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

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

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

LEGEND

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

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
LA	Limited Access	This prescription drug is limited to certain pharmacies.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
butalbital-asa-caffeine cap	2-Generic	PA
celecoxib	1-Preferred Generics	
diclofenac potassium	2-Generic	
diclofenac sodium (1.5% topical soln, sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab)	2-Generic	
diclofenac sodium er	2-Generic	
diclofenac sodium-misoprostol	2-Generic	
diflunisal	2-Generic	
ec-naproxen	1-Preferred Generics	
etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)	2-Generic	
fenoprofen calcium (400 mg capsule, 600 mg tablet)	1-Preferred Generics	
flurbiprofen 100 mg tablet	2-Generic	
flurbiprofen 50 mg tablet	1-Preferred Generics	
IBU	2-Generic	
ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)	2-Generic	
indomethacin 25 mg capsule	1-Preferred Generics	PA
indomethacin 50 mg capsule	2-Generic	PA
indomethacin er	2-Generic	PA
ketoprofen er 200 mg capsule	2-Generic	QL (30 PER 30 DAYS)
meclofenamate sodium	1-Preferred Generics	
mefenamic acid	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
meloxicam 15 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
nabumetone	2-Generic	
naproxen (125 mg/5 ml suspen, 250 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)	1-Preferred Generics	
naproxen 375 mg tablet	2-Generic	
naproxen sodium (275 mg tab, 550 mg tab)	2-Generic	
naproxen sodium cr	1-Preferred Generics	
naproxen sodium ds	2-Generic	
naproxen sodium er	1-Preferred Generics	
oxaprozin	2-Generic	
piroxicam	2-Generic	
sulindac	2-Generic	
tolmetin sodium (400 mg cap, 600 mg tab)	2-Generic	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl	2-Generic	QL (10 PER 30 DAYS)
KADIAN	3-Preferred Brands	QL (60 PER 30 DAYS)
methadone hcl (5 mg/5 ml, 10 mg/5 ml)	1-Preferred Generics	
methadone hcl (5 mg tablet, 10 mg tablet)	2-Generic	
morphine sulfate er (er 10 mg cap, er 20 mg cap, er 30 mg cap, er 40 mg cap, er 50 mg cap, er 60 mg cap, er 80 mg cap, er 100 mg cap)	2-Generic	QL (60 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	2-Generic	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUCYNTA ER (ER 100 MG TABLET, ER 200 MG TABLET, ER 250 MG TABLET)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
NUCYNTA ER 150 MG TABLET	4-Non-Preferred Drug	QL (90 PER 30 DAYS)
NUCYNTA ER 50 MG TABLET	4-Non-Preferred Drug	QL (120 PER 30 DAYS)
oxycodone hcl er	2-Generic	PA, QL (60 PER 30 DAYS)
OXYCONTIN	4-Non-Preferred Drug	PA, QL (60 PER 30 DAYS)
oxymorphone hcl er	1-Preferred Generics	QL (60 PER 30 DAYS)
tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 100 mg capsule, hcl er 200 mg capsule, hcl er 200 mg tablet, hcl er 300 mg tablet, hcl er 300 mg capsule)	2-Generic	QL (30 PER 30 DAYS)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	1-Preferred Generics	
acetaminophen-cod #2 tablet	2-Generic	QL (390 PER 30 DAYS)
acetaminophen-cod #3 tablet	2-Generic	QL (360 PER 30 DAYS)
acetaminophen-cod #4 tablet	2-Generic	QL (180 PER 30 DAYS)
asa-butalb-caffeine-codeine	2-Generic	PA
butalb-caff-acetaminoph-codein	2-Generic	PA
butalbital compound-codeine	2-Generic	PA
butorphanol 10 mg/ml spray	1-Preferred Generics	
DURAMORPH	3-Preferred Brands	
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	2-Generic	QL (360 PER 30 DAYS)
fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)	1-Preferred Generics	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	2-Generic	
hydrocodone-acetamin 10-325 mg	2-Generic	QL (180 PER 30 DAYS)
hydrocodone-acetamin 2.5-325	1-Preferred Generics	
hydrocodone-acetamin 5-325 mg	2-Generic	QL (360 PER 30 DAYS)
hydrocodone-acetamin 7.5-325	2-Generic	QL (240 PER 30 DAYS)
hydrocodone-ibuprofen (5-200 mg, 10-200)	1-Preferred Generics	
hydrocodone-ibuprofen 7.5-200	2-Generic	QL (150 PER 30 DAYS)
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	2-Generic	
morphine sulfate (2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml isecure syr, 4 mg/ml carpuject, 4 mg/ml syringe, 4 mg/ml isecure syr, 8 mg/ml carpuject, 8 mg/ml isecure syrng, 8 mg/ml syringe, 10 mg/ml syringe, 10 mg/ml isecure syrg, 10 mg/ml carpuject, sulf 20 mg/5 ml soln)	1-Preferred Generics	
morphine sulfate (sulf 10 mg/5 ml soln, sulf 100 mg/5 ml conc, sulfate ir 15 mg tab, sulfate ir 30 mg tab)	2-Generic	
oxycodone hcl (oxycodon 10 mg/0.5 ml oral syr, oxycodone hcl 5 mg capsule, oxycodone hcl 100 mg/5 ml conc)	1-Preferred Generics	
oxycodone hcl (5 mg/5 ml soln, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	2-Generic	
oxycodone hcl-aspirin	1-Preferred Generics	
oxycodone hcl-ibuprofen	1-Preferred Generics	
oxycodon-acetaminophen 2.5-325	1-Preferred Generics	QL (360 PER 30 DAYS)
oxycodon-acetaminophen 7.5-325	2-Generic	
oxycodone-acetaminophen (5-325, 10-325)	2-Generic	QL (360 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxymorphone hcl	1-Preferred Generics	
pentazocine-naloxone hcl	1-Preferred Generics	QL (360 PER 30 DAYS)
tramadol hcl	1-Preferred Generics	
tramadol hcl-acetaminophen	2-Generic	QL (240 PER 30 DAYS)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine 5% patch	2-Generic	PA, QL (90 PER 30 DAYS)
lidocaine 5% ointment	2-Generic	QL (106.32 PER 30 DAYS)
lidocaine hcl (jel urojet ac, jelly, jelly uro-jet)	1-Preferred Generics	
lidocaine hcl viscous	2-Generic	
lidocaine-prilocaine	2-Generic	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	1-Preferred Generics	
disulfiram	1-Preferred Generics	
naltrexone hcl	2-Generic	
VIVITROL	5-Specialty	
OPIOID DEPENDENCE TREATMENTS		
buprenorphine 2 mg tablet sl	1-Preferred Generics	QL (90 PER 30 DAYS)
buprenorphine 8 mg tablet sl	1-Preferred Generics	QL (60 PER 30 DAYS)
buprenorphine-naloxone (buprenonalox 2-0.5 mg, buprenor-nalox 12-3 mg, buprenorp-nalox 4-1 mg, buprenorp-nalox 8-2 mg)	1-Preferred Generics	QL (60 PER 30 DAYS)
buprenorphin-naloxon 8-2 mg sl	1-Preferred Generics	QL (90 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
buprenorphn-naloxn 2-0.5 mg sl	1-Preferred Generics	QL (120 PER 30 DAYS)
LUCEMYRA	4-Non-Preferred Drug	PA, QL (16 PER 1 DAYS)
SUBOXONE	3-Preferred Brands	QL (60 PER 30 DAYS)
OPIOID REVERSAL AGENTS		
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	1-Preferred Generics	
NARCAN	3-Preferred Brands	
SMOKING CESSATION AGENTS		
bupropion hcl sr 150 mg tablet	2-Generic	QL (60 PER 30 DAYS)
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	3-Preferred Brands	
NICOTROL	3-Preferred Brands	
NICOTROL NS	3-Preferred Brands	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulf 500 mg/2 ml vial	1-Preferred Generics	
GENTAK	1-Preferred Generics	
gentamicin sulfate (0.1% ointment, 0.3% eye drop, 3 mg/ml eye drop)	2-Generic	
gentamicin sulfate (0.1% cream, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	1-Preferred Generics	
gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, 80 mg/ns 50 ml pb, isoton 80 mg/50 ml, 80 mg/ns 100 ml pb, 100 mg/ns 100 ml)	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
neomycin sulfate	2-Generic	
paromomycin sulfate	1-Preferred Generics	
streptomycin sulfate	1-Preferred Generics	
tobramycin 0.3% eye drop	1-Preferred Generics	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	1-Preferred Generics	
ANTIBACTERIALS, OTHER		
bacitracin 500 unit/gm ophth	2-Generic	
BACTROBAN NASAL	3-Preferred Brands	
clindamycin hcl (150 mg capsule, 300 mg capsule)	2-Generic	
clindamycin hcl 75 mg capsule	1-Preferred Generics	
clindamycin palmitate hcl	2-Generic	
clindamycin pediatric	2-Generic	
clindamycin phosphate (ph 1% solution, ph 1% gel, phos 1% pledget, phosp 1% lotion, phosphate 1% gel, 2% vaginal cream)	2-Generic	
clindamycin phosphate (ph 9 g/60 ml vial, ph 300 mg/2 ml vl, 300 mg/2 ml addvan, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, 900 mg/6 ml addvan)	1-Preferred Generics	
clindamycin phosphate-d5w	1-Preferred Generics	
colistimethate	1-Preferred Generics	
daptomycin	2-Generic	ST
erythromycin-benzoyl peroxide	2-Generic	
linezolid (100 mg/5 ml susp, 600 mg tablet)	2-Generic	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
linezolid-d5w	2-Generic	PA
methenamine hippurate	2-Generic	
metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet)	2-Generic	
metronidazole 500 mg/100 ml	1-Preferred Generics	
MONUROL	3-Preferred Brands	
mupirocin (cream, ointment)	2-Generic	
nitrofurantoin mcr 100 mg cap	2-Generic	
nitrofurantoin mcr 50 mg cap	1-Preferred Generics	QL (112 PER 30 DAYS)
nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap)	1-Preferred Generics	
nitrofurantoin mono-macro	2-Generic	
polymyxin b sulfate	1-Preferred Generics	
tigecycline	2-Generic	
trimethoprim	1-Preferred Generics	
vancomycin hcl 125 mg capsule	2-Generic	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	2-Generic	QL (240 PER 30 DAYS)
vancomycin hcl (1 gm vial, 1 gm add-van vial, hcl 10 gm vial, hcl 100 gm smartpak, hcl 250 mg vial, hcl 750 mg vial)	2-Generic	
vancomycin hcl (500 mg a-v vial, 500 mg vial)	1-Preferred Generics	
XIFAXAN 200 MG TABLET	4-Non-Preferred Drug	PA
XIFAXAN 550 MG TABLET	5-Specialty	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (250 mg capsule, 500 mg capsule)	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefaclor er	1-Preferred Generics	
cefadroxil 500 mg/5 ml susp	2-Generic	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule)	1-Preferred Generics	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 500 mg vial)	1-Preferred Generics	
cefazolin sodium (10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag)	2-Generic	
cefdinir (250 mg/5 ml susp, 300 mg capsule)	2-Generic	
cefdinir 125 mg/5 ml susp	1-Preferred Generics	
cefepime hcl (1 gm vial, 2 gram vial)	1-Preferred Generics	
cefixime 400 mg capsule	2-Generic	
cefixime (100 mg/5 ml, 200 mg/5 ml)	1-Preferred Generics	
cefotetan (1 gm vial, 2 gm vial)	1-Preferred Generics	
cefoxitin	1-Preferred Generics	
cefpodoxime proxetil (50 mg/5 ml, 100 mg/5 ml)	1-Preferred Generics	
cefpodoxime proxetil (100 mg tablet, 200 mg tablet)	2-Generic	
cefprozil (125 mg/5 ml susp, 250 mg/5 ml susp, 250 mg tablet, 500 mg tablet)	1-Preferred Generics	
ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)	1-Preferred Generics	
ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	1-Preferred Generics	
cefuroxime	2-Generic	
cefuroxime sodium	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cephalexin (250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)	2-Generic	
cephalexin 125 mg/5 ml susp	1-Preferred Generics	
SUPRAX 400 MG CAPSULE	3-Preferred Brands	
TEFLARO	4-Non-Preferred Drug	
BETA-LACTAM, OTHER		
AZACTAM 2 GM VIAL	4-Non-Preferred Drug	
aztreonam 1 gm vial	1-Preferred Generics	
doripenem 500 mg vial	2-Generic	
ertapenem	2-Generic	
imipenem-cilastatin sodium	1-Preferred Generics	
INVANZ (1 GM VIAL, 1 GM ADD-VANTAGE VIAL)	3-Preferred Brands	
meropenem	1-Preferred Generics	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tab chew, 400 mg/5 ml susp, 500 mg capsule, 875 mg tablet)	1-Preferred Generics	
amoxicillin (250 mg capsule, 250 mg/5 ml susp, 500 mg tablet)	2-Generic	
amoxicillin-clavulanate pot er	1-Preferred Generics	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 400-57 mg tab chew)	1-Preferred Generics	
amoxicillin-clavulanate potass (250-62.5 mg/5 ml sus, 250-125 mg tablet, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm vial, 10 gm bottle, 125 mg vial)	1-Preferred Generics	
ampicillin trihydrate	2-Generic	
ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)	1-Preferred Generics	
BICILLIN L-A	3-Preferred Brands	
dicloxacillin 250 mg capsule	1-Preferred Generics	
dicloxacillin 500 mg capsule	2-Generic	
nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 2 gm add-vant vial, 10 gm bulk vial)	1-Preferred Generics	
oxacillin	1-Preferred Generics	
oxacillin sodium (1 gm vial, 1 gm add-vantage vl, 2 gm add-vantage vl, 2 gm vial, 10 gm vial)	1-Preferred Generics	
penicillin g potassium	1-Preferred Generics	
pen g 1.2 million unit/2 ml	1-Preferred Generics	
penicillin g sodium	1-Preferred Generics	
penicillin gk-iso-osm dextrose (2 million unit/50 ml, 3 million unit/50 ml)	1-Preferred Generics	
penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)	1-Preferred Generics	
penicillin v potassium (250 mg tablet, 500 mg tablet)	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)	1-Preferred Generics	
MACROLIDES		
AZASITE	3-Preferred Brands	
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, i.v. 500 mg vial)	1-Preferred Generics	
azithromycin (1 gm pwd packet, 250 mg tablet, 500 mg tablet)	2-Generic	
azithromycin 600 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
clarithromycin (125 mg/5 ml, 250 mg/5 ml)	1-Preferred Generics	
clarithromycin (250 mg tablet, 500 mg tablet)	2-Generic	
clarithromycin er	2-Generic	
ERY-TAB	3-Preferred Brands	
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	3-Preferred Brands	
erythromycin (0.5% eye ointment, 2% gel, dr 250 mg tablet, dr 333 mg tablet, dr 500 mg tablet, 500 mg filmtab)	2-Generic	
erythromycin (2% solution, 250 mg filmtab, dr 250 mg cap)	1-Preferred Generics	
erythromycin ethylsuccinate (200 mg/5 ml, 400 mg/5 ml)	2-Generic	
erythromycin es 400 mg tab	1-Preferred Generics	
QUINOLONES		
BESIVANCE	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CILOXAN 0.3% OINTMENT	4-Non-Preferred Drug	
ciprofloxacin (250 mg/5 ml, 500 mg/5 ml)	1-Preferred Generics	
ciprofloxacin er 1,000 mg tab	1-Preferred Generics	
ciprofloxacin er 500 mg tablet	2-Generic	
ciprofloxacin hcl (0.2% otic soln, 0.3% eye drop, hcl 750 mg tab)	2-Generic	
ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab)	1-Preferred Generics	
ciprofloxacn-d5w 200 mg/100 ml	1-Preferred Generics	
gatifloxacin	1-Preferred Generics	
levofloxacin (0.5% eye drops, 25 mg/ml solution, 250 mg/10 ml soln, 500 mg tablet, 500 mg/20 ml soln)	2-Generic	
levofloxacin (250 mg tablet, 750 mg tablet)	2-Generic	QL (30 PER 30 DAYS)
levofloxacin (500 mg/20 ml vial, 750 mg/30 ml vial)	1-Preferred Generics	
levofloxacin-d5w (500 mg/100, 750 mg/150)	1-Preferred Generics	
MOXEZA	4-Non-Preferred Drug	
moxifloxacin (drop, drops)	2-Generic	
moxifloxacin 400 mg/250 ml bag	1-Preferred Generics	
moxifloxacin hcl 400 mg tablet	2-Generic	
ofloxacin (ear drops, eye drops)	2-Generic	
ofloxacin (300 mg tablet, 400 mg tablet)	1-Preferred Generics	
SULFONAMIDES		
SILVADENE	2-Generic	
silver sulfadiazine	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SSD	1-Preferred Generics	
sulfacetamide 10% eye drops	2-Generic	
sulfacetamide sodium (eye ointment, sod top susp, sodium lotn)	1-Preferred Generics	
sulfadiazine	1-Preferred Generics	
sulfamethoxazole-tmp susp	2-Generic	
sulfamethoxazole-trimethoprim (ds tablet, ss tablet)	1-Preferred Generics	
TETRACYCLINES		
demeclocycline hcl	1-Preferred Generics	
DOXY 100	2-Generic	
doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg tab, 100 mg cap, 150 mg tab)	2-Generic	
doxycycline hyclate (dr 50 mg tab, dr 75 mg tab, dr 100 mg tab, dr 150 mg tab, dr 200 mg tab)	1-Preferred Generics	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 75 mg tablet, mono 75 mg capsule, mono 150 mg tablet)	1-Preferred Generics	
doxycycline monohydrate (50 mg tablet, 100 mg tablet, 100 mg cap)	2-Generic	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	1-Preferred Generics	
tetracycline hcl	1-Preferred Generics	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG/ML ORAL SOLN, 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5-Specialty	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRIVIACT 50 MG/5 ML VIAL	4-Non-Preferred Drug	
EPIDIOLEX	5-Specialty	PA - FOR NEW STARTS ONLY
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg/5 ml vial, 500 mg tablet, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet)	2-Generic	
levetiracetam er	2-Generic	
levetiracetam-nacl	1-Preferred Generics	
ROWEEPRA	2-Generic	
ROWEEPRA XR 500 MG TABLET	2-Generic	QL (240 PER 30 DAYS)
ROWEEPRA XR 750 MG TABLET	2-Generic	QL (150 PER 30 DAYS)
SPRITAM	4-Non-Preferred Drug	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	3-Preferred Brands	ST
ethosuximide (250 mg/5 ml soln, 250 mg capsule)	1-Preferred Generics	
zonisamide (25 mg capsule, 50 mg capsule)	1-Preferred Generics	
zonisamide 100 mg capsule	2-Generic	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam 2.5 mg/ml suspension	2-Generic	QL (480 PER 30 DAYS)
clobazam (10 mg tablet, 20 mg tablet)	2-Generic	QL (60 PER 30 DAYS)
DIASTAT	3-Preferred Brands	
DIASTAT ACUDIAL	3-Preferred Brands	
divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)	1-Preferred Generics	
divalproex sodium er	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gabapentin (100 mg capsule, 250 mg/5 ml soln, 300 mg/6 ml soln, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)	2-Generic	
GRALISE	4-Non-Preferred Drug	
ONFI 2.5 MG/ML SUSPENSION	5-Specialty	QL (480 PER 30 DAYS)
ONFI 10 MG TABLET	4-Non-Preferred Drug	ST, QL (60 PER 30 DAYS)
ONFI 20 MG TABLET	5-Specialty	ST, QL (60 PER 30 DAYS)
phenobarbital (16.2 mg tablet, 20 mg/5 ml soln, 20 mg/5 ml elix, 97.2 mg tablet, 100 mg tablet)	1-Preferred Generics	
phenobarbital (15 mg tablet, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet)	2-Generic	
primidone 250 mg tablet	1-Preferred Generics	
primidone 50 mg tablet	2-Generic	
SABRIL 500 MG TABLET	5-Specialty	ST
SYMPAZAN	4-Non-Preferred Drug	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
tiagabine hcl	1-Preferred Generics	
valproate sodium	2-Generic	
valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)	2-Generic	
vigabatrin (500 mg powder packt, 500 mg tablet)	5-Specialty	
VIGADRONE	5-Specialty	
GLUTAMATE REDUCING AGENTS		
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)	1-Preferred Generics	
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAMICTAL XR (BLUE)	3-Preferred Brands	
LAMICTAL XR (GREEN)	3-Preferred Brands	
LAMICTAL XR (ORANGE)	3-Preferred Brands	
lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1-Preferred Generics	
lamotrigine (blue)	1-Preferred Generics	
lamotrigine (green)	1-Preferred Generics	
lamotrigine (orange)	1-Preferred Generics	
lamotrigine er	1-Preferred Generics	
lamotrigine odt	1-Preferred Generics	
topiramate (15 mg cap, 25 mg cap)	1-Preferred Generics	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1-Preferred Generics	QL (180 PER 30 DAYS)
topiramate 200 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)
topiramate er	1-Preferred Generics	
TROKENDI XR	4-Non-Preferred Drug	ST
SODIUM CHANNEL AGENTS		
APTIOM	5-Specialty	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5-Specialty	ST
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg tablet, er 200 mg cap, er 300 mg cap, er 400 mg tablet)	1-Preferred Generics	
DILANTIN 30 MG CAPSULE	3-Preferred Brands	ST
fosphenytoin sodium	1-Preferred Generics	
oxcarbazepine (150 mg tablet, 300 mg/5 ml susp, 300 mg tablet, 600 mg tablet)	2-Generic	
OXTELLAR XR	4-Non-Preferred Drug	ST
PEGANONE	3-Preferred Brands	ST
phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)	1-Preferred Generics	
phenytoin sodium (50 mg/ml vial, 50 mg/ml ampul, 100 mg/2 ml vial, 250 mg/5 ml vial)	1-Preferred Generics	
phenytoin sodium extended	1-Preferred Generics	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG/20 ML VIAL, 200 MG TABLET)	3-Preferred Brands	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ergoloid mesylates	1-Preferred Generics	PA
CHOLINESTERASE INHIBITORS		
donepezil hcl (5 mg tablet, 10 mg tablet)	1-Preferred Generics	QL (60 PER 30 DAYS)
donepezil hcl 23 mg tablet	1-Preferred Generics	
donepezil hcl odt	1-Preferred Generics	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
galantamine er	1-Preferred Generics	
galantamine hbr	1-Preferred Generics	
galantamine hydrobromide	1-Preferred Generics	
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	4-Non-Preferred Drug	
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	2-Generic	QL (60 PER 30 DAYS)
rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	2-Generic	QL (30 PER 30 DAYS)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (hcl 2 mg/ml solution, 5-10 mg titration pk)	2-Generic	
memantine hcl (5 mg tablet, 10 mg tablet)	2-Generic	QL (60 PER 30 DAYS)
memantine hcl er	2-Generic	QL (30 PER 30 DAYS)
NAMENDA XR TITRATION PACK	3-Preferred Brands	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
APLENZIN	5-Specialty	
bupropion hcl	2-Generic	QL (120 PER 30 DAYS)
bupropion hcl sr (100 mg tablet, 200 mg tablet)	2-Generic	QL (60 PER 30 DAYS)
bupropion hcl xl 150 mg tablet	2-Generic	QL (90 PER 30 DAYS)
bupropion xl (300 mg tablet, 450 mg tablet)	2-Generic	QL (30 PER 30 DAYS)
chlordiazepoxide-amitriptyline	1-Preferred Generics	
FORFIVO XL	4-Non-Preferred Drug	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mirtazapine (30 mg tablet, 30 mg odt)	2-Generic	QL (60 PER 30 DAYS)
mirtazapine (15 mg tablet, 15 mg odt)	2-Generic	QL (90 PER 30 DAYS)
mirtazapine (7.5 mg tablet, 45 mg tablet, 45 mg odt)	2-Generic	QL (30 PER 30 DAYS)
olanzapine-fluoxetine hcl	1-Preferred Generics	
perphenazine-amitriptyline	1-Preferred Generics	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	3-Preferred Brands	
MARPLAN	3-Preferred Brands	
phenelzine sulfate	1-Preferred Generics	
tranylcypromine sulfate	2-Generic	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml sol)	1-Preferred Generics	
citalopram hbr (20 mg tablet, 40 mg tablet)	1-Preferred Generics	QL (45 PER 30 DAYS)
citalopram hbr 10 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
desvenlafaxine er (er 50 mg tab, er 50 mg tablet, er 100 mg tab)	2-Generic	
desvenlafaxine succinate er	2-Generic	
escitalopram oxalate 5 mg/5 ml	1-Preferred Generics	QL (600 PER 30 DAYS)
escitalopram 10 mg tablet	1-Preferred Generics	QL (45 PER 30 DAYS)
escitalopram 20 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
escitalopram 5 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4-Non-Preferred Drug	
fluoxetine dr	1-Preferred Generics	QL (4 PER 28 DAYS)
fluoxetine hcl (10 mg tablet, 10 mg capsule)	1-Preferred Generics	QL (90 PER 30 DAYS)
fluoxetine hcl (20 mg tablet, 20 mg capsule)	1-Preferred Generics	QL (120 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	1-Preferred Generics	QL (60 PER 30 DAYS)
fluoxetine 20 mg/5 ml solution	1-Preferred Generics	
fluoxetine hcl 60 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
fluvoxamine maleate	1-Preferred Generics	QL (90 PER 30 DAYS)
fluvoxamine maleate er	1-Preferred Generics	
maprotiline hcl	1-Preferred Generics	
nefazodone hcl (50 mg tablet, 100 mg tablet, 250 mg tablet)	1-Preferred Generics	QL (60 PER 30 DAYS)
nefazodone hcl 150 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)
nefazodone hcl 200 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
paroxetine cr	2-Generic	
paroxetine er	2-Generic	
paroxetine hcl	1-Preferred Generics	
paroxetine mesylate	2-Generic	
PAXIL 10 MG/5 ML SUSPENSION	3-Preferred Brands	
PEXEVA	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sertraline 20 mg/ml oral conc	1-Preferred Generics	QL (300 PER 30 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	1-Preferred Generics	QL (90 PER 30 DAYS)
sertraline hcl 100 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
trazodone hcl	1-Preferred Generics	
TRINTELLIX	4-Non-Preferred Drug	
venlafaxine hcl	1-Preferred Generics	
venlafaxine hcl er (er 150 mg cap, er 150 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
venlafaxine hcl er (er 37.5 mg cap, er 37.5 mg tab, er 75 mg cap, er 75 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
venlafaxine hcl er 225 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	4-Non-Preferred Drug	
TRICYCLICS		
amitriptyline hcl	1-Preferred Generics	
amoxapine	1-Preferred Generics	
clomipramine hcl	2-Generic	
desipramine hcl	1-Preferred Generics	
doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	2-Generic	
imipramine hcl	1-Preferred Generics	
imipramine pamoate	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nortriptyline hcl (hcl 10 mg cap, 10 mg/5 ml soln, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)	1-Preferred Generics	
protriptyline hcl 10 mg tablet	2-Generic	
protriptyline hcl 5 mg tablet	1-Preferred Generics	
trimipramine maleate (25 mg cap, 50 mg cap)	1-Preferred Generics	QL (180 PER 30 DAYS)
trimipramine maleate 100 mg cp	1-Preferred Generics	QL (90 PER 30 DAYS)
ANTIEMETICS		
ANTIEMETICS, OTHER		
meclizine hcl (12.5 mg tablet, 25 mg tablet)	1-Preferred Generics	
metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml sol)	1-Preferred Generics	
metoclopramide hcl (5 mg tablet, 10 mg tablet)	2-Generic	
metoclopramide hcl odt	1-Preferred Generics	
perphenazine	1-Preferred Generics	
prochlorperazine	1-Preferred Generics	
prochlorperazine edisylate	1-Preferred Generics	
prochlorperazine maleate	2-Generic	
promethazine 25 mg suppository	2-Generic	
promethazine hcl (12.5 mg suppos, 50 mg suppository)	1-Preferred Generics	
promethazine 50 mg tablet	1-Preferred Generics	PA
scopolamine	2-Generic	
TRANSDERM-SCOP	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trimethobenzamide hcl	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (40 mg capsule, 80 mg capsule, 125-80-80 mg pack, 125 mg capsule)	2-Generic	PA - TO CONFIRM PART D COVERAGE
dronabinol	2-Generic	PA - TO CONFIRM PART D COVERAGE
EMEND 125 MG POWDER PACKET	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
granisetron hcl 1 mg tablet	2-Generic	PA - TO CONFIRM PART D COVERAGE
ondansetron hcl (4 mg/2 ml vial, 4 mg/2 ml amp)	1-Preferred Generics	
ondansetron 4 mg/5 ml solution	2-Generic	PA - TO CONFIRM PART D COVERAGE
ondansetron hcl 24 mg tablet	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (30 PER 30 DAYS)
ondansetron hcl 4 mg tablet	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS)
ondansetron hcl 8 mg tablet	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
ondansetron odt 4 mg tablet	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS)
ondansetron odt 8 mg tablet	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS)
ANTIFUNGALS		
ABELCET	5-Specialty	PA - TO CONFIRM PART D COVERAGE
AMBISOME	5-Specialty	PA - TO CONFIRM PART D COVERAGE
amphotericin b	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
caspofungin acetate	2-Generic	
ciclopirox (0.77% gel, 0.77% cream, 0.77% topical susp, 1% shampoo, 8% solution)	2-Generic	
clotrimazole (1% solution, 1% cream, 10 mg troche)	2-Generic	
econazole nitrate	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluconazole (10 mg/ml, 40 mg/ml)	1-Preferred Generics	
fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	2-Generic	
fluconazole in saline (200 mg/100 ml, 400 mg/200 ml)	2-Generic	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	2-Generic	
flucytosine	1-Preferred Generics	
griseofulvin 125 mg/5 ml susp	1-Preferred Generics	
griseofulvin micro 500 mg tab	2-Generic	
griseofulvin ultra 125 mg tab	1-Preferred Generics	
griseofulvin ultra 250 mg tab	2-Generic	
GYNAZOLE 1	3-Preferred Brands	
itraconazole (10 mg/ml solution, 100 mg capsule)	2-Generic	
ketoconazole (2% shampoo, 2% cream, 200 mg tablet)	2-Generic	
naftifine hcl (1%, 2%)	1-Preferred Generics	
NATACYN	3-Preferred Brands	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	3-Preferred Brands	
NYAMYC	2-Generic	
nystatin (100,000 unit/gm cream, 100,000 unit/ml susp, 100,000 unit/gm oint, 100,000 unit/gm powd, 500,000 unit oral tab, 500,000 unit/5 ml sus)	2-Generic	
nystatin-triamcinolone (cream, ointm)	2-Generic	
NYSTOP	1-Preferred Generics	
oxiconazole nitrate	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPORANOX 10 MG/ML SOLUTION	3-Preferred Brands	
terbinafine hcl	1-Preferred Generics	QL (30 PER 30 DAYS)
terconazole (0.4%, 0.8%)	2-Generic	
terconazole 80 mg suppository	1-Preferred Generics	
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg vial)	1-Preferred Generics	
voriconazole 200 mg tablet	2-Generic	
ANTIGOUT AGENTS		
allopurinol	2-Generic	
colchicine (0.6 mg capsule, 0.6 mg tablet)	2-Generic	
febuxostat	4-Non-Preferred Drug	
probenecid	1-Preferred Generics	
probenecid-colchicine	2-Generic	
ULORIC	4-Non-Preferred Drug	
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AIMOVIG 140 MG/ML AUTOINJECTOR	4-Non-Preferred Drug	PA, QL (1 PER 28 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	4-Non-Preferred Drug	PA, QL (2 PER 28 DAYS)
AIMOVIG AUTOINJECTOR (2 PACK)	4-Non-Preferred Drug	PA, QL (2 PER 28 DAYS)
EMGALITY PEN	4-Non-Preferred Drug	PA
EMGALITY SYRINGE	4-Non-Preferred Drug	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERGOT ALKALOIDS		
dihydroergotamine 4 mg/ml spry	2-Generic	
ergotamine-caffeine	2-Generic	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
almotriptan malate	1-Preferred Generics	QL (9 PER 30 DAYS)
frovatriptan succinate	2-Generic	
naratriptan hcl 1 mg tablet	2-Generic	QL (9 PER 30 DAYS)
naratriptan hcl 2.5 mg tablet	1-Preferred Generics	QL (9 PER 30 DAYS)
rizatriptan (10 mg odt, 10 mg tablet)	2-Generic	
rizatriptan (5 mg tablet, 5 mg odt)	1-Preferred Generics	
sumatriptan	1-Preferred Generics	
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml vial, 6 mg/0.5 ml refill, 6 mg/0.5 ml inject, 6 mg/0.5 ml syrng)	2-Generic	
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	2-Generic	QL (9 PER 30 DAYS)
zolmitriptan	1-Preferred Generics	QL (9 PER 30 DAYS)
zolmitriptan odt	1-Preferred Generics	QL (9 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
guanidine hcl	1-Preferred Generics	
MESTINON 60 MG/5 ML SYRUP	3-Preferred Brands	
pyridostigmine bromide (br 30 mg tablet, br 60 mg tablet, 60 mg/5 ml soln)	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pyridostigmine bromide er	2-Generic	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tablet, 100 mg tablet)	2-Generic	
rifabutin	1-Preferred Generics	
ANTITUBERCULARS		
ethambutol hcl 100 mg tablet	1-Preferred Generics	
ethambutol hcl 400 mg tablet	2-Generic	
isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)	1-Preferred Generics	
PASER	4-Non-Preferred Drug	
PRIFTIN	3-Preferred Brands	
pyrazinamide	2-Generic	
rifampin (150 mg capsule, iv 600 mg vial)	1-Preferred Generics	
rifampin 300 mg capsule	2-Generic	
RIFATER	3-Preferred Brands	
SIRTURO	5-Specialty	
TRECATOR	4-Non-Preferred Drug	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
BICNU	3-Preferred Brands	
busulfan	5-Specialty	
cyclophosphamide 25 mg capsule	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cyclophosphamide 50 mg capsule	2-Generic	PA - TO CONFIRM PART D COVERAGE
GLEOSTINE	3-Preferred Brands	
HEXALEN	5-Specialty	
ifosfamide (1 gm/20 ml vial, 1 gm vial, 3 gm vial, 3 gm/60 ml vial)	1-Preferred Generics	
LEUKERAN	3-Preferred Brands	
MATULANE	5-Specialty	
melphalan hcl	5-Specialty	PA - TO CONFIRM PART D COVERAGE
MUSTARGEN	5-Specialty	
TREANDA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
VALCHLOR	5-Specialty	
YONDELIS	5-Specialty	
ANTIANDROGENS		
abiraterone acetate	5-Specialty	
bicalutamide	2-Generic	QL (30 PER 30 DAYS)
ERLEADA	5-Specialty	
flutamide	1-Preferred Generics	
nilutamide	5-Specialty	
NUBEQA	5-Specialty	
XTANDI	5-Specialty	
YONSA	5-Specialty	
ZYTIGA	5-Specialty	
ANTIANGIOGENIC AGENTS		
POMALYST	5-Specialty	
REVLIMID	5-Specialty	
THALOMID	5-Specialty	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIESTROGENS/MODIFIERS		
EMCYT	3-Preferred Brands	
FARESTON	3-Preferred Brands	QL (120 PER 30 DAYS)
FASLODEX	5-Specialty	
SOLTAMOX	3-Preferred Brands	
tamoxifen citrate	2-Generic	
toremifene citrate	2-Generic	
ANTIMETABOLITES		
ALIMTA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
cladribine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
clofarabine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
cytarabine	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
DROXIA	3-Preferred Brands	
ELITEK 1.5 MG VIAL	5-Specialty	PA - TO CONFIRM PART D COVERAGE
fluorouracil 5% cream	2-Generic	
fluorouracil (2% soln, 5% soln)	1-Preferred Generics	
fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml btl, 5 gm/100 ml vial, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
FOLOTYN 40 MG/2 ML VIAL	5-Specialty	
gemcitabine hcl 1 gram vial	5-Specialty	PA - TO CONFIRM PART D COVERAGE
hydroxyurea	2-Generic	
mercaptopurine	2-Generic	
NIPENT	5-Specialty	PA - TO CONFIRM PART D COVERAGE
PURIXAN	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TABLOID	3-Preferred Brands	
ANTINEOPLASTICS, OTHER		
ABRAXANE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5-Specialty	
ARRANON	5-Specialty	
arsenic trioxide 10 mg/10ml vl	5-Specialty	PA - TO CONFIRM PART D COVERAGE
azacitidine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BALVERSA	5-Specialty	
bleomycin sulfate 30 unit vial	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
bortezomib	5-Specialty	PA - TO CONFIRM PART D COVERAGE
carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 150 mg vial, 450 mg/45 ml vial, 600 mg/60 ml vial)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
cisplatin	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
COPIKTRA	5-Specialty	
dacarbazine 200 mg vial	1-Preferred Generics	
dactinomycin	5-Specialty	PA - TO CONFIRM PART D COVERAGE
daunorubicin hcl (20 mg/4 ml vial, 20 mg vial, 50 mg/10 ml vial)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
decitabine	5-Specialty	PA - TO CONFIRM PART D COVERAGE
dexrazoxane 250 mg vial	5-Specialty	PA - TO CONFIRM PART D COVERAGE
docetaxel	5-Specialty	PA - TO CONFIRM PART D COVERAGE
doxorubicin 50 mg/25 ml vial	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
doxorubicin hcl liposome	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
epirubicin hcl (50 mg/25 ml vial, 200 mg/100 ml vial)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERWINAZE	5-Specialty	
fludarabine 50 mg vial	1-Preferred Generics	
HALAVEN	5-Specialty	
idarubicin hcl	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IDHIFA	5-Specialty	
irinotecan hcl 100 mg/5 ml vl	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vl)	1-Preferred Generics	
levoleucovorin calcium (50 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vl)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
LONSURF	5-Specialty	
LYSODREN	3-Preferred Brands	
mitomycin	1-Preferred Generics	
mitoxantrone hcl	1-Preferred Generics	
NINLARO	5-Specialty	
oxaliplatin (100 mg vial, 100 mg/20 ml vial)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
paclitaxel	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
PROLEUKIN	5-Specialty	
romidepsin	5-Specialty	
RUBRACA	5-Specialty	
RYDAPT	5-Specialty	
SYLATRON	5-Specialty	
SYNRIBO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TIBSOVO	5-Specialty	
TRISENOX 12 MG/6 ML VIAL	5-Specialty	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TURALIO	5-Specialty	
VELCADE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
vinblastine sulfate	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
VINCASAR PFS 1 MG/ML VIAL	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
vincristine 1 mg/ml vial	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
vinorelbine 50 mg/5 ml vial	1-Preferred Generics	
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5-Specialty	PA - FOR NEW STARTS ONLY
VIZIMPRO	5-Specialty	
VYXEOS	5-Specialty	PA - TO CONFIRM PART D COVERAGE
XOSPATA	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO	5-Specialty	
ZALTRAP 100 MG/4 ML VIAL	5-Specialty	
ZANOSAR	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE
ZOLINZA	5-Specialty	
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	2-Generic	QL (30 PER 30 DAYS)
exemestane	2-Generic	
letrozole	1-Preferred Generics	
ENZYME INHIBITORS		
etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)	1-Preferred Generics	
PIQRAY	5-Specialty	
topotecan hcl 4 mg vial	5-Specialty	PA - TO CONFIRM PART D COVERAGE
MOLECULAR TARGET INHIBITORS		
AFINITOR	5-Specialty	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AFINITOR DISPERZ	5-Specialty	
ALECENSA	5-Specialty	
ALIQOPA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BELEODAQ	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BOSULIF	5-Specialty	
BRAFTOVI	5-Specialty	
CABOMETYX	5-Specialty	
CALQUENCE	5-Specialty	
CAPRELSA	5-Specialty	
COMETRIQ	5-Specialty	
COTELLIC	5-Specialty	LA
CYRAMZA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
DAURISMO	5-Specialty	
ERIVEDGE	5-Specialty	
erlotinib hcl	5-Specialty	
FARYDAK	5-Specialty	
GILOTRIF	5-Specialty	
IBRANCE	5-Specialty	
ICLUSIG	5-Specialty	
imatinib mesylate	5-Specialty	
IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	5-Specialty	
INLYTA	5-Specialty	
IRESSA	5-Specialty	
JAKAFI	5-Specialty	
JEVTANA	5-Specialty	
KISQALI	5-Specialty	
KISQALI FEMARA CO-PACK	5-Specialty	
KYPROLIS (30 MG VIAL, 60 MG VIAL)	5-Specialty	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA	5-Specialty	
LORBRENA	5-Specialty	
LYNPARZA (50 MG CAPSULE, 100 MG TABLET, 150 MG TABLET)	5-Specialty	
MEKINIST	5-Specialty	
MEKTOVI	5-Specialty	
NERLYNX	5-Specialty	
NEXAVAR	5-Specialty	QL (120 PER 30 DAYS)
ODOMZO	5-Specialty	LA
SPRYCEL	5-Specialty	
STIVARGA	5-Specialty	
SUTENT (25 MG CAPSULE, 50 MG CAPSULE)	5-Specialty	QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5-Specialty	QL (90 PER 30 DAYS)
SUTENT 37.5 MG CAPSULE	5-Specialty	
TAFINLAR	5-Specialty	
TAGRISSO	5-Specialty	LA
TALZENNA	5-Specialty	
TARCEVA	5-Specialty	
TASIGNA	5-Specialty	
TYKERB	5-Specialty	
VENCLEXTA (10 MG TABLET, 50 MG TABLET)	3-Preferred Brands	
VENCLEXTA 100 MG TABLET	5-Specialty	
VENCLEXTA STARTING PACK	3-Preferred Brands	
VERZENIO	5-Specialty	
VOTRIENT	5-Specialty	
XALKORI	5-Specialty	
ZEJULA	5-Specialty	
ZELBORAF	5-Specialty	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYDELIG	5-Specialty	
ZYKADIA (150 MG TABLET, 150 MG CAPSULE)	5-Specialty	
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
AVASTIN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
BAVENCIO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
DARZALEX	5-Specialty	
EMPLICITI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ERBITUX 100 MG/50 ML VIAL	5-Specialty	
HERCEPTIN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IMFINZI	5-Specialty	PA - TO CONFIRM PART D COVERAGE
KADCYLA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
KEYTRUDA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LARTRUVO	5-Specialty	
MYLOTARG	5-Specialty	PA - TO CONFIRM PART D COVERAGE
OPDIVO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
PERJETA	5-Specialty	
RITUXAN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
RITUXAN HYCELA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
SYLVANT	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TECENTRIQ 1,200 MG/20 ML VIAL	5-Specialty	PA - TO CONFIRM PART D COVERAGE
VECTIBIX 100 MG/5 ML VIAL	5-Specialty	PA - TO CONFIRM PART D COVERAGE
YERVOY 50 MG/10 ML VIAL	5-Specialty	
RETINOIDS		
bexarotene	5-Specialty	
PANRETIN	3-Preferred Brands	
TARGRETIN 1% GEL	3-Preferred Brands	
tretinoin 10 mg capsule	5-Specialty	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREATMENT ADJUNCTS		
ELITEK 7.5 MG VIAL	5-Specialty	PA - TO CONFIRM PART D COVERAGE
mesna	1-Preferred Generics	
MESNEX 400 MG TABLET	5-Specialty	
ANTIPARASITICS		
ANTIHELMINTHICS		
albendazole	2-Generic	
ALBENZA	3-Preferred Brands	
BILTRICIDE	3-Preferred Brands	
ivermectin	2-Generic	
praziquantel	2-Generic	
STROMECTOL	3-Preferred Brands	
ANTIPROTOZOALS		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3-Preferred Brands	
atovaquone	2-Generic	
atovaquone-proguanil hcl	1-Preferred Generics	
benznidazole	2-Generic	
chloroquine phosphate	1-Preferred Generics	
COARTEM	3-Preferred Brands	
DARAPRIM	3-Preferred Brands	
hydroxychloroquine sulfate	2-Generic	
mefloquine hcl	2-Generic	
NEBUPENT	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTAM 300	3-Preferred Brands	
primaquine	1-Preferred Generics	
quinine sulfate	1-Preferred Generics	
PEDICULICIDES/SCABICIDES		
lindane	2-Generic	
malathion	1-Preferred Generics	
permethrin 5% cream	2-Generic	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	1-Preferred Generics	
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)	1-Preferred Generics	
ANTIPARKINSON AGENTS, OTHER		
amantadine (50 mg/5 ml solution, 100 mg tablet, 100 mg/10 ml soln, 100 mg capsule)	2-Generic	
carbidopa-levodopa-entacapone	1-Preferred Generics	
entacapone	1-Preferred Generics	
tolcapone	1-Preferred Generics	
DOPAMINE AGONISTS		
APOKYN	5-Specialty	
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	2-Generic	
NEUPRO	3-Preferred Brands	
pramipexole dihydrochloride	1-Preferred Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pramipexole er	1-Preferred Generics	
ropinirole er	1-Preferred Generics	
ropinirole hcl	1-Preferred Generics	
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa	1-Preferred Generics	
carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-250 tab, carbidopa-levodopa 25-100 tab)	1-Preferred Generics	
carbidopa-levodopa er	1-Preferred Generics	
DUOPA	4-Non-Preferred Drug	
RYTARY	4-Non-Preferred Drug	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate	2-Generic	
selegiline hcl (5 mg tablet, 5 mg capsule)	1-Preferred Generics	
ZELAPAR	3-Preferred Brands	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 50 mg tablet, 100 mg tablet, 200 mg tablet)	2-Generic	
fluphenazine decanoate	1-Preferred Generics	
fluphenazine 2.5 mg/5 ml elix	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluphenazine hcl (1 mg tablet, 2.5 mg/ml vial, 2.5 mg tablet, 5 mg/ml conc, 5 mg tablet, 10 mg tablet)	1-Preferred Generics	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)	2-Generic	
haloperidol 20 mg tablet	1-Preferred Generics	
haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml vial, dec 100 mg/ml amp, dec 500 mg/5 ml vl, decan 50 mg/ml amp)	2-Generic	
haloperidol decanoate 100	2-Generic	
haloperidol lactate (2 mg/ml conc, 5 mg/ml syring, 5 mg/ml ampul, 5 mg/ml vial, 50 mg/10 ml vl)	1-Preferred Generics	
loxapine	2-Generic	
molindone hcl	2-Generic	
pimozide 1 mg tablet	2-Generic	
pimozide 2 mg tablet	1-Preferred Generics	
thioridazine hcl	1-Preferred Generics	
thiothixene	1-Preferred Generics	
trifluoperazine hcl	2-Generic	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG VL, ER 400 MG SYR)	5-Specialty	
ABILIFY MYCITE (5 MG, 10 MG, 15 MG, 20 MG, 30 MG)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ABILIFY MYCITE 2 MG KIT	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	2-Generic	
aripiprazole odt	4-Non-Preferred Drug	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA	5-Specialty	
ARISTADA INITIO	5-Specialty	QL (2.4 PER 28 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK)	4-Non-Preferred Drug	
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5-Specialty	
GEODON 20 MG/ML VIAL	3-Preferred Brands	
INVEGA SUSTENNA 117 MG/0.75 ML	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	3-Preferred Brands	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	3-Preferred Brands	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.875 ML	5-Specialty	QL (0.875 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.315 ML	5-Specialty	QL (1.315 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75 ML	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.625 ML	5-Specialty	QL (2.625 PER 84 DAYS)
LATUDA	5-Specialty	
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	3-Preferred Brands	QL (30 PER 30 DAYS)
NUPLAZID 17 MG TABLET	3-Preferred Brands	
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)	1-Preferred Generics	QL (30 PER 30 DAYS)
olanzapine 10 mg vial	1-Preferred Generics	
olanzapine odt	1-Preferred Generics	
paliperidone er 1.5 mg tablet	1-Preferred Generics	QL (240 PER 30 DAYS)
paliperidone er 3 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
paliperidone er 6 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
paliperidone er 9 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
PERSERIS	5-Specialty	QL (1 PER 28 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	2-Generic	QL (60 PER 30 DAYS)
quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)	2-Generic	QL (90 PER 30 DAYS)
quetiapine fumarate 25 mg tab	2-Generic	QL (120 PER 30 DAYS)
quetiapine fumarate er	2-Generic	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	5-Specialty	QL (60 PER 30 DAYS)
REXULTI (2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5-Specialty	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG, 25 MG)	3-Preferred Brands	
RISPERDAL CONSTA (37.5 MG, 50 MG)	5-Specialty	
risperidone 1 mg/ml solution	1-Preferred Generics	
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	1-Preferred Generics	QL (60 PER 30 DAYS)
risperidone 0.5 mg odt	1-Preferred Generics	QL (120 PER 30 DAYS)
risperidone 1 mg odt	1-Preferred Generics	QL (30 PER 30 DAYS)
risperidone 3 mg odt	1-Preferred Generics	QL (90 PER 30 DAYS)
risperidone odt (0.25 mg odt, 2 mg odt, 4 mg odt)	1-Preferred Generics	QL (60 PER 30 DAYS)
SAPHRIS	4-Non-Preferred Drug	
VRAYLAR 1.5 MG-3 MG PACK	4-Non-Preferred Drug	
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5-Specialty	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ziprasidone hcl	2-Generic	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV	4-Non-Preferred Drug	
TREATMENT-RESISTANT		
clozapine 100 mg tablet	1-Preferred Generics	QL (270 PER 30 DAYS)
clozapine 200 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)
clozapine 25 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
clozapine 50 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
clozapine odt	1-Preferred Generics	
VERSACLOZ	4-Non-Preferred Drug	
ANTISPASTICITY AGENTS		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	2-Generic	
dantrolene sodium	1-Preferred Generics	
tizanidine hcl (2 mg tablet, 4 mg tablet)	2-Generic	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)	2-Generic	
ZIRGAN	3-Preferred Brands	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	1-Preferred Generics	
BARACLUDE 0.05 MG/ML SOLUTION	3-Preferred Brands	QL (600 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
entecavir	2-Generic	
EPIVIR HBV 25 MG/5 ML SOLN	3-Preferred Brands	
lamivudine 100 mg tablet	1-Preferred Generics	
lamivudine hbv	1-Preferred Generics	
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS		
EPCLUSA	5-Specialty	PA
HARVONI	5-Specialty	PA
ledipasvir-sofosbuvir	5-Specialty	PA
sofosbuvir-velpatasvir	5-Specialty	PA
ZEPATIER	5-Specialty	PA
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5-Specialty	
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	5-Specialty	
PEGASYS PROCLICK 180 MCG/0.5	5-Specialty	
REBETOL	3-Preferred Brands	
RIBASPHERE (200 MG TABLET, 200 MG CAPSULE)	2-Generic	
ribavirin (200 mg capsule, 200 mg tablet)	2-Generic	QL (210 PER 30 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	3-Preferred Brands	QL (30 PER 30 DAYS)
GENVOYA	3-Preferred Brands	
ISENTRESS 100 MG POWDER PACKET	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISENTRESS 100 MG TABLET CHEW	3-Preferred Brands	QL (240 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW	3-Preferred Brands	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TABLET	3-Preferred Brands	QL (60 PER 30 DAYS)
ISENTRESS HD	3-Preferred Brands	QL (60 PER 30 DAYS)
STRIBILD	3-Preferred Brands	
TIVICAY	3-Preferred Brands	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA	3-Preferred Brands	QL (30 PER 30 DAYS)
COMPLERA	3-Preferred Brands	QL (30 PER 30 DAYS)
DELSTRIGO	3-Preferred Brands	QL (30 PER 30 DAYS)
EDURANT	3-Preferred Brands	QL (30 PER 30 DAYS)
efavirenz 200 mg capsule	2-Generic	QL (90 PER 30 DAYS)
efavirenz 50 mg capsule	2-Generic	QL (240 PER 30 DAYS)
efavirenz 600 mg tablet	2-Generic	QL (30 PER 30 DAYS)
INTELENCE 100 MG TABLET	3-Preferred Brands	QL (120 PER 30 DAYS)
INTELENCE 200 MG TABLET	3-Preferred Brands	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	3-Preferred Brands	
nevirapine 50 mg/5 ml susp	1-Preferred Generics	
nevirapine 200 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
nevirapine er 100 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nevirapine er 400 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
ODEFSEY	3-Preferred Brands	
PIFELTRO	3-Preferred Brands	QL (60 PER 30 DAYS)
RESCRIPTOR 100 MG TABLET	3-Preferred Brands	QL (360 PER 30 DAYS)
RESCRIPTOR 200 MG TABLET	3-Preferred Brands	QL (180 PER 30 DAYS)
SYMFI	3-Preferred Brands	QL (30 PER 30 DAYS)
SYMFI LO	3-Preferred Brands	QL (30 PER 30 DAYS)
VIRAMUNE 50 MG/5 ML SUSP	3-Preferred Brands	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir 20 mg/ml solution	1-Preferred Generics	
abacavir 300 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
abacavir-lamivudine	1-Preferred Generics	QL (30 PER 30 DAYS)
abacavir-lamivudine-zidovudine	1-Preferred Generics	
CIMDUO	3-Preferred Brands	QL (30 PER 30 DAYS)
didanosine (dr 250 mg capsule, dr 400 mg capsule)	1-Preferred Generics	QL (30 PER 30 DAYS)
didanosine dr 200 mg capsule	1-Preferred Generics	QL (60 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	3-Preferred Brands	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	3-Preferred Brands	
EPZICOM	3-Preferred Brands	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lamivudine 10 mg/ml oral soln	1-Preferred Generics	
lamivudine 150 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
lamivudine-zidovudine	1-Preferred Generics	QL (60 PER 30 DAYS)
stavudine (15 mg capsule, 20 mg capsule)	1-Preferred Generics	QL (120 PER 30 DAYS)
stavudine (30 mg capsule, 40 mg capsule)	1-Preferred Generics	QL (60 PER 30 DAYS)
tenofovir disoproxil fumarate	2-Generic	QL (30 PER 30 DAYS)
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET)	3-Preferred Brands	
TRUVADA 200 MG-300 MG TABLET	3-Preferred Brands	QL (30 PER 30 DAYS)
VIDEX	3-Preferred Brands	
VIDEX EC 125 MG CAPSULE	3-Preferred Brands	QL (60 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	3-Preferred Brands	
ZERIT 1 MG/ML SOLUTION	3-Preferred Brands	
zidovudine 100 mg capsule	1-Preferred Generics	QL (180 PER 30 DAYS)
zidovudine 50 mg/5 ml syrup	1-Preferred Generics	
zidovudine 300 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
ANTI-HIV AGENTS, OTHER		
DESCOVY	3-Preferred Brands	
DOVATO	5-Specialty	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FUZEON	5-Specialty	
JULUCA	3-Preferred Brands	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	3-Preferred Brands	
SELZENTRY (150 MG TABLET, 300 MG TABLET)	3-Preferred Brands	QL (120 PER 30 DAYS)
TRIUMEQ	3-Preferred Brands	
TROGARZO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TYBOST	3-Preferred Brands	
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS 250 MG CAPSULE	3-Preferred Brands	QL (120 PER 30 DAYS)
APTIVUS 100 MG/ML SOLUTION	3-Preferred Brands	QL (300 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 200 mg cap)	2-Generic	QL (60 PER 30 DAYS)
atazanavir sulfate 300 mg cap	2-Generic	QL (30 PER 30 DAYS)
CRIXIVAN	3-Preferred Brands	
EVOTAZ	3-Preferred Brands	
fosamprenavir calcium	2-Generic	
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	3-Preferred Brands	
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	3-Preferred Brands	
LEXIVA 50 MG/ML SUSPENSION	3-Preferred Brands	
LEXIVA 700 MG TABLET	3-Preferred Brands	QL (120 PER 30 DAYS)
lopinavir-ritonavir	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORVIR (100 MG SOFTGEL CAP, 100 MG POWDER PACKET)	3-Preferred Brands	QL (360 PER 30 DAYS)
NORVIR 80 MG/ML SOLUTION	3-Preferred Brands	
PREZCOBIX	3-Preferred Brands	
PREZISTA 100 MG/ML SUSPENSION	3-Preferred Brands	
PREZISTA 150 MG TABLET	3-Preferred Brands	QL (120 PER 30 DAYS)
PREZISTA 600 MG TABLET	3-Preferred Brands	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	3-Preferred Brands	QL (240 PER 30 DAYS)
PREZISTA 800 MG TABLET	3-Preferred Brands	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	3-Preferred Brands	
ritonavir	2-Generic	QL (360 PER 30 DAYS)
SYMTUZA	3-Preferred Brands	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	3-Preferred Brands	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	3-Preferred Brands	QL (120 PER 30 DAYS)
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate (6 mg/ml suspension, phos 30 mg capsule, phos 45 mg capsule, phos 75 mg capsule)	2-Generic	
RELENZA	3-Preferred Brands	
rimantadine hcl	1-Preferred Generics	
ANTIHERPETIC AGENTS		
acyclovir (5% cream, 5% ointment, 200 mg capsule, 400 mg tablet, 800 mg tablet)	2-Generic	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
acyclovir 200 mg/5 ml susp	1-Preferred Generics	
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
famciclovir	1-Preferred Generics	QL (90 PER 30 DAYS)
trifluridine	2-Generic	
valacyclovir	2-Generic	QL (120 PER 30 DAYS)
ZOVIRAX 5% CREAM	3-Preferred Brands	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl	2-Generic	
meprobamate	2-Generic	
BENZODIAZEPINES		
alprazolam (0.25 mg tablet, 0.5 mg tablet)	1-Preferred Generics	QL (120 PER 30 DAYS)
alprazolam (1 mg tablet, 2 mg tablet)	1-Preferred Generics	QL (150 PER 30 DAYS)
alprazolam er (er 0.5 mg tablet, er 1 mg tablet)	1-Preferred Generics	QL (90 PER 30 DAYS)
alprazolam er (er 2 mg tablet, er 3 mg tablet)	1-Preferred Generics	QL (60 PER 30 DAYS)
ALPRAZOLAM INTENSOL	1-Preferred Generics	QL (300 PER 30 DAYS)
alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
alprazolam odt (odt 1 mg tab, odt 2 mg tab)	1-Preferred Generics	QL (150 PER 30 DAYS)
alprazolam xr (0.5 mg tablet, 1 mg tablet)	1-Preferred Generics	QL (90 PER 30 DAYS)
alprazolam xr (2 mg tablet, 3 mg tablet)	1-Preferred Generics	QL (60 PER 30 DAYS)
chlordiazepoxide 10 mg capsule	1-Preferred Generics	QL (300 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
chlordiazepoxide 25 mg capsule	1-Preferred Generics	QL (360 PER 30 DAYS)
chlordiazepoxide 5 mg capsule	1-Preferred Generics	QL (240 PER 30 DAYS)
clonazepam (0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 2 mg tablet)	2-Generic	
clonazepam (0.125 mg odt, 0.125 mg dis tab, 0.5 mg tablet, 1 mg odt, 1 mg tablet, 1 mg dis tablet, 2 mg odt)	1-Preferred Generics	
clorazepate 15 mg tablet	2-Generic	QL (180 PER 30 DAYS)
clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet)	2-Generic	QL (90 PER 30 DAYS)
diazepam 5 mg/ml oral conc	1-Preferred Generics	QL (240 PER 30 DAYS)
diazepam 5 mg/5 ml solution	1-Preferred Generics	QL (1200 PER 30 DAYS)
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	1-Preferred Generics	QL (120 PER 30 DAYS)
lorazepam (2 mg/ml oral concent, 2 mg tablet)	1-Preferred Generics	QL (150 PER 30 DAYS)
lorazepam 0.5 mg tablet	1-Preferred Generics	QL (600 PER 30 DAYS)
lorazepam 1 mg tablet	1-Preferred Generics	QL (300 PER 30 DAYS)
LORAZEPAM INTENSOL	1-Preferred Generics	QL (150 PER 30 DAYS)
oxazepam	2-Generic	
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO	3-Preferred Brands	ST
lithium	1-Preferred Generics	
lithium carbonate (150 mg cap, 300 mg tab, 300 mg cap, 600 mg cap)	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lithium carbonate er	1-Preferred Generics	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose	1-Preferred Generics	QL (90 PER 30 DAYS)
alogliptin	2-Generic	QL (30 PER 30 DAYS)
alogliptin-metformin	2-Generic	QL (60 PER 30 DAYS)
alogliptin-pioglitazone	2-Generic	QL (30 PER 30 DAYS)
BYDUREON	3-Preferred Brands	QL (4 PER 28 DAYS)
BYDUREON BCISE	3-Preferred Brands	QL (3.4 PER 28 DAYS)
BYDUREON PEN	3-Preferred Brands	QL (4 PER 28 DAYS)
BYETTA 10 MCG DOSE PEN INJ	3-Preferred Brands	QL (2.4 PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3-Preferred Brands	QL (1.2 PER 30 DAYS)
chlorpropamide 100 mg tablet	1-Preferred Generics	QL (210 PER 30 DAYS)
chlorpropamide 250 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
CYCLOSET	3-Preferred Brands	
FARXIGA	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
glimepiride	1-Preferred Generics	
glipizide	1-Preferred Generics	QL (120 PER 30 DAYS)
glipizide er 10 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glipizide er 5 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
glipizide xl 10 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	1-Preferred Generics	
glipizide xl 5 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
glipizide-metformin	1-Preferred Generics	QL (120 PER 30 DAYS)
glyburide	1-Preferred Generics	QL (120 PER 30 DAYS)
glyburide micronized	1-Preferred Generics	QL (60 PER 30 DAYS)
glyburide-metformin hcl	1-Preferred Generics	QL (120 PER 30 DAYS)
GLYXAMBI	3-Preferred Brands	QL (30 PER 30 DAYS)
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3-Preferred Brands	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TABLET	3-Preferred Brands	QL (120 PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET)	3-Preferred Brands	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TABLET	3-Preferred Brands	QL (120 PER 30 DAYS)
INVOKANA	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUMET	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 50-1,000 MG TABLET)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUVIA	3-Preferred Brands	QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JARDIANCE	3-Preferred Brands	QL (30 PER 30 DAYS)
JENTADUETO	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3-Preferred Brands	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
metformin hcl 1,000 mg tablet	1-Preferred Generics	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	1-Preferred Generics	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
miglitol	1-Preferred Generics	
nateglinide 120 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	1-Preferred Generics	QL (180 PER 30 DAYS)
ONGLYZA	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
pioglitazone hcl	1-Preferred Generics	QL (30 PER 30 DAYS)
pioglitazone-glimepiride	1-Preferred Generics	QL (30 PER 30 DAYS)
pioglitazone-metformin	1-Preferred Generics	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tablet, 1 mg tablet)	1-Preferred Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
repaglinide 2 mg tablet	1-Preferred Generics	QL (240 PER 30 DAYS)
repaglinide-metformin hcl	1-Preferred Generics	QL (150 PER 30 DAYS)
SEGLUROMET (2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TABLET	4-Non-Preferred Drug	QL (120 PER 30 DAYS)
STEGLATRO 15 MG TABLET	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
STEGLATRO 5 MG TABLET	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
STEGLUJAN	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
SYMLINPEN 120	5-Specialty	QL (10.8 PER 30 DAYS)
SYMLINPEN 60	5-Specialty	QL (6 PER 30 DAYS)
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3-Preferred Brands	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3-Preferred Brands	QL (30 PER 30 DAYS)
tolazamide 250 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)
tolazamide 500 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
tolbutamide	1-Preferred Generics	QL (180 PER 30 DAYS)
TRADJENTA	3-Preferred Brands	QL (30 PER 30 DAYS)
TRULICITY	3-Preferred Brands	QL (2 PER 28 DAYS)
VICTOZA 2-PAK	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VICTOZA 3-PAK	3-Preferred Brands	
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
GLYCEMIC AGENTS		
GLUCAGEN	3-Preferred Brands	
GLUCAGON EMERGENCY KIT	3-Preferred Brands	
PROGLYCEM	3-Preferred Brands	
INSULINS		
AFREZZA (4 /8 /12, 4 CARTRIDGE, 8 CARTRIDGE, 12 CARTRIDGE, 90-4 / 90-8, 90-8 / 90-12)	3-Preferred Brands	
HUMALOG 100 UNITS/ML CARTRIDGE	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG 100 UNIT/ML VIAL	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG KWIKPEN U-100	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG KWIKPEN U-200	3-Preferred Brands	QL (24 PER 30 DAYS)
HUMALOG MIX 50-50	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMALOG MIX 75-25	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMULIN 70-30	3-Preferred Brands	QL (40 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN 70/30 KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMULIN N	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMULIN N KWIKPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
HUMULIN R	3-Preferred Brands	QL (40 PER 30 DAYS)
HUMULIN R U-500	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
insulin lispro	2-Generic	QL (40 PER 30 DAYS)
insulin lispro kwikpen u-100	2-Generic	QL (45 PER 30 DAYS)
LANTUS	3-Preferred Brands	QL (40 PER 30 DAYS)
LANTUS SOLOSTAR	3-Preferred Brands	QL (45 PER 30 DAYS)
LEVEMIR	3-Preferred Brands	QL (40 PER 30 DAYS)
LEVEMIR FLEXTOUCH	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLIN 70-30	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLIN N	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLIN R	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLOG 100 UNIT/ML CARTRIDGE	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLOG 100 UNIT/ML VIAL	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLOG FLEXPEN	3-Preferred Brands	QL (45 PER 30 DAYS)
NOVOLOG MIX 70-30	3-Preferred Brands	QL (40 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	3-Preferred Brands	QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO MAX SOLOSTAR	3-Preferred Brands	QL (18 PER 30 DAYS)
TOUJEO SOLOSTAR	3-Preferred Brands	QL (13.5 PER 30 DAYS)
TRESIBA	3-Preferred Brands	QL (40 PER 30 DAYS)
TRESIBA FLEXTOUCH U-100	3-Preferred Brands	QL (45 PER 30 DAYS)
TRESIBA FLEXTOUCH U-200	3-Preferred Brands	QL (27 PER 30 DAYS)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
COUMADIN	3-Preferred Brands	
ELIQUIS (5 MG STARTER PACK, 5 MG TABLET)	3-Preferred Brands	
ELIQUIS 2.5 MG TABLET	3-Preferred Brands	QL (60 PER 30 DAYS)
enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)	2-Generic	
fondaparinux sodium	4-Non-Preferred Drug	
heparin sodium (sod 1,000 unit/ml vial, sod 10,000 unit/ml vl, 10,000 unit/10 ml vial, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/5 ml vial)	1-Preferred Generics	
heparin sodium (sod 5,000 unit/ml vial, 50,000 unit/10 ml vial)	2-Generic	
JANTOVEN	3-Preferred Brands	
PRADAXA	4-Non-Preferred Drug	
warfarin sodium	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK)	3-Preferred Brands	
ZONTIVITY	4-Non-Preferred Drug	
BLOOD FORMATION MODIFIERS		
anagrelide hcl	1-Preferred Generics	
FULPHILA	5-Specialty	QL (2.4 PER 28 DAYS)
LEUKINE	5-Specialty	
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	5-Specialty	PA
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5-Specialty	PA
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5-Specialty	PA
PROCRIT	3-Preferred Brands	PA
PROMACTA 12.5 MG SUSPEN PACKET	5-Specialty	PA
PROMACTA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	5-Specialty	PA, LA
RETACRIT	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
UDENYCA	5-Specialty	QL (2.4 PER 28 DAYS)
ZARXIO	5-Specialty	PA
HEMOSTASIS AGENTS		
tranexamic acid 650 mg tablet	1-Preferred Generics	
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	2-Generic	QL (90 PER 30 DAYS)
BRILINTA	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cilostazol	2-Generic	
clopidogrel 75 mg tablet	1-Preferred Generics	QL (120 PER 30 DAYS)
dipyridamole	1-Preferred Generics	PA
prasugrel hcl	2-Generic	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine	2-Generic	QL (4 PER 28 DAYS)
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1-Preferred Generics	
guanfacine hcl	1-Preferred Generics	PA
methyldopa	1-Preferred Generics	PA
midodrine hcl	2-Generic	
NORTHERA	5-Specialty	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate	2-Generic	QL (60 PER 30 DAYS)
phenoxybenzamine hcl	5-Specialty	
prazosin hcl	2-Generic	
terazosin hcl	1-Preferred Generics	QL (60 PER 30 DAYS)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1-Preferred Generics	
EDARBI	4-Non-Preferred Drug	
irbesartan (75 mg tablet, 300 mg tablet)	1-Preferred Generics	QL (30 PER 30 DAYS)
irbesartan 150 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
losartan potassium 100 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
olmesartan medoxomil	1-Preferred Generics	
telmisartan	1-Preferred Generics	
valsartan	1-Preferred Generics	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl	1-Preferred Generics	QL (60 PER 30 DAYS)
captopril	1-Preferred Generics	
enalapril maleate	1-Preferred Generics	
fosinopril sodium	1-Preferred Generics	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1-Preferred Generics	QL (90 PER 30 DAYS)
lisinopril (20 mg tablet, 30 mg tablet, 40 mg tablet)	1-Preferred Generics	QL (60 PER 30 DAYS)
moexipril hcl	1-Preferred Generics	
perindopril erbumine	1-Preferred Generics	
QBRELIS	3-Preferred Brands	
quinapril hcl	1-Preferred Generics	QL (60 PER 30 DAYS)
ramipril	1-Preferred Generics	QL (60 PER 30 DAYS)
trandolapril	1-Preferred Generics	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
disopyramide phosphate	1-Preferred Generics	PA
dofetilide	1-Preferred Generics	
flecainide acetate	2-Generic	
mexiletine hcl	1-Preferred Generics	
MULTAQ	3-Preferred Brands	
propafenone hcl	1-Preferred Generics	
propafenone hcl er	1-Preferred Generics	
quinidine gluc er 324 mg tab	1-Preferred Generics	
quinidine sulfate	1-Preferred Generics	
sotalol	1-Preferred Generics	
sotalol af	1-Preferred Generics	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	1-Preferred Generics	
atenolol	1-Preferred Generics	
betaxolol hcl (10 mg tablet, 20 mg tablet)	1-Preferred Generics	
bisoprolol fumarate	1-Preferred Generics	
BYSTOLIC	4-Non-Preferred Drug	
carvedilol	1-Preferred Generics	
carvedilol er	1-Preferred Generics	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	1-Preferred Generics	
metoprolol succ er 200 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	1-Preferred Generics	
nadolol	2-Generic	
pindolol	2-Generic	
propranolol hcl (10 mg tablet, 20 mg/5 ml soln, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	1-Preferred Generics	
propranolol hcl er	1-Preferred Generics	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1-Preferred Generics	
CALCIUM CHANNEL BLOCKING AGENTS		
AFEDITAB CR	2-Generic	QL (60 PER 30 DAYS)
amlodipine besylate 10 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
amlodipine besylate 2.5 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
amlodipine besylate 5 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
CARTIA XT	2-Generic	
DILT-XR	1-Preferred Generics	
diltiazem 12hr er	1-Preferred Generics	
diltiazem 24hr er (er 120 mg cap, er 180 mg cap, er 240 mg cap, er 360 mg cap)	1-Preferred Generics	QL (60 PER 30 DAYS)
diltiazem 24hr er 300 mg cap	1-Preferred Generics	QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diltiazem 24hr er 420 mg cap	1-Preferred Generics	
diltiazem 24h er(cd) 300 mg cp	1-Preferred Generics	QL (30 PER 30 DAYS)
diltiazem 24hr er (cd) (er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 360 mg)	1-Preferred Generics	QL (60 PER 30 DAYS)
diltiazem 24hr er (xr)	1-Preferred Generics	QL (60 PER 30 DAYS)
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	1-Preferred Generics	
felodipine er	2-Generic	QL (30 PER 30 DAYS)
isradipine	1-Preferred Generics	
MATZIM LA	1-Preferred Generics	
nicardipine hcl (20 mg capsule, 30 mg capsule)	1-Preferred Generics	
nifedipine	1-Preferred Generics	PA
nifedipine er	1-Preferred Generics	QL (60 PER 30 DAYS)
nimodipine	1-Preferred Generics	
nisoldipine	1-Preferred Generics	QL (30 PER 30 DAYS)
TAZTIA XT	1-Preferred Generics	
verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)	1-Preferred Generics	QL (60 PER 30 DAYS)
verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)	1-Preferred Generics	
verapamil er pm	1-Preferred Generics	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet, 360 mg cap pellet)	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil sr	1-Preferred Generics	QL (60 PER 30 DAYS)
CARDIOVASCULAR AGENTS, OTHER		
aliskiren	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	2-Generic	
amlodipine besylate-benazepril	1-Preferred Generics	QL (30 PER 30 DAYS)
amlodipine-atorvastatin	1-Preferred Generics	
amlodipine-olmesartan	1-Preferred Generics	
amlodipine-valsartan	1-Preferred Generics	
amlodipine-valsartan-hctz	1-Preferred Generics	
atenolol-chlorthalidone	1-Preferred Generics	
benazepril-hydrochlorothiazide	1-Preferred Generics	
bisoprolol-hydrochlorothiazide	1-Preferred Generics	
candesartan-hydrochlorothiazid	1-Preferred Generics	
captopril-hydrochlorothiazide	1-Preferred Generics	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
DEMSER	5-Specialty	
DIGITEK	2-Generic	
DIGOX	2-Generic	
digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)	2-Generic	
DUTOPROL	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EDARBYCLOR	4-Non-Preferred Drug	
enalapril-hydrochlorothiazide	1-Preferred Generics	
ENTRESTO	3-Preferred Brands	QL (60 PER 30 DAYS)
fosinopril-hydrochlorothiazide	1-Preferred Generics	
irbesartan-hydrochlorothiazide	1-Preferred Generics	QL (30 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3-Preferred Brands	
lisinopril-hydrochlorothiazide	1-Preferred Generics	
losartan-hctz 50-12.5 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
methyldopa-hydrochlorothiazide	1-Preferred Generics	PA
metoprolol-hydrochlorothiazide	1-Preferred Generics	
moexipril-hydrochlorothiazide	1-Preferred Generics	
olmesartan-amlodipine-hctz	1-Preferred Generics	
olmesartan-hydrochlorothiazide	1-Preferred Generics	
pentoxifylline	2-Generic	
propranolol-hydrochlorothiazid	1-Preferred Generics	
quinapril-hydrochlorothiazide	1-Preferred Generics	
RANEXA	3-Preferred Brands	
ranolazine er	2-Generic	
spironolactone-hctz	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEKTURNA	4-Non-Preferred Drug	
TEKTURNA HCT	4-Non-Preferred Drug	
telmisartan-amlodipine	1-Preferred Generics	
telmisartan-hydrochlorothiazid	1-Preferred Generics	
trandolapril-verapamil er	1-Preferred Generics	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	1-Preferred Generics	
valsartan-hydrochlorothiazide	1-Preferred Generics	QL (30 PER 30 DAYS)
VECAMYL	5-Specialty	LA
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	1-Preferred Generics	
acetazolamide er	1-Preferred Generics	
KEVEYIS	5-Specialty	
DIURETICS, LOOP		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg/4 ml vial, 1 mg tablet, 2 mg tablet, 2.5 mg/10 ml vial)	1-Preferred Generics	
ethacrynic acid	2-Generic	
furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/4 ml syringe, 40 mg/5 ml soln, 40 mg tablet, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial)	1-Preferred Generics	
torsemide	1-Preferred Generics	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DYRENIUM	3-Preferred Brands	
eplerenone	2-Generic	
spironolactone	1-Preferred Generics	
DIURETICS, THIAZIDE		
chlorothiazide	1-Preferred Generics	
chlorthalidone	1-Preferred Generics	
DIURIL	3-Preferred Brands	
hydrochlorothiazide (12.5 mg tb, 12.5 mg cp, 25 mg tab, 50 mg tab)	1-Preferred Generics	
indapamide	1-Preferred Generics	
methyclothiazide	1-Preferred Generics	
metolazone	2-Generic	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (50 mg capsule, 150 mg capsule)	1-Preferred Generics	
fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 120 mg tablet, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	1-Preferred Generics	QL (30 PER 30 DAYS)
fenofibrate 40 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
fenofibric acid (35 mg tablet, dr 45 mg cap, 105 mg tablet, dr 135 mg cap)	1-Preferred Generics	
gemfibrozil	1-Preferred Generics	QL (60 PER 30 DAYS)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin 20 mg tablet	1-Preferred Generics	QL (90 PER 30 DAYS)
atorvastatin 80 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
atorvastatin calcium (10 mg tablet, 40 mg tablet)	1-Preferred Generics	QL (60 PER 30 DAYS)
lovastatin (10 mg tablet, 20 mg tablet)	1-Preferred Generics	QL (30 PER 30 DAYS)
lovastatin 40 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
pravastatin sodium	1-Preferred Generics	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
simvastatin	1-Preferred Generics	QL (30 PER 30 DAYS)
DYSLIPIDEMICS, OTHER		
cholestyramine (packet, powder)	2-Generic	
cholestyramine light (packet, powder)	1-Preferred Generics	
colesevelam hcl (hcl 3.75 g packet, 625 mg tablet)	2-Generic	
colestipol hcl (, packet)	1-Preferred Generics	
colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)	2-Generic	
ezetimibe	2-Generic	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	2-Generic	QL (30 PER 30 DAYS)
JUXTAPID	5-Specialty	PA
KYNAMRO	5-Specialty	PA
niacin er	2-Generic	
NIACOR	3-Preferred Brands	
omega-3 acid ethyl esters	2-Generic	
PRALUENT PEN	5-Specialty	PA, QL (2 PER 28 DAYS)
REPATHA PUSHTRONEX	5-Specialty	PA, QL (3.5 PER 28 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SURECLICK	5-Specialty	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE	5-Specialty	PA, QL (3 PER 28 DAYS)
WELCHOL 3.75G PACKET	3-Preferred Brands	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	2-Generic	
minoxidil	1-Preferred Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
GONITRO	3-Preferred Brands	
isosorbide dinitrate	2-Generic	
isosorbide dinitrate er	2-Generic	
isosorbide mononit 10 mg tab	2-Generic	
isosorbide mononit 20 mg tab	1-Preferred Generics	
isosorbide mononitrate er	1-Preferred Generics	
NITRO-BID	3-Preferred Brands	
NITRO-DUR (0.3 MG/HR, 0.8 MG/HR)	3-Preferred Brands	
nitroglycerin (lingual 0.4 mg, 400 mcg spray)	2-Generic	
nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)	1-Preferred Generics	
nitroglycerin patch	2-Generic	
NITROSTAT	3-Preferred Brands	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextroamphetamine sulfate er	1-Preferred Generics	
dextroamphetamine-amphet er	2-Generic	QL (30 PER 30 DAYS)
dextroamp-amphetamin 30 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetamine 5 mg tab)	1-Preferred Generics	QL (120 PER 30 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (10 mg capsule, 25 mg capsule, 40 mg capsule)	2-Generic	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	2-Generic	QL (30 PER 30 DAYS)
atomoxetine hcl 18 mg capsule	2-Generic	QL (120 PER 30 DAYS)
clonidine hcl er	2-Generic	
dexmethylphenidate hcl	2-Generic	QL (60 PER 30 DAYS)
guanfacine hcl er	1-Preferred Generics	
methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
methylphenidate er 36 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
methylphenidate er 20 mg tab	1-Preferred Generics	
methylphenidate er (la) (er(la) 20mg, er(la) 40mg)	1-Preferred Generics	
methylphenidate hcl (2.5 mg chew tb, 5 mg/5 ml soln, 5 mg chew tab, 10 mg/5 ml sol, 10 mg chew tab)	1-Preferred Generics	
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	1-Preferred Generics	QL (90 PER 30 DAYS)
methylphenidate hcl cd (20 mg cap, 40 mg cap)	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylphenidate hcl er (cd) (er(cd) 20mg, er(cd) 40mg)	1-Preferred Generics	
methylphenidate la (20 mg cap, 40 mg cap, 60 mg cap)	1-Preferred Generics	
CENTRAL NERVOUS SYSTEM, OTHER		
butalbital-acetaminophn 50-325	1-Preferred Generics	PA
butalb-acetamin-caff 50-325-40	2-Generic	PA
HORIZANT ER 300 MG TABLET	3-Preferred Brands	
INGREZZA	5-Specialty	PA, QL (30 PER 30 DAYS)
INGREZZA INITIATION PACK	5-Specialty	PA, QL (28 PER 28 DAYS)
NUEDEXTA	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
riluzole	2-Generic	
tetrabenazine	5-Specialty	
FIBROMYALGIA AGENTS		
duloxetine hcl	1-Preferred Generics	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3-Preferred Brands	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3-Preferred Brands	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	3-Preferred Brands	PA - FOR NEW STARTS ONLY
LYRICA CR (82.5 MG TABLET, 165 MG TABLET)	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
LYRICA CR 330 MG TABLET	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
pregabalin (225 mg capsule, 300 mg capsule)	2-Generic	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	2-Generic	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pregabalin 20 mg/ml solution	2-Generic	PA - FOR NEW STARTS ONLY
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	4-Non-Preferred Drug	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5-Specialty	
AUBAGIO	5-Specialty	QL (30 PER 30 DAYS)
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	5-Specialty	
AVONEX PEN	5-Specialty	
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5-Specialty	
COPAXONE 20 MG/ML SYRINGE	5-Specialty	QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5-Specialty	QL (12 PER 28 DAYS)
dalfampridine er	5-Specialty	QL (60 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5-Specialty	QL (30 PER 30 DAYS)
glatiramer 20 mg/ml syringe	5-Specialty	QL (30 PER 30 DAYS)
glatiramer 40 mg/ml syringe	5-Specialty	QL (12 PER 28 DAYS)
GLATOPA 20 MG/ML SYRINGE	5-Specialty	QL (30 PER 30 DAYS)
GLATOPA 40 MG/ML SYRINGE	5-Specialty	QL (12 PER 28 DAYS)
MAVENCLAD	5-Specialty	PA
PLEGRIDY	5-Specialty	
PLEGRIDY PEN	5-Specialty	
TECFIDERA	5-Specialty	
DENTAL AND ORAL AGENTS		
cevimeline hcl	2-Generic	
chlorhexidine 0.12% rinse	1-Preferred Generics	
PERIOGARD	1-Preferred Generics	
pilocarpine hcl 5 mg tablet	2-Generic	
pilocarpine hcl 7.5 mg tablet	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
triamcinolone 0.1% paste	2-Generic	
DERMATOLOGICAL AGENTS		
acitretin	2-Generic	
adapalene (0.1% gel, 0.1% cream, 0.3% gel pump, 0.3% gel)	2-Generic	
ammonium lactate (cream, lotion)	2-Generic	
calcipotriene (cream, ointment, solution)	2-Generic	
calcipotriene-betamethasone dp	1-Preferred Generics	
calcitriol 3 mcg/g ointment	1-Preferred Generics	
CLARAVIS	3-Preferred Brands	
clind ph-benzoyl perox 1.2-5%	2-Generic	
clindamycin phos-tretinoin	2-Generic	
clindamycin-benzoyl peroxide (clinda-benzoyl 1-5% pump, clindamycin-benzoyl 1-5%)	2-Generic	
clotrimazole-betamethasone (crm, lot)	2-Generic	
COSENTYX (2 SYRINGES)	5-Specialty	PA
COSENTYX PEN	5-Specialty	PA
COSENTYX PEN (2 PENS)	5-Specialty	PA
COSENTYX SYRINGE	5-Specialty	PA
diclofenac sodium 1% gel	1-Preferred Generics	
doxepin 5% cream	1-Preferred Generics	
ELIDEL	4-Non-Preferred Drug	
fluorouracil 0.5% cream	1-Preferred Generics	
imiquimod 5% cream packet	2-Generic	
isotretinoin	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metronidazole (0.75% cream, top 1% gel pump, topical 0.75% gl, topical 1% gel)	2-Generic	
metronidazole 0.75% lotion	1-Preferred Generics	
MICORT-HC	2-Generic	
MYORISAN	3-Preferred Brands	
pimecrolimus	4-Non-Preferred Drug	
podofilox	1-Preferred Generics	
REGRANEX	5-Specialty	
SANTYL	4-Non-Preferred Drug	QL (90 PER 30 DAYS)
selenium sulfide	2-Generic	
tacrolimus (0.03%, 0.1%)	2-Generic	
tazarotene	2-Generic	
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	4-Non-Preferred Drug	
TOLAK	3-Preferred Brands	
tretinoin (0.01% gel, 0.025% gel, 0.025% cream, 0.05% gel, 0.05% cream, 0.1% cream)	2-Generic	
tretinoin microsphere (gel 0.04% tube, gel 0.04% pump, gel 0.1% tube, gel 0.1% pump)	2-Generic	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

AMINOSYN II (8.5%, 10%, 15%)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
AMINOSYN II WITH ELECTROLYTES	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
AMINOSYN 8.5%-ELECTROLYTES SOL	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
CLINIMIX E (4.25%-5%, 5%-20%)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
dextrose 10%-0.2% nacl	1-Preferred Generics	
dextrose 10%-0.45% nacl	1-Preferred Generics	
dextrose 2.5%-0.45% nacl	1-Preferred Generics	
dextrose 5%-0.2% nacl	1-Preferred Generics	
dextrose 5%-0.2% nacl-kcl	1-Preferred Generics	
dextrose 5%-0.225% nacl	1-Preferred Generics	
dextrose 5%-0.225% nacl-kcl	1-Preferred Generics	
dextrose 5%-0.3% nacl	1-Preferred Generics	
dextrose 5%-0.3% nacl-kcl	1-Preferred Generics	
dextrose 5%-0.33% nacl	1-Preferred Generics	
dextrose 5%-0.33% nacl-kcl	1-Preferred Generics	
dextrose 5%-0.45% nacl	1-Preferred Generics	
dextrose 5%-0.45% nacl-kcl	1-Preferred Generics	
dextrose 5%-0.9% nacl	1-Preferred Generics	
dextrose 5%-1/2ns-kcl	1-Preferred Generics	
dextrose 5%-ns-kcl	1-Preferred Generics	
dextrose 5%-potassium chloride (20, 40)	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose in water (5%-water vial, 5%-water 50 ml, 5%-water 100 ml, 5%-water iv soln, 10%-water iv solution)	1-Preferred Generics	
ENDARI	5-Specialty	PA, LA, QL (180 PER 30 DAYS)
fluoride	1-Preferred Generics	
FLUORITAB	1-Preferred Generics	
glucose in water	1-Preferred Generics	
INTRALIPID	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
K-TAB ER (ER 8 TABLET, ER 10 TABLET)	2-Generic	
K-TAB ER 20 MEQ TABLET	1-Preferred Generics	
KLOR-CON 20 MEQ PACKET	2-Generic	
KLOR-CON 10	2-Generic	
KLOR-CON 8	2-Generic	
KLOR-CON M10	2-Generic	
KLOR-CON M15	2-Generic	
KLOR-CON M20	2-Generic	
KLOR-CON SPRINKLE	2-Generic	
LUDENT FLUORIDE	1-Preferred Generics	
magnesium sulfate (syringe, vial)	1-Preferred Generics	
NORMOSOL-M AND DEXTROSE	3-Preferred Brands	
NORMOSOL-R AND DEXTROSE	3-Preferred Brands	
NORMOSOL-R PH 7.4	3-Preferred Brands	
PLASMA-LYTE 148	3-Preferred Brands	
PLASMA-LYTE A PH 7.4	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
potassium chl-normal saline	1-Preferred Generics	
potassium chloride (er 8 meq capsule, er 8 meq tablet, er 10 meq tablet, er 10 meq capsule, 10% (20 meq/15ml), 10% (40 meq/30ml), 20 meq packet, 20% (40 meq/15ml), er 20 meq tablet)	2-Generic	
potassium chloride (10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml)	1-Preferred Generics	
potassium chloride (2 meq/ml vial, 10 meq/5 ml conc, 20 meq/10 ml conc, 40 meq/20 ml conc, 60 meq/30 ml conc)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
kcl 20 meq in d5w-lact ringer	1-Preferred Generics	
potassium chloride proamp	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
potassium chloride-nacl	1-Preferred Generics	
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.45% solution, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% sol-excel, sodium chloride 0.9% vial, sodium chloride 0.9% solution, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% soln, sodium chloride 0.9% 500 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 100 ml, sodium chloride 3% iv soln, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)	1-Preferred Generics	
sodium fluoride (0.25 (0.55) mg, 0.5 mg(1.1 mg), 1 mg (2.2 mg))	1-Preferred Generics	
sodium lactate	1-Preferred Generics	
TPN ELECTROLYTES	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
TRAVASOL	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TROPHAMINE	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	3-Preferred Brands	
deferasirox	5-Specialty	PA
EXJADE	5-Specialty	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5-Specialty	
KIONEX 15 GM/60 ML SUSPENSION	3-Preferred Brands	
sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)	2-Generic	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	2-Generic	
trientine hcl	5-Specialty	QL (240 PER 30 DAYS)
PHOSPHATE BINDERS		
calcium acetate (667 mg capsule, 667 mg tablet, 667 mg gelcap)	2-Generic	
FOSRENOL (750 MG PACKET, 1,000 MG PACK)	4-Non-Preferred Drug	
lanthanum carbonate	2-Generic	
RENAGEL 800 MG TABLET	3-Preferred Brands	
sevelamer carbonate 800 mg tab	2-Generic	
sevelamer hcl 800 mg tablet	2-Generic	
VELTASSA	3-Preferred Brands	
VITAMINS		
ATABEX EC	3-Preferred Brands	
BAL-CARE DHA	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BAL-CARE DHA ESSENTIAL	3-Preferred Brands	
C-NATE DHA	3-Preferred Brands	
CADEAU DHA	3-Preferred Brands	
CALCIUM PNV	3-Preferred Brands	
CITRANATAL 90 DHA	3-Preferred Brands	
CITRANATAL ASSURE	3-Preferred Brands	
CITRANATAL B-CALM	3-Preferred Brands	
CITRANATAL DHA	3-Preferred Brands	
CITRANATAL HARMONY	3-Preferred Brands	
CITRANATAL RX	3-Preferred Brands	
COMPLETE NATAL DHA	3-Preferred Brands	
COMPLETENATE	3-Preferred Brands	
CONCEPT DHA	3-Preferred Brands	
CONCEPT OB	3-Preferred Brands	
DOTHELLE DHA	3-Preferred Brands	
DUET DHA 400	3-Preferred Brands	
DUET DHA BALANCED	3-Preferred Brands	
ENBRACE HR	3-Preferred Brands	
EXTRA-VIRT PLUS DHA	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FOCALGIN 90 DHA	3-Preferred Brands	
FOCALGIN CA	3-Preferred Brands	
FOLET ONE	3-Preferred Brands	
FOLIVANE-OB	3-Preferred Brands	
HEMENATAL OB	3-Preferred Brands	
HEMENATAL OB + DHA	3-Preferred Brands	
KOSHER PRENATAL PLUS IRON	3-Preferred Brands	
levomefolate dha	3-Preferred Brands	
M-NATAL PLUS	3-Preferred Brands	
MARNATAL-F	3-Preferred Brands	
MYNATAL (CAPSULE, ULTRACAPLET)	3-Preferred Brands	
MYNATAL ADVANCE	3-Preferred Brands	
MYNATAL PLUS	3-Preferred Brands	
MYNATAL-Z	3-Preferred Brands	
MYNATE 90 PLUS	3-Preferred Brands	
NATACHEW	3-Preferred Brands	
NATELLE ONE	3-Preferred Brands	
NEEVODHA	3-Preferred Brands	
NESTABS	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NESTABS ABC	3-Preferred Brands	
NESTABS DHA	3-Preferred Brands	
NESTABS ONE	3-Preferred Brands	
NEWGEN	3-Preferred Brands	
NEXA PLUS	3-Preferred Brands	
O-CAL PRENATAL	3-Preferred Brands	
OB COMPLETE	3-Preferred Brands	
OB COMPLETE ONE	3-Preferred Brands	
OB COMPLETE PETITE	3-Preferred Brands	
OB COMPLETE PREMIER	3-Preferred Brands	
OB COMPLETE WITH DHA	3-Preferred Brands	
OBSTETRIX DHA	3-Preferred Brands	
OBSTETRIX EC	3-Preferred Brands	
OBSTETRIX ONE	3-Preferred Brands	
OBTREX DHA PRENATAL VITAMIN	3-Preferred Brands	
PNV 29-1	3-Preferred Brands	
PNV OB+DHA	3-Preferred Brands	
PNV-DHA + DOCUSATE	3-Preferred Brands	
pnv-ferrous fumarate-docu-fa	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PNV-OMEGA	3-Preferred Brands	
PNV-VP-U	3-Preferred Brands	
PR NATAL 400	3-Preferred Brands	
PR NATAL 400 EC	3-Preferred Brands	
PR NATAL 430	3-Preferred Brands	
PR NATAL 430 EC	3-Preferred Brands	
PREFERA OB	3-Preferred Brands	
PREFERA-OB ONE	3-Preferred Brands	
PREFERA-OB PLUS DHA	3-Preferred Brands	
PRENA1 CHEW	3-Preferred Brands	
PRENA1 PEARL	3-Preferred Brands	
PRENA1 TRUE	3-Preferred Brands	
PRENAISSANCE	3-Preferred Brands	
PRENAISSANCE PLUS	3-Preferred Brands	
PRENATA	3-Preferred Brands	
PRENATABS FA	3-Preferred Brands	
PRENATABS RX	3-Preferred Brands	
prenatal 19 (19 tablet, 19 chewable tablet)	3-Preferred Brands	
prenatal low iron	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prenatal plus	3-Preferred Brands	
prenatal plus-dha	3-Preferred Brands	
prenatal vitamin plus low iron	3-Preferred Brands	
prenatal-u	3-Preferred Brands	
PRENATE AM	3-Preferred Brands	
PRENATE CHEWABLE	3-Preferred Brands	
PRENATE DHA	3-Preferred Brands	
PRENATE ELITE	3-Preferred Brands	
PRENATE ENHANCE	3-Preferred Brands	
PRENATE ESSENTIAL	3-Preferred Brands	
PRENATE MINI	3-Preferred Brands	
PRENATE PIXIE	3-Preferred Brands	
PRENATE RESTORE	3-Preferred Brands	
PRENATE STAR	3-Preferred Brands	
PREPLUS	3-Preferred Brands	
PRETAB	3-Preferred Brands	
PRIMACARE	3-Preferred Brands	
PROVIDA DHA	3-Preferred Brands	
PROVIDA OB	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PUREFE OB PLUS	3-Preferred Brands	
R-NATAL OB	3-Preferred Brands	
SE-NATAL 19 (19 CHEWABLE TABLET, 19 TABLET)	3-Preferred Brands	
SELECT-OB	3-Preferred Brands	
SELECT-OB + DHA	3-Preferred Brands	
TARON-C DHA	3-Preferred Brands	
TARON-PREX PRENATAL	3-Preferred Brands	
THRIVITE RX	3-Preferred Brands	
TRICARE	3-Preferred Brands	
TRICARE PRENATAL	3-Preferred Brands	
TRICARE PRENATAL DHA ONE	3-Preferred Brands	
TRINATAL RX 1	3-Preferred Brands	
TRINATE	3-Preferred Brands	
TRISTART DHA	3-Preferred Brands	
TRIVEEN-DUO DHA	3-Preferred Brands	
TRUST NATAL DHA	3-Preferred Brands	
ULTIMATECARE ONE	3-Preferred Brands	
ULTIMATECARE ONE NF	3-Preferred Brands	
VEMAVITE-PRX 2	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VINATE CARE	3-Preferred Brands	
VINATE DHA RF	3-Preferred Brands	
VINATE ONE	3-Preferred Brands	
VINATE-M	3-Preferred Brands	
VIRT-ADVANCE	3-Preferred Brands	
VIRT-C DHA	3-Preferred Brands	
VIRT-NATE	3-Preferred Brands	
VIRT-NATE DHA	3-Preferred Brands	
VIRT-PN	3-Preferred Brands	
VIRT-PN DHA	3-Preferred Brands	
VIRT-PN PLUS	3-Preferred Brands	
VIRT-SELECT	3-Preferred Brands	
VIRT-VITE GT	3-Preferred Brands	
VIRTPREX	3-Preferred Brands	
VITAFOL FE+	3-Preferred Brands	
VITAFOL GUMMIES	3-Preferred Brands	
VITAFOL NANO	3-Preferred Brands	
VITAFOL ULTRA	3-Preferred Brands	
VITAFOL-OB	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITAFOL-OB+DHA	3-Preferred Brands	
VITAFOL-ONE	3-Preferred Brands	
VITAMEDMD ONE RX	3-Preferred Brands	
VITAMEDMD REDICHEW RX	3-Preferred Brands	
VITAPEARL	3-Preferred Brands	
VITATRUE	3-Preferred Brands	
VP-CH PLUS	3-Preferred Brands	
VP-CH-PNV	3-Preferred Brands	
VP-GGR-B6	3-Preferred Brands	
VP-HEME OB	3-Preferred Brands	
VP-HEME ONE	3-Preferred Brands	
VP-PNV-DHA	3-Preferred Brands	
ZATEAN-PN DHA	3-Preferred Brands	
ZATEAN-PN PLUS	3-Preferred Brands	
ZINGIBER	3-Preferred Brands	
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln)	1-Preferred Generics	
dicyclomine 20 mg tablet	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glycopyrrolate (1 mg tablet, 2 mg tablet)	1-Preferred Generics	
methscopolamine brom 2.5 mg tb	2-Generic	
methscopolamine brom 5 mg tab	1-Preferred Generics	
propantheline bromide	1-Preferred Generics	
GASTROINTESTINAL AGENTS, OTHER		
cromolyn 100 mg/5 ml oral conc	1-Preferred Generics	
diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)	2-Generic	
GATTEX	5-Specialty	
lansoprazol-amoxicil-clarithro	2-Generic	
loperamide 2 mg capsule	2-Generic	
MYALEPT	5-Specialty	PA
MYTESI	4-Non-Preferred Drug	
RELISTOR (12 MG/0.6 ML VIAL, 150 MG TABLET)	5-Specialty	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	2-Generic	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tablet, 300 mg/5 ml soln, 800 mg tablet)	1-Preferred Generics	
cimetidine (300 mg tablet, 400 mg tablet)	2-Generic	
famotidine (20 mg tablet, 40 mg/5 ml susp, 40 mg tablet)	1-Preferred Generics	
ranitidine hcl (15 mg/ml syrup, 150 mg/10 ml syrup, 150 mg tablet, 150 mg capsule, 300 mg capsule, 300 mg tablet)	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IRRITABLE BOWEL SYNDROME AGENTS		
alosetron hcl	1-Preferred Generics	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
VIBERZI	3-Preferred Brands	
LAXATIVES		
COLYTE WITH FLAVOR PACKETS	2-Generic	
CONSTULOSE	2-Generic	
ENULOSE	1-Preferred Generics	
GAVILYTE-C	1-Preferred Generics	
GAVILYTE-G	1-Preferred Generics	
GAVILYTE-N	1-Preferred Generics	
GENERLAC	1-Preferred Generics	
GOLYTELY (PACKET, SOLUTION)	1-Preferred Generics	
KRISTALOSE	3-Preferred Brands	
lactulose 10 gm packet	2-Generic	
lactulose (10 gm/15 ml, 20 gm/30 ml)	1-Preferred Generics	
MOVIPREP	3-Preferred Brands	
NULYTELY WITH FLAVOR PACKS	2-Generic	
peg 3350-electrolyte	1-Preferred Generics	
peg-3350 and electrolytes	1-Preferred Generics	
TRILYTE WITH FLAVOR PACKETS	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	3-Preferred Brands	
misoprostol	2-Generic	
sucralfate	2-Generic	
PROTON PUMP INHIBITORS		
DEXILANT	4-Non-Preferred Drug	
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	2-Generic	QL (60 PER 30 DAYS)
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	2-Generic	QL (60 PER 30 DAYS)
lansoprazole (odt 15 mg tablet, odt 30 mg tablet)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
omeprazole (dr 10 mg capsule, dr 20 mg capsule)	1-Preferred Generics	QL (60 PER 30 DAYS)
omeprazole dr 40 mg capsule	2-Generic	QL (60 PER 30 DAYS)
pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)	1-Preferred Generics	QL (60 PER 30 DAYS)
rabeprazole sod dr 20 mg tab	2-Generic	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	5-Specialty	
CARBAGLU	5-Specialty	
CREON	3-Preferred Brands	
CYSTADANE	3-Preferred Brands	
CYSTAGON	3-Preferred Brands	
GLASSIA	5-Specialty	
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5-Specialty	
miglustat	5-Specialty	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NITYR	5-Specialty	
OCALIVA	5-Specialty	PA
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5-Specialty	
PANCREAZE	3-Preferred Brands	
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE, DR 16,000 CAPSULE)	3-Preferred Brands	
PROLASTIN C	5-Specialty	
RAVICTI	5-Specialty	PA
sodium phenylbutyrate 500mg tb	5-Specialty	
ZEMAIRA	5-Specialty	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin er	2-Generic	
flavoxate hcl	1-Preferred Generics	
MYRBETRIQ	3-Preferred Brands	
oxybutynin 5 mg/5 ml syrup	2-Generic	
oxybutynin 5 mg tablet	2-Generic	QL (120 PER 30 DAYS)
oxybutynin chloride er	2-Generic	QL (60 PER 30 DAYS)
OXYTROL	4-Non-Preferred Drug	
solifenacin succinate	2-Generic	
tolterodine tartrate	2-Generic	
tolterodine tartrate er	2-Generic	QL (30 PER 30 DAYS)
TOVIAZ	4-Non-Preferred Drug	
trospium chloride	2-Generic	
trospium chloride er	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VESICARE	3-Preferred Brands	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	2-Generic	
dutasteride	2-Generic	QL (30 PER 30 DAYS)
dutasteride-tamsulosin	2-Generic	QL (30 PER 30 DAYS)
finasteride	2-Generic	QL (30 PER 30 DAYS)
silodosin	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
tamsulosin hcl	2-Generic	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride	1-Preferred Generics	
DEPEN	3-Preferred Brands	
ELMIRON	3-Preferred Brands	
potassium citrate er	2-Generic	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	5-Specialty	PA
ALA-CORT 2.5% CREAM	1-Preferred Generics	
alclometasone dipropionate (dipr oint, dipro crm)	2-Generic	
amcinonide (cream, lotion, ointment)	1-Preferred Generics	
betamethasone dp aug 0.05% gel	1-Preferred Generics	
betamethasone diprop augmented (crm, lot, oin)	2-Generic	
betamethasone dipropionate (crm, lot, oint)	2-Generic	
betamethasone valer 0.12% foam	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
betamethasone valerate (va cream, va lotion, valer ointm)	2-Generic	
CAPEX SHAMPOO	3-Preferred Brands	
clobetasol emollient (emollient crm, emollnt foam)	2-Generic	
clobetasol emulsion	2-Generic	
clobetasol propionate (cream, gel, ointment, prop foam, prop spray, shampoo, solution, topical lotn)	2-Generic	
cortisone acetate	1-Preferred Generics	
desonide (cream, lotion, ointment)	2-Generic	
desoximetasone (cream, gel, ointment)	1-Preferred Generics	
desoximetasone (cream, ointment)	2-Generic	
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	1-Preferred Generics	
DEXAMETHASONE INTENSOL	3-Preferred Brands	
dexamethasone sodium phosphate (4 mg/ml vial, 4 mg/ml syringe, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)	1-Preferred Generics	
diflorasone 0.05% cream	1-Preferred Generics	
diflorasone 0.05% ointment	2-Generic	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5-Specialty	PA
fludrocortisone acetate	2-Generic	
fluocinolone acetonide (0.01% solution, 0.01% cream, 0.01% body oil, 0.01% scalp oil, 0.025% cream, 0.025% ointment)	2-Generic	
fluocinonide 0.05% cream	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluocinonide (gel, ointment, solution)	2-Generic	
fluocinonide-e	2-Generic	
flurandrenolide (cream, lotion, ointment)	2-Generic	
fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)	2-Generic	
halobetasol propionate (cream, ointmnt)	2-Generic	
hydrocortisone (1% ointment, 1% cream, 2.5% cream, 2.5% ointment, 2.5% lotion)	1-Preferred Generics	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	2-Generic	
hydrocortisone butyr 0.1% lotn	4-Non-Preferred Drug	
hydrocortisone butyrate (oint, soln)	1-Preferred Generics	
hydrocortisone valerate (cream, ointmt)	2-Generic	
KORLYM	5-Specialty	
LOCOID 0.1% LOTION	4-Non-Preferred Drug	
methylprednisolone (4 mg tablet, 4 mg dosepk, 8 mg tab, 16 mg tab, 32 mg tab)	2-Generic	
methylprednisolone 40 mg/ml vl	1-Preferred Generics	
methylprednisolone ss 1 gm vl	1-Preferred Generics	
MILLIPRED 5 MG TABLET	3-Preferred Brands	
mometasone furoate (cream, oint, soln)	2-Generic	
prednisolone	1-Preferred Generics	
prednisolone sodium phos odt	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prednisolone sodium phosphate (10 mg/5 ml soln, 20 mg/5 ml soln)	2-Generic	
prednisolone sodium phosphate (5 mg/5 ml soln, 15 mg/5 ml soln, sod ph 25 mg/5 ml)	1-Preferred Generics	
prednisone (2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 50 mg tablet)	1-Preferred Generics	
prednisone (1 mg tablet, 5 mg/5 ml solution, 20 mg tablet)	2-Generic	
PREDNISONE INTENSOL	1-Preferred Generics	
PROCTO-MED HC	2-Generic	
PROCTOSOL-HC	2-Generic	
PROCTOZONE-HC	2-Generic	
SOLU-MEDROL 500 MG VIAL	3-Preferred Brands	
triamcinolone acetonide (0.025% lotion, 0.025% oint, 0.025% cream, 0.1% ointment, 0.1% cream, 0.1% lotion, 0.147 mg/g spray, 0.5% ointment, 0.5% cream)	2-Generic	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin acetate (solution, spray)	2-Generic	QL (15 PER 30 DAYS)
desmopressin acetate (0.1 mg, 0.2 mg)	1-Preferred Generics	
INCRELEX	5-Specialty	
NORDITROPIN FLEXPRO	5-Specialty	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50	3-Preferred Brands	
oxandrolone 10 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxandrolone 2.5 mg tablet	1-Preferred Generics	QL (240 PER 30 DAYS)
ANDROGENS		
ANDROGEL 1.62% GEL PUMP	3-Preferred Brands	QL (150 PER 30 DAYS)
danazol	1-Preferred Generics	
methyltestosterone	1-Preferred Generics	
testosterone 1.62% gel pump	2-Generic	QL (150 PER 30 DAYS)
testosterone (12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)	2-Generic	QL (300 PER 30 DAYS)
testosterone cypionate	1-Preferred Generics	
testosterone enanthate	1-Preferred Generics	
ESTROGENS		
ALYACEN 1-35 28 TABLET	2-Generic	
AMABELZ	2-Generic	
AMETHIA LO	2-Generic	
APRI	1-Preferred Generics	
ARANELLE	1-Preferred Generics	
AVIANE	1-Preferred Generics	
BALZIVA	1-Preferred Generics	
CAMRESE LO	2-Generic	
CAZIANT	2-Generic	
CRYSELLE	1-Preferred Generics	
CYCLAFEM	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
desogestr-eth estrad eth estra	1-Preferred Generics	
desogestrel-ethinyl estradiol	1-Preferred Generics	
DOTTI	1-Preferred Generics	
drosp-ee-levomef 3-0.02-0.451	1-Preferred Generics	
drospirenone-ee 3-0.03 mg tab	1-Preferred Generics	
ENPRESSE	1-Preferred Generics	
ESTARYLLA	1-Preferred Generics	
estradiol (0.01% cream, 10 mcg vaginal insrt)	2-Generic	
estradiol (tds 0.025 mg/day, 0.025 mg patch, 0.0375 mg/day patch, tds 0.0375 mg/day, 0.0375 mg patch, 0.05 mg patch, tds 0.05 mg/day, 0.06 mg/day patch, tds 0.06 mg/day, tds 0.075 mg/day, 0.075 mg patch, 0.075 mg/day patch, 0.1 mg patch, tds 0.1 mg/day, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1-Preferred Generics	
estropipate 0.625(0.75 mg) tab	1-Preferred Generics	
ethynodiol-ethinyl estradiol	1-Preferred Generics	
FEMYNOR	2-Generic	
JUNEL	1-Preferred Generics	
JUNEL FE	1-Preferred Generics	
KARIVA	2-Generic	
KELNOR 1-35	1-Preferred Generics	
KELNOR 1-50	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LARIN	1-Preferred Generics	
LARIN FE	1-Preferred Generics	
LARISSIA	1-Preferred Generics	
LESSINA	1-Preferred Generics	
levono-e estrad 0.10-0.02-0.01	1-Preferred Generics	
levonorgestrel-eth estradiol (0.1-0.02 mg, 0.15-0.03)	1-Preferred Generics	
LEVORA-28	1-Preferred Generics	
LOW-OGESTREL	1-Preferred Generics	
LUTERA	1-Preferred Generics	
MENEST	3-Preferred Brands	
MICROGESTIN	1-Preferred Generics	
MICROGESTIN FE	1-Preferred Generics	
MILI	1-Preferred Generics	
MONONESSA	1-Preferred Generics	
NECON (0.5-35-28 TABLET, 7-7-7-28 TABLET)	1-Preferred Generics	
noret-estr-fe 0.4-0.035(21)-75	1-Preferred Generics	
norethind-eth estrad 1-0.02 mg	1-Preferred Generics	
norg-ee 0.18-0.215-0.25/0.035	1-Preferred Generics	
norg-ethin estra 0.25-0.035 mg	2-Generic	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORTREL	1-Preferred Generics	
NUVARING	3-Preferred Brands	QL (1 PER 28 DAYS)
OCELLA	2-Generic	
OGESTREL	1-Preferred Generics	
PORTIA	1-Preferred Generics	
PREMARIN VAGINAL CREAM-APPL	3-Preferred Brands	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET)	3-Preferred Brands	QL (30 PER 30 DAYS)
PREMARIN 1.25 MG TABLET	3-Preferred Brands	QL (180 PER 30 DAYS)
PREMPHASE	3-Preferred Brands	
PREMPRO	3-Preferred Brands	QL (30 PER 30 DAYS)
PREVIFEM	1-Preferred Generics	
RECLIPSEN	2-Generic	
SPRINTEC	1-Preferred Generics	
SRONYX	1-Preferred Generics	
SYEDA	2-Generic	
TRI-ESTARYLLA	1-Preferred Generics	
TRI-LEGEST FE	1-Preferred Generics	
TRI-LINYAH	1-Preferred Generics	
TRI-MILI	1-Preferred Generics	
TRI-PREVIFEM	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-SPRINTEC	1-Preferred Generics	
TRI-VYLIBRA	1-Preferred Generics	
TRINESSA	1-Preferred Generics	
TRIVORA-28	1-Preferred Generics	
VELIVET	1-Preferred Generics	
VYLIBRA	1-Preferred Generics	
XULANE	2-Generic	
YUVAFEM	2-Generic	
ZARAH	2-Generic	
ZENCHENT	1-Preferred Generics	
ZOVIA 1-35E	1-Preferred Generics	
PROGESTINS		
DEPO-PROVERA 400 MG/ML VIAL	4-Non-Preferred Drug	
DEPO-SUBQ PROVERA 104	4-Non-Preferred Drug	
ERRIN	1-Preferred Generics	
JOLIVETTE	1-Preferred Generics	
medroxyprogesterone 150 mg/ml	2-Generic	QL (1 PER 68 DAYS)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1-Preferred Generics	
megestrol acetate (20 mg tablet, acet 40 mg/ml susp, 40 mg tablet, acet 400 mg/10 ml, 625 mg/5 ml susp)	2-Generic	
norethindrone	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindrone ac (lupaneta)	2-Generic	
norethindrone acetate	2-Generic	
progesterone (100 mg capsule, 200 mg capsule)	1-Preferred Generics	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	3-Preferred Brands	
raloxifene hcl	2-Generic	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1-Preferred Generics	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1-Preferred Generics	
SYNTHROID	3-Preferred Brands	
THYROLAR-1	3-Preferred Brands	
THYROLAR-1/2	3-Preferred Brands	
THYROLAR-1/4	3-Preferred Brands	
THYROLAR-2	3-Preferred Brands	
THYROLAR-3	3-Preferred Brands	
TIROSINT	4-Non-Preferred Drug	
TIROSINT-SOL	4-Non-Preferred Drug	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIGARD	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
FIRMAGON	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
leuprolide acetate (1 mg/0.2 ml kit, 14 mg/2.8 ml vl, 14 mg/2.8 ml kt)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT (LUPANETA)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml vl, acet 100 mcg/ml amp, acet 200 mcg/ml vl, acet 500 mcg/ml vl, acet 500 mcg/ml amp, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	1-Preferred Generics	
SIGNIFOR	5-Specialty	
SOMATULINE DEPOT	5-Specialty	
SOMAVERT	5-Specialty	
SYNAREL	3-Preferred Brands	
TRELSTAR	5-Specialty	PA - TO CONFIRM PART D COVERAGE
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole	1-Preferred Generics	
propylthiouracil	2-Generic	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE	5-Specialty	LA
FIRAZYR	5-Specialty	
icatibant	5-Specialty	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNE SUPPRESSANTS		
ASTAGRAF XL	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
AZASAN	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
azathioprine	2-Generic	PA - TO CONFIRM PART D COVERAGE
azathioprine sodium	2-Generic	PA - TO CONFIRM PART D COVERAGE
cyclosporine (25 mg capsule, 50 mg/ml ampul, 100 mg capsule)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
ENBREL (25 MG/0.5 ML, 50 MG/ML)	5-Specialty	PA
ENBREL 25 MG KIT	5-Specialty	PA, QL (8 PER 28 DAYS)
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARSUS XR	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
HUMIRA (10 MG/0.2 ML, 40 MG/0.8 ML)	5-Specialty	PA
HUMIRA 20 MG/0.4 ML SYRINGE	5-Specialty	PA, QL (2 PER 28 DAYS)
HUMIRA PEDIATRIC CROHN'S	5-Specialty	PA
HUMIRA PEN	5-Specialty	PA
HUMIRA PEN CROHN'S-UC-HS	5-Specialty	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	5-Specialty	PA
HUMIRA(CF)	5-Specialty	PA
HUMIRA(CF) PEDIATRIC CROHN'S	5-Specialty	PA
HUMIRA(CF) PEN 40 MG/0.4 ML	5-Specialty	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5-Specialty	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5-Specialty	PA
INFLECTRA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
KINERET	5-Specialty	
methotrexate (2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methotrexate 1 gm vial	1-Preferred Generics	
methotrexate sodium	2-Generic	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg vial, 500 mg tablet)	2-Generic	PA - TO CONFIRM PART D COVERAGE
mycophenolic acid	2-Generic	PA - TO CONFIRM PART D COVERAGE
NULOJIX	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ORENCIA (50 MG/0.4 ML, 87.5 MG/0.7 ML, 125 MG/ML)	5-Specialty	PA
ORENCIA CLICKJECT	5-Specialty	PA
OTREXUP	4-Non-Preferred Drug	
PROGRAF (0.2 MG, 1 MG)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
RAPAMUNE 1 MG/ML ORAL SOLN	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
RASUVO	4-Non-Preferred Drug	
REMICADE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
RENFLEXIS	5-Specialty	PA - TO CONFIRM PART D COVERAGE
SANDIMMUNE 100 MG/ML SOLN	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	2-Generic	PA - TO CONFIRM PART D COVERAGE
tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	2-Generic	PA - TO CONFIRM PART D COVERAGE
temsirolimus	5-Specialty	
TREXALL	4-Non-Preferred Drug	
XATMEP	3-Preferred Brands	
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ZORTRESS 0.25 MG TABLET	4-Non-Preferred Drug	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNIZING AGENTS, PASSIVE		
ATGAM	5-Specialty	
BIVIGAM	5-Specialty	PA
CARIMUNE NF 6 GM VIAL	5-Specialty	PA
GAMMAGARD LIQUID	5-Specialty	PA
GAMMAGARD S-D	5-Specialty	PA
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C 1 GRAM/10 ML VIAL	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA
THYMOGLOBULIN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
IMMUNOMODULATORS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5-Specialty	PA
ACTEMRA ACTPEN	5-Specialty	PA
ACTIMMUNE	5-Specialty	LA
ARCALYST	5-Specialty	LA
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	5-Specialty	
leflunomide 10 mg tablet	2-Generic	QL (30 PER 30 DAYS)
leflunomide 20 mg tablet	2-Generic	QL (150 PER 30 DAYS)
ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT)	4-Non-Preferred Drug	
RIDAURA	3-Preferred Brands	
SIMULECT 20 MG VIAL	5-Specialty	PA - TO CONFIRM PART D COVERAGE
VACCINES		
ACTHIB	1-Preferred Generics	
ADACEL TDAP (SYRINGE, VIAL)	1-Preferred Generics	
bcg vaccine (tice strain)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEXSERO	1-Preferred Generics	
BOOSTRIX TDAP (SYRINGE, VIAL)	1-Preferred Generics	
DAPTACEL DTAP	1-Preferred Generics	
diphtheria-tetanus toxoids-ped	1-Preferred Generics	
ENGERIX-B 20 MCG/ML SYRN	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
ENGERIX-B PEDI 10 MCG/0.5 SYRN	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
GARDASIL 9 (9 VIAL, 9 SYRINGE)	1-Preferred Generics	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL, 1,440 UNITS/ML SYRINGE)	1-Preferred Generics	
HIBERIX	1-Preferred Generics	
IMOVAX RABIES VACCINE	1-Preferred Generics	
INFANRIX DTAP VIAL	1-Preferred Generics	
IPOL	1-Preferred Generics	
IXIARO	1-Preferred Generics	
KINRIX (TIP-LOK SYRINGE, VIAL)	1-Preferred Generics	
M-M-R II VACCINE	1-Preferred Generics	
MENACTRA	1-Preferred Generics	
MENVEO A-C-Y-W-135-DIP	1-Preferred Generics	
PEDIARIX	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDVAXHIB	1-Preferred Generics	
PENTACEL ACTHIB COMPONENT	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL DTAP-IPV	1-Preferred Generics	
RABAVERT	1-Preferred Generics	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
ROTARIX	1-Preferred Generics	
ROTATEQ	1-Preferred Generics	
SHINGRIX	1-Preferred Generics	
tdvax	1-Preferred Generics	
TENIVAC SYRINGE	1-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX	1-Preferred Generics	
TYPHIM VI (25 MCG/0.5 ML SYRNG, 25 MCG/0.5 ML AL)	1-Preferred Generics	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	1-Preferred Generics	
VARIVAX VACCINE	1-Preferred Generics	
VARIZIG 125 UNIT/1.2 ML VIAL	1-Preferred Generics	
YF-VAX	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOSTAVAX	1-Preferred Generics	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO	3-Preferred Brands	
balsalazide disodium	2-Generic	
CANASA	4-Non-Preferred Drug	
DELZICOL	3-Preferred Brands	
DIPENTUM	5-Specialty	
mesalamine 4 gm/60 ml enema	1-Preferred Generics	
mesalamine 1,000 mg supp	4-Non-Preferred Drug	
mesalamine (dr 1.2 gm tablet, 800 mg dr tablet)	2-Generic	
mesalamine dr	2-Generic	
PENTASA	3-Preferred Brands	QL (240 PER 30 DAYS)
GLUCOCORTICOIDS		
budesonide ec	2-Generic	
budesonide er	4-Non-Preferred Drug	
hydrocortisone 100 mg/60 ml	1-Preferred Generics	
SULFONAMIDES		
sulfasalazine	2-Generic	
sulfasalazine dr	2-Generic	
METABOLIC BONE DISEASE AGENTS		
alendronate sod 70 mg/75 ml	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
alendronate sodium (35 mg tab, 70 mg tab)	1-Preferred Generics	QL (4 PER 28 DAYS)
alendronate sodium (5 mg tablet, 10 mg tab, 40 mg tab)	1-Preferred Generics	QL (30 PER 30 DAYS)
calcitonin-salmon	2-Generic	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule)	2-Generic	
calcitriol 1 mcg/ml solution	1-Preferred Generics	
cinacalcet hcl	2-Generic	PA - TO CONFIRM PART D COVERAGE
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	1-Preferred Generics	
etidronate disodium	1-Preferred Generics	
FORTEO	5-Specialty	PA
ibandronate sodium 150 mg tab	2-Generic	
NATPARA	5-Specialty	
PROLIA	3-Preferred Brands	
risedronate sodium	2-Generic	
risedronate sodium dr	2-Generic	
SENSIPAR	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
XGEVA	5-Specialty	
zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
MISCELLANEOUS THERAPEUTIC AGENTS		
curity guaze pads	1-Preferred Generics	
gauze pads & dressings - pads 2 x 2	1-Preferred Generics	
insulin pen needle	1-Preferred Generics	
insulin syringe (disp) u-100 0.3 ml	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
insulin syringe (disp) u-100 1 ml	1-Preferred Generics	
insulin syringe (disp) u-100 1/2 ml	1-Preferred Generics	
isopropyl alcohol 0.7 ml/ml medicated pad	1-Preferred Generics	
needles, insulin disp., safety	1-Preferred Generics	
sterile water for irrigation	1-Preferred Generics	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine 1% eye drops	2-Generic	
bacitracin-polymyxin eye oint	2-Generic	
BLEPHAMIDE	3-Preferred Brands	
BLEPHAMIDE S.O.P.	3-Preferred Brands	
cyclopentolate hcl	1-Preferred Generics	
CYSTARAN	3-Preferred Brands	
neomycin-bacitracin-poly-hc	1-Preferred Generics	
neomycin-bacitracin-polymyxin	2-Generic	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	2-Generic	
neomycin-polymyxin-gramicidin	1-Preferred Generics	
neomycin-poly-hc eye drops	2-Generic	
POLYCIN	1-Preferred Generics	
polymyxin b sul-trimethoprim	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
proparacaine hcl	1-Preferred Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (60 PER 30 DAYS)
sulfacetamide-prednisolone	1-Preferred Generics	
TOBRADEX EYE OINTMENT	3-Preferred Brands	
tobramycin-dexamethasone	2-Generic	
tropicamide (drop, drops)	1-Preferred Generics	
ZYLET	4-Non-Preferred Drug	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	3-Preferred Brands	
ALOMIDE	3-Preferred Brands	
azelastine hcl 0.05% drops	2-Generic	
BEPREVE	4-Non-Preferred Drug	
cromolyn 4% eye drops	2-Generic	
epinastine hcl	2-Generic	
olopatadine hcl 0.1% eye drops	2-Generic	QL (10 PER 30 DAYS)
olopatadine hcl 0.2% eye drop	2-Generic	
PAZEO	4-Non-Preferred Drug	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	3-Preferred Brands	
bromfenac sodium	1-Preferred Generics	
dexamethasone 0.1% eye drop	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diclofenac 0.1% eye drops	1-Preferred Generics	
DUREZOL	3-Preferred Brands	
FLAREX	3-Preferred Brands	
fluorometholone	2-Generic	
flurbiprofen sodium	1-Preferred Generics	
FML FORTE	3-Preferred Brands	
FML S.O.P.	3-Preferred Brands	
ILEVRO	3-Preferred Brands	
ketorolac tromethamine (0.4%, 0.5%)	2-Generic	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	4-Non-Preferred Drug	
loteprednol etabonate	4-Non-Preferred Drug	
NEVANAC	4-Non-Preferred Drug	
PRED MILD	3-Preferred Brands	
prednisolone acetate	2-Generic	
prednisolone sod 1% eye drop	1-Preferred Generics	
PROLENSA	3-Preferred Brands	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P 0.1% DROPS	3-Preferred Brands	
apraclonidine hcl	1-Preferred Generics	
AZOPT	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
betaxolol hcl 0.5% eye drop	1-Preferred Generics	
brimonidine tartrate	2-Generic	
carteolol hcl	1-Preferred Generics	
COMBIGAN	4-Non-Preferred Drug	
dorzolamide hcl	2-Generic	QL (10 PER 18 DAYS)
dorzolamide-timolol eye drops	2-Generic	QL (10 PER 18 DAYS)
levobunolol hcl	1-Preferred Generics	
methazolamide 25 mg tablet	1-Preferred Generics	
methazolamide 50 mg tablet	2-Generic	
metipranolol	1-Preferred Generics	
pilocarpine 1% eye drops	1-Preferred Generics	
pilocarpine hcl (2% drops, 4% drops)	2-Generic	
RHOPRESSA	4-Non-Preferred Drug	QL (2.5 PER 25 DAYS)
SIMBRINZA	3-Preferred Brands	
timolol maleate (maleate 0.25% drop, 0.5% drop, maleate 0.5% drops)	1-Preferred Generics	
timolol maleate (0.25% gfs, 0.25%, 0.5% gfs, 0.5%)	2-Generic	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost	1-Preferred Generics	
latanoprost	2-Generic	QL (5 PER 30 DAYS)
LUMIGAN	3-Preferred Brands	
TRAVATAN Z	3-Preferred Brands	QL (10 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTIC AGENTS		
acetic acid 2% ear solution	2-Generic	
CIPRODEX	3-Preferred Brands	
fluocinolone acetonide oil	2-Generic	
hydrocortisone-acetic acid	2-Generic	
neomycin-polymyxin-hc ear susp	2-Generic	
neomycin-polymyxin-hydrocort	2-Generic	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
budesonide 0.25 mg/2 ml susp	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (240 PER 30 DAYS)
budesonide 0.5 mg/2 ml susp	2-Generic	PA - TO CONFIRM PART D COVERAGE, QL (120 PER 30 DAYS)
budesonide 1 mg/2 ml inh susp	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS)
FLOVENT DISKUS	3-Preferred Brands	QL (80 PER 30 DAYS)
FLOVENT HFA (110 MCG, 220 MCG)	3-Preferred Brands	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3-Preferred Brands	QL (22 PER 30 DAYS)
flunisolide	2-Generic	
fluticasone prop 50 mcg spray	1-Preferred Generics	QL (16 PER 30 DAYS)
mometasone furoate 50 mcg spry	1-Preferred Generics	
OMNARIS	4-Non-Preferred Drug	
PULMICORT FLEXHALER	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QVAR REDIHALER	3-Preferred Brands	QL (21.2 PER 30 DAYS)
ZETONNA	4-Non-Preferred Drug	
ANTIHISTAMINES		
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	2-Generic	
carbinoxamine maleate (4 mg/5 ml liquid, maleate 4 mg tab)	1-Preferred Generics	PA
clemastine fumarate	1-Preferred Generics	PA
cyproheptadine hcl (2 mg/5 ml syrup, 2 mg/5 ml soln, 4 mg/10 ml syrp)	1-Preferred Generics	
cyproheptadine 4 mg tablet	2-Generic	
desloratadine (2.5 mg odt, 5 mg tablet, 5 mg odt)	1-Preferred Generics	
diphenhydramine 50 mg/ml vial	2-Generic	
hydroxyzine hcl (hcl 10 mg tablet, 10 mg/5 ml syrup, 10 mg/5 ml soln, hcl 25 mg tablet, 50 mg/25 ml syrup, hcl 50 mg tablet)	1-Preferred Generics	
hydroxyzine pamoate	2-Generic	
levocetirizine 2.5 mg/5 ml sol	1-Preferred Generics	
levocetirizine 5 mg tablet	2-Generic	
olopatadine 665 mcg nasal spry	1-Preferred Generics	
promethazine hcl (6.25 mg/5 ml syrp, 6.25 mg/5 ml soln, 12.5 mg tablet)	1-Preferred Generics	PA
promethazine 25 mg tablet	2-Generic	PA
ANTILEUKOTRIENES		
montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)	1-Preferred Generics	QL (30 PER 30 DAYS)
zafirlukast 10 mg tablet	2-Generic	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zafirlukast 20 mg tablet	2-Generic	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3-Preferred Brands	
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
ipratropium br 0.02% soln	2-Generic	PA - TO CONFIRM PART D COVERAGE
ipratropium bromide (0.03%, 0.06%)	2-Generic	
SPIRIVA	3-Preferred Brands	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
TUDORZA PRESSAIR	3-Preferred Brands	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate er 4 mg tab, sulfate er 8 mg tab)	1-Preferred Generics	
albuterol sulfate 4 mg tab	2-Generic	
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sul 2.5 mg/3 ml soln, 2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution)	2-Generic	PA - TO CONFIRM PART D COVERAGE
albuterol sulfate hfa	2-Generic	
ARCAPTA NEOHALER	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	1-Preferred Generics	
EPIPEN 2-PAK	3-Preferred Brands	
EPIPEN JR 2-PAK	3-Preferred Brands	
levalbuterol concentrate	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE
levalbuterol hcl	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levalbuterol tartrate hfa	2-Generic	
metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syr, 20 mg tablet)	1-Preferred Generics	
PROAIR HFA	3-Preferred Brands	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	3-Preferred Brands	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1-Preferred Generics	
VENTOLIN HFA	3-Preferred Brands	QL (36 PER 30 DAYS)
CYSTIC FIBROSIS AGENTS		
CAYSTON	5-Specialty	
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5-Specialty	PA
ORKAMBI (100-125 MG GRANULE PKT, 100 MG-125 MG TABLET, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5-Specialty	PA
PULMOZYME	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TOBI PODHALER	5-Specialty	
MAST CELL STABILIZERS		
cromolyn 20 mg/2 ml neb soln	1-Preferred Generics	PA - TO CONFIRM PART D COVERAGE, QL (240 PER 30 DAYS)
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP	4-Non-Preferred Drug	
THEO-24	4-Non-Preferred Drug	
theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)	2-Generic	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
theophylline anhydrous	2-Generic	
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	5-Specialty	PA
ADEMPAS	5-Specialty	PA
ALYQ	5-Specialty	PA
ambrisentan	5-Specialty	PA
bosentan	5-Specialty	PA
LETAIRIS	5-Specialty	PA
OPSUMIT	5-Specialty	PA
REMODULIN	5-Specialty	PA - TO CONFIRM PART D COVERAGE
REVATIO 10 MG/ML ORAL SUSP	3-Preferred Brands	PA
sildenafil citrate (10 mg/ml oral susp, 20 mg tablet)	2-Generic	PA
tadalafil 20 mg tablet (for pah)	5-Specialty	PA
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	5-Specialty	PA
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5-Specialty	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET (267 MG CAPSULE, 267 MG TABLET, 801 MG TABLET)	5-Specialty	PA
OFEV	5-Specialty	PA
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10% vial, 20% vial)	2-Generic	PA - TO CONFIRM PART D COVERAGE
ADVAIR DISKUS	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
ADVAIR HFA	4-Non-Preferred Drug	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
DULERA	3-Preferred Brands	QL (13 PER 30 DAYS)
fluticasone-salmeterol (55-14, 113-14, 232-14)	2-Generic	
fluticasone-salmeterol (100-50, 250-50, 500-50)	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
ipratropium-albuterol	2-Generic	PA - TO CONFIRM PART D COVERAGE
promethazine vc	2-Generic	PA
promethazine-phenylephrine	2-Generic	PA
STIOLTO RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
SYMBICORT	3-Preferred Brands	QL (10.2 PER 30 DAYS)
tobramycin 300 mg/5 ml ampule	5-Specialty	PA - TO CONFIRM PART D COVERAGE
WIXELA INHUB	4-Non-Preferred Drug	QL (60 PER 30 DAYS)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	5-Specialty	PA
SKELETAL MUSCLE RELAXANTS		
BOTOX	3-Preferred Brands	PA
carisoprodol	2-Generic	PA, QL (120 PER 30 DAYS)
chlorzoxazone 500 mg tablet	2-Generic	PA
cyclobenzaprine 10 mg tablet	1-Preferred Generics	PA, QL (90 PER 30 DAYS)
cyclobenzaprine 5 mg tablet	1-Preferred Generics	PA, QL (180 PER 30 DAYS)
metaxalone	2-Generic	PA
methocarbamol (500 mg tablet, 750 mg tablet)	2-Generic	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
orphenadrine citrate er	2-Generic	PA
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
estazolam	1-Preferred Generics	
eszopiclone	1-Preferred Generics	PA, QL (30 PER 30 DAYS)
temazepam 15 mg capsule	1-Preferred Generics	QL (60 PER 30 DAYS)
temazepam 30 mg capsule	1-Preferred Generics	QL (30 PER 30 DAYS)
triazolam 0.125 mg tablet	1-Preferred Generics	QL (60 PER 30 DAYS)
triazolam 0.25 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
zaleplon	2-Generic	PA, QL (30 PER 30 DAYS)
zolpidem tartrate 10 mg tablet	1-Preferred Generics	PA, QL (30 PER 30 DAYS)
zolpidem tartrate 5 mg tablet	1-Preferred Generics	QL (30 PER 30 DAYS)
zolpidem tartrate (1.75 mg tab, 3.5 mg tablet)	4-Non-Preferred Drug	QL (30 PER 30 DAYS)
zolpidem tartrate er	2-Generic	PA, QL (30 PER 30 DAYS)
SLEEP DISORDERS, OTHER		
armodafinil	4-Non-Preferred Drug	PA
HETLIOZ	5-Specialty	PA
ramelteon	2-Generic	
ROZEREM	3-Preferred Brands	
SILENOR	3-Preferred Brands	
XYREM	5-Specialty	PA

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This formulary was updated on 10/1/2019. For more recent information or other questions, please contact Health Partners Medicare at 1-866-901-8000 or, for TTY users, 1-877-454-8477, 24 hours a day, seven days a week, or visit www.HPPMedicare.com.

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

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Health Partners Medicare provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

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- Qualified interpreters
- Information written in other languages

If you need these services, contact Health Partners Medicare Member Relations at 1-866-901-8000 (TTY 1-877-454-8477), 24 hours a day, seven days a week.

If you believe that Health Partners Medicare 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 Health Partners Medicare. You can file a grievance in person or by phone, mail or fax:

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

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

Fax: 215-991-4105

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

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

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

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-901-8000 (TTY 1-877-454-8477)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-901-8000 (رقم هاتف الصم والبكم: 1-877-454-8477)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-901-8000 (TTY 1-877-454-8477)។

ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-866-901-8000 (ATS 1-877-454-8477).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-901-8000 (TTY 1-877-454-8477).

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

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

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

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

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

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

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

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

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

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