Neighborhood Health Plan OF RHODE ISLAND™

Neighborhood **INTEGRITY** (Medicare-Medicaid Plan)

2022 Formulary: List of covered drugs

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896, 8am to 8pm, Monday – Friday; 8am to 12pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. TTY: 711. For more information, visit www.nhpri.org/INTEGRITY. We have made no changes to this formulary since 9/2022.

H9576_PhmDrugList22 Approved 8/26/2021

Neighborhood INTEGRITY| 2022 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Neighborhood INTEGRITY. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Neighborhood INTEGRITY. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers

This is a list of drugs that Members can get in Neighborhood INTEGRITY.

- You can always check Neighborhood INTEGRITY's up-to-date *List of Covered Drugs* online at web address.
- Neighborhood INTEGRITY is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. The call is free.
- ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ATENÇÃO: Se você fala Português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.
- សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
  មានសេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នក។
  សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711) ចាប់ពីម៉ោង 8
  ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។
  នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។
  ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។
  ការទូរស័ព្ទគឺឥតគិតថ្លៃ។
- You can get this document for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. TTY users should call 711. The call is free.
- You can ask to get this document and future materials in your preferred language and/or alternate format by calling Member Services. This is called a "standing request". Member Services will document your standing request in your member record so that you can receive materials now and in the future in your preferred language and/or

format. You can change or delete your standing request at any time by calling Member Services.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "Drug List" for short.)

The drugs on the *List of Covered Drugs* that starts on page **13** are the drugs covered by Neighborhood INTEGRITY. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Neighborhood INTEGRITY will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a Neighborhood INTEGRITY network pharmacy.
- Neighborhood INTEGRITY may have additional steps to access certain drugs (refer to question B4 below).

You can also refer to an up-to-date list of drugs that we cover on our website at www.nhpri.org/INTEGRITY or call Member Services at 1-844-812-6896.

B2. Does the Drug List ever change?

Yes, and Neighborhood INTEGRITY must follow Medicare and Rhode Island Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from Neighborhood INTEGRITY before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Neighborhood INTEGRITY's up to date Drug List online at www.nhpri.org/INTEGRITY.
- You can also call Member Services to check the current Drug List at 1-844-812-6896 (TTY 711).

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
    - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market**. If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will send you a letter with advice on how to follow up with your provider and pharmacist.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.

- We add a generic drug that is not new to the market **and**
    - Replace a brand name drug currently on the Drug List **or**
    - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Neighborhood INTEGRITY before you fill your prescription. Neighborhood INTEGRITY may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Neighborhood INTEGRITY limits the amount of a drug you can get.
- **Step therapy:** Sometimes Neighborhood INTEGRITY requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages **13-122**. You can also get more information by visiting our website at www.nhpri.org/INTEGRITY. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs on page **13** has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Neighborhood INTEGRITY changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug’s name, **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs. You can find it on page **123**.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page **13**. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don’t find your drug on the Drug List, call Member Services at 1-844-812-6896 and ask about it. If you learn that Neighborhood INTEGRITY will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Neighborhood INTEGRITY Member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your Part D drug or 90-day supply of your Rhode Island Medicaid-covered drug during the first 90 days you are a Member of Neighborhood INTEGRITY. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your Part D drug or 90-day supply of your Rhode Island Medicaid-covered drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Neighborhood INTEGRITY, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Neighborhood INTEGRITY Member.
- This is in addition to the temporary supply during the first 90 days you are a Member of Neighborhood INTEGRITY.

Level of Care transitions are allowed for members released from a long-term care facility within the past 30 days. We will cover one 30-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Neighborhood INTEGRITY Member.

Level of Care transitions are also allowed for members admitted to a long-term care facility within the past 30 days. We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days or the prescription is for a brand name product), whether or not you are a new Neighborhood INTEGRITY Member.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Neighborhood INTEGRITY to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Neighborhood INTEGRITY may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. Member Services will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber should fax the statement to 1-855-829-2875.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Neighborhood INTEGRITY covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." Neighborhood INTEGRITY covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Neighborhood INTEGRITY Drug List to find out what OTC drugs are covered.

B15. Does Neighborhood INTEGRITY cover non-drug OTC products?

Neighborhood INTEGRITY covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include certain urine or blood testing supplies and certain flavoring agents or dyes that can be added to liquid medications.

You can read the Neighborhood INTEGRITY Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

As a Neighborhood INTEGRITY Member, you have no copays for prescription and OTC drugs as long as you follow Neighborhood INTEGRITY's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are Non-Medicare prescription drugs and OTC drugs

All tiers have no copay.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Neighborhood INTEGRITY. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page **123**. The index alphabetically lists all drugs covered by Neighborhood INTEGRITY.

Note: The **DP** next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

> **Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a

mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Rhode Island Medicaid.

- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-844-812-6896 TTY 711. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, **Cardiovascular**. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

QL = Quantity limit: Neighborhood INTEGRITY limits the amount of this drug you can get.

B/D = This drug may be covered either by Medicare Part B or D. Depending upon the circumstances, a prior authorization (approval) may be required. Information may need to be submitted describing why and where (in what setting) you are using this drug.

DP = This drug is not a Part D drug.

NDS = Non-Extended Day Supply. This drug is not available for more than a 30-day supply.

LA = Limited Access. This drug is only available through certain specialty pharmacies.

LIST OF COVERED DRUGS BY MEDICAL CONDITION

CURRENT AS OF 10/1/2022

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ANALGESICS		
Gout		
allopurinol oral tablet 100 mg, 300 mg	$0, Tier 1	
colchicine oral tablet 0.6 mg	$0, Tier 1	QL (120 per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	$0, Tier 1	
MITIGARE ORAL CAPSULE 0.6 MG	$0, Tier 2	QL (60 per 30 days)
probenecid oral tablet 500 mg	$0, Tier 1	
Miscellaneous		
8 hour arthritis pain reliever oral tablet extended release 650 mg	$0, Tier 3	DP
8 hr arthritis pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
8hr muscle aches & pain oral tablet extended release 650 mg	$0, Tier 3	DP
acetaminophen childrens oral solution 160 mg/5ml	$0, Tier 3	DP
acetaminophen childrens oral suspension 160 mg/5ml	$0, Tier 3	DP
acetaminophen childrens oral tablet chewable 160 mg	$0, Tier 3	DP
acetaminophen er oral tablet extended release 650 mg	$0, Tier 3	DP
acetaminophen extra strength oral tablet 500 mg	$0, Tier 3	DP
acetaminophen infants oral suspension 160 mg/5ml	$0, Tier 3	DP
acetaminophen oral tablet 325 mg, 500 mg	$0, Tier 3	DP
acetaminophen oral tablet chewable 160 mg	$0, Tier 3	DP
acetaminophen rectal suppository 120 mg, 650 mg	$0, Tier 3	DP
arthritis pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
arthritis pain reliever oral tablet extended release 650 mg	$0, Tier 3	DP
aspirin ec oral tablet delayed release 325 mg	$0, Tier 3	DP
aspirin oral tablet 325 mg	$0, Tier 3	DP
aspirin oral tablet delayed release 325 mg	$0, Tier 3	DP
aspirin rectal suppository 600 mg	$0, Tier 3	DP
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	$0, Tier 3	DP
childrens silapap oral liquid 160 mg/5ml	$0, Tier 3	DP
ed-apap oral liquid 160 mg/5ml	$0, Tier 3	DP
FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG	$0, Tier 3	DP
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	$0, Tier 3	DP
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	$0, Tier 3	DP
gnp 8 hour arthritis relief oral tablet extended release 650 mg	$0, Tier 3	DP
gnp 8 hour pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
gnp 8 hour pain reliever oral tablet extended release 650 mg	$0, Tier 3	DP
gnp acetaminophen ex st oral tablet 500 mg	$0, Tier 3	DP
gnp acetaminophen oral tablet 325 mg	$0, Tier 3	DP
gnp acetaminophen oral tablet chewable 160 mg	$0, Tier 3	DP
gnp arthritis pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
gnp aspirin oral tablet 325 mg	$0, Tier 3	DP
gnp aspirin oral tablet delayed release 325 mg	$0, Tier 3	DP
gnp infants pain/fever oral suspension 160 mg/5ml	$0, Tier 3	DP
gnp pain & fever childrens oral suspension 160 mg/5ml	$0, Tier 3	DP
gnp pain & fever infants oral suspension 160 mg/5ml	$0, Tier 3	DP
gnp pain relief extra strength oral tablet 500 mg	$0, Tier 3	DP
gnp pain relief oral tablet 325 mg	$0, Tier 3	DP
goodsense arthritis pain oral tablet extended release 650 mg	$0, Tier 3	DP
goodsense aspirin oral tablet 325 mg	$0, Tier 3	DP
goodsense pain & fever child oral suspension 160 mg/5ml	$0, Tier 3	DP
goodsense pain & fever infants oral suspension 160 mg/5ml	$0, Tier 3	DP
goodsense pain relief extra st oral tablet 500 mg	$0, Tier 3	DP
goodsense pain relief oral tablet 325 mg	$0, Tier 3	DP
hm acetaminophen childrens oral tablet chewable 160 mg	$0, Tier 3	DP
hm adult aspirin oral tablet 325 mg	$0, Tier 3	DP
hm arthritis pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
hm aspirin ec oral tablet delayed release 325 mg	$0, Tier 3	DP
hm aspirin oral tablet 325 mg	$0, Tier 3	DP
hm pain & fever childrens oral suspension 160 mg/5ml	$0, Tier 3	DP
hm pain & fever infants oral suspension 160 mg/5ml	$0, Tier 3	DP
hm pain relief extra strength oral tablet 500 mg	$0, Tier 3	DP
hm pain relief oral tablet extended release 650 mg	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
hm pain reliever oral tablet 325 mg	$0, Tier 3	DP
liquid acetaminophen oral liquid 160 mg/5ml	$0, Tier 3	DP
mapap arthritis pain oral tablet extended release 650 mg	$0, Tier 3	DP
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	$0, Tier 3	DP
mapap oral capsule 500 mg	$0, Tier 3	DP
m-pap oral liquid 160 mg/5ml	$0, Tier 3	DP
pain & fever childrens oral suspension 160 mg/5ml	$0, Tier 3	DP
pain & fever infants oral suspension 160 mg/5ml	$0, Tier 3	DP
pain relief extra strength oral tablet 500 mg	$0, Tier 3	DP
pain relief regular strength oral tablet 325 mg	$0, Tier 3	DP
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	$0, Tier 3	DP
PHARBETOL ORAL TABLET 325 MG	$0, Tier 3	DP
qc arthritis pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
qc aspirin oral tablet 325 mg	$0, Tier 3	DP
qc enteric aspirin oral tablet delayed release 325 mg	$0, Tier 3	DP
qc non-aspirin childrens oral suspension 160 mg/5ml	$0, Tier 3	DP
qc non-aspirin extra strength oral tablet 500 mg	$0, Tier 3	DP
qc pain relief childrens oral suspension 160 mg/5ml	$0, Tier 3	DP
qc pain relief extra strength oral tablet 500 mg	$0, Tier 3	DP
qc pain relief oral tablet 325 mg	$0, Tier 3	DP
sm 8 hour pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
sm arthritis pain relief oral tablet extended release 650 mg	$0, Tier 3	DP
sm aspirin ec oral tablet delayed release 325 mg	$0, Tier 3	DP
sm aspirin oral tablet 325 mg	$0, Tier 3	DP
sm pain & fever childrens oral suspension 160 mg/5ml	$0, Tier 3	DP
sm pain & fever infants oral suspension 160 mg/5ml	$0, Tier 3	DP
sm pain relief oral tablet 500 mg	$0, Tier 3	DP
sm pain reliever ex st oral tablet 500 mg	$0, Tier 3	DP
sm pain reliever oral tablet 325 mg	$0, Tier 3	DP
tri-buffered aspirin oral tablet 325 mg	$0, Tier 3	DP
Nsaids		
celecoxib oral capsule 100 mg	$0, Tier 1	QL (120 per 30 days)
celecoxib oral capsule 200 mg	$0, Tier 1	QL (60 per 30 days)
celecoxib oral capsule 400 mg	$0, Tier 1	QL (30 per 30 days)
celecoxib oral capsule 50 mg	$0, Tier 1	QL (240 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
childrens ibuprofen oral suspension 100 mg/5ml	$0, Tier 3	DP
diclofenac potassium oral tablet 50 mg	$0, Tier 1	QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	$0, Tier 1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	$0, Tier 1	
diflunisal oral tablet 500 mg	$0, Tier 1	
ec-naproxen oral tablet delayed release 375 mg	$0, Tier 1	QL (120 per 30 days)
ec-naproxen oral tablet delayed release 500 mg	$0, Tier 1	QL (90 per 30 days)
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	$0, Tier 1	
etodolac oral capsule 200 mg, 300 mg	$0, Tier 1	
etodolac oral tablet 400 mg, 500 mg	$0, Tier 1	
flurbiprofen oral tablet 100 mg	$0, Tier 1	
gnp childrens ibuprofen oral suspension 100 mg/5ml	$0, Tier 3	DP
gnp ibuprofen infants oral suspension 50 mg/1.25ml	$0, Tier 3	DP
gnp ibuprofen junior strength oral tablet chewable 100 mg	$0, Tier 3	DP
goodsense ibuprofen childrens oral suspension 100 mg/5ml	$0, Tier 3	DP
goodsense ibuprofen infants oral suspension 50 mg/1.25ml	$0, Tier 3	DP
hm ibuprofen childrens oral suspension 100 mg/5ml	$0, Tier 3	DP
hm ibuprofen ib oral tablet chewable 100 mg	$0, Tier 3	DP
hm ibuprofen infants oral suspension 50 mg/1.25ml	$0, Tier 3	DP
IBU ORAL TABLET 600 MG, 800 MG	$0, Tier 1	
ibuprofen childrens oral suspension 100 mg/5ml	$0, Tier 3	DP
ibuprofen infants drops oral suspension 50 mg/1.25ml	$0, Tier 3	DP
ibuprofen junior strength oral tablet chewable 100 mg	$0, Tier 3	DP
ibuprofen oral suspension 100 mg/5ml	$0, Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0, Tier 1	
infants ibuprofen oral suspension 50 mg/1.25ml	$0, Tier 3	DP
meloxicam oral tablet 15 mg, 7.5 mg	$0, Tier 1	
nabumetone oral tablet 500 mg, 750 mg	$0, Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0, Tier 1	
naproxen oral tablet delayed release 375 mg	$0, Tier 1	QL (120 per 30 days)
naproxen oral tablet delayed release 500 mg	$0, Tier 1	QL (90 per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	$0, Tier 1	
piroxicam oral capsule 10 mg, 20 mg	$0, Tier 1	
qc childrens ibuprofen oral suspension 100 mg/5ml	$0, Tier 3	DP
sm childrens ibuprofen oral suspension 100 mg/5ml	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm ibuprofen ib oral tablet chewable 100 mg	$0, Tier 3	DP
sm infants ibuprofen oral suspension 50 mg/1.25ml	$0, Tier 3	DP
sulindac oral tablet 150 mg, 200 mg	$0, Tier 1	
Opioid Analgesics, Long-Acting		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	$0, Tier 1	PA; QL (4 per 28 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	$0, Tier 1	PA; QL (10 per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 80 mg	$0, Tier 2	PA; QL (30 per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg	$0, Tier 1	PA; QL (30 per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	$0, Tier 2	PA; QL (30 per 30 days)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	$0, Tier 1	PA; QL (90 per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	$0, Tier 1	PA; QL (450 per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	$0, Tier 1	PA; QL (90 per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0, Tier 1	PA; QL (90 per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	$0, Tier 2	PA; QL (60 per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine #3 oral tablet 300-30 mg	$0, Tier 1	QL (360 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	$0, Tier 1	QL (2700 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	$0, Tier 1	QL (400 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	$0, Tier 1	QL (180 per 30 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	$0, Tier 2	
ENDOCET ORAL TABLET 10-325 MG	$0, Tier 1	QL (180 per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	$0, Tier 1	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	$0, Tier 1	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	$0, Tier 2	PA; QL (120 per 30 days); NDS
fentanyl citrate buccal lozenge on a handle 200 mcg	$0, Tier 1	PA; QL (120 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	$0, Tier 1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0, Tier 1	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$0, Tier 1	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	$0, Tier 1	QL (150 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
hydromorphone hcl oral liquid 1 mg/ml	$0, Tier 1	QL (600 per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	$0, Tier 1	QL (180 per 30 days)
morphine sulfate (concentrate) oral solution 20 mg/ml	$0, Tier 1	QL (180 per 30 days)
morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	$0, Tier 2	B/D
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	$0, Tier 2	B/D
morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml	$0, Tier 2	B/D
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	$0, Tier 1	QL (900 per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	$0, Tier 1	QL (180 per 30 days)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	$0, Tier 2	
oxycodone hcl oral capsule 5 mg	$0, Tier 1	QL (180 per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	$0, Tier 1	QL (180 per 30 days)
oxycodone hcl oral solution 5 mg/5ml	$0, Tier 1	QL (900 per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0, Tier 1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	$0, Tier 1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$0, Tier 1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	$0, Tier 1	QL (240 per 30 days)
tramadol hcl oral tablet 50 mg	$0, Tier 1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	$0, Tier 1	QL (240 per 30 days)
ANESTHETICS		
Local Anesthetics		
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %	$0, Tier 1	B/D
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	$0, Tier 1	B/D
ANTI-INFECTIVES		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0, Tier 2	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	$0, Tier 2	B/D; NDS
amphotericin b intravenous solution reconstituted 50 mg	$0, Tier 1	B/D
amphotericin b liposome intravenous suspension reconstituted 50 mg	$0, Tier 2	B/D; NDS
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	$0, Tier 1	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	$0, Tier 1	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0, Tier 1	
flucytosine oral capsule 250 mg, 500 mg	$0, Tier 2	PA; NDS
griseofulvin microsize oral suspension 125 mg/5ml	$0, Tier 1	
griseofulvin microsize oral tablet 500 mg	$0, Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$0, Tier 1	
itraconazole oral capsule 100 mg	$0, Tier 1	PA
ketoconazole oral tablet 200 mg	$0, Tier 1	PA
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	$0, Tier 2	NDS
NOXAFIL ORAL SUSPENSION 40 MG/ML	$0, Tier 2	PA; QL (630 per 30 days); NDS
nystatin oral tablet 500000 unit	$0, Tier 1	
posaconazole oral tablet delayed release 100 mg	$0, Tier 2	PA; QL (93 per 30 days); NDS
terbinafine hcl oral tablet 250 mg	$0, Tier 1	QL (90 per 365 days)
voriconazole intravenous solution reconstituted 200 mg	$0, Tier 2	PA; NDS
voriconazole oral suspension reconstituted 40 mg/ml	$0, Tier 2	PA; NDS
voriconazole oral tablet 200 mg	$0, Tier 1	PA; QL (120 per 30 days)
voriconazole oral tablet 50 mg	$0, Tier 1	PA; QL (480 per 30 days)
Anti-Infectives - Miscellaneous		
albendazole oral tablet 200 mg	$0, Tier 2	NDS
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	$0, Tier 1	
atovaquone oral suspension 750 mg/5ml	$0, Tier 1	
aztreonam injection solution reconstituted 1 gm, 2 gm	$0, Tier 1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	$0, Tier 2	PA; LA; NDS
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0, Tier 1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	$0, Tier 1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	$0, Tier 1	
clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%	$0, Tier 2	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	$0, Tier 1	
colistimethate sodium (cba) injection solution reconstituted 150 mg	$0, Tier 1	
dapsone oral tablet 100 mg, 25 mg	$0, Tier 1	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	$0, Tier 2	NDS
EMVERM ORAL TABLET CHEWABLE 100 MG	$0, Tier 2	QL (12 per 365 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ertapenem sodium injection solution reconstituted 1 gm	$0, Tier 1	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	$0, Tier 1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	$0, Tier 1	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	$0, Tier 1	
ivermectin oral tablet 3 mg	$0, Tier 1	PA
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	$0, Tier 1	
linezolid intravenous solution 600 mg/300ml	$0, Tier 1	
linezolid oral suspension reconstituted 100 mg/5ml	$0, Tier 2	QL (1800 per 30 days); NDS
linezolid oral tablet 600 mg	$0, Tier 1	QL (60 per 30 days)
meropenem intravenous solution reconstituted 1 gm, 500 mg	$0, Tier 1	
methenamine hippurate oral tablet 1 gm	$0, Tier 1	
metronidazole intravenous solution 500 mg/100ml	$0, Tier 1	
metronidazole oral tablet 250 mg, 500 mg	$0, Tier 1	
neomycin sulfate oral tablet 500 mg	$0, Tier 1	
nitazoxanide oral tablet 500 mg	$0, Tier 2	QL (6 per 30 days); NDS
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	$0, Tier 2	
nitrofurantoin monohyd macro oral capsule 100 mg	$0, Tier 2	
paromomycin sulfate oral capsule 250 mg	$0, Tier 1	
pentamidine isethionate inhalation solution reconstituted 300 mg	$0, Tier 1	B/D
pentamidine isethionate injection solution reconstituted 300 mg	$0, Tier 1	
praziquantel oral tablet 600 mg	$0, Tier 1	
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	$0, Tier 3	DP
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	$0, Tier 2	NDS
SIVEXTRO ORAL TABLET 200 MG	$0, Tier 2	NDS
streptomycin sulfate intramuscular solution reconstituted 1 gm	$0, Tier 1	
sulfadiazine oral tablet 500 mg	$0, Tier 2	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	$0, Tier 1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0, Tier 1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	$0, Tier 2	NDS
tobramycin inhalation nebulization solution 300 mg/5ml	$0, Tier 2	PA; NDS
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	$0, Tier 1	
trimethoprim oral tablet 100 mg	$0, Tier 1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	$0, Tier 2	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	$0, Tier 1	
vancomycin hcl oral capsule 125 mg	$0, Tier 1	QL (80 per 180 days)
vancomycin hcl oral capsule 250 mg	$0, Tier 1	QL (160 per 180 days)
Antimalarials		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	$0, Tier 1	
chloroquine phosphate oral tablet 250 mg, 500 mg	$0, Tier 1	
COARTEM ORAL TABLET 20-120 MG	$0, Tier 2	
mefloquine hcl oral tablet 250 mg	$0, Tier 1	
primaquine phosphate tablet 26.3 (15 base) mg oral 26.3 (15 base) mg	$0, Tier 1	
primaquine phosphate tablet 26.3 (15 base) mg oral 26.3 (15 base) mg	$0, Tier 2	
quinine sulfate oral capsule 324 mg	$0, Tier 1	PA
Antiretroviral Agents		
abacavir sulfate oral solution 20 mg/ml	$0, Tier 1	
abacavir sulfate oral tablet 300 mg	$0, Tier 1	
APTIVUS ORAL CAPSULE 250 MG	$0, Tier 2	NDS
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	$0, Tier 1	
EDURANT ORAL TABLET 25 MG	$0, Tier 2	NDS
efavirenz oral capsule 200 mg, 50 mg	$0, Tier 1	
efavirenz oral tablet 600 mg	$0, Tier 1	
emtricitabine oral capsule 200 mg	$0, Tier 1	
EMTRIVA ORAL SOLUTION 10 MG/ML	$0, Tier 2	
etravirine oral tablet 100 mg, 200 mg	$0, Tier 2	NDS
fosamprenavir calcium oral tablet 700 mg	$0, Tier 2	NDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	$0, Tier 2	NDS
INTELENCE ORAL TABLET 25 MG	$0, Tier 2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INVIRASE ORAL TABLET 500 MG	$0, Tier 2	NDS
ISENTRESS HD ORAL TABLET 600 MG	$0, Tier 2	NDS
ISENTRESS ORAL PACKET 100 MG	$0, Tier 2	
ISENTRESS ORAL TABLET 400 MG	$0, Tier 2	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	$0, Tier 2	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	$0, Tier 2	
lamivudine oral solution 10 mg/ml	$0, Tier 1	
lamivudine oral tablet 150 mg, 300 mg	$0, Tier 1	
LEXIVA ORAL SUSPENSION 50 MG/ML	$0, Tier 2	
maraviroc oral tablet 150 mg, 300 mg	$0, Tier 2	NDS
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	$0, Tier 1	
nevirapine oral suspension 50 mg/5ml	$0, Tier 1	
nevirapine oral tablet 200 mg	$0, Tier 1	
NORVIR ORAL PACKET 100 MG	$0, Tier 2	
NORVIR ORAL SOLUTION 80 MG/ML	$0, Tier 2	
PIFELTRO ORAL TABLET 100 MG	$0, Tier 2	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	$0, Tier 2	QL (400 per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	$0, Tier 2	QL (240 per 30 days); NDS
PREZISTA ORAL TABLET 600 MG	$0, Tier 2	QL (60 per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	$0, Tier 2	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	$0, Tier 2	QL (30 per 30 days); NDS
REYATAZ ORAL PACKET 50 MG	$0, Tier 2	NDS
ritonavir oral tablet 100 mg	$0, Tier 1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	$0, Tier 2	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	$0, Tier 2	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	$0, Tier 2	NDS
SELZENTRY ORAL TABLET 25 MG	$0, Tier 2	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	$0, Tier 1	
tenofovir disoproxil fumarate oral tablet 300 mg	$0, Tier 1	
TIVICAY ORAL TABLET 10 MG	$0, Tier 2	
TIVICAY ORAL TABLET 25 MG, 50 MG	$0, Tier 2	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	$0, Tier 2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	$0, Tier 2	LA; NDS
TYBOST ORAL TABLET 150 MG	$0, Tier 2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0, Tier 2	NDS
VIREAD ORAL POWDER 40 MG/GM	$0, Tier 2	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	$0, Tier 2	NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
zidovudine oral capsule 100 mg	$0, Tier 1	
zidovudine oral syrup 50 mg/5ml	$0, Tier 1	
zidovudine oral tablet 300 mg	$0, Tier 1	
Antiretroviral Combination Agents		
abacavir sulfate-lamivudine oral tablet 600-300 mg	$0, Tier 1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	$0, Tier 2	NDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0, Tier 2	NDS
CIMDUO ORAL TABLET 300-300 MG	$0, Tier 2	NDS
COMPLERA ORAL TABLET 200-25-300 MG	$0, Tier 2	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	$0, Tier 2	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0, Tier 2	NDS
DOVATO ORAL TABLET 50-300 MG	$0, Tier 2	NDS
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	$0, Tier 2	NDS
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	$0, Tier 2	NDS
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	$0, Tier 2	QL (30 per 30 days); NDS
EVOTAZ ORAL TABLET 300-150 MG	$0, Tier 2	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	$0, Tier 2	NDS
JULUCA ORAL TABLET 50-25 MG	$0, Tier 2	NDS
lamivudine-zidovudine oral tablet 150-300 mg	$0, Tier 1	
lopinavir-ritonavir oral solution 400-100 mg/5ml	$0, Tier 1	
lopinavir-ritonavir oral tablet 100-25 mg	$0, Tier 1	
lopinavir-ritonavir oral tablet 200-50 mg	$0, Tier 2	NDS
ODEFSEY ORAL TABLET 200-25-25 MG	$0, Tier 2	NDS
PREZCOBIX ORAL TABLET 800-150 MG	$0, Tier 2	NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	$0, Tier 2	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0, Tier 2	NDS
TEMIXYS ORAL TABLET 300-300 MG	$0, Tier 2	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	$0, Tier 2	NDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	$0, Tier 2	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	$0, Tier 2	NDS
Antitubercular Agents		
cycloserine oral capsule 250 mg	$0, Tier 2	NDS
ethambutol hcl oral tablet 100 mg, 400 mg	$0, Tier 1	
isoniazid oral syrup 50 mg/5ml	$0, Tier 1	
isoniazid oral tablet 100 mg, 300 mg	$0, Tier 1	
PASER ORAL PACKET 4 GM	$0, Tier 2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PRIFTIN ORAL TABLET 150 MG	$0, Tier 2	
pyrazinamide oral tablet 500 mg	$0, Tier 1	
rifabutin oral capsule 150 mg	$0, Tier 1	
rifampin intravenous solution reconstituted 600 mg	$0, Tier 1	
rifampin oral capsule 150 mg, 300 mg	$0, Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0, Tier 2	PA; LA; NDS
TRECATOR ORAL TABLET 250 MG	$0, Tier 2	
Antivirals		
acyclovir oral capsule 200 mg	$0, Tier 1	
acyclovir oral suspension 200 mg/5ml	$0, Tier 1	
acyclovir oral tablet 400 mg, 800 mg	$0, Tier 1	
acyclovir sodium intravenous solution 50 mg/ml	$0, Tier 1	B/D
adefovir dipivoxil oral tablet 10 mg	$0, Tier 2	NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$0, Tier 2	NDS
entecavir oral tablet 0.5 mg, 1 mg	$0, Tier 1	
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	$0, Tier 2	PA; NDS
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	$0, Tier 2	PA; NDS
EPIVIR HBV ORAL SOLUTION 5 MG/ML	$0, Tier 2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0, Tier 1	
ganciclovir sodium intravenous solution reconstituted 500 mg	$0, Tier 1	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	$0, Tier 2	PA; NDS
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	$0, Tier 2	PA; NDS
lamivudine oral tablet 100 mg	$0, Tier 1	
MAVYRET ORAL PACKET 50-20 MG	$0, Tier 2	PA; NDS
MAVYRET ORAL TABLET 100-40 MG	$0, Tier 2	PA; NDS
oseltamivir phosphate oral capsule 30 mg	$0, Tier 1	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	$0, Tier 1	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	$0, Tier 1	QL (1080 per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0, Tier 2	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	$0, Tier 2	PA; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0, Tier 2	PA; QL (28 per 28 days); NDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	$0, Tier 2	QL (120 per 365 days)
ribavirin oral capsule 200 mg	$0, Tier 1	
ribavirin oral tablet 200 mg	$0, Tier 1	
rimantadine hcl oral tablet 100 mg	$0, Tier 1	
valacyclovir hcl oral tablet 1 gm, 500 mg	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
valganciclovir hcl oral solution reconstituted 50 mg/ml	$0, Tier 2	NDS
valganciclovir hcl oral tablet 450 mg	$0, Tier 1	
VEMLIDY ORAL TABLET 25 MG	$0, Tier 2	PA; NDS
VOSEVI ORAL TABLET 400-100-100 MG	$0, Tier 2	PA; NDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	$0, Tier 2	QL (2 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	$0, Tier 2	QL (1 per 180 days)
Cephalosporins		
cefaclor er oral tablet extended release 12 hour 500 mg	$0, Tier 2	
cefaclor oral capsule 250 mg, 500 mg	$0, Tier 1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	$0, Tier 1	
cefadroxil oral capsule 500 mg	$0, Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	$0, Tier 1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	$0, Tier 1	
cefazolin sodium intravenous solution reconstituted 1 gm	$0, Tier 1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	$0, Tier 2	
cefdinir oral capsule 300 mg	$0, Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0, Tier 1	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	$0, Tier 1	
cefepime hcl intravenous solution reconstituted 2 gm	$0, Tier 1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	$0, Tier 1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0, Tier 1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	$0, Tier 1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	$0, Tier 1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0, Tier 1	
cefprozil oral tablet 250 mg, 500 mg	$0, Tier 1	
ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	$0, Tier 2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	$0, Tier 1	
ceftazidime intravenous solution reconstituted 2 gm	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	$0, Tier 1	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0, Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0, Tier 1	
cefuroxime sodium injection solution reconstituted 750 mg	$0, Tier 1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	$0, Tier 1	
cephalexin oral capsule 250 mg, 500 mg	$0, Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0, Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	$0, Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	$0, Tier 1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	$0, Tier 2	NDS
Erythromycins/Macrolides		
azithromycin intravenous solution reconstituted 500 mg	$0, Tier 1	
azithromycin oral packet 1 gm	$0, Tier 1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	$0, Tier 1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0, Tier 1	
clarithromycin er oral tablet extended release 24 hour 500 mg	$0, Tier 1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0, Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	$0, Tier 1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	$0, Tier 2	NDS
DIFICID ORAL TABLET 200 MG	$0, Tier 2	NDS
E.E.S. 400 ORAL TABLET 400 MG	$0, Tier 1	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	$0, Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	$0, Tier 2	NDS
ERYTHROCIN STEARATE ORAL TABLET 250 MG	$0, Tier 1	
erythromycin base oral capsule delayed release particles 250 mg	$0, Tier 1	
erythromycin base oral tablet 250 mg, 500 mg	$0, Tier 1	
erythromycin base oral tablet delayed release 500 mg	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
erythromycin ethylsuccinate oral tablet 400 mg	$0, Tier 1	
erythromycin lactobionate intravenous solution reconstituted 500 mg	$0, Tier 2	NDS
erythromycin oral tablet delayed release 250 mg, 333 mg	$0, Tier 1	
Fluoroquinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	$0, Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	$0, Tier 1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	$0, Tier 1	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	$0, Tier 1	
levofloxacin intravenous solution 25 mg/ml	$0, Tier 1	
levofloxacin oral solution 25 mg/ml	$0, Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0, Tier 1	
moxifloxacin hcl oral tablet 400 mg	$0, Tier 1	
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	$0, Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	$0, Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	$0, Tier 1	
amoxicillin oral tablet chewable 125 mg, 250 mg	$0, Tier 1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	$0, Tier 1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	$0, Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0, Tier 1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	$0, Tier 1	
ampicillin oral capsule 500 mg	$0, Tier 1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	$0, Tier 1	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0, Tier 1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	$0, Tier 1	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	$0, Tier 1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	$0, Tier 2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	$0, Tier 2	
dicloxacillin sodium oral capsule 250 mg, 500 mg	$0, Tier 1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	$0, Tier 1	
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	$0, Tier 1	
nafcillin sodium intravenous solution reconstituted 10 gm	$0, Tier 2	NDS
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	$0, Tier 1	
oxacillin sodium intravenous solution reconstituted 10 gm	$0, Tier 1	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	$0, Tier 2	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	$0, Tier 1	
penicillin g procaine intramuscular suspension 600000 unit/ml	$0, Tier 2	
penicillin g sodium injection solution reconstituted 5000000 unit	$0, Tier 1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	$0, Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	$0, Tier 1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	$0, Tier 1	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	$0, Tier 1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0, Tier 1	
doxycycline hyclate intravenous solution reconstituted 100 mg	$0, Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0, Tier 1	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0, Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0, Tier 1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	$0, Tier 1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	$0, Tier 1	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0, Tier 2	LA; NDS
NUZYRA ORAL TABLET 150 MG	$0, Tier 2	LA; NDS
tetracycline hcl oral capsule 250 mg, 500 mg	$0, Tier 1	PA

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
tigecycline solution reconstituted 50 mg intravenous 50 mg	$0, Tier 1	
tigecycline solution reconstituted 50 mg intravenous 50 mg	$0, Tier 2	NDS
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	$0, Tier 2	B/D; NDS
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	$0, Tier 1	B/D
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	$0, Tier 1	B/D
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	$0, Tier 2	B/D; NDS
cyclophosphamide intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml	$0, Tier 2	B/D; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	$0, Tier 1	B/D
cyclophosphamide oral tablet 25 mg, 50 mg	$0, Tier 2	B/D
LEUKERAN ORAL TABLET 2 MG	$0, Tier 2	
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	$0, Tier 1	B/D
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	$0, Tier 2	B/D; NDS
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	$0, Tier 1	B/D
Antibiotics		
ADRIAMYCIN INTRAVENOUS SOLUTION 2 MG/ML	$0, Tier 1	B/D
doxorubicin hcl intravenous solution 2 mg/ml	$0, Tier 1	B/D
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	$0, Tier 2	B/D; NDS
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	$0, Tier 1	B/D
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	$0, Tier 2	B/D; NDS
azacitidine injection suspension reconstituted 100 mg	$0, Tier 2	B/D; NDS
cytarabine injection solution 20 mg/ml	$0, Tier 1	B/D
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	$0, Tier 1	B/D
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	$0, Tier 1	B/D
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	$0, Tier 1	B/D
INQOVI ORAL TABLET 35-100 MG	$0, Tier 2	PA; LA; NDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$0, Tier 2	PA; NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
mercaptopurine oral tablet 50 mg	$0, Tier 1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	$0, Tier 1	B/D
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	$0, Tier 1	B/D
methotrexate sodium injection solution reconstituted 1 gm	$0, Tier 1	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	$0, Tier 2	PA; LA; NDS
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	$0, Tier 2	B/D; NDS
PURIXAN ORAL SUSPENSION 2000 MG/100ML	$0, Tier 2	NDS
TABLOID ORAL TABLET 40 MG	$0, Tier 2	
Hormonal Antineoplastic Agents		
abiraterone acetate oral tablet 250 mg, 500 mg	$0, Tier 2	PA; NDS
anastrozole oral tablet 1 mg	$0, Tier 1	
bicalutamide oral tablet 50 mg	$0, Tier 1	
EMCYT ORAL CAPSULE 140 MG	$0, Tier 2	NDS
ERLEADA ORAL TABLET 60 MG	$0, Tier 2	PA; LA; NDS
EULEXIN ORAL CAPSULE 125 MG	$0, Tier 2	NDS
exemestane oral tablet 25 mg	$0, Tier 1	
flutamide oral capsule 125 mg	$0, Tier 1	
fulvestrant intramuscular solution 250 mg/5ml	$0, Tier 2	B/D; NDS
letrozole oral tablet 2.5 mg	$0, Tier 1	
leuprolide acetate injection kit 1 mg/0.2ml	$0, Tier 1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	$0, Tier 2	PA; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	$0, Tier 2	PA; NDS
LYSODREN ORAL TABLET 500 MG	$0, Tier 2	NDS
megestrol acetate oral tablet 20 mg, 40 mg	$0, Tier 2	
nilutamide oral tablet 150 mg	$0, Tier 2	NDS
NUBEQA ORAL TABLET 300 MG	$0, Tier 2	PA; LA; NDS
ORGOVYX ORAL TABLET 120 MG	$0, Tier 2	PA; LA; NDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	$0, Tier 2	NDS
tamoxifen citrate oral tablet 10 mg, 20 mg	$0, Tier 1	
toremifene citrate oral tablet 60 mg	$0, Tier 2	NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	$0, Tier 2	PA; NDS
XTANDI ORAL CAPSULE 40 MG	$0, Tier 2	PA; LA; NDS
XTANDI ORAL TABLET 40 MG, 80 MG	$0, Tier 2	PA; LA; NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Immunomodulators		
lenalidomide oral capsule 10 mg, 15 mg, 5 mg	$0, Tier 2	PA; LA; QL (28 per 28 days); NDS
lenalidomide oral capsule 25 mg	$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG	$0, Tier 2	PA; LA; QL (21 per 21 days); NDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	$0, Tier 2	PA; LA; QL (28 per 28 days); NDS
REVLIMID ORAL CAPSULE 20 MG, 25 MG	$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	$0, Tier 2	PA; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	$0, Tier 2	PA; QL (56 per 28 days); NDS
Miscellaneous		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	$0, Tier 2	PA; LA; NDS
bexarotene oral capsule 75 mg	$0, Tier 2	PA; NDS
hydroxyurea oral capsule 500 mg	$0, Tier 1	
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	$0, Tier 1	B/D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	$0, Tier 2	PA; QL (70 per 28 days); NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	$0, Tier 2	PA; QL (91 per 28 days); NDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	$0, Tier 2	PA; QL (49 per 28 days); NDS
MATULANE ORAL CAPSULE 50 MG	$0, Tier 2	LA; NDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	$0, Tier 2	PA; NDS
tretinoin oral capsule 10 mg	$0, Tier 2	NDS
WELIREG ORAL TABLET 40 MG	$0, Tier 2	PA; LA; NDS
Mitotic Inhibitors		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	$0, Tier 2	B/D; NDS
docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml	$0, Tier 2	B/D; NDS
docetaxel intravenous concentrate 20 mg/ml	$0, Tier 1	B/D
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	$0, Tier 2	B/D; NDS
etoposide intravenous solution 100 mg/5ml, 500 mg/25ml	$0, Tier 1	B/D
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	$0, Tier 1	B/D
paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	$0, Tier 2	B/D; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML	$0, Tier 1	B/D
vincristine sulfate intravenous solution 1 mg/ml	$0, Tier 1	B/D
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	$0, Tier 1	B/D
Molecular Target Agents		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	$0, Tier 2	PA; QL (150 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	$0, Tier 2	PA; QL (90 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
AFINITOR ORAL TABLET 10 MG	$0, Tier 2	PA; QL (30 per 30 days); NDS
ALECENSA ORAL CAPSULE 150 MG	$0, Tier 2	PA; LA; NDS
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	$0, Tier 2	PA; LA; NDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	$0, Tier 2	PA; LA; NDS
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	$0, Tier 2	PA; LA; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0, Tier 2	PA; LA; NDS
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	$0, Tier 2	PA; NDS
bortezomib intravenous solution reconstituted 3.5 mg	$0, Tier 2	PA; NDS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	$0, Tier 2	PA; NDS
BRAFTOVI ORAL CAPSULE 75 MG	$0, Tier 2	PA; LA; NDS
BRUKINSA ORAL CAPSULE 80 MG	$0, Tier 2	PA; LA; NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
CALQUENCE ORAL CAPSULE 100 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
CALQUENCE ORAL TABLET 100 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG, 300 MG	$0, Tier 2	PA; LA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	$0, Tier 2	PA; LA; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	$0, Tier 2	PA; LA; NDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	$0, Tier 2	PA; LA; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0, Tier 2	PA; LA; NDS
COTELLIC ORAL TABLET 20 MG	$0, Tier 2	PA; LA; NDS
DAURISMO ORAL TABLET 100 MG, 25 MG	$0, Tier 2	PA; LA; NDS
ERIVEDGE ORAL CAPSULE 150 MG	$0, Tier 2	PA; LA; NDS
erlotinib hcl oral tablet 100 mg, 150 mg	$0, Tier 2	PA; QL (30 per 30 days); NDS
erlotinib hcl oral tablet 25 mg	$0, Tier 2	PA; QL (90 per 30 days); NDS
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0, Tier 2	PA; QL (30 per 30 days); NDS
everolimus oral tablet soluble 2 mg	$0, Tier 2	PA; QL (150 per 30 days); NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
everolimus oral tablet soluble 3 mg	$0, Tier 2	PA; QL (90 per 30 days); NDS
everolimus oral tablet soluble 5 mg	$0, Tier 2	PA; QL (60 per 30 days); NDS
EXKIVITY ORAL CAPSULE 40 MG	$0, Tier 2	PA; LA; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
GAVRETO ORAL CAPSULE 100 MG	$0, Tier 2	PA; LA; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0, Tier 2	PA; LA; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	$0, Tier 2	PA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	$0, Tier 2	PA; NDS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0, Tier 2	PA; NDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET 10 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
imatinib mesylate oral tablet 100 mg	$0, Tier 2	PA; QL (90 per 30 days); NDS
imatinib mesylate oral tablet 400 mg	$0, Tier 2	PA; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
INLYTA ORAL TABLET 1 MG	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
INREBIC ORAL CAPSULE 100 MG	$0, Tier 2	PA; LA; NDS
IRESSA ORAL TABLET 250 MG	$0, Tier 2	PA; LA; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	$0, Tier 2	B/D; NDS
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0, Tier 2	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	$0, Tier 2	PA; NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0, Tier 2	PA; QL (21 per 28 days); NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0, Tier 2	PA; QL (42 per 28 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0, Tier 2	PA; QL (63 per 28 days); NDS
lapatinib ditosylate oral tablet 250 mg	$0, Tier 2	PA; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
LORBRENA ORAL TABLET 100 MG, 25 MG	$0, Tier 2	PA; LA; NDS
LUMAKRAS ORAL TABLET 120 MG	$0, Tier 2	PA; LA; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG, 2 MG	$0, Tier 2	PA; LA; NDS
MEKTOVI ORAL TABLET 15 MG	$0, Tier 2	PA; LA; NDS
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	$0, Tier 2	PA; LA; NDS
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	$0, Tier 2	PA; LA; NDS
NERLYNX ORAL TABLET 40 MG	$0, Tier 2	PA; LA; NDS
NEXAVAR ORAL TABLET 200 MG	$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0, Tier 2	PA; QL (3 per 28 days); NDS
ODOMZO ORAL CAPSULE 200 MG	$0, Tier 2	PA; LA; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0, Tier 2	PA; NDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0, Tier 2	PA; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0, Tier 2	PA; LA; NDS
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	$0, Tier 2	PA; LA; NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	$0, Tier 2	PA; NDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	$0, Tier 2	PA; NDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	$0, Tier 2	PA; NDS
QINLOCK ORAL TABLET 50 MG	$0, Tier 2	PA; LA; NDS
RETEVMO ORAL CAPSULE 40 MG, 80 MG	$0, Tier 2	PA; LA; NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	$0, Tier 2	PA; LA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	$0, Tier 2	PA; LA; NDS
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	$0, Tier 2	PA; LA; NDS
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	$0, Tier 2	PA; LA; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	$0, Tier 2	PA; NDS
RYDAPT ORAL CAPSULE 25 MG	$0, Tier 2	PA; NDS
SCEMBLIX ORAL TABLET 20 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	$0, Tier 2	PA; QL (300 per 30 days); NDS
sorafenib tosylate oral tablet 200 mg	$0, Tier 2	PA; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	$0, Tier 2	PA; NDS
STIVARGA ORAL TABLET 40 MG	$0, Tier 2	PA; LA; NDS
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0, Tier 2	PA; QL (30 per 30 days); NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	$0, Tier 2	PA; NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0, Tier 2	PA; LA; NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	$0, Tier 2	PA; NDS
TAZVERIK ORAL TABLET 200 MG	$0, Tier 2	PA; LA; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	$0, Tier 2	PA; LA; NDS
TEPMETKO ORAL TABLET 225 MG	$0, Tier 2	PA; LA; NDS
TIBSOVO ORAL TABLET 250 MG	$0, Tier 2	PA; LA; NDS
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0, Tier 2	PA; NDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	$0, Tier 2	PA; LA; NDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	$0, Tier 2	PA; LA; NDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	$0, Tier 2	PA; LA; NDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	$0, Tier 2	PA; LA; NDS
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	$0, Tier 2	PA; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TUKYSA ORAL TABLET 150 MG, 50 MG	$0, Tier 2	PA; LA; NDS
TURALIO ORAL CAPSULE 200 MG	$0, Tier 2	PA; LA; NDS
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	$0, Tier 2	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	$0, Tier 2	PA; LA; QL (112 per 28 days)
VENCLEXTA ORAL TABLET 100 MG	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	$0, Tier 2	PA; LA; QL (112 per 28 days); NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	$0, Tier 2	PA; LA; QL (42 per 28 days); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	$0, Tier 2	PA; LA; NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	$0, Tier 2	PA; LA; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0, Tier 2	PA; LA; NDS
VONJO ORAL CAPSULE 100 MG	$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
VOTRIENT ORAL TABLET 200 MG	$0, Tier 2	PA; LA; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0, Tier 2	PA; LA; NDS
XOSPATA ORAL TABLET 40 MG	$0, Tier 2	PA; LA; NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	$0, Tier 2	PA; LA; NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	$0, Tier 2	PA; LA; NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	$0, Tier 2	PA; LA; NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	$0, Tier 2	PA; LA; NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$0, Tier 2	PA; LA; NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	$0, Tier 2	PA; LA; NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$0, Tier 2	PA; LA; NDS
ZEJULA ORAL CAPSULE 100 MG	$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	$0, Tier 2	PA; LA; NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	$0, Tier 2	PA; NDS
ZOLINZA ORAL CAPSULE 100 MG	$0, Tier 2	PA; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0, Tier 2	PA; LA; NDS
ZYKADIA ORAL TABLET 150 MG	$0, Tier 2	PA; LA; NDS
Protective Agents		
leucovorin calcium injection solution 500 mg/50ml	$0, Tier 1	B/D
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	$0, Tier 1	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0, Tier 1	
MESNEX ORAL TABLET 400 MG	$0, Tier 2	NDS
CARDIOVASCULAR		
Ace Inhibitor Combinations		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0, Tier 1	QL (30 per 30 days)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0, Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	$0, Tier 1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	$0, Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0, Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0, Tier 1	
Ace Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0, Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0, Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0, Tier 1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	$0, Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0, Tier 1	
moexipril hcl oral tablet 15 mg, 7.5 mg	$0, Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0, Tier 1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0, Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0, Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0, Tier 1	
Aldosterone Receptor Antagonists		
eplerenone oral tablet 25 mg, 50 mg	$0, Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG	$0, Tier 2	QL (30 per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	
Alpha Blockers		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0, Tier 1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	$0, Tier 1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0, Tier 1	
Angiotensin Ii Receptor Antagonist Combinations		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0, Tier 1	QL (30 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0, Tier 1	QL (30 per 30 days)
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0, Tier 1	QL (30 per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	$0, Tier 1	QL (60 per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	$0, Tier 1	QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$0, Tier 2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	$0, Tier 1	QL (30 per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	$0, Tier 1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0, Tier 1	QL (30 per 30 days)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0, Tier 1	QL (30 per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	$0, Tier 1	QL (30 per 30 days)
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	$0, Tier 1	QL (30 per 30 days)
telmisartan-hctz oral tablet 80-12.5 mg	$0, Tier 1	QL (60 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0, Tier 1	QL (30 per 30 days)
Angiotensin Ii Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	$0, Tier 1	QL (60 per 30 days)
candesartan cilexetil oral tablet 32 mg	$0, Tier 1	QL (30 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0, Tier 1	QL (30 per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	
olmesartan medoxomil oral tablet 20 mg, 40 mg	$0, Tier 1	QL (30 per 30 days)
olmesartan medoxomil oral tablet 5 mg	$0, Tier 1	QL (60 per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0, Tier 1	QL (30 per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	$0, Tier 1	QL (60 per 30 days)
valsartan oral tablet 320 mg	$0, Tier 1	QL (30 per 30 days)
Antiarrhythmics		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	$0, Tier 1	
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	$0, Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0, Tier 2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0, Tier 1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	$0, Tier 1	
MULTAQ ORAL TABLET 400 MG	$0, Tier 2	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	$0, Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	$0, Tier 1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	$0, Tier 1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	$0, Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	$0, Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	$0, Tier 1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	$0, Tier 1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0, Tier 1	
Antilipemics, Fibrates		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	$0, Tier 1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	$0, Tier 1	
gemfibrozil oral tablet 600 mg	$0, Tier 1	
Antilipemics, Hmg-Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0, Tier 1	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0, Tier 1	QL (60 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0, Tier 1	QL (30 per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0, Tier 1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0, Tier 1	QL (30 per 30 days)
Antilipemics, Miscellaneous		
cholestyramine light oral packet 4 gm	$0, Tier 1	
cholestyramine light oral powder 4 gm/dose	$0, Tier 1	
cholestyramine oral packet 4 gm	$0, Tier 1	
cholestyramine oral powder 4 gm/dose	$0, Tier 1	
colesevelam hcl oral packet 3.75 gm	$0, Tier 1	
colesevelam hcl oral tablet 625 mg	$0, Tier 1	
colestipol hcl oral granules 5 gm	$0, Tier 1	
colestipol hcl oral packet 5 gm	$0, Tier 1	
colestipol hcl oral tablet 1 gm	$0, Tier 1	
ezetimibe oral tablet 10 mg	$0, Tier 1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0, Tier 1	QL (30 per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	$0, Tier 1	QL (60 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	$0, Tier 2	PA
PREVALITE ORAL PACKET 4 GM	$0, Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	$0, Tier 1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	$0, Tier 2	
Beta-Blocker/Diuretic Combinations		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0, Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0, Tier 1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0, Tier 1	
Beta-Blockers		
acebutolol hcl oral capsule 200 mg, 400 mg	$0, Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	
betaxolol hcl oral tablet 10 mg, 20 mg	$0, Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0, Tier 1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0, Tier 1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	$0, Tier 1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	$0, Tier 1	
metoprolol tartrate intravenous solution 5 mg/5ml	$0, Tier 1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0, Tier 1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	$0, Tier 1	QL (30 per 30 days)
nebivolol hcl oral tablet 20 mg	$0, Tier 1	QL (60 per 30 days)
pindolol oral tablet 10 mg, 5 mg	$0, Tier 1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	$0, Tier 1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	$0, Tier 1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0, Tier 1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0, Tier 1	
Calcium Channel Blockers		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	$0, Tier 1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	$0, Tier 1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$0, Tier 1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	$0, Tier 1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	$0, Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0, Tier 1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$0, Tier 1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	$0, Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	$0, Tier 1	
nicardipine hcl oral capsule 20 mg, 30 mg	$0, Tier 1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$0, Tier 1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$0, Tier 1	
nimodipine oral capsule 30 mg	$0, Tier 1	
NYMALIZE ORAL SOLUTION 6 MG/ML	$0, Tier 2	NDS
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	$0, Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	$0, Tier 1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	$0, Tier 1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	$0, Tier 1	
verapamil hcl intravenous solution 2.5 mg/ml	$0, Tier 1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	$0, Tier 1	
Diuretics		
acetazolamide er oral capsule extended release 12 hour 500 mg	$0, Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	$0, Tier 1	
amiloride hcl oral tablet 5 mg	$0, Tier 1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0, Tier 1	
bumetanide injection solution 0.25 mg/ml	$0, Tier 1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0, Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	$0, Tier 1	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
furosemide oral solution 10 mg/ml, 8 mg/ml	$0, Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0, Tier 1	
hydrochlorothiazide oral capsule 12.5 mg	$0, Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0, Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	$0, Tier 1	
methazolamide oral tablet 25 mg, 50 mg	$0, Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0, Tier 1	
spironolactone-hctz oral tablet 25-25 mg	$0, Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0, Tier 1	
triamterene-hctz oral capsule 37.5-25 mg	$0, Tier 1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	$0, Tier 1	
Miscellaneous		
ADRENALIN INJECTION SOLUTION 1 MG/ML	$0, Tier 2	
aliskiren fumarate oral tablet 150 mg, 300 mg	$0, Tier 1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0, Tier 1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	$0, Tier 1	
CORLANOR ORAL SOLUTION 5 MG/5ML	$0, Tier 2	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	$0, Tier 2	
DIGITEK ORAL TABLET 125 MCG, 250 MCG	$0, Tier 1	QL (30 per 30 days)
digoxin injection solution 0.25 mg/ml	$0, Tier 1	
digoxin oral solution 0.05 mg/ml	$0, Tier 1	
digoxin oral tablet 125 mcg, 250 mcg	$0, Tier 1	QL (30 per 30 days)
droxidopa oral capsule 100 mg	$0, Tier 2	PA; QL (90 per 30 days); NDS
droxidopa oral capsule 200 mg, 300 mg	$0, Tier 2	PA; QL (180 per 30 days); NDS
guanfacine hcl oral tablet 1 mg, 2 mg	$0, Tier 2	PA
hydralazine hcl injection solution 20 mg/ml	$0, Tier 1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0, Tier 1	
metyrosine oral capsule 250 mg	$0, Tier 2	PA; NDS
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	$0, Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	$0, Tier 1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	$0, Tier 1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0, Tier 2	
Nitrates		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0, Tier 1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	$0, Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NITRO-BID TRANSDERMAL OINTMENT 2 %	$0, Tier 2	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	$0, Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0, Tier 1	
nitroglycerin translingual solution 0.4 mg/spray	$0, Tier 1	
Pulmonary Arterial Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
ambrisentan oral tablet 10 mg, 5 mg	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
bosentan oral tablet 125 mg	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
bosentan oral tablet 62.5 mg	$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
OPSUMIT ORAL TABLET 10 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
sildenafil citrate oral tablet 20 mg	$0, Tier 1	PA; QL (90 per 30 days)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	$0, Tier 2	PA; LA; NDS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	$0, Tier 2	PA; NDS
CENTRAL NERVOUS SYSTEM		
Antianxiety		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0, Tier 1	QL (150 per 30 days)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0, Tier 1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	$0, Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	$0, Tier 1	QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	$0, Tier 1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$0, Tier 1	QL (150 per 30 days)
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	$0, Tier 2	QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	$0, Tier 2	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	$0, Tier 2	PA; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	$0, Tier 1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	$0, Tier 1	
carbamazepine oral suspension 100 mg/5ml	$0, Tier 1	
carbamazepine oral tablet 200 mg	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
carbamazepine oral tablet chewable 100 mg	$0, Tier 1	
CELONTIN ORAL CAPSULE 300 MG	$0, Tier 2	
clobazam oral suspension 2.5 mg/ml	$0, Tier 1	PA; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	$0, Tier 1	PA; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	$0, Tier 1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	$0, Tier 1	QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0, Tier 1	QL (90 per 30 days)
clonazepam oral tablet dispersible 2 mg	$0, Tier 1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	$0, Tier 1	PA; QL (180 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
DIACOMIT ORAL CAPSULE 500 MG	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
DIACOMIT ORAL PACKET 250 MG	$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
DIACOMIT ORAL PACKET 500 MG	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
diazepam injection solution 5 mg/ml	$0, Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	$0, Tier 1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5ml	$0, Tier 1	PA; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0, Tier 1	PA; QL (120 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	$0, Tier 1	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	$0, Tier 2	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	$0, Tier 2	
DILANTIN ORAL SUSPENSION 125 MG/5ML	$0, Tier 2	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	$0, Tier 1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	$0, Tier 1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	$0, Tier 1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0, Tier 2	PA; LA; QL (600 per 30 days); NDS
EPITOL ORAL TABLET 200 MG	$0, Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML	$0, Tier 2	
ethosuximide oral capsule 250 mg	$0, Tier 1	
ethosuximide oral solution 250 mg/5ml	$0, Tier 1	
felbamate oral suspension 600 mg/5ml	$0, Tier 2	NDS
felbamate oral tablet 400 mg, 600 mg	$0, Tier 1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0, Tier 2	PA; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	$0, Tier 2	PA; QL (30 per 30 days); NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FYCOMPA ORAL TABLET 2 MG	$0, Tier 2	PA; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
gabapentin oral capsule 100 mg	$0, Tier 1	QL (1080 per 30 days)
gabapentin oral capsule 300 mg	$0, Tier 1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	$0, Tier 1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5ml	$0, Tier 1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	$0, Tier 1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	$0, Tier 1	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20ml	$0, Tier 2	NDS
lacosamide oral solution 10 mg/ml	$0, Tier 1	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	$0, Tier 1	QL (60 per 30 days)
lacosamide oral tablet 50 mg	$0, Tier 1	QL (120 per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0, Tier 1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0, Tier 1	
lamotrigine oral tablet chewable 25 mg, 5 mg	$0, Tier 1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	$0, Tier 1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	$0, Tier 1	
levetiracetam intravenous solution 500 mg/5ml	$0, Tier 1	
levetiracetam oral solution 100 mg/ml	$0, Tier 1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	$0, Tier 1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	$0, Tier 2	
oxcarbazepine oral suspension 300 mg/5ml	$0, Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0, Tier 1	
phenobarbital oral elixir 20 mg/5ml	$0, Tier 2	PA
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0, Tier 2	PA
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	$0, Tier 2	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	$0, Tier 2	
phenytoin oral suspension 125 mg/5ml	$0, Tier 1	
phenytoin oral tablet chewable 50 mg	$0, Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	$0, Tier 1	
phenytoin sodium injection solution 50 mg/ml	$0, Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0, Tier 1	PA; QL (120 per 30 days)
pregabalin oral capsule 200 mg	$0, Tier 1	PA; QL (90 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
pregabalin oral capsule 225 mg, 300 mg	$0, Tier 1	PA; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	$0, Tier 1	PA; QL (900 per 30 days)
primidone oral tablet 250 mg, 50 mg	$0, Tier 1	
ROWEEPRA ORAL TABLET 500 MG	$0, Tier 1	
rufinamide oral suspension 40 mg/ml	$0, Tier 2	PA; QL (2300 per 28 days); NDS
rufinamide oral tablet 200 mg	$0, Tier 2	PA; QL (480 per 30 days); NDS
rufinamide oral tablet 400 mg	$0, Tier 2	PA; QL (240 per 30 days); NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	$0, Tier 2	QL (90 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	$0, Tier 2	QL (360 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	$0, Tier 2	QL (180 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	$0, Tier 2	QL (120 per 30 days)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	$0, Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	$0, Tier 2	PA; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0, Tier 1	
topiramate oral capsule sprinkle 15 mg, 25 mg	$0, Tier 1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0, Tier 1	
valproate sodium intravenous solution 100 mg/ml	$0, Tier 1	
valproic acid oral capsule 250 mg	$0, Tier 1	
valproic acid oral solution 250 mg/5ml	$0, Tier 1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	$0, Tier 2	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	$0, Tier 2	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	$0, Tier 2	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	$0, Tier 2	
vigabatrin oral packet 500 mg	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
vigabatrin oral tablet 500 mg	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VIGADRONE ORAL PACKET 500 MG	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	$0, Tier 2	NDS
VIMPAT ORAL SOLUTION 10 MG/ML	$0, Tier 2	QL (1200 per 30 days); NDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	$0, Tier 2	QL (56 per 28 days); NDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	$0, Tier 2	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	$0, Tier 2	QL (60 per 30 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
XCOPRI ORAL TABLET 50 MG	$0, Tier 2	QL (90 per 30 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	$0, Tier 2	QL (28 per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	$0, Tier 2	QL (28 per 28 days); NDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0, Tier 1	
Antidementia		
donepezil hcl oral tablet 10 mg	$0, Tier 1	
donepezil hcl oral tablet 5 mg	$0, Tier 1	QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg	$0, Tier 1	
donepezil hcl oral tablet dispersible 5 mg	$0, Tier 1	QL (30 per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	$0, Tier 1	QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	$0, Tier 1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	$0, Tier 1	QL (60 per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	$0, Tier 1	PA
memantine hcl oral solution 2 mg/ml	$0, Tier 1	PA
memantine hcl oral tablet 10 mg, 5 mg	$0, Tier 1	PA
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	$0, Tier 2	PA
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	$0, Tier 2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	$0, Tier 2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	$0, Tier 1	QL (90 per 30 days)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	$0, Tier 1	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	$0, Tier 1	QL (30 per 30 days)
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0, Tier 2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0, Tier 2	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	$0, Tier 1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	$0, Tier 1	
bupropion hcl oral tablet 100 mg, 75 mg	$0, Tier 1	
citalopram hydrobromide oral solution 10 mg/5ml	$0, Tier 1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	$0, Tier 1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	$0, Tier 2	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0, Tier 2	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	$0, Tier 1	PA; QL (30 per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0, Tier 2	
doxepin hcl oral concentrate 10 mg/ml	$0, Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0, Tier 2	PA; QL (60 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	$0, Tier 1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	$0, Tier 2	PA; QL (30 per 30 days); NDS
escitalopram oxalate oral solution 5 mg/5ml	$0, Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0, Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	$0, Tier 2	PA; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	$0, Tier 2	PA; QL (60 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	$0, Tier 2	PA
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	$0, Tier 1	
fluoxetine hcl oral solution 20 mg/5ml	$0, Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0, Tier 2	
MARPLAN ORAL TABLET 10 MG	$0, Tier 2	QL (180 per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	$0, Tier 1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	$0, Tier 1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0, Tier 1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0, Tier 2	
nortriptyline hcl oral solution 10 mg/5ml	$0, Tier 2	
paroxetine hcl oral suspension 10 mg/5ml	$0, Tier 2	PA; QL (900 per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	$0, Tier 2	
PAXIL ORAL SUSPENSION 10 MG/5ML	$0, Tier 2	PA; QL (900 per 30 days)
phenelzine sulfate oral tablet 15 mg	$0, Tier 1	
protriptyline hcl oral tablet 10 mg, 5 mg	$0, Tier 2	
sertraline hcl oral concentrate 20 mg/ml	$0, Tier 1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	
tranylcypromine sulfate oral tablet 10 mg	$0, Tier 1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	$0, Tier 1	
trimipramine maleate oral capsule 100 mg	$0, Tier 2	QL (60 per 30 days)

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
trimipramine maleate oral capsule 25 mg	$0, Tier 2	QL (240 per 30 days)
trimipramine maleate oral capsule 50 mg	$0, Tier 2	QL (120 per 30 days)
TRINTELLIX ORAL TABLET 10 MG	$0, Tier 2	QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	$0, Tier 2	QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	$0, Tier 2	QL (120 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	$0, Tier 1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0, Tier 1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	$0, Tier 2	QL (30 per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	$0, Tier 2	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	$0, Tier 1	QL (30 per 30 days)
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	$0, Tier 1	QL (120 per 30 days)
amantadine hcl oral solution 50 mg/5ml	$0, Tier 1	
amantadine hcl oral tablet 100 mg	$0, Tier 1	
benztropine mesylate injection solution 1 mg/ml	$0, Tier 1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	$0, Tier 2	PA
bromocriptine mesylate oral capsule 5 mg	$0, Tier 1	
bromocriptine mesylate oral tablet 2.5 mg	$0, Tier 1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	$0, Tier 1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0, Tier 1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	$0, Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	$0, Tier 1	
entacapone oral tablet 200 mg	$0, Tier 1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0, Tier 2	PA; QL (150 per 30 days); NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	$0, Tier 2	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0, Tier 1	
rasagiline mesylate oral tablet 0.5 mg	$0, Tier 1	QL (60 per 30 days)
rasagiline mesylate oral tablet 1 mg	$0, Tier 1	QL (30 per 30 days)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0, Tier 1	
selegiline hcl oral capsule 5 mg	$0, Tier 1	
selegiline hcl oral tablet 5 mg	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
trihexyphenidyl hcl oral solution 0.4 mg/ml	$0, Tier 2	PA
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	$0, Tier 2	PA
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	$0, Tier 2	QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	$0, Tier 2	QL (1 per 28 days); NDS
aripiprazole oral solution 1 mg/ml	$0, Tier 1	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0, Tier 1	QL (30 per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	$0, Tier 1	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	$0, Tier 2	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	$0, Tier 2	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	$0, Tier 2	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	$0, Tier 2	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	$0, Tier 2	QL (3.2 per 28 days); NDS
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	$0, Tier 1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	$0, Tier 2	PA; QL (30 per 30 days); NDS
CAPLYTA ORAL CAPSULE 42 MG	$0, Tier 2	PA; QL (30 per 30 days)
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	$0, Tier 1	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	$0, Tier 2	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0, Tier 1	
clozapine oral tablet 100 mg	$0, Tier 1	QL (270 per 30 days)
clozapine oral tablet 200 mg	$0, Tier 1	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg	$0, Tier 1	
clozapine oral tablet dispersible 100 mg	$0, Tier 1	PA; QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	$0, Tier 1	PA
clozapine oral tablet dispersible 150 mg	$0, Tier 1	PA; QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	$0, Tier 2	PA; QL (135 per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	$0, Tier 2	PA
fluphenazine decanoate injection solution 25 mg/ml	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
fluphenazine hcl injection solution 2.5 mg/ml	$0, Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	$0, Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5ml	$0, Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0, Tier 1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	$0, Tier 1	
haloperidol lactate injection solution 5 mg/ml	$0, Tier 1	
haloperidol lactate oral concentrate 2 mg/ml	$0, Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0, Tier 1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	$0, Tier 2	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	$0, Tier 2	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	$0, Tier 2	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	$0, Tier 2	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	$0, Tier 2	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	$0, Tier 2	QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	$0, Tier 2	QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	$0, Tier 2	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	$0, Tier 2	QL (2.63 per 90 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	$0, Tier 2	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	$0, Tier 2	QL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0, Tier 1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	$0, Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
olanzapine intramuscular solution reconstituted 10 mg	$0, Tier 1	QL (3 per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0, Tier 1	QL (60 per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0, Tier 1	QL (30 per 30 days)
olanzapine oral tablet dispersible 10 mg	$0, Tier 1	QL (60 per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg	$0, Tier 1	QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	$0, Tier 1	QL (30 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
paliperidone er oral tablet extended release 24 hour 6 mg	$0, Tier 1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0, Tier 1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	$0, Tier 2	QL (1 per 30 days); NDS
pimozide oral tablet 1 mg, 2 mg	$0, Tier 1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	$0, Tier 1	PA; QL (30 per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	$0, Tier 1	PA; QL (60 per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0, Tier 1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	$0, Tier 2	QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	$0, Tier 2	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	$0, Tier 2	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	$0, Tier 2	QL (2 per 28 days); NDS
risperidone oral solution 1 mg/ml	$0, Tier 1	QL (240 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0, Tier 1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	$0, Tier 1	QL (90 per 30 days)
risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg	$0, Tier 1	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	$0, Tier 2	QL (30 per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0, Tier 1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0, Tier 1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0, Tier 1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0, Tier 2	PA; QL (600 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG	$0, Tier 2	QL (60 per 30 days); NDS
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	$0, Tier 2	QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	$0, Tier 2	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0, Tier 1	QL (60 per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	$0, Tier 1	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	$0, Tier 2	PA; QL (2 per 28 days)

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	$0, Tier 2	PA; QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	$0, Tier 2	PA; QL (1 per 28 days); NDS
Attention Deficit Hyperactivity Disorder		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0, Tier 1	PA; QL (30 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0, Tier 1	PA; QL (60 per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	$0, Tier 1	PA; QL (90 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	$0, Tier 1	QL (120 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	$0, Tier 1	QL (30 per 30 days)
atomoxetine hcl oral capsule 40 mg	$0, Tier 1	QL (60 per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	$0, Tier 1	PA; QL (60 per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	$0, Tier 1	PA; QL (120 per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	$0, Tier 2	PA; QL (30 per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	$0, Tier 1	PA; QL (90 per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	$0, Tier 1	PA; QL (90 per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	$0, Tier 1	PA; QL (900 per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	$0, Tier 1	PA; QL (1800 per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	$0, Tier 1	PA; QL (180 per 30 days)
methylphenidate hcl oral tablet 20 mg	$0, Tier 1	PA; QL (90 per 30 days)
Hypnotics		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	$0, Tier 2	QL (30 per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	$0, Tier 1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	$0, Tier 2	PA; QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
temazepam oral capsule 15 mg	$0, Tier 1	PA; QL (60 per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	$0, Tier 1	PA; QL (30 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	$0, Tier 2	PA; QL (60 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	$0, Tier 2	PA; QL (30 per 30 days)
Migraine		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0, Tier 2	PA; QL (1 per 30 days)
dihydroergotamine mesylate injection solution 1 mg/ml	$0, Tier 2	NDS
dihydroergotamine mesylate nasal solution 4 mg/ml	$0, Tier 2	PA; QL (8 per 30 days); NDS
ergotamine-caffeine oral tablet 1-100 mg	$0, Tier 1	PA; QL (40 per 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
naratriptan hcl oral tablet 1 mg, 2.5 mg	$0, Tier 1	QL (12 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	$0, Tier 2	PA; QL (16 per 30 days); NDS
rizatriptan benzoate oral tablet 10 mg, 5 mg	$0, Tier 1	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	$0, Tier 1	QL (18 per 30 days)
sumatriptan nasal solution 20 mg/act	$0, Tier 1	QL (12 per 30 days)
sumatriptan nasal solution 5 mg/act	$0, Tier 1	QL (24 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	QL (12 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	$0, Tier 1	QL (9 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	$0, Tier 1	QL (6 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	$0, Tier 1	QL (6 per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	$0, Tier 1	QL (9 per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	$0, Tier 1	QL (6 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	$0, Tier 2	PA; QL (16 per 30 days); NDS
zolmitriptan oral tablet 2.5 mg, 5 mg	$0, Tier 1	QL (12 per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	$0, Tier 1	QL (12 per 30 days)
Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	$0, Tier 2	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	$0, Tier 2	PA; LA; QL (28 per 28 days); NDS
lithium carbonate er oral tablet extended release 300 mg, 450 mg	$0, Tier 1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0, Tier 1	
lithium carbonate oral tablet 300 mg	$0, Tier 1	
lithium oral solution 8 meq/5ml	$0, Tier 2	
NUEDEXTA ORAL CAPSULE 20-10 MG	$0, Tier 2	PA; QL (60 per 30 days)
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	$0, Tier 1	PA; QL (60 per 30 days)
pyridostigmine bromide oral tablet 60 mg	$0, Tier 1	
riluzole oral tablet 50 mg	$0, Tier 1	
tetrabenazine oral tablet 12.5 mg	$0, Tier 2	PA; QL (90 per 30 days); NDS
tetrabenazine oral tablet 25 mg	$0, Tier 2	PA; QL (120 per 30 days); NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Multiple Sclerosis Agents		
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0, Tier 2	PA; QL (14 per 28 days); NDS
dalfampridine er oral tablet extended release 12 hour 10 mg	$0, Tier 1	PA
GILENYA ORAL CAPSULE 0.5 MG	$0, Tier 2	PA; QL (28 per 28 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	$0, Tier 2	PA; QL (30 per 30 days); NDS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	$0, Tier 2	PA; QL (12 per 28 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	$0, Tier 2	PA; QL (30 per 30 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	$0, Tier 2	PA; QL (12 per 28 days); NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	$0, Tier 2	PA; LA; QL (6.4 per 365 days); NDS
Musculoskeletal Therapy Agents		
baclofen oral tablet 10 mg, 20 mg	$0, Tier 1	
carisoprodol oral tablet 350 mg	$0, Tier 2	PA; QL (120 per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	$0, Tier 2	PA
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	$0, Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	$0, Tier 2	PA
tizanidine hcl oral tablet 2 mg, 4 mg	$0, Tier 1	
VANADOM ORAL TABLET 350 MG	$0, Tier 2	PA; QL (120 per 30 days)
Narcolepsy/Cataplexy		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$0, Tier 1	PA; QL (30 per 30 days)
armodafinil oral tablet 50 mg	$0, Tier 1	PA; QL (90 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	$0, Tier 2	PA; LA; QL (540 per 30 days); NDS
Psychotherapeutic-Misc		
acamprosate calcium oral tablet delayed release 333 mg	$0, Tier 1	
ADIPEX-P ORAL CAPSULE 37.5 MG	$0, Tier 3	DP
ADIPEX-P ORAL TABLET 37.5 MG	$0, Tier 3	DP
benzphetamine hcl oral tablet 50 mg	$0, Tier 3	DP
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	$0, Tier 1	PA; QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	$0, Tier 1	QL (60 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	$0, Tier 1	QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	$0, Tier 1	QL (90 per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	$0, Tier 2	PA
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	$0, Tier 3	DP
diethylpropion hcl oral tablet 25 mg	$0, Tier 3	DP
disulfiram oral tablet 250 mg, 500 mg	$0, Tier 1	
gnp nicotine mini mouth/throat lozenge 2 mg	$0, Tier 3	DP
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0, Tier 3	DP
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0, Tier 3	DP
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0, Tier 3	DP
goodsense nicotine mouth/throat gum 2 mg, 4 mg	$0, Tier 3	DP
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	$0, Tier 3	DP
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0, Tier 3	DP
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0, Tier 3	DP
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0, Tier 3	DP
LOMAIRA ORAL TABLET 8 MG	$0, Tier 3	DP
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	$0, Tier 1	
naloxone hcl injection solution cartridge 0.4 mg/ml	$0, Tier 1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	$0, Tier 1	
naloxone hcl nasal liquid 4 mg/0.1ml	$0, Tier 1	
naltrexone hcl oral tablet 50 mg	$0, Tier 1	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR	$0, Tier 3	DP
nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0, Tier 3	DP
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0, Tier 3	DP
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0, Tier 3	DP
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	$0, Tier 3	DP
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	$0, Tier 3	DP
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0, Tier 3	DP
nicotine transdermal kit 21-14-7 mg/24hr	$0, Tier 3	DP
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0, Tier 3	DP
NICOTROL INHALATION INHALER 10 MG	$0, Tier 2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0, Tier 2	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	$0, Tier 3	DP
phendimetrazine tartrate oral tablet 35 mg	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	$0, Tier 3	DP
phentermine hcl oral tablet 37.5 mg	$0, Tier 3	DP
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	$0, Tier 3	DP
sm nicotine mouth/throat gum 4 mg	$0, Tier 3	DP
sm nicotine mouth/throat lozenge 2 mg	$0, Tier 3	DP
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0, Tier 3	DP
sm nicotine polacrilex mouth/throat lozenge 4 mg	$0, Tier 3	DP
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0, Tier 3	DP
varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42	$0, Tier 1	PA
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0, Tier 1	PA; QL (56 per 28 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	$0, Tier 2	NDS
ENDOCRINE AND METABOLIC		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	$0, Tier 2	PA; QL (30 per 30 days)
oxandrolone oral tablet 10 mg	$0, Tier 1	PA; QL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	$0, Tier 1	PA; QL (120 per 30 days)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0, Tier 1	PA
testosterone enanthate intramuscular solution 200 mg/ml	$0, Tier 1	PA
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	$0, Tier 1	PA; QL (300 per 30 days)
Antidiabetics, Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	$0, Tier 2	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0, Tier 2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	$0, Tier 2	
cvs gauze sterile pad 2"x2"	$0, Tier 2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	$0, Tier 2	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0, Tier 2	
FIASP INJECTION SOLUTION 100 UNIT/ML	$0, Tier 2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$0, Tier 2	
global alcohol prep ease pad 70 %	$0, Tier 2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	$0, Tier 2	B/D; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	$0, Tier 2	NDS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0, Tier 2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0, Tier 2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0, Tier 2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0, Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	$0, Tier 2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0, Tier 2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	$0, Tier 2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	$0, Tier 2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0, Tier 2	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	$0, Tier 2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0, Tier 2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0, Tier 2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$0, Tier 2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	$0, Tier 2	PA; QL (1 per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	$0, Tier 2	PA; QL (3 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	$0, Tier 2	PA; QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	$0, Tier 2	PA; QL (3 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	$0, Tier 2	PA; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	$0, Tier 2	PA; QL (3 per 30 days)
preferred plus insulin syringe 28g x 1/2" 0.5 ml	$0, Tier 2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	$0, Tier 2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	$0, Tier 2	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	$0, Tier 2	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0, Tier 2	
V-GO 20 KIT	$0, Tier 2	PA; QL (30 per 30 days)
V-GO 30 KIT	$0, Tier 2	PA; QL (30 per 30 days)
V-GO 40 KIT	$0, Tier 2	PA; QL (30 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	$0, Tier 2	QL (15 per 30 days)
Antidiabetics		
acarbose oral tablet 100 mg, 25 mg, 50 mg	$0, Tier 1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	$0, Tier 2	QL (3.4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	$0, Tier 2	QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	$0, Tier 2	QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	$0, Tier 2	QL (30 per 30 days)
glimepiride oral tablet 1 mg, 2 mg	$0, Tier 1	QL (90 per 30 days)
glimepiride oral tablet 4 mg	$0, Tier 1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	$0, Tier 1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	$0, Tier 1	QL (90 per 30 days)
glipizide oral tablet 10 mg	$0, Tier 1	QL (120 per 30 days)
glipizide oral tablet 5 mg	$0, Tier 1	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	$0, Tier 1	QL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	$0, Tier 1	QL (90 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	$0, Tier 1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	$0, Tier 1	QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0, Tier 2	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	$0, Tier 2	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	$0, Tier 2	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	$0, Tier 2	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$0, Tier 2	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG	$0, Tier 2	QL (60 per 30 days)
JARDIANCE ORAL TABLET 25 MG	$0, Tier 2	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	$0, Tier 2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	$0, Tier 2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	$0, Tier 2	QL (30 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	$0, Tier 1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	$0, Tier 1	QL (60 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
metformin hcl oral tablet 1000 mg	$0, Tier 1	QL (75 per 30 days)
metformin hcl oral tablet 500 mg	$0, Tier 1	QL (150 per 30 days)
metformin hcl oral tablet 850 mg	$0, Tier 1	QL (90 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	$0, Tier 1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	$0, Tier 2	QL (1.5 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	$0, Tier 2	QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	$0, Tier 2	QL (3 per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	$0, Tier 1	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	$0, Tier 1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	$0, Tier 1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0, Tier 2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	$0, Tier 2	QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	$0, Tier 2	QL (120 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	$0, Tier 2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	$0, Tier 2	QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	$0, Tier 2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	$0, Tier 2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	$0, Tier 2	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	$0, Tier 2	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	$0, Tier 2	QL (9 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	$0, Tier 2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	$0, Tier 2	QL (60 per 30 days)
Calcium Regulators		
alendronate sodium oral solution 70 mg/75ml	$0, Tier 1	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	$0, Tier 1	
calcitonin (salmon) nasal solution 200 unit/act	$0, Tier 1	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	$0, Tier 2	PA; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ibandronate sodium oral tablet 150 mg	$0, Tier 1	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	$0, Tier 2	PA; NDS
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	$0, Tier 1	B/D
pamidronate disodium intravenous solution 6 mg/ml	$0, Tier 2	B/D
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg	$0, Tier 1	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	$0, Tier 2	QL (1 per 180 days)
risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	$0, Tier 1	
risedronate sodium oral tablet delayed release 35 mg	$0, Tier 1	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	$0, Tier 2	PA; NDS
zoledronic acid intravenous concentrate 4 mg/5ml	$0, Tier 1	B/D
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	$0, Tier 1	B/D
Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	$0, Tier 2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	$0, Tier 2	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	$0, Tier 2	PA; NDS
LOKELMA ORAL PACKET 10 GM, 5 GM	$0, Tier 2	
penicillamine oral tablet 250 mg	$0, Tier 2	NDS
sodium polystyrene sulfonate oral powder	$0, Tier 1	
SPS ORAL SUSPENSION 15 GM/60ML	$0, Tier 1	
trientine hcl oral capsule 250 mg	$0, Tier 2	PA; NDS
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	$0, Tier 2	
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
alyacen 1/35 oral tablet 1-35 mg-mcg	$0, Tier 1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0, Tier 1	
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	$0, Tier 1	
APRI ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	$0, Tier 1	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	$0, Tier 1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
AYUNA ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0, Tier 1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	$0, Tier 1	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0, Tier 1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
briellyn oral tablet 0.4-35 mg-mcg	$0, Tier 1	
CAMILA ORAL TABLET 0.35 MG	$0, Tier 1	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	$0, Tier 1	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	$0, Tier 1	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	$0, Tier 1	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	$0, Tier 1	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0, Tier 1	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	$0, Tier 1	
DEBLITANE ORAL TABLET 0.35 MG	$0, Tier 1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	$0, Tier 1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	$0, Tier 1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0, Tier 1	
ELINEST ORAL TABLET 0.3-30 MG-MCG	$0, Tier 1	
ELLA ORAL TABLET 30 MG	$0, Tier 2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	$0, Tier 1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	$0, Tier 1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
ERRIN ORAL TABLET 0.35 MG	$0, Tier 1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	$0, Tier 1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0, Tier 1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0, Tier 1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0, Tier 1	
HEATHER ORAL TABLET 0.35 MG	$0, Tier 1	
ICLEVIA ORAL TABLET 0.15-0.03 MG	$0, Tier 1	
INCASSIA ORAL TABLET 0.35 MG	$0, Tier 1	
INTROVALE ORAL TABLET 0.15-0.03 MG	$0, Tier 1	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
JASMIEL ORAL TABLET 3-0.02 MG	$0, Tier 1	
JOLESSA ORAL TABLET 0.15-0.03 MG	$0, Tier 1	
JULEBER ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	$0, Tier 1	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	$0, Tier 1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0, Tier 1	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	$0, Tier 1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	$0, Tier 1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0, Tier 1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	$0, Tier 1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	$0, Tier 1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	$0, Tier 1	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	$0, Tier 1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	$0, Tier 1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	$0, Tier 1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
LILLOW ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
LORYNA ORAL TABLET 3-0.02 MG	$0, Tier 1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	$0, Tier 1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
LYLEQ ORAL TABLET 0.35 MG	$0, Tier 1	
LYZA ORAL TABLET 0.35 MG	$0, Tier 1	
marlissa oral tablet 0.15-30 mg-mcg	$0, Tier 1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	$0, Tier 1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	$0, Tier 1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0, Tier 1	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
MILI ORAL TABLET 0.25-35 MG-MCG	$0, Tier 1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	$0, Tier 1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0, Tier 1	
NIKKI ORAL TABLET 3-0.02 MG	$0, Tier 1	
NORA-BE ORAL TABLET 0.35 MG	$0, Tier 1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	$0, Tier 1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	$0, Tier 1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0, Tier 1	
norethindrone oral tablet 0.35 mg	$0, Tier 1	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	$0, Tier 1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	$0, Tier 1	
NORLYROC ORAL TABLET 0.35 MG	$0, Tier 1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0, Tier 1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	$0, Tier 1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0, Tier 1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0, Tier 1	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	$0, Tier 1	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0, Tier 1	
NYMYO ORAL TABLET 0.25-35 MG-MCG	$0, Tier 1	
OCELLA ORAL TABLET 3-0.03 MG	$0, Tier 1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
PHILITH ORAL TABLET 0.4-35 MG-MCG	$0, Tier 1	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0, Tier 1	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	$0, Tier 1	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	$0, Tier 1	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	$0, Tier 1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	$0, Tier 1	
SHAROBEL ORAL TABLET 0.35 MG	$0, Tier 1	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0, Tier 1	
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	$0, Tier 1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	$0, Tier 1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
SYEDA ORAL TABLET 3-0.03 MG	$0, Tier 1	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0, Tier 1	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	$0, Tier 1	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0, Tier 1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0, Tier 1	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0, Tier 1	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0, Tier 1	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0, Tier 1	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0, Tier 1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0, Tier 1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0, Tier 1	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0, Tier 1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0, Tier 1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	$0, Tier 1	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0, Tier 1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0, Tier 1	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	$0, Tier 1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	$0, Tier 1	
VESTURA ORAL TABLET 3-0.02 MG	$0, Tier 1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	$0, Tier 1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	$0, Tier 1	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	$0, Tier 1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	$0, Tier 1	
WERA ORAL TABLET 0.5-35 MG-MCG	$0, Tier 1	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	$0, Tier 1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0, Tier 1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0, Tier 1	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0, Tier 1	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	$0, Tier 1	
Endometriosis		
danazol oral capsule 100 mg, 200 mg, 50 mg	$0, Tier 1	
SYNAREL NASAL SOLUTION 2 MG/ML	$0, Tier 2	NDS
Estrogens		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	$0, Tier 2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	$0, Tier 2	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	$0, Tier 2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0, Tier 2	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$0, Tier 2	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$0, Tier 2	
estradiol vaginal cream 0.1 mg/gm	$0, Tier 1	
estradiol vaginal tablet 10 mcg	$0, Tier 1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	$0, Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0, Tier 2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	$0, Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	$0, Tier 2	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	$0, Tier 2	
MIMVEY ORAL TABLET 1-0.5 MG	$0, Tier 2	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0, Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	$0, Tier 1	
Glucocorticoids		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	$0, Tier 2	
dexamethasone oral elixir 0.5 mg/5ml	$0, Tier 1	
dexamethasone oral solution 0.5 mg/5ml	$0, Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0, Tier 1	
dexamethasone sod phosphate pf injection solution 10 mg/ml	$0, Tier 1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	$0, Tier 1	
fludrocortisone acetate oral tablet 0.1 mg	$0, Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0, Tier 1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	$0, Tier 1	B/D
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0, Tier 1	B/D
methylprednisolone oral tablet therapy pack 4 mg	$0, Tier 1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	$0, Tier 1	B/D
prednisolone oral solution 15 mg/5ml	$0, Tier 1	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	$0, Tier 1	B/D
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	$0, Tier 2	B/D
prednisone oral solution 5 mg/5ml	$0, Tier 1	B/D
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0, Tier 1	B/D
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	$0, Tier 1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	$0, Tier 2	
Glucose Elevating Agents		
diazoxide oral suspension 50 mg/ml	$0, Tier 2	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	$0, Tier 2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	$0, Tier 2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	$0, Tier 2	
Miscellaneous		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	$0, Tier 2	PA; LA; NDS
betaine oral powder	$0, Tier 2	LA; NDS
cabergoline oral tablet 0.5 mg	$0, Tier 1	
CARBAGLU ORAL TABLET SOLUBLE 200 MG	$0, Tier 2	PA; LA; NDS
carglumic acid oral tablet soluble 200 mg	$0, Tier 2	PA; LA; NDS
CERDELGA ORAL CAPSULE 84 MG	$0, Tier 2	PA; NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	$0, Tier 2	PA; LA; NDS
charcoal powder	$0, Tier 3	DP
cinacalcet hcl oral tablet 30 mg	$0, Tier 1	B/D; QL (120 per 30 days)
cinacalcet hcl oral tablet 60 mg	$0, Tier 2	B/D; QL (60 per 30 days); NDS
cinacalcet hcl oral tablet 90 mg	$0, Tier 2	B/D; QL (120 per 30 days); NDS
CYSTADANE ORAL POWDER	$0, Tier 2	LA; NDS
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0, Tier 2	PA; LA
desmopressin ace spray refrig nasal solution 0.01 %	$0, Tier 1	
desmopressin acetate injection solution 4 mcg/ml	$0, Tier 2	NDS
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	$0, Tier 1	
desmopressin acetate pf injection solution 4 mcg/ml	$0, Tier 2	NDS
desmopressin acetate spray nasal solution 0.01 %	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	$0, Tier 2	PA; LA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	$0, Tier 2	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	$0, Tier 2	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	$0, Tier 2	PA; LA; NDS
KETO-DIASTIX IN VITRO STRIP	$0, Tier 3	DP
KORLYM ORAL TABLET 300 MG	$0, Tier 2	PA; LA; NDS
levocarnitine oral solution 1 gm/10ml	$0, Tier 1	B/D
levocarnitine oral tablet 330 mg	$0, Tier 1	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	$0, Tier 2	PA; LA; NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	$0, Tier 2	PA; NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	$0, Tier 2	PA; NDS
miglustat oral capsule 100 mg	$0, Tier 2	PA; QL (90 per 30 days); NDS
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	$0, Tier 2	PA; LA; NDS
nitisinone oral capsule 10 mg, 2 mg, 5 mg	$0, Tier 2	PA; NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0, Tier 1	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	$0, Tier 2	PA; NDS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	$0, Tier 1	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	$0, Tier 2	PA; NDS
raloxifene hcl oral tablet 60 mg	$0, Tier 1	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	$0, Tier 2	PA; NDS
sapropterin dihydrochloride oral tablet 100 mg	$0, Tier 2	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	$0, Tier 2	PA; LA; NDS
sodium phenylbutyrate oral powder 3 gm/tsp	$0, Tier 2	PA; NDS
sodium phenylbutyrate oral tablet 500 mg	$0, Tier 2	PA; NDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	$0, Tier 2	PA; NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0, Tier 2	PA; LA; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
XENICAL ORAL CAPSULE 120 MG	$0, Tier 3	DP
Phosphate Binder Agents		
calcium acetate (phos binder) oral capsule 667 mg	$0, Tier 1	QL (360 per 30 days)
calcium acetate oral tablet 667 mg	$0, Tier 1	QL (360 per 30 days)
sevelamer carbonate oral packet 0.8 gm	$0, Tier 2	QL (540 per 30 days); NDS
sevelamer carbonate oral packet 2.4 gm	$0, Tier 1	QL (180 per 30 days)
sevelamer carbonate oral tablet 800 mg	$0, Tier 1	QL (540 per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	$0, Tier 2	QL (180 per 30 days); NDS
Progestins		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	$0, Tier 1	
megestrol acetate oral suspension 40 mg/ml	$0, Tier 2	
megestrol acetate oral suspension 625 mg/5ml	$0, Tier 2	PA
norethindrone acetate oral tablet 5 mg	$0, Tier 1	
Thyroid Agents		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	$0, Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0, Tier 1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0, Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	$0, Tier 1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	$0, Tier 1	
methimazole oral tablet 10 mg, 5 mg	$0, Tier 1	
propylthiouracil oral tablet 50 mg	$0, Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0, Tier 2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0, Tier 1	
Vitamin D Analogs		
calcitriol intravenous solution 1 mcg/ml	$0, Tier 1	B/D
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0, Tier 1	B/D
calcitriol oral solution 1 mcg/ml	$0, Tier 1	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0, Tier 1	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	$0, Tier 2	NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
GASTROINTESTINAL		
Antacids		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	$0, Tier 3	DP
alum & mag hydroxide-simeth oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0, Tier 3	DP
alumina-magnesia-simethicone oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
aluminum hydroxide gel oral suspension 320 mg/5ml	$0, Tier 3	DP
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
antacid fast relief oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
antacid maximum strength oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
antacid oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
antacid plus anti-gas fast act oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
antacid plus anti-gas relief oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0, Tier 3	DP
antacid regular strength oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
antacid/anti-gas oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0, Tier 3	DP
gnp antacid regular strength oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
hm advanced antacid max st oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
hm antacid oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
hm antacid/antigas oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
mag-al plus oral liquid 200-200-20 mg/5ml	$0, Tier 3	DP
mag-al plus xs oral liquid 400-400-40 mg/5ml	$0, Tier 3	DP
magnesium oxide oral tablet 400 mg, 420 mg	$0, Tier 3	DP
MI-ACID ORAL SUSPENSION 200-200-20 MG/5ML	$0, Tier 3	DP
mintox maximum strength oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	$0, Tier 3	DP
qc antacid oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm antacid advanced max st oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
sm antacid advanced oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
sm antacid maximum strength oral suspension 400-400-40 mg/5ml	$0, Tier 3	DP
sm antacid/antigas oral suspension 200-200-20 mg/5ml	$0, Tier 3	DP
sodium bicarbonate oral powder	$0, Tier 3	DP
Anti-Diarrheal		
anti-diarrheal oral capsule 2 mg	$0, Tier 3	DP
anti-diarrheal oral tablet 2 mg	$0, Tier 3	DP
bismatrol oral tablet chewable 262 mg	$0, Tier 3	DP
gnp anti-diarrheal oral capsule 2 mg	$0, Tier 3	DP
gnp anti-diarrheal oral tablet 2 mg	$0, Tier 3	DP
gnp pink bismuth oral tablet 262 mg	$0, Tier 3	DP
gnp pink bismuth oral tablet chewable 262 mg	$0, Tier 3	DP
goodsense stomach relief oral tablet chewable 262 mg	$0, Tier 3	DP
hm anti-diarrheal oral capsule 2 mg	$0, Tier 3	DP
hm anti-diarrheal oral tablet 2 mg	$0, Tier 3	DP
hm stomach relief oral suspension 262 mg/15ml, 525 mg/30ml	$0, Tier 3	DP
hm stomach relief oral tablet chewable 262 mg	$0, Tier 3	DP
loperamide hcl oral tablet 2 mg	$0, Tier 3	DP
peptic relief oral tablet chewable 262 mg	$0, Tier 3	DP
qc anti-diarrheal oral capsule 2 mg	$0, Tier 3	DP
qc anti-diarrheal oral tablet 2 mg	$0, Tier 3	DP
qc diarrhea relief oral suspension 262 mg/15ml	$0, Tier 3	DP
sm anti-diarrheal oral capsule 2 mg	$0, Tier 3	DP
sm anti-diarrheal oral tablet 2 mg	$0, Tier 3	DP
sm stomach relief oral tablet 262 mg	$0, Tier 3	DP
sm stomach relief oral tablet chewable 262 mg	$0, Tier 3	DP
stomach relief oral suspension 525 mg/30ml	$0, Tier 3	DP
stomach relief oral tablet chewable 262 mg	$0, Tier 3	DP
Antiemetics		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	$0, Tier 1	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	$0, Tier 1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0, Tier 1	B/D; QL (60 per 30 days)
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
granisetron hcl oral tablet 1 mg	$0, Tier 1	B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	$0, Tier 2	
metoclopramide hcl injection solution 5 mg/ml	$0, Tier 1	
metoclopramide hcl oral solution 5 mg/5ml	$0, Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0, Tier 1	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	$0, Tier 1	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	$0, Tier 1	
ondansetron hcl oral solution 4 mg/5ml	$0, Tier 1	B/D
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	$0, Tier 1	B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	$0, Tier 1	B/D
prochlorperazine edisylate injection solution 10 mg/2ml	$0, Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0, Tier 1	
prochlorperazine rectal suppository 25 mg	$0, Tier 1	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	$0, Tier 2	PA
promethazine hcl oral syrup 6.25 mg/5ml	$0, Tier 2	PA
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	$0, Tier 2	PA
scopolamine transdermal patch 72 hour 1 mg/3days	$0, Tier 2	PA; QL (10 per 30 days)
Antispasmodics		
dicyclomine hcl oral capsule 10 mg	$0, Tier 2	
dicyclomine hcl oral solution 10 mg/5ml	$0, Tier 2	
dicyclomine hcl oral tablet 20 mg	$0, Tier 2	
glycopyrrolate oral tablet 1 mg, 2 mg	$0, Tier 1	
H2-Receptor Antagonists		
famotidine (pf) intravenous solution 20 mg/2ml	$0, Tier 1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	$0, Tier 1	
famotidine oral suspension reconstituted 40 mg/5ml	$0, Tier 1	QL (300 per 30 days)
famotidine oral tablet 20 mg	$0, Tier 1	QL (120 per 30 days)
famotidine oral tablet 40 mg	$0, Tier 1	QL (60 per 30 days)
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	$0, Tier 1	
nizatidine oral capsule 150 mg, 300 mg	$0, Tier 1	
Inflammatory Bowel Disease		
balsalazide disodium oral capsule 750 mg	$0, Tier 1	
budesonide er oral tablet extended release 24 hour 9 mg	$0, Tier 2	PA; NDS
budesonide oral capsule delayed release particles 3 mg	$0, Tier 1	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
hydrocortisone rectal enema 100 mg/60ml	$0, Tier 1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	$0, Tier 1	QL (120 per 30 days)
mesalamine oral capsule delayed release 400 mg	$0, Tier 1	QL (180 per 30 days)
mesalamine oral tablet delayed release 1.2 gm	$0, Tier 1	QL (120 per 30 days)
mesalamine rectal enema 4 gm	$0, Tier 1	
mesalamine rectal suppository 1000 mg	$0, Tier 1	
mesalamine-cleanser rectal kit 4 gm	$0, Tier 1	
sulfasalazine oral tablet 500 mg	$0, Tier 1	
sulfasalazine oral tablet delayed release 500 mg	$0, Tier 1	
Laxatives		
bisacodyl ec oral tablet delayed release 5 mg	$0, Tier 3	DP
bisacodyl rectal suppository 10 mg	$0, Tier 3	DP
constulose oral solution 10 gm/15ml	$0, Tier 1	
docu oral liquid 50 mg/5ml	$0, Tier 3	DP
docusate calcium oral capsule 240 mg	$0, Tier 3	DP
docusate mini rectal enema 283 mg/5ml	$0, Tier 3	DP
docusate sodium oral capsule 100 mg, 250 mg	$0, Tier 3	DP
docusate sodium oral liquid 50 mg/5ml	$0, Tier 3	DP
DOCUSOL MINI RECTAL ENEMA 283 MG/5ML	$0, Tier 3	DP
DOK ORAL CAPSULE 100 MG	$0, Tier 3	DP
enema ready-to-use rectal enema 7-19 gm/118ml	$0, Tier 3	DP
enema rectal enema 7-19 gm/118ml	$0, Tier 3	DP
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	$0, Tier 3	DP
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	$0, Tier 3	DP
enulose oral solution 10 gm/15ml	$0, Tier 1	
epsom salt oral granules	$0, Tier 3	DP
fiber laxative oral tablet 625 mg	$0, Tier 3	DP
fiber oral tablet 625 mg	$0, Tier 3	DP
fiber-lax oral tablet 625 mg	$0, Tier 3	DP
FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML	$0, Tier 3	DP
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	$0, Tier 1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	$0, Tier 1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	$0, Tier 1	
generlac oral solution 10 gm/15ml	$0, Tier 1	
gentle laxative oral tablet delayed release 5 mg	$0, Tier 3	DP
gentle laxative rectal suppository 10 mg	$0, Tier 3	DP
glycerin (adult) rectal suppository 2 gm	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
glycerin (infants & children) rectal suppository 1 gm	$0, Tier 3	DP
glycerin (pediatric) rectal suppository 1 gm	$0, Tier 3	DP
glycerin adult rectal suppository 2 gm	$0, Tier 3	DP
glycerin childrens rectal suppository 1 gm	$0, Tier 3	DP
gnp enema rectal enema	$0, Tier 3	DP
gnp gentle laxative oral tablet delayed release 5 mg	$0, Tier 3	DP
gnp glycerin (adult) rectal suppository 2.1 gm	$0, Tier 3	DP
gnp glycerin child rectal suppository 1.2 gm	$0, Tier 3	DP
gnp laxative oral tablet delayed release 5 mg	$0, Tier 3	DP
gnp milk of magnesia oral suspension 1200 mg/15ml	$0, Tier 3	DP
gnp natural fiber oral capsule 0.52 gm	$0, Tier 3	DP
gnp natural fiber oral powder 28.3 %	$0, Tier 3	DP
gnp senna lax oral tablet 8.6 mg	$0, Tier 3	DP
gnp stool softener oral capsule 100 mg, 250 mg	$0, Tier 3	DP
gnp stool softener/laxative oral tablet 8.6-50 mg	$0, Tier 3	DP
gnp womens gentle laxative oral tablet delayed release 5 mg	$0, Tier 3	DP
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	$0, Tier 2	
goodsense epsom salt oral granules	$0, Tier 3	DP
hm enema rectal enema 7-19 gm/118ml	$0, Tier 3	DP
hm laxative oral tablet delayed release 5 mg	$0, Tier 3	DP
hm milk of magnesia oral suspension 1200 mg/15ml	$0, Tier 3	DP
hm senna oral tablet 8.6 mg	$0, Tier 3	DP
hm stool softener oral capsule 100 mg	$0, Tier 3	DP
hm stool softener/laxative oral tablet 8.6-50 mg	$0, Tier 3	DP
lactulose encephalopathy oral solution 10 gm/15ml	$0, Tier 1	
lactulose oral solution 10 gm/15ml	$0, Tier 1	
laxative max str oral tablet 25 mg	$0, Tier 3	DP
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	$0, Tier 3	DP
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	$0, Tier 1	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	$0, Tier 2	
PEDIA-LAX ORAL LIQUID 50 MG/15ML	$0, Tier 3	DP
PEDIA-LAX RECTAL SUPPOSITORY 1 GM	$0, Tier 3	DP
peg 3350 oral packet 17 gm	$0, Tier 3	DP
peg 3350 oral powder 17 gm/scoop	$0, Tier 3	DP
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
peg-3350/electrolytes oral solution reconstituted 236 gm	$0, Tier 1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	$0, Tier 2	
qc enema rectal enema 16-6 gm/133ml	$0, Tier 3	DP
qc epsom salt oral granules	$0, Tier 3	DP
qc fiber laxative oral capsule 0.52 gm	$0, Tier 3	DP
qc gentle laxative rectal suppository 10 mg	$0, Tier 3	DP
qc milk of magnesia oral suspension 400 mg/5ml	$0, Tier 3	DP
qc natural vegetable laxative oral tablet 8.6 mg	$0, Tier 3	DP
qc natural vegetable oral powder 95 %	$0, Tier 3	DP
qc stool softener oral capsule 100 mg	$0, Tier 3	DP
qc stool softener pls laxative oral tablet 8.6-50 mg	$0, Tier 3	DP
SENEXON-S ORAL TABLET 8.6-50 MG	$0, Tier 3	DP
senna laxative oral tablet 8.6 mg	$0, Tier 3	DP
senna oral capsule 8.6 mg	$0, Tier 3	DP
senna oral liquid 8.8 mg/5ml	$0, Tier 3	DP
senna oral syrup 8.8 mg/5ml	$0, Tier 3	DP
senna oral tablet 8.6 mg	$0, Tier 3	DP
senna plus oral tablet 8.6-50 mg	$0, Tier 3	DP
senna s oral tablet 8.6-50 mg	$0, Tier 3	DP
senna-lax oral tablet 8.6 mg	$0, Tier 3	DP
senna-s oral tablet 8.6-50 mg	$0, Tier 3	DP
senna-tabs oral tablet 8.6 mg	$0, Tier 3	DP
senna-time oral tablet 8.6 mg	$0, Tier 3	DP
senna-time s oral tablet 8.6-50 mg	$0, Tier 3	DP
SENNO ORAL TABLET 8.6 MG	$0, Tier 3	DP
silace oral liquid 150 mg/15ml	$0, Tier 3	DP
silace oral syrup 60 mg/15ml	$0, Tier 3	DP
sm enema rectal enema 7-19 gm/118ml	$0, Tier 3	DP
sm fiber oral powder 28.3 %, 48.57 %, 58.6 %	$0, Tier 3	DP
sm fiber oral tablet 625 mg	$0, Tier 3	DP
sm gentle laxative oral tablet delayed release 5 mg	$0, Tier 3	DP
sm milk of magnesia oral suspension 1200 mg/15ml	$0, Tier 3	DP
sm senna laxative oral tablet 8.6 mg	$0, Tier 3	DP
sm senna-s oral tablet 8.6-50 mg	$0, Tier 3	DP
sm stool softener oral capsule 100 mg	$0, Tier 3	DP
sm stool softener/laxative oral tablet 8.6-50 mg	$0, Tier 3	DP
stimulant laxative oral tablet 8.6-50 mg	$0, Tier 3	DP
stool softener laxative oral capsule 100 mg, 250 mg	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
stool softener oral capsule 100 mg	$0, Tier 3	DP
stool softener plus laxative oral tablet 8.6-50 mg	$0, Tier 3	DP
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	$0, Tier 2	
vegetable lax+stool softener oral tablet 8.6-50 mg	$0, Tier 3	DP
womens laxative oral tablet delayed release 5 mg	$0, Tier 3	DP
Miscellaneous		
alosetron hcl oral tablet 0.5 mg	$0, Tier 1	PA; QL (60 per 30 days)
alosetron hcl oral tablet 1 mg	$0, Tier 2	PA; QL (60 per 30 days); NDS
cromolyn sodium oral concentrate 100 mg/5ml	$0, Tier 1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	$0, Tier 2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0, Tier 2	
gas relief drops infants oral suspension 20 mg/0.3ml	$0, Tier 3	DP
gas relief extra strength oral capsule 125 mg	$0, Tier 3	DP
gas relief extra strength oral tablet chewable 125 mg	$0, Tier 3	DP
gas relief oral suspension 20 mg/0.3ml	$0, Tier 3	DP
gas relief oral tablet chewable 80 mg	$0, Tier 3	DP
gas relief ultra strength oral capsule 180 mg	$0, Tier 3	DP
GATTEX SUBCUTANEOUS KIT 5 MG	$0, Tier 2	PA; LA; NDS
gnp anti-gas oral capsule 180 mg	$0, Tier 3	DP
gnp gas relief extra strength oral capsule 125 mg	$0, Tier 3	DP
gnp gas relief oral tablet chewable 80 mg	$0, Tier 3	DP
hm gas relief infants drops oral suspension 20 mg/0.3ml	$0, Tier 3	DP
hm gas relief oral tablet chewable 80 mg	$0, Tier 3	DP
infants gas relief oral suspension 20 mg/0.3ml	$0, Tier 3	DP
infants simethicone oral suspension 20 mg/0.3ml	$0, Tier 3	DP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0, Tier 2	QL (30 per 30 days)
loperamide hcl oral capsule 2 mg	$0, Tier 1	
mi-acid gas relief oral tablet chewable 80 mg	$0, Tier 3	DP
misoprostol oral tablet 100 mcg, 200 mcg	$0, Tier 1	
MOVANTIK ORAL TABLET 12.5 MG	$0, Tier 2	QL (60 per 30 days)
MOVANTIK ORAL TABLET 25 MG	$0, Tier 2	QL (30 per 30 days)
PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG	$0, Tier 3	DP
qc gas relief extra strength oral capsule 125 mg	$0, Tier 3	DP
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	$0, Tier 2	PA; NDS
RESTORA RX ORAL CAPSULE 60-1.25 MG	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm gas relief antiflatuent oral capsule 180 mg	$0, Tier 3	DP
sm gas relief extra strength oral capsule 125 mg	$0, Tier 3	DP
sm gas relief infants oral suspension 20 mg/0.3ml	$0, Tier 3	DP
sm gas relief oral tablet chewable 125 mg, 80 mg	$0, Tier 3	DP
sucralfate oral tablet 1 gm	$0, Tier 1	
ursodiol oral capsule 300 mg	$0, Tier 1	
ursodiol oral tablet 250 mg, 500 mg	$0, Tier 1	
XERMELO ORAL TABLET 250 MG	$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
XIFAXAN ORAL TABLET 550 MG	$0, Tier 2	PA; NDS
Pancreatic Enzymes		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	$0, Tier 2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	$0, Tier 2	
Proton Pump Inhibitors		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	$0, Tier 1	QL (30 per 30 days)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	$0, Tier 1	ST; QL (30 per 30 days)
lansoprazole oral capsule delayed release 15 mg, 30 mg	$0, Tier 1	QL (60 per 30 days)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	$0, Tier 1	
pantoprazole sodium intravenous solution reconstituted 40 mg	$0, Tier 1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	$0, Tier 1	
rabeprazole sodium oral tablet delayed release 20 mg	$0, Tier 1	QL (30 per 30 days)
GENITOURINARY		
Benign Prostatic Hyperplasia		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	$0, Tier 1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	$0, Tier 1	QL (30 per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	$0, Tier 1	QL (30 per 30 days)
finasteride oral tablet 5 mg	$0, Tier 1	
tamsulosin hcl oral capsule 0.4 mg	$0, Tier 1	
Miscellaneous		
acetic acid irrigation solution 0.25 %	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0, Tier 1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	$0, Tier 1	
Urinary Antispasmodics		
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	$0, Tier 1	QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	$0, Tier 2	QL (300 per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	$0, Tier 2	QL (30 per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	$0, Tier 1	QL (60 per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	$0, Tier 1	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5ml	$0, Tier 1	
oxybutynin chloride oral tablet 5 mg	$0, Tier 1	
solifenacin succinate oral tablet 10 mg, 5 mg	$0, Tier 1	QL (30 per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	$0, Tier 1	ST; QL (30 per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	$0, Tier 1	ST; QL (60 per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	$0, Tier 2	QL (30 per 30 days)
trospium chloride oral tablet 20 mg	$0, Tier 1	QL (60 per 30 days)
Vaginal Anti-Infectives		
3 day vaginal vaginal cream 2 %	$0, Tier 3	DP
clindamycin phosphate vaginal cream 2 %	$0, Tier 1	
clotrimazole 3 vaginal cream 2 %	$0, Tier 3	DP
clotrimazole vaginal cream 1 %	$0, Tier 3	DP
gnp clotrimazole 3 vaginal cream 2 %	$0, Tier 3	DP
gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	$0, Tier 3	DP
gnp miconazole 7 vaginal cream 2 %	$0, Tier 3	DP
metronidazole vaginal gel 0.75 %	$0, Tier 1	
miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)	$0, Tier 3	DP
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	$0, Tier 3	DP
miconazole 7 vaginal cream 2 %	$0, Tier 3	DP
miconazole 7 vaginal suppository 100 mg	$0, Tier 3	DP
miconazole nitrate vaginal cream 2 %	$0, Tier 3	DP
qc miconazole 7 vaginal cream 2 %	$0, Tier 3	DP
sm 3-day vaginal vaginal cream 2 %	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm clotrimazole vaginal vaginal cream 1 %	$0, Tier 3	DP
sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)	$0, Tier 3	DP
sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	$0, Tier 3	DP
sm miconazole 7 vaginal cream 2 %	$0, Tier 3	DP
sm miconazole 7 vaginal suppository 100 mg	$0, Tier 3	DP
terconazole vaginal cream 0.4 %, 0.8 %	$0, Tier 1	
terconazole vaginal suppository 80 mg	$0, Tier 1	
VANDAZOLE VAGINAL GEL 0.75 %	$0, Tier 1	
HEMATOLOGIC		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	$0, Tier 2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	$0, Tier 2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0, Tier 2	QL (74 per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	$0, Tier 1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	$0, Tier 1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	$0, Tier 2	NDS
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	$0, Tier 1	
heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	$0, Tier 2	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	$0, Tier 1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	$0, Tier 1	B/D
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	$0, Tier 1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0, Tier 1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	$0, Tier 2	QL (620 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	$0, Tier 2	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	$0, Tier 2	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	$0, Tier 2	QL (51 per 30 days)
Hematopoietic Growth Factors		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	$0, Tier 2	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	$0, Tier 2	PA; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	$0, Tier 2	PA; NDS
Iron		
active fe oral tablet 75-1.25 mg	$0, Tier 3	DP
CHROMAGEN ORAL CAPSULE	$0, Tier 3	DP
CORVITA 150 ORAL TABLET 150-1.25 MG	$0, Tier 3	DP
CORVITE 150 ORAL TABLET	$0, Tier 3	DP
corvite fe oral tablet	$0, Tier 3	DP
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	$0, Tier 3	DP
FERATE ORAL TABLET 240 (27 FE) MG	$0, Tier 3	DP
FERIVA 21/7 ORAL TABLET 75-1 MG	$0, Tier 3	DP
FERIVAFA ORAL CAPSULE 110-1 MG	$0, Tier 3	DP
FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML	$0, Tier 3	DP
FERRALET 90 ORAL TABLET 90-1 MG	$0, Tier 3	DP
ferraplus 90 oral tablet 90-1 mg	$0, Tier 3	DP
ferretts oral tablet 325 (106 fe) mg	$0, Tier 3	DP
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	$0, Tier 3	DP
ferrous fumarate oral tablet 324 (106 fe) mg	$0, Tier 3	DP
ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg	$0, Tier 3	DP
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	$0, Tier 3	DP
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	$0, Tier 3	DP
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG	$0, Tier 3	DP
FOLIVANE-F ORAL CAPSULE 125-1 MG	$0, Tier 3	DP
FOLIVANE-PLUS ORAL CAPSULE	$0, Tier 3	DP
FUSION ORAL CAPSULE 65-65-25-30 MG	$0, Tier 3	DP
FUSION PLUS ORAL CAPSULE	$0, Tier 3	DP
gnp iron oral tablet extended release 142 (45 fe) mg	$0, Tier 3	DP
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	$0, Tier 3	DP
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	$0, Tier 3	DP
HEMATOGEN ORAL CAPSULE	$0, Tier 3	DP
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	$0, Tier 3	DP
HEMOCYTE-F ORAL TABLET 324-1 MG	$0, Tier 3	DP
IFEREX 150 ORAL CAPSULE 150 MG	$0, Tier 3	DP
INFED INJECTION SOLUTION 50 MG/ML	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	$0, Tier 3	DP
INTEGRA F ORAL CAPSULE 125-1 MG	$0, Tier 3	DP
INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG	$0, Tier 3	DP
INTEGRA PLUS ORAL CAPSULE	$0, Tier 3	DP
iron chews pediatric oral tablet chewable 15 mg	$0, Tier 3	DP
iron oral tablet 240 (27 fe) mg	$0, Tier 3	DP
kp ferrous sulfate oral tablet 325 (65 fe) mg	$0, Tier 3	DP
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	$0, Tier 3	DP
NEPHRON FA ORAL TABLET	$0, Tier 3	DP
NIFEREX ORAL TABLET	$0, Tier 3	DP
NOVAFERRUM 50 ORAL CAPSULE 50 MG	$0, Tier 3	DP
NOVAFERRUM ORAL LIQUID 125 MG/5ML	$0, Tier 3	DP
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML	$0, Tier 3	DP
NUFERA ORAL TABLET	$0, Tier 3	DP
NU-IRON ORAL CAPSULE 150 MG	$0, Tier 3	DP
purevit dualfe plus oral capsule 162-115.2-1 mg	$0, Tier 3	DP
se-tan plus oral capsule 162-115.2-1 mg	$0, Tier 3	DP
slow release iron oral tablet extended release 47.5 mg	$0, Tier 3	DP
sm iron slow release oral tablet extended release 160 (50 fe) mg	$0, Tier 3	DP
tl-hem 150 oral tablet 150-1 mg	$0, Tier 3	DP
TRICON ORAL CAPSULE	$0, Tier 3	DP
TRIFERIC HEMODIALYSIS PACKET 272 MG	$0, Tier 3	DP
trigels-f forte oral capsule 460-60-0.01-1 mg	$0, Tier 3	DP
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	$0, Tier 3	DP
wee care oral suspension 15 mg/1.25ml	$0, Tier 3	DP
Miscellaneous		
anagrelide hcl oral capsule 0.5 mg, 1 mg	$0, Tier 1	
BERINERT INTRAVENOUS KIT 500 UNIT	$0, Tier 2	PA; LA; QL (24 per 30 days); NDS
cilostazol oral tablet 100 mg, 50 mg	$0, Tier 1	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	$0, Tier 2	PA; LA; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	$0, Tier 2	
ENDARI ORAL PACKET 5 GM	$0, Tier 2	PA; LA; NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	$0, Tier 2	PA; LA; QL (20 per 30 days); NDS

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
icatibant acetate subcutaneous solution 30 mg/3ml	$0, Tier 2	PA; QL (27 per 30 days); NDS
pentoxifylline er oral tablet extended release 400 mg	$0, Tier 1	
PROMACTA ORAL PACKET 12.5 MG	$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
PROMACTA ORAL PACKET 25 MG	$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG	$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
PROMACTA ORAL TABLET 50 MG, 75 MG	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML	$0, Tier 2	PA; QL (27 per 30 days); NDS
tranexamic acid intravenous solution 1000 mg/10ml	$0, Tier 1	
tranexamic acid oral tablet 650 mg	$0, Tier 1	
Platelet Aggregation Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	$0, Tier 1	
BRILINTA ORAL TABLET 60 MG, 90 MG	$0, Tier 2	
clopidogrel bisulfate oral tablet 75 mg	$0, Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0, Tier 2	PA
prasugrel hcl oral tablet 10 mg, 5 mg	$0, Tier 1	
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	$0, Tier 2	PA; QL (16 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	$0, Tier 2	PA; QL (8 per 28 days); NDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	$0, Tier 2	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	$0, Tier 2	PA; QL (6 per 28 days); NDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	$0, Tier 2	PA; QL (4 per 28 days); NDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	$0, Tier 2	PA; NDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	$0, Tier 2	PA; NDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	$0, Tier 2	PA; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	$0, Tier 2	PA; NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	$0, Tier 2	PA; QL (2 per 28 days); NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	$0, Tier 2	PA; QL (6 per 28 days); NDS
infliximab intravenous solution reconstituted 100 mg	$0, Tier 2	PA; LA; NDS
OTEZLA ORAL TABLET 30 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	$0, Tier 2	PA; QL (110 per 365 days); NDS
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0, Tier 2	PA; NDS
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0, Tier 2	PA; LA; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	$0, Tier 2	PA; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	$0, Tier 2	PA; QL (112 per 365 days); NDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	$0, Tier 2	PA; QL (7 per 365 days); NDS
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	$0, Tier 2	PA; QL (60 per 365 days); NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$0, Tier 2	PA; QL (7 per 365 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	$0, Tier 2	PA; QL (16.8 per 365 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$0, Tier 2	PA; QL (7 per 365 days); NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	$0, Tier 2	PA; LA; QL (1 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	$0, Tier 2	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	$0, Tier 2	PA; QL (1 per 28 days); NDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	$0, Tier 2	PA; LA; QL (3 per 28 days); NDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	$0, Tier 2	PA; LA; QL (3 per 28 days); NDS
XELJANZ ORAL SOLUTION 1 MG/ML	$0, Tier 2	PA; QL (240 per 24 days); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	$0, Tier 2	PA; QL (30 per 30 days); NDS
Disease-Modifying Anti-Rheumatic Drugs (Dmards)		
hydroxychloroquine sulfate oral tablet 200 mg	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
leflunomide oral tablet 10 mg, 20 mg	$0, Tier 1	QL (30 per 30 days)
methotrexate oral tablet 2.5 mg	$0, Tier 1	
XATMEP ORAL SOLUTION 2.5 MG/ML	$0, Tier 2	B/D
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	$0, Tier 2	PA; LA; NDS
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	$0, Tier 2	PA; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	$0, Tier 2	PA; NDS
GAMASTAN INTRAMUSCULAR INJECTABLE	$0, Tier 2	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	$0, Tier 2	PA; NDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	$0, Tier 2	PA; NDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	$0, Tier 2	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	$0, Tier 2	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	$0, Tier 2	PA; NDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	$0, Tier 2	PA; NDS
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	$0, Tier 2	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	$0, Tier 2	PA; NDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	$0, Tier 2	PA; LA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	$0, Tier 2	PA; NDS
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	$0, Tier 2	B/D; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	$0, Tier 2	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	$0, Tier 2	B/D; NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Immunosuppressants		
azathioprine oral tablet 50 mg	$0, Tier 1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	$0, Tier 2	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	$0, Tier 2	PA; QL (8 per 28 days); NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	$0, Tier 2	PA; QL (8 per 28 days); NDS
cyclosporine intravenous solution 50 mg/ml	$0, Tier 1	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0, Tier 1	B/D
cyclosporine modified oral solution 100 mg/ml	$0, Tier 1	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0, Tier 1	B/D
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	$0, Tier 2	B/D; NDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	$0, Tier 1	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	$0, Tier 1	B/D
mycophenolate mofetil oral capsule 250 mg	$0, Tier 1	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	$0, Tier 2	B/D; NDS
mycophenolate mofetil oral tablet 500 mg	$0, Tier 1	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	$0, Tier 1	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	$0, Tier 2	B/D; NDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	$0, Tier 2	B/D
REZUROCK ORAL TABLET 200 MG	$0, Tier 2	PA; LA; NDS
SANDIMMUNE ORAL SOLUTION 100 MG/ML	$0, Tier 2	B/D
sirolimus oral solution 1 mg/ml	$0, Tier 2	B/D; NDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0, Tier 1	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0, Tier 1	B/D
ZORTRESS ORAL TABLET 1 MG	$0, Tier 2	B/D; NDS
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	$0, Tier 2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	$0, Tier 2	
bcg vaccine injection solution reconstituted 50 mg	$0, Tier 2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0, Tier 2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0, Tier 2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	$0, Tier 2	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0, Tier 2	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0, Tier 2	
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	$0, Tier 2	B/D
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	$0, Tier 2	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	$0, Tier 2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0, Tier 2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	$0, Tier 2	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	$0, Tier 2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	$0, Tier 2	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	$0, Tier 2	
IPOL INJECTION INJECTABLE	$0, Tier 2	
IXIARO INTRAMUSCULAR SUSPENSION	$0, Tier 2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0, Tier 2	
MENACTRA INTRAMUSCULAR SOLUTION	$0, Tier 2	
MENQUADFI INTRAMUSCULAR SOLUTION	$0, Tier 2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	$0, Tier 2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	$0, Tier 2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0, Tier 2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	$0, Tier 2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0, Tier 2	
prehevbrio intramuscular suspension 10 mcg/ml	$0, Tier 2	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0, Tier 2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0, Tier 2	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	$0, Tier 2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0, Tier 2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0, Tier 2	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	$0, Tier 2	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	$0, Tier 2	
ROTATEQ ORAL SOLUTION	$0, Tier 2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0, Tier 2	QL (2 per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	$0, Tier 2	B/D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	$0, Tier 2	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	$0, Tier 2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0, Tier 2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	$0, Tier 2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	$0, Tier 2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	$0, Tier 2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	$0, Tier 2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	$0, Tier 2	
YF-VAX SUBCUTANEOUS INJECTABLE	$0, Tier 2	
MISCELLANEOUS		
Miscellaneous		
gnp petroleum jelly gel	$0, Tier 3	DP
grape flavor liquid	$0, Tier 3	DP
hm petroleum jelly gel	$0, Tier 3	DP
melatonin oral liquid 1 mg/ml	$0, Tier 3	DP
ORA-PLUS ORAL LIQUID	$0, Tier 3	DP
petrolatum gel	$0, Tier 3	DP
polyethylene glycol 3350 powder	$0, Tier 3	DP
NUTRITIONAL/SUPPLEMENTS		
Electrolytes/Minerals, Injectable		
dextrose 5%/electrolyte #48 intravenous solution	$0, Tier 2	
dextrose in lactated ringers intravenous solution 5 %	$0, Tier 1	
dextrose-nacl intravenous solution 10-0.2 %	$0, Tier 2	
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	$0, Tier 1	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %	$0, Tier 1	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	$0, Tier 2	
ISOLYTE-S INTRAVENOUS SOLUTION	$0, Tier 2	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	$0, Tier 2	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	$0, Tier 1	
kcl in dextrose-nacl intravenous solution 40-5-0.9 meq/l-%-%	$0, Tier 2	
lactated ringers intravenous solution	$0, Tier 1	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	$0, Tier 2	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	$0, Tier 2	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	$0, Tier 2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	$0, Tier 2	
PLASMA-LYTE A INTRAVENOUS SOLUTION	$0, Tier 2	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	$0, Tier 1	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	$0, Tier 1	
potassium chloride in nacl intravenous solution 40-0.9 meq/l-%	$0, Tier 2	
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%	$0, Tier 1	
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%	$0, Tier 2	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml	$0, Tier 1	
potassium chloride intravenous solution 10 meq/50ml, 20 meq/50ml	$0, Tier 2	
sodium chloride injection solution 2.5 meq/ml	$0, Tier 1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	$0, Tier 1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	$0, Tier 2	B/D
Electrolytes/Minerals/Vitamins, Oral		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	$0, Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	$0, Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	$0, Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	$0, Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	$0, Tier 1	
m-natal plus oral tablet 27-1 mg	$0, Tier 2	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	$0, Tier 1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	$0, Tier 1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	$0, Tier 1	
potassium chloride oral packet 20 meq	$0, Tier 1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	$0, Tier 1	
prenatal oral tablet 27-1 mg	$0, Tier 2	
prenatal vitamin plus low iron oral tablet 27-1 mg	$0, Tier 2	
sodium fluoride oral tablet 2.2 (1 f) mg	$0, Tier 1	
TRICARE ORAL TABLET	$0, Tier 2	
Electrolytes		
gnp electrolyte solution oral solution	$0, Tier 3	DP
gnp pediatric electrolyte oral solution	$0, Tier 3	DP
ORALYTE FREEZER POPS ORAL SOLUTION	$0, Tier 3	DP
ORALYTE ORAL SOLUTION	$0, Tier 3	DP
ped electrolyte freezer pops oral solution	$0, Tier 3	DP
pediatric electrolyte oral solution	$0, Tier 3	DP
sm pediatric electrolyte oral solution	$0, Tier 3	DP
Iv Nutrition		
chromic chloride intravenous solution 40 mcg/10ml	$0, Tier 3	DP
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	$0, Tier 2	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	$0, Tier 2	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	$0, Tier 2	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	$0, Tier 2	B/D
clinimix/dextrose (6/5) intravenous solution 6 %	$0, Tier 2	B/D
clinimix/dextrose (8/10) intravenous solution 8 %	$0, Tier 2	B/D
clinimix/dextrose (8/14) intravenous solution 8 %	$0, Tier 2	B/D

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CLINISOL SF INTRAVENOUS SOLUTION 15 %	$0, Tier 1	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	$0, Tier 2	B/D
cupric chloride intravenous solution 0.4 mg/ml	$0, Tier 3	DP
dextrose intravenous solution 10 %, 5 %	$0, Tier 1	
dextrose intravenous solution 50 %, 70 %	$0, Tier 1	B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	$0, Tier 2	B/D
HEPATAMINE INTRAVENOUS SOLUTION 8 %	$0, Tier 2	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	$0, Tier 2	B/D
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 100-25-1500 MCG/ML	$0, Tier 3	DP
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1-100-25-1000 MCG/ML	$0, Tier 3	DP
multitrace-5 concentrate intravenous solution 10-1000-500-60 mcg/ml	$0, Tier 3	DP
MULTITRACE-5 INTRAVENOUS SOLUTION 4-400-100-20 MCG/ML	$0, Tier 3	DP
NUTRILIPID INTRAVENOUS EMULSION 20 %	$0, Tier 2	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	$0, Tier 1	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	$0, Tier 2	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	$0, Tier 2	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	$0, Tier 2	B/D
selenious acid intravenous solution 60 mcg/ml	$0, Tier 3	DP
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML	$0, Tier 3	DP
TRAVASOL INTRAVENOUS SOLUTION 10 %	$0, Tier 2	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	$0, Tier 2	B/D
zinc chloride intravenous solution 1 mg/ml	$0, Tier 3	DP
Minerals		
CALCI-CHEW ORAL TABLET CHEWABLE 1250 (500 CA) MG	$0, Tier 3	DP
CALCITRATE ORAL TABLET 315-250 MG-UNIT, 950 (200 CA) MG	$0, Tier 3	DP
calcium 500 + d oral tablet 500-125 mg-unit	$0, Tier 3	DP
calcium 500/d oral tablet 500-200 mg-unit	$0, Tier 3	DP
calcium 500/d oral tablet chewable 500-400 mg-unit	$0, Tier 3	DP
calcium 500/vitamin d oral tablet 500-125 mg-unit	$0, Tier 3	DP
calcium 600 oral tablet 1500 (600 ca) mg, 600 mg	$0, Tier 3	DP
calcium 600+d oral tablet 600-400 mg-unit	$0, Tier 3	DP
calcium 600-d oral tablet 600-400 mg-unit	$0, Tier 3	DP
calcium carb-cholecalciferol oral tablet 250-125 mg-unit, 600-200 mg-unit, 600-400 mg-unit	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
calcium carbonate antacid oral suspension 1250 mg/5ml	$0, Tier 3	DP
calcium carbonate oral tablet 1500 (600 ca) mg	$0, Tier 3	DP
calcium carbonate powder	$0, Tier 3	DP
calcium high potency oral tablet 1500 (600 ca) mg	$0, Tier 3	DP
calcium high potency/vitamin d oral tablet 600-200 mg-unit	$0, Tier 3	DP
calcium oral tablet chewable 500-100 mg-unit	$0, Tier 3	DP
calcium-folic acid plus d oral wafer 1342-1 mg	$0, Tier 3	DP
calcium-vitamin d3 oral tablet 250-125 mg-unit	$0, Tier 3	DP
citrus calcium +d oral tablet 315-250 mg-unit	$0, Tier 3	DP
citrus calcium/vitamin d oral tablet 200-250 mg-unit	$0, Tier 3	DP
gnp calcium 500 +d3 oral tablet 500-600 mg-unit	$0, Tier 3	DP
gnp calcium citrate +d3 oral tablet 315-250 mg-unit	$0, Tier 3	DP
gnp calcium oral tablet 1500 (600 ca) mg	$0, Tier 3	DP
hm zinc oral tablet 50 mg	$0, Tier 3	DP
magdelay oral tablet delayed release 70 mg	$0, Tier 3	DP
mag-g oral tablet 500 (27 mg) mg	$0, Tier 3	DP
MAGNEBIND 300 ORAL TABLET 250-300 MG	$0, Tier 3	DP
MAGNEBIND 400 ORAL TABLET 80-115 MG	$0, Tier 3	DP
magnesium 27 oral tablet 500 (27 mg) mg	$0, Tier 3	DP
magnesium chloride oral tablet delayed release 64 mg	$0, Tier 3	DP
magnesium oral tablet 250 mg	$0, Tier 3	DP
magnesium oxide oral tablet 400 (240 mg) mg, 500 mg	$0, Tier 3	DP
manganese chloride intravenous solution 0.1 mg/ml	$0, Tier 3	DP
NU-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	$0, Tier 3	DP
OS-CAL ORAL TABLET CHEWABLE 500-600 MG-UNIT	$0, Tier 3	DP
OYSCO 500 ORAL TABLET 500 MG	$0, Tier 3	DP
OYSCO 500+D ORAL TABLET 500-200 MG-UNIT	$0, Tier 3	DP
oyster shell calcium 500 + d oral tablet 500-125 mg-unit	$0, Tier 3	DP
oyster shell calcium oral tablet 500 mg, 500-400 mg-unit	$0, Tier 3	DP
oyster shell calcium w/d oral tablet 500-200 mg-unit	$0, Tier 3	DP
oyster shell calcium/d oral tablet 500-200 mg-unit, 500-400 mg-unit	$0, Tier 3	DP
oyster shell calcium/vitamin d oral tablet 500-200 mg-unit	$0, Tier 3	DP
sb oyster shell calcium oral tablet 500 mg	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm calcium 600/vitamin d oral tablet 600-400 mg-unit	$0, Tier 3	DP
sm calcium citrate w/vit d3 oral tablet 315-250 mg-unit	$0, Tier 3	DP
sm calcium-magnesium-zinc oral tablet 333-133-5 mg	$0, Tier 3	DP
sm magnesium oral tablet 250 mg	$0, Tier 3	DP
sm oyster shell calcium/vit d3 oral tablet 500-400 mg-unit	$0, Tier 3	DP
sm zinc gluconate oral tablet 50 mg	$0, Tier 3	DP
zinc gluconate oral tablet 50 mg	$0, Tier 3	DP
zinc oral tablet 50 mg	$0, Tier 3	DP
zinc sulfate oral tablet 220 (50 zn) mg	$0, Tier 3	DP
Miscellaneous		
co q10 oral capsule 100 mg, 30 mg	$0, Tier 3	DP
co q-10 oral capsule 100 mg, 30 mg	$0, Tier 3	DP
coenzyme q10 oral capsule 100 mg	$0, Tier 3	DP
coenzyme q-10 oral capsule 100 mg	$0, Tier 3	DP
co-enzyme q10 oral capsule 100 mg	$0, Tier 3	DP
co-enzyme q-10 oral capsule 30 mg	$0, Tier 3	DP
coq10 oral capsule 100 mg, 30 mg	$0, Tier 3	DP
coq-10 oral capsule 100 mg, 30 mg	$0, Tier 3	DP
coq-10 oral capsule extended release 100 mg	$0, Tier 3	DP
eql coq10 oral capsule 100 mg	$0, Tier 3	DP
gnp co q10 oral capsule 100 mg	$0, Tier 3	DP
gnp melatonin maximum strength oral tablet 5 mg	$0, Tier 3	DP
gnp melatonin oral tablet 3 mg	$0, Tier 3	DP
H2Q ORAL CAPSULE 100 MG	$0, Tier 3	DP
hm coq10 oral capsule 100 mg	$0, Tier 3	DP
melatonin oral liquid 1 mg/4ml	$0, Tier 3	DP
melatonin oral tablet 1 mg, 3 mg	$0, Tier 3	DP
Q-SORB CO Q-10 ORAL CAPSULE 100 MG	$0, Tier 3	DP
Q-SORB ORAL CAPSULE 30 MG	$0, Tier 3	DP
ra coenzyme q-10 oral capsule 100 mg	$0, Tier 3	DP
sm coenzyme q-10 oral capsule 100 mg	$0, Tier 3	DP
yl coenzyme q10 oral capsule 30 mg	$0, Tier 3	DP
Vitamins		
ANIMAL SHAPES ORAL TABLET CHEWABLE WITH C & FA	$0, Tier 3	DP
animal shapes/iron oral tablet chewable 18 mg	$0, Tier 3	DP
ANIMI-3 ORAL CAPSULE 1 MG	$0, Tier 3	DP
ANIMI-3/VITAMIN D ORAL CAPSULE 1 MG	$0, Tier 3	DP
AQUADEKS ORAL TABLET CHEWABLE	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
aqueous vitamin d oral liquid 10 mcg/ml	$0, Tier 3	DP
ascorbic acid oral tablet 500 mg	$0, Tier 3	DP
b complex oral capsule	$0, Tier 3	DP
b complex-c oral tablet	$0, Tier 3	DP
b-1 oral tablet 100 mg	$0, Tier 3	DP
b-12 tr oral tablet extended release 2000 mcg	$0, Tier 3	DP
b-complex/b-12 oral tablet	$0, Tier 3	DP
biotin oral capsule 5 mg, 5000 mcg	$0, Tier 3	DP
biotin oral tablet 5 mg	$0, Tier 3	DP
bp vit 3 oral capsule 1 mg	$0, Tier 3	DP
c 250 oral tablet 250 mg	$0, Tier 3	DP
c-1000 oral tablet extended release 1000 mg	$0, Tier 3	DP
c-1000/rose hips oral tablet 1000 mg	$0, Tier 3	DP
c-500 oral tablet extended release 500 mg	$0, Tier 3	DP
CARDIOTEK RX ORAL TABLET	$0, Tier 3	DP
centamin oral liquid	$0, Tier 3	DP
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	$0, Tier 3	DP
chewable vite childrens oral tablet chewable	$0, Tier 3	DP
childrens animal shapes oral tablet chewable 18 mg	$0, Tier 3	DP
childrens chewable vitamins oral tablet chewable	$0, Tier 3	DP
classic prenatal oral tablet 28-0.8 mg	$0, Tier 3	DP
cod liver oil oral capsule 4000-200 unit	$0, Tier 3	DP
CORVITA ORAL TABLET	$0, Tier 3	DP
cvs b-1 oral tablet 100 mg	$0, Tier 3	DP
cvs vitamin b-12 oral tablet extended release 2000 mcg	$0, Tier 3	DP
cyanocobalamin injection solution 1000 mcg/ml	$0, Tier 3	DP
d 1000 oral tablet 25 mcg (1000 ut)	$0, Tier 3	DP
d 400 oral tablet 10 mcg (400 unit)	$0, Tier 3	DP
d 5000 oral tablet 125 mcg (5000 ut)	$0, Tier 3	DP
d3 high potency oral capsule 25 mcg (1000 ut)	$0, Tier 3	DP
d3 super strength oral capsule 50 mcg (2000 ut)	$0, Tier 3	DP
daily vitamins oral tablet	$0, Tier 3	DP
daily-vite oral tablet	$0, Tier 3	DP
daily-vite/iron/beta-carotene oral tablet	$0, Tier 3	DP
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 250 MCG (10000 UT), 625 MCG (25000 UT)	$0, Tier 3	DP
DERMACINRX PUREFOLIX ORAL TABLET 1-5000 MG-UNIT	$0, Tier 3	DP
DIALYVITE 3000 ORAL TABLET 3 MG	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DIALYVITE 5000 ORAL TABLET 5 MG	$0, Tier 3	DP
DIALYVITE 800 ORAL TABLET 0.8 MG	$0, Tier 3	DP
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	$0, Tier 3	DP
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	$0, Tier 3	DP
DIALYVITE ORAL TABLET	$0, Tier 3	DP
DIALYVITE SUPREME D ORAL TABLET	$0, Tier 3	DP
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	$0, Tier 3	DP
DIALYVITE/ZINC ORAL TABLET	$0, Tier 3	DP
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	$0, Tier 3	DP
e-400 oral capsule 400 unit	$0, Tier 3	DP
ELDERTONIC ORAL LIQUID	$0, Tier 3	DP
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG	$0, Tier 3	DP
eql b complex 50 oral tablet	$0, Tier 3	DP
ergocalciferol oral capsule 1.25 mg (50000 ut)	$0, Tier 3	DP
ergocalciferol oral solution 200 mcg/ml	$0, Tier 3	DP
ESTER-C ORAL TABLET	$0, Tier 3	DP
fabb oral tablet 2.2-25-1 mg	$0, Tier 3	DP
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	$0, Tier 3	DP
folic acid injection solution 5 mg/ml	$0, Tier 3	DP
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	$0, Tier 3	DP
folite oral tablet	$0, Tier 3	DP
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	$0, Tier 3	DP
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	$0, Tier 3	DP
FOLTRATE ORAL TABLET 500-1 MCG-MG	$0, Tier 3	DP
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	$0, Tier 3	DP
gnp childrens complete oral tablet chewable	$0, Tier 3	DP
gnp essential one daily oral tablet	$0, Tier 3	DP
gnp healthy eyes supervision oral capsule	$0, Tier 3	DP
gnp little ones childrens oral tablet chewable	$0, Tier 3	DP
gnp one daily plus iron oral tablet	$0, Tier 3	DP
gnp prenatal oral tablet 28-0.8 mg	$0, Tier 3	DP
gnp vitamin c drops mouth/throat lozenge 60 mg	$0, Tier 3	DP
gnp vitamin c oral tablet extended release 500 mg	$0, Tier 3	DP
gnp vitamin d-400 oral tablet 10 mcg (400 unit)	$0, Tier 3	DP
hm niacin oral tablet extended release 250 mg	$0, Tier 3	DP
hm vitamin b100 complex oral tablet	$0, Tier 3	DP
hm vitamin b12 oral tablet extended release 1000 mcg	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
hm vitamin b-12 tr oral tablet extended release 2000 mcg	$0, Tier 3	DP
hm vitamin b50 complex oral tablet	$0, Tier 3	DP
hm vitamin c tr oral tablet extended release 500 mg	$0, Tier 3	DP
hm vitamin e oral capsule 450 mg (1000 ut), 90 mg (200 unit)	$0, Tier 3	DP
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	$0, Tier 3	DP
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	$0, Tier 3	DP
ICAPS LUTEIN & ZEAXANTHIN ORAL TABLET DELAYED RELEASE	$0, Tier 3	DP
ICAPS ORAL CAPSULE	$0, Tier 3	DP
INFUVITE ADULT INTRAVENOUS INJECTABLE	$0, Tier 3	DP
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	$0, Tier 3	DP
l-methylfolate calcium oral tablet 15 mg, 7.5 mg	$0, Tier 3	DP
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	$0, Tier 3	DP
l-methyl-mc nac oral tablet 6-2-600 mg	$0, Tier 3	DP
l-methyl-mc oral tablet 6-1-50-5 mg	$0, Tier 3	DP
M.V.I. ADULT INTRAVENOUS INJECTABLE	$0, Tier 3	DP
M.V.I. PEDIATRIC INTRAVENOUS SOLUTION RECONSTITUTED	$0, Tier 3	DP
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	$0, Tier 3	DP
MEPHYTON ORAL TABLET 5 MG	$0, Tier 3	DP
multiple vitamins essential oral tablet	$0, Tier 3	DP
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	$0, Tier 3	DP
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	$0, Tier 3	DP
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	$0, Tier 3	DP
multivitamin/fluoride/iron oral solution 0.25-10 mg/ml	$0, Tier 3	DP
multi-vitamins oral tablet	$0, Tier 3	DP
MVC-FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$0, Tier 3	DP
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	$0, Tier 3	DP
NEPHPLEX RX ORAL TABLET	$0, Tier 3	DP
niacin er oral capsule extended release 250 mg, 500 mg	$0, Tier 3	DP
niacin oral tablet 500 mg	$0, Tier 3	DP
niacinamide oral tablet 500 mg	$0, Tier 3	DP
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	$0, Tier 3	DP
norwegian cod liver oil oral capsule	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NOVAFERRUM PED MULTI VIT-IRON ORAL SOLUTION 10 MG/ML	$0, Tier 3	DP
OCUVITE ADULT 50+ ORAL CAPSULE	$0, Tier 3	DP
OCUVITE ADULT FORMULA ORAL CAPSULE	$0, Tier 3	DP
once daily oral tablet	$0, Tier 3	DP
once daily/iron oral tablet	$0, Tier 3	DP
one daily oral tablet	$0, Tier 3	DP
pan-c 500/bioflavonoids oral tablet	$0, Tier 3	DP
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	$0, Tier 3	DP
phytonadione oral tablet 5 mg	$0, Tier 3	DP
poly vitamin oral tablet chewable	$0, Tier 3	DP
polyvitamin/iron oral tablet chewable	$0, Tier 3	DP
prenatal oral tablet 27-0.8 mg	$0, Tier 3	DP
prenatal vitamins oral tablet 28-0.8 mg	$0, Tier 3	DP
PRESERVISION AREDS 2 ORAL CAPSULE	$0, Tier 3	DP
PRESERVISION AREDS ORAL CAPSULE	$0, Tier 3	DP
PRESERVISION/LUTEIN ORAL CAPSULE	$0, Tier 3	DP
pyridoxine hcl injection solution 100 mg/ml	$0, Tier 3	DP
pyridoxine hcl oral tablet 25 mg, 50 mg	$0, Tier 3	DP
ra balanced b-100 oral tablet	$0, Tier 3	DP
ra balanced b-50 oral tablet	$0, Tier 3	DP
ra vitamin b-1 oral tablet 100 mg	$0, Tier 3	DP
ra vitamin b12 oral tablet extended release 2000 mcg	$0, Tier 3	DP
ra vitamin c cr oral tablet extended release 500 mg	$0, Tier 3	DP
RENAL ORAL CAPSULE 1 MG	$0, Tier 3	DP
rena-vite oral tablet	$0, Tier 3	DP
reno caps oral capsule 1 mg	$0, Tier 3	DP
sm animal shapes kids first oral tablet chewable	$0, Tier 3	DP
sm b100 complex oral tablet	$0, Tier 3	DP
sm balanced b-50 oral tablet	$0, Tier 3	DP
sm b-complex oral tablet	$0, Tier 3	DP
sm chewable c oral tablet chewable 500 mg	$0, Tier 3	DP
sm folic acid oral tablet 400 mcg	$0, Tier 3	DP
sm multiple vitamins essential oral tablet	$0, Tier 3	DP
sm multiple vitamins/iron oral tablet	$0, Tier 3	DP
sm super b complex/c oral tablet	$0, Tier 3	DP
sm vit c/rose hips oral tablet 1000 mg	$0, Tier 3	DP
sm vitamin b1 oral tablet 100 mg	$0, Tier 3	DP
sm vitamin b-12 oral tablet 100 mcg, 500 mcg	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm vitamin b12 tr oral tablet extended release 2000 mcg	$0, Tier 3	DP
sm vitamin b-6 oral tablet 100 mg	$0, Tier 3	DP
sm vitamin c cr oral tablet extended release 500 mg	$0, Tier 3	DP
sm vitamin c oral tablet 1000 mg, 250 mg	$0, Tier 3	DP
sm vitamin c oral tablet chewable 500 mg	$0, Tier 3	DP
sm vitamin d3 oral tablet 25 mcg (1000 ut)	$0, Tier 3	DP
sm vitamin e oral capsule 1000 unit, 200 unit, 400 unit	$0, Tier 3	DP
span c oral tablet	$0, Tier 3	DP
stress formula oral tablet	$0, Tier 3	DP
stress formula/iron oral tablet	$0, Tier 3	DP
STROVITE FORTE ORAL TABLET	$0, Tier 3	DP
STROVITE ONE ORAL TABLET	$0, Tier 3	DP
SUPER NU-THERA ORAL LIQUID	$0, Tier 3	DP
SUPER QUINTS B-50 ORAL TABLET	$0, Tier 3	DP
superplex-t oral tablet	$0, Tier 3	DP
TAB-A-VITE ORAL TABLET	$0, Tier 3	DP
TAB-A-VITE/BETA CAROTENE ORAL TABLET	$0, Tier 3	DP
tab-a-vite/iron oral tablet	$0, Tier 3	DP
THERA ORAL TABLET	$0, Tier 3	DP
THEREMS ORAL TABLET	$0, Tier 3	DP
thiamine hcl injection solution 100 mg/ml	$0, Tier 3	DP
thiamine hcl oral tablet 100 mg	$0, Tier 3	DP
thiamine mononitrate oral tablet 100 mg	$0, Tier 3	DP
thrivite 19 oral tablet	$0, Tier 3	DP
total b/c oral tablet	$0, Tier 3	DP
triphrocaps oral capsule 1 mg	$0, Tier 3	DP
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	$0, Tier 3	DP
UDAMIN SP ORAL TABLET	$0, Tier 3	DP
virt-caps oral capsule 1 mg	$0, Tier 3	DP
VIRT-GARD ORAL TABLET 2.2-25-1 MG	$0, Tier 3	DP
vita-bee/c oral tablet	$0, Tier 3	DP
VITAFOL ORAL TABLET	$0, Tier 3	DP
VITAL-D RX ORAL TABLET 1 MG	$0, Tier 3	DP
vitamin a oral capsule 3 mg (10000 ut)	$0, Tier 3	DP
vitamin b-1 oral tablet 100 mg, 50 mg	$0, Tier 3	DP
vitamin b-12 er oral tablet extended release 2000 mcg	$0, Tier 3	DP
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	$0, Tier 3	DP
vitamin b12 tr oral tablet extended release 2000 mcg	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
vitamin b-6 oral tablet 100 mg, 25 mg	$0, Tier 3	DP
vitamin c er oral capsule extended release 500 mg	$0, Tier 3	DP
vitamin c er oral tablet extended release 500 mg	$0, Tier 3	DP
vitamin c oral tablet 1000 mg, 250 mg	$0, Tier 3	DP
vitamin c oral tablet chewable 250 mg, 500 mg	$0, Tier 3	DP
vitamin c/rose hips tr oral tablet extended release 1000 mg	$0, Tier 3	DP
vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg	$0, Tier 3	DP
vitamin c-rose hips tr oral tablet extended release 500 mg	$0, Tier 3	DP
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)	$0, Tier 3	DP
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	$0, Tier 3	DP
vitamin d oral capsule 50 mcg (2000 ut)	$0, Tier 3	DP
vitamin d oral liquid 10 mcg/ml	$0, Tier 3	DP
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	$0, Tier 3	DP
vitamin d3 oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	$0, Tier 3	DP
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	$0, Tier 3	DP
vitamin e oral capsule 100 unit, 200 unit, 400 unit, 450 mg (1000 ut)	$0, Tier 3	DP
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	$0, Tier 3	DP
vitamins acd-fluoride oral solution 0.25 mg/ml	$0, Tier 3	DP
vitamins for hair oral capsule	$0, Tier 3	DP
VITREXYL + IRON ORAL TABLET	$0, Tier 3	DP
VITREXYL ORAL TABLET	$0, Tier 3	DP
vp-vite rx oral tablet 1 mg	$0, Tier 3	DP
westab mini oral tablet 2.2-25-1 mg	$0, Tier 3	DP
zoo friends complete oral tablet chewable	$0, Tier 3	DP
zoo friends gummies oral tablet chewable	$0, Tier 3	DP
zoo friends oral tablet chewable	$0, Tier 3	DP
OPHTHALMIC		
Antiallergics		
azelastine hcl ophthalmic solution 0.05 %	$0, Tier 1	
bepotastine besilate ophthalmic solution 1.5 %	$0, Tier 1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	$0, Tier 2	
cromolyn sodium ophthalmic solution 4 %	$0, Tier 1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	$0, Tier 2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %	$0, Tier 3	DP
olopatadine hcl ophthalmic solution 0.1 %	$0, Tier 1	
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	$0, Tier 2	
Antiglaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	$0, Tier 2	
betaxolol hcl ophthalmic solution 0.5 %	$0, Tier 1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	$0, Tier 2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	$0, Tier 1	
brinzolamide ophthalmic suspension 1 %	$0, Tier 1	
carteolol hcl ophthalmic solution 1 %	$0, Tier 1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	$0, Tier 2	
dorzolamide hcl ophthalmic solution 2 %	$0, Tier 1	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	$0, Tier 1	
latanoprost ophthalmic solution 0.005 %	$0, Tier 1	
levobunolol hcl ophthalmic solution 0.5 %	$0, Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	$0, Tier 2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	$0, Tier 1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	$0, Tier 2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	$0, Tier 2	
timolol maleate (once-daily) ophthalmic solution 0.5 %	$0, Tier 1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	$0, Tier 1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	$0, Tier 1	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	$0, Tier 2	
Anti-Infective/Anti-Inflammatory		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	$0, Tier 1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	$0, Tier 2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	$0, Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	$0, Tier 1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	$0, Tier 1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	$0, Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	$0, Tier 2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	$0, Tier 2	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	$0, Tier 1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	$0, Tier 2	
Anti-Infectives		
bacitracin ophthalmic ointment 500 unit/gm	$0, Tier 1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	$0, Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	$0, Tier 2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	$0, Tier 2	
ciprofloxacin hcl ophthalmic solution 0.3 %	$0, Tier 1	
erythromycin ophthalmic ointment 5 mg/gm	$0, Tier 1	
gatifloxacin ophthalmic solution 0.5 %	$0, Tier 1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	$0, Tier 1	
gentamicin sulfate ophthalmic solution 0.3 %	$0, Tier 1	
moxifloxacin hcl ophthalmic solution 0.5 %	$0, Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 %	$0, Tier 2	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	$0, Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	$0, Tier 1	
ofloxacin ophthalmic solution 0.3 %	$0, Tier 1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	$0, Tier 1	
sulfacetamide sodium ophthalmic ointment 10 %	$0, Tier 1	
sulfacetamide sodium ophthalmic solution 10 %	$0, Tier 1	
tobramycin ophthalmic solution 0.3 %	$0, Tier 1	
trifluridine ophthalmic solution 1 %	$0, Tier 1	
ZIRGAN OPHTHALMIC GEL 0.15 %	$0, Tier 2	
Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION 0.2 %	$0, Tier 2	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	$0, Tier 1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	$0, Tier 2	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	$0, Tier 1	
diclofenac sodium ophthalmic solution 0.1 %	$0, Tier 1	
difluprednate ophthalmic emulsion 0.05 %	$0, Tier 1	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	$0, Tier 2	
fluorometholone ophthalmic suspension 0.1 %	$0, Tier 1	
flurbiprofen sodium ophthalmic solution 0.03 %	$0, Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	$0, Tier 2	

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	$0, Tier 1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	$0, Tier 2	
prednisolone acetate ophthalmic suspension 1 %	$0, Tier 1	
prednisolone sodium phosphate ophthalmic solution 1 %	$0, Tier 2	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	$0, Tier 2	
Miscellaneous		
artificial tears ophthalmic solution 1.4 %	$0, Tier 3	DP
atropine sulfate solution 1 % ophthalmic 1 %	$0, Tier 1	
atropine sulfate solution 1 % ophthalmic 1 %	$0, Tier 2	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	$0, Tier 2	PA; LA; NDS
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	$0, Tier 2	PA; LA; NDS
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	$0, Tier 3	DP
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %, 0.1-0.3 %	$0, Tier 3	DP
gnp artificial tears ophthalmic solution 5-6 mg/ml	$0, Tier 3	DP
gnp lubricating plus eye drops ophthalmic solution 0.5 %	$0, Tier 3	DP
GONAK OPHTHALMIC SOLUTION 2.5 %	$0, Tier 3	DP
goodsense lubricating eye drop ophthalmic solution 0.5 %	$0, Tier 3	DP
hm dry eye relief ophthalmic solution 0.2-0.2-1 %	$0, Tier 3	DP
hm lubricating plus ophthalmic solution 0.5 %	$0, Tier 3	DP
hm lubricating tears ophthalmic solution 0.4-0.3 %	$0, Tier 3	DP
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	$0, Tier 2	
ISOPTO TEARS OPHTHALMIC SOLUTION 0.5 %	$0, Tier 3	DP
lubricant eye drops ophthalmic solution 0.4-0.3 %	$0, Tier 3	DP
lubricating eye drops ophthalmic solution 0.4-0.3 %	$0, Tier 3	DP
lubricating plus eye drops ophthalmic solution 0.5 %	$0, Tier 3	DP
MURO 128 OPHTHALMIC OINTMENT 5 %	$0, Tier 3	DP
proparacaine hcl ophthalmic solution 0.5 %	$0, Tier 1	
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	$0, Tier 3	DP
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	$0, Tier 3	DP
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	$0, Tier 3	DP
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0, Tier 3	DP
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0, Tier 3	DP
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %	$0, Tier 3	DP
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 %	$0, Tier 3	DP
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %	$0, Tier 3	DP
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	$0, Tier 3	DP
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 %	$0, Tier 3	DP
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	$0, Tier 3	DP
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	$0, Tier 2	
RESTASIS OPHTHALMIC EMULSION 0.05 %	$0, Tier 2	
sm lubricant eye drops ophthalmic solution 0.4-0.3 %	$0, Tier 3	DP
sm lubricating plus ophthalmic solution 0.5 %	$0, Tier 3	DP
sm lubricating tears ophthalmic solution 0.4-0.3 %	$0, Tier 3	DP
sodium chloride (hypertonic) ophthalmic ointment 5 %	$0, Tier 3	DP
sodium chloride (hypertonic) ophthalmic solution 5 %	$0, Tier 3	DP
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	$0, Tier 3	DP
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	$0, Tier 3	DP
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	$0, Tier 3	DP
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	$0, Tier 3	DP
SYSTANE OVERNIGHT THERAPY OPHTHALMIC GEL 0.3 %	$0, Tier 3	DP
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	$0, Tier 3	DP
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	$0, Tier 3	DP
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	$0, Tier 3	DP
THERATEARS OPHTHALMIC GEL 1 %	$0, Tier 3	DP
THERATEARS OPHTHALMIC SOLUTION 0.25 %	$0, Tier 3	DP
THERATEARS PF OPHTHALMIC SOLUTION 0.25 %	$0, Tier 3	DP
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	$0, Tier 3	DP
XIIDRA OPHTHALMIC SOLUTION 5 %	$0, Tier 2	
OTIC		
Otic Agents		
acetic acid otic solution 2 %	$0, Tier 1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	$0, Tier 1	
FLAC OTIC OIL 0.01 %	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
fluocinolone acetonide otic oil 0.01 %	$0, Tier 1	
neomycin-polymyxin-hc otic solution 1 %	$0, Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	$0, Tier 1	
ofloxacin otic solution 0.3 %	$0, Tier 1	
RESPIRATORY		
Anticholinergic/Beta Agonist Combinations		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	$0, Tier 2	QL (60 per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	$0, Tier 2	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	$0, Tier 2	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	$0, Tier 2	QL (23.6 per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	$0, Tier 2	QL (8 per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	$0, Tier 1	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	$0, Tier 2	QL (60 per 30 days)
Anticholinergics		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	$0, Tier 2	QL (25.8 per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	$0, Tier 2	QL (30 per 30 days)
ipratropium bromide inhalation solution 0.02 %	$0, Tier 1	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	$0, Tier 1	
Antihistamines		
24hr allergy relief oral tablet 180 mg	$0, Tier 3	DP
all day allergy childrens oral solution 5 mg/5ml	$0, Tier 3	DP
all day allergy oral tablet 10 mg	$0, Tier 3	DP
all-day allergy childrens oral solution 5 mg/5ml	$0, Tier 3	DP
aller-chlor oral tablet 4 mg	$0, Tier 3	DP
aller-ease oral tablet 60 mg	$0, Tier 3	DP
allergy 24-hr oral tablet 180 mg	$0, Tier 3	DP
allergy childrens oral liquid 12.5 mg/5ml	$0, Tier 3	DP
allergy childrens oral syrup 5 mg/5ml	$0, Tier 3	DP
allergy oral tablet 4 mg	$0, Tier 3	DP
allergy rel child (loratadine) oral solution 5 mg/5ml	$0, Tier 3	DP
allergy relief childrens oral liquid 12.5 mg/5ml	$0, Tier 3	DP
allergy relief childrens oral solution 1 mg/ml	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
allergy relief oral capsule 25 mg	$0, Tier 3	DP
allergy relief oral tablet 10 mg, 25 mg, 4 mg, 5 mg	$0, Tier 3	DP
allergy-time oral tablet 4 mg	$0, Tier 3	DP
azelastine hcl nasal solution 0.1 %, 0.15 %	$0, Tier 1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	$0, Tier 3	DP
BANOPHEN ORAL TABLET 25 MG	$0, Tier 3	DP
cetirizine hcl allergy child oral solution 5 mg/5ml	$0, Tier 3	DP
cetirizine hcl childrens alrgy oral solution 1 mg/ml	$0, Tier 3	DP
cetirizine hcl childrens oral solution 5 mg/5ml	$0, Tier 3	DP
cetirizine hcl childrens oral tablet chewable 10 mg, 5 mg	$0, Tier 3	DP
cetirizine hcl hives relief oral solution 5 mg/5ml	$0, Tier 3	DP
cetirizine hcl oral solution 1 mg/ml	$0, Tier 1	
cetirizine hcl oral tablet 10 mg, 5 mg	$0, Tier 3	DP
cetirizine hcl oral tablet chewable 10 mg, 5 mg	$0, Tier 3	DP
childrens loratadine oral solution 5 mg/5ml	$0, Tier 3	DP
childrens loratadine oral syrup 5 mg/5ml	$0, Tier 3	DP
complete allergy medicine oral capsule 25 mg	$0, Tier 3	DP
cyproheptadine hcl oral syrup 2 mg/5ml	$0, Tier 2	PA
cyproheptadine hcl oral tablet 4 mg	$0, Tier 2	PA
diphenhist oral capsule 25 mg	$0, Tier 3	DP
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	$0, Tier 3	DP
diphenhydramine hcl injection solution 50 mg/ml	$0, Tier 1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	$0, Tier 3	DP
diphenhydramine hcl oral liquid 12.5 mg/5ml	$0, Tier 3	DP
diphenhydramine hcl oral tablet 25 mg	$0, Tier 3	DP
ed chlorped jr oral syrup 2 mg/5ml	$0, Tier 3	DP
fexofenadine hcl oral tablet 180 mg, 60 mg	$0, Tier 3	DP
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	$0, Tier 3	DP
gnp all day allergy oral tablet 10 mg	$0, Tier 3	DP
gnp allergy antihistamine oral liquid 12.5 mg/5ml	$0, Tier 3	DP
gnp allergy oral tablet 25 mg	$0, Tier 3	DP
gnp allergy relief oral capsule 25 mg	$0, Tier 3	DP
gnp allergy relief oral tablet 4 mg	$0, Tier 3	DP
gnp childrens allergy oral liquid 12.5 mg/5ml	$0, Tier 3	DP
gnp loratadine childrens oral solution 5 mg/5ml	$0, Tier 3	DP
gnp loratadine oral syrup 5 mg/5ml	$0, Tier 3	DP
gnp loratadine oral tablet 10 mg	$0, Tier 3	DP
gnp loratadine oral tablet dispersible 10 mg	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
goodsense all day allergy oral solution 5 mg/5ml	$0, Tier 3	DP
goodsense all day allergy oral tablet 10 mg	$0, Tier 3	DP
goodsense aller-ease oral tablet 180 mg	$0, Tier 3	DP
goodsense allergy relief oral tablet 10 mg	$0, Tier 3	DP
hm all day allergy childrens oral solution 5 mg/5ml	$0, Tier 3	DP
hm all day allergy oral solution 5 mg/5ml	$0, Tier 3	DP
hm allergy relief childrens oral liquid 12.5 mg/5ml	$0, Tier 3	DP
hm allergy relief oral capsule 25 mg	$0, Tier 3	DP
hm allergy relief oral tablet 180 mg, 25 mg, 4 mg	$0, Tier 3	DP
hm cetirizine hcl childrens oral solution 5 mg/5ml	$0, Tier 3	DP
hm cetirizine hcl oral tablet 10 mg	$0, Tier 3	DP
hm fexofenadine hcl oral tablet 180 mg, 60 mg	$0, Tier 3	DP
hm loratadine childrens oral syrup 5 mg/5ml	$0, Tier 3	DP
hm loratadine oral tablet 10 mg	$0, Tier 3	DP
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	$0, Tier 2	PA
hydroxyzine hcl oral syrup 10 mg/5ml	$0, Tier 2	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0, Tier 2	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0, Tier 2	PA
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	$0, Tier 1	
levocetirizine dihydrochloride oral tablet 5 mg	$0, Tier 1	
liquid allergy relief oral liquid 12.5 mg/5ml	$0, Tier 3	DP
loratadine childrens oral syrup 5 mg/5ml	$0, Tier 3	DP
loratadine childrens oral tablet chewable 5 mg	$0, Tier 3	DP
loratadine oral syrup 5 mg/5ml	$0, Tier 3	DP
loratadine oral tablet 10 mg	$0, Tier 3	DP
m-dryl oral liquid 12.5 mg/5ml	$0, Tier 3	DP
pharbedryl oral capsule 25 mg, 50 mg	$0, Tier 3	DP
qc all day allergy oral tablet 10 mg	$0, Tier 3	DP
qc childrens allergy oral solution 5 mg/5ml	$0, Tier 3	DP
qc fexofenadine hydrochloride oral tablet 180 mg	$0, Tier 3	DP
qc loratadine allergy relief oral tablet 10 mg	$0, Tier 3	DP
siladryl allergy oral liquid 12.5 mg/5ml	$0, Tier 3	DP
sm all day allergy childrens oral solution 5 mg/5ml	$0, Tier 3	DP
sm all day allergy oral tablet 10 mg	$0, Tier 3	DP
sm allergy childrens oral syrup 5 mg/5ml	$0, Tier 3	DP
sm allergy relief oral capsule 25 mg	$0, Tier 3	DP
sm allergy relief oral liquid 12.5 mg/5ml	$0, Tier 3	DP
sm allergy relief oral tablet 25 mg	$0, Tier 3	DP
sm childrens loratadine oral syrup 5 mg/5ml	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm fexofenadine hcl oral tablet 180 mg	$0, Tier 3	DP
sm loratadine allergy relief oral tablet dispersible 10 mg	$0, Tier 3	DP
sm loratadine oral syrup 5 mg/5ml	$0, Tier 3	DP
sm loratadine oral tablet 10 mg	$0, Tier 3	DP
Beta Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	$0, Tier 1	QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	$0, Tier 1	QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	$0, Tier 1	QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	$0, Tier 1	B/D
albuterol sulfate oral syrup 2 mg/5ml	$0, Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	$0, Tier 1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	$0, Tier 1	B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	$0, Tier 1	QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	$0, Tier 2	QL (60 per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	$0, Tier 1	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	$0, Tier 2	QL (36 per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	$0, Tier 2	QL (48 per 30 days)
Cough And Cold		
12 hour decongestant oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
12 hour nasal decongestant nasal solution 0.05 %	$0, Tier 3	DP
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
12 hour nasal spray nasal solution 0.05 %	$0, Tier 3	DP
all day allergy d oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
all day allergy-d oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
allergy relief d oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
allergy relief-d oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
BENZEDREX NASAL INHALER	$0, Tier 3	DP
benzonatate oral capsule 100 mg, 150 mg, 200 mg	$0, Tier 3	DP
capcof oral syrup 5-2-10 mg/5ml	$0, Tier 3	DP
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
chest congestion relief dm oral syrup 10-100 mg/5ml	$0, Tier 3	DP
chest congestion relief oral syrup 100 mg/5ml	$0, Tier 3	DP
childrens silfedrine oral liquid 15 mg/5ml	$0, Tier 3	DP
coditussin ac oral liquid 200-10 mg/5ml	$0, Tier 3	DP
coditussin dac oral liquid 30-10-200 mg/5ml	$0, Tier 3	DP
cough dm childrens oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
cough dm oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
cough/chest congestion dm oral syrup 10-100 mg/5ml	$0, Tier 3	DP
cvs cough dm oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	$0, Tier 3	DP
DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	$0, Tier 3	DP
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml	$0, Tier 3	DP
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	$0, Tier 3	DP
diabetic siltussin-dm max st oral liquid 10-200 mg/5ml	$0, Tier 3	DP
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML	$0, Tier 3	DP
DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML	$0, Tier 3	DP
DIABETIC TUSSIN ORAL LIQUID 100 MG/5ML	$0, Tier 3	DP
eq cough dm oral suspension extended release 30 mg/5ml	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
gnp cough dm er oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
gnp nasal decongestant oral tablet 30 mg	$0, Tier 3	DP
gnp nasal decongestant pe oral tablet 10 mg	$0, Tier 3	DP
gnp nasal spray extra moist nasal solution 0.05 %	$0, Tier 3	DP
gnp nasal spray fast acting nasal solution 1 %	$0, Tier 3	DP
gnp nasal spray nasal solution 0.05 %	$0, Tier 3	DP
gnp no drip nasal spray nasal solution 0.05 %	$0, Tier 3	DP
gnp nose drops extra strength nasal solution 1 %	$0, Tier 3	DP
gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
gnp suphedrin oral liquid 15 mg/5ml	$0, Tier 3	DP
gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml	$0, Tier 3	DP
gnp tussin cough long acting oral syrup 15 mg/5ml	$0, Tier 3	DP
gnp tussin dm cough oral liquid 100-10 mg/5ml	$0, Tier 3	DP
gnp tussin dm oral liquid 20-200 mg/10ml	$0, Tier 3	DP
gnp tussin mucus & chest cong oral liquid 100 mg/5ml	$0, Tier 3	DP
goodsense cough dm childrens oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
goodsense cough dm oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
goodsense tussin cf oral liquid 5-10-100 mg/5ml	$0, Tier 3	DP
guaiatussin ac oral syrup 100-10 mg/5ml	$0, Tier 3	DP
guaifenesin oral liquid 100 mg/5ml	$0, Tier 3	DP
guaifenesin oral solution 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	$0, Tier 3	DP
guaifenesin oral tablet 200 mg	$0, Tier 3	DP
guaifenesin-codeine oral solution 100-10 mg/5ml	$0, Tier 3	DP
guaifenesin-dm oral syrup 100-10 mg/5ml	$0, Tier 3	DP
HISTEX-AC ORAL SYRUP 10-2.5-10 MG/5ML	$0, Tier 3	DP
hm allergy & congestion oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
hm allergy complete-d oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
hm cough dm oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
hm nasal decongestant oral tablet 30 mg	$0, Tier 3	DP
hm nasal decongestant pe oral tablet 10 mg	$0, Tier 3	DP
hm nasal spray nasal solution 0.05 %	$0, Tier 3	DP
hm nose drops nasal solution 1 %	$0, Tier 3	DP
hm sinus nasal spray nasal solution 0.05 %	$0, Tier 3	DP
hm tussin adult dm oral liquid 100-10 mg/5ml	$0, Tier 3	DP
hm tussin adult oral liquid 100 mg/5ml	$0, Tier 3	DP
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	$0, Tier 3	DP
hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml	$0, Tier 3	DP
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	$0, Tier 3	DP
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	$0, Tier 3	DP
hydromet oral solution 5-1.5 mg/5ml	$0, Tier 3	DP
lohist-dm oral syrup 5-2-10 mg/5ml	$0, Tier 3	DP
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	$0, Tier 3	DP
maxi-tuss ac oral solution 100-10 mg/5ml	$0, Tier 3	DP
maxi-tuss cd oral liquid 10-4-10 mg/5ml	$0, Tier 3	DP
maxi-tuss g oral liquid 10-100 mg/5ml	$0, Tier 3	DP
maxi-tuss gmx oral liquid 10-200 mg/5ml	$0, Tier 3	DP
m-clear wc oral solution 100-6.3 mg/5ml	$0, Tier 3	DP
MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION 0.05 %	$0, Tier 3	DP
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	$0, Tier 3	DP
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	$0, Tier 3	DP
mucus & chest congestion oral liquid 100 mg/5ml	$0, Tier 3	DP
mucus relief chest congestion oral tablet 200 mg	$0, Tier 3	DP
nasal decongestant max st oral tablet 30 mg	$0, Tier 3	DP
nasal decongestant oral tablet 30 mg	$0, Tier 3	DP
nasal decongestant pe oral tablet 10 mg	$0, Tier 3	DP
nasal decongestant spray nasal solution 0.05 %	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
nasal four nasal solution 1 %	$0, Tier 3	DP
nasal relief nasal solution 0.05 %	$0, Tier 3	DP
nasal spray 12 hour nasal solution 0.05 %	$0, Tier 3	DP
nasal spray extra moisturizing nasal solution 0.05 %	$0, Tier 3	DP
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	$0, Tier 3	DP
no drip nasal spray nasal solution 0.05 %	$0, Tier 3	DP
poly-tussin ac oral liquid 10-4-10 mg/5ml	$0, Tier 3	DP
promethazine-codeine oral solution 6.25-10 mg/5ml	$0, Tier 3	DP
promethazine-codeine oral syrup 6.25-10 mg/5ml	$0, Tier 3	DP
promethazine-dm oral syrup 6.25-15 mg/5ml	$0, Tier 3	DP
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	$0, Tier 3	DP
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	$0, Tier 3	DP
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
pseudoephedrine hcl oral tablet 30 mg, 60 mg	$0, Tier 3	DP
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
qc tussin cf oral liquid 5-10-100 mg/5ml	$0, Tier 3	DP
qc tussin dm cough/congestion oral liquid 10-100 mg/5ml	$0, Tier 3	DP
qc tussin mucus/congestion oral liquid 100 mg/5ml	$0, Tier 3	DP
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	$0, Tier 3	DP
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	$0, Tier 3	DP
ROBAFEN DM COUGH ORAL LIQUID 10-100 MG/5ML	$0, Tier 3	DP
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	$0, Tier 3	DP
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	$0, Tier 3	DP
rynex pse oral liquid 1-15 mg/5ml	$0, Tier 3	DP
sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
silphen dm cough oral syrup 10 mg/5ml	$0, Tier 3	DP
siltussin das oral liquid 100 mg/5ml	$0, Tier 3	DP
siltussin dm das oral liquid 100-10 mg/5ml	$0, Tier 3	DP
siltussin sa oral syrup 100 mg/5ml	$0, Tier 3	DP
siltussin-dm alcohol free oral syrup 100-10 mg/5ml	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sinus 12 hour oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
sinus nasal spray nasal solution 0.05 %	$0, Tier 3	DP
sinus relief extra strength nasal solution 1 %	$0, Tier 3	DP
sm all day allergy-d oral tablet extended release 12 hour 5-120 mg	$0, Tier 3	DP
sm cough dm childrens oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
sm cough dm oral suspension extended release 30 mg/5ml	$0, Tier 3	DP
sm lorata-dine d oral tablet extended release 24 hour 10-240 mg	$0, Tier 3	DP
sm nasal decongestant max st oral tablet 30 mg	$0, Tier 3	DP
sm nasal decongestant pe oral tablet 10 mg	$0, Tier 3	DP
sm nasal spray 12 hour nasal solution 0.05 %	$0, Tier 3	DP
sm nasal spray moisturizing nasal solution 0.05 %	$0, Tier 3	DP
sm nasal spray nasal solution 0.05 %	$0, Tier 3	DP
sm nasal spray sinus nasal solution 0.05 %	$0, Tier 3	DP
sm nose drops nasal decongest nasal solution 1 %	$0, Tier 3	DP
sm tussin cf oral liquid 5-10-100 mg/5ml	$0, Tier 3	DP
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	$0, Tier 3	DP
sm tussin cough/chest congest oral syrup 100-10 mg/5ml	$0, Tier 3	DP
sm tussin dm oral syrup 100-10 mg/5ml	$0, Tier 3	DP
sm tussin mucus+chest congest oral liquid 100 mg/5ml	$0, Tier 3	DP
sodium chloride inhalation nebulization solution 7 %	$0, Tier 3	DP
sudogest 12 hour oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	$0, Tier 3	DP
SUDOGEST ORAL TABLET 30 MG, 60 MG	$0, Tier 3	DP
suphedrine 12hour oral tablet extended release 12 hour 120 mg	$0, Tier 3	DP
TESSALON PERLES ORAL CAPSULE 100 MG	$0, Tier 3	DP
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML	$0, Tier 3	DP
tusnel diabetic oral liquid 10-100 mg/5ml	$0, Tier 3	DP
TUSNEL-EX ORAL LIQUID 100 MG/5ML	$0, Tier 3	DP
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	$0, Tier 3	DP
tussin cf multi-symptom cold oral liquid 5-10-100 mg/5ml	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
tussin cf oral liquid 5-10-100 mg/5ml	$0, Tier 3	DP
tussin cough oral syrup 15 mg/5ml	$0, Tier 3	DP
tussin dm cough + chest oral liquid 10-100 mg/5ml	$0, Tier 3	DP
tussin dm max oral liquid 10-200 mg/5ml	$0, Tier 3	DP
tussin dm oral liquid 100-10 mg/5ml, 20-200 mg/10ml	$0, Tier 3	DP
tussin dm oral syrup 100-10 mg/5ml	$0, Tier 3	DP
tussin mucus & chest congest oral liquid 100 mg/5ml	$0, Tier 3	DP
tussin mucus+chest congestion oral liquid 100 mg/5ml	$0, Tier 3	DP
tussin mucus+chest congestion oral syrup 100 mg/5ml	$0, Tier 3	DP
tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml	$0, Tier 3	DP
virtussin a/c oral solution 100-10 mg/5ml	$0, Tier 3	DP
virtussin ac w/alc oral liquid 100-10 mg/5ml	$0, Tier 3	DP
virtussin dac oral solution 30-10-100 mg/5ml	$0, Tier 3	DP
Leukotriene Modulators		
montelukast sodium oral packet 4 mg	$0, Tier 1	
montelukast sodium oral tablet 10 mg	$0, Tier 1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	$0, Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	$0, Tier 1	
Miscellaneous		
acetylcysteine inhalation solution 10 %, 20 %	$0, Tier 1	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	$0, Tier 2	PA; LA; NDS
cromolyn sodium inhalation nebulization solution 20 mg/2ml	$0, Tier 1	B/D
cromolyn sodium nasal aerosol solution 5.2 mg/act	$0, Tier 3	DP
DALIRESP ORAL TABLET 250 MCG, 500 MCG	$0, Tier 2	
epinephrine injection solution 0.3 mg/0.3ml	$0, Tier 1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	$0, Tier 1	
ESBRIET ORAL CAPSULE 267 MG	$0, Tier 2	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 267 MG	$0, Tier 2	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	$0, Tier 2	PA; QL (90 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	$0, Tier 2	PA; LA; NDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	$0, Tier 2	PA; LA; NDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	$0, Tier 2	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	$0, Tier 2	PA; QL (60 per 30 days); NDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	$0, Tier 2	PA; QL (56 per 28 days); NDS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$0, Tier 2	PA; QL (112 per 28 days); NDS
pirfenidone oral tablet 267 mg	$0, Tier 2	PA; QL (270 per 30 days); NDS
pirfenidone oral tablet 801 mg	$0, Tier 2	PA; QL (90 per 30 days); NDS
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	$0, Tier 2	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	$0, Tier 2	PA; LA; NDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	$0, Tier 2	PA; NDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	$0, Tier 2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	$0, Tier 2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	$0, Tier 1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	$0, Tier 1	
theophylline oral solution 80 mg/15ml	$0, Tier 1	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	$0, Tier 2	PA; LA; QL (84 per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	$0, Tier 2	PA; LA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	$0, Tier 2	PA; LA; NDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	$0, Tier 2	PA; LA; NDS
Nasal Steroids		
flunisolide nasal solution 25 mcg/act (0.025%)	$0, Tier 1	QL (75 per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	$0, Tier 1	QL (16 per 30 days)
Steroid Inhalants		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	$0, Tier 2	QL (30 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	$0, Tier 1	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	$0, Tier 2	QL (240 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	$0, Tier 2	QL (180 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	$0, Tier 2	QL (24 per 30 days)

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	$0, Tier 2	QL (21.2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	$0, Tier 2	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	$0, Tier 2	QL (3 per 30 days)
Steroid/Beta-Agonist Combinations		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	$0, Tier 2	QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	$0, Tier 2	QL (12 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	$0, Tier 2	QL (60 per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	$0, Tier 2	QL (10.2 per 30 days)
TOPICAL		
Dermatology, Acne		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0, Tier 1	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	$0, Tier 1	PA
AVITA EXTERNAL CREAM 0.025 %	$0, Tier 1	PA; QL (45 per 30 days)
AVITA EXTERNAL GEL 0.025 %	$0, Tier 1	PA; QL (45 per 30 days)
BENZEPRO EXTERNAL FOAM 5.3 %	$0, Tier 3	DP
BENZEPRO SHORT CONTACT EXTERNAL FOAM 9.8 %	$0, Tier 3	DP
benzoyl peroxide-erythromycin external gel 5-3 %	$0, Tier 1	QL (46.6 per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0, Tier 1	PA
clindamycin phosphate external gel 1 %	$0, Tier 1	QL (75 per 30 days)
clindamycin phosphate external lotion 1 %	$0, Tier 1	QL (60 per 30 days)
clindamycin phosphate external solution 1 %	$0, Tier 1	QL (60 per 30 days)
ery external pad 2 %	$0, Tier 1	QL (60 per 30 days)
erythromycin external solution 2 %	$0, Tier 1	QL (60 per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0, Tier 1	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0, Tier 1	PA
sulfacetamide sodium (acne) external lotion 10 %	$0, Tier 1	QL (118 per 30 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	$0, Tier 1	PA; QL (45 per 30 days)
tretinoin external gel 0.01 %, 0.025 %	$0, Tier 1	PA; QL (45 per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0, Tier 1	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Dermatology, Antibiotics		
bacitracin external ointment 500 unit/gm	$0, Tier 3	DP
bacitracin zinc external ointment 500 unit/gm	$0, Tier 3	DP
first aid antibiotic external ointment 3.5-400-5000 mg-unit	$0, Tier 3	DP
gentamicin sulfate external cream 0.1 %	$0, Tier 1	QL (30 per 30 days)
gentamicin sulfate external ointment 0.1 %	$0, Tier 1	QL (30 per 30 days)
gnp bacitracin zinc external ointment 500 unit/gm	$0, Tier 3	DP
gnp triple antibiotic external ointment	$0, Tier 3	DP
gnp triple antibiotic plus external ointment 1 %	$0, Tier 3	DP
hm bacitracin zinc external ointment 500 unit/gm	$0, Tier 3	DP
hm triple antibiotic external ointment 3.5-400-5000	$0, Tier 3	DP
hm triple antibiotic max st external ointment 1 %	$0, Tier 3	DP
mupirocin external ointment 2 %	$0, Tier 1	QL (220 per 30 days)
qc triple antibiotic max st external ointment 1 %	$0, Tier 3	DP
silver sulfadiazine external cream 1 %	$0, Tier 1	
sm antibiotic external ointment 500 unit/gm	$0, Tier 3	DP
sm triple antibiotic external ointment 3.5-400-5000	$0, Tier 3	DP
sm triple antibiotic max st external ointment 1 %	$0, Tier 3	DP
SSD EXTERNAL CREAM 1 %	$0, Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	$0, Tier 2	QL (453.6 per 30 days)
triple antibiotic external ointment 3.5-400-5000	$0, Tier 3	DP
triple antibiotic plus external ointment 1 %	$0, Tier 3	DP
triple antibiotic+pain relief external ointment 1 %	$0, Tier 3	DP
Dermatology, Antifungals		
ALOE VESTA CLEAR ANTIFUNGAL EXTERNAL OINTMENT 2 %	$0, Tier 3	DP
antifungal (tolnaftate) external cream 1 %	$0, Tier 3	DP
antifungal clotrimazole external cream 1 %	$0, Tier 3	DP
anti-fungal external cream 1 %	$0, Tier 3	DP
antifungal external cream 2 %	$0, Tier 3	DP
anti-fungal external powder 1 %	$0, Tier 3	DP
antifungal external powder 2 %	$0, Tier 3	DP
anti-itch external cream 2-0.1 %	$0, Tier 3	DP
athletes foot (terbinafine) external cream 1 %	$0, Tier 3	DP
athletes foot powder spray external aerosol powder 1 %	$0, Tier 3	DP
athletes foot spray external aerosol 1 %	$0, Tier 3	DP
BANOPHEN EXTERNAL CREAM 2-0.1 %	$0, Tier 3	DP
baza antifungal external cream 2 %	$0, Tier 3	DP

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
benzoin external tincture	$0, Tier 3	DP
butenafine hcl external cream 1 %	$0, Tier 3	DP
CARRINGTON ANTIFUNGAL EXTERNAL CREAM 2 %	$0, Tier 3	DP
castellani paint modified external liquid 1.5 %	$0, Tier 3	DP
ciclopirox olamine external cream 0.77 %	$0, Tier 1	QL (90 per 30 days)
ciclopirox olamine external suspension 0.77 %	$0, Tier 1	QL (60 per 30 days)
clotrimazole anti-fungal external cream 1 %	$0, Tier 3	DP
clotrimazole athletes foot external cream 1 %	$0, Tier 3	DP
clotrimazole cream 1 % external (otc) 1 %	$0, Tier 3	DP
clotrimazole cream 1 % external (rx) 1 %	$0, Tier 1	QL (45 per 30 days)
clotrimazole solution 1 % external (otc) 1 %	$0, Tier 3	DP
clotrimazole solution 1 % external (rx) 1 %	$0, Tier 1	QL (30 per 30 days)
clotrimazole-betamethasone external cream 1-0.05 %	$0, Tier 1	QL (45 per 30 days)
DESENEX EXTERNAL POWDER 2 %	$0, Tier 3	DP
diphenhydramine-zinc acetate external cream 2-0.1 %	$0, Tier 3	DP
FUNGOID TINCTURE EXTERNAL SOLUTION 2 %	$0, Tier 3	DP
gnp anti-itch external cream 2-0.1 %	$0, Tier 3	DP
gnp athletes foot external cream 1 %	$0, Tier 3	DP
gnp terbinafine hydrochloride external cream 1 %	$0, Tier 3	DP
gnp tolnaftate external cream 1 %	$0, Tier 3	DP
itch relief extra strength external cream 2-0.1 %	$0, Tier 3	DP
ketoconazole external cream 2 %	$0, Tier 1	QL (60 per 30 days)
miconazole nitrate external cream 2 %	$0, Tier 3	DP
MICRO GUARD EXTERNAL POWDER 2 %	$0, Tier 3	DP
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	$0, Tier 1	QL (60 per 30 days)
nystatin external cream 100000 unit/gm	$0, Tier 1	QL (30 per 30 days)
nystatin external ointment 100000 unit/gm	$0, Tier 1	QL (30 per 30 days)
nystatin external powder 100000 unit/gm	$0, Tier 1	QL (60 per 30 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	$0, Tier 1	QL (60 per 30 days)
qc anti-itch extra strength external cream 2-0.1 %	$0, Tier 3	DP
qc tolnaftate external cream 1 %	$0, Tier 3	DP
REMEDY ANTIFUNGAL EXTERNAL CREAM 2 %	$0, Tier 3	DP
REMEDY PHYTOPLEX ANTIFUNGAL EXTERNAL POWDER 2 %	$0, Tier 3	DP
sm antifungal clotrimazole external cream 1 %	$0, Tier 3	DP
sm antifungal miconazole external cream 2 %	$0, Tier 3	DP
sm antifungal tolnaftate external cream 1 %	$0, Tier 3	DP
sm anti-itch extra strength external cream 2-0.1 %	$0, Tier 3	DP
sm athletes foot external cream 1 %	$0, Tier 3	DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
SOOTHE & COOL INZO ANTIFUNGAL EXTERNAL CREAM 2 %	$0, Tier 3	DP
terbinafine hcl external cream 1 %	$0, Tier 3	DP
tolnaftate antifungal external cream 1 %	$0, Tier 3	DP
tolnaftate external cream 1 %	$0, Tier 3	DP
tolnaftate external powder 1 %	$0, Tier 3	DP
ZEASORB-AF EXTERNAL POWDER 2 %	$0, Tier 3	DP
Dermatology, Antipsoriatics		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0, Tier 1	PA
calcipotriene external ointment 0.005 %	$0, Tier 1	PA; QL (120 per 30 days)
calcipotriene external solution 0.005 %	$0, Tier 1	PA; QL (120 per 30 days)
CALCITRENE EXTERNAL OINTMENT 0.005 %	$0, Tier 1	PA; QL (120 per 30 days)
tazarotene external cream 0.1 %	$0, Tier 1	PA; QL (60 per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	$0, Tier 2	PA; QL (60 per 30 days)
Dermatology, Antiseborrheics		
ketoconazole external shampoo 2 %	$0, Tier 1	QL (120 per 30 days)
selenium sulfide external lotion 2.5 %	$0, Tier 1	
Dermatology, Corticosteroids		
ala-cort external cream 1 %, 2.5 %	$0, Tier 1	
alclometasone dipropionate external cream 0.05 %	$0, Tier 1	QL (60 per 30 days)
alclometasone dipropionate external ointment 0.05 %	$0, Tier 1	QL (60 per 30 days)
betamethasone dipropionate aug external cream 0.05 %	$0, Tier 1	QL (120 per 30 days)
betamethasone dipropionate aug external gel 0.05 %	$0, Tier 1	QL (120 per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	$0, Tier 1	QL (120 per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	$0, Tier 1	QL (120 per 30 days)
betamethasone dipropionate external cream 0.05 %	$0, Tier 1	QL (120 per 30 days)
betamethasone dipropionate external lotion 0.05 %	$0, Tier 1	QL (120 per 30 days)
betamethasone dipropionate external ointment 0.05 %	$0, Tier 1	QL (120 per 30 days)
betamethasone valerate external cream 0.1 %	$0, Tier 1	QL (120 per 30 days)
betamethasone valerate external lotion 0.1 %	$0, Tier 1	QL (120 per 30 days)
betamethasone valerate external ointment 0.1 %	$0, Tier 1	QL (120 per 30 days)
clobetasol propionate e external cream 0.05 %	$0, Tier 1	QL (60 per 30 days)
clobetasol propionate external cream 0.05 %	$0, Tier 1	QL (60 per 30 days)
clobetasol propionate external gel 0.05 %	$0, Tier 1	QL (60 per 30 days)
clobetasol propionate external ointment 0.05 %	$0, Tier 1	QL (60 per 30 days)
clobetasol propionate external solution 0.05 %	$0, Tier 1	QL (50 per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	$0, Tier 2	PA; QL (120 per 30 days)
fluocinolone acetonide body external oil 0.01 %	$0, Tier 1	QL (118.28 per 30 days)

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
fluocinolone acetonide external cream 0.01 %	$0, Tier 1	QL (60 per 30 days)
fluocinolone acetonide external cream 0.025 %	$0, Tier 1	QL (120 per 30 days)
fluocinolone acetonide external ointment 0.025 %	$0, Tier 1	QL (120 per 30 days)
fluocinolone acetonide external solution 0.01 %	$0, Tier 1	QL (90 per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	$0, Tier 1	QL (118.28 per 30 days)
fluocinonide emulsified base external cream 0.05 %	$0, Tier 1	QL (120 per 30 days)
fluocinonide external cream 0.05 %	$0, Tier 1	QL (120 per 30 days)
fluocinonide external gel 0.05 %	$0, Tier 1	QL (60 per 30 days)
fluocinonide external ointment 0.05 %	$0, Tier 1	QL (60 per 30 days)
fluocinonide external solution 0.05 %	$0, Tier 1	QL (60 per 30 days)
fluticasone propionate external cream 0.05 %	$0, Tier 1	
fluticasone propionate external ointment 0.005 %	$0, Tier 1	
halobetasol propionate external cream 0.05 %	$0, Tier 1	QL (50 per 30 days)
halobetasol propionate external ointment 0.05 %	$0, Tier 1	QL (50 per 30 days)
hydrocortisone external cream 1 %, 2.5 %	$0, Tier 1	
hydrocortisone external lotion 2.5 %	$0, Tier 1	
hydrocortisone external ointment 2.5 %	$0, Tier 1	
mometasone furoate external cream 0.1 %	$0, Tier 1	
mometasone furoate external ointment 0.1 %	$0, Tier 1	
mometasone furoate external solution 0.1 %	$0, Tier 1	
triamcinolone acetonide external cream 0.025 %, 0.5 %	$0, Tier 1	
triamcinolone acetonide external cream 0.1 %	$0, Tier 1	QL (454 per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	$0, Tier 1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	$0, Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	$0, Tier 1	
Dermatology, Local Anesthetics		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	$0, Tier 1	PA; QL (60 per 30 days)
lidocaine external ointment 5 %	$0, Tier 1	PA; QL (50 per 30 days)
lidocaine external patch 5 %	$0, Tier 1	PA; QL (3 per 1 day)
lidocaine hcl external solution 4 %	$0, Tier 1	PA; QL (50 per 30 days)
lidocaine hcl urethral/mucosal external gel 2 %	$0, Tier 1	PA; QL (30 per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	$0, Tier 1	PA; QL (30 per 30 days)
Dermatology, Miscellaneous Skin And Mucous Membrane		
ammonium lactate cream 12 % external (otc) 12 %	$0, Tier 3	DP
ammonium lactate cream 12 % external (rx) 12 %	$0, Tier 1	
ammonium lactate lotion 12 % external (otc) 12 %	$0, Tier 3	DP
ammonium lactate lotion 12 % external (rx) 12 %	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
antiseptic skin cleanser external solution 4 %	$0, Tier 3	DP
arthritis pain relieving external cream 0.075 %	$0, Tier 3	DP
bexarotene external gel 1 %	$0, Tier 2	PA; QL (60 per 30 days); NDS
calamine phenolated external lotion	$0, Tier 3	DP
calamine-zinc oxide external lotion 8-8 %	$0, Tier 3	DP
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	$0, Tier 3	DP
capsaicin external cream 0.025 %, 0.1 %	$0, Tier 3	DP
CLORPACTIN POWDER 2 GM	$0, Tier 3	DP
diclofenac sodium external gel 1 %	$0, Tier 1	PA; QL (1000 per 30 days)
DYNA-HEX 4 EXTERNAL SOLUTION 4 %	$0, Tier 3	DP
fluorouracil external cream 5 %	$0, Tier 1	QL (40 per 30 days)
fluorouracil external solution 2 %, 5 %	$0, Tier 1	QL (10 per 30 days)
gnp antiseptic skin cleanser external solution 4 %	$0, Tier 3	DP
gnp capsaicin external liquid 0.15 %	$0, Tier 3	DP
gnp zinc oxide external ointment 20 %	$0, Tier 3	DP
hm antiseptic skin cleanser external solution 4 %	$0, Tier 3	DP
hm povidone-iodine external solution 10 %	$0, Tier 3	DP
hydrocortisone (perianal) external cream 2.5 %	$0, Tier 1	
imiquimod external cream 5 %	$0, Tier 1	QL (24 per 30 days)
KERR TRIPLE DYE SWABS EXTERNAL SWAB	$0, Tier 3	DP
lidocaine pain relief external patch 4 %	$0, Tier 3	DP
lidocaine pain relieving external patch 4 %	$0, Tier 3	DP
metronidazole external cream 0.75 %	$0, Tier 1	QL (45 per 30 days)
metronidazole external gel 0.75 %	$0, Tier 1	QL (45 per 30 days)
metronidazole external lotion 0.75 %	$0, Tier 1	QL (59 per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	$0, Tier 2	PA; QL (60 per 30 days); NDS
PENTRAVAN EXTERNAL CREAM	$0, Tier 3	DP
PENTRAVAN PLUS EXTERNAL CREAM	$0, Tier 3	DP
podofilox external solution 0.5 %	$0, Tier 1	QL (7 per 28 days)
povidone-iodine external ointment 10 %	$0, Tier 3	DP
povidone-iodine external solution 10 %	$0, Tier 3	DP
PROCTO-MED HC EXTERNAL CREAM 2.5 %	$0, Tier 1	
PROCTO-PAK EXTERNAL CREAM 1 %	$0, Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	$0, Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	$0, Tier 1	
qc calamine external lotion	$0, Tier 3	DP
qc povidone iodine external solution 10 %	$0, Tier 3	DP
RECTIV RECTAL OINTMENT 0.4 %	$0, Tier 2	QL (30 per 30 days)
ROSADAN EXTERNAL CREAM 0.75 %	$0, Tier 1	QL (45 per 30 days)

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
sm antiseptic skin cleanser external solution 4 %	$0, Tier 3	DP
sm calamine external lotion	$0, Tier 3	DP
sm calamine phenolated external lotion	$0, Tier 3	DP
sm povidone-iodine external solution 10 %	$0, Tier 3	DP
tacrolimus external ointment 0.03 %, 0.1 %	$0, Tier 1	QL (100 per 30 days)
TARGRETIN EXTERNAL GEL 1 %	$0, Tier 2	PA; QL (60 per 30 days); NDS
VALCHLOR EXTERNAL GEL 0.016 %	$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
XERAC AC EXTERNAL SOLUTION 6.25 %	$0, Tier 3	DP
zinc oxide external ointment 20 %	$0, Tier 3	DP
ZOSTRIX HP EXTERNAL CREAM 0.1 %	$0, Tier 3	DP
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 %	$0, Tier 3	DP
Dermatology, Scabicides And Pediculides		
cvs lice treatment external liquid 1 %	$0, Tier 3	DP
eq lice killing max st external shampoo 0.33-4 %	$0, Tier 3	DP
gnp lice treatment external liquid 1 %	$0, Tier 3	DP
gnp lice treatment external shampoo 0.33-4 %	$0, Tier 3	DP
hm lice killing max st external shampoo 0.33-4 %	$0, Tier 3	DP
hm lice treatment external liquid 1 %	$0, Tier 3	DP
lice killing external shampoo 0.33-4 %, 4-0.33 %	$0, Tier 3	DP
lice killing maximum strength external shampoo 0.33-4 %	$0, Tier 3	DP
lice treatment external lotion 1 %	$0, Tier 3	DP
malathion external lotion 0.5 %	$0, Tier 1	QL (59 per 30 days)
permethrin external cream 5 %	$0, Tier 1	QL (60 per 30 days)
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 %	$0, Tier 3	DP
sb lice killing max st external shampoo 0.33-4 %	$0, Tier 3	DP
sm lice killing max strength external shampoo 0.33-4 %	$0, Tier 3	DP
sm lice solution kit combination kit 0.33-4-0.5 %	$0, Tier 3	DP
sm lice treatment external lotion 1 %	$0, Tier 3	DP
Dermatology, Wound Care Agents		
REGRANEX EXTERNAL GEL 0.01 %	$0, Tier 2	PA; QL (30 per 30 days); NDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	$0, Tier 2	QL (180 per 30 days)
sodium chloride irrigation solution 0.9 %	$0, Tier 1	
sterile water for irrigation irrigation solution	$0, Tier 1	
Mouth/Throat/Dental Agents		
CEPACOL SORE THROAT & COUGH MOUTH/THROAT LOZENGE 5-7.5 MG	$0, Tier 3	DP
cevimeline hcl oral capsule 30 mg	$0, Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
chlorhexidine gluconate mouth/throat solution 0.12 %	$0, Tier 1	
clotrimazole mouth/throat troche 10 mg	$0, Tier 1	QL (150 per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	$0, Tier 1	
nystatin mouth/throat suspension 100000 unit/ml	$0, Tier 1	
ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 %	$0, Tier 3	DP
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	$0, Tier 1	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	$0, Tier 3	DP
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0, Tier 1	
triamcinolone acetonide mouth/throat paste 0.1 %	$0, Tier 1	
Otic		
ear drops otic solution 6.5 %	$0, Tier 3	DP
gnp earwax removal drops otic solution 6.5 %	$0, Tier 3	DP
gnp earwax removal kit otic solution 6.5 %	$0, Tier 3	DP
hm earwax removal aid otic solution 6.5 %	$0, Tier 3	DP
hm earwax removal kit otic solution 6.5 %	$0, Tier 3	DP
sm ear drops otic solution 6.5 %	$0, Tier 3	DP

D. Index of Covered Drugs

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896, 8am to 8pm, Monday – Friday; 8am to 12pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. TTY: 711. For more information, visit www.nhpri.org/INTEGRITY. We have made no changes to this formulary since 9/2022.

H9576_PhmDrugList22 Approved 08/26/2021