



MedicareRx
Prescription Drug Coverage X

HealthPartners Medicare Prescription Drug Program

*2009 Formulary
(List of Covered Drugs)*

PLEASE READ: This document contains information about the drugs we cover in our Medicare plans.

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

HealthPartners Medicare Prescription Drug Program Formulary

What is the HealthPartners Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60 day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of October 1, 2008. To get updated information about the drugs covered by HealthPartners, please visit our website at healthpartners.com/medicare or call Member Services at the following numbers.

HealthPartners® Freedom members should call 952-883-7979 or 1-800-233-9645.

HealthPartners® Classic and Liberty members should call 952-883-7676 or 1-866-233-8734.

HealthPartners Medicare Part D Plan members should call 952-883-7373 or 1-877-816-9539.

All TTY users should call 952-883-6060 or 1-800-443-0156.

Member Services representatives are available seven days a week between 8 a.m. and 8 p.m.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 40. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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What are generic drugs?

HealthPartners covers both brand name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthPartners requires you to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners before you fill your prescriptions. If you don't get approval, HealthPartners may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPartners limits the amount of the drug that HealthPartners will cover. For example, HealthPartners provides 20 units per prescription for Ergomar. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, HealthPartners requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthPartners may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPartners will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8.

You can ask HealthPartners to make an exception to these restrictions or limits. See the section, "How do I request an exception to the HealthPartners formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that HealthPartners does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthPartners. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthPartners.
- You can ask HealthPartners to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthPartners Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthPartners limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. When you are **requesting a formulary or utilization restriction exception you should submit a statement from your physician supporting your request.**

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Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Transition process

HealthPartners transition process will provide transitional medications to (1) new enrollees to HealthPartners Medicare Part D plans on January 1 following the annual coordinated election period; (2) newly eligible Medicare beneficiaries from other coverage; (3) the transition of individuals who switch from one plan to another after January 1; (4) enrollees residing in long term care (LTC) facilities, and (5) those enrollees having changes in level of care, for example, those entering an LTC facility or being discharged from a hospital. In example (5), early refills will be granted due to change in their level of care, when appropriate.

HealthPartners will provide a one-time, temporary supply of a non-formulary Part D drug in order to accommodate the immediate needs of an enrollee. Non-Formulary drugs include (1) Part D drugs that are not on the plan's formulary, and (2) Part D drugs that are on the plan's formulary but require prior authorization or step therapy. This transition policy provides a one-time temporary 1 to 30 day fill at the retail setting (unless the enrollee presents a prescription written for less than 30 days) anytime during the first 90 days of the beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage. Thirty days allows the plan and/or the enrollee sufficient time to work with the prescriber to either switch to a therapeutically equivalent medication on HealthPartners formulary or complete an exception request to maintain the coverage of the non-formulary drug based upon medical necessity reasons. If the prescription is written for less than 30 days or if safety quantity limits are in place, HealthPartners will provide a refill override to fulfill the 30 day requirement.

The cost sharing for the one-time transition will never exceed the enrollee's maximum copayment or coinsurance amounts and includes enrollee's low income subsidy amounts, if eligible. Cost sharing will be based upon the appropriate tier the non-formulary drug is labeled, meaning brand (single source) drugs will process under the brand copay when appropriate.

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HealthPartners will send written notice to the enrollee within three business days of the transition fill indicating (1) an explanation of the temporary nature of the transition supply an enrollee has received; (2) instructions for working with the plan sponsor and the enrollee's prescriber to identify therapeutic alternatives, when available and appropriate; (3) an explanation of the enrollee's right to request a formulary exception; and (4) a description of the procedures for requesting a formulary exception.

Enrollees residing in a long term care setting will receive a one-time temporary 1 to 31 day fill, unless the prescription is written for less than 31 days, with multiple fills as necessary, during the first 90 days of the beneficiary's enrollment with HealthPartners. In addition, HealthPartners will provide a one-time 1 to 31 day emergency supply of non-formulary drugs while an exception is being processed.

For more information

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

For questions please call 8 a.m. to 8 p.m., seven days a week.

HealthPartners® Freedom members should call 952-883-7979 or 1-800-233-9645.

HealthPartners® Classic and Liberty members should call 952-883-7676 or 1-866-233-8734.

HealthPartners Medicare Part D Plan members should call 952-883-7373 or 1-877-816-9539.

All TTY users should call 952-883-6060 or 1-800-443-0156.

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

HealthPartners Formulary

The formulary that begins on page 8 provides coverage information about some of the drugs covered by HealthPartners. If you have trouble finding your drug in the list, turn to the Index that begins on page 40.

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

The information in the Notes column tells you if HealthPartners has any special requirements for coverage of your drug.

Drug Category Listing

<i>Category Name</i>	<i>page #</i>	<i>Category Name</i>	<i>page #</i>
ACIDIFYING AGENTS	8	CATHARTICS AND LAXATIVES	25
ADRENALS	8	CELL STIMULANTS AND PROLIFERANTS	25
ALKALINIZING AGENTS	8	CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS	25
ALPHA-ADRENERGIC BLOCKING AGENTS	8	CHOLELITHOLYTIC AGENTS	25
AMMONIA DETOXICANTS	9	CONTRACEPTIVES	26
ANALGESICS AND ANTIPYRETICS	9	DEPIGMENTING AND PIGMENTING AGENTS	27
ANDROGENS	10	DEVICES	27
ANOREXIGENICS, RESPIRATORY AND CEREBRAL STIMULANTS	10	DIGESTANTS	27
ANTHELMINTICS	10	DIURETICS	27
ANTI-INFECTIVES (EARS, EYES, NOSE & THROAT)	15	EARS, EYES, NOSE & THROAT (EENT) DRUGS, MISCELLANEOUS	28
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	16	EMOLLIENTS, DEMULCENTS, AND PROTECTANTS	28
ANTI-INFLAMMATORY AGENTS (EARS, EYES, NOSE & THROAT)	17	ENZYMES	28
ANTI-INFLAMMATORY AGENTS (GASTROINTESTINAL DRUGS)	18	ESTROGENS AND ANTIESTROGENS	28
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)	18	FIRST GENERATION ANTIHISTAMINES	29
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)	18	GASTROINTESTINAL DRUGS, MISCELLANEOUS	29
ANTIALLERGIC AGENTS	10	GENITOURINARY SMOOTH MUSCLE RELAXANTS	29
ANTIBACTERIALS	10	GOLD COMPOUNDS	29
ANTICHOLINERGIC AGENTS	12	GONADOTROPINS	29
ANTICONVULSANTS	12	HEAVY METAL ANTAGONISTS	29
ANTIDIABETIC AGENTS	13	HEMATOPOIETIC AGENTS	29
ANTIDIARRHEA AGENTS	14	HEMORRHEOLOGIC AGENTS	30
ANTIEMETICS (including drugs for Nausea & Vomiting)	14	HYPOTENSIVE AGENTS	30
ANTIFUNGAL (SYSTEMIC)	14	ION-REMOVING AGENTS	30
ANTIGLAUCOMA AGENTS	15	IRRIGATING SOLUTIONS	30
ANTIHEMORRHAGIC AGENTS	15	KERATOPLASTIC AGENTS	30
ANTIHYPOLYCEMIC AGENTS	15	LOCAL ANESTHETICS (EARS, EYES, NOSE & THROAT)	30
ANTILIPEMIC AGENTS (CHOLESTEROL LOWERING MEDICATIONS)	18	LOCAL ANESTHETICS (PARENTERAL)	30
ANTIMANIC AGENTS	19	MISCELLANEOUS THERAPEUTIC AGENTS	30
ANTIMIGRAINE AGENTS	19	MUCOLYTIC AGENTS	32
ANTIMYCOBACTERIALS	19	MULTIVITAMIN PREPARATIONS	32
ANTINEOPLASTIC AGENTS (CANCER DRUGS)	19	MYDRIATICS	32
ANTIPARKINSONIAN AGENTS	21	OPIATE ANTAGONISTS	33
ANTIPROTOZOALS	21	OXYTOCICS	33
ANTIPRURITICS AND LOCAL ANESTHETICS	21	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)	33
ANTITHROMBOTIC AGENTS	21	PARATHYROID AGENTS	33
ANTIULCER AGENTS AND ACID SUPPRESSANTS	22	PHARMACEUTICAL AIDS	33
ANTIVIRALS (SYSTEMIC)	22	PITUITARY AGENTS	33
ANXIOLYTICS, SEDATIVES AND HYPNOTICS	23	PROGESTINS	34
AUTONOMIC DRUGS, MISCELLANEOUS	23	PROKINETIC AGENTS	34
BETA-ADRENERGIC BLOCKING AGENTS	24	PSYCHOTHERAPEUTIC AGENTS	34
CALCIUM-CHANNEL BLOCKING AGENTS	24	RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS	35
CALORIC AGENTS	24	REPLACEMENT PREPARATIONS	36
CARDIAC DRUGS	24	RESPIRATORY SMOOTH MUSCLE RELAXANTS	36

Drug Category Listing

<i>Category Name</i>	<i>page #</i>
SECOND GENERATION ANTIHISTAMINES	36
SERUMS	36
SKELETAL MUSCLE RELAXANTS	36
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS ..	37
SOMATOTROPIN AGONISTS AND ANTAGONISTS	37
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS	37
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	38
THYROID AND ANTITHYROID AGENTS	38
TOXOIDS	38
URICOSURIC AGENTS	38
URINARY ANTI-INFECTIVES	38
VACCINES	39
VASOCONSTRICTORS	39
VASODILATING AGENTS	39
VITAMIN D	40

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ACIDIFYING AGENTS		
AMMONIUM CHLORIDE INTRAVENOUS SOLUTION <i>phospha 250 neutral (K-Phos Neutral equivalent)</i>	BRAND Generic	PRIOR AUTHORIZATION
ADRENALS		
ASMANEX ORAL INHALANT	BRAND	
AZMACORT ORAL INHALANT	BRAND	
DEXAMETHASONE ORAL SOLUTION & CONCENTRATE DROPS	BRAND	
<i>dexamethasone oral tablet & elixir</i>	Generic	
<i>dexamethasone sodium phosphate injection</i>	Generic	
DEXPAK DOSEPAK	BRAND	
ENTOCORT EC	BRAND	
FLOVENT DISKUS ORAL INHALANT	BRAND	
FLOVENT HFA ORAL INHALANT	BRAND	
<i>fludrocortisone oral</i>	Generic	
<i>hydrocortisone 5mg, 10mg & 20mg oral</i>	Generic	
MEDROL 2MG ORAL BVD	BRAND	
<i>methylprednisolone 4mg, 8mg, 16mg & 32mg oral</i> BvD	Generic	
<i>methylprednisolone acetate injection</i>	Generic	
<i>prednisolone oral liquid</i>	Generic	
<i>prednisolone oral tablet</i> BvD	Generic	
<i>prednisolone sodium phosphate oral liquid</i>	Generic	
PREDNISONE 5MG/5ML ORAL SOLUTION	BRAND	
PREDNISONE 5MG/ML CONCENTRATE SOLUTION	BRAND	
<i>prednisone oral tablet</i> BvD	Generic	
PULMICORT FLEXHALER ORAL INHALANT	BRAND	
PULMICORT RESPULES BVD	BRAND	
QVAR ORAL INHALANT	BRAND	
SYMBICORT FOR ORAL INHALATION	BRAND	
ALKALINIZING AGENTS		
<i>potassium citrate & citric acid powder packet & solution</i> (<i>cytra-k & POLYCITRA-K equivalent</i>)	Generic	
<i>potassium citrate & sodium citrate w/citric acid</i> (<i>cytra-3 & POLYCITRA equivalent</i>)	Generic	
<i>potassium citrate & sodium citrate w/citric acid</i> (<i>tricitrates & POLYCITRA LC equivalent</i>)	Generic	
<i>potassium citrate tablet</i>	Generic	
<i>sodium bicarbonate intravenous solution</i>	Generic	
<i>sodium citrate & citric acid (cytra-2 & BICITRA equivalent)</i>	Generic	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin</i>	Generic	
<i>prazosin</i>	Generic	
<i>terazosin</i>	Generic	

☞ Generally available through Mail Order Pharmacy
BvD = Drug could pay under Part B or Part D

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
AMMONIA DETOXICANTS		
BUPHENYL ORAL	SPECIALTY	PRIOR AUTHORIZATION
<i>constulose</i> ☐☑	Generic	
<i>lactulose</i> ☐☑	Generic	
ANALGESICS AND ANTIPIRETICS		
<i>acetaminophen w/codeine tablet and elixir</i> ☐☑	Generic	Quantity Limit
<i>aspirin w/codeine</i> ☐☑	Generic	
<i>butorphanol nasal spray</i>	Generic	Prior Authorization, Quantity Limit
CELEBREX ☐☑	BRAND	STEP THERAPY
<i>codeine sulfate tablet</i>	Generic	
<i>diclofenac sodium regular release</i> ☐☑	Generic	
DILAUDID-5 LIQUID	BRAND	
<i>fentanyl patches</i> ☐☑	Generic	
<i>flurbiprofen</i> ☐☑	Generic	
<i>hydrocodone / ibuprofen 7.5-200mg</i> ☐☑	Generic	
<i>hydrocodone w/acetaminophen</i> ☐☑	Generic	Quantity Limit
<i>hydromorphone hcl injection</i>	Generic	
<i>hydromorphone oral</i> ☐☑	Generic	
<i>ibuprofen</i> ☐☑	Generic	
INDOCIN SUSPENSION ☐☑	BRAND	
<i>indomethacin immediate release capsule</i> ☐☑	Generic	
<i>ketorolac oral</i>	Generic	Quantity Limit
<i>meloxicam</i> ☐☑	Generic	
<i>methadone oral</i> ☐☑	Generic	
<i>morphine regular release oral solution & tablet</i> ☐☑	Generic	
<i>morphine sulfate 0.5mg/ml, 1mg/ml, 5mg/ml injection</i>	Generic	
<i>morphine sustained release</i> ☐☑	Generic	
<i>naproxen regular release suspension & tablet</i> ☐☑	Generic	
<i>naproxen sodium</i> ☐☑	Generic	
<i>oxycodone 10mg, 20mg, 40mg & 80mg sustained release</i> ☐☑	Generic	Quantity Limit
<i>oxycodone concentrate</i> ☐☑	Generic	
<i>oxycodone regular release</i> ☐☑	Generic	
<i>oxycodone w/acetaminophen</i> ☐☑	Generic	Quantity Limit
<i>oxycodone w/aspirin</i> ☐☑	Generic	
OXYCONTIN ☐☑	BRAND	QUANTITY LIMIT
<i>piroxicam</i> ☐☑	Generic	
<i>propoxyphene hcl w/acetaminophen</i> ☐☑	Generic	Quantity Limit
<i>propoxyphene hydrochloride</i> ☐☑	Generic	
<i>propoxyphene napsylate w/acetaminophen</i> ☐☑	Generic	Quantity Limit
ROXICET 325-5MG/5ML ORAL SOLUTION ☐☑	BRAND	QUANTITY LIMIT
ROXICET 5-500MG TABLET ☐☑	BRAND	QUANTITY LIMIT
<i>salsalate</i> ☐☑	Generic	
SUBOXONE	BRAND	
<i>sulindac</i> ☐☑	Generic	
<i>tolmetin</i> ☐☑	Generic	
<i>tramadol regular release</i> ☐☑	Generic	

☐☑ Generally available through Mail Order Pharmacy
 BvD = Drug could pay under Part B or Part D

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANDROGENS		
ANADROL-50 [☐]	BRAND	PRIOR AUTHORIZATION
ANDRODERM [☐]	BRAND	PRIOR AUTHORIZATION
ANDROGEL [☐]	BRAND	PRIOR AUTHORIZATION
ANDROID [☐]	BRAND	
ANDROXY [☐]	BRAND	
danazol [☐]	Generic	
METHITEST [☐]	BRAND	
oxandrolone oral [☐]	Generic	Prior Authorization
testosterone cypionate injection [☐]	Generic	Prior Authorization
testosterone enanthate injection [☐]	Generic	Prior Authorization
ANOREXIGENICS, RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL XR [☐]	BRAND	
CONCERTA [☐]	BRAND	
dexmethylphenidate immediate release [☐]	Generic	
dextroamphetamine / amphetamine regular release [☐]	Generic	
dextroamphetamine immediate release [☐]	Generic	
dextroamphetamine sustained release [☐]	Generic	
FOCALIN XR [☐]	BRAND	STEP THERAPY
METADATE CD [☐]	BRAND	STEP THERAPY
methylphenidate immediate release [☐]	Generic	
methylphenidate sustained release [☐]	Generic	
PROVIGIL [☐]	BRAND	PRIOR AUTHORIZATION
VYVANSE [☐]	BRAND	
ANTHELMINTICS		
ALBENZA	BRAND	
BILTRICIDE	BRAND	
mebendazole	Generic	
STROMECTOL	BRAND	
ANTIALLERGIC AGENTS		
ALAMAST OPHTHALMIC [☐]	BRAND	
ASTELIN NASAL SPRAY [☐]	BRAND	
ELESTAT OPHTHALMIC [☐]	BRAND	
OPTIVAR OPHTHALMIC [☐]	BRAND	
PATADAY OPHTHALMIC [☐]	BRAND	
PATANOL OPHTHALMIC [☐]	BRAND	
ANTIBACTERIALS		
amoxicillin / clavulanate potassium regular release tablet [☐]	Generic	
amoxicillin / clavulanate potassium suspension	Generic	
amoxicillin capsule, chewable tablet, swallow tablet [☐]	Generic	
amoxicillin suspension	Generic	
AMOXIL 50MG/ML DROPS	BRAND	
ampicillin capsule [☐]	Generic	
ampicillin injection	Generic	

☐ Generally available through Mail Order Pharmacy
BvD = Drug could pay under Part B or Part D

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>ampicillin suspension</i>	Generic	
AUGMENTIN 125MG & 250MG SUSPENSION	BRAND	
AUGMENTIN 250MG CHEW TAB [☐]	BRAND	
AVELOX [☐]	BRAND	
<i>azithromycin azithromycin suspension & packet</i>	Generic	
<i>azithromycin intravenous solution</i>	Generic	
<i>azithromycin tablet</i> [☐]	Generic	
<i>cefazolin sodium injection</i>	Generic	
<i>cefdinir capsule</i> [☐]	Generic	
<i>cefdinir suspension</i>	Generic	
<i>cefepime injection</i>	Generic	
<i>cefoxitin sodium intravenous solution</i>	Generic	
<i>cefprozil suspension</i>	Generic	
<i>cefprozil tablet</i> [☐]	Generic	
<i>ceftriaxone injection</i>	Generic	
<i>cefuroxime suspension</i>	Generic	
<i>cefuroxime tablet</i> [☐]	Generic	
<i>cephalexin capsule & tablet</i> [☐]	Generic	
<i>cephalexin suspension</i>	Generic	
CHLORAMPHENICOL INTRAVENOUS INJECTION	BRAND	PRIOR AUTHORIZATION
CIPRO SUSPENSION [☐]	BRAND	
<i>ciprofloxacin regular release tablet</i> [☐]	Generic	
<i>clarithromycin suspension</i>	Generic	
<i>clarithromycin tablet</i> [☐]	Generic	
CLEOCIN 75MG CAPSULE [☐]	BRAND	
CLEOCIN PED SOLUTION	BRAND	
<i>clindamycin capsule</i> [☐]	Generic	
<i>colistimethate sodium injection</i>	Generic	
<i>demeclocycline</i> [☐]	Generic	
<i>dicloxacillin</i> [☐]	Generic	
<i>doxycycline hyclate 20mg</i> [☐]	Generic	
<i>doxycycline hyclate intravenous solution</i>	Generic	
<i>doxycycline hyclate regular release 50mg & 100mg</i> [☐]	Generic	
ERYPED 100MG/2.5ML, 200MG/5ML & 400MG/5ML FOR SUSPENSION	BRAND	
<i>erytab</i> [☐]	Generic	
<i>erythromycin / sulfisoxazole suspension</i>	Generic	
<i>erythromycin base</i> [☐]	Generic	
<i>erythromycin ethylsuccinate suspension & tablet</i> [☐]	Generic	
<i>erythromycin lactobionate intravenous solution</i>	Generic	
<i>erythromycin stearate</i> [☐]	Generic	
FURADANTIN [☐]	BRAND	
GANTRISIN SUSPENSION [☐]	BRAND	
LEVAQUIN INTRAVENOUS SOLUTION	BRAND	
LEVAQUIN ORAL [☐]	BRAND	
MACRODANTIN 25MG [☐]	BRAND	
<i>metronidazole regular release oral tablet</i> [☐]	Generic	

☐ Generally available through Mail Order Pharmacy
BvD = Drug could pay under Part B or Part D

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>minocycline capsule</i> ☐☑	Generic	
<i>nafcillin injection</i>	Generic	
<i>neo-fradin</i> ☐☑	Generic	
<i>neomycin oral tablet</i> ☐☑	Generic	
<i>nitrofurantoin macrocrystalline (MACRODANTIN equivalent)</i> ☐☑	Generic	
<i>nitrofurantoin monohydrate macrocrystalline (MACROBID equivalent)</i> ☐☑	Generic	
<i>penicillin g potassium injection</i>	Generic	
<i>penicillin VK</i> ☐☑	Generic	
<i>piperacillin sodium injection & intravenous solution</i>	Generic	
PRIMAXIN INTRAVENOUS SOLUTION	BRAND	
<i>sulfadiazine</i> ☐☑	Generic	
<i>sulfamethoxazole / trimethoprim intravenous solution</i>	Generic	
<i>sulfamethoxazole / trimethoprim oral</i> ☐☑	Generic	
<i>sulfasalazine</i> ☐☑	Generic	
<i>sulfasalazine delayed release</i> ☐☑	Generic	
SUPRAX TABLET	BRAND	QUANTITY LIMIT
<i>tetracycline capsule</i> ☐☑	Generic	
TOBI NEBULIZATION SOLUTION BvD	SPECIALTY	
<i>trimethoprim</i> ☐☑	Generic	
TYGACIL INTRAVENOUS SOLUTION	BRAND	
VANOCIN ORAL CAPSULE ☐☑	BRAND	
<i>vancomycin intravenous solution</i>	Generic	
ZOSYN INTRAVENOUS SOLUTION	BRAND	
ZYVOX ☐☑	BRAND	STEP THERAPY

ANTICHOLINERGIC AGENTS

ATROVENT HFA ORAL INHALER ☐☑	BRAND	
<i>dicyclomine</i> ☐☑	Generic	
<i>hyoscyamine regular release (dissolve tablet, drops, elixir, sublingual tablet, swallow tablet)</i> ☐☑	Generic	
<i>ipratropium nebulization solution</i> ☐☑ BvD	Generic	
<i>propantheline 15mg</i> ☐☑	Generic	
SPIRIVA ORAL INHALER ☐☑	BRAND	

ANTICONVULSANTS

BANZEL ☐☑	BRAND	PRIOR AUTHORIZATION
<i>carbamazepine 200mg & 400mg extended release tablet</i> ☐☑	Generic	
<i>carbamazepine immediate release</i> ☐☑	Generic	
CARBATROL ☐☑	BRAND	
CELONTIN ☐☑	BRAND	
DILANTIN, DILANTIN-125 ☐☑	BRAND	
<i>divalproex sodium 24 hour extended release</i> ☐☑	Generic	
<i>divalproex sodium enteric coated tablet</i> ☐☑	Generic	
<i>divalproex sodium sprinkle</i> ☐☑	Generic	
<i>epitol</i> ☐☑	Generic	
<i>ethosuximide</i> ☐☑	Generic	
FELBATOL ☐☑	BRAND	PRIOR AUTHORIZATION
<i>gabapentin</i> ☐☑	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
GABITRIL [☐]	BRAND	
KEPPRA INTRAVENOUS SOLUTION	BRAND	
LAMICTAL ODT [☐]	BRAND	PRIOR AUTHORIZATION
LAMICTAL STARTER KITS	BRAND	
lamotrigine 100mg, 150mg, 200mg tablet [☐]	Generic	
lamotrigine 25mg tablet [☐]	Generic	Quantity Limit
lamotrigine 5mg & 25mg chewable tablet [☐]	Generic	
levetiracetam oral solution & tablet [☐]	Generic	
LYRICA [☐]	BRAND	STEP THERAPY
NEURONTIN ORAL SOLUTION [☐]	BRAND	
oxcarbazepine [☐]	Generic	
PEGANONE [☐]	BRAND	
PHENYTEK [☐]	BRAND	
phenytoin extended release [☐]	Generic	
PHENYTOIN SODIUM INTRAVENOUS SOLUTION	BRAND	
phenytoin suspension [☐]	Generic	
primidone tablet [☐]	Generic	
TEGRETOL XR [☐]	BRAND	
TOPAMAX [☐]	BRAND	
topiramate sprinkle [☐]	Generic	
topiramate tablet [☐]	Generic	
TRILEPTAL SUSPENSION [☐]	BRAND	
valproate sodium intravenous solution	Generic	
valproate sodium oral syrup [☐]	Generic	
valproic acid oral capsule [☐]	Generic	
VIMPAT INJECTION	BRAND	STEP THERAPY
VIMPAT ORAL [☐]	BRAND	STEP THERAPY
zonisamide [☐]	Generic	
ANTIDIABETIC AGENTS		
acarbose [☐]	Generic	
ACTOPLUS MET [☐]	BRAND	STEP THERAPY
ACTOS [☐]	BRAND	STEP THERAPY
BYETTA INJECTION [☐]	BRAND	STEP THERAPY
DUETACT [☐]	BRAND	STEP THERAPY
glimepiride [☐]	Generic	
glipizide extended release [☐]	Generic	
glipizide regular release [☐]	Generic	
glyburide / metformin [☐]	Generic	
glyburide [☐]	Generic	
glyburide micronized [☐]	Generic	
GLYSET [☐]	BRAND	
HUMULIN 50/50 [☐]	BRAND	
HUMULIN R U-500 (VIAL) [☐]	BRAND	
JANUMET [☐]	BRAND	STEP THERAPY
JANUVIA [☐]	BRAND	STEP THERAPY
LANTUS (VIAL, CARTRIDGE & SOLOSTAR) [☐]	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
LEVEMIR (VIAL & FLEXPEN) [☞]	BRAND	
<i>metformin extended release</i> [☞]	Generic	
<i>metformin regular release</i> [☞]	Generic	
NOVOLIN 70/30 (VIAL, INNOLET, PENFILL) [☞]	BRAND	
NOVOLIN N (VIAL, INNOLET, PENFILL) [☞]	BRAND	
NOVOLIN R (VIAL, INNOLET, PENFILL) [☞]	BRAND	
NOVOLOG (VIAL, FLEXPEN, PENFILL) [☞]	BRAND	
NOVOLOG MIX (VIAL, FLEXPEN, PENFILL) [☞]	BRAND	
PRANDIN [☞]	BRAND	
STARLIX [☞]	BRAND	
SYMLIN INJECTION [☞]	BRAND	PRIOR AUTHORIZATION
ANTIDIARRHEA AGENTS		
<i>diphenoxylate / atropine</i> [☞]	Generic	
<i>loperamide 2mg capsule</i> [☞]	Generic	
ANTIEMETICS (including drugs for Nausea & Vomiting)		
<i>chlorpromazine injection</i>	Generic	
<i>chlorpromazine oral</i> [☞] BvD	Generic	Prior Authorization
<i>dronabinol oral</i> [☞] BvD	Generic	Prior Authorization
EMEND [☞] BVD	BRAND	PRIOR AUTHORIZATION
<i>granisetron oral solution & tablet</i> [☞] BvD	Generic	Prior Authorization
<i>granisol oral solution</i> [☞] BvD	Generic	Prior Authorization
<i>hydroxyzine pamoate capsule</i> [☞] BvD	Generic	Prior Authorization
<i>metoclopramide oral</i> [☞]	Generic	
<i>ondansetron oral solution</i> [☞] BvD	Generic	Prior Authorization
<i>ondansetron oral tablet</i> [☞] BvD	Generic	Prior Authorization
<i>perphenazine oral</i> [☞] BvD	Generic	Prior Authorization
<i>prochlorperazine edisylate injection</i>	Generic	
<i>prochlorperazine oral</i> [☞] BvD	Generic	Prior Authorization
<i>prochlorperazine rectal suppository</i> [☞]	Generic	
<i>promethazine injection</i>	Generic	
<i>promethazine rectal suppository</i> [☞]	Generic	
<i>promethazine syrup</i> [☞]	Generic	
<i>promethazine tablet</i> [☞] BvD	Generic	Prior Authorization
TRANSDERM SCOP [☞]	BRAND	PRIOR AUTHORIZATION
<i>trimethobenzamide 300mg capsule</i> [☞] BvD	Generic	Prior Authorization
ANTIFUNGAL (SYSTEMIC)		
<i>amphotericin b injection</i> BvD	Generic	Prior Authorization
ANCOBON [☞]	BRAND	PRIOR AUTHORIZATION
CANCIDAS INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
ERAXIS INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
<i>fluconazole in sodium chloride intravenous solution</i>	Generic	
<i>fluconazole oral</i> [☞]	Generic	
GRIFULVIN V 500MG TABLET [☞]	BRAND	
<i>griseofulvin suspension</i> [☞]	Generic	
GRIS-PEG [☞]	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>itraconazole capsule</i> ☞	Generic	Prior Authorization
<i>ketoconazole oral</i> ☞	Generic	
NOXAFIL	SPECIALTY	STEP THERAPY
<i>nystatin oral</i> ☞	Generic	
SPORANOX SOLUTION ☞	BRAND	PRIOR AUTHORIZATION
<i>terbinafine oral</i> ☞	Generic	
VFEND ORAL	SPECIALTY	STEP THERAPY
ANTIGLAUCOMA AGENTS		
<i>acetazolamide oral sustained release capsule</i> ☞	Generic	
<i>acetazolamide oral tablet</i> ☞	Generic	
ALPHAGAN-P OPHTHALMIC ☞	BRAND	
AZOPT OPHTHALMIC ☞	BRAND	
<i>betaxolol ophthalmic</i> ☞	Generic	
BETIMOL OPHTHALMIC ☞	BRAND	
BETOPTIC-S OPHTHALMIC ☞	BRAND	
<i>brimonidine ophthalmic</i> ☞	Generic	
<i>carteolol ophthalmic</i> ☞	Generic	
COMBIGAN OPHTHALMIC ☞	BRAND	
<i>dorzolamide / timolol ophthalmic</i> ☞	Generic	
<i>dorzolamide ophthalmic</i> ☞	Generic	
ISTALOL OPHTHALMIC ☞	BRAND	
<i>levobunolol ophthalmic</i> ☞	Generic	
LUMIGAN OPHTHALMIC ☞	BRAND	
<i>methazolamide oral</i> ☞	Generic	
PHOSPHOLINE IODIDE OPHTHALMIC ☞	BRAND	
<i>pilocarpine ophthalmic solution</i> ☞	Generic	
PILOPINE HS OPHTHALMIC GEL ☞	BRAND	
<i>timolol maleate ophthalmic gel forming solution</i> ☞	Generic	
<i>timolol maleate ophthalmic solution</i> ☞	Generic	
TRAVATAN OPHTHALMIC ☞	BRAND	
TRAVATAN Z OPHTHALMIC ☞	BRAND	
ANTHEMORRHAGIC AGENTS		
CYKLOKAPRON INTRAVENOUS SOLUTION	BRAND	PRIOR AUTHORIZATION
ANTIHYPOGLYCEMIC AGENTS		
GLUCAGEN INJECTION ☞	BRAND	
GLUCAGON INJECTION ☞	BRAND	
ANTI-INFECTIVES (EARS, EYES, NOSE & THROAT)		
<i>acetic acid / hydrocortisone otic</i>	Generic	
<i>acetic acid otic</i>	Generic	
AZASITE OPHTHALMIC	BRAND	STEP THERAPY
<i>bacitracin ophthalmic</i>	Generic	
BLEPHAMIDE OPHTHALMIC	BRAND	
BLEPHAMIDE S.O.P. OPHTHALMIC	BRAND	
<i>chlorhexidine gluconate 0.12% oral solution</i>	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
CILOXAN OPHTHALMIC OINTMENT ONLY	BRAND	
CIPRO HC OTIC	BRAND	
CIPRODEX OTIC	BRAND	
<i>ciprofloxacin ophthalmic solution</i>	Generic	
<i>dexamethasone/polymyxin b/neomycin ophthalmic</i>	Generic	
<i>doxycycline hyclate 20mg</i>	Generic	
<i>erythromycin ophthalmic</i>	Generic	
<i>gentamicin ophthalmic</i>	Generic	
<i>hydrocortisone / acetic acid otic</i>	Generic	
<i>hydrocortisone/polymyxin b/neomycin otic</i>	Generic	
IQUIX OPHTHALMIC	BRAND	STEP THERAPY
NATACYN OPHTHALMIC	BRAND	
<i>ofloxacin ophthalmic</i>	Generic	
<i>ofloxacin otic</i>	Generic	
<i>polymyxin b/bacitracin ophthalmic</i>	Generic	
<i>polymyxin b/bacitracin/neomycin ophthalmic</i>	Generic	
<i>polymyxin b/gramicidin/neomycin ophthalmic</i>	Generic	
<i>polymyxin b/trimethoprim ophthalmic</i>	Generic	
<i>prednisolone/sulfacetamide ophthalmic</i>	Generic	
<i>sulfacetamide ophthalmic</i>	Generic	
TOBRADEX OPHTHALMIC OINTMENT	BRAND	
<i>tobramycin ophthalmic solution</i>	Generic	
<i>tobramycin/dexamethasone ophthalmic drops</i>	Generic	
TOBEX OPHTHALMIC OINTMENT	BRAND	
<i>trifluridine ophthalmic</i>	Generic	
VIGAMOX OPHTHALMIC	BRAND	STEP THERAPY
ZYLET OPHTHALMIC	BRAND	
ZYMAR OPHTHALMIC	BRAND	STEP THERAPY
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>alcohol swabs</i> ☐☑	Generic	
ALTABAX	BRAND	STEP THERAPY
BACTROBAN CREAM	BRAND	
<i>ciclopirox 0.77% cream, gel & suspension</i>	Generic	
<i>ciclopirox 8% nail lacquer</i> ☐☑	Generic	
CLEOCIN VAGINAL SUPPOSITORY	BRAND	
<i>clindamycin 1% topical gel, lotion, solution, swab</i> ☐☑	Generic	
<i>clindamycin 2% vaginal cream</i>	Generic	
CLINDESSE VAGINAL CREAM	BRAND	
<i>clotrimazole troche</i> ☐☑	Generic	
<i>econazole topical</i>	Generic	
<i>erythromycin 2% topical gel, solution, swab</i> ☐☑	Generic	
EURAX	BRAND	
EXELDERM	BRAND	
<i>gentamicin topical</i>	Generic	
<i>ketoconazole 2% cream & shampoo</i>	Generic	
METROGEL 1% TOPICAL GEL & KIT ☐☑	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>metronidazole 0.75% cream, gel, lotion</i> ☐☑	Generic	
<i>metronidazole vaginal gel</i>	Generic	
<i>mupirocin ointment</i>	Generic	
NAFTIN CREAM & GEL ☐☑	BRAND	
NORITATE ☐☑	BRAND	
<i>nystatin topical cream, ointment, powder</i> ☐☑	Generic	
OVIDE	BRAND	
<i>permethrin 5% cream</i>	Generic	
<i>selenium sulfide 2.5% topical</i> ☐☑	Generic	
<i>silver sulfadiazine topical</i>	Generic	
<i>sulfacetamide sodium 10% topical</i> ☐☑	Generic	
<i>terconazole vaginal</i>	Generic	
VEREGEN	BRAND	PRIOR AUTHORIZATION
ZOVIRAX TOPICAL	BRAND	
ANTI-INFLAMMATORY AGENTS (EARS, EYES, NOSE & THROAT)		
<i>acetic acid / hydrocortisone otic</i>	Generic	
ACULAR LS OPHTHALMIC	BRAND	
ACULAR OPHTHALMIC	BRAND	
ACULAR PF OPHTHALMIC	BRAND	
ALREX OPHTHALMIC	BRAND	
BLEPHAMIDE OPHTHALMIC	BRAND	
BLEPHAMIDE S.O.P. OPHTHALMIC	BRAND	
CIPRO HC OTIC	BRAND	
CIPRODEX OTIC	BRAND	
<i>cromolyn sodium ophthalmic</i> ☐☑	Generic	
DERMOTIC OTIC	BRAND	
<i>diclofenac sodium ophthalmic</i>	Generic	
<i>flunisolide nasal inhalant</i> ☐☑	Generic	
<i>fluorometholone 0.1% ophthalmic</i>	Generic	
<i>fluticasone nasal inhalant</i> ☐☑	Generic	
FML FORTE OPHTHALMIC	BRAND	
FML S.O.P. OPHTHALMIC	BRAND	
<i>hydrocortisone / acetic acid otic</i>	Generic	
<i>hydrocortisone/polymyxin b/neomycin otic</i>	Generic	
LOTEMAX OPHTHALMIC	BRAND	
NASONEX NASAL INHALANT ☐☑	BRAND	
NEVANAC OPHTHALMIC	BRAND	
PRED MILD OPHTHALMIC	BRAND	
<i>prednisolone acetate 1% ophthalmic</i>	Generic	
<i>prednisolone sodium phosphate 1% ophthalmic</i>	Generic	
<i>prednisolone/sulfacetamide ophthalmic</i>	Generic	
RESTASIS OPHTHALMIC ☐☑	BRAND	
TOBRADEX OPHTHALMIC OINTMENT	BRAND	
VERAMYST NASAL INHALANT ☐☑	BRAND	
XIBROM OPHTHALMIC	BRAND	
ZYLET OPHTHALMIC	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANTI-INFLAMMATORY AGENTS (GASTROINTESTINAL DRUGS)		
ASACOL [☐]	BRAND	
ASACOL HD [☐]	BRAND	
balsalazide [☐]	Generic	Prior Authorization
CANASA RECTAL SUPPOSITORY [☐]	BRAND	
mesalamine enema [☐]	Generic	
PENTASA [☐]	BRAND	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
cromolyn sodium nebulization solution [☐] BvD	Generic	
cromolyn sodium ophthalmic [☐]	Generic	
INTAL ORAL INHALER [☐]	BRAND	
SINGULAIR [☐]	BRAND	STEP THERAPY
ZYFLO CR [☐]	BRAND	PRIOR AUTHORIZATION
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)		
amcinonide [☐]	Generic	
betamethasone dipropionate [☐]	Generic	
betamethasone dipropionate, augmented [☐]	Generic	
betamethasone valerate [☐]	Generic	
CAPEX [☐]	BRAND	
clobetasol propionate cream, ointment, solution [☐]	Generic	
clobetasol propionate foam [☐]	Generic	
CLOBEX SPRAY [☐]	BRAND	
CORDRAN TAPE [☐]	BRAND	
CORTIFOAM [☐]	BRAND	
DERMA-SMOOTH/FS [☐]	BRAND	
desonide [☐]	Generic	
desoximetasone [☐]	Generic	
diflorasone [☐]	Generic	
fluocinolone acetonide [☐]	Generic	
fluocinonide [☐]	Generic	
HALOG CREAM & OINTMENT [☐]	BRAND	
hydrocortisone 2.5% rectal cream [☐]	Generic	
hydrocortisone 2.5% topical [☐]	Generic	
hydrocortisone rectal enema [☐]	Generic	
hydrocortisone valerate [☐]	Generic	
LUXIQ [☐]	BRAND	
mometasone topical [☐]	Generic	
OLUX-E [☐]	BRAND	
triamcinolone acetonide topical [☐]	Generic	
triamcinolone in orabase oral paste	Generic	
ANTILIPEMIC AGENTS (CHOLESTEROL LOWERING MEDICATIONS)		
cholestyramine light powder - can & packet [☐]	Generic	
cholestyramine powder - can & packet [☐]	Generic	
colestipol tablet [☐]	Generic	
fenofibrate capsules (67mg, 134mg, 200mg) & tablets (54mg, 160mg) [☐]	Generic	Step Therapy
gemfibrozil [☐]	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
LIPITOR [☐]	BRAND	QUANTITY LIMIT
<i>lovastatin regular release</i> [☐]	Generic	
LOVAZA [☐]	BRAND	STEP THERAPY
NIASPAN [☐]	BRAND	
<i>pravastatin</i> [☐]	Generic	
<i>simvastatin</i> [☐]	Generic	
TRICOR [☐]	BRAND	STEP THERAPY
VYTORIN [☐]	BRAND	PRIOR AUTHORIZATION
ZETIA [☐]	BRAND	STEP THERAPY
ANTIMANIC AGENTS		
<i>lithium carbonate extended release</i> [☐]	Generic	
<i>lithium carbonate immediate release</i> [☐]	Generic	
<i>lithium citrate</i> [☐]	Generic	
ANTIMIGRAINE AGENTS		
<i>divalproex sodium 24 hour extended release</i> [☐]	Generic	
IMITREX INJECTION (PEN) [☐]	BRAND	
IMITREX NASAL [☐]	BRAND	
INNOPRAN XL [☐]	BRAND	STEP THERAPY
MAXALT [☐]	BRAND	
MAXALT MLT [☐]	BRAND	
MIGRANAL NASAL [☐]	BRAND	
<i>propranolol immediate release</i> [☐]	Generic	
<i>propranolol sustained release</i> [☐]	Generic	Step Therapy
RELPAK [☐]	BRAND	
<i>sumatriptan injection (vial)</i> [☐]	Generic	Quantity Limit
<i>sumatriptan tablet</i> [☐]	Generic	
ANTIMYCOBACTERIALS		
DAPSONE [☐]	BRAND	
<i>ethambutol</i> [☐]	Generic	
<i>isoniazid syrup</i> [☐]	Generic	
<i>isoniazid tablet</i> [☐]	Generic	
MYCOBUTIN [☐]	BRAND	
PRIFTIN ORAL [☐]	BRAND	
<i>pyrazinamide</i> [☐]	Generic	
<i>rifampin</i> [☐]	Generic	
ANTINEOPLASTIC AGENTS (CANCER DRUGS)		
AFINITOR	SPECIALTY	
ARIMIDEX [☐]	BRAND	
AROMASIN [☐]	BRAND	
<i>bicalutamide</i> [☐]	Generic	
<i>bleomycin sulfate injection</i> BvD	Generic	Prior Authorization
CAMPATH INJECTION	SPECIALTY	PRIOR AUTHORIZATION
CASODEX [☐]	BRAND	
CEENU [☐]	BRAND	
<i>cyclophosphamide oral</i> [☐] BvD	Generic	Prior Authorization

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
DEPO-PROVERA 400MG/ML INJECTION	BRAND	PRIOR AUTHORIZATION
EMCYT [☐]	BRAND	
FARESTON [☐]	BRAND	
FASLODEX INJECTION	BRAND	PRIOR AUTHORIZATION
FEMARA [☐]	BRAND	
<i>flutamide</i> [☐]	<i>Generic</i>	
GLEEVEC	SPECIALTY	
HEXALEN	SPECIALTY	
<i>hydroxyurea</i> [☐]	<i>Generic</i>	
IRESSA	SPECIALTY	PRIOR AUTHORIZATION
LEUKERAN [☐]	BRAND	
<i>leuprolide injection</i> [☐]	<i>Generic</i>	
LUPRON DEPOT INJECTION	BRAND	PRIOR AUTHORIZATION
LUPRON DEPOT-PED INJECTION	BRAND	PRIOR AUTHORIZATION
LYSODREN [☐]	BRAND	
MATULANE	SPECIALTY	
MEGACE ES [☐]	BRAND	
<i>megestrol acetate</i> [☐]	<i>Generic</i>	
<i>mercaptopurine</i> [☐]	<i>Generic</i>	
<i>methotrexate 25mg/ml injection</i> [☐]	<i>Generic</i>	
<i>methotrexate oral</i> [☐] BvD	<i>Generic</i>	
<i>mitoxantrone hcl injection</i>	<i>Specialty</i>	<i>Prior Authorization</i>
NEXAVAR	SPECIALTY	
NILANDRON [☐]	BRAND	
ONTAK INJECTION	SPECIALTY	PRIOR AUTHORIZATION
PROLEUKIN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
RHEUMATREX [☐]	BRAND	
RITUXAN INTRAVENOUS SOLUTION BVD	SPECIALTY	PRIOR AUTHORIZATION
SOLTAMOX [☐]	BRAND	
SPRYCEL	SPECIALTY	
SUTENT	SPECIALTY	
<i>tamoxifen citrate</i> [☐]	<i>Generic</i>	
TARCEVA	SPECIALTY	
TARGRETIN ORAL	SPECIALTY	
TASIGNA	SPECIALTY	
THIOGUANINE [☐]	BRAND	
<i>tretinoin oral</i>	<i>Specialty</i>	
TRISENOX INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
TYKERB	SPECIALTY	
VELCADE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
VIDAZA INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ZOLINZA	SPECIALTY	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANTIPARKINSONIAN AGENTS		
<i>amantadine</i> ☐☐	Generic	
APOKYN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
AZILECT ☐☐	BRAND	
<i>benztropine</i> ☐☐	Generic	
<i>bromocriptine</i> ☐☐	Generic	
<i>cabergoline</i> ☐☐	Generic	
<i>carbidopa/levodopa immediate release</i> ☐☐	Generic	
<i>carbidopa/levodopa sustained release</i> ☐☐	Generic	
COMTAN ☐☐	BRAND	
EMSAM ☐☐	BRAND	PRIOR AUTHORIZATION
LODOSYN ☐☐	BRAND	
MIRAPEX ☐☐	BRAND	
<i>ropinirole</i> ☐☐	Generic	
<i>selegiline</i> ☐☐	Generic	
STALEVO ☐☐	BRAND	
<i>trihexyphenidyl</i> ☐☐	Generic	
ANTIPROTOZOALS		
ALINIA ☐☐	BRAND	STEP THERAPY
<i>chloroquine phosphate</i> ☐☐	Generic	
DARAPRIM ☐☐	BRAND	
FANSIDAR ☐☐	BRAND	
<i>hydroxychloroquine</i> ☐☐	Generic	
MALARONE ☐☐	BRAND	
<i>mefloquine</i> ☐☐	Generic	
MEPRON ☐☐	BRAND	
<i>metronidazole regular release oral tablet</i> ☐☐	Generic	
NEUTREXIN INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
<i>paromomycin oral</i> ☐☐	Generic	
ANTIPRURITICS AND LOCAL ANESTHETICS		
EMLA WITH TEGADERM	BRAND	QUANTITY LIMIT
<i>lidocaine / prilocaine topical cream</i>	Generic	Quantity Limit
<i>lidocaine 5% ointment (prescription only)</i>	Generic	
LIDODERM PATCH ☐☐	BRAND	STEP THERAPY
<i>phenazopyridine oral</i>	Generic	
ZONALON CREAM	BRAND	
ANTITHROMBOTIC AGENTS		
ARIXTRA INJECTION	BRAND	
<i>cilostazol</i> ☐☐	Generic	
EFFIENT ☐☐	BRAND	PRIOR AUTHORIZATION
FRAGMIN INJECTION	BRAND	
<i>heparin injection (excluding heparin flush)</i>	Generic	
LOVENOX INJECTION	BRAND	
PLAVIX ☐☐	BRAND	
<i>warfarin oral</i> ☐☐	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSPENSION ☞☞	BRAND	
<i>cimetidine</i> ☞☞	Generic	
<i>famotidine swallow tablet</i> ☞☞	Generic	
<i>misoprostol</i> ☞☞	Generic	
<i>omeprazole 10mg</i> ☞☞	Generic	Quantity Limit
<i>omeprazole 20mg</i> ☞☞	Generic	
PEPCID SUSPENSION ☞☞	BRAND	
PREVACID CAPSULE ☞☞	BRAND	STEP THERAPY
PREVACID SOLUTAB ☞☞	BRAND	STEP THERAPY
PROTONIX INTRAVENOUS SOLUTION	BRAND	PRIOR AUTHORIZATION
<i>ranitidine syrup & tablet</i> ☞☞	Generic	
<i>sucralfate tablet</i> ☞☞	Generic	
ANTIVIRALS (SYSTEMIC)		
<i>acyclovir</i> ☞☞	Generic	
<i>amantadine</i> ☞☞	Generic	
APTIVUS ☞☞	BRAND	
ATRIPLA ☞☞	BRAND	
BARACLUDE	SPECIALTY	
COMBIVIR ☞☞	BRAND	
CRIXIVAN ☞☞	BRAND	
<i>didanosine delayed release</i> ☞☞	Generic	
EMTRIVA ☞☞	BRAND	
EPIVIR ☞☞	BRAND	
EPIVIR HBV ☞☞	BRAND	
EPZICOM ☞☞	BRAND	
<i>foscarnet intravenous solution</i> BvD	Generic	Prior Authorization
FUZEON INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	
<i>ganciclovir</i> ☞☞	Generic	
HEPSERA	SPECIALTY	
INFERGEN INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
INTELENCE ☞☞	BRAND	
INTRON-A INJECTION ☞☞	BRAND	
INVIRASE ☞☞	BRAND	
ISENTRESS ☞☞	BRAND	
KALETRA ☞☞	BRAND	
LEXIVA ☞☞	BRAND	
NORVIR ☞☞	BRAND	
PEGASYS INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
PEG-INTRON INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	
PREZISTA [☞]	BRAND	
REBETOL SOLUTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	
RELENZA	BRAND	
RESCRIPTOR [☞]	BRAND	
RETROVIR INTRAVENOUS SOLUTION	BRAND	
REYATAZ [☞]	BRAND	
<i>ribavirin capsule - SpecialtyScripts Pharmacy is the preferred, but not required, specialty pharmacy provider for this medication</i>	Specialty	
<i>ribavirin dosepak - SpecialtyScripts Pharmacy is the preferred, but not required, specialty pharmacy provider for this medication</i>	Specialty	
<i>ribavirin tablet - SpecialtyScripts Pharmacy is the preferred, but not required, specialty pharmacy provider for this medication</i>	Specialty	
<i>rimantadine tablet</i> [☞]	Generic	
SELZENTRY [☞]	BRAND	
<i>stavudine capsule & oral solution</i> [☞]	Generic	
SUSTIVA [☞]	BRAND	
TAMIFLU	BRAND	
TRIZIVIR [☞]	BRAND	
TRUVADA [☞]	BRAND	
TYZEKA [☞]	BRAND	
VALCYTE	SPECIALTY	
VALTREX [☞]	BRAND	
VIDEX [☞]	BRAND	
VIRACEPT [☞]	BRAND	
VIRAMUNE [☞]	BRAND	
VIREAD [☞]	BRAND	
ZERIT ORAL SOLUTION [☞]	BRAND	
ZIAGEN [☞]	BRAND	
<i>zidovudine oral</i> [☞]	Generic	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
AMBIEN CR [☞]	BRAND	STEP THERAPY
<i>bupirone</i> [☞]	Generic	
<i>hydroxyzine hcl</i> [☞]	Generic	
<i>hydroxyzine pamoate capsule</i> [☞] BvD	Generic	Prior Authorization
LUNESTA [☞]	BRAND	PRIOR AUTHORIZATION
<i>zolpidem regular release</i> [☞]	Generic	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX [☞]	BRAND	
NICOTROL NS NASAL SOLUTION [☞]	BRAND	
NICOTROL ORAL INHALER [☞]	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol / chlorthalidone</i> ☐☐	Generic	
<i>atenolol</i> ☐☐	Generic	
<i>carvedilol</i> ☐☐	Generic	
COREG CR ☐☐	BRAND	STEP THERAPY
INNOPRAN XL ☐☐	BRAND	STEP THERAPY
<i>labetalol</i> ☐☐	Generic	
<i>metoprolol succinate sustained release</i> ☐☐	Generic	
<i>metoprolol tartrate</i> ☐☐	Generic	
<i>nadolol</i> ☐☐	Generic	
<i>propranolol immediate release</i> ☐☐	Generic	
PROPRANOLOL ORAL SOLUTION ☐☐	BRAND	
<i>propranolol sustained release</i> ☐☐	Generic	Step Therapy
<i>sotalol</i> ☐☐	Generic	
<i>sotalol AF</i> ☐☐	Generic	
TOPROL XL ☐☐	BRAND	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine / benazepril 2.5-10mg, 5-10mg, 5-20mg, 10-20mg</i> ☐☐	Generic	
<i>amlodipine</i> ☐☐	Generic	
CARDIZEM CD 360MG ☐☐	BRAND	
<i>diltiazem extended release - 24 hour (Cardizem CD, Dilacor XR & Tiazac equivalents only)</i> ☐☐	Generic	
<i>diltiazem immediate release</i> ☐☐	Generic	
<i>diltiazem sustained release - 12 hour</i> ☐☐	Generic	
LOTREL 5-40MG & 10-40MG ☐☐	BRAND	
<i>nifedipine sustained release</i> ☐☐	Generic	
<i>nimodipine</i> ☐☐	Generic	
<i>verapamil extended release</i> ☐☐	Generic	
<i>verapamil immediate release</i> ☐☐	Generic	
<i>verapamil sustained release</i> ☐☐	Generic	
CALORIC AGENTS		
<i>dextrose in sodium chloride 2.5%-0.45%, 5%-0.45% and 5%-0.9% intravenous solution</i>	Generic	
<i>dextrose in water 5% and 10% intravenous solution</i>	Generic	
<i>intralipid intravenous solution</i>	Generic	
RENAMIN INTRAVENOUS SOLUTION	BRAND	
CARDIAC DRUGS		
<i>amiodarone 200mg & 400mg</i> ☐☐	Generic	
DIGOXIN ORAL SOLUTION ☐☐	BRAND	
<i>digoxin tablet</i> ☐☐	Generic	
<i>disopyramide controlled release 150mg</i> ☐☐	Generic	
<i>disopyramide immediate release</i> ☐☐	Generic	
<i>flecainide</i> ☐☐	Generic	
LANOXIN ☐☐	BRAND	
<i>mexiletine</i> ☐☐	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
MULTAQ [☐]	BRAND	PRIOR AUTHORIZATION
NORPACE CR 100MG [☐]	BRAND	
PACERONE 100MG & 300MG [☐]	BRAND	
<i>procainamide regular release</i> [☐]	Generic	
<i>procainamide sustained release</i> [☐]	Generic	
PROCANBID [☐]	BRAND	
PRONESTYL 375MG CAPSULE [☐]	BRAND	
<i>propafenone immediate release</i> [☐]	Generic	
<i>quinidine gluconate</i> [☐]	Generic	
<i>quinidine sulfate extended release</i> [☐]	Generic	
<i>quinidine sulfate immediate release</i> [☐]	Generic	
RANEXA [☐]	BRAND	PRIOR AUTHORIZATION
TIKOSYN [☐]	BRAND	
CATHARTICS AND LAXATIVES		
AMITIZA [☐]	BRAND	PRIOR AUTHORIZATION
<i>gavilyte-g (GOLYTELY equivalent)</i>	Generic	
GOLYTELY	BRAND	
MOVIPREP	BRAND	
NULYTELY WITH OR WITHOUT FLAVOR PACKS	BRAND	
<i>polyethylene glycol oral powder 3350 (MIRALAX equivalent)</i> [☐]	Generic	
<i>polyethylene glycol-electrolyte (COLYTE equivalent)</i>	Generic	
<i>trilyte (NULYTELY equivalent)</i>	Generic	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
RETIN-A MICRO [☐]	BRAND	
<i>tretinoin topical</i> [☐]	Generic	
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
CAMPRAL [☐]	BRAND	
LODOSYN [☐]	BRAND	
LYRICA [☐]	BRAND	STEP THERAPY
NAMENDA [☐]	BRAND	PRIOR AUTHORIZATION
RILUTEK	SPECIALTY	
STRATTERA [☐]	BRAND	
XENAZINE - LIMITED NATIONWIDE DISTRIBUTION BY SELECT SPECIALTY PHARMACIES	SPECIALTY	PRIOR AUTHORIZATION
XYREM	SPECIALTY	PRIOR AUTHORIZATION
CHOLELITHOLYTIC AGENTS		
URSO FORTE, URSO [☐]	BRAND	
<i>ursodiol capsule</i> [☐]	Generic	
<i>ursodiol tablet</i> [☐]	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
CONTRACEPTIVES		
<i>apri (DESOGEN & ORTHO-CEPT equivalent)</i> ☐☑	Generic	
<i>aranelle (TRI-NORINYL equivalent)</i> ☐☑	Generic	
<i>aviane (ALESSE equivalent)</i> ☐☑	Generic	
<i>camila (NOR-QD & ORTHO MICRONOR equivalent)</i> ☐☑	Generic	
<i>cesia (CYCLESSA equivalent)</i> ☐☑	Generic	
<i>cryselle (LO/OVRAL equivalent)</i> ☐☑	Generic	
<i>enpresse (TRIPHASIL equivalent)</i> ☐☑	Generic	
<i>errin (NOR-QD & ORTHO MICRONOR equivalent)</i> ☐☑	Generic	
<i>jolessa (SEASONALE equivalent)</i> ☐☑	Generic	
<i>jolivette (NOR-QD & ORTHO MICRONOR equivalent)</i> ☐☑	Generic	
<i>junel (LOESTRIN equivalent)</i> ☐☑	Generic	
<i>junel fe (LOESTRIN FE equivalent)</i> ☐☑	Generic	
<i>kariva (MIRCETTE equivalent)</i> ☐☑	Generic	
<i>kelnor (DEMULEN 1+35 equivalent)</i> ☐☑	Generic	
<i>leena (TRI-NORINYL equivalent)</i> ☐☑	Generic	
<i>lessina (ALESSE equivalent)</i> ☐☑	Generic	
<i>levora (NORDETTE equivalent)</i> ☐☑	Generic	
<i>low-ogestrel (LO/OVRAL equivalent)</i> ☐☑	Generic	
<i>lutera (ALESSE equivalent)</i> ☐☑	Generic	
LYBREL ☐☑	BRAND	
<i>microgestin (LOESTRIN equivalent)</i> ☐☑	Generic	
<i>microgestin fe (LOESTRIN FE equivalent)</i> ☐☑	Generic	
<i>mononessa (ORTHO-CYCLLEN equivalent)</i> ☐☑	Generic	
<i>necon 0.5/35 (BREVICON & MODICON equivalent)</i> ☐☑	Generic	
<i>necon 1/35, 1/50 (NORINYL & ORTHO-NOVUM 1/35 & 1/50 equivalents)</i> ☐☑	Generic	
<i>necon 10/11</i> ☐☑	Generic	
<i>necon 7/7/7 (ORTHO-NOVUM 7/7/7 equivalent)</i> ☐☑	Generic	
<i>next choice (purchase over-the-counter for age 18 and older AND covered for all patient age groups who are covered under a prepaid medical assistance program)</i>	Generic	
<i>nora-be (NOR-QD & ORTHO MICRONOR equivalent)</i> ☐☑	Generic	
<i>nortrel 0.5/35 (BREVICON & MODICON equivalent)</i> ☐☑	Generic	
<i>nortrel 1/35 (NORINYL & ORTHO-NOVUM 1/35 equivalent)</i> ☐☑	Generic	
<i>nortrel 7/7/7 (ORTHO-NOVUM 7/7/7 equivalent)</i> ☐☑	Generic	
NUVARING ☐☑	BRAND	
<i>ocella (YASMIN equivalent)</i> ☐☑	Generic	
<i>ogestrel</i> ☐☑	Generic	
ORTHO EVRA PATCH ☐☑	BRAND	
ORTHO TRI-CYCLLEN LO ☐☑	BRAND	
PLAN B (PURCHASE OVER-THE-COUNTER FOR AGE 18 AND OLDER AND COVERED FOR ALL PATIENT AGE GROUPS WHO ARE COVERED UNDER A PREPAID MEDICAL ASSISTANCE PROGRAM) ☐☑	BRAND	
<i>portia (NORDETTE equivalent)</i> ☐☑	Generic	
<i>previfem (ORTHO-CYCLLEN equivalent)</i> ☐☑	Generic	

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Drug Name	Drug Tier	Notes
<i>quasense</i> (SEASONALE equivalent) ☐☑	Generic	
<i>reclipsen</i> (DESOGEN & ORTHO-CEPT equivalent) ☐☑	Generic	
<i>solia</i> (DESOGEN & ORTHO-CEPT equivalent) ☐☑	Generic	
<i>sprintec</i> (ORTHO-CYCLEN equivalent) ☐☑	Generic	
<i>sronyx</i> (ALESSE equivalent) ☐☑	Generic	
<i>tri-lo-sprintec</i> (ORTHO TRI-CYCLEN LO equivalent) ☐☑	Generic	
<i>trinessa</i> (ORTHO TRI-CYCLEN equivalent) ☐☑	Generic	
<i>tri-previfem</i> (ORTHO TRI-CYCLEN equivalent) ☐☑	Generic	
<i>tri-sprintec</i> (ORTHO TRI-CYCLEN equivalent) ☐☑	Generic	
<i>trivora</i> (TRIPHASIL equivalent) ☐☑	Generic	
<i>velivet</i> (CYCLESSA equivalent) ☐☑	Generic	
YAZ ☐☑	BRAND	
<i>zovia</i> (DEMULEN equivalent) ☐☑	Generic	
DEPIGMENTING AND PIGMENTING AGENTS		
OXSORALEN LOTION ☐☑	BRAND	
OXSORALEN ULTRA ORAL ☐☑	BRAND	
DEVICES		
INSULIN PEN DEVICE ☐☑	BRAND	
<i>insulin pen needles</i> ☐☑	Generic	
INSULIN SAFETY SYRINGES ☐☑	BRAND	
<i>insulin syringes</i> ☐☑	Generic	
DIGESTANTS		
CREON ORAL ☐☑	BRAND	
VIKASE POWDER & TABLET ☐☑	BRAND	
DIURETICS		
<i>acetazolamide oral sustained release capsule</i> ☐☑	Generic	
<i>acetazolamide oral tablet</i> ☐☑	Generic	
ALDACTAZIDE 50MG/50MG ☐☑	BRAND	
<i>amiloride / hydrochlorothiazide</i> ☐☑	Generic	
<i>amiloride</i> ☐☑	Generic	
<i>atenolol / chlorthalidone</i> ☐☑	Generic	
<i>benazepril / hydrochlorothiazide</i> ☐☑	Generic	
<i>bumetanide</i> ☐☑	Generic	
<i>chlorothiazide tablet</i> ☐☑	Generic	
<i>chlorthalidone</i> ☐☑	Generic	
DIURIL SUSPENSION ☐☑	BRAND	
EDECIN ☐☑	BRAND	
FUROSEMIDE 40MG/5ML ORAL SOLUTION ☐☑	BRAND	
<i>furosemide oral & injection</i>	Generic	
<i>hydrochlorothiazide / spironolactone 25mg/25mg</i> ☐☑	Generic	
<i>hydrochlorothiazide / triamterene capsule</i> ☐☑	Generic	
<i>hydrochlorothiazide / triamterene tablet</i> ☐☑	Generic	
<i>hydrochlorothiazide</i> ☐☑	Generic	
<i>indapamide</i> ☐☑	Generic	
<i>metolazone</i> ☐☑	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>spironolactone / hydrochlorothiazide 25mg/25mg</i> ☞☞	Generic	
THALITONE 15MG ☞☞	BRAND	
<i>toremide</i> ☞☞	Generic	
<i>triamterene / hydrochlorothiazide capsule</i> ☞☞	Generic	
<i>triamterene / hydrochlorothiazide tablet</i> ☞☞	Generic	
EARS, EYES, NOSE & THROAT (EENT) DRUGS, MISCELLANEOUS		
<i>carteolol ophthalmic</i> ☞☞	Generic	
<i>ipratropium nasal spray</i> ☞☞	Generic	
LACRISERT ☞☞	BRAND	
LUMIGAN OPHTHALMIC ☞☞	BRAND	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
<i>ammonium lactate (prescription product only)</i> ☞☞	Generic	
LAC-HYDRIN CREAM ☞☞	BRAND	
ENZYMES		
ADAGEN INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ALDURAZYME INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
CEREDASE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
CEREZYME INTRAVENOUS SOLUTION	SPECIALTY	
ELAPRASE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
ELITEK INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
FABRAZYME INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
NAGLAZYME INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION
PROLASTIN INJECTION	BRAND	PRIOR AUTHORIZATION
PULMOZYME NEBULIZATION SOLUTION BVD	SPECIALTY	
SUCRAID ORAL	SPECIALTY	PRIOR AUTHORIZATION
ESTROGENS AND ANTIESTROGENS		
CLIMARA PRO ☞☞	BRAND	
COMBIPATCH ☞☞	BRAND	
ESTRACE VAGINAL ☞☞	BRAND	
ESTRADERM ☞☞	BRAND	
<i>estradiol oral</i> ☞☞	Generic	
<i>estradiol weekly patch (CLIMARA equivalent)</i> ☞☞	Generic	
ESTRING ☞☞	BRAND	
<i>estropipate oral</i> ☞☞	Generic	
EVISTA ☞☞	BRAND	
FEMHRT ☞☞	BRAND	
FEMHRT LOW-DOSE ☞☞	BRAND	
PREMARIN ORAL ☞☞	BRAND	
PREMARIN VAGINAL ☞☞	BRAND	
PREMPHASE ☞☞	BRAND	
PREMPRO ☞☞	BRAND	
VAGIFEM ☞☞	BRAND	
VIVELLE DOT ☞☞	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
FIRST GENERATION ANTIHISTAMINES		
<i>chlorpheniramine 8mg & 12mg sustained release (prescription only)</i> ☐☑	Generic	
<i>clemastine syrup & tablet (prescription only)</i> ☐☑	Generic	
<i>cyproheptadine</i> ☐☑	Generic	
<i>diphenhydramine injection</i>	Generic	
<i>promethazine injection</i>	Generic	
<i>promethazine rectal suppository</i> ☐☑	Generic	
<i>promethazine syrup</i> ☐☑	Generic	
<i>promethazine tablet</i> ☐☑ BvD	Generic	Prior Authorization
GASTROINTESTINAL DRUGS, MISCELLANEOUS		
LOTRONEX	BRAND	PRIOR AUTHORIZATION
<i>octreotide injection</i>	Generic	
RELISTOR	BRAND	PRIOR AUTHORIZATION
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
DETROL ☐☑	BRAND	
DETROL LA ☐☑	BRAND	
<i>oxybutynin immediate release</i> ☐☑	Generic	
<i>oxybutynin sustained release</i> ☐☑	Generic	
SANCTURA XR & SANCTURA ☐☑	BRAND	
GOLD COMPOUNDS		
RIDAURA ☐☑	BRAND	
GONADOTROPINS		
<i>chorionic gonadotropin injection</i>	Generic	Prior Authorization
SYNAREL	BRAND	PRIOR AUTHORIZATION
HEAVY METAL ANTAGONISTS		
CHEMET	BRAND	
CUPRIMINE ☐☑	BRAND	
DEPEN ☐☑	BRAND	
EXJADE	SPECIALTY	PRIOR AUTHORIZATION
SYPRINE ☐☑	BRAND	
HEMATOPOIETIC AGENTS		
ARANESP ALBUMIN FREE INJECTION - SPECIALTYSCRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION ☐☑ BvD	BRAND	PRIOR AUTHORIZATION
LEUKINE INJECTION - SPECIALTYSCRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	
NEULASTA INJECTION - SPECIALTYSCRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
NEUPOGEN INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	
PROCRIT INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION ☐☐	BRAND	PRIOR AUTHORIZATION
HEMORRHOLOGIC AGENTS		
<i>pentoxifylline</i> ☐☐	Generic	
HYPOTENSIVE AGENTS		
CATAPRES-TTS PATCH ☐☐	BRAND	
<i>clonidine oral</i> ☐☐	Generic	
<i>guanfacine</i> ☐☐	Generic	
<i>hydralazine</i> ☐☐	Generic	
INVERSINE ☐☐	BRAND	
<i>methyldopa</i> ☐☐	Generic	
<i>minoxidil oral</i> ☐☐	Generic	
<i>reserpine</i> ☐☐	Generic	
ION-REMOVING AGENTS		
<i>calcium acetate capsule</i> ☐☐	Generic	
<i>eliphos</i> ☐☐	Generic	
RENAGEL ☐☐	BRAND	
RENVELA ☐☐	BRAND	
<i>sodium polystyrene sulfonate oral & rectal</i> ☐☐	Generic	
IRRIGATING SOLUTIONS		
<i>sodium chloride irrigating solution</i> ☐☐	Generic	
<i>water for irrigation</i> ☐☐	Generic	
KERATOPLASTIC AGENTS		
VECTICAL ☐☐	BRAND	PRIOR AUTHORIZATION
LOCAL ANESTHETICS (EARS, EYES, NOSE & THROAT)		
<i>benzocaine/antipyrine otic</i>	Generic	
<i>lidocaine 2% jel (prescription only)</i> ☐☐	Generic	
<i>lidocaine viscous oral</i> ☐☐	Generic	
LOCAL ANESTHETICS (PARENTERAL)		
<i>lidocaine injection</i>	Generic	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE INJECTION	SPECIALTY	PRIOR AUTHORIZATION
ACTONEL ☐☐	BRAND	STEP THERAPY
ACTONEL WITH CALCIUM ☐☐	BRAND	STEP THERAPY
<i>alendronate tablet</i> ☐☐	Generic	
<i>allopurinol</i> ☐☐	Generic	
<i>anagrelide</i> ☐☐	Generic	
ANTABUSE ☐☐	BRAND	

☐☐ Generally available through Mail Order Pharmacy
BvD = Drug could pay under Part B or Part D

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ATGAM INJECTION	SPECIALTY	PRIOR AUTHORIZATION
AVODART [☐]	BRAND	
AVONEX INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	STEP THERAPY
AZASAN [☐] BvD	BRAND	PRIOR AUTHORIZATION
<i>azathioprine 50mg</i> [☐] BvD	<i>Generic</i>	<i>Prior Authorization</i>
BETASERON INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	STEP THERAPY
BONIVA INJECTION	BRAND	PRIOR AUTHORIZATION
<i>bupropion sustained release - 12 hour (smoking deterrent)</i> [☐]	<i>Generic</i>	
CELLCEPT INTRAVENOUS SOLUTION BvD	BRAND	PRIOR AUTHORIZATION
CELLCEPT ORAL [☐] BvD	BRAND	PRIOR AUTHORIZATION
<i>colchicine</i> [☐]	<i>Generic</i>	
COPAXONE INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	
<i>cyclosporine intravenous solution</i> BvD	<i>Generic</i>	<i>Prior Authorization</i>
<i>cyclosporine modified oral</i> [☐] BvD	<i>Generic</i>	<i>Prior Authorization</i>
<i>cyclosporine oral</i> [☐] BvD	<i>Generic</i>	<i>Prior Authorization</i>
CYSTADANE POWDER FOR ORAL SOLUTION	BRAND	PRIOR AUTHORIZATION
CYSTAGON ORAL	BRAND	PRIOR AUTHORIZATION
ELMIRON [☐]	BRAND	
ENBREL INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
<i>etidronate disodium</i> [☐]	<i>Generic</i>	
<i>finasteride</i> [☐]	<i>Generic</i>	
FLOMAX [☐]	BRAND	
<i>fluoride chew tablet, cream, drops, gel paste, rinse, tablet</i> [☐]	<i>Generic</i>	
<i>fomepizole intravenous solution</i>	<i>Specialty</i>	<i>Prior Authorization</i>
FOSAMAX PLUS D [☐]	BRAND	STEP THERAPY
FOSAMAX SOLUTION [☐]	BRAND	STEP THERAPY
<i>gengraf</i> [☐] BvD	<i>Generic</i>	<i>Prior Authorization</i>
HUMIRA INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
KINERET INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
KUVAN - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
<i>leflunomide</i> [☐]	<i>Generic</i>	<i>Step Therapy</i>

☐ Generally available through Mail Order Pharmacy
BvD = Drug could pay under Part B or Part D

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
leucovorin calcium injection	Generic	
leucovorin calcium oral	Generic	
levocarnitine (prescription only)	Generic	
MESNEX TABLET	BRAND	
methotrexate 25mg/ml injection	Generic	
methotrexate oral BvD	Generic	
mycophenolate mofetil BvD	Generic	Prior Authorization
NEORAL BVD	BRAND	PRIOR AUTHORIZATION
NEUMEGA INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
octreotide injection	Generic	
ORFADIN ORAL	SPECIALTY	PRIOR AUTHORIZATION
PROGRAF BVD	BRAND	PRIOR AUTHORIZATION
PROMACTA	SPECIALTY	PRIOR AUTHORIZATION
RAPAMUNE BVD	BRAND	PRIOR AUTHORIZATION
REBIF INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	
REMICADE INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION BVD	SPECIALTY	PRIOR AUTHORIZATION
REVLIMID	SPECIALTY	
RHEUMATREX	BRAND	
SANDIMMUNE INTRAVENOUS SOLUTION BVD	BRAND	PRIOR AUTHORIZATION
SANDIMMUNE ORAL BVD	BRAND	PRIOR AUTHORIZATION
SENSIPAR	BRAND	
tacrolimus oral BvD	Generic	Prior Authorization
THALOMID	SPECIALTY	
THIOLA	BRAND	
ULORIC	BRAND	PRIOR AUTHORIZATION
UROXATRAL	BRAND	
ZAVESCA ORAL	SPECIALTY	

MUCOLYTIC AGENTS

acetylcysteine nebulization solution BvD	Generic	Prior Authorization
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MULTIVITAMIN PREPARATIONS

prenatal vitamins with folic acid	Generic	
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MYDRIATICS

atropine sulfate ophthalmic	Generic	
dipivefrin ophthalmic	Generic	
ISOPTO HOMATROPINE OPHTHALMIC	BRAND	
ISOPTO HYOSCINE OPHTHALMIC	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
OPIATE ANTAGONISTS		
<i>naloxone injection</i>	Generic	
<i>naltrexone oral</i> ☐☐	Generic	
OXYTOCICS		
METHERGINE	BRAND	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT ☐☐	BRAND	
ARICEPT ODT ☐☐	BRAND	
<i>bethanechol</i> ☐☐	Generic	
EVOXAC ☐☐	BRAND	
<i>galantamine extended release</i> ☐☐	Generic	Prior Authorization
<i>galantamine regular release</i> ☐☐	Generic	Prior Authorization
<i>guanidine hcl</i> ☐☐	Generic	
MESTINON 180MG & SYRUP ☐☐	BRAND	
<i>pilocarpine oral</i> ☐☐	Generic	
<i>pyridostigmine 60mg tablet</i> ☐☐	Generic	
RAZADYNE ORAL SOLUTION ☐☐	BRAND	PRIOR AUTHORIZATION
PARATHYROID AGENTS		
<i>calcitonin salmon nasal</i> ☐☐	Generic	
FORTEO INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
<i>fortical nasal</i> ☐☐	Generic	
MIACALCIN NASAL ☐☐	BRAND	
PHARMACEUTICAL AIDS		
<i>alcohol swabs</i> ☐☐	Generic	
<i>gauze</i> ☐☐	Generic	
PITUITARY AGENTS		
<i>bromocriptine</i> ☐☐	Generic	
<i>cabergoline</i> ☐☐	Generic	
<i>desmopressin nasal</i> ☐☐	Generic	Prior Authorization
<i>desmopressin oral tablet</i> ☐☐	Generic	Prior Authorization
LUPRON DEPOT-PED INJECTION	BRAND	PRIOR AUTHORIZATION
MINIRIN NASAL ☐☐	BRAND	PRIOR AUTHORIZATION
NORDITROPIN INJECTION - HEALTHPARTNERS RIVERSIDE PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
OMNITROPE INJECTION - HEALTHPARTNERS RIVERSIDE PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
SEROSTIM INJECTION - SPECIALTYSRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
PROGESTINS		
DEPO-PROVERA 400MG/ML INJECTION	BRAND	PRIOR AUTHORIZATION
<i>medroxyprogesterone oral</i> ☐☑	Generic	
<i>norethindrone oral</i> ☐☑	Generic	
PROMETRIUM ☐☑	BRAND	
PROKINETIC AGENTS		
<i>metoclopramide oral</i> ☐☑	Generic	
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ☐☑	BRAND	
ABILIFY DISCMELT ☐☑	BRAND	PRIOR AUTHORIZATION
ABILIFY INJECTION	BRAND	
<i>amitriptyline</i> ☐☑	Generic	
<i>amoxapine</i> ☐☑	Generic	
<i>bupropion extended release - 24 hour</i> ☐☑	Generic	
<i>bupropion immediate release</i> ☐☑	Generic	
<i>bupropion sustained release - 12 hour (smoking deterrent)</i> ☐☑	Generic	
<i>bupropion sustained release - 12 hour</i> ☐☑	Generic	
<i>chlorpromazine injection</i>	Generic	
<i>chlorpromazine oral</i> ☐☑ BvD	Generic	Prior Authorization
<i>citalopram</i> ☐☑	Generic	
<i>clomipramine</i> ☐☑	Generic	
<i>clozapine tablet</i> ☐☑	Generic	
CYMBALTA ☐☑	BRAND	STEP THERAPY
<i>desipramine</i> ☐☑	Generic	
<i>doxepin</i> ☐☑	Generic	
EMSAM ☐☑	BRAND	PRIOR AUTHORIZATION
FAZACLO ☐☑	BRAND	PRIOR AUTHORIZATION
<i>fluoxetine 10mg & 20mg capsule, 10mg tablet, oral solution only</i> ☐☑	Generic	
<i>fluphenazine deconate injection</i>	Generic	
<i>fluphenazine hcl injection</i>	Generic	
<i>fluphenazine oral</i> ☐☑	Generic	
<i>fluvoxamine</i> ☐☑	Generic	
GEODON INJECTION	BRAND	
GEODON ORAL ☐☑	BRAND	
<i>haloperidol decanoate injection</i>	Generic	
<i>haloperidol lactate injection</i>	Generic	
<i>haloperidol lactate oral concentrate</i> ☐☑	Generic	
<i>haloperidol oral</i> ☐☑	Generic	
<i>imipramine hcl</i> ☐☑	Generic	
INVEGA ☐☑	BRAND	PRIOR AUTHORIZATION
LEXAPRO ☐☑	BRAND	STEP THERAPY
<i>loxapine</i> ☐☑	Generic	
<i>maprotiline</i> ☐☑	Generic	
MARPLAN ☐☑	BRAND	
<i>mirtazapine dissolve tablet</i> ☐☑	Generic	Prior Authorization
<i>mirtazapine regular tablet</i> ☐☑	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
MOBAN [☐]	BRAND	
NARDIL [☐]	BRAND	
nefazodone [☐]	Generic	Prior Authorization
nortriptyline [☐]	Generic	
ORAP [☐]	BRAND	PRIOR AUTHORIZATION
paroxetine hcl regular release [☐]	Generic	
paroxetine hcl suspension [☐]	Generic	
perphenazine oral [☐] BvD	Generic	Prior Authorization
PRISTIQ [☐]	BRAND	PRIOR AUTHORIZATION
prochlorperazine edisylate injection	Generic	
prochlorperazine oral [☐] BvD	Generic	Prior Authorization
prochlorperazine rectal suppository [☐]	Generic	
protriptyline [☐]	Generic	
RISPERDAL CONSTA INJECTION	BRAND	
RISPERDAL-M [☐]	BRAND	PRIOR AUTHORIZATION
risperidone dissolving tablet 0.25mg, 0.5mg, 2mg, 3mg, 4mg [☐]	Generic	Prior Authorization
risperidone tablet & oral solution [☐]	Generic	
SAVELLA [☐]	BRAND	STEP THERAPY
SEROQUEL [☐]	BRAND	
SEROQUEL XR [☐]	BRAND	
sertraline [☐]	Generic	
SURMONTIL 100MG [☐]	BRAND	
thioridazine [☐]	Generic	
thiothixene [☐]	Generic	
tranlycypromine [☐]	Generic	
trazodone [☐]	Generic	
trifluoperazine oral [☐]	Generic	
trimipramine 25mg & 50mg [☐]	Generic	
venlafaxine er [☐]	Generic	Step Therapy
venlafaxine regular release [☐]	Generic	Step Therapy
ZYPREXA INJECTION	BRAND	
ZYPREXA ORAL [☐]	BRAND	
ZYPREXA ZYDIS [☐]	BRAND	PRIOR AUTHORIZATION
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALDACTAZIDE 50MG/50MG [☐]	BRAND	
amlodipine / benazepril 2.5-10mg, 5-10mg, 5-20mg, 10-20mg [☐]	Generic	
AVALIDE [☐]	BRAND	QUANTITY LIMIT, STEP THERAPY
AVAPRO [☐]	BRAND	QUANTITY LIMIT, STEP THERAPY
benazepril / hydrochlorothiazide [☐]	Generic	
benazepril [☐]	Generic	
captopril [☐]	Generic	
enalapril [☐]	Generic	
eplerenone [☐]	Generic	Prior Authorization

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>hydrochlorothiazide / spironolactone 25mg/25mg</i> ☐☐	Generic	
<i>lisinopril / hydrochlorothiazide</i> ☐☐	Generic	
<i>lisinopril</i> ☐☐	Generic	
LOTREL 5-40MG & 10-40MG ☐☐	BRAND	
MICARDIS ☐☐	BRAND	QUANTITY LIMIT, STEP THERAPY
MICARDIS HCT ☐☐	BRAND	QUANTITY LIMIT, STEP THERAPY
<i>ramipril capsule</i> ☐☐	Generic	
<i>spironolactone / hydrochlorothiazide 25mg/25mg</i> ☐☐	Generic	
<i>spironolactone</i> ☐☐	Generic	
TEKTURNA ☐☐	BRAND	PRIOR AUTHORIZATION
TEKTURNA HCT ☐☐	BRAND	PRIOR AUTHORIZATION

REPLACEMENT PREPARATIONS

<i>dextrose 5% in lactated ringers intravenous solution</i>	Generic	
<i>dextrose/potassium chloride/sodium chloride intravenous solution</i>	Generic	
ISOLYTE-S INTRAVENOUS SOLUTION	BRAND	
<i>klor-con m10 & 20</i> ☐☐	Generic	
<i>klor-con m15</i> ☐☐	Generic	
<i>lactated ringers intravenous solution</i>	Generic	
<i>potassium chloride intravenous solution</i>	Generic	
<i>potassium chloride sustained release capsule & tablet, liquid, powder packet</i> ☐☐	Generic	
<i>sodium chloride injection & intravenous solution</i>	Generic	

RESPIRATORY SMOOTH MUSCLE RELAXANTS

<i>aminophylline oral</i> ☐☐	Generic	
<i>theophylline 12 hour sustained release</i> ☐☐	Generic	
<i>theophylline 24 hour sustained release (uniphyl equivalent)</i> ☐☐	Generic	

SECOND GENERATION ANTIHISTAMINES

ALLEGRA SUSPENSION ☐☐	BRAND	
<i>cetirizine oral solution</i> ☐☐	Generic	
<i>fexofenadine</i> ☐☐	Generic	
XYZAL ☐☐	BRAND	PRIOR AUTHORIZATION

SERUMS

GAMASTAN INJECTION BVD	BRAND	PRIOR AUTHORIZATION
GAMMAGARD INTRAVENOUS SOLUTION BVD	SPECIALTY	PRIOR AUTHORIZATION

SKELETAL MUSCLE RELAXANTS

<i>baclofen</i> ☐☐	Generic	
<i>chlorzoxazone</i> ☐☐	Generic	
<i>cyclobenzaprime</i> ☐☐	Generic	
<i>dantrolene</i> ☐☐	Generic	
<i>methocarbamol</i> ☐☐	Generic	
<i>orphenadrine</i> ☐☐	Generic	Prior Authorization
<i>tizanadine tablet only</i> ☐☐	Generic	

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Alphabetical by Drug Category

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Notes</i>
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ACZONE☐☐	BRAND	PRIOR AUTHORIZATION
ALDARA☐☐	BRAND	
<i>amnesteam</i> ☐☐	<i>Generic</i>	
AZELEX☐☐	BRAND	
<i>calcipotriene solution</i> ☐☐	<i>Generic</i>	
CARAC☐☐	BRAND	
<i>claravis</i> ☐☐	<i>Generic</i>	
CONDYLOX GEL☐☐	BRAND	
DIFFERIN☐☐	BRAND	
DOVONEX CREAM☐☐	BRAND	
ELIDEL☐☐	BRAND	
FINACEA☐☐	BRAND	
FLUOROPLEX☐☐	BRAND	
<i>fluorouracil 2% & 5% topical solution</i> ☐☐	<i>Generic</i>	
<i>fluorouracil 5% cream</i> ☐☐	<i>Generic</i>	
<i>isotretinoin oral</i> ☐☐	<i>Generic</i>	
PANRETIN TOPICAL☐☐	BRAND	
<i>podofilox solution</i> ☐☐	<i>Generic</i>	
PROTOPIC☐☐	BRAND	
REGRANEX	BRAND	PRIOR AUTHORIZATION
SANTYL☐☐	BRAND	
SOLARAZE☐☐	BRAND	
SORIATANE CK☐☐	BRAND	
<i>sotret</i> ☐☐	<i>Generic</i>	
TACLONEX☐☐	BRAND	PRIOR AUTHORIZATION
TARGRETIN TOPICAL	SPECIALTY	
TAZORAC☐☐	BRAND	QUANTITY LIMIT
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
INCRELEX INJECTION	SPECIALTY	PRIOR AUTHORIZATION
IPLIX INJECTION	SPECIALTY	PRIOR AUTHORIZATION
SOMAVERT INJECTION - CAREMARK RX SPECIALTY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS		
DIBENZYLINE☐☐	BRAND	
<i>dihydroergotamine injection</i>	<i>Generic</i>	
<i>ergoloid mesylates oral</i> ☐☐	<i>Generic</i>	
ERGOMAR	BRAND	QUANTITY LIMIT
<i>ergotamine w/caffeine oral tablet</i>	<i>Generic</i>	<i>Quantity Limit</i>
<i>migergot rectal suppository</i>	<i>Generic</i>	<i>Quantity Limit</i>
MIGRANAL NASAL☐☐	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS FOR ORAL INHALATION ☞	BRAND	
ADVAIR HFA FOR ORAL INHALATION ☞	BRAND	
<i>albuterol immediate release syrup & tablet</i> ☞	Generic	
<i>albuterol nebulization solution</i> ☞ BvD	Generic	
<i>albuterol sustained release</i> ☞	Generic	
<i>albuterol/ipratropium nebulization solution</i> ☞ BvD	Generic	
COMBIVENT ORAL INHALER ☞	BRAND	
EPIPEN INJECTOR ☞	BRAND	
EPIPEN-JR INJECTOR ☞	BRAND	
MAXAIR AUTOHALER ORAL INHALER ☞	BRAND	
<i>midodrine</i> ☞	Generic	
PROAIR HFA ORAL INHALER ☞	BRAND	
SEREVENT DISKUS FOR ORAL INHALATION ☞	BRAND	
<i>terbutaline oral</i> ☞	Generic	
TWINJECT INJECTOR ☞	BRAND	
VENTOLIN HFA ☞	BRAND	
THYROID AND ANTITHYROID AGENTS		
CYTOMEL ☞	BRAND	
<i>levothyroid</i> ☞	Generic	
<i>levothyroxine</i> ☞	Generic	
<i>liothyronine oral</i> ☞	Generic	
<i>methimazole</i> ☞	Generic	
<i>propylthiouracil</i> ☞	Generic	
SYNTHROID ☞	BRAND	
TOXOIDS		
ADACEL	BRAND	
BOOSTRIX	BRAND	
DAPTACEL	BRAND	
DECAVAC	BRAND	
DIPHThERIA / TETANUS TOXOID (ADULT & PEDIATRIC)	BRAND	
INFANRIX	BRAND	
<i>tetanus toxoid</i> BvD	Generic	Prior Authorization
<i>tetanus toxoid, adsorbed</i> BvD	Generic	Prior Authorization
TRIHIBIT	BRAND	
TRIPEDIA	BRAND	
URICOSURIC AGENTS		
<i>probenecid</i> ☞	Generic	
<i>probenecid/colchicine</i> ☞	Generic	
URINARY ANTI-INFECTIVES		
FURADANTIN ☞	BRAND	
MACRODANTIN 25MG ☞	BRAND	
<i>nitrofurantoin macrocrystalline (MACRODANTIN equivalent)</i> ☞	Generic	
<i>nitrofurantoin monohydrate macrocrystalline (MACROBID equivalent)</i> ☞	Generic	
<i>trimethoprim</i> ☞	Generic	









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Alphabetical by Drug Category

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Notes</i>
VACCINES		
ACTHIB	BRAND	
ATTENUVAX	BRAND	
COMVAX	BRAND	
ENGERIX-B BVD	BRAND	PRIOR AUTHORIZATION
GARDASIL	BRAND	
HAVIRX	BRAND	
HIBTITER	BRAND	
IMOVAX RABIES (H.D.C.V.) BVD	BRAND	PRIOR AUTHORIZATION
IPOL	BRAND	
JE-VAX	BRAND	
MENACTRA	BRAND	
MENOMUNE	BRAND	
MERUVAX II	BRAND	
M-M-R II	BRAND	
PEDIARIX	BRAND	
PEDVAX HIB	BRAND	
PROQUAD	BRAND	
RABAVERT BVD	BRAND	PRIOR AUTHORIZATION
RECOMBIVAX-HB BVD	BRAND	PRIOR AUTHORIZATION
ROTATEQ ORAL	BRAND	
TRIHIBIT	BRAND	
TWINRIX	BRAND	
TYPHIM VI	BRAND	
VAQTA	BRAND	
VARIVAX	BRAND	
VIVOTIF BERNA ORAL (TYPHOID VACCINE)	BRAND	
YF-VAX	BRAND	
ZOSTAVAX VACCINE (FDA-APPROVED AND COVERED ONLY FOR AGE 60 AND ABOVE)	BRAND	
VASOCONSTRICTORS		
<i>naphazoline hcl ophthalmic solution</i>	Generic	
TYZINE NASAL SPRAY	BRAND	
VASODILATING AGENTS		
AGGRENOX	BRAND	
DILITRATE-SR 40MG	BRAND	
<i>dipyridamole</i>	Generic	
IMDUR	BRAND	
ISORDIL 40MG	BRAND	
<i>isosorbide dinitrate sublingual & regular release tablet</i>	Generic	
<i>isosorbide dinitrate sustained release</i>	Generic	
<i>isosorbide mononitrate immediate release</i>	Generic	
<i>isosorbide mononitrate sustained release</i>	Generic	































































 Generally available through Mail Order Pharmacy
 BvD = Drug could pay under Part B or Part D


Alphabetical by Drug Category

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Notes</i>
LETAIRIS - CAREMARK RX SPECIALTY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
NITRO-BID OINTMENT 	BRAND	
NITRO-DUR 0.3MG & 0.8MG PATCH 	BRAND	
<i>nitroglycerin patch</i> 	<i>Generic</i>	
<i>nitroglycerin sublingual tablet</i> 	<i>Generic</i>	
<i>nitroquick</i> 	<i>Generic</i>	
NITROSTAT 	BRAND	
REVATIO - SPECIALTYSCRIPTS PHARMACY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
TRACLEER - CAREMARK RX SPECIALTY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION	SPECIALTY	PRIOR AUTHORIZATION
VENTAVIS - CAREMARK RX SPECIALTY IS THE PREFERRED, BUT NOT REQUIRED, SPECIALTY PHARMACY PROVIDER FOR THIS MEDICATION BvD	SPECIALTY	PRIOR AUTHORIZATION
VITAMIN D		
<i>calcitriol oral</i> 	<i>Generic</i>	
ZEMPLAR 	BRAND	PRIOR AUTHORIZATION

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acetazolamide oral sustained release capsule 	15, 27	amiloride 	27
acetazolamide oral tablet 	15, 27	amiloride / hydrochlorothiazide 	27
acetic acid / hydrocortisone otic	15, 17	aminophylline oral 	36
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ACTONEL 	30	amlodipine / benazepril 2.5-10mg, 5-10mg, 5-20mg, 10-20mg 	24, 35
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ACULAR ophthalmic	17	amoxicillin / clavulanate potassium regular release tablet 	10
ACULAR PF ophthalmic	17	amoxicillin / clavulanate potassium suspension	10
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ACZONE 	37	amoxicillin suspension	10
ADACEL	38	AMOXIL 50mg/ml drops	10
ADAGEN injection	28	amphotericin b injection BvD	14
ADDERALL XR 	10	ampicillin capsule 	10
ADVAIR DISKUS for oral inhalation 	38	ampicillin injection	10
ADVAIR HFA for oral inhalation 	38	ampicillin suspension	11
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













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

























































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















































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

















































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









































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BvD = Drug could pay under Part B or Part D

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