



MedicareRx
Prescription Drug Coverage X

HealthPartners Medicare Prescription Drug Program

*2010 Formulary
(List of Covered Drugs)*

PLEASE READ: This document contains information about the drugs we cover in this plan.

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.

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Last updated: August 2009

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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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 January 1, 2010. To get updated information about the drugs covered by HealthPartners, please visit our website at healthpartners.com/partdpharmacy or call Member Services at the following numbers.

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

HealthPartners® Classic Plan (HMO) members should call 952-883-7676 or 1-866-233-8734.

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

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.

To find out what drugs might have changed, you can go to healthpartners.com/partdpharmacy. The formulary is updated monthly to include any changes. Negative formulary changes are also detailed at the bottom of your Explanations of Benefits that are sent to you monthly.

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

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the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** 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 also get more information about the restrictions applied to specific covered drugs by visiting healthpartners.com/partdpharmacy.

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?" on page 3 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

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See Section 5 of your Evidence of Coverage under "What is an exception?" to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan. If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs

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during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

For existing members in our Plan who have changes in level of care, such as entering a long-term care facility or being discharged from a hospital, we will grant early refills when appropriate.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access. See Section 10 of your Evidence of Coverage for information about non-Part D drugs.

For more information

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

If you have questions, please call Member Services between 8 a.m. to 8 p.m., seven days a week.

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

HealthPartners® Classic Plan (HMO) members should call 952-883-7676 or 1-866-233-8734.

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

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 **medicare.gov**.

HealthPartners Formulary

The formulary that begins on the next page 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 39.

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>
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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	8	CONTRACEPTIVES	25
ANALGESICS AND ANTIPYRETICS	9	DEPIGMENTING AND PIGMENTING AGENTS	26
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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,	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	16	MISCELLANEOUS	27
ANTI-INFLAMMATORY AGENTS (EARS, EYES, NOSE & THROAT)	17	EMOLLIENTS, DEMULCENTS, AND PROTECTANTS	27
ANTI-INFLAMMATORY AGENTS (GASTROINTESTINAL DRUGS)	17	ENZYMES	27
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)	17	ESTROGENS AND ANTIESTROGENS	28
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)	18	FIRST GENERATION ANTIHISTAMINES	28
ANTIALLERGIC AGENTS	10	GASTROINTESTINAL DRUGS, MISCELLANEOUS	28
ANTIBACTERIALS	10	GENITOURINARY SMOOTH MUSCLE RELAXANTS	28
ANTICHOLINERGIC AGENTS	12	GOLD COMPOUNDS	29
ANTICONVULSANTS	12	GONADOTROPINS	29
ANTIDIABETIC AGENTS	13	HEAVY METAL ANTAGONISTS	29
ANTIDIARRHEA AGENTS	13	HEMATOPOIETIC AGENTS	29
ANTIEMETICS (including drugs for Nausea & Vomiting)	14	HEMORRHEOLOGIC AGENTS	29
ANTIFUNGAL (SYSTEMIC)	14	HYPOTENSIVE AGENTS	29
ANTIGLAUCOMA AGENTS	14	ION-REMOVING AGENTS	29
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ANTIMYCOBACTERIALS	19	MULTIVITAMIN PREPARATIONS	31
ANTINEOPLASTIC AGENTS (CANCER DRUGS)	19	MYDRIATICS	32
ANTIPARKINSONIAN AGENTS	21	OPIATE ANTAGONISTS	32
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ANXIOLYTICS, SEDATIVES AND HYPNOTICS	23	PROGESTINS	33
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Drug Category Listing

<i>Category Name</i>	<i>page #</i>
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SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	35
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SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS	36
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	36
THYROID AND ANTITHYROID AGENTS	37
TOXOIDS	37
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URINARY ANTI-INFECTIVES	37
VACCINES	37
VASOCONSTRICTORS	38
VASODILATING AGENTS	38
VITAMIN D	39

Alphabetical by Drug Category


Drug Name	Drug Tier	Notes
ACIDIFYING AGENTS		
<i>ammonium chloride intravenous solution</i>	Generic	Prior Authorization
ADRENALS		
ADVAIR DISKUS FOR ORAL INHALATION ☐☑	BRAND	
ADVAIR HFA FOR ORAL INHALATION ☐☑	BRAND	
ASMANEX ORAL INHALANT ☐☑	BRAND	
AZMACORT ORAL INHALANT ☐☑	BRAND	
DEXAMETHASONE ORAL 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 ☐☑	BRAND	
<i>methylprednisolone 4mg, 8mg, 16mg & 32mg oral</i> ☐☑	Generic	
<i>methylprednisolone acetate injection</i>	Generic	
<i>prednisolone oral liquid</i> ☐☑	Generic	
<i>prednisolone sodium phosphate oral liquid</i> ☐☑	Generic	
<i>prednisone 5mg/5ml oral solution</i> ☐☑	Generic	
PREDNISONE 5MG/ML CONCENTRATE SOLUTION ☐☑	BRAND	
<i>prednisone oral dosepak</i>	Generic	
<i>prednisone oral tablet</i> ☐☑	Generic	
PULMICORT FLEXHALER ORAL INHALANT ☐☑	BRAND	
QVAR ORAL INHALANT ☐☑	BRAND	
SYMBICORT FOR ORAL INHALATION ☐☑	BRAND	
ALKALINIZING AGENTS		
<i>potassium citrate tablet</i> ☐☑	Generic	
<i>sodium bicarbonate intravenous solution</i>	Generic	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin</i> ☐☑	Generic	
<i>prazosin</i> ☐☑	Generic	
<i>terazosin</i> ☐☑	Generic	
AMMONIA DETOXICANTS		
BUPHENYL ORAL	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
<i>lactulose (constulose, enulose, generlac)</i> ☐☑	Generic	


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

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANALGESICS AND ANTIPIRETICS		
<i>acetaminophen w/codeine tablet and elixir</i> ☐☐	Generic	Quantity Limit
<i>butorphanol nasal spray</i>	Generic	Prior Authorization, Quantity Limit
CELEBREX ☐☐	BRAND	STEP THERAPY
<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 tablet, solution and concentrate</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>oxycodone 10mg, 20mg, 40mg & 80mg sustained release</i> ☐☐	Generic	Quantity Limit
<i>oxycodone 5mg, 15mg & 30mg regular release</i> ☐☐	Generic	
<i>oxycodone w/acetaminophen</i> ☐☐	Generic	Quantity Limit
<i>oxycodone w/aspirin</i> ☐☐	Generic	
OXYCONTIN 15MG, 30MG & 60MG ☐☐	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
SUBOXONE	BRAND	
<i>sulindac</i> ☐☐	Generic	
<i>tolmetin</i> ☐☐	Generic	
<i>tramadol regular release</i> ☐☐	Generic	
ANDROGENS		
ANADROL-50 ☐☐	BRAND	PRIOR AUTHORIZATION
ANDRODERM ☐☐	BRAND	PRIOR AUTHORIZATION
ANDROGEL ☐☐	BRAND	PRIOR AUTHORIZATION
ANDROID ☐☐	BRAND	
ANDROXY ☐☐	BRAND	
<i>danazol</i> ☐☐	Generic	
METHITEST ☐☐	BRAND	
<i>oxandrolone oral</i> ☐☐	Generic	Prior Authorization
<i>testosterone cypionate injection</i> ☐☐	Generic	Prior Authorization

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANOREXIGENICS, RESPIRATORY AND CEREBRAL STIMULANTS		
CONCERTA 	BRAND	
<i>dexmethylphenidate immediate release</i> 	Generic	
<i>dextroamphetamine / amphetamine regular release</i> 	Generic	
<i>dextroamphetamine immediate release</i> 	Generic	
<i>dextroamphetamine sustained release</i> 	Generic	
FOCALIN XR 	BRAND	STEP THERAPY
METADATE CD 	BRAND	STEP THERAPY
<i>methylphenidate immediate release</i> 	Generic	
<i>methylphenidate sustained release</i> 	Generic	
PROVIGIL 	BRAND	PRIOR AUTHORIZATION
VYVANSE 	BRAND	
ANTHELMINTICS		
ALBENZA	BRAND	
BILTRICIDE	BRAND	
<i>mebendazole</i>	Generic	
STROMEKTOL	BRAND	
ANTIALLERGIC AGENTS		
ALAMAST OPHTHALMIC 	BRAND	
ASTELIN NASAL SPRAY 	BRAND	
ELESTAT OPHTHALMIC 	BRAND	
OPTIVAR OPHTHALMIC 	BRAND	
PATADAY OPHTHALMIC 	BRAND	
PATANOL OPHTHALMIC 	BRAND	
ANTIBACTERIALS		
<i>amikacin sulfate injection</i>	Generic	Prior Authorization
<i>amoxicillin / clavulanate potassium regular release tablet</i> 	Generic	
<i>amoxicillin / clavulanate potassium suspension</i>	Generic	
<i>amoxicillin capsule, chewable tablet, swallow tablet</i> 	Generic	
<i>amoxicillin suspension</i>	Generic	
<i>ampicillin capsule</i> 	Generic	
<i>ampicillin injection</i>	Generic	
<i>ampicillin suspension</i>	Generic	
AUGMENTIN 125MG & 250MG SUSPENSION	BRAND	
AUGMENTIN 250MG CHEW TAB 	BRAND	
AVELOX 	BRAND	
<i>azithromycin intravenous solution</i>	Generic	
<i>azithromycin suspension & packet</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	

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

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<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	
<i>chloramphenicol intravenous injection</i>	Generic	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>clindamycin phosphate injection</i>	Generic	Prior Authorization
<i>colistimethate sodium injection</i>	Generic	
<i>demeclocycline</i> ☐☑	Generic	
<i>dicloxacillin capsule</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 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 tablet</i> ☐☑	Generic	
<i>erythromycin lactobionate intravenous solution</i>	Generic	
<i>erythromycin stearate</i> ☐☑	Generic	
GANTRISIN SUSPENSION ☐☑	BRAND	
LEVAQUIN INTRAVENOUS SOLUTION	BRAND	
LEVAQUIN ORAL ☐☑	BRAND	
<i>metronidazole regular release oral tablet</i> ☐☑	Generic	
<i>minocycline capsule</i> ☐☑	Generic	
<i>nafcillin 2gm injection</i>	Generic	
<i>neo-fradin</i> ☐☑	Generic	
<i>neomycin oral tablet</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 suspension</i> ☐☑	Generic	
<i>sulfamethoxazole/trimethoprim oral tablet</i> ☐☑	Generic	
<i>sulfasalazine delayed release</i> ☐☑	Generic	
<i>sulfasalazine regular release</i> ☐☑	Generic	

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
SUPRAX TABLET	BRAND	QUANTITY LIMIT
<i>tetracycline capsule</i> ☞☞	Generic	
<i>tobramycin injection & intravenous solution</i>	Generic	Prior Authorization
TYGACIL INTRAVENOUS SOLUTION	BRAND	
VANCOGIN ORAL CAPSULE ☞☞	BRAND	
<i>vancomycin intravenous solution</i>	Generic	
ZOSYN INTRAVENOUS SOLUTION	BRAND	
ZYVOX INTRAVENOUS SOLUTION	BRAND	PRIOR AUTHORIZATION
ZYVOX ORAL ☞☞	BRAND	STEP THERAPY
ANTICHOLINERGIC AGENTS		
ATROVENT HFA ORAL INHALER ☞☞	BRAND	
<i>dicyclomine</i> ☞☞	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 ☞☞	BRAND	
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	
GABITRIL ☞☞	BRAND	
KEPPRA INTRAVENOUS SOLUTION	BRAND	
LAMICTAL STARTER KITS	BRAND	
<i>lamotrigine 100mg, 150mg, 200mg tablet</i> ☞☞	Generic	
<i>lamotrigine 25mg tablet</i> ☞☞	Generic	Quantity Limit
<i>lamotrigine 5mg & 25mg chewable tablet</i> ☞☞	Generic	
<i>levetiracetam oral solution & tablet</i> ☞☞	Generic	
LYRICA ☞☞	BRAND	STEP THERAPY
NEURONTIN ORAL SOLUTION ☞☞	BRAND	
<i>oxcarbazepine tablet</i> ☞☞	Generic	
PEGANONE ☞☞	BRAND	
PHENYTEK ☞☞	BRAND	
<i>phenytoin extended release</i> ☞☞	Generic	
<i>phenytoin sodium intravenous solution</i>	Generic	
<i>phenytoin suspension</i> ☞☞	Generic	
<i>primidone tablet</i> ☞☞	Generic	
TEGRETOL XR 100MG ☞☞	BRAND	
































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


Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>topiramate sprinkle</i> ☐☐	Generic	
<i>topiramate tablet</i> ☐☐	Generic	
TRILEPTAL SUSPENSION ☐☐	BRAND	
<i>valproate sodium intravenous solution</i>	Generic	
<i>valproate sodium oral syrup</i> ☐☐	Generic	
<i>valproic acid oral capsule</i> ☐☐	Generic	
VIMPAT INJECTION	BRAND	PRIOR AUTHORIZATION
VIMPAT ORAL ☐☐	BRAND	PRIOR AUTHORIZATION
<i>zonisamide</i> ☐☐	Generic	
ANTIDIABETIC AGENTS		
<i>acarbose</i> ☐☐	Generic	
ACTOPLUS MET ☐☐	BRAND	STEP THERAPY
ACTOS ☐☐	BRAND	STEP THERAPY
BYETTA INJECTION ☐☐	BRAND	STEP THERAPY
DUETACT ☐☐	BRAND	STEP THERAPY
<i>glimepiride</i> ☐☐	Generic	
<i>glipizide extended release</i> ☐☐	Generic	
<i>glipizide regular release</i> ☐☐	Generic	
<i>glyburide / metformin</i> ☐☐	Generic	
<i>glyburide</i> ☐☐	Generic	
<i>glyburide micronized</i> ☐☐	Generic	
GLYSET ☐☐	BRAND	
HUMULIN 50/50 ☐☐	BRAND	
HUMULIN R U-500 (VIAL) ☐☐	BRAND	
JANUMET ☐☐	BRAND	STEP THERAPY
JANUVIA ☐☐	BRAND	STEP THERAPY
LANTUS ☐☐	BRAND	
LEVEMIR ☐☐	BRAND	
<i>metformin extended release</i> ☐☐	Generic	
<i>metformin regular release</i> ☐☐	Generic	
NOVOLIN 70/30 ☐☐	BRAND	
NOVOLIN N ☐☐	BRAND	
NOVOLIN R ☐☐	BRAND	
NOVOLOG ☐☐	BRAND	
NOVOLOG MIX ☐☐	BRAND	
PRANDIN ☐☐	BRAND	
STARLIX ☐☐	BRAND	
SYMLIN INJECTION ☐☐	BRAND	PRIOR AUTHORIZATION
ANTIDIARRHEA AGENTS		
<i>diphenoxylate / atropine liquid & tablet</i> ☐☐	Generic	
<i>loperamide 2mg capsule</i> ☐☐	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANTIEMETICS (including drugs for Nausea & Vomiting)		
dronabinol oral  BvD	Generic	Prior Authorization
EMEND  BVD	BRAND	PRIOR AUTHORIZATION
granisetron oral solution & tablet  BvD	Generic	Prior Authorization
granisol oral solution  BvD	Generic	Prior Authorization
metoclopramide oral 	Generic	
ondansetron injection	Generic	Prior Authorization
ondansetron oral dissolve & regular tablet  BvD	Generic	Prior Authorization
ondansetron oral solution  BvD	Generic	Prior Authorization
prochlorperazine edisylate injection	Generic	
prochlorperazine oral  BvD	Generic	Prior Authorization
prochlorperazine rectal suppository 	Generic	
promethazine injection	Generic	
promethazine rectal suppository 	Generic	
promethazine syrup 	Generic	
promethazine tablet  BvD	Generic	Prior Authorization
TRANSDERM SCOP 	BRAND	PRIOR AUTHORIZATION
trimethobenzamide 300mg capsule  BvD	Generic	Prior Authorization
ANTIFUNGAL (SYSTEMIC)		
amphotericin b injection  BvD	Generic	Prior Authorization
ANCOBON 	BRAND	PRIOR AUTHORIZATION
CANCIDAS INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
ERAXIS INTRAVENOUS SOLUTION	BRAND	PRIOR AUTHORIZATION
fluconazole intravenous solution	Generic	Prior Authorization
fluconazole oral 	Generic	
GRIFULVIN V 500MG TABLET 	BRAND	
griseofulvin suspension 	Generic	
GRIS-PEG 	BRAND	
itraconazole capsule 	Generic	Prior Authorization
ketoconazole oral 	Generic	
NOXAFIL	SPECIALTY	STEP THERAPY, 30 DAY SUPPLY LIMIT
nystatin oral 	Generic	
SPORANOX SOLUTION 	BRAND	PRIOR AUTHORIZATION
terbinafine oral 	Generic	
VFEND ORAL	SPECIALTY	STEP THERAPY, 30 DAY SUPPLY LIMIT
ANTI GLAUCOMA AGENTS		
acetazolamide oral sustained release capsule 	Generic	
acetazolamide oral tablet 	Generic	
ALPHAGAN-P OPHTHALMIC 	BRAND	
AZOPT OPHTHALMIC 	BRAND	
betaxolol ophthalmic 	Generic	
BETIMOL OPHTHALMIC 	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
BETOPTIC-S OPHTHALMIC	BRAND	
<i>brimonidine 0.2% ophthalmic</i>	Generic	
<i>carteolol ophthalmic</i>	Generic	
COMBIGAN OPHTHALMIC	BRAND	
<i>dorzolamide ophthalmic</i>	Generic	
<i>dorzolamide/timolol ophthalmic</i>	Generic	
ISTALOL OPHTHALMIC	BRAND	
<i>levobunolol ophthalmic</i>	Generic	
LUMIGAN OPHTHALMIC	BRAND	
<i>methazolamide oral</i>	Generic	
PHOSPHOLINE IODIDE OPHTHALMIC	BRAND	
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	
ANTIHEMORRHAGIC 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	
CILOXAN OPHTHALMIC OINTMENT	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 ointment</i>	Generic	
<i>gentamicin ophthalmic</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	

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>polymyxin b/gramicidin/neomycin ophthalmic</i>	Generic	
<i>polymyxin b/trimethoprim ophthalmic</i>	Generic	
<i>prednisolone/sulfacetamide ophthalmic drops</i>	Generic	
<i>sulfacetamide ophthalmic drops</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	
<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	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
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>dexamethasone/polymyxin b/neomycin ophthalmic</i>	Generic	
<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 S.O.P. OPHTHALMIC	BRAND	
<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 drops</i>	Generic	
RESTASIS OPHTHALMIC ☞☞	BRAND	
TOBRADEX OPHTHALMIC OINTMENT	BRAND	
<i>tobramycin/dexamethasone ophthalmic drops</i>	Generic	
VERAMYST NASAL INHALANT ☞☞	BRAND	
XIBROM OPHTHALMIC	BRAND	
ZYLET OPHTHALMIC	BRAND	
ANTI-INFLAMMATORY AGENTS (GASTROINTESTINAL DRUGS)		
ASACOL ☞☞	BRAND	
ASACOL HD ☞☞	BRAND	
<i>balsalazide</i> ☞☞	Generic	
CANASA RECTAL SUPPOSITORY ☞☞	BRAND	
<i>mesalamine enema</i> ☞☞	Generic	
PENTASA ☞☞	BRAND	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
<i>cromolyn sodium nebulization solution</i> ☞☞	Generic	
<i>cromolyn sodium ophthalmic</i> ☞☞	Generic	
INTAL ORAL INHALER ☞☞	BRAND	
SINGULAIR ☞☞	BRAND	STEP THERAPY
ZYFLO CR ☞☞	BRAND	PRIOR AUTHORIZATION

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)		
<i>amcinonide</i> ☐☐	Generic	
<i>betamethasone dipropionate</i> ☐☐	Generic	
<i>betamethasone dipropionate, augmented</i> ☐☐	Generic	
<i>betamethasone valerate</i> ☐☐	Generic	
CAPEX ☐☐	BRAND	
<i>clobetasol propionate cream, gel, ointment, solution</i> ☐☐	Generic	
<i>clobetasol propionate foam</i> ☐☐	Generic	
CLOBEX SPRAY ☐☐	BRAND	
CORDRAN TAPE ☐☐	BRAND	
CORTIFOAM ☐☐	BRAND	
DERMA-SMOOTH/FS ☐☐	BRAND	
<i>desonide</i> ☐☐	Generic	
<i>desoximetasone</i> ☐☐	Generic	
<i>diflorasone</i> ☐☐	Generic	
<i>fluocinolone acetonide</i> ☐☐	Generic	
<i>fluocinonide</i> ☐☐	Generic	
HALOG CREAM & OINTMENT ☐☐	BRAND	
<i>hydrocortisone 2.5% rectal cream</i> ☐☐	Generic	
<i>hydrocortisone 2.5% topical</i> ☐☐	Generic	
<i>hydrocortisone rectal enema</i> ☐☐	Generic	
<i>hydrocortisone valerate</i> ☐☐	Generic	
LUXIQ ☐☐	BRAND	
<i>mometasone topical</i> ☐☐	Generic	
OLUX-E ☐☐	BRAND	
<i>triamcinolone acetonide topical</i> ☐☐	Generic	
<i>triamcinolone in orabase oral paste</i>	Generic	
ANTILIPEMIC AGENTS (CHOLESTEROL LOWERING MEDICATIONS)		
<i>cholestyramine light powder</i> ☐☐	Generic	
<i>cholestyramine powder</i> ☐☐	Generic	
<i>colestipol tablet</i> ☐☐	Generic	
<i>fenofibrate 54mg, 160mg tablets</i> ☐☐	Generic	Step Therapy
<i>fenofibrate 67mg, 134mg, 200mg capsules</i> ☐☐	Generic	Step Therapy
<i>gemfibrozil</i> ☐☐	Generic	
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
















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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANTIMANIC AGENTS		
<i>lithium carbonate extended release</i> ☐☐	Generic	
<i>lithium carbonate immediate release</i> ☐☐	Generic	
<i>lithium citrate</i> ☐☐	Generic	
ANTIMIGRAINE AGENTS		
<i>dihydroergotamine injection</i>	Generic	
<i>divalproex sodium 24 hour extended release</i> ☐☐	Generic	
ERGOMAR	BRAND	QUANTITY LIMIT
<i>ergotamine w/caffeine oral tablet</i>	Generic	Quantity Limit
INNOPRAN XL ☐☐	BRAND	STEP THERAPY
MAXALT ☐☐	BRAND	QUANTITY LIMIT
MAXALT MLT ☐☐	BRAND	QUANTITY LIMIT
<i>migergot rectal suppository</i>	Generic	Quantity Limit
MIGRANAL NASAL ☐☐	BRAND	
<i>propranolol immediate release</i> ☐☐	Generic	
<i>propranolol sustained release</i> ☐☐	Generic	Step Therapy
RELPAK ☐☐	BRAND	QUANTITY LIMIT
<i>sumatriptan injection (vial)</i> ☐☐	Generic	Quantity Limit
<i>sumatriptan tablet</i> ☐☐	Generic	Quantity Limit
ANTIMYCOBACTERIALS		
CAPASTAT INJECTION	BRAND	PRIOR AUTHORIZATION
<i>dapsone</i> ☐☐	Generic	
<i>ethambutol</i> ☐☐	Generic	
<i>isoniazid syrup</i> ☐☐	Generic	
<i>isoniazid tablet</i> ☐☐	Generic	
MYCOBUTIN ☐☐	BRAND	
PASER ☐☐	BRAND	PRIOR AUTHORIZATION
PRIFTIN ORAL ☐☐	BRAND	
<i>pyrazinamide</i> ☐☐	Generic	
<i>rifampin</i> ☐☐	Generic	
SEROMYCIN ☐☐	BRAND	PRIOR AUTHORIZATION
TRECTOR ☐☐	BRAND	PRIOR AUTHORIZATION
ANTINEOPLASTIC AGENTS (CANCER DRUGS)		
AFINITOR	SPECIALTY	30 DAY SUPPLY LIMIT
ARIMIDEX ☐☐	BRAND	
AROMASIN ☐☐	BRAND	
<i>bicalutamide</i> ☐☐	Generic	
<i>bleomycin sulfate injection</i> BvD	Generic	Prior Authorization
CAMPATH INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
CEENU ☐☐	BRAND	
<i>cyclophosphamide oral</i> ☐☐ BvD	Generic	Prior Authorization
EMCYT ☐☐	BRAND	
FARESTON ☐☐	BRAND	

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Alphabetical by Drug Category


































Drug Name	Drug Tier	Notes
FASLODEX INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
FEMARA 	BRAND	
<i>flutamide</i> 	Generic	
GLEEVEC	SPECIALTY	30 DAY SUPPLY LIMIT
HEXALEN	SPECIALTY	30 DAY SUPPLY LIMIT
<i>hydroxyurea</i> 	Generic	
IRESSA	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
LEUKERAN 	BRAND	
<i>leuprolide injection</i> 	Generic	
LUPRON DEPOT INJECTION	BRAND	PRIOR AUTHORIZATION
LUPRON DEPOT-PED INJECTION	BRAND	PRIOR AUTHORIZATION
LYSODREN 	BRAND	
MATULANE	SPECIALTY	30 DAY SUPPLY LIMIT
MEGACE ES 	BRAND	
<i>megestrol acetate</i> 	Generic	
<i>mercaptopurine</i> 	Generic	
<i>methotrexate 25mg/ml injection</i> 	Generic	
<i>methotrexate oral</i> 	Generic	
<i>mitoxantrone hcl injection</i>	Generic	<i>Prior Authorization</i>
NEXAVAR	SPECIALTY	30 DAY SUPPLY LIMIT, LIMITED PHARMACY ACCESS
NILANDRON 	BRAND	
ONTAK INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
PROLEUKIN INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
RHEUMATREX 	BRAND	
RITUXAN INTRAVENOUS SOLUTION BvD	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
SPRYCEL	SPECIALTY	30 DAY SUPPLY LIMIT
SUTENT	SPECIALTY	30 DAY SUPPLY LIMIT
<i>tamoxifen citrate</i> 	Generic	
TARCEVA	SPECIALTY	30 DAY SUPPLY LIMIT
TARGRETIN ORAL	SPECIALTY	30 DAY SUPPLY LIMIT
TASIGNA	SPECIALTY	30 DAY SUPPLY LIMIT
THIOGUANINE 	BRAND	
<i>tretinoin oral</i>	Specialty	<i>30 Day Supply Limit</i>
TRISENOX INTRAVENOUS SOLUTION	BRAND	PRIOR AUTHORIZATION
TYKERB	SPECIALTY	30 DAY SUPPLY LIMIT
VELCADE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
VIDAZA INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
ZOLINZA	SPECIALTY	30 DAY SUPPLY LIMIT


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

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ANTIPARKINSONIAN AGENTS		
<i>amantadine</i> ☞	Generic	
APOKYN INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
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	
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, 30 DAY SUPPLY LIMIT
<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
ZONALON CREAM	BRAND	
ANTITHROMBOTIC AGENTS		
<i>anagrelide</i> ☞	Generic	
ARIXTRA INJECTION	BRAND	
<i>cilostazol</i> ☞	Generic	
FRAGMIN INJECTION	BRAND	
<i>heparin injection (excluding heparin flush)</i>	Generic	
<i>jantoven</i> ☞	Generic	

Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
LOVENOX INJECTION	BRAND	
PLAVIX 	BRAND	
<i>warfarin oral</i> 	Generic	
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 	BRAND	
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	SPECIALTY	30 DAY SUPPLY LIMIT
<i>ganciclovir</i> 	Generic	
HEPSERA	SPECIALTY	30 DAY SUPPLY LIMIT
INFERGEN INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
INTELENCE 	BRAND	
INTRON-A INJECTION 	BRAND	
INVIRASE 	BRAND	
ISENTRESS 	BRAND	
KALETRA 	BRAND	
LEXIVA 	BRAND	
NORVIR 	BRAND	
PEGASYS INJECTION	SPECIALTY	30 DAY SUPPLY LIMIT
PEG-INTRON INJECTION	SPECIALTY	30 DAY SUPPLY LIMIT

 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
PREZISTA	BRAND	
REBETOL SOLUTION	SPECIALTY	30 DAY SUPPLY LIMIT
RELENZA	BRAND	
RESCRIPTOR	BRAND	
RETROVIR INTRAVENOUS SOLUTION	BRAND	
REYATAZ	BRAND	
<i>ribavirin capsule</i>	Generic	
<i>ribavirin dosepak</i>	Specialty	30 Day Supply Limit
<i>ribavirin tablet</i>	Generic	
<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	30 DAY SUPPLY LIMIT
VALTREX	BRAND	
VIDEX POWDER FOR SOLUTION	BRAND	
VIRACEPT	BRAND	
VIRAMUNE	BRAND	
VIREAD	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>	Generic	
<i>zolpidem regular release</i>	Generic	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	BRAND	
NICOTROL NS NASAL SOLUTION	BRAND	
NICOTROL ORAL INHALER	BRAND	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	Generic	
<i>atenolol/chlorthalidone</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	



























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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>propranolol immediate release</i> ☐☐	Generic	
<i>propranolol oral solution</i> ☐☐	Generic	
<i>propranolol sustained release</i> ☐☐	Generic	Step Therapy
<i>sotalol</i> ☐☐	Generic	
<i>sotalol AF</i> ☐☐	Generic	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine</i> ☐☐	Generic	
<i>amlodipine/benazepril 2.5-10mg, 5-10mg, 5-20mg, 10-20mg</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%, 5%-0.9% and 10%-0.45% intravenous solution</i>	Generic	
<i>dextrose in water 5% and 10% intravenous solution</i>	Generic	
INTRALIPID 20% & 30% INTRAVENOUS SOLUTION	BRAND	
RENAMIN INTRAVENOUS SOLUTION	BRAND	
CARDIAC DRUGS		
<i>amiodarone 200mg & 400mg</i> ☐☐	Generic	
DIGOXIN ORAL SOLUTION ☐☐	BRAND	
<i>digoxin tablet</i> ☐☐	Generic	
<i>disopyramide immediate release</i> ☐☐	Generic	
<i>flecainide</i> ☐☐	Generic	
LANOXIN ☐☐	BRAND	
<i>mexiletine</i> ☐☐	Generic	
NORPACE CR ☐☐	BRAND	
<i>pacerone</i> ☐☐	Generic	
<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	

☐☐ Generally available through Mail Order Pharmacy
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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
CATHARTICS AND LAXATIVES		
AMITIZA 	BRAND	PRIOR AUTHORIZATION
<i>gavilyte-g (GOLYTELY equivalent)</i>	Generic	
MOVIPREP	BRAND	
<i>polyethylene glycol-electrolyte (COLYTE equivalent)</i>	Generic	
<i>trilyte (NULYTELY equivalent)</i>	Generic	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
RETIN-A MICRO 	BRAND	
<i>tretinoin topical</i> 	Generic	
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
CAMPRAL 	BRAND	
LODOSYN 	BRAND	
NAMENDA 	BRAND	PRIOR AUTHORIZATION
RILUTEK	SPECIALTY	30 DAY SUPPLY LIMIT
STRATTERA 	BRAND	
XENAZINE	SPECIALTY	PRIOR AUTHORIZATION 30 DAY SUPPLY LIMIT LIMITED PHARMACY ACCESS
XYREM	SPECIALTY	PRIOR AUTHORIZATION 30 DAY SUPPLY LIMIT LIMITED PHARMACY ACCESS
CHOLELITHOLYTIC AGENTS		
<i>ursodiol capsule</i> 	Generic	
<i>ursodiol tablet</i> 	Generic	
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>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	





























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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>lutera</i> (ALESSE equivalent) ☞☞	Generic	
LYBREL ☞☞	BRAND	
<i>microgestin</i> (LOESTRIN equivalent) ☞☞	Generic	
<i>microgestin fe</i> (LOESTRIN FE equivalent) ☞☞	Generic	
<i>mononessa</i> (ORTHO-CYCLEN equivalent) ☞☞	Generic	
<i>necon</i> 0.5/35 (BREVICON, MODICON equivalent) ☞☞	Generic	
<i>necon</i> 1/35, 1/50 (NORINYL 1/35 & 1/50, ORTHO-NOVUM 1/35 & 1/50 equivalents) ☞☞	Generic	
<i>necon</i> 10/11 ☞☞	Generic	
<i>necon</i> 7/7/7 (ORTHO-NOVUM 7/7/7 equivalent) ☞☞	Generic	
<i>nora-be</i> (NOR-QD, ORTHO MICRONOR equivalent) ☞☞	Generic	
<i>nortrel</i> 0.5/35 (BREVICON, MODICON equivalent) ☞☞	Generic	
<i>nortrel</i> 1/35 (NORINYL 1/35, ORTHO-NOVUM 1/35 equivalent) ☞☞	Generic	
<i>nortrel</i> 7/7/7 (ORTHO-NOVUM 7/7/7 equivalent) ☞☞	Generic	
NUVARING ☞☞	BRAND	
<i>ocella</i> (YASMIN equivalent) ☞☞	Generic	
<i>ogestrel</i> ☞☞	Generic	
ORTHO EVRA PATCH ☞☞	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</i> (NORDETTE equivalent) ☞☞	Generic	
<i>previfem</i> (ORTHO-CYCLEN equivalent) ☞☞	Generic	
<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	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
DIGESTANTS		
CREON ORAL 	BRAND	
VIOKASE POWDER & TABLET 	BRAND	
DIURETICS		
<i>acetazolamide oral sustained release capsule</i> 	Generic	
<i>acetazolamide oral tablet</i> 	Generic	
ALDACTAZIDE 50MG/50MG 	BRAND	
<i>amiloride</i> 	Generic	
<i>amiloride/hydrochlorothiazide</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	
<i>furosemide injection</i>	Generic	
<i>furosemide oral solution</i> 	Generic	
<i>furosemide oral tablet</i> 	Generic	
<i>hydrochlorothiazide</i> 	Generic	
<i>indapamide</i> 	Generic	
<i>metolazone</i> 	Generic	
<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	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
<i>ammonium lactate 12% cream & lotion (prescription product only)</i> 	Generic	
ENZYMES		
ADAGEN INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
ALDURAZYME INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
CEREDASE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
CEREZYME INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
ELAPRASE INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
ELITEK INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
FABRAZYME INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
NAGLAZYME INTRAVENOUS SOLUTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
PROLASTIN INJECTION	BRAND	PRIOR AUTHORIZATION
PULMOZYME NEBULIZATION SOLUTION	BRAND	
SUCRAID ORAL	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT

ESTROGENS AND ANTIESTROGENS

CLIMARA PRO	BRAND	
COMBIPATCH	BRAND	
ESTRACE VAGINAL	BRAND	
ESTRADERM	BRAND	
estradiol oral	Generic	
estradiol weekly patch (CLIMARA equivalent)	Generic	
ESTRING	BRAND	
estropipate oral	Generic	
EVISTA	BRAND	
FEMHRT	BRAND	
FEMHRT LOW-DOSE	BRAND	
PREMARIN ORAL	BRAND	
PREMARIN VAGINAL	BRAND	
PREMPHASE	BRAND	
PREMPRO	BRAND	
VAGIFEM	BRAND	
VIVELLE DOT	BRAND	

FIRST GENERATION ANTIHISTAMINES

clemastine syrup & tablet (prescription only)	Generic	
cyproheptadine	Generic	
diphenhydramine 25mg capsule (prescription only)	Generic	
diphenhydramine injection	Generic	
promethazine injection	Generic	
promethazine rectal suppository	Generic	
promethazine syrup	Generic	
promethazine tablet BvD	Generic	Prior Authorization

GASTROINTESTINAL DRUGS, MISCELLANEOUS

LOTRONEX	BRAND	PRIOR AUTHORIZATION
octreotide injection	Generic	Prior Authorization
RELISTOR	BRAND	PRIOR AUTHORIZATION

GENITOURINARY SMOOTH MUSCLE RELAXANTS

DETROL	BRAND	
DETROL LA	BRAND	
oxybutynin immediate release	Generic	






















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


Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>oxybutynin sustained release</i> ☐☐	Generic	
SANCTURA ☐☐	BRAND	
SANCTURA XR ☐☐	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, 30
DAY SUPPLY LIMIT		
SYPRINE ☐☐	BRAND	
HEMATOPOIETIC AGENTS		
ARANESP INJECTION BVD	BRAND	PRIOR AUTHORIZATION
LEUKINE INJECTION	SPECIALTY	30 DAY SUPPLY LIMIT
NEULASTA INJECTION	SPECIALTY	30 DAY SUPPLY LIMIT
NEUMEGA INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
NEUPOGEN INJECTION	SPECIALTY	30 DAY SUPPLY LIMIT
PROCRIT INJECTION BVD	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	
RENVELA ☐☐	BRAND	
<i>sodium polystyrene sulfonate oral</i> ☐☐	Generic	
IRRIGATING SOLUTIONS		
<i>sodium chloride irrigating solution</i> ☐☐	Generic	
<i>water for irrigation</i> ☐☐	Generic	




















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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
KERATOPLASTIC AGENTS		
VECTICAL 	BRAND	PRIOR AUTHORIZATION
LOCAL ANESTHETICS (EARS, EYES, NOSE & THROAT)		
lidocaine 2% jel (prescription only) 	Generic	
lidocaine viscous oral 	Generic	
LOCAL ANESTHETICS (PARENTERAL)		
lidocaine injection	Generic	
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
ACTONEL 	BRAND	STEP THERAPY
ACTONEL WITH CALCIUM 	BRAND	STEP THERAPY
alendronate tablet 	Generic	
allopurinol 	Generic	
ANTABUSE 	BRAND	
ATGAM INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
AVODART 	BRAND	
AVONEX INJECTION	SPECIALTY	STEP THERAPY, 30 DAY SUPPLY LIMIT
AZASAN  BvD	BRAND	PRIOR AUTHORIZATION
azathioprine 50mg  BvD	Generic	Prior Authorization
BETASERON INJECTION	SPECIALTY	STEP THERAPY, 30 DAY SUPPLY LIMIT
BONIVA INTRAVENOUS SOLUTION	BRAND	PRIOR AUTHORIZATION
bupropion sustained release - 12 hour (smoking deterrent) 	Generic	
CELLCEPT INTRAVENOUS SOLUTION BvD	BRAND	PRIOR AUTHORIZATION
CELLCEPT ORAL SUSPENSOIN  BvD	BRAND	PRIOR AUTHORIZATION
colchicine 	Generic	
COPAXONE INJECTION	SPECIALTY	30 DAY SUPPLY LIMIT
cyclosporine intravenous solution BvD	Generic	Prior Authorization
cyclosporine modified oral  BvD	Generic	Prior Authorization
cyclosporine oral  BvD	Generic	Prior Authorization
CYSTADANE POWDER FOR ORAL SOLUTION	BRAND	PRIOR AUTHORIZATION
CYSTAGON ORAL	BRAND	PRIOR AUTHORIZATION
ELMIRON 	BRAND	
ENBREL INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
etidronate disodium 	Generic	
finasteride 	Generic	
FLOMAX 	BRAND	
fluoride chew tablet, cream, gel, rinse 	Generic	
fomepizole intravenous solution	Specialty	Prior Authorization, 30 Day Supply Limit

 Generally available through Mail Order Pharmacy
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Alphabetical by Drug Category


Drug Name	Drug Tier	Notes
FOSAMAX ORAL SOLUTION 	BRAND	STEP THERAPY
FOSAMAX PLUS D 	BRAND	STEP THERAPY
gengraf  BvD	Generic	Prior Authorization
HUMIRA INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
KINERET INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
KUVAN	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
leflunomide 	Generic	Step Therapy
leucovorin calcium injection	Generic	
leucovorin calcium oral 	Generic	
levocarnitine (prescription only) 	Generic	
MESNEX TABLET 	BRAND	
methotrexate 25mg/ml injection 	Generic	
methotrexate oral 	Generic	
mycophenolate mofetil  BvD	Generic	Prior Authorization
NEORAL  BVD	BRAND	PRIOR AUTHORIZATION
octreotide injection	Generic	Prior Authorization
ORFADIN ORAL	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
PROGRAF  BVD	BRAND	PRIOR AUTHORIZATION
PROMACTA	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
RAPAMUNE  BVD	BRAND	PRIOR AUTHORIZATION
REBIF INJECTION	SPECIALTY	30 DAY SUPPLY LIMIT
REMICADE INJECTION BVD	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
REVLIMID	SPECIALTY	30 DAY SUPPLY LIMIT, LIMITED PHARMACY ACCESS
RHEUMATREX 	BRAND	
SANDIMMUNE INTRAVENOUS SOLUTION BVD	BRAND	PRIOR AUTHORIZATION
SANDIMMUNE ORAL  BVD	BRAND	PRIOR AUTHORIZATION
SENSIPAR 	BRAND	
THALOMID	SPECIALTY	30 DAY SUPPLY LIMIT
THIOLA 	BRAND	
ULORIC 	BRAND	PRIOR AUTHORIZATION
UROXATRAL 	BRAND	
ZAVESCA ORAL	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT

MUCOLYTIC AGENTS

acetylcysteine nebulization solution  BvD	Generic	Prior Authorization
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MULTIVITAMIN PREPARATIONS

prenatal vitamins with folic acid (generics only) 	Generic	
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 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
MYDRIATICS		
<i>dipivefrin ophthalmic</i>	Generic	
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 SYRUP ☐	BRAND	
MESTINON TIMESPAN ☐	BRAND	
<i>pilocarpine oral</i> ☐	Generic	
<i>pyridostigmine tablet</i> ☐	Generic	
RAZADYNE ORAL SOLUTION ☐	BRAND	PRIOR AUTHORIZATION
PARATHYROID AGENTS		
<i>calcitonin salmon nasal</i> ☐	Generic	
FORTEO INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
<i>fortical nasal</i> ☐	Generic	
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
NORDITROPIN INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
OMNITROPE INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
SEROSTIM INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT

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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> ☞	Generic	
<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</i> ☞	Generic	
<i>fluphenazine deconate injection</i>	Generic	
<i>fluphenazine hcl injection</i>	Generic	
<i>fluphenazine oral</i> ☞	Generic	
<i>fluvoxamine regular release</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 ☞	Generic	
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 1MG ONLY ☞	BRAND	PRIOR AUTHORIZATION
risperidone dissolving tablet 0.25mg, 0.5mg, 2mg, 3mg, 4mg ☞	Generic	Prior Authorization
risperidone tablet & oral solution ☞	Generic	
SEROQUEL ☞	BRAND	
SEROQUEL XR ☞	BRAND	
sertraline ☞	Generic	
SURMONTIL 100MG ☞	BRAND	
thioridazine ☞	Generic	
thiothixene ☞	Generic	
tranylcypromine ☞	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	STEP THERAPY, QUANTITY LIMIT
AVAPRO ☞	BRAND	STEP THERAPY, QUANTITY LIMIT
benazepril ☞	Generic	
benazepril/hydrochlorothiazide ☞	Generic	
captopril ☞	Generic	
enalapril ☞	Generic	
eplerenone ☞	Generic	Prior Authorization
lisinopril ☞	Generic	
lisinopril/hydrochlorothiazide ☞	Generic	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
LOTREL 5-40MG & 10-40MG ☐☐	BRAND	
MICARDIS ☐☐	BRAND	STEP THERAPY, QUANTITY LIMIT
MICARDIS HCT ☐☐	BRAND	STEP THERAPY, QUANTITY LIMIT
<i>ramipril capsule</i> ☐☐	Generic	
<i>spironolactone</i> ☐☐	Generic	
<i>spironolactone/hydrochlorothiazide 25mg/25mg</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, klor-con m</i> ☐☐	Generic	
LACTATED RINGERS INTRAVENOUS SOLUTION	BRAND	
<i>potassium chloride intravenous solution</i>	Generic	
<i>potassium chloride sustained release capsule & tablet</i> ☐☐	Generic	
<i>sodium chloride 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	
SERUMS		
GAMASTAN INJECTION BvD	BRAND	PRIOR AUTHORIZATION
GAMMAGARD INTRAVENOUS SOLUTION BvD	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i> ☐☐	Generic	
<i>chlorzoxazone</i> ☐☐	Generic	
<i>cyclobenzaprine</i> ☐☐	Generic	
<i>dantrolene</i> ☐☐	Generic	
<i>methocarbamol</i> ☐☐	Generic	
<i>orphenadrine</i> ☐☐	Generic	Prior Authorization
<i>tizanadine tablet only</i> ☐☐	Generic	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ALDARA ☐☐	BRAND	
<i>amnesteem</i> ☐☐	Generic	
AZELEX ☐☐	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
<i>calcipotriene solution</i> ☞	Generic	
CARAC ☞	BRAND	
<i>claravis</i> ☞	Generic	
CONDYLOX GEL ☞	BRAND	
DIFFERIN CREAM & GEL ☞	BRAND	
DOVONEX CREAM ☞	BRAND	
ELIDEL ☞	BRAND	
FINACEA ☞	BRAND	
FLUOROPLEX ☞	BRAND	
<i>fluorouracil 2% & 5% topical solution</i> ☞	Generic	
<i>fluorouracil 5% cream</i> ☞	Generic	
<i>isotretinoin oral (amnestem, claravis, sotret)</i> ☞	Generic	
PANRETIN TOPICAL ☞	BRAND	
<i>podofilox solution</i> ☞	Generic	
PROTOPIC ☞	BRAND	
REGRANEX	BRAND	PRIOR AUTHORIZATION
SANTYL ☞	BRAND	
SOLARAZE ☞	BRAND	
SORIATANE CK ☞	BRAND	
<i>sotret</i> ☞	Generic	
TACLONEX ☞	BRAND	PRIOR AUTHORIZATION
TARGRETIN TOPICAL	SPECIALTY	30 DAY SUPPLY LIMIT
TAZORAC ☞	BRAND	QUANTITY LIMIT

SOMATOTROPIN AGONISTS AND ANTAGONISTS

INCRELEX INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
SOMAVERT INJECTION	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT

SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS

DIBENZYLINE ☞	BRAND	
<i>dihydroergotamine injection</i>	Generic	
<i>ergoloid mesylates oral</i> ☞	Generic	
ERGOMAR	BRAND	QUANTITY LIMIT
<i>ergotamine w/caffeine oral tablet</i>	Generic	Quantity Limit
<i>migergot rectal suppository</i>	Generic	Quantity Limit
MIGRANAL NASAL ☞	BRAND	

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> ☞	Generic	
<i>albuterol sustained release</i> ☞	Generic	
<i>albuterol/ipratropium nebulization solution</i> ☞	Generic	
COMBIVENT ORAL INHALER ☞	BRAND	

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Alphabetical by Drug Category

Drug Name	Drug Tier	Notes
EPIPEN INJECTOR	BRAND	
EPIPEN-JR INJECTOR	BRAND	
<i>midodrine</i>	Generic	
PROAIR HFA ORAL INHALER	BRAND	
SEREVENT DISKUS FOR ORAL INHALATION	BRAND	
SYMBICORT FOR ORAL INHALATION	BRAND	
<i>terbutaline oral</i>	Generic	
TWINJECT INJECTOR	BRAND	
VENTOLIN HFA	BRAND	
THYROID AND ANTITHYROID AGENTS		
<i>levothroid</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, adsorbed BvD</i>	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	
VACCINES		
ACTHIB	BRAND	
ATTENUVAX	BRAND	
COMVAX	BRAND	
ENGERIX-B BVD	BRAND	PRIOR AUTHORIZATION
GARDASIL	BRAND	
HAVIRX	BRAND	
HIBTITER	BRAND	

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Alphabetical by Drug Category

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Notes</i>
IMOVAX RABIES (H.D.C.V.) BVD	BRAND	PRIOR AUTHORIZATION
IPOLE	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	
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	
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	
LETAIRIS	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
<i>minitran patch</i> ☐☐	Generic	
NITRO-DUR 0.3MG & 0.8MG PATCH ☐☐	BRAND	
<i>nitroglycerin 0.1mg, 0.2mg, 0.4mg, 0.6mg patch</i> ☐☐	Generic	
NITROSTAT ☐☐	BRAND	
REVATIO	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT

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Alphabetical by Drug Category

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Notes</i>
TRACLEER	SPECIALTY	PRIOR AUTHORIZATION 30 DAY SUPPLY LIMIT LIMITED PHARMACY ACCESS
VENTAVIS BvD	SPECIALTY	PRIOR AUTHORIZATION, 30 DAY SUPPLY LIMIT
VITAMIN D		
<i>calcitriol oral</i> 	<i>Generic</i>	
ZEMPLAR 	BRAND	PRIOR AUTHORIZATION

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

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Acetic acid otic	15
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ACULAR ophthalmic	17
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ALDACTAZIDE 50mg/50mg	27, 34
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













































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























































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














































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






















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