

For Security Blue HMO, Freedom Blue PPO, and Blue Rx PDP Complete plans, **please review this formulary**

For those looking for information on a Security Blue HMO SNP plan (plan designed for those who are dual eligible for both Medicare and Medicaid) in one of the Pennsylvania counties listed below, **please review this formulary**

- Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, Mercer, Somerset, Washington, Westmoreland

For those looking for information on Blue Rx PDP Plus, **please review this formulary**

For Prior Authorization criteria, **please review this information**

Medicare Part D: PA Criteria

PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ACTHAR H.P.	All medically accepted indications not otherwise excluded from Part D		Documentation of diagnosis, alternatives tried/failed and concomitant therapy			up to 12 months	
ACTIMMUNE	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis			up to lifetime authorization	Applies to new starts only
ADMINISTRATIVE PA	All FDA approved indications not otherwise excluded from Part D	Barbiturates will not be covered under Part D for indications other than epilepsy, cancer or chronic mental health disorders.	Documentation of diagnosis			up to a lifetime authorization	Phenobarbital will not require prior authorization to determine indication

Medicare Part D: PA Criteria

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AFINITOR	All FDA approved indications not otherwise excluded from Part D		Documentation of advanced renal cell carcinoma -OR- documentation of patients with progressive neuroendocrine tumors of pancreatic origin (PNET) that is unresectable, locally advanced or metastatic -OR- documentation of renal angiomyolipoma and tuberous sclerosis complex (TSC) -OR- documentation of use in postmenopausal advanced hormone receptor-positive, HER2-negative breast cancer in combination with exemestane after failure of treatment with letrozole or anastrozole -OR- documentation of		oncologist	Lifetime	Applies to new starts only
AMPYRA	All FDA approved indications not otherwise excluded from Part D	hx of seizure disorder, Cr Cl less than 50ml/min	documentation of diagnosis, functional status score			lifetime	doses greater than 20 mg//day will not be approved

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ANABOLIC STEROIDS	All medically accepted indications not otherwise excluded from Part D					lifetime	
ARCALYST	All FDA approved indications not otherwise excluded from Part D	Concomitant use with agents that inhibit IL-1 or TNF including Remicade, Amevive, Humira, Enbrel, Orencia, or Kineret	documentation of diagnosis	Deny if less than 12 years of age (Arcalyst) or less than 4 years of age (Ilaris)		up to lifetime authorization	
ATYPICAL ANTIPSYCHOTICS	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis, if drug product is being used for major depressive disorder an adequate trial of 1 alternative agent is required.			up to lifetime authorization	Applies to new starts only
AUBAGIO	All FDA approved indications not otherwise excluded from Part D	Concomitant use of Aubagio and other disease modifying agents such as fingolimod, interferons, Copaxone , Tysabri	Documentation of relapsing-remitting or relapsing secondary progressive multiple sclerosis		neurologist	up to 12 months	Doses greater than 14 mg per day will not be approved

Medicare Part D: PA Criteria

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BOSULIF	All FDA approved indications not otherwise excluded from Part D		Documentation of chronic myelogenous leukemia (CML) of any phase and lack of response or intolerance to prior therapy (e.g. imatinib, dasatinib, nilotinib)			up to a lifetime authorization	Applies to new starts only
BUTRANS	All FDA approved indications not otherwise excluded from Part D		documentation of trial and failure of at least 2 previous long acting opioid analgesics			up to lifetime authorization	
CHENODAL	All FDA approved indications not otherwise excluded from Part D		Documentation of small (less than 15mm in diameter), floatable radiolucent gallstones AND an inadequate response to ursodiol therapy			up to 12 months with an additional 12 months upon renewal	Safety of use beyond 24 months is not established
CIALIS	All FDA approved indications not otherwise excluded from Part D		Documentation of benign prostatic hyperplasia (BPH) and alternatives tried/failed (one or more alpha-1 adrenergic blocker)			up to lifetime authorization	

Medicare Part D: PA Criteria

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CIMZIA	All FDA approved indications not otherwise excluded from Part D	Concomitant use of another biological agents that inhibit IL-1 or TNF including Remicade, Amevive, Humira, Enbrel, Orencia, or Kineret	For a diagnosis of Crohn's disease, Cimzia will be approved after a failure of any two alternatives used to treat Crohn's disease or monotherapy with Remicade		Gastroenterologist/ Rheumatologist	up to lifetime authorization	Alternatives for Crohn's disease include those drugs listed in the accepted compendia as having a medically accepted use in Crohn's disease (such as 5 ASA derivatives and conventional immunosuppressants ). Patients must have an adequate trial or intolerance to the preferred product (s) before a non-preferred
COMETRIQ	All FDA approved indications not otherwise excluded from Part D		Documentation of progressive, metastatic medullary thyroid cancer			up to lifetime authorization	Applies to new starts only

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
EGFR TYROSINE KINASE INHIBITORS	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis		oncologist, hematologist	up to lifetime authorization	Coverage of pancreatic cancer diagnosis applies only to erlotinib (Tarceva). The use of Iressa or Tarceva for lung cancer will be approved as a first line therapy. Applies to new starts only.
EGRIFTA	All FDA approved indications not otherwise excluded from Part D		documented diagnosis of HIV and lipodystrophy, member must actively be receiving antiretroviral therapy including protease inhibitors, nucleoside reverse transcriptase inhibitors, or non-nucleoside reverse transcriptase inhibitors			up to lifetime authorization	Applies to new starts only

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
ENBREL	All FDA approved indications not otherwise excluded from Part D	Concomitant use of Kineret, Remicade, Amevive, Humira, Orencia	Documentation of diagnosis including rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile rheumatoid arthritis with an inadequate response to DMARDS or psoriasis after failure of systemic therapy or phototherapy	Deny if less than 2 years old	rheumatologist, dermatologist	up to lifetime authorization	Systemic therapy for psoriasis includes methotrexate or cyclosporine. Patients must have an adequate trial or intolerance to the preferred product (s) before a non-preferred product will be approved.
ERIVEDGE	All FDA approved indications not otherwise excluded from Part D		Documentation of advanced basal cell carcinoma (BCC), which includes metastatic and locally advanced basal cell carcinoma, for whom surgery is inappropriate		oncologist, dermatologist	up to lifetime authorization	Applies to new starts only, Doses greater than 150mg/day will not be approved
FIRAZYR	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis (hereditary angioedema)			up to 12 months	



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FORTEO	All FDA approved indications not otherwise excluded from Part D	Diagnosis of underlying hypercalcemic disorder such as hypercalcemia, hyperparathyroidism or hypoparathyroidism, or high risk for osteosarcoma (Paget's disease, prior radiation therapy, bone metastases, open epiphyses, etc.). Treatment duration greater than 24 months.	documentation of diagnosis and alternatives tried/failed			up to 24 months	
GATTEX	All FDA approved indications not otherwise excluded from Part D		Documentation of short bowel syndrome (SBS) AND dependence on parenteral nutrition or intravenous nutritional support for at least 12 months AND requiring parenteral nutrition at least 3 times per week			up to 12 months	

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
GILENYA	All FDA approved indications not otherwise excluded from Part D	Concomitant use of Gilenya and other disease modifying agents such as interferons, copaxone , tysabri	Members must have a documented diagnosis of relapsing-remitting, relapsing secondary progressive or progressive relapsing multiple sclerosis and the prescribed dose of fingolimod does not exceed 0.5mg/day		neurologist	up to 12 months	
GLEEVEC	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis			up to lifetime authorization	Applies to new starts only
GRALISE	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis			up to lifetime authorization	Applies to new starts only
GROWTH HORMONE	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis, growth chart, bone age, growth velocity, and response to stimulation test, when applicable			up to 12 months	

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
HEP-C PROTEASE INHIBITORS	All FDA approved indications not otherwise excluded from Part D	Previous failure of a Protease Inhibitor used in hepatitis-C (bocepravir or telapravir)	Documentation of chronic hepatitis C genotype 1 infection in an adult patients (18 years and older) with compensated liver disease, including cirrhosis, who are previously untreated or who have failed previous interferon and ribavirin therapy and it being used in combination with peginterferon alfa and ribavirin.	Deny if less than 18 years old		up to 11 months (boceprevir) and up to 3 months (telaprevir)	Applies to new starts only, doses greater than or less than 2,400mg/day (boceprevir) and doses greater than or less than 2,250mg/day (telaprevir) will not be approved
HIGH-RISK MEDS	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis and alternatives tried/failed (at least 2 non-high risk medications, if applicable), explanation of risk-benefit profile favoring use of the High-risk medication and documentation of ongoing monitoring to identify and address treatment-related adverse events	Automatic approval if less than 65 years of age		up to plan year authorization	

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HOMOZYGOUS FH	All FDA approved indications not otherwise excluded from Part D		Documentation of homozygous familial hypercholesterolemia (HoFH) AND genetic testing to confirm functional mutation(s) in both LDL receptor alleles or alleles known to affect LDL receptor functionality AND LDL-C concentrations greater than 300 mg/dL after at least 6 months of treatment with maximally-tolerated drug therapy OR untreated LDL-C concentrations greater than 500 mg/dL with the presence of Xanthomas in the first decade of life			up to 12 months	

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
HORIZANT	All FDA approved indications not otherwise excluded from Part D		Documentation of moderate to severe active primary restless leg syndrome and trial and failure of two accepted medications for the treatment of this condition one of which must include pramipexole or ropinirole -OR- documentation of post herpetic neuralgia			up to lifetime authorization	Applies to new starts only

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
HUMIRA	All FDA approved indications not otherwise excluded from Part D	Concomitant use of Kineret, Remicade, Amevive, Enbrel, Orencia	Documentation of diagnosis including rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile rheumatoid arthritis having an inadequate response to DMARDS, psoriasis after failure of systemic therapy or phototherapy, Crohn's Disease after failure of two alternatives or monotherapy with Remicade	Deny if less than 4 years old	rheumatologist, dermatologist, or gastroenterologist	up to lifetime authorization	Systemic therapy for psoriasis includes methotrexate or cyclosporine. Alternatives for Crohn's disease include 5 ASA derivatives and conventional immunosuppressants. Patients must have an adequate trial or intolerance to the preferred product (s) before a non-preferred product will be approved.

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ICLUSIG	All FDA approved indications not otherwise excluded from Part D		Documentation of chronic phase, accelerated phase or blast phase CML and previous trial and lack of response or intolerance to tyrosine kinase inhibitor therapy -OR- documentation of PH+ ALL and previous trial and lack of response or intolerance to tyrosine kinase inhibitor therapy			up to lifetime authorization	Applies to new starts only
INCRELEX	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis, growth chart, stimulation test results, growth velocity, IGF-1 level	Deny if greater than 18 years old		up to 12 months	
INLYTA	All FDA approved indications not otherwise excluded from Part D		Documentation of advanced renal cell carcinoma (RCC) and failure one prior systemic therapy		oncologist	up to lifetime authorization	Applies to new starts only

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
INTERFERON ALFA	All FDA approved indications not otherwise excluded from Part D in addition to bladder carcinoma, multiple myeloma, laryngeal papillomatosis, renal cell cancer (use as a debulking agent), polycythemia vera after failure of conventional treatments, and chronic phase Philadelphia chromosome-positive chronic myelogenous leukemia.		documentation of diagnosis only			up to 12 months	
IVIG	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis			up to 12 months	Administered in the home to a member with a diagnosis of primary immunodeficiency disease (covered under Part B)



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JAKAFI	All FDA approved indications not otherwise excluded from Part D		Documentation of intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis		oncologist, hemotologist	up to lifetime authorization	Applies to new starts only
KALYDECO	All FDA approved indications not otherwise excluded from Part D	Homozygous for the F508del mutation in the CFTR gene	Documentation of cystic fibrosis (CF) in pateints who have a G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene	Deny is less than 6 years of age	pulmonologist	up to lifetime authorization	Doses greater than 300mg/day will not be approved
KINERET	All FDA approved indications not otherwise excluded from Part D	Concomitant use of Enbrel, Remicade, Amevive, Humira, Orencia	Documentation of a diagnosis of rheumatoid arthritis in addition to trial and failure of one DMARD	Deny if less than 18 years old	rheumatologist	up to lifetime authorization	Patients must have an adequate trial or intolerance to the preferred product (s) before a non-preferred product will be approved.

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KORLYM	All FDA approved indications not otherwise excluded from Part D		Documentation of hyperglycemia secondary to hypercortisolism in patients with endogenous Cushing's syndrome who have Type 2 Diabetes Mellitus or glucose intolerance AND patient is not a candidate for surgery or radiotherapy or where surgery or radiotherapy has failed AND patient experienced intolerance, failure or inadequate response with ketoconazole or metyrapone	Deny if less than 18 years of age		up to lifetime authorization	
LIDODERM	All FDA approved indications not otherwise excluded from Part D		documentation of post herpetic neuralgia			up to lifetime authorization	
LYRICA	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis such as DPN, PHN, seizures in addition to failure of two AEDS, neuropathic pain, or fibromyalgia.			up to lifetime authorization	Applies to new starts only

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
MEKINIST	All FDA approved indications not otherwise excluded from Part D	Prior BRAF inhibitor therapy	Documentation of unresectable or metastatic melanoma with BRAFV600E or BRAFV600K mutations			up to lifetime authorization	Applies to new starts only
MOZOBIL	All FDA approved indications not otherwise excluded from Part D		used in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with multiple myeloma (MM) and non-Hodgkins lymphoma (NHL).		oncologist, hematologist	up to 12 months	Applies to new starts only
NEXAVAR	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis such as hepatocellular carcinoma or advanced renal cell carcinoma after treatment of 1 other systemic chemotherapeutic agent.		oncologist, hematologist	up to lifetime authorization	Applies to new starts only

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ORENCIA	All FDA approved indications not otherwise excluded from Part D	Concomitant use of Enbrel, Remicade, Amevive, Humira.	Documentation of diagnosis and alternatives tried/failed (one or more DMARD) if diagnosis is moderate to severe rheumatoid arthritis		rheumatologist	up to lifetime authorization	Administered incident to a physician service (covered under Part B). Patients must have an adequate trial or intolerance to the preferred product (s) before a non-preferred product will be approved.
POMALYST	All FDA approved indications not otherwise excluded from Part D		Documentation of multiple myeloma, previous trial of at least 2 therapies including lenalidomide and bortezomib, and disease progression on or within 60 days of last therapy			up to lifetime authorization	Applies to new starts only
PRISTIQ	All FDA approved indications not otherwise excluded from Part D		Documentation of major depressive disorder and trial and failure of two other antidepressants.			up to lifetime authorization	Applies to new starts only

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PROLIA	All FDA approved indications not otherwise excluded from Part D		Documentation to support the treatment of osteoporosis and the prevention of fractures in postmenopausal women having a T score of less than -2.5, Daily intake of calcium and vitamin d supplements, no underlying cause for secondary osteoporosis such as hyperthyroidism, or hyperparathyroidism etc, Documented trial and failure of two osteoporotic therapies one of which must be a bisphosphonate, unless such therapy is contraindicated, Other therapies include a selective estrogen receptor modulator, calcitonin, or hormone			up to 12 months	

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PA Group	Covered Uses	Exclusion Criteria	Required Medical Information	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
PROVIGIL	All FDA approved indications not otherwise excluded from Part D including fatigue related to multiple sclerosis, attention-deficit hyperactivity disorder, adverse reaction to drug-somnolence and Steinert myotonic dystrophy syndrome		Diagnosis of narcolepsy documented by MSLT less than 10 min or other appropriate testing. Diagnosis of obstructive sleep apnea/hypopnea syndrome (OSAHS) documented by objective polysomnography and documented patient compliance with continuous positive airway pressure (CPAP) therapy. Diagnosis established in accordance with ICSD or DSM IV criteria acceptable for either indication			up to 12 months	

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PULMONARY ARTERIAL HYPERTENSION	All FDA approved indications not otherwise excluded from Part D		Diagnosis of pulmonary hypertension, substantiated by results from Doppler echocardiography and/or direct measurement of pulmonary arterial pressure, defined as a mean pulmonary arterial pressure of greater than or equal to 25 mmHg, with a pulmonary capillary wedge pressure of less than 15 mmHg.		cardiologist, pulmonologist	up to lifetime authorization	
RAVICTI	All FDA approved indications not otherwise excluded from Part D	Urea cycle disorders due to N-acetylglutamate synthase deficiency	Documentation of use with dietary protein restriction for chronic management of a urea cycle disorders (UCDs) when the condition cannot be managed by dietary protein restriction alone			up to lifetime authorization	

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REVLIMID	All FDA approved indications not otherwise excluded from Part D	Documentation of severe neutropenia, severe thrombocytopenia, or treatment-related MDS	Diagnosis of multiple myeloma or diagnosis of myelodysplastic syndrome (MDS) with 5-q deletion along with documentation of transfusion-dependent anemia or an anemia with documented hemoglobin of less than 10g/dL			up to lifetime authorization	Applies to new starts only
SAVELLA	All FDA approved indications not otherwise excluded from Part D		documentation to support a diagnosis of fibromyalgia			up to lifetime authorization	Applies to new starts only
SIGNIFOR	All FDA approved indications not otherwise excluded from Part D		Documentation of Cushing's disease AND patient is not a candidate for pituitary surgery or surgery has not been curative AND patient has experienced intolerance, failure or inadequate response with ketoconazole or metyrapone	Deny if less than 18 years of age		up to lifetime authorization	



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SIMPONI	All FDA approved indications not otherwise excluded from Part D	concomitant use of Kineret, Remicade, Amevive, Humira, Orencia,	documentation of diagnosis including rheumatoid arthritis, psoriatic arthritis, or ankylosing spondylitis		rheumatologist, dermatologist	up to lifetime authorization	Patients must have an adequate trial or intolerance to the preferred product (s) before a non-preferred product will be approved.
SPRYCEL	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis and failure of Gleevec therapy (failure of Gleevec is not necessary for the indication of newly diagnosed adults with chronic phase PH+ CML).			up to lifetime authorization	Applies to new starts only
STELARA	All FDA approved indications not otherwise excluded from Part D	concomitant use of Enbrel, Remicade, Amevive, Humira, Kineret	documentation of moderate to severe plaque psoriasis and failure of one systemic agent such as methotrexate or cyclosporine or failure of phototherapy.		dermatologist	up to lifetime authorization	

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STIVARGA	All FDA approved indications not otherwise excluded from Part D		Documentation of metastatic colorectal cancer and trial of a fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy (i.e. FOLFIRINOX), AND an anti-VEGF therapy (i.e. aflibercept) AND if KRAS wild type, an anti-EGFR therapy (i.e. cetuximab, panitumumab).			up to a lifetime authorization	Applies to new starts only
STRATTERA	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis and alternatives tried/failed			up to lifetime authorization	
SUTENT	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis and failure of Gleevec therapy, if applicable		oncologist, hematologist	up to lifetime authorization	Applies to new starts only
TASIGNA	All FDA approved indications not otherwise excluded from Part D		Documentation of diagnosis and failure of Gleevec therapy (failure of Gleevec is not necessary for the indication of newly diagnosed adults with chronic phase PH+ CML).		oncologist, hematologist	up to lifetime authorization	Applies to new starts only

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TECFIDERA	All FDA approved indications not otherwise excluded from Part D	Concomitant use with other disease modifying agents such as interferons, Copaxone , Tysabri, Aubagio, Gilenya	Documentation of relapsing form of multiple sclerosis (relapsing-remitting, relapsing secondary progressive, or progressive relapsing multiple sclerosis)		neurologist	up to 12 months	Doses greater than 240 mg twice-daily will not be approved
TESTOSTERONE (ANDROGENS)	All medically accepted indications not otherwise excluded from Part D.		documentation of diagnosis and free and/or total serum testosterone level if hypogonadism is the primary diagnosis	Deny if less than recommended age per FDA product labeling		up to lifetime authorization	
THALOMID	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis			up to lifetime authorization	Applies to new starts only

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THROMBOPOIESIS STIMULATING AGENTS	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis of chronic immune idiopathic thrombocytopenia purpura and trial and failure of corticosteroid or immunoglobulin therapy or splenectomy -OR- documentation of thrombocytopenia in patients with chronic hepatitis C to allow the initiation and maintenance of interferon-based therapy (eltrombopag only)			up to 12 months	Platelet count to be provided
TRANSMUCOSAL FENTANYL CITRATE	All FDA approved indications not otherwise excluded from Part D		documentation of therapeutic use and long acting opioid therapy			up to 12 months	

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TYKERB	All FDA approved indications not otherwise excluded from Part D		Documentation of Tykerb in combination with Xeloda (capecitabine) for patients with advanced, metastatic breast cancer that is HER2 positive who have received prior therapy, including a taxane, an anthracycline and trastuzumab (Herceptin) -OR- documentation of Tykerb in combination with Femara (letrozole) for the treatment of postmenopausal women with hormone receptor positive metastatic breast cancer that over expresses the HER2 receptor for whom hormonal therapy is indicated		oncologist	up to lifetime authorization	Applies to new starts only
ULORIC	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis and failure of allopurinol or any other acceptable treatment for gout including probenecid or colchicine			up to lifetime authorization	

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VANDETANIB	All FDA approved indications not otherwise excluded from Part D		documentation of symptomatic or progressive medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease			up to lifetime authorization	Applies to new starts only
VIIBRYD	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis major depressive disorder and trial and failure of any two antidepressants			up to lifetime authorization	Applies to new starts only
VOTRIENT	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis (renal cell carcinoma) -OR- documentation of advanced soft- tissue sarcoma excluding adipocytic soft tissue sarcoma or gastrointestinal stromal tumors after failure of at least one prior chemotherapy regimen		oncologist, hemotologist	up to lifetime authorization	
XALKORI	All FDA approved indications not otherwise excluded from Part D		Documentation of locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK) positive		oncologist, hemotologist	up to lifetime authorthization	Applies to new starts only

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XELJANZ	All FDA approved indications not otherwise excluded from Part D	concomitant use of Enbrel, Remicade, Amevive, Humira, Kineret, Simponi, Orencia, azathioprine, cyclosporine	Documentation of rheumatoid arthritis AND an inadequate response or intolerance to methotrexate			up to 12 months	Doses greater than 10 mg per day will not be approved. Patients must have an adequate trial or intolerance to the preferred product (s) before a non-preferred product will be approved.
XENAZINE	All FDA approved indications not otherwise excluded from Part D		documentation of diagnosis			up to lifetime authorization	
XTANDI	All FDA approved indications not otherwise excluded from Part D		Documentation of metastatic castration-resistant prostate cancer and prior therapy with docetaxel			up to a lifetime authorization	Applies to new starts only
ZELBORAF	All FDA approved indications not otherwise excluded from Part D	Wild-type BRAF melanoma	Documentation of unresectable or metastatic melanoma with BRAFV600E mutation		oncologist, hemotologist	up to lifetime authorization	Applies to new starts only

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ZOLINZA	All FDA approved indications not otherwise excluded from Part D		Documentation of cutaneous manifestations in patients with cutaneous T-cell lymphoma (CTCL) who have progressive, persistent, or recurrent disease on or following 2 systemic therapies. Systemic therapies include bexarotene, interferon alpha, extracorporeal photochemotherapy, PUVA, single agent or combination chemotherapies.		oncologist, hematologist	up to lifetime authorization	Applies to new starts only
ZYTIGA	All FDA approved indications not otherwise excluded from Part D		Documentation of metastatic castration resistant prostate cancer and concurrent use with prednisone			up to lifetime authorization	Applies to new starts only



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ABELCET	SUSP	5MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
AMPHOTERICIN B	SOLR	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ANCOBON	CAPS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ANCOBON	CAPS	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
CLOTRIMAZOLE	TROC	10MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ERAXIS	SOLR	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	SUSR	10MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	SUSR	40MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE IN DEXTROSE	SOLN	56MG/ML; 400MG/200ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCYTOSINE	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCYTOSINE	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRIFULVIN V	TABS	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GRISEOFULVIN MICROSIZE	SUSP	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN MICROSIZE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN ULTRAMICROSIZE	TABS	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN ULTRAMICROSIZE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ITRACONAZOLE	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
KETOCONAZOLE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NYSTATIN	SUSP	100000UNIT/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NYSTATIN	TABS	500000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
SPORANOX	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
TERBINAFINE HCL	TABS	250MG	Generic-1	YES	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND	SUSR	40MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND	TABS	50MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND IV	SOLR	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	SOLR	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VORICONAZOLE	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ABACAVIR	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	CAPS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	SUSP	200MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	TABS	800MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR SODIUM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	SYRP	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
APTIVUS	CAPS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
APTIVUS	SOLN	100MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ATRIPLA	TABS	600MG; 200MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	SOLN	0.05MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	TABS	0.5MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	TABS	1MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CIDOFOVIR	SOLN	75MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
COMPLERA	TABS	200MG; 25MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
COPEGUS	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CRIXIVAN	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CRIXIVAN	CAPS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EDURANT	TABS	25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EMTRIVA	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EMTRIVA	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EPIVIR	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR HBV	SOLN	5MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR HBV	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPZICOM	TABS	600MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FOSCARNET SODIUM	SOLN	24MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FUZEON	KIT	90MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
GANCICLOVIR	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
HEPSERA	TABS	10MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INCIVEK	TABS	375MG	PrefBrnd-2	NO	YES	ANTI - INFECTIVES	ANTIVIRALS
INTELENCE	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INTELENCE	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INVIRASE	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INVIRASE	TABS	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	CHEW	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	CHEW	25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	SOLN	400MG/5ML; 100MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	TABS	100MG; 25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	TABS	200MG; 50MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LEXIVA	SUSP	50MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LEXIVA	TABS	700MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NEVIRAPINE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NORVIR	CAPS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORVIR	SOLN	80MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	SUSP	100MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	600MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	75MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	800MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REBETOL	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REBETOL	SOLN	40MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RELENZA DISKHALER	AEPB	5MG/BLISTER	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RESCRIPTOR	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RESCRIPTOR	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RETROVIR IV INFUSION	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	0	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	600MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	CAPS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	600MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAVIRIN	CAPS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAVIRIN	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIMANTADINE HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SELZENTRY	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SELZENTRY	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	15MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	20MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STAVUDINE	CAPS	30MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	40MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	SOLR	1MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	CAPS	50MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	TABS	600MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SYNAGIS	SOLN	50MG/0.5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	30MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	45MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	75MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	SUSR	6MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TRIZIVIR	TABS	300MG; 150MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TRUVADA	TABS	200MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TYZEKA	TABS	600MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALACYCLOVIR HCL	TABS	1000MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALACYCLOVIR HCL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALCYTE	TABS	450MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VICTRELIS	CAPS	200MG	PrefBrnd-2	NO	YES	ANTI - INFECTIVES	ANTIVIRALS
VIDEX PEDIATRIC	SOLR	2GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRACEPT	TABS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRACEPT	TABS	625MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE	SUSP	50MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE XR	TB24	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE XR	TB24	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAZOLE	SOLR	6GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	POWD	40MG/GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIREAD	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	SOLR	1MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIAGEN	SOLN	20MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIAGEN	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	SYRP	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CEFACLOR	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACLOR	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACLOR ER	TB12	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	SUSR	500MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	TABS	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLN	1GM; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	CAPS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFEPIME	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFEPIME	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTAXIME SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTAXIME SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEFOTAXIME SODIUM	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	1GM; 4%	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	2GM; 2.2%	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	SUSR	100MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	SUSR	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	6GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEFUROXIME SODIUM	SOLR	1.5GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	7.5GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	750MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME AXETIL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME AXETIL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	CAPS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	100MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	200MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	500MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	1.5GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	750MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF IN ISO-OSMOTIC DEXTROSE	SOLN	750MG; 0	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
AZITHROMYCIN	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	SUSR	100MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AZITHROMYCIN	SUSR	200MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	600MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN ER	TB24	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
E.E.S. 400	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ERY-TAB	TBEC	333MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYPED 200	SUSR	200MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYPED 400	SUSR	400MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROCIN LACTOBIONATE	SOLR	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROCIN STEARATE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN BASE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN BASE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ALBENZA	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ALINIA	SUSR	100MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ALINIA	TABS	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMIKACIN SULFATE	SOLN	50MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMIKACIN SULFATE	SOLN	1GM/4ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ATOVAQUONE/PROGUANIL HCL	TABS	250MG; 100MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM	SOLR	2GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM IN ISO-OSMOTIC DEXTROSE	SOLN	1GM; 0	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM IN ISO-OSMOTIC DEXTROSE	SOLN	2GM; 0	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZTREONAM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BACIAM	SOLR	50000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BACITRACIN	SOLR	50000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BILTRICIDE	TABS	600MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CAPASTAT SULFATE	SOLR	1GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CAYSTON	SOLR	75MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLOROQUINE PHOSPHATE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLOROQUINE PHOSPHATE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN	CAPS	75MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLEOCIN PEDIATRIC GRANULES	SOLR	75MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE ADD-VANTAGE	SOLN	150MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	300MG/50ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	600MG/50ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	900MG/50ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COARTEM	TABS	20MG; 120MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COLISTIMETHATE SODIUM	SOLR	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COLY-MYCIN M	SOLR	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CUBICIN	SOLR	500MG	PrefBrnd-2	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DAPSONE	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DAPSONE	TABS	25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DARAPRIM	TABS	25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DORIBAX	SOLR	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ETHAMBUTOL HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ETHAMBUTOL HCL	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	0.9MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.4MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISOTONIC GENTAMICIN	SOLN	1.2MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISOTONIC GENTAMICIN	SOLN	0.8MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.6MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE	SOLN	10MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE	SOLN	40MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
IMIPENEM/CILASTATIN	SOLR	250MG; 250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
IMIPENEM/CILASTATIN	SOLR	500MG; 500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INVANZ	SOLR	1GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	SOLN	100MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	SYRP	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KANAMYCIN SULFATE	SOLN	333MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KETEK	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KETEK	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
LINCOCIN	SOLN	300MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MALARONE	TABS	250MG; 100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MALARONE	TABS	62.5MG; 25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEFLOQUINE HCL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEPRON	SUSP	750MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEROPENEM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE IN NACL 0.79%	SOLN	500MG/100ML; 0.79%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	CAPS	375MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METRONIDAZOLE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MYCOBUTIN	CAPS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
NEBUPENT	SOLR	300MG	PrefBrnd-2	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
NEOMYCIN SULFATE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PAROMOMYCIN SULFATE	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PASER	PACK	4GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
POLYMYXIN B SULFATE	SOLR	500000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIFTIN	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIMAQUINE PHOSPHATE	TABS	26.3MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PYRAZINAMIDE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
QUININE SULFATE	CAPS	324MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	CAPS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	CAPS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	SOLR	600MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
SEROMYCIN	CAPS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SIRTURO	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
STREPTOMYCIN SULFATE	SOLR	1GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TINIDAZOLE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TINIDAZOLE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBI	NEBU	300MG/5ML	PrefBrnd-2	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBI PODHALER	CAPS	28MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE	SOLN	10MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE	SOLN	80MG/2ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TRECTOR	TABS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TYGACIL	SOLR	50MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
XIFAXAN	TABS	550MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ZYVOX	SOLN	2MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ZYVOX	SUSR	100MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ZYVOX	TABS	600MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	1000MG; 62.5MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	SUSR	200MG/5ML; 28.5MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	250MG/5ML; 62.5MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	250MG; 125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	TABS	500MG; 125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	TABS	875MG; 125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CHEW	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CHEW	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	200MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMOXICILLIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	400MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	TABS	875MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN-SULBACTAM	SOLR	10GM; 5GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN-SULBACTAM	SOLR	2GM; 1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN C-R	SUSP	300000UNIT/ML; 300000UNIT/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN C-R	SUSP	900000UNIT/2M L; 300000UNIT/2M L	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	1200000UNIT/2M L	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	2400000UNIT/4M L	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	600000UNIT/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DICLOXACILLIN SODIUM	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
DICLOXACILLIN SODIUM	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
NAFCILLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
NAFCILLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
NALLPEN/DEXTROSE	SOLN	0; 1GM/50ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
OXACILLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
OXACILLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G PROCAINE	SUSP	600000UNIT/ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G POTASSIUM	SOLR	5MU	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PFIZERPEN-G	SOLR	20MU	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	3GM; 0.375GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	4GM; 0.5GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZOSYN	SOLN	5%; 2GM/50ML; 0.25GM/50ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
ZOSYN	SOLN	5%; 3GM/50ML; 0.375GM/50ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AVELOX	SOLN	400MG/250ML; 0.8%	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
AVELOX	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
AVELOX ABC PACK	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	SUSR	500MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	SUSR	5GM/100ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN I.V.- IN D5W	SOLN	200MG/100ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN	SOLN	400MG/40ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN ER	TB24	1000MG; 0	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN ER	TB24	500MG; 0	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	750MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN IN D5W	SOLN	5%; 500MG/100ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	SOLN	25MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	SOLN	25MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVOFLOXACIN	TABS	750MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
SULFAMETHOXAZOL E/TRIMETHOPRIM	SOLN	400MG/5ML; 80MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOL E/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOL E/TRIMETHOPRIM	TABS	400MG; 80MG	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOL E/TRIMETHOPRIM DS	TABS	800MG; 160MG	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFADIAZINE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
DEMECLOCYCLINE HCL	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DEMECLOCYCLINE HCL	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	CAPS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	SOLR	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOXYCYCLINE HYCLATE DR	TBEC	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE	CAPS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE	SUSR	25MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	TABS	20MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	135MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	45MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	90MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
TETRACYCLINE HCL	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
TETRACYCLINE HCL	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
METHENAMINE HIPPURATE	TABS	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
NITROFURANTOIN MACROCRYSTALLINE	CAPS	50MG	Generic-1	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
NITROFURANTOIN MONOHYDRATE	CAPS	100MG	Generic-1	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIMETHOPRIM	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
VANCOMYCIN HCL	CAPS	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	1000MG	Generic-1	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	10GM	Generic-1	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	500MG	Generic-1	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
AMIFOSTINE	SOLR	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
DEXRAZOXANE	SOLR	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
ELITEK	SOLR	1.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
KEPIVANCE	SOLR	6.25MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	SOLR	100MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	SOLR	350MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	15MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEUCOVORIN CALCIUM	TABS	25MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	5MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNA	SOLN	100MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNEX	SOLN	100MG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNEX	TABS	400MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
XGEVA	SOLN	120MG/1.7ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
ADRIAMYCIN	SOLN	2MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSA NT DRUGS
AFINITOR	TABS	10MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSA NT DRUGS
AFINITOR	TABS	2.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSA NT DRUGS
AFINITOR	TABS	5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSA NT DRUGS
AFINITOR	TABS	7.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSA NT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALIMTA	SOLR	500MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ALKERAN	SOLR	50MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ANASTROZOLE	TABS	1MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AROMASIN	TABS	25MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ARZERRA	CONC	100MG/5ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AVASTIN	SOLN	100MG/4ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZATHIOPRINE SODIUM	SOLR	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZATHIOPRINE	TABS	50MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BICALUTAMIDE	TABS	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BLEOMYCIN SULFATE	SOLR	30UNIT	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BOSULIF	TABS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BOSULIF	TABS	500MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAMPATH	SOLN	30MG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAPRELSA	TABS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAPRELSA	TABS	300MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CARBOPLATIN	SOLN	150MG/15ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	100MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	10MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	40MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	CAPS	250MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	SUSR	200MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	TABS	500MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CISPLATIN	SOLN	100MG/100ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CLADRIBINE	SOLN	1MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	0	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	0	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	20MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOPHOSPHAMID E	TABS	25MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOPHOSPHAMID E	TABS	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	CAPS	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	CAPS	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	CAPS	25MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	CAPS	25MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYCLOSPORINE MODIFIED	CAPS	50MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	SOLN	50MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE AQUEOUS	SOLN	100MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE AQUEOUS	SOLN	20MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE	SOLR	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DACARBAZINE	SOLR	200MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DACOGEN	SOLR	50MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DAUNORUBICIN HCL	INJ	5MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCEFREZ	SOLR	20MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCEFREZ	SOLR	80MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOCETAXEL	CONC	80MG/4ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCETAXEL	SOLN	80MG/8ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOXORUBICIN HCL	SOLN	2MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	22.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	30MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	45MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	7.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EMCYT	CAPS	140MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EPIRUBICIN HCL	SOLN	50MG/25ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ERBITUX	SOLN	100MG/50ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ERIVEDGE	CAPS	150MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ETOPOSIDE	SOLN	20MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EXEMESTANE	TABS	25MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FARESTON	TABS	60MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FASLODEX	SOLN	250MG/5ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FIRMAGON	SOLR	120MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FIRMAGON	SOLR	80MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUDARABINE PHOSPHATE	SOLR	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUOROURACIL	SOLN	2.5GM/50ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUTAMIDE	CAPS	125MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FOLOTYN	SOLN	40MG/2ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GEMCITABINE HCL	SOLR	1GM	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GENGRAF	CAPS	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GENGRAF	CAPS	25MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GENGRAF	SOLN	100MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GLEEVEC	TABS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GLEEVEC	TABS	400MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HALAVEN	SOLN	1MG/2ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HERCEPTIN	SOLR	440MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HEXALEN	CAPS	50MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HYDROXYUREA	CAPS	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ICLUSIG	TABS	15MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ICLUSIG	TABS	45MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IDARUBICIN HCL	SOLN	10MG/10ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IFOSFAMIDE	SOLR	1GM	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
INLYTA	TABS	1MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
INLYTA	TABS	5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IRINOTECAN	SOLN	100MG/5ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ISTODAX	SOLR	10MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IXEMPRA KIT	SOLR	45MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	10MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	15MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	20MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JAKAFI	TABS	5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JEVTANA	SOLN	60MG/1.5ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
KADCYLA	SOLR	100MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LETROZOLE	TABS	2.5MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LEUKERAN	TABS	2MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PED	KIT	11.25MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PED	KIT	11.25MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PED	KIT	15MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	22.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	3.75MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LUPRON DEPOT	KIT	30MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	45MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	7.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LYSODREN	TABS	500MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MATULANE	CAPS	50MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	SUSP	40MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	TABS	20MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	TABS	40MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEKINIST	TABS	0.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEKINIST	TABS	2MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MELPHALAN HYDROCHLORIDE	SOLR	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MERCAPTOPURINE	TABS	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
METHOTREXATE SODIUM	SOLN	25MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
METHOTREXATE	TABS	2.5MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MITOMYCIN	SOLR	20MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MITOXANTRONE HCL	CONC	2MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MUSTARGEN	SOLR	10MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYCOPHENOLATE MOFETIL	CAPS	250MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYCOPHENOLATE MOFETIL	TABS	500MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYFORTIC	TBEC	180MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYFORTIC	TBEC	360MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEORAL	CAPS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEORAL	CAPS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEORAL	SOLN	100MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEXAVAR	TABS	200MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NILANDRON	TABS	150MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NULOJIX	SOLR	250MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	100MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	200MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	500MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	50MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ONTAK	SOLN	150MCG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXALIPLATIN	SOLN	100MG/20ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PACLITAXEL	CONC	300MG/50ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PENTOSTATIN	SOLR	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PERJETA	SOLN	420MG/14ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	1MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	2MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	3MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	4MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	0.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	1MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROGRAF	SOLN	5MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	SOLN	1MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	0.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	1MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	2MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	10MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	15MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RHEUMATREX	TABS	2.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RITUXAN	CONC	10MG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SANDIMMUNE	CAPS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	CAPS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	SOLN	50MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	SOLN	100MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	1000MCG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	100MCG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	200MCG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	500MCG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	50MCG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	10MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	20MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SANDOSTATIN LAR DEPOT	KIT	30MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.3MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.6MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.9MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIMULECT	SOLR	20MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOLTAMOX	SOLN	10MG/5ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	120MG/0.5ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	60MG/0.2ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	90MG/0.3ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	140MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SPRYCEL	TABS	20MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	50MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	70MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	80MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
STIVARGA	TABS	40MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	12.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	50MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SYNRIBO	SOLR	3.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TABLOID	TABS	40MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	0.5MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TACROLIMUS	CAPS	1MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	5MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAFINLAR	CAPS	50MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAFINLAR	CAPS	75MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAMOXIFEN CITRATE	TABS	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAMOXIFEN CITRATE	TABS	20MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	150MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARGRETIN	CAPS	75MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARGRETIN	GEL	1%	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TASIGNA	CAPS	150MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TASIGNA	CAPS	200MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAXOTERE	CONC	80MG/4ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	150MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	200MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	50MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THIOTEPA	SOLR	15MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TOPOSAR	SOLN	20MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TOPOTECAN HCL	SOLR	4MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TORISEL	SOLN	25MG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRELSTAR DEPOT MIXJECT	SUSR	3.75MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRELSTAR LA MIXJECT	SUSR	11.25MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRELSTAR MIXJECT	SUSR	22.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRETINOIN	CAPS	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	10MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	15MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	7.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRISENOX	SOLN	10MG/10ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TYKERB	TABS	250MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VELCADE	SOLR	3.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIDAZA	SUSR	100MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINBLASTINE SULFATE	SOLR	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINCASAR PFS	SOLN	1MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINCRISTINE SULFATE	SOLN	1MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINORELBINE TARTRATE	SOLN	50MG/5ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VOTRIENT	TABS	200MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XALKORI	CAPS	200MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XALKORI	CAPS	250MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XTANDI	CAPS	40MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
YERVOY	SOLN	50MG/10ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZALTRAP	SOLN	100MG/4ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZELBORAF	TABS	240MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZOLINZA	CAPS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.75MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZYTIGA	TABS	250MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BANZEL	SUSP	40MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
BANZEL	TABS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
BANZEL	TABS	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	CP12	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	CP12	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARBAMAZEPINE ER	CP12	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	CHEW	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	SUSP	100MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	TB12	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	TB12	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CELONTIN	CAPS	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLONAZEPAM ODT	TBDP	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN INFATABS	CHEW	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM	CPSP	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIVALPROEX SODIUM ER	TB24	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM ER	TB24	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EPITOL	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ETHOSUXIMIDE	CAPS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ETHOSUXIMIDE	SOLN	250MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	SUSP	600MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	SUSP	600MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	TABS	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FELBATOL	TABS	600MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FOSPHENYTOIN SODIUM	SOLN	100MG PE/2ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	CAPS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	SOLN	250MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	TABS	800MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	12MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	16MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GABITRIL	TABS	4MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GRALISE	TABS	300MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GRALISE	TABS	600MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GRALISE STARTER	MISC	0	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	CHEW	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	CHEW	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMOTRIGINE ER	TB24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	SOLN	100MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	1000MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVETIRACETAM	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM ER	TB24	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	750MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM ER	TB24	750MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	SOLN	500MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	100MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	150MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	200MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	225MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	25MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LYRICA	CAPS	300MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	50MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	75MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	SOLN	20MG/ML	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
MYSOLINE	TABS	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	20MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	SUSP	60MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXCARBAZEPINE	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PEGANONE	TABS	250MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	ELIX	20MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	16.2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	32.4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	64.8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	97.2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHENYTEK	CAPS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTEK	CAPS	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN	CHEW	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM	SOLN	50MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN	SUSP	125MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
POTIGA	TABS	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PRIMIDONE	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PRIMIDONE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
SABRIL	PACK	500MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
SABRIL	TABS	500MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL-XR	TB12	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TIAGABINE HYDROCHLORIDE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TIAGABINE HYDROCHLORIDE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	CPSP	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	CPSP	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOPIRAMATE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	SUSP	300MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROATE SODIUM	SOLN	100MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROIC ACID	CAPS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROIC ACID	SYRP	250MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	SOLN	200MG/20ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	SOLN	10MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	150MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIMPAT	TABS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
APOKYN	SOLN	10MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
AZILECT	TABS	0.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
AZILECT	TABS	1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BENZTROPINE MESYLATE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BROMOCRIPTINE MESYLATE	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BROMOCRIPTINE MESYLATE	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	10MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ER	TBCR	25MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ER	TBCR	50MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COMTAN	TABS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ENTACAPONE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ROPINIROLE HCL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SELEGILINE HCL	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SELEGILINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIHEXYPHENIDYL HCL	ELIX	0.4MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHEXYPHENIDYL HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHEXYPHENIDYL HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
DIHYDROERGOTAMINE MESYLATE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ERGOMAR	SUBL	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT	TABS	10MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT	TABS	5MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT-MLT	TBDP	10MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT-MLT	TBDP	5MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MIGERGOT	SUPP	100MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MIGRANAL	SOLN	4MG/ML	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
NARATRIPTAN HCL	TABS	1MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
NARATRIPTAN HCL	TABS	2.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TABS	10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TBDP	10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TABS	5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TBDP	5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	TABS	100MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	TABS	25MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	TABS	50MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AMPYRA	TB12	10MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
AUBAGIO	TABS	14MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
AUBAGIO	TABS	7MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
COPAXONE	KIT	20MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DONEPEZIL HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TBDP	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TBDP	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	PT24	13.3MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	PT24	4.6MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	PT24	9.5MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	SOLN	2MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	16MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	24MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GALANTAMINE HYDROBROMIDE	SOLN	4MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GILENYA	CAPS	0.5MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
HORIZANT	TB24	600MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
MYTELASE	TABS	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	SOLN	10MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	TABS	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA TITRATION PAK	TABS	0	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	TABS	5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NAMENDA XR	CP24	14MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	21MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	28MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	7MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR TITRATION PACK	CP24	0	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NUEDEXTA	CAPS	20MG; 10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	1.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	4.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TECFIDERA	CPDR	120MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TECFIDERA	CPDR	240MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TECFIDERA STARTER PACK	MISC	0	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TYSABRI	CONC	300MG/15ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
XENAZINE	TABS	12.5MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
XENAZINE	TABS	25MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
BACLOFEN	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
BACLOFEN	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CARISOPRODOL/ASPIRIN	TABS	325MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CARISOPRODOL/ASPIRIN/CODEINE	TABS	325MG; 200MG; 16MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYCLOBENZAPRINE HCL ER	CP24	15MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL ER	CP24	30MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	10MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	5MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	7.5MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MESTINON	SYRP	60MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MESTINON TIMESPAN	TBCR	180MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ORPHENADRINE/ASA/ CAFFEINE	TABS	385MG; 30MG; 25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ORPHENADRINE COMPOUND DS	TABS	770MG; 60MG; 50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
PYRIDOSTIGMINE BROMIDE	TABS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
REGONOL	SOLN	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	CAPS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	CAPS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TIZANIDINE HCL	CAPS	6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ABSTRAL	SUBL	100MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	300MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	400MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	600MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	800MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	1200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACTIQ	LPOP	1600MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	400MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	600MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	800MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	TABS	712.8MG; 60MG; 32MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	SOLN	120MG/5ML; 12MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	TABS	300MG; 15MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE #3	TABS	300MG; 30MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	TABS	300MG; 60MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ASCOMP/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ASTRAMORPH	SOLN	1MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SOLN	0.3MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SUBL	2MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SUBL	8MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTALBITAL/ACETA MINOPHEN/CAFFEINE /CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	10MCG/HR	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	20MCG/HR	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	5MCG/HR	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CAPITAL/CODEINE	SUSP	120MG/5ML; 12MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CO-GESIC	TABS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CODEINE SULFATE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID-5	LIQD	1MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAMORPH	SOLN	0.5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAMORPH	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	325MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	650MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	325MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	325MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	500MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENDODAN	TABS	325MG; 4.835MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	12MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	16MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	8MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	100MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	12MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	25MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	50MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	75MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1200MCG	Generic-1	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1600MCG	Generic-1	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	200MCG	Generic-1	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	400MCG	Generic-1	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	600MCG	Generic-1	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	800MCG	Generic-1	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	100MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	400MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	600MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	800MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	SOLN	500MG/15ML; 7.5MG/15ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	650MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	660MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	750MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 2.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	650MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	750MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/IBUP ROFEN	TABS	7.5MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	SOLN	500MG/50ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LAZANDA	SOLN	100MCG/ACT	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LAZANDA	SOLN	400MCG/ACT	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVORPHANOL TARTRATE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	CONC	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADOSE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MORPHINE SULFATE ER	CP24	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	80MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	20MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MORPHINE SULFATE ER	TBCR	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	1200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	400MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	600MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	800MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	10MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	15MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	20MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	30MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OPANA ER (CRUSH RESISTANT)	TB12	40MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	5MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	7.5MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	CAPS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	650MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 2.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	500MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ASPIRIN	TABS	325MG; 4.835MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYCODONE/IBUPROFEN	TABS	400MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	CONC	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	10MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	15MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYCONTIN	TB12	20MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	30MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	40MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	60MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	80MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	20MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	30MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	40MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYMORPHONE HYDROCHLORIDE ER	TB12	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
REPREXAIN	TABS	10MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICET	SOLN	325MG/5ML; 5MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICET	TABS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
STAGESIC	CAPS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	100MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	1200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	200MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	400MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SUBSYS	LIQD	800MCG	PrefBrnd-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN	TABS	300MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN ES	TABS	300MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN HP	TABS	300MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ZAMICET	SOLN	325MG/15ML; 10MG/15ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	2MG; 0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	8MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	2MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CELEBREX	CAPS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	50MG; 200MCG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	75MG; 200MCG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC POTASSIUM	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM ER	TB24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DIFLUNISAL	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ETODOLAC	CAPS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FENOPROFEN CALCIUM	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLURBIPROFEN	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLURBIPROFEN	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	SUSP	100MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IBUPROFEN	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	800MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOMETHACIN	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOMETHACIN	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOMETHACIN ER	CPCR	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN ER	CP24	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	SOLN	15MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	SOLN	30MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KETOROLAC TROMETHAMINE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MECLOFENAMATE SODIUM	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MECLOFENAMATE SODIUM	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MEFENAMIC ACID	CAPS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	SUSP	7.5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NABUMETONE	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NABUMETONE	TABS	750MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALBUPHINE HCL	SOLN	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALBUPHINE HCL	SOLN	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NALOXONE HCL	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALTREXONE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	SUSP	125MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	375MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN DR	TBEC	375MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN DR	TBEC	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN SODIUM	TABS	275MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN SODIUM	TABS	550MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
OXAPROZIN	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PENTAZOCINE/ACETAMINOPHEN	TABS	650MG; 25MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PENTAZOCINE/NALOXONE HCL	TABS	0.5MG; 50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PIROXICAM	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PIROXICAM	CAPS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	12MG; 3MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	2MG; 0.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	4MG; 1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	8MG; 2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SULINDAC	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SULINDAC	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TOLMETIN SODIUM	CAPS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOLMETIN SODIUM	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TOLMETIN SODIUM	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HYDROCHLORIDE/AC ETAMINOPHEN	TABS	325MG; 37.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ABILIFY	SOLN	9.75MG/1.3ML	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	SOLN	1MG/ML	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	10MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	15MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ABILIFY	TABS	20MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	2MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	30MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	5MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY DISCMELT	TBDP	10MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY DISCMELT	TBDP	15MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY MAINTENA	SUSR	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ODT	TBDP	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALPRAZOLAM ODT	TBDP	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ODT	TBDP	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ODT	TBDP	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMITRIPTYLINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	2.5MG; 2.5MG; 2.5MG; 2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.75MG; 3.75MG; 3.75MG; 3.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.25MG; 1.25MG; 1.25MG; 1.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMPHETAMINE/DEXTRORAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUDEPRION SR	TB12	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUDEPRION SR	TB12	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL XL	TB24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL XL	TB24	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BUSPIRONE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	ELIX	30MG/5ML	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	TABS	30MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	TABS	50MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE/ AMITRIPTYLINE	TABS	25MG; 10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE/ AMITRIPTYLINE	TABS	12.5MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CHLORDIAZEPOXIDE HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE HCL	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	SOLN	25MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CITALOPRAM HYDROBROMIDE	TABS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLOZARIL	TABS	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZARIL	TABS	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	18MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	27MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	36MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	54MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CYMBALTA	CPEP	20MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CYMBALTA	CPEP	30MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CYMBALTA	CPEP	60MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DESIPRAMINE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESVENLAFAXINE ER	TB24	100MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESVENLAFAXINE ER	TB24	50MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM INTENSOL	CONC	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOXEPIN HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CONC	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EMSAM	PT24	12MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EMSAM	PT24	6MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EMSAM	PT24	9MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ERGOLOID MESYLATES	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ESCITALOPRAM OXALATE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ESTAZOLAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ESTAZOLAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT TITRATION PACK	TABS	0	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT	TABS	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT	TABS	12MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT	TABS	1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT	TABS	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT	TABS	4MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT	TABS	6MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
FANAPT	TABS	8MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FAZACLO	TBDP	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	12.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	150MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE DR	CPDR	90MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	SOLN	20MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUOXETINE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	60MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE DECANOATE	SOLN	25MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	CONC	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	ELIX	2.5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	SOLN	2.5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLURAZEPAM HCL	CAPS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLURAZEPAM HCL	CAPS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE ER	CP24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE ER	CP24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GEODON	SOLR	20MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GUANIDINE HCL	TABS	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALDOL DECANOATE 100	SOLN	100MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALDOL DECANOATE 50	SOLN	50MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALOPERIDOL DECANOATE	SOLN	100MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HALOPERIDOL DECANOATE	SOLN	50MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL LACTATE	SOLN	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	CONC	2MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
IMIPRAMINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
IMIPRAMINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IMIPRAMINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	1MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	2MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	3MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	4MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	3MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	6MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INVEGA	TB24	9MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	39MG/0.25ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	78MG/0.5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
KAPVAY	TB12	0.1MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	120MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	20MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	40MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	80MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LITHIUM CARBONATE	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE ER	TBCR	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE ER	TBCR	450MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CITRATE	SOLN	8MEQ/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM INTENSOL	CONC	2MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOXAPINE SUCCINATE	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	3MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MARPLAN	TABS	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE ER	TBCR	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METADATE CD	CPCR	60MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHAMPHETAMINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLPHENIDATE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	27MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	36MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	54MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TBDP	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE ODT	TBDP	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	45MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MIRTAZAPINE ODT	TBDP	45MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MODAFINIL	TABS	100MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MODAFINIL	TABS	200MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NARDIL	TABS	15MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORTRIPTYLINE HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	150MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	250MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	50MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	50MG; 12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	50MG; 6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OLANZAPINE	SOLR	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ORAP	TABS	1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ORAP	TABS	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	12.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PAROXETINE HCL	TABS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL	SUSP	10MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	50MG; 4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	16MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHENELZINE SULFATE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PRISTIQ	TB24	100MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PRISTIQ	TB24	50MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROCENTRA	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROTRIPTYLINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROTRIPTYLINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROVIGIL	TABS	100MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROVIGIL	TABS	200MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
QUETIAPINE FUMARATE	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	12.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	37.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RISPERIDONE ODT	TBDP	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SAPHRIS	SUBL	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SAPHRIS	SUBL	5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SEROQUEL XR	TB24	150MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	CONC	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SILENOR	TABS	3MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SILENOR	TABS	6MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STRATTERA	CAPS	100MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	10MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	18MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	25MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	40MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	60MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	80MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SURMONTIL	CAPS	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	25MG; 12MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	25MG; 3MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	25MG; 6MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TEMAZEPAM	CAPS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	22.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
THIOTHIXENE	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRANLYCYPROMINE SULFATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIAZOLAM	TABS	0.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIAZOLAM	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIFLUOPERAZINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	225MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VENLAFAXINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	KIT	0	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	10MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	20MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	40MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XYREM	SOLN	500MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZALEPLON	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZALEPLON	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	2.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZENZEDI	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	7.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	80MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMIODARONE HCL	SOLN	50MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMIODARONE HCL	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
AMIODARONE HCL	TABS	400MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PACERONE	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROCAINAMIDE HCL	SOLN	100MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROCAINAMIDE HCL	SOLN	500MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROPAFENONE HCL ER	CP12	225MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL ER	CP12	325MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL ER	CP12	425MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	225MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE GLUCONATE CR	TBCR	324MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE ER	TBCR	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SORINE	TABS	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL (AF)	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL	TABS	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL	TABS	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	125MCG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	250MCG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	500MCG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
ACEBUTOLOL HCL	CAPS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACEBUTOLOL HCL	CAPS	400MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AFEDITAB CR	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AFEDITAB CR	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALDACTAZIDE	TABS	50MG; 50MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	5MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMILORIDE HCL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	10MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HCL	CAPS	10MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	5MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HCL	CAPS	5MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL/CHLORTH ALIDONE	TABS	100MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL/CHLORTH ALIDONE	TABS	50MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AZOR	TABS	10MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	10MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	5MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BENAZEPRIL HCL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	12.5MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	12.5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	25MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BETAXOLOL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BETAXOLOL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BIDIL	TABS	37.5MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	2.5MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	SOLN	0.25MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	0.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	16MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARTIA XT	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	3.125MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE SODIUM	SOLR	500MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE	TABS	250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE	TABS	500MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLORTHALIDONE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLORTHALIDONE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.1MG/24HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLONIDINE HCL	PTWK	0.2MG/24HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.3MG/24HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.3MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLORPRES	TABS	15MG; 0.1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLORPRES	TABS	15MG; 0.2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLORPRES	TABS	15MG; 0.3MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DEMSER	CAPS	250MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIBENZYLINE	CAPS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-CD	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DILT-CD	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-XR	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-XR	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP12	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	420MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP12	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DILTIAZEM HCL ER	CP12	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	SOLN	50MG/10ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIURIL	SUSP	250MG/5ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	8MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DYRENIUM	CAPS	100MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYRENIUM	CAPS	50MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDECIN	TABS	25MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EPLERENONE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EPLERENONE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EPROSARTAN MESYLATE	TABS	600MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FELODIPINE ER	TB24	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FELODIPINE ER	TB24	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FELODIPINE ER	TB24	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	10MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	10MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FUROSEMIDE	SOLN	8MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	SOLN	20MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	TABS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCHLOROTHIAZIDE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDAPAMIDE	TABS	1.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDAPAMIDE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	75MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ISRADIPINE	CAPS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ISRADIPINE	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LABETALOL HCL	SOLN	5MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LISINOPRIL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MATZIM LA	TB24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	420MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYCLOTHIAZIDE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPA/HYDR OCHLOROTHIAZIDE	TABS	15MG; 250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPA/HYDR OCHLOROTHIAZIDE	TABS	25MG; 250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	50MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METOPROLOL TARTRATE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	SOLN	1MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINOXIDIL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINOXIDIL	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL HCL	TABS	15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL HCL	TABS	7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NICARDIPINE HCL	CAPS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NICARDIPINE HCL	CAPS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NIFEDIAC CC	TB24	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDICAL XL	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDICAL XL	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIMODIPINE	CAPS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	17MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE ER	TB24	25.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NISOLDIPINE	TB24	34MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	8.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	2.5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	8MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PINDOLOL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PINDOLOL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRAZOSIN HCL	CAPS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRAZOSIN HCL	CAPS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRAZOSIN HCL	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	1MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	20MG/5ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROPRANOLOL HCL	SOLN	40MG/5ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
QUINAPRIL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	1.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	10MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	1MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	2.5MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	5MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RESERPINE	TABS	0.1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RESERPINE	TABS	0.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TERAZOSIN HCL	CAPS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
THALITONE	TABS	15MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	100MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	200MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	25MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	50MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TORSEMIDE	SOLN	20MG/2ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	CAPS	25MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	TABS	25MG; 37.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	50MG; 75MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 12.5MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	10MG; 12.5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	10MG; 25MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 12.5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 25MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 320MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 320MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VERAPAMIL HCL ER	CP24	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL SR	CP24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	SOLN	2.5MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	TBCR	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	TBCR	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VERAPAMIL HCL ER	TBCR	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIGOXIN	SOLN	0.25MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	SOLN	0.05MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	TABS	0.125MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	TABS	0.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
AGGRENOX	CP12	25MG; 200MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	10MG/0.8ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	2.5MG/0.5ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	5MG/0.4ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARIXTRA	SOLN	7.5MG/0.6ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
BRILINTA	TABS	90MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CILOSTAZOL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CILOSTAZOL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CLOPIDOGREL	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CLOPIDOGREL	TABS	75MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CYKLOKAPRON	SOLN	100MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
EFFIENT	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
EFFIENT	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	100MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENOXAPARIN SODIUM	SOLN	150MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	300MG/3ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	10000UNIT/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FRAGMIN	SOLN	12500UNIT/0.5ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	15000UNIT/0.6ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	18000UNT/0.72ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	2500UNIT/0.2ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	25000UNIT/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	5000UNIT/0.2ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	7500UNIT/0.3ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/D5W	SOLN	5%; 40UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/NACL 0.45%	SOLN	100UNIT/ML; 0.45%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/NACL 0.45%	SOLN	50UNIT/ML; 0.45%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	2UNIT/ML; 0.9%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	1000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	10000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	20000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	5000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	3MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JANTOVEN	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	6MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	100MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	120MG/0.8ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	150MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	30MG/0.3ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	300MG/3ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	40MG/0.4ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	60MG/0.6ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOVENOX	SOLN	80MG/0.8ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PENTOXIFYLLINE ER	TBCR	400MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PRADAXA	CAPS	150MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PRADAXA	CAPS	75MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	12.5MG	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	25MG	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	50MG	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	75MG	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
TRANEXAMIC ACID	SOLN	100MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
WARFARIN SODIUM	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	3MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	6MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	15MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ATORVASTATIN CALCIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ATORVASTATIN CALCIUM	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CHOLESTYRAMINE LIGHT	PACK	4GM	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTIPOL HCL	GRAN	5GM	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTIPOL HCL	TABS	1GM	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	CAPS	130MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	134MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	CAPS	43MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	67MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENOFIBRATE	TABS	145MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	48MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	54MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FLUVASTATIN	CAPS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FLUVASTATIN	CAPS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
GEMFIBROZIL	TABS	600MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	10MG	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	20MG	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	5MG	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
KYNAMRO	SOLN	200MG/ML	PrefBrnd-2	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LIPITOR	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	80MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVAZA	CAPS	375MG; 465MG; 1GM	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	1000MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	500MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	750MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRAVASTATIN SODIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PREVALITE	POWD	4GM/DOSE	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
TRILIPIX	CPDR	135MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRILIPIX	CPDR	45MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
WELCHOL	PACK	3.75GM	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
WELCHOL	TABS	625MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZETIA	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	80MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
RANEXA	TB12	1000MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
RANEXA	TB12	500MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VECAMYL	TABS	2.5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
DILATRATE SR	CPCR	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	SUBL	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	SUBL	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE ER	TBCR	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISOSORBIDE MONONITRATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-BID	OINT	2%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.1MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.2MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.3MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.4MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.6MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.8MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NITROGLYCERIN	PT24	0.2MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.4MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	SOLN	5MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.6MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROLINGUAL PUMPSPRAY	SOLN	0.4MG/SPRAY	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
CALCIPOTRIENE	CREA	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
CALCIPOTRIENE	OINT	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
CALCIPOTRIENE	SOLN	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
DOVONEX	CREA	0.005%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SELENIUM SULFIDE	LOTN	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	10MG	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	17.5MG	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	25MG	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
STELARA	SOLN	45MG/0.5ML	PrefBrnd-2	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STELARA	SOLN	90MG/ML	PrefBrnd-2	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
TACLONEX	OINT	0.064%; 0.005%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
VECTICAL	OINT	3MCG/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SILVER SULFADIAZINE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
SILVER SULFADIAZINE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
SSD	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
8-MOP	CAPS	10MG	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
AMMONIUM LACTATE	CREA	12%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
AMMONIUM LACTATE	LOTN	12%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
CONDYLOX	GEL	0.5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ELIDEL	CREA	1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROPLEX	CREA	1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROURACIL	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUOROURACIL	SOLN	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROURACIL	SOLN	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
IMIQUIMOD	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
LACLOTION	LOTN	12%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
OXSORALEN	LOTN	1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
OXSORALEN ULTRA	CAPS	10MG	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PANRETIN	GEL	0.1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PICATO	GEL	0.015%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PICATO	GEL	0.05%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PODOFILOX	SOLN	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PRUDOXIN	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REGRANEX	GEL	0.01%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
SOLARAZE	GEL	3%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ADAPALENE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ADAPALENE	GEL	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	10MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	20MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	40MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AVITA	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	10MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	20MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	30MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	40MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN/BENZ OYL PEROXIDE	GEL	5%; 1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	FOAM	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	GEL	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINDAMYCIN PHOSPHATE	LOTN	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	SWAB	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	SOLN	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
ERY	PADS	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	5%; 3%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN	GEL	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN	SOLN	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	CREA	0.75%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	GEL	0.75%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	LOTN	0.75%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	10MG	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	20MG	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	40MG	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	CREA	0.05%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	CREA	0.1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	GEL	0.05%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TAZORAC	GEL	0.1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	GEL	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	GEL	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
LIDOCAINE/PRILOCAINE	CREA	2.5%; 2.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL JELLY	GEL	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL JELLY	GEL	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE	OINT	5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE VISCOUS	SOLN	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	4%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
LIDODERM	PTCH	5%	PrefBrnd-2	NO	YES	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
BACTROBAN	CREA	2%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CORTISPORIN	CREA	0.5%; 0.5%; 10000UNIT/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
CORTISPORIN	OINT	400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
GENTAMICIN SULFATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
GENTAMICIN SULFATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
MAFENIDE ACETATE	PACK	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
MUPIROCIN	CREA	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
MUPIROCIN	OINT	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
SULFACETAMIDE SODIUM	SUSP	10%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
SULFAMYLON	CREA	85MG/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
SULFAMYLON	PACK	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
CICLOPIROX OLAMINE	CREA	0.77%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	GEL	0.77%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	SHAM	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX NAIL LACQUER	SOLN	8%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	SUSP	0.77%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	0.05%; 1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE	SOLN	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
ECONAZOLE NITRATE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	FOAM	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	CREA	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	SHAM	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
KETODAN KIT	KIT	2%; 0; 0	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
NYAMYC	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN/TRIAMCIN OLONE	CREA	100000UNIT/GM; 0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN/TRIAMCIN OLONE	OINT	100000UNIT/GM; 0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN	CREA	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN	OINT	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIFUNGALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NYSTOP	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
PEDI-DRI	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
ACYCLOVIR	OINT	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
DENAVIR	CREA	1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ZOVIRAX	CREA	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ZOVIRAX	OINT	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ALA CORT	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AMCINONIDE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AMCINONIDE	LOTN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AMCINONIDE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	FOAM	0.12%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	LOTN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	FOAM	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	SHAM	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	SOLN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE E	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CORDRAN TAPE	TAPE	4MCG/SQCM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DERMA-SMOOTH/FS BODY OIL	OIL	0.01%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	CREA	0.25%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	OINT	0.25%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIFLORASONE DIACETATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIFLORASONE DIACETATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	CREA	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	OINT	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	SOLN	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUOCINONIDE-E	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	SOLN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	OINT	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOBETASOL PROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOBETASOL PROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	SOLN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE VALERATE	CREA	0.2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE VALERATE	OINT	0.2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	CREA	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCORTISONE	LOTN	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	OINT	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	OINT	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
KENALOG	AERS	0	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	SOLN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	SOLN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PREDNICARBATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PREDNICARBATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	LOTN	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	LOTN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	OINT	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIAMCINOLONE ACETONIDE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	OINT	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIDERM	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
SANTYL	OINT	250UNIT/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ENZYMES
EURAX	CREA	10%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
EURAX	LOTN	10%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LINDANE	LOTN	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LINDANE	SHAM	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
MALATHION	LOTN	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
PERMETHRIN	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
SPINOSAD	SUSP	0.9%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
ULESFIA	LOTN	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LACTATED RINGERS IRRIGATION	SOLN	3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
NEOMYCIN/POLYMYXIN B SULFATES	SOLN	40MG/ML; 200000UNIT/ML	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
PHYSIOSOL IRRIGATION	SOLN	30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
RINGERS IRRIGATION	SOLN	4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
ADAGEN	SOLN	250UNIT/ML	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ALENDRONATE SODIUM	TABS	40MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANAGRELIDE HYDROCHLORIDE	CAPS	0.5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANAGRELIDE HYDROCHLORIDE	CAPS	1MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANTABUSE	TABS	250MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ANTABUSE	TABS	500MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ARALAST NP	SOLR	400MG	PrefBrnd-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPHENYL	POWD	0	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPHENYL	TABS	500MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CAMPRAL	TBEC	333MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARBAGLU	TABS	200MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CEVIMELINE HCL	CAPS	30MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CHEMET	CAPS	100MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 5%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	SOLN	2.5%; 0.45%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/LACTATED RINGERS	SOLN	2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.2%	SOLN	5%; 0.2%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.225%	SOLN	5%; 0.225%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXTROSE 5%/NACL 0.45%	SOLN	5%; 0.45%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.9%	SOLN	5%; 0.9%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 10% FLEX CONTAINER	SOLN	10%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%	SOLN	5%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DISULFIRAM	TABS	250MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DISULFIRAM	TABS	500MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ETIDRONATE DISODIUM	TABS	200MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ETIDRONATE DISODIUM	TABS	400MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EVOXAC	CAPS	30MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	125MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	250MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EXJADE	TBSO	500MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FERRIPROX	TABS	500MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
INCRELEX	SOLN	40MG/4ML	PrefBrnd-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
KIONEX	POWD	0	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	SOLN	200MG/ML	Generic-1	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	SOLN	1GM/10ML	Generic-1	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	TABS	330MG	Generic-1	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	10MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	2.5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ORFADIN	CAPS	10MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ORFADIN	CAPS	2MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ORFADIN	CAPS	5MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM PHENYLBUTYRATE	POWD	0	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PILOCARPINE HYDROCHLORIDE	TABS	5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PILOCARPINE HCL	TABS	7.5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PROLASTIN-C	SOLR	1000MG	PrefBrnd-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RAVICTI	LIQD	1.1GM/ML	PrefBrnd-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENAGEL	TABS	400MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENAGEL	TABS	800MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
REVELA	PACK	0.8GM	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
REVELA	PACK	2.4GM	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RENVELA	TABS	800MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RILUTEK	TABS	50MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RILUZOLE	TABS	50MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM CHLORIDE	SOLN	0.9%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM POLYSTYRENE SULFONATE	SUSP	15GM/60ML	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM CHLORIDE 0.9%	SOLN	0.9%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
STERILE WATER IRRIGATION	SOLN	0	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SYPRINE	CAPS	250MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ZEMAIRA	SOLR	1000MG	PrefBrnd-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ZOLEDRONIC ACID	SOLN	5MG/100ML	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPROBAN	TB12	150MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CHANTIX STARTING MONTH PAK	TABS	0	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENDS
CHANTIX	TABS	0.5MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENDS
CHANTIX	TABS	1MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENDS
NICOTROL NS	SOLN	10MG/ML	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENDS
AZELASTINE HCL	SOLN	137MCG/SPRAY	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
BACTROBAN NASAL	OINT	2%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
CHLORHEXIDINE GLUCONATE ORAL RINSE	SOLN	0.12%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
IPRATROPIUM BROMIDE	SOLN	0.03%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
IPRATROPIUM BROMIDE	SOLN	0.06%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
PERIOGARD	SOLN	0.12%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TRIAMCINOLONE IN ORABASE	PSTE	0.1%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TYZINE	SOLN	0.1%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TYZINE PEDIATRIC NASAL DROPS	SOLN	0.05%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACETASOL HC	SOLN	2%; 1%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
ACETIC ACID	SOLN	2%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
FLUOCINOLONE ACETONIDE	OIL	0.01%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
HYDROCORTISONE/A CETIC ACID	SOLN	2%; 1%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
OFLOXACIN	SOLN	0.3%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
CIPRODEX	SUSP	0.3%; 0.1%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
NEOMYCIN/POLYMYXIN/HC	SOLN	1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
A-HYDROCORT	SOLR	100MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
ACTHAR HP	GEL	80UNIT/ML	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	ADRENAL HORMONES
CELESTONE	SOLN	0.6MG/5ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
CORTISONE ACETATE	TABS	25MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	4MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXAMETHASONE INTENSOL	CONC	1MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	ELIX	0.5MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	0.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	0.75MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	1.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	2MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	6MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
FLUDROCORTISONE ACETATE	TABS	0.1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	20MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MEDROL	TABS	32MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE ACETATE	SUSP	40MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE ACETATE	SUSP	80MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	125MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	1GM	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	40MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE DOSE PACK	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	16MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	32MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	8MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MILLIPRED	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISOLONE SODIUM PHOSPHATE	SOLN	25MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREDNISONE INTENSOL	CONC	5MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISONE	SOLN	5MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISONE	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISONE	TABS	1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISONE	TABS	2.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISONE	TABS	20MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISONE	TABS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISONE	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	500MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
VERIPRED 20	SOLN	20MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHIMAZOLE	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
METHIMAZOLE	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
PROPYLTHIOURACIL	TABS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
ACARBOSE	TABS	100MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACARBOSE	TABS	25MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACARBOSE	TABS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACTOPLUS MET	TABS	500MG; 15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET	TABS	850MG; 15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	45MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ALCOHOL PREPS	PADS		Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	1000MG; 2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	500MG; 2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	1000MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	500MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	1MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	2MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	4MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	2MG; 8MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	4MG; 8MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AVANDIA	TABS	4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	8MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BYDUREON	SUSR	2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
CURITY GAUZE PADS 2"X2"	PADS		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
DUETACT	TABS	2MG; 30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
DUETACT	TABS	4MG; 30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	2MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE ER	TB24	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE ER	TB24	2.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLIPIZIDE ER	TB24	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCAGEN HYPOKIT	SOLR	1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCAGON EMERGENCY KIT	KIT	1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	1.25MG; 250MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	2.5MG; 500MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	5MG; 500MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	1.5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	3MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	6MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	1.25MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	2.5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	25MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HUMALOG KWIKPEN	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 50/50	SUSP	50UNIT/ML; 50UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 50/50 KWIKPEN	SUSP	50UNIT/ML; 50UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 75/25 KWIKPEN	SUSP	25UNIT/ML; 75UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 75/25	SUSP	25UNIT/ML; 75UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN N	SUSP	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN N U-100 PEN	SUSP	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN 70/30 PEN	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN R	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31 G X 5/16"	MISC		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30 G X 1/2"	MISC		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29 G X 1/2"	MISC		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	MISC		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET	TABS	1000MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET	TABS	500MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	1000MG; 100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	1000MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	500MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	25MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JENTADUETO	TABS	2.5MG; 1000MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JENTADUETO	TABS	2.5MG; 500MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JENTADUETO	TABS	2.5MG; 850MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	1000MG; 2.5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KOMBIGLYZE XR	TB24	1000MG; 5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	500MG; 5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LANTUS	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LANTUS SOLOSTAR	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LEVEMIR	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LEVEMIR FLEXPEN	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	1000MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	750MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	850MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	1000MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NATEGLINIDE	TABS	120MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NATEGLINIDE	TABS	60MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN N	SUSP	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NOVOLIN R	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG FLEXPEN	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG MIX 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ONGLYZA	TABS	2.5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ONGLYZA	TABS	5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL- GLIMEPIRIDE	TABS	2MG; 30MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL- GLIMEPIRIDE	TABS	4MG; 30MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	15MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	30MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	45MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIMET	TABS	500MG; 1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRANDIMET	TABS	500MG; 2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	0.5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PROGLYCEM	SUSP	50MG/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
SYMLINPEN 60	SOLN	1500MCG/1.5ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
SYMLINPEN 120	SOLN	2700MCG/2.7ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TOLAZAMIDE	TABS	250MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TOLAZAMIDE	TABS	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TOLBUTAMIDE	TABS	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TRADJENTA	TABS	5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
VICTOZA	SOLN	18MG/3ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ALDURAZYME	SOLN	2.9MG/5ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDRODERM	PT24	2MG/24HR	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDRODERM	PT24	4MG/24HR	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROGEL	GEL	50MG/5GM	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ANDROGEL PUMP	GEL	1.62%	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROID	CAPS	10MG	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROXY	TABS	10MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
AXIRON	SOLN	30MG/ACT	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CABERGOLINE	TABS	0.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITONIN-SALMON	SOLN	200UNIT/ACT	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	CAPS	0.25MCG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	CAPS	0.5MCG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	SOLN	1MCG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	SOLN	1MCG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CEREZYME	SOLR	200UNIT	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CHORIONIC GONADOTROPIN	SOLR	10000UNIT	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	100MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	200MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DELATESTRYL	OIL	200MG/ML	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEPO-TESTOSTERONE	OIL	100MG/ML	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DEPO-TESTOSTERONE	OIL	200MG/ML	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	SOLN	0.01%	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	TABS	0.1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	TABS	0.2MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ELAPRASE	SOLN	6MG/3ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ELELYSO	SOLR	200UNIT	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FABRAZYME	SOLR	35MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FORTESTA	GEL	10MG/ACT	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FORTICAL	SOLN	200UNIT/ACT	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
KORLYM	TABS	300MG	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
KUVAN	TBSO	100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
LUMIZYME	SOLR	50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
METHITEST	TABS	10MG	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
MYOZYME	SOLR	50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NAGLAZYME	SOLN	1MG/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
NOVAREL	SOLR	10000UNIT	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
OXANDROLONE	TABS	10MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
OXANDROLONE	TABS	2.5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	SOLR	10000UNIT	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SAMSCA	TABS	15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SAMSCA	TABS	30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	60MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	90MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	10MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	20MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STIMATE	SOLN	1.5MG/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
STRIANT	MISC	30MG	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SYNAREL	SOLN	2MG/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTIM	GEL	1%	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE CYPIONATE	OIL	100MG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE CYPIONATE	OIL	200MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE ENANTHATE	OIL	200MG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTRED	CAPS	10MG	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
VPRIV	SOLR	400UNIT	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZAVESCA	CAPS	100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOLEDRONIC ACID	CONC	4MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOMETA	CONC	4MG/5ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
LEVOTHYROXINE SODIUM	TABS	100MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	112MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	125MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	137MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVOTHYROXINE SODIUM	TABS	150MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	175MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	200MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	300MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	75MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	88MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	100MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	112MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	125MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	137MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	150MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	175MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	200MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVOXYL	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	75MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	88MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOTHYRONINE SODIUM	SOLN	10MCG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOTHYRONINE SODIUM	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOTHYRONINE SODIUM	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOTHYRONINE SODIUM	TABS	5MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1	TABS	60MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1/2	TABS	30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1/4	TABS	15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-2	TABS	120MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-3	TABS	180MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	100MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	112MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	125MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	150MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
UNITHROID	TABS	175MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	200MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	300MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	75MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	88MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
ATROPINE SULFATE	SOLN	0.1MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
CUVPOSA	SOLN	1MG/5ML	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	CAPS	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	SOLN	10MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	TABS	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DIPHENOXYLATE/ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DIPHENOXYLATE/ATROPINE	TABS	0.025MG; 2.5MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
GLYCOPYRROLATE	SOLN	4MG/20ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
GLYCOPYRROLATE	TABS	1MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLYCOPYRROLATE	TABS	2MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
LOPERAMIDE HCL	CAPS	2MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
METHSCOPOLAMINE BROMIDE	TABS	2.5MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
METHSCOPOLAMINE BROMIDE	TABS	5MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
PROPANTHELINE BROMIDE	TABS	15MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
AMITIZA	CAPS	24MCG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AMITIZA	CAPS	8MCG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
APRISO	CP24	0.375GM	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
BALSALAZIDE DISODIUM	CAPS	750MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
BUDESONIDE	CP24	3MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CANASA	SUPP	1000MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CHENODAL	TABS	250MG	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CIMZIA	KIT	200MG	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CIMZIA	KIT	200MG/ML	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
COMPRO	SUPP	25MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CONSTULOSE	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	180000UNIT; 36000UNIT; 114000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CROMOLYN SODIUM	CONC	100MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CYSTADANE	POWD	0	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIPENTUM	CAPS	250MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	10MG	Generic-1	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	2.5MG	Generic-1	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	5MG	Generic-1	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	125MG	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	40MG	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	80MG	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	0	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ENTOCORT EC	CP24	3MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ENULOSE	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GASTROCROM	CONC	100MG/5ML	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GATTEX	KIT	5MG	PrefBrnd-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE-C	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE-G	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE-N/FLAVOR PACK	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GENERLAC	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISETRON HCL	SOLN	0.1MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISETRON HCL	SOLN	1MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISETRON HCL	TABS	1MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
HALFLYTELY BOWEL PREP/FLAVOR PACKS	KIT	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCORTISONE	ENEM	100MG/60ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LACTULOSE	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LIALDA	TBEC	1.2GM	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LOTRONEX	TABS	0.5MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LOTRONEX	TABS	1MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MECLIZINE HCL	TABS	12.5MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MECLIZINE HCL	TABS	25MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MESALAMINE	KIT	4GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	SOLN	5MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	SOLN	5MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	TABS	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METOCLOPRAMIDE HCL	TABS	5MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	SOLN	4MG/2ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	SOLN	4MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	24MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	4MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON ODT	TBDP	4MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	8MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON ODT	TBDP	8MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	43750UNIT; 10500UNIT; 25000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	70000UNIT; 16800UNIT; 40000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	61000UNIT; 21000UNIT; 37000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PANCREAZE	CPEP	17500UNIT; 4200UNIT; 10000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PENTASA	CPCR	250MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PENTASA	CPCR	500MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
POLYETHYLENE GLYCOL 3350	POWD	0	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE EDISYLATE	SOLN	5MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE	SUPP	25MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE MALEATE	TABS	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE MALEATE	TABS	5MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCTO-PAK	CREA	1%	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCTOZONE-HC	CREA	2.5%	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
RELISTOR	KIT	12MG/0.6ML	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REMICADE	SOLR	100MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SULFASALAZINE	TABS	500MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SULFAZINE EC	TBEC	500MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SUPREP BOWEL PREP	SOLN	1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TRANSDERM-SCOP	PT72	1.5MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TRILYTE	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	CAPS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	TABS	250MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	TABS	500MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	136000UNIT; 25000UNIT; 85000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	27000UNIT; 5000UNIT; 17000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CARAFATE	SUSP	1GM/10ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE HCL	SOLN	150MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE HCL	SOLN	300MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	200MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	400MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	800MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	SOLN	10MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE PREMIXED	SOLN	0.4MG/ML; 0.9%	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FAMOTIDINE	SUSR	40MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	TABS	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	TABS	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
HELIDAC	MISC	0; 0; 0	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
LANSOPRAZOLE	CPDR	15MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
LANSOPRAZOLE	CPDR	30MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
MISOPROSTOL	TABS	100MCG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
MISOPROSTOL	TABS	200MCG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM I.V.	SOLR	20MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM I.V.	SOLR	40MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	CAPS	150MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	CAPS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	SOLN	15MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	20MG; 1100MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	40MG; 1100MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE	CPDR	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OMEPRAZOLE	CPDR	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE	CPDR	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	SOLR	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	TBEC	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	TBEC	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	CAPS	150MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	CAPS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	SOLN	150MG/6ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	SYRP	15MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	TABS	150MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	TABS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
SUCRALFATE	TABS	1GM	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ACTIMMUNE	SOLN	2000000UNIT/0.5 ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	100MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARANESP ALBUMIN FREE	SOLN	150MCG/0.3ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	200MCG/0.4ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	25MCG/0.42ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	300MCG/0.6ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	40MCG/0.4ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	500MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	60MCG/0.3ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARCALYST	SOLR	220MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
AVONEX	KIT	30MCG/VIAL	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
AVONEX	KIT	30MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
BETASERON	SOLR	0.3MG	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EGRIFTA	SOLR	1MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	10000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	2000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	20000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	3000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	4000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EXTAVIA	SOLR	0.3MG	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.2MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.4MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.6MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.8MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.2MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.4MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.6MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.8MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN	SOLR	12MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GENOTROPIN MINIQUICK	SOLR	2MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN	SOLR	5MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE	SOLR	12MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE	SOLR	24MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE COMBO PACK	SOLR	5MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE	SOLR	6MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ILARIS	SOLR	180MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INFERGEN	INJ	15MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A W/DILUENT	SOLR	10MU	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	10MU/0.2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	SOLN	6000000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INTRON-A	KIT	3MU/0.2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	5MU/0.2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
LEUKINE	SOLR	250MCG	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
LEUKINE	SOLN	500MCG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
MOZOBIL	SOLN	24MG/1.2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEULASTA	SOLN	6MG/0.6ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUMEGA	SOLR	5MG	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	300MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	480MCG/0.8ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	480MCG/1.6ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXP	SOLN	10MG/1.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORDITROPIN FLEXPPO	SOLN	15MG/1.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXPPO	SOLN	5MG/1.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN	SOLR	10MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ PEN	SOLN	10MG/2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ PEN	SOLN	20MG/2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ NUSPIN 5	SOLN	5MG/2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLN	10MG/1.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLR	5.8MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLN	5MG/1.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON	KIT	50MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS	SOLN	180MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS	KIT	180MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	10000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	2000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	20000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	3000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROCRIT	SOLN	4000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	40000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROLEUKIN	SOLR	22000000UNIT	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF	SOLN	22MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF	SOLN	44MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF TITRATION PACK	SOLN	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SAIZEN	SOLR	5MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SAIZEN CLICK.EASY	SOLR	8.8MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	4MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	5MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	6MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SYLATRON	KIT	296MCG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	444MCG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	888MCG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
TEV-TROPIN	SOLR	5MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ZORBTIVE	SOLR	8.8MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ACTHIB	SOLR	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ADACEL	SUSP	15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
BOOSTRIX	SUSP	18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
BOTOX	SOLR	100UNIT	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
CARIMUNE NANOFILTERED	SOLR	3GM	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CERVARIX	SUSP	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
COMVAX	SUSP	7.5MCG/0.5ML; 5MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DAPTACEL	SUSP	10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DECAVAC	INJ	2LFU; 5LFU	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DYSPORT	SOLR	300UNIT	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	10MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	10MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	20MCG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
FOMEPIZOLE	SOLN	1GM/ML	Generic-1	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMASTAN S/D	INJ	0	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMMAGARD LIQUID	SOLN	0	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GAMMAPLEX	SOLN	10GM/200ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMUNEX-C	SOLN	1GM/10ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GARDASIL	SUSP	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
HAVRIX	SUSP	1440ELU/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
HAVRIX	SUSP	720ELU/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IMOVAX RABIES (H.D.C.V.)	INJ	2.5UNIT/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
INFANRIX	SUSP	58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IPOL INACTIVATED IPV	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IXIARO	SUSP	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
M-M-R II W/DILUENT 10 DOSE	INJ	0; 0; 0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENACTRA	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MENOMUNE-A/C/Y/W-135	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENVEO	SOLR	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
PEDVAX HIB	SOLN	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
PRIVIGEN	SOLN	20GM/200ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
PROQUAD	INJ	0; 0; 0; 0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RABAVERT	SUSR	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RECOMBIVAX HB	SUSP	10MCG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RECOMBIVAX HB	SUSP	40MCG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ROTATEQ	SUSP	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TETANUS/DIPHThERI A TOXOIDS- ADSORBED ADULT	SUSP	2LF/0.5ML; 2LF/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TETANUS TOXOID ADSORBED	SOLN	5LFU	Generic-1	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TWINRIX	SUSP	720ELU/ML; 20MCG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TYPHIM VI	SOLN	25MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
VAQTA	SUSP	25UNIT/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
VARIVAX	INJ	1350PFU/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
XEOMIN	SOLR	50UNIT	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
YF-VAX	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ZOSTAVAX	SOLR	19400UNT/0.65M L	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ALLOPURINOL	TABS	100MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALLOPURINOL	TABS	300MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
COLCRYS	TABS	0.6MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
PROBENECID/COLCHICINE	TABS	0.5MG; 500MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
PROBENECID	TABS	500MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ULORIC	TABS	40MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ULORIC	TABS	80MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALENDRONATE SODIUM	SOLN	70MG/75ML	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	10MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	35MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	5MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	70MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
BONIVA	SOLN	3MG/3ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
EVISTA	TABS	60MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FORTEO	SOLN	600MCG/2.4ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
IBANDRONATE SODIUM	TABS	150MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
PROLIA	SOLN	60MG/ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ACTEMRA	SOLN	200MG/10ML	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
DEPEN TITRATABS	TABS	250MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ENBREL	SOLN	25MG/0.5ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENBREL	KIT	25MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ENBREL	SOLN	50MG/ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
HUMIRA	KIT	20MG/0.4ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
HUMIRA	KIT	40MG/0.8ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
HUMIRA PEN-CROHNS DISEASESTARTER	KIT	40MG/0.8ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
KINERET	SOLN	100MG/0.67ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
LEFLUNOMIDE	TABS	10MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
LEFLUNOMIDE	TABS	20MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ORENCIA	SOLN	125MG/ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
RIDAURA	CAPS	3MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA TITRATION PACK	MISC	0	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SAVELLA	TABS	100MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	12.5MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	25MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	50MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SIMPONI	SOLN	50MG/0.5ML	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
XELJANZ	TABS	5MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
CAMILA	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CRINONE	GEL	8%	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-PROVERA	SUSP	400MG/ML	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ERRIN	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL/NORETHI NDRONE ACETATE	TABS	0.5MG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL/NORETHI NDRONE ACETATE	TABS	1MG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ESTRADIOL VALERATE	OIL	10MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL VALERATE	OIL	40MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL VALERATE	OIL	20MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.025MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	37.5MCG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.05MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.06MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.075MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.1MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	2MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	0.75MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	3MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMHRT LOW DOSE	TABS	2.5MCG; 0.5MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FEMHRT 1/5	TABS	5MCG; 1MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
JINTELI	TABS	5MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
JOLIVETTE	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	10MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	0.3MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	0.625MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	1.25MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	2.5MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
NORA-BE	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
NORETHINDRONE ACETATE	TABS	5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	SOLR	25MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.3MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.45MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREMARIN	TABS	0.625MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.9MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	1.25MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	CREA	0.625MG/GM	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROGESTERONE	CAPS	100MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROGESTERONE	CAPS	200MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLINDAMYCIN PHOSPHATE	CREA	2%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
GYNAZOLE-1	CREA	2%	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
METRONIDAZOLE VAGINAL	GEL	0.75%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
MICONAZOLE 3	SUPP	200MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
ORTHO EVRA	PTWK	20MCG/24HR; 150MCG/24HR	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	CREA	0.4%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	CREA	0.8%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	SUPP	80MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TRANEXAMIC ACID	TABS	650MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VANDAZOLE	GEL	0.75%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
ZAZOLE	CREA	0.4%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
AMETHIA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
AMETHYST	TABS	20MCG; 90MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
APRI	TABS	0.15MG; 30MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ARANELLE	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
AVIANE	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BALZIVA	TABS	35MCG; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BRIELLYN	TABS	35MCG; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CRYSELLE-28	TABS	30MCG; 0.3MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CYCLAFEM 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYCLAFEM 7/7/7	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
DROSPIRENONE/ETHINYL ESTRADIOL	TABS	3MG; 0.03MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
EMOQUETTE	TABS	0.15MG; 30MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ENPRESSE-28	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
GIANVI	TABS	3MG; 0.02MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
GILDAGIA	TABS	35MCG; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
INTROVALE	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL 1.5/30	TABS	30MCG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL 1/20	TABS	20MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KARIVA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
KELNOR 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEENA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LESSINA	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEVONEST	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEVONORGESTREL/E THINYL ESTRADIOL	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEVORA 0.15/30-28	TABS	30MCG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LORYNA	TABS	3MG; 0.02MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LOW-OGESTREL	TABS	30MCG; 0.3MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LUTERA	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MARLISSA	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MICROGESTIN 1.5/30	TABS	30MCG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN 1/20	TABS	20MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN FE	TABS	20MCG; 75MG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MONONESSA	TABS	35MCG; 0.25MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 0.5/35-28	TABS	35MCG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 10/11-28	TABS	35MCG; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 7/7/7	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORTREL 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 7/7/7	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OCELLA	TABS	3MG; 0.03MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OGESTREL	TABS	50MCG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORSYTHIA	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO TRI-CYCLEN	TABS	0; 0	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO TRI-CYCLEN LO	TABS	0; 0	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO-NOVUM 7/7/7	TABS	0; 0	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
PORTIA-28	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
PREVIFEM	TABS	35MCG; 0.25MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
QUASENSE	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RECLIPSEN	TABS	0.15MG; 30MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SPRINTEC 28	TABS	35MCG; 0.25MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SRONYX	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-LEGEST FE	TABS	0; 75MG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-PREVIFEM	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-SPRINTEC	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRINESSA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRIVORA-28	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
VELIVET	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
VESTURA	TABS	3MG; 0.02MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZENCHENT FE	CHEW	35MCG; 0; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZEOSA	CHEW	35MCG; 0; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZOVIA 1/35E	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZOVIA 1/50E	TABS	50MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
METHERGINE	TABS	0.2MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	OXYTOCICS
METHYLERGONOVIN E MALEATE	TABS	0.2MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	OXYTOCICS
BACITRACIN/POLYM YXIN B	OINT	500UNIT/GM; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
BACITRACIN	OINT	500UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
CILOXAN	OINT	0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
CIPROFLOXACIN HCL	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
ERYTHROMYCIN	OINT	5MG/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
GENTAK	OINT	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
GENTAMICIN SULFATE	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
LEVOFLOXACIN	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NATACYN	SUSP	5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOMYCIN/BACITRA CIN/POLYMYXIN	OINT	400UNIT/GM; 5MG/GM; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOMYCIN/POLYMY XIN/GRAMICIDIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
OFLOXACIN	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOBRAMYCIN SULFATE	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TOBREX	OINT	0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	10000UNIT/ML; 0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
ZYMAXID	SOLN	0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TRIFLURIDINE	SOLN	1%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
ZIRGAN	GEL	0.15%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
BETAXOLOL HCL	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
CARTEOLOL HCL	SOLN	1%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
LEVOBUNOLOL HCL	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
METIPRANOLOL	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE OPTHALMIC GEL FORMING	SOLG	0.25%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE OPTHALMIC GEL FORMING	SOLG	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE	SOLN	0.25%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC OCUDOSE	SOLN	0.25%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC OCUDOSE	SOLN	0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
PHOSPHOLINE IODIDE	SOLR	0.125%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	CHOLINESTERASE INHIBITOR MIOTICS
PILOPINE HS	GEL	4%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALOMIDE	SOLN	0.1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
AZELASTINE HCL	SOLN	0.05%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
CROMOLYN SODIUM	SOLN	4%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
CYSTARAN	SOLN	0.44%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
EPINASTINE HCL	SOLN	0.05%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
LACRISERT	INST	5MG	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
PATADAY	SOLN	0.2%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
PROPARACAINE HCL	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
RESTASIS	EMUL	0.05%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
BROMFENAC	SOLN	0.09%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DICLOFENAC SODIUM	SOLN	0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
FLURBIPROFEN SODIUM	SOLN	0.03%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
KETOROLAC TROMETHAMINE	SOLN	0.4%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
KETOROLAC TROMETHAMINE	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
ACETAZOLAMIDE ER	CP12	500MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE SODIUM	SOLR	500MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE	TABS	125MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE	TABS	250MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
METHAZOLAMIDE	TABS	25MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
METHAZOLAMIDE	TABS	50MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
AZOPT	SUSP	1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
COMBIGAN	SOLN	0.2%; 0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	22.3MG/ML; 6.8MG/ML	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
DORZOLAMIDE HCL	SOLN	2%	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LATANOPROST	SOLN	0.005%	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LUMIGAN	SOLN	0.01%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LUMIGAN	SOLN	0.03%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
TRAVATAN Z	SOLN	0.004%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
TRAVOPROST	SOLN	0.004%	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE	OINT	400UNIT/GM; 1%; 0.5%; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRAMYCIN/DEXAMETHASONE	SUSP	0.1%; 0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRADEX	OINT	0.1%; 0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOBRADEX ST	SUSP	0.05%; 0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
BLEPHAMIDE S.O.P.	OINT	0.2%; 10%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
BLEPHAMIDE	SUSP	0.2%; 10%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	0.23%; 10%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROIDS
DUREZOL	EMUL	0.05%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROIDS
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROIDS
PREDNISOLONE ACETATE	SUSP	1%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROIDS
SODIUM SULFACETAMIDE	SOLN	10%	Generic-1	NO	NO	OPHTHALMOLOGY	SULFONAMIDES
SULFACETAMIDE SODIUM	OINT	10%	Generic-1	NO	NO	OPHTHALMOLOGY	SULFONAMIDES
ALPHAGAN P	SOLN	0.1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
ALPHAGAN P	SOLN	0.15%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
APRACLONIDINE	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BRIMONIDINE TARTRATE	SOLN	0.15%	Generic-1	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
BRIMONIDINE TARTRATE	SOLN	0.2%	Generic-1	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
IOPIDINE	SOLN	0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
IOPIDINE	SOLN	1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
NAPHAZOLINE HCL	SOLN	0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	VASOCONSTRICTOR DECONGESTANTS
CETIRIZINE HCL	SYRP	5MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE ODT	TBDP	2.5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE	TABS	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE ODT	TBDP	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DIPHENHYDRAMINE HCL	CAPS	50MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DIPHENHYDRAMINE HCL	SOLN	50MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPINEPHRINE HCL	SOLN	0.1MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EPIPEN 2-PAK	DEVI	0.3MG/0.3ML	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPIPEN-JR 2-PAK	DEVI	0.15MG/0.3ML	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	SOLN	25MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	SOLN	50MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
LEVOCETIRIZINE DIHYDROCHLORIDE	SOLN	2.5MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE VC	SYRP	5MG/5ML; 6.25MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SOLN	25MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SOLN	50MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
ACCOLATE	TABS	10MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACCOLATE	TABS	20MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACCUNEB	NEBU	0.63MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACCUNEB	NEBU	1.25MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACETYLCYSTEINE	SOLN	10%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACETYLCYSTEINE	SOLN	20%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADCIRCA	TABS	20MG	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR DISKUS	AEPB	100MCG/DOSE; 50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR DISKUS	AEPB	250MCG/DOSE; 50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR DISKUS	AEPB	500MCG/DOSE; 50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR HFA	AERO	115MCG/ACT; 21MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR HFA	AERO	230MCG/ACT; 21MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR HFA	AERO	45MCG/ACT; 21MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.083%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.5%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	SYRP	2MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	TABS	2MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALBUTEROL SULFATE	TABS	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE ER	TB12	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE ER	TB12	8MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
AMINOPHYLLINE	SOLN	25MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 120 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 14 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 30 METERED DOSES	AEPB	110MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 30 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 60 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ATROVENT HFA	AERS	17MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BROVANA	NEBU	15MCG/2ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BUDESONIDE	SUSP	0.25MG/2ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BUDESONIDE	SUSP	0.5MG/2ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
CINRYZE	SOLR	500UNIT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
COMBIVENT RESPIMAT	AERS	100MCG/ACT; 20MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
CROMOLYN SODIUM	NEBU	20MG/2ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DALIRESP	TABS	500MCG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DUONEB	SOLN	2.5MG/3ML; 0.5MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ELIXOPHYLLIN	ELIX	80MG/15ML	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FIRAZYR	SOLN	30MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT DISKUS	AEPB	100MCG/BLIST	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT DISKUS	AEPB	250MCG/BLIST	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT DISKUS	AEPB	50MCG/BLIST	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT HFA	AERO	110MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT HFA	AERO	220MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT HFA	AERO	44MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLUNISOLIDE	SOLN	0.025%	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLUTICASONE PROPIONATE	SUSP	50MCG/ACT	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FORADIL AEROLIZER	CAPS	12MCG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
IPRATROPIUM BROMIDE	SOLN	0.02%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	2.5MG/3ML; 0.5MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
KALYDECO	TABS	150MG	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LETAIRIS	TABS	10MG	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LETAIRIS	TABS	5MG	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL HCL	NEBU	0.31MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL HCL	NEBU	0.63MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL	NEBU	1.25MG/0.5ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MAXAIR AUTOHALER	AERB	200MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	SYRP	10MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	TABS	10MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	TABS	20MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	CHEW	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	CHEW	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	PACK	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	TABS	10MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
NASONEX	SUSP	50MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PERFOROMIST	NEBU	20MCG/2ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PROAIR HFA	AERS	108MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PULMICORT	SUSP	0.25MG/2ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT	SUSP	0.5MG/2ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT	SUSP	1MG/2ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMOZYME	SOLN	1MG/ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
QVAR	AERS	40MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
QVAR	AERS	80MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
REVATIO	SOLN	10MG/12.5ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
REVATIO	TABS	20MG	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SEREVENT DISKUS	AEPB	50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SILDENAFIL CITRATE	TABS	20MG	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	CHEW	4MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	CHEW	5MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	PACK	4MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	TABS	10MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SPIRIVA HANDIHALER	CAPS	18MCG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	SOLN	1MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	TABS	2.5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	TABS	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE CR	TB12	100MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE CR	TB12	200MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB12	300MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB24	400MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB12	450MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB24	600MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRACLEER	TABS	125MG	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRACLEER	TABS	62.5MG	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRIAMCINOLONE ACETONIDE	INHA	55MCG/ACT	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TYVASO	SOLN	0.6MG/ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTAVIS	SOLN	10MCG/ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTAVIS	SOLN	20MCG/ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VENTOLIN HFA	AERS	108MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOLAIR	SOLR	150MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	0.31MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	0.63MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	1.25MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZAFIRLUKAST	TABS	10MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZAFIRLUKAST	TABS	20MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZYFLO	TABS	600MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZYFLO CR	TB12	600MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DETROL	TABS	1MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL	TABS	2MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL LA	CP24	2MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL LA	CP24	4MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
FLAVOXATE HCL	TABS	100MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GELNIQUE	GEL	10%	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
GELNIQUE	GEL	3%	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE	SYRP	5MG/5ML	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	10MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	15MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE	TABS	5MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	5MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOLTERODINE TARTRATE	TABS	1MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOLTERODINE TARTRATE	TABS	2MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOVIAZ	TB24	4MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOVIAZ	TB24	8MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TROSPIUM CHLORIDE ER	CP24	60MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TROSPIUM CHLORIDE	TABS	20MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
VESICARE	TABS	10MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
VESICARE	TABS	5MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
ALFUZOSIN HCL ER	TB24	10MG	Generic-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
AVODART	CAPS	0.5MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
FINASTERIDE	TABS	5MG	Generic-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
JALYN	CAPS	0.5MG; 0.4MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
RAPAFLO	CAPS	4MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RAPAFLO	CAPS	8MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
TAMSULOSIN HCL	CAPS	0.4MG	Generic-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
BETHANECHOL CHLORIDE	TABS	10MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	25MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	50MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	5MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
CIALIS	TABS	2.5MG	PrefBrnd-2	YES	YES	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CIALIS	TABS	5MG	PrefBrnd-2	YES	YES	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CYSTAGON	CAPS	150MG	PrefBrnd-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CYSTAGON	CAPS	50MG	PrefBrnd-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
ELMIRON	CAPS	100MG	PrefBrnd-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
POTASSIUM CITRATE	TBCR	1080MG	Generic-1	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
POTASSIUM CITRATE	TBCR	540MG	Generic-1	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CALCIUM ACETATE	CAPS	667MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ELIPHOS	TABS	667MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	SOLN	20MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	SOLN	5%; 20MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.224%/DEXTROSE 5% VIAFLEX	SOLN	5%; 30MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.3%/D5W	SOLN	5%; 40MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/LR	SOLN	3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.075%/D5W/NACL 0.45%	SOLN	5%; 10MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	SOLN	5%; 20MEQ/L; 0.33%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	SOLN	5%; 20MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	SOLN	5%; 30MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/NACL 0.9%	SOLN	5%; 20MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.3%/D5W/NACL 0.45%	SOLN	5%; 40MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.3%/D5W/NACL 0.9%	SOLN	5%; 40MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% NACL 0.9%	SOLN	20MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	SOLN	40MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON 10	TBCR	10MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON 8	TBCR	8MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON M20	TBCR	20MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
LACTATED RINGERS VIAFLEX	SOLN	3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MAGNESIUM SULFATE	SOLN	50%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	CPCR	10MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	CPCR	8MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	10MEQ/100ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	10MEQ/50ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	0.4MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	2MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	30MEQ/100ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	TBCR	10MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	TBCR	20MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RINGERS INJECTION	SOLN	4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE 0.45% VIAFLEX	SOLN	0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	2.5MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	3%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	5%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM LACTATE	SOLN	167MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM LACTATE	SOLN	5MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN M	SOLN	65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-HBC	SOLN	7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-PF	SOLN	46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-PF 7%	SOLN	32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 2.75%/DEXTROSE 5%	SOLN	24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 10%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 20%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 25%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 15%	SOLN	42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 20%	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 25%	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINISOL SF 15%	SOLN	151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FREAMINE III 3%	SOLN	44MEQ/L; 210MG/100ML; 290MG/100ML; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FREAMINE III	SOLN	72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPATAMINE	SOLN	62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPATASOL	SOLN	0.77GM/100ML; 0.6GM/100ML; 0.02GM/100ML; 0.9GM/100ML; 0.24GM/100ML; 0.9GM/100ML; 1.1GM/100ML; 0.61GM/100ML; 0.1GM/100ML; 0.1GM/100ML; 0.115GM/100ML; 0.8GM/100ML; 0.5GM/100ML; 0.45GM/100ML; 0.065GM/100ML; 0.84GM/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
INTRALIPID	EMUL	2.25%; 20%	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
INTRALIPID	EMUL	1.7%; 30%	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE- H/DEXTROSE 5%	SOLN	17MEQ/L; 39MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 42MEQ/L	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISOLYTE-M/DEXTROSE 5%	SOLN	20MEQ/L; 44MEQ/L; 5%; 15MEQ/L; 35MEQ/L; 38MEQ/L	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-P/DEXTROSE 5%	SOLN	23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-S	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-S/DEXTROSE 5%	SOLN	30MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 142MEQ/L	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEPHRAMINE	SOLN	44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PREMASOL	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREMASOL	SOLN	56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRAVASOL	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TROPHAMINE	SOLN	97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TROPHAMINE	SOLN	0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML	PrefBrnd-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 2 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRENATABS OBN	TABS	120MG; 200MG; 400UNIT; 8MCG; 1MG; 29MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 15MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	VITAMINS / HEMATINICS
SODIUM FLUORIDE	TABS	1MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	VITAMINS / HEMATINICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ABELCET	SUSP	5MG/ML	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
AMBISOME	SUSR	50MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
AMPHOTEC	SUSR	50MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
AMPHOTERICIN B	SOLR	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ANCOBON	CAPS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ANCOBON	CAPS	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
CANCIDAS	SOLR	50MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
CANCIDAS	SOLR	70MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
CLOTRIMAZOLE	TROC	10MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	SUSR	10MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	SUSR	40MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	150MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	50MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ERAXIS	SOLR	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUCONAZOLE	SUSR	10MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	SUSR	40MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE IN DEXTROSE	SOLN	56MG/ML; 400MG/200ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCYTOSINE	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCYTOSINE	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRIFULVIN V	TABS	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRIS-PEG	TABS	125MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRIS-PEG	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN MICROSIZE	SUSP	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN MICROSIZE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN ULTRAMICROSIZE	TABS	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN ULTRAMICROSIZE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ITRACONAZOLE	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
KETOCONAZOLE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
LAMISIL	PACK	125MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
LAMISIL	PACK	187.5MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
LAMISIL	TABS	250MG	NonPrefBrnd-3	YES	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
MYCAMINE	SOLR	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
MYCAMINE	SOLR	50MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NOXAFIL	SUSP	40MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NYSTATIN	SUSP	100000UNIT/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NYSTATIN	TABS	500000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ONMEL	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
SPORANOX	CAPS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
SPORANOX PULSEPAK	CAPS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
SPORANOX	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
TERBINAFINE HCL	TABS	250MG	Generic-1	YES	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND	SUSR	40MG/ML	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VFEND	TABS	200MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND	TABS	50MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND IV	SOLR	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	SOLR	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ABACAVIR	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	CAPS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	SUSP	200MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	TABS	800MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR SODIUM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	SYRP	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
APTIVUS	CAPS	250MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
APTIVUS	SOLN	100MG/ML	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ATRIPLA	TABS	600MG; 200MG; 300MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	SOLN	0.05MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	TABS	0.5MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	TABS	1MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CIDOFOVIR	SOLN	75MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
COMBIVIR	TABS	150MG; 300MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COMPLERA	TABS	200MG; 25MG; 300MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
COPEGUS	TABS	200MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CRIXIVAN	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CRIXIVAN	CAPS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CYTOVENE	SOLR	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EDURANT	TABS	25MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EMTRIVA	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EMTRIVA	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR HBV	SOLN	5MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR HBV	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPZICOM	TABS	600MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMVIR	TABS	125MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMVIR	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMVIR	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FOSCARNET SODIUM	SOLN	24MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FUZEON	KIT	90MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GANCICLOVIR	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
HEPSERA	TABS	10MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INCIVEK	TABS	375MG	Specialty-4	NO	YES	ANTI - INFECTIVES	ANTIVIRALS
INTELENCE	TABS	100MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INTELENCE	TABS	200MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INVIRASE	CAPS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INVIRASE	TABS	500MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	CHEW	100MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	CHEW	25MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	TABS	400MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	SOLN	400MG/5ML; 100MG/5ML	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	TABS	100MG; 25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	TABS	200MG; 50MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LEXIVA	SUSP	50MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LEXIVA	TABS	700MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NEVIRAPINE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NORVIR	CAPS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NORVIR	SOLN	80MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NORVIR	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	SUSP	100MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	400MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	600MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	75MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	800MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REBETOL	CAPS	200MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REBETOL	SOLN	40MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RELENZA DISKHALER	AEPB	5MG/BLISTER	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RESCRIPTOR	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RESCRIPTOR	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RETROVIR	CAPS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RETROVIR IV INFUSION	SOLN	10MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RETROVIR	SYRP	50MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	0	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	600MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	400MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	CAPS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	600MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAVIRIN	CAPS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAVIRIN	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIMANTADINE HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SELZENTRY	TABS	150MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SELZENTRY	TABS	300MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	15MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	20MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	30MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	40MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	SOLR	1MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	CAPS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	CAPS	50MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	TABS	600MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SYNAGIS	SOLN	50MG/0.5ML	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	30MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	45MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	75MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	SUSR	6MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TRIZIVIR	TABS	300MG; 150MG; 300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TRUVADA	TABS	200MG; 300MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TYZEKA	TABS	600MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALACYCLOVIR HCL	TABS	1000MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALACYCLOVIR HCL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALCYTE	SOLR	50MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALCYTE	TABS	450MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALTREX	TABS	1GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALTREX	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VICTRELIS	CAPS	200MG	Specialty-4	NO	YES	ANTI - INFECTIVES	ANTIVIRALS
VIDEX PEDIATRIC	SOLR	2GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIDEX EC	CPDR	125MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIDEX EC	CPDR	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIDEX EC	CPDR	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIDEX EC	CPDR	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRACEPT	TABS	250MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRACEPT	TABS	625MG	Specialty-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE	SUSP	50MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE XR	TB24	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE XR	TB24	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAZOLE	SOLR	6GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	POWD	40MG/GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VISTIDE	SOLN	75MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	15MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	20MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	30MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	40MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	SOLR	1MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIAGEN	SOLN	20MG/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIAGEN	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZIDOVUDINE	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	SYRP	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	CAPS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	SUSP	200MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	TABS	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	TABS	800MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CEDAX	CAPS	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACLOR	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACLOR	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACLOR ER	TB12	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	SUSR	500MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	TABS	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLN	1GM; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	CAPS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFEPIME	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFEPIME	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEFOTAXIME SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTAXIME SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTAXIME SODIUM	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTETAN	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTETAN	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTETAN	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	1GM; 4%	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	2GM; 2.2%	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	SUSR	100MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	SUSR	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	6GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME/DEXTR OSE	SOLR	1GM/50ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME/DEXTR OSE	SOLR	2GM/50ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEFTIN	SUSR	125MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTIN	SUSR	250MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTIN	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTIN	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	2GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	1.5GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	7.5GM	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	750MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME AXETIL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME AXETIL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEPHALEXIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	10GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	1GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	2GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLN	1GM/50ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLN	2GM/50ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLR	2GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLR	6GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
KEFLEX	CAPS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
KEFLEX	CAPS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ROCEPHIN	SOLR	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SPECTRACEF	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SPECTRACEF	TABS	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	CAPS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	CHEW	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	CHEW	200MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	100MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	200MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	500MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SUPRAX	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
TEFLARO	SOLR	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
TEFLARO	SOLR	600MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	1.5GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	7.5GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	750MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF IN ISO-OSMOTIC DEXTROSE	SOLN	750MG; 0	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF IN ISO-OSMOTIC DILUENT	SOLN	1.5GM; 0	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
AZITHROMYCIN	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	SUSR	100MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	SUSR	200MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	600MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BIAXIN	SUSR	250MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN XL	TB24	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN XL PAC	TB24	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN ER	TB24	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
DIFICID	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
E.E.S. 400	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
E.E.S. GRANULES	SUSR	200MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	333MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYPED 200	SUSR	200MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYPED 400	SUSR	400MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROCIN LACTOBIONATE	SOLR	500MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROCIN STEARATE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN BASE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ERYTHROMYCIN BASE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
PCE	TBEC	333MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
PCE	TBEC	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	SOLR	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	PACK	1GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	SUSR	100MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	SUSR	200MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	TABS	600MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX TRI-PAK	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZITHROMAX Z-PAK	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZMAX	SUSR	2GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ALBENZA	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ALINIA	SUSR	100MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ALINIA	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMIKACIN SULFATE	SOLN	50MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMIKACIN SULFATE	SOLN	1GM/4ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ATOVAQUONE/PROG UANIL HCL	TABS	250MG; 100MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM	SOLR	2GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM IN ISO-OSMOTIC DEXTROSE	SOLN	1GM; 0	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM IN ISO-OSMOTIC DEXTROSE	SOLN	2GM; 0	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZTREONAM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BACIIM	SOLR	50000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BACITRACIN	SOLR	50000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BILTRICIDE	TABS	600MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CAPASTAT SULFATE	SOLR	1GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CAYSTON	SOLR	75MG	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLORAMPHENICOL SODIUM SUCCINATE	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLOROQUINE PHOSPHATE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLOROQUINE PHOSPHATE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN	CAPS	150MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN	CAPS	300MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN	CAPS	75MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN PEDIATRIC GRANULES	SOLR	75MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN PHOSPHATE	SOLN	900MG/6ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN IN D5W	SOLN	300MG/50ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN IN D5W	SOLN	600MG/50ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN IN D5W	SOLN	900MG/50ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINDAMYCIN HCL	CAPS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE ADD-VANTAGE	SOLN	150MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	300MG/50ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	600MG/50ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	900MG/50ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COARTEM	TABS	20MG; 120MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COLISTIMETHATE SODIUM	SOLR	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COLY-MYCIN M	SOLR	150MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CUBICIN	SOLR	500MG	Specialty-4	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DAPSONE	TABS	100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DAPSONE	TABS	25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DARAPRIM	TABS	25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DORIBAX	SOLR	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ETHAMBUTOL HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ETHAMBUTOL HCL	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLAGYL	CAPS	375MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
FLAGYL	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
FLAGYL	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
FLAGYL ER	TB24	750MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	0.9MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.4MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISOTONIC GENTAMICIN	SOLN	1.2MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.6MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISOTONIC GENTAMICIN	SOLN	0.8MG/ML; 0.9%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE	SOLN	10MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE	SOLN	40MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
IMIPENEM/CILASTATIN	SOLR	250MG; 250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IMIPENEM/CILASTATIN	SOLR	500MG; 500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
INVANZ	SOLR	1GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	SOLN	100MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	SYRP	50MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KANAMYCIN SULFATE	SOLN	333MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KETEK	TABS	300MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KETEK	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
LINCOCIN	SOLN	300MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MALARONE	TABS	250MG; 100MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MALARONE	TABS	62.5MG; 25MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEFLOQUINE HCL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEPRON	SUSP	750MG/5ML	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEROPENEM	SOLR	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MERREM	SOLR	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METRONIDAZOLE IN NACL 0.79%	SOLN	500MG/100ML; 0.79%	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	CAPS	375MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MYAMBUTOL	TABS	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MYCOBUTIN	CAPS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
NEBUPENT	SOLR	300MG	NonPrefBrnd-3	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
NEOMYCIN SULFATE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PAROMOMYCIN SULFATE	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PASER	PACK	4GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PENTAM 300	SOLR	300MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PLAQUENIL	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
POLYMYXIN B SULFATE	SOLR	500000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIFTIN	TABS	150MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIMAQUINE PHOSPHATE	TABS	26.3MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIMAXIN IV	SOLR	250MG; 250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRIMAXIN IV	SOLR	500MG; 500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PYRAZINAMIDE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
QUALAQUIN	CAPS	324MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
QUININE SULFATE	CAPS	324MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFADIN	CAPS	150MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFADIN	CAPS	300MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFADIN	SOLR	600MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMATE	CAPS	150MG; 300MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	CAPS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	CAPS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	SOLR	600MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFATER	TABS	50MG; 300MG; 120MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
SEROMYCIN	CAPS	250MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
SIRTURO	TABS	100MG	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
STREPTOMYCIN SULFATE	SOLR	1GM	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
STROMEKTOL	TABS	3MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SYNERCID	SOLR	350MG; 150MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TINIDAZOLE	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TINIDAZOLE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBI	NEBU	300MG/5ML	NonPrefBrnd-3	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBI PODHALER	CAPS	28MG	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SOLN	0.9%; 1.2MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SOLN	0.9%; 0.8MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE	SOLN	10MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE	SOLN	80MG/2ML	Generic-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TRECTOR	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TYGACIL	SOLR	50MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
XIFAXAN	TABS	200MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
XIFAXAN	TABS	550MG	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ZYVOX	SOLN	2MG/ML	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ZYVOX	SUSR	100MG/5ML	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZYVOX	TABS	600MG	Specialty-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	1000MG; 62.5MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	SUSR	200MG/5ML; 28.5MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	250MG/5ML; 62.5MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	250MG; 125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	TABS	500MG; 125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	TABS	875MG; 125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMOXICILLIN	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CHEW	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CHEW	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	200MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	400MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	TABS	875MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN-SULBACTAM	SOLR	10GM; 5GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN-SULBACTAM	SOLR	2GM; 1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	125MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	SUSR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	SUSR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
BACTOCILL IN DEXTROSE	SOLN	0; 1GM/50ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
BACTOCILL IN DEXTROSE	SOLN	0; 2GM/50ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN C-R	SUSP	300000UNIT/ML; 300000UNIT/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BICILLIN C-R	SUSP	900000UNIT/2ML; 300000UNIT/2ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	1200000UNIT/2ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	2400000UNIT/4ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	600000UNIT/ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
DICLOXACILLIN SODIUM	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
DICLOXACILLIN SODIUM	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
MOXATAG	TB24	775MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
NAFCILLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
NAFCILLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
NALLPEN/DEXTROSE	SOLN	0; 1GM/50ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
OXACILLIN SODIUM	SOLR	10GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
OXACILLIN SODIUM	SOLR	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G PROCAINE	SUSP	600000UNIT/ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G SODIUM	SOLR	5000000UNIT	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 40000UNIT/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 60000UNIT/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G POTASSIUM	SOLR	5MU	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PFIZERPEN-G	SOLR	20MU	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	3GM; 0.375GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	4GM; 0.5GM	Generic-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
TIMENTIN	SOLR	0.1GM; 3GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
UNASYN BULK PACK	SOLR	10GM; 5GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
UNASYN	SOLR	2GM; 1GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
ZOSYN	SOLR	3GM; 0.375GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
ZOSYN	SOLN	5%; 2GM/50ML; 0.25GM/50ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
ZOSYN	SOLN	5%; 3GM/50ML; 0.375GM/50ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AVELOX	SOLN	400MG/250ML; 0.8%	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
AVELOX	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
AVELOX ABC PACK	TABS	400MG	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	TABS	750MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	SUSR	500MG/5ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	SUSR	5GM/100ML	PrefBrnd-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO I.V.-IN D5W	SOLN	200MG/100ML; 5%	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN I.V.- IN D5W	SOLN	200MG/100ML; 5%	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN	SOLN	400MG/40ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN ER	TB24	1000MG; 0	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN ER	TB24	500MG; 0	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	750MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
FACTIVE	TABS	320MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	SOLN	25MG/ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVAQUIN	TABS	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	TABS	500MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	TABS	750MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	SOLN	5%; 750MG/150ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN IN D5W	SOLN	5%; 500MG/100ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	SOLN	25MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	SOLN	25MG/ML	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	750MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
NOROXIN	TABS	400MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	200MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	400MG	Generic-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
BACTRIM	TABS	400MG; 80MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
BACTRIM DS	TABS	800MG; 160MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SEPTRA DS	TABS	800MG; 160MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOLE/TRIMETHOPRIM	SOLN	400MG/5ML; 80MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	400MG; 80MG	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	800MG; 160MG	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFADIAZINE	TABS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
DEMECLOCYCLINE HCL	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DEMECLOCYCLINE HCL	TABS	300MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DORYX	TBEC	150MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	CAPS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	SOLR	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	150MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE	CAPS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE	SUSR	25MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOXYCYCLINE HYCLATE	TABS	20MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DYNACIN	TABS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DYNACIN	TABS	50MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DYNACIN	TABS	75MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCIN	CAPS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCIN	CAPS	50MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	135MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	45MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	50MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	75MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	90MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MONODOX	CAPS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MONODOX	CAPS	75MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
ORACEA	CPDR	40MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
SOLODYN	TB24	105MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOLODYN	TB24	115MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
SOLODYN	TB24	135MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
SOLODYN	TB24	45MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
SOLODYN	TB24	55MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
SOLODYN	TB24	65MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
SOLODYN	TB24	80MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
SOLODYN	TB24	90MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
TETRACYCLINE HCL	CAPS	250MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
TETRACYCLINE HCL	CAPS	500MG	Generic-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
VIBRAMYCIN	CAPS	100MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
VIBRAMYCIN	SUSR	25MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
VIBRAMYCIN	SYRP	50MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
FURADANTIN	SUSP	25MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
HIPREX	TABS	1GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
MACROBID	CAPS	100MG	NonPrefBrnd-3	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
MACRODANTIN	CAPS	100MG	NonPrefBrnd-3	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MACRODANTIN	CAPS	25MG	NonPrefBrnd-3	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
METHENAMINE HIPPURATE	TABS	1GM	Generic-1	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
MONUROL	PACK	5.631GM	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
NITROFURANTOIN MACROCRYSTALLIN E	CAPS	50MG	Generic-1	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
NITROFURANTOIN MONOHYDRATE	CAPS	100MG	Generic-1	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
NITROFURANTOIN	SUSP	25MG/5ML	Generic-1	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
PRIMSOL	SOLN	50MG/5ML	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
TRIMETHOPRIM	TABS	100MG	Generic-1	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
VANOCIN HCL	CAPS	125MG	Specialty-4	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANOCIN HCL	CAPS	250MG	Specialty-4	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	CAPS	125MG	Specialty-4	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	CAPS	250MG	Specialty-4	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	1000MG	Generic-1	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	10GM	Generic-1	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	500MG	Generic-1	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VIBATIV	SOLR	250MG	NonPrefBrnd-3	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
AMIFOSTINE	SOLR	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
DEXRAZOXANE	SOLR	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ELITEK	SOLR	1.5MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
FUSILEV	SOLR	50MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
KEPIVANCE	SOLR	6.25MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	SOLR	100MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	SOLR	350MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	15MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	25MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	5MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNA	SOLN	100MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNEX	SOLN	100MG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MESNEX	TABS	400MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
VORAXAZE	SOLR	1000UNIT	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
XGEVA	SOLN	120MG/1.7ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
ZINECARD	SOLR	250MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
ABRAXANE	SUSR	100MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ADRIAMYCIN	SOLN	2MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	10MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	2.5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	7.5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ALIMTA	SOLR	500MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALKERAN	SOLR	50MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ANASTROZOLE	TABS	1MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ARIMIDEX	TABS	1MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AROMASIN	TABS	25MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ARRANON	SOLN	5MG/ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ARZERRA	CONC	100MG/5ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AVASTIN	SOLN	100MG/4ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZASAN	TABS	100MG	NonPrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZASAN	TABS	75MG	NonPrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZATHIOPRINE SODIUM	SOLR	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZATHIOPRINE	TABS	50MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BICALUTAMIDE	TABS	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BICNU	SOLR	100MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BLEOMYCIN SULFATE	SOLR	30UNIT	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BOSULIF	TABS	100MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BOSULIF	TABS	500MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BUSULFEX	SOLN	6MG/ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAMPATH	SOLN	30MG/ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAMPTOSAR	SOLN	100MG/5ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAPRELSA	TABS	100MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAPRELSA	TABS	300MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CARBOPLATIN	SOLN	150MG/15ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CASODEX	TABS	50MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	100MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	10MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	40MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	CAPS	250MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	SUSR	200MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	TABS	500MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT INTRAVENOUS	SOLR	500MG	NonPrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CERUBIDINE	SOLR	20MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CISPLATIN	SOLN	100MG/100ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CLADRIBINE	SOLN	1MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLOLAR	SOLN	1MG/ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	0	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	0	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	20MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COSMEGEN	SOLR	0.5MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOPHOSPHAMID E	TABS	25MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOPHOSPHAMID E	TABS	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	CAPS	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	CAPS	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	CAPS	25MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	CAPS	25MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYCLOSPORINE MODIFIED	CAPS	50MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	SOLN	50MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE AQUEOUS	SOLN	100MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE AQUEOUS	SOLN	20MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE	SOLR	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DACARBAZINE	SOLR	200MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DACOGEN	SOLR	50MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DAUNORUBICIN HCL	INJ	5MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCEFREZ	SOLR	20MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCEFREZ	SOLR	80MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOCETAXEL	CONC	80MG/4ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCETAXEL	SOLN	80MG/8ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOXIL	INJ	2MG/ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOXORUBICIN HCL	SOLN	2MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DROXIA	CAPS	200MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DROXIA	CAPS	300MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DROXIA	CAPS	400MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	22.5MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	30MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	45MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	7.5MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ELLEENCE	SOLN	200MG/100ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELOXATIN	SOLN	100MG/20ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELSPAR	SOLR	10000UNIT	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EMCYT	CAPS	140MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EPIRUBICIN HCL	SOLN	50MG/25ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ERBITUX	SOLN	100MG/50ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ERIVEDGE	CAPS	150MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ETOPOPHOS	SOLR	100MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ETOPOSIDE	SOLN	20MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EXEMESTANE	TABS	25MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FARESTON	TABS	60MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FASLODEX	SOLN	250MG/5ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FEMARA	TABS	2.5MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FIRMAGON	SOLR	120MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FIRMAGON	SOLR	80MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUDARABINE PHOSPHATE	SOLR	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUOROURACIL	SOLN	2.5GM/50ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUTAMIDE	CAPS	125MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FOLOTYN	SOLN	40MG/2ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GEMCITABINE HCL	SOLR	1GM	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GEMZAR	SOLR	1GM	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GENGRAF	CAPS	100MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GENGRAF	CAPS	25MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GENGRAF	SOLN	100MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GLEEVEC	TABS	100MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GLEEVEC	TABS	400MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HALAVEN	SOLN	1MG/2ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HERCEPTIN	SOLR	440MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HEXALEN	CAPS	50MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HYCAMTIN	SOLR	4MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HYDREA	CAPS	500MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HYDROXYUREA	CAPS	500MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ICLUSIG	TABS	15MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ICLUSIG	TABS	45MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IDAMYCIN PFS	SOLN	20MG/20ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IDARUBICIN HCL	SOLN	10MG/10ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IFEX	SOLR	3GM	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IFOSFAMIDE	SOLR	1GM	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IMURAN	TABS	50MG	NonPrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
INLYTA	TABS	1MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
INLYTA	TABS	5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IRINOTECAN	SOLN	100MG/5ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ISTODAX	SOLR	10MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IXEMPRA KIT	SOLR	45MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JAKAFI	TABS	10MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	15MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	20MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	25MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JEVTANA	SOLN	60MG/1.5ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
KADCYLA	SOLR	100MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LETROZOLE	TABS	2.5MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LEUKERAN	TABS	2MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PED	KIT	11.25MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LUPRON DEPOT-PED	KIT	11.25MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PED	KIT	15MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	22.5MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	3.75MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	30MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	45MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	7.5MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LYSODREN	TABS	500MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MATULANE	CAPS	50MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGACE ES	SUSP	625MG/5ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGACE ORAL	SUSP	40MG/ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MEGESTROL ACETATE	SUSP	40MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	TABS	20MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	TABS	40MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEKINIST	TABS	0.5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEKINIST	TABS	2MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MELPHALAN HYDROCHLORIDE	SOLR	50MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MERCAPTOPURINE	TABS	50MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
METHOTREXATE SODIUM	SOLR	1GM	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
METHOTREXATE SODIUM	SOLN	25MG/ML	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
METHOTREXATE	TABS	2.5MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MITOMYCIN	SOLR	20MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MITOXANTRONE HCL	CONC	2MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MUSTARGEN	SOLR	10MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYCOPHENOLATE MOFETIL	CAPS	250MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYCOPHENOLATE MOFETIL	TABS	500MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYFORTIC	TBEC	180MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYFORTIC	TBEC	360MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEORAL	CAPS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEORAL	CAPS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEORAL	SOLN	100MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEXAVAR	TABS	200MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NILANDRON	TABS	150MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NIPENT	SOLR	10MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NULOJIX	SOLR	250MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	100MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	200MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	500MCG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	50MCG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ONTAK	SOLN	150MCG/ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OXALIPLATIN	SOLN	100MG/20ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PACLITAXEL	CONC	300MG/50ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PENTOSTATIN	SOLR	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PERJETA	SOLN	420MG/14ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	1MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	2MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	3MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	4MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	0.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	1MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	SOLN	5MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PURINETHOL	TABS	50MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	SOLN	1MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RAPAMUNE	TABS	0.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	1MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	2MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	10MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	15MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	25MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RHEUMATREX	TABS	2.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RITUXAN	CONC	10MG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	CAPS	100MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	CAPS	25MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SANDIMMUNE	SOLN	50MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	SOLN	100MG/ML	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	1000MCG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	100MCG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	200MCG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	500MCG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	50MCG/ML	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	10MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	20MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	30MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.3MG/ML	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SIGNIFOR	SOLN	0.6MG/ML	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.9MG/ML	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIMULECT	SOLR	20MG	NonPrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOLTAMOX	SOLN	10MG/5ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	120MG/0.5ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	60MG/0.2ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	90MG/0.3ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	100MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	140MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	20MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	50MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SPRYCEL	TABS	70MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	80MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
STIVARGA	TABS	40MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	12.5MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	25MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	50MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SYNRIBO	SOLR	3.5MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TABLOID	TABS	40MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	0.5MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	1MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	5MG	Generic-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TAFINLAR	CAPS	50MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAFINLAR	CAPS	75MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAMOXIFEN CITRATE	TABS	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAMOXIFEN CITRATE	TABS	20MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	100MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	150MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	25MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARGRETIN	CAPS	75MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARGRETIN	GEL	1%	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TASIGNA	CAPS	150MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TASIGNA	CAPS	200MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TAXOTERE	CONC	80MG/4ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	100MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	150MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	200MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	50MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THIOTEPA	SOLR	15MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TOPOSAR	SOLN	20MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TOPOTECAN HCL	SOLR	4MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TORISEL	SOLN	25MG/ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREANDA	SOLR	100MG	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRELSTAR DEPOT MIXJECT	SUSR	3.75MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRELSTAR LA MIXJECT	SUSR	11.25MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRELSTAR MIXJECT	SUSR	22.5MG	PrefBrnd-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRETINOIN	CAPS	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	10MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	15MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	7.5MG	PrefBrnd-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRISENOX	SOLN	10MG/10ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TYKERB	TABS	250MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VECTIBIX	SOLN	100MG/5ML	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VELCADE	SOLR	3.5MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIDAZA	SUSR	100MG	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINBLASTINE SULFATE	SOLR	10MG	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINCASAR PFS	SOLN	1MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINCRISTINE SULFATE	SOLN	1MG/ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINOURELBINE TARTRATE	SOLN	50MG/5ML	Generic-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VOTRIENT	TABS	200MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XALKORI	CAPS	200MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XALKORI	CAPS	250MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XTANDI	CAPS	40MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
YERVOY	SOLN	50MG/10ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZALTRAP	SOLN	100MG/4ML	Specialty-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZANOSAR	SOLR	1GM	NonPrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZELBORAF	TABS	240MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZOLINZA	CAPS	100MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.25MG	NonPrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.5MG	NonPrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.75MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZYTIGA	TABS	250MG	Specialty-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BANZEL	SUSP	40MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
BANZEL	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
BANZEL	TABS	400MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	CP12	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARBAMAZEPINE ER	CP12	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	CP12	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	CHEW	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	SUSP	100MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	TB12	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	TB12	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBATROL	CP12	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBATROL	CP12	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBATROL	CP12	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CELONTIN	CAPS	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLONAZEPAM ODT	TBDP	0.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAACON	SOLN	100MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKENE	CAPS	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKENE	SYRP	250MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEPAKOTE	TBEC	125MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE	TBEC	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE	TBEC	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE ER	TB24	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE ER	TB24	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE SPRINKLES	CPSP	125MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN	CAPS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN	CAPS	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DILANTIN INFATABS	CHEW	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN	SUSP	125MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM	CPSP	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM ER	TB24	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM ER	TB24	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EPITOL	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EQUETRO	CP12	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EQUETRO	CP12	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EQUETRO	CP12	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ETHOSUXIMIDE	CAPS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ETHOSUXIMIDE	SOLN	250MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	SUSP	600MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	SUSP	600MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	TABS	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	TABS	600MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FOSPHENYTOIN SODIUM	SOLN	100MG PE/2ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GABAPENTIN	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	CAPS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	SOLN	250MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	TABS	800MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	12MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	16MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	4MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GRALISE	TABS	300MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GRALISE	TABS	600MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GRALISE STARTER	MISC	0	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	SOLN	100MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	1000MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	750MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA XR	TB24	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA XR	TB24	750MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KLONOPIN	TABS	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KLONOPIN	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KLONOPIN	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL STARTER/TAKING VALPROATE	KIT	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	0	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	KIT	0	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMICTAL ODT	TBDP	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	KIT	0	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	KIT	0	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	KIT	0	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMICTAL XR	TB24	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	CHEW	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	CHEW	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMOTRIGINE ER	TB24	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	SOLN	100MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	1000MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM ER	TB24	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	750MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM ER	TB24	750MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	SOLN	500MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	100MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LYRICA	CAPS	150MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	200MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	225MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	25MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	300MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	50MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	75MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	SOLN	20MG/ML	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
MYSOLINE	TABS	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
MYSOLINE	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	CAPS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEURONTIN	CAPS	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	CAPS	400MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	SOLN	250MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	TABS	600MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	TABS	800MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	SUSP	60MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXCARBAZEPINE	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PEGANONE	TABS	250MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	ELIX	20MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	16.2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	32.4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	64.8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	97.2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHENYTEK	CAPS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTEK	CAPS	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN	CHEW	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM	SOLN	50MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN	SUSP	125MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	400MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
POTIGA	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PRIMIDONE	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PRIMIDONE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
SABRIL	PACK	500MG	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
SABRIL	TABS	500MG	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
STAVZOR	CPDR	125MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
STAVZOR	CPDR	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
STAVZOR	CPDR	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL	CHEW	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL	SUSP	100MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TEGRETOL-XR	TB12	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL-XR	TB12	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL-XR	TB12	400MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TIAGABINE HYDROCHLORIDE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TIAGABINE HYDROCHLORIDE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX SPRINKLE	CPSP	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX SPRINKLE	CPSP	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOPIRAMATE	CPSP	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	CPSP	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	SUSP	300MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	TABS	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	TABS	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	TABS	600MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROATE SODIUM	SOLN	100MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VALPROIC ACID	CAPS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROIC ACID	SYRP	250MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	SOLN	200MG/20ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	SOLN	10MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZARONTIN	CAPS	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZARONTIN	SOLN	250MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONEGRAN	CAPS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZONEGRAN	CAPS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
APOKYN	SOLN	10MG/ML	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
AZILECT	TABS	0.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
AZILECT	TABS	1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BROMOCRIPTINE MESYLATE	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BROMOCRIPTINE MESYLATE	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	10MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ER	TBCR	25MG; 100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ER	TBCR	50MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
COGENTIN	SOLN	1MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COMTAN	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ELDEPRYL	CAPS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ENTACAPONE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
LODOSYN	TABS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.125MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	1.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	0.375MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MIRAPEX ER	TB24	0.75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	1.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	2.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	3.75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	4.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
NEUPRO	PT24	1MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
NEUPRO	PT24	2MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
NEUPRO	PT24	3MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
NEUPRO	PT24	4MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
NEUPRO	PT24	6MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEUPRO	PT24	8MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARCOPA	TBDP	10MG; 100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARCOPA	TBDP	25MG; 100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARCOPA	TBDP	25MG; 250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARLODEL	CAPS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARLODEL	TABS	2.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	0.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	12MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REQUIP XL	TB24	6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	8MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ROPINIROLE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SELEGILINE HCL	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SELEGILINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET	TABS	10MG; 100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET	TABS	25MG; 100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET	TABS	25MG; 250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET CR	TBCR	25MG; 100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET CR	TBCR	50MG; 200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 100	TABS	25MG; 200MG; 100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STALEVO 125	TABS	31.25MG; 200MG; 125MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 150	TABS	37.5MG; 200MG; 150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 200	TABS	50MG; 200MG; 200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 50	TABS	12.5MG; 200MG; 50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 75	TABS	18.75MG; 200MG; 75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TASMAR	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHXYPHENIDYL HCL	ELIX	0.4MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHXYPHENIDYL HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHXYPHENIDYL HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ZELAPAR	TBDP	1.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALSUMA	SOLN	6MG/0.5ML	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AMERGE	TABS	1MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AMERGE	TABS	2.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AXERT	TABS	12.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AXERT	TABS	6.25MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
DIHYDROERGOTAMINE MESYLATE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ERGOMAR	SUBL	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
FROVA	TABS	2.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IMITREX STATDOSE REFILL	SOLN	4MG/0.5ML	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX STATDOSE REFILL	SOLN	6MG/0.5ML	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	SOLN	6MG/0.5ML	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	SOLN	20MG/ACT	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	SOLN	5MG/ACT	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	TABS	100MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	TABS	25MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	TABS	50MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MAXALT	TABS	10MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT	TABS	5MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT-MLT	TBDP	10MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT-MLT	TBDP	5MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MIGERGOT	SUPP	100MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MIGRANAL	SOLN	4MG/ML	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
NARATRIPTAN HCL	TABS	1MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
NARATRIPTAN HCL	TABS	2.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RELPAX	TABS	20MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RELPAX	TABS	40MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TABS	10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TBDP	10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TABS	5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TBDP	5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SUMATRIPTAN SUCCINATE	TABS	100MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	TABS	25MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	TABS	50MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMAVEL DOSEPRO	DEVI	6MG/0.5ML	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
TREXIMET	TABS	500MG; 85MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG	SOLN	5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG	TABS	2.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG	TABS	5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZOMIG ZMT	TBDP	2.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG ZMT	TBDP	5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AMPYRA	TB12	10MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT	TABS	23MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT ODT	TBDP	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT ODT	TBDP	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
AUBAGIO	TABS	14MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
AUBAGIO	TABS	7MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COPAXONE	KIT	20MG/ML	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TBDP	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TBDP	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	1.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	4.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	PT24	13.3MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	PT24	4.6MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EXELON	PT24	9.5MG/24HR	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	SOLN	2MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	16MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	24MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	SOLN	4MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GILENYA	CAPS	0.5MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
HORIZANT	TB24	600MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MYTELAZE	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	SOLN	10MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	TABS	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA TITRATION PAK	TABS	0	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	TABS	5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	14MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	21MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	28MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	7MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR TITRATION PACK	CP24	0	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NUEDEXTA	CAPS	20MG; 10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RAZADYNE	SOLN	4MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE	TABS	12MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE	TABS	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE	TABS	8MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE ER	CP24	16MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE ER	CP24	24MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE ER	CP24	8MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	1.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	4.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TECFIDERA	CPDR	120MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TECFIDERA	CPDR	240MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TECFIDERA STARTER PACK	MISC	0	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TYSABRI	CONC	300MG/15ML	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
XENAZINE	TABS	12.5MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
XENAZINE	TABS	25MG	Specialty-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
AMRIX	CP24	15MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
AMRIX	CP24	30MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
BACLOFEN	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BACLOFEN	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CARISOPRODOL/ASPIRIN	TABS	325MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CARISOPRODOL	TABS	350MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CARISOPRODOL/ASPIRIN/CODEINE	TABS	325MG; 200MG; 16MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CHLORZOXAZONE	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL ER	CP24	15MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL ER	CP24	30MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	10MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYCLOBENZAPRINE HCL	TABS	5MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	7.5MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTRIUM	CAPS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTRIUM	CAPS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTRIUM	CAPS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FEXMID	TABS	7.5MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
GABLOFEN	SOLN	10000MCG/20ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
GABLOFEN	SOLN	40000MCG/20ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
GABLOFEN	SOLN	50MCG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
LIORESAL INTRATHECAL	SOLN	0.05MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
LIORESAL INTRATHECAL	SOLN	10MG/20ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
LIORESAL INTRATHECAL	SOLN	10MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
LORZONE	TABS	375MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LORZONE	TABS	750MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MEPROBAMATE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MEPROBAMATE	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MESTINON	SYRP	60MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MESTINON	TABS	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MESTINON TIMESPAN	TBCR	180MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
METHOCARBAMOL	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
METHOCARBAMOL	TABS	750MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ORPHENADRINE/ASA/ CAFFEINE	TABS	385MG; 30MG; 25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ORPHENADRINE COMPOUND DS	TABS	770MG; 60MG; 50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ORPHENADRINE CITRATE	SOLN	30MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ORPHENADRINE CITRATE ER	TB12	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
PARAFON FORTE DSC	TABS	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
PYRIDOSTIGMINE BROMIDE	TABS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
REGONOL	SOLN	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
SKELAXIN	TABS	800MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOMA	TABS	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
SOMA	TABS	350MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	CAPS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	CAPS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	CAPS	6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ZANAFLEX	CAPS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZANAFLEX	CAPS	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ZANAFLEX	CAPS	6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ZANAFLEX	TABS	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ABSTRAL	SUBL	100MCG	NonPrefBrnd-3	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	300MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	400MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	600MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	800MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	1200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACTIQ	LPOP	1600MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	400MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	600MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	800MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	TABS	712.8MG; 60MG; 32MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	SOLN	120MG/5ML; 12MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	TABS	300MG; 15MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE #3	TABS	300MG; 30MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	TABS	300MG; 60MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ASCOMP/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ASTRAMORPH	SOLN	1MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ASTRAMORPH	SOLN	0.5MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	120MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	45MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	90MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENEX	SOLN	0.3MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SOLN	0.3MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BUPRENORPHINE HCL	SUBL	2MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SUBL	8MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTALBITAL/ACETA MINOPHEN/CAFFEINE /CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	10MCG/HR	NonPrefBrnd-3	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	20MCG/HR	NonPrefBrnd-3	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	5MCG/HR	NonPrefBrnd-3	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CAPITAL/CODEINE	SUSP	120MG/5ML; 12MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CO-GESIC	TABS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEMEROL	SOLN	50MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DEMEROL	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DEMEROL	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID	SOLN	1MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID	SOLN	2MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID	SOLN	4MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID	TABS	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID	TABS	8MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID-5	LIQD	1MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID-HP	SOLN	10MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOLOPHINE	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DOLOPHINE HCL	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAGESIC	PT72	100MCG/HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAGESIC	PT72	12MCG/HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAGESIC	PT72	25MCG/HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAGESIC	PT72	50MCG/HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAGESIC	PT72	75MCG/HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAMORPH	SOLN	0.5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAMORPH	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	325MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	650MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENDOCET	TABS	325MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	325MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	500MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDODAN	TABS	325MG; 4.835MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	12MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	16MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	8MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	100MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	12MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	25MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	50MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENTANYL	PT72	75MCG/HR	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1600MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	200MCG	Generic-1	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	400MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	600MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	800MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	100MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	400MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	600MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENTORA	TABS	800MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FIORICET/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FIORINAL/CODEINE #3	CAPS	325MG; 50MG; 40MG; 30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYCET	SOLN	325MG/15ML; 7.5MG/15ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACETAMINOPHEN	SOLN	500MG/15ML; 7.5MG/15ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACETAMINOPHEN	TABS	500MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACETAMINOPHEN	TABS	650MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACETAMINOPHEN	TABS	660MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	750MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 2.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	650MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	750MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/IBUPROFEN	TABS	7.5MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROMORPHONE HCL	SOLN	500MG/50ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KADIAN	CP24	80MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LAZANDA	SOLN	100MCG/ACT	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LAZANDA	SOLN	400MCG/ACT	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LEVORPHANOL TARTRATE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORCET 10/650	TABS	650MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORCET PLUS	TABS	650MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORTAB	ELIX	500MG/15ML; 7.5MG/15ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORTAB	TABS	500MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORTAB	TABS	500MG; 5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORTAB	TABS	500MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MAGNACET	TABS	400MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MAGNACET	TABS	400MG; 5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MAGNACET	TABS	400MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MAXIDONE	TABS	750MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MEPERIDINE HCL	SOLN	100MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MEPERIDINE HCL	SOLN	25MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MEPERIDINE HCL	SOLN	50MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MEPERIDINE HCL	SOLN	50MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MEPERITAB	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MEPERITAB	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	CONC	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHADONE HCL	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADOSE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	80MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MORPHINE SULFATE	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	20MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MS CONTIN	TBCR	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MS CONTIN	TBCR	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MS CONTIN	TBCR	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MS CONTIN	TBCR	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MS CONTIN	TBCR	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
NORCO	TABS	325MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
NORCO	TABS	325MG; 5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
NORCO	TABS	325MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	1200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	400MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	600MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ONSOLIS	FILM	800MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	15MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	20MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	30MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	40MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXECTA	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXECTA	TABS	7.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	CAPS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	650MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 2.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	500MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ASPIRIN	TABS	325MG; 4.835MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/IBUPROFEN	TABS	400MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYCODONE HCL	CONC	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	10MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	15MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	20MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	30MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYCONTIN	TB12	40MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	60MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	80MG	PrefBrnd-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	20MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	30MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	40MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYMORPHONE HYDROCHLORIDE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	650MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 2.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	500MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCODAN	TABS	325MG; 4.835MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
REPREXAIN	TABS	10MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
REPREXAIN	TABS	2.5MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
REPREXAIN	TABS	5MG; 200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ROXICET	SOLN	325MG/5ML; 5MG/5ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICET	TABS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICODONE	TABS	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICODONE	TABS	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICODONE	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
STAGESIC	CAPS	500MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	100MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	1200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	200MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	400MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	800MCG	Specialty-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SYNALGOS-DC	CAPS	356.4MG; 30MG; 16MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
TYLENOL/CODEINE #3	TABS	300MG; 30MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
TYLENOL/CODEINE #4	TABS	300MG; 60MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
TYLOX	CAPS	500MG; 5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN	TABS	300MG; 5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN ES	TABS	300MG; 7.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN HP	TABS	300MG; 10MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICOPROFEN	TABS	7.5MG; 200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
XODOL	TABS	300MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
XODOL	TABS	300MG; 5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
XODOL	TABS	300MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZAMICET	SOLN	325MG/15ML; 10MG/15ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ZYDONE	TABS	400MG; 10MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ZYDONE	TABS	400MG; 5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ZYDONE	TABS	400MG; 7.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ANAPROX	TABS	275MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ANAPROX DS	TABS	550MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ARTHROTEC 50	TBEC	50MG; 200MCG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ARTHROTEC 75	TBEC	75MG; 200MCG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	2MG; 0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	8MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BUTORPHANOL TARTRATE	SOLN	2MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CAMBIA	PACK	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CATAFLAM	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CLINORIL	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CONZIP	CP24	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CONZIP	CP24	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CONZIP	CP24	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DAYPRO	TABS	600MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	50MG; 200MCG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	75MG; 200MCG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC POTASSIUM	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM ER	TB24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DIFLUNISAL	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DUEXIS	TABS	26.6MG; 800MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EC-NAPROSYN	TBEC	375MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
EC-NAPROSYN	TBEC	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	CAPS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FELDENE	CAPS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FELDENE	CAPS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENOPROFEN CALCIUM	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLECTOR	PTCH	1.3%	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLURBIPROFEN	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLURBIPROFEN	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	SUSP	100MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	800MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOCIN	SUSP	25MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOMETHACIN	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOMETHACIN	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INDOMETHACIN ER	CPCR	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN ER	CP24	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	SOLN	15MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	SOLN	30MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MECLOFENAMATE SODIUM	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MECLOFENAMATE SODIUM	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MEFENAMIC ACID	CAPS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	SUSP	7.5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MELOXICAM	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MOBIC	SUSP	7.5MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MOBIC	TABS	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MOBIC	TABS	7.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NABUMETONE	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NABUMETONE	TABS	750MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALBUPHINE HCL	SOLN	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALBUPHINE HCL	SOLN	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALFON	CAPS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALFON	CAPS	400MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NALOXONE HCL	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALTREXONE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPRELAN	TB24	375MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPRELAN	TB24	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPRELAN	TB24	750MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROSYN	SUSP	125MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROSYN	TABS	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROSYN	TABS	375MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROSYN	TABS	500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	SUSP	125MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NAPROXEN	TABS	375MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN DR	TBEC	375MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN DR	TBEC	500MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN SODIUM	TABS	275MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN SODIUM	TABS	550MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA	TABS	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NUCYNTA ER	TB12	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
OXAPROZIN	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PENNSAID	SOLN	1.5%	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PENTAZOCINE/ACETAMINOPHEN	TABS	650MG; 25MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PENTAZOCINE/NALOXONE HCL	TABS	0.5MG; 50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PIROXICAM	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PIROXICAM	CAPS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PONSTEL	CAPS	250MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
REVIA	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RYZOLT	TB24	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
RYZOLT	TB24	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
RYZOLT	TB24	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SPRIX	SOLN	15.75MG/SPRAY	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	12MG; 3MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	2MG; 0.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	4MG; 1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	8MG; 2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	SUBL	2MG; 0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	SUBL	8MG; 2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SULINDAC	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SULINDAC	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TALWIN	SOLN	30MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TOLMETIN SODIUM	CAPS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TOLMETIN SODIUM	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TOLMETIN SODIUM	TABS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HYDROCHLORIDE/AC ETAMINOPHEN	TABS	325MG; 37.5MG	Generic-1	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ULTRACET	TABS	325MG; 37.5MG	NonPrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ULTRAM	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ULTRAM ER	TB24	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ULTRAM ER	TB24	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ULTRAM ER	TB24	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VIMOVO	TBEC	20MG; 375MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VIMOVO	TBEC	20MG; 500MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VIVITROL	SUSR	380MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VOLTAREN	GEL	1%	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VOLTAREN-XR	TB24	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ZIPSOR	CAPS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ABILIFY	SOLN	9.75MG/1.3ML	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ABILIFY	SOLN	1MG/ML	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	10MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	15MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	20MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	2MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	30MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	5MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY DISCMELT	TBDP	10MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY DISCMELT	TBDP	15MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY MAINTENA	SUSR	300MG	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ADDERALL XR	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ADDERALL XR	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ADDERALL XR	CP24	5MG; 5MG; 5MG; 5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ADDERALL XR	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ADDERALL XR	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ADDERALL XR	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM INTENSOL	CONC	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM ODT	TBDP	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM ER	TB24	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALPRAZOLAM ODT	TBDP	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ODT	TBDP	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ODT	TBDP	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMBIEN	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMBIEN	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMBIEN CR	TBCR	12.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMBIEN CR	TBCR	6.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	2.5MG; 2.5MG; 2.5MG; 2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.75MG; 3.75MG; 3.75MG; 3.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.25MG; 1.25MG; 1.25MG; 1.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ANAFRANIL	CAPS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ANAFRANIL	CAPS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ANAFRANIL	CAPS	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
APLENZIN	TB24	174MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
APLENZIN	TB24	348MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
APLENZIN	TB24	522MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ATIVAN	TABS	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ATIVAN	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ATIVAN	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUDEPRION SR	TB12	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUDEPRION SR	TB12	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL XL	TB24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BUPROPION HCL XL	TB24	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	ELIX	30MG/5ML	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	TABS	30MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	TABS	50MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE/ AMITRIPTYLINE	TABS	25MG; 10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE/ AMITRIPTYLINE	TABS	12.5MG; 5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CELEXA	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CELEXA	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CELEXA	TABS	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE HCL	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	SOLN	25MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CHLORPROMAZINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	TABS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLOZAPINE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZARIL	TABS	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZARIL	TABS	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	18MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	27MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	36MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	54MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CYMBALTA	CPEP	20MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYMBALTA	CPEP	30MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CYMBALTA	CPEP	60MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	10MG/9HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	15MG/9HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	20MG/9HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	30MG/9HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DESIPRAMINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESOXYN	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESVENLAFAXINE ER	TB24	100MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESVENLAFAXINE ER	TB24	50MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXEDRINE	CP24	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXEDRINE	CP24	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXEDRINE	CP24	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM INTENSOL	CONC	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOXEPIN HCL	CAPS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CONC	10MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EDLUAR	SUBL	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EDLUAR	SUBL	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EFFEXOR XR	CP24	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EFFEXOR XR	CP24	37.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EFFEXOR XR	CP24	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EMSAM	PT24	12MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EMSAM	PT24	6MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EMSAM	PT24	9MG/24HR	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ERGOLOID MESYLATES	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESTAZOLAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESTAZOLAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT TITRATION PACK	TABS	0	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FANAPT	TABS	12MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	8MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	100MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	12.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	150MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUOXETINE HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE DR	CPDR	90MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	SOLN	20MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE DECANOATE	SOLN	25MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	CONC	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	ELIX	2.5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUPHENAZINE HCL	SOLN	2.5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLURAZEPAM HCL	CAPS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLURAZEPAM HCL	CAPS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE ER	CP24	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE ER	CP24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUVOXAMINE MALEATE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN	TABS	2.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	35MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FOCALIN XR	CP24	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FORFIVO XL	TB24	450MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GEODON	CAPS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GEODON	CAPS	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GEODON	CAPS	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GEODON	CAPS	80MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GEODON	SOLR	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GUANIDINE HCL	TABS	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALCION	TABS	0.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALDOL	SOLN	5MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALDOL DECANOATE 100	SOLN	100MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HALDOL DECANOATE 50	SOLN	50MG/ML	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL DECANOATE	SOLN	100MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL DECANOATE	SOLN	50MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL LACTATE	SOLN	5MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	CONC	2MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IMIPRAMINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTERMEZZO	SUBL	1.75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTERMEZZO	SUBL	3.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	1MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	2MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INTUNIV	TB24	3MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	4MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	1.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	9MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	117MG/0.75ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	156MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	234MG/1.5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	39MG/0.25ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	78MG/0.5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KAPVAY	TB12	0.1MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	120MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	80MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LEXAPRO	SOLN	5MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LEXAPRO	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LEXAPRO	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LEXAPRO	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LITHIUM CARBONATE	CAPS	600MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE ER	TBCR	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE ER	TBCR	450MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CITRATE	SOLN	8MEQ/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHOBID	TBCR	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM INTENSOL	CONC	2MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOXAPINE SUCCINATE	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXITANE	CAPS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXITANE	CAPS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXITANE	CAPS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXITANE	CAPS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUVOX CR	CP24	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LUVOX CR	CP24	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MARPLAN	TABS	10MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE ER	TBCR	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METADATE CD	CPCR	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHAMPHETAMINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	CHEW	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	CHEW	2.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	CHEW	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	SOLN	10MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	SOLN	5MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLPHENIDATE HCL CD	CPCR	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	27MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	36MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	54MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MIRTAZAPINE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TBDP	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE ODT	TBDP	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	45MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE ODT	TBDP	45MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MODAFINIL	TABS	100MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MODAFINIL	TABS	200MG	Generic-1	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NARDIL	TABS	15MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEFAZODONE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	250MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NIRAVAM	TBDP	0.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NIRAVAM	TBDP	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NIRAVAM	TBDP	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NIRAVAM	TBDP	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORPRAMIN	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORPRAMIN	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORPRAMIN	TABS	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORPRAMIN	TABS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORPRAMIN	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORPRAMIN	TABS	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	150MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	250MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	50MG	PrefBrnd-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OLANZAPINE/FLUOXETINE	CAPS	50MG; 12MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	50MG; 6MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	SOLR	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	2.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OLANZAPINE ODT	TBDP	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLEPTRO	TB24	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLEPTRO	TB24	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ORAP	TABS	1MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ORAP	TABS	2MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PAMELOR	CAPS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAMELOR	CAPS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAMELOR	CAPS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAMELOR	CAPS	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PARNATE	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	12.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PAROXETINE HCL	TABS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL	SUSP	10MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL	TABS	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL	TABS	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL CR	TB24	12.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL CR	TB24	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL CR	TB24	37.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	50MG; 4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	16MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	8MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PEXEVA	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PEXEVA	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PEXEVA	TABS	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PEXEVA	TABS	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHENELZINE SULFATE	TABS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PRISTIQ	TB24	100MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PRISTIQ	TB24	50MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROCENTRA	SOLN	5MG/5ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROTRIPTYLINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROTRIPTYLINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROVIGIL	TABS	100MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROVIGIL	TABS	200MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROZAC	CAPS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROZAC	CAPS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROZAC	CAPS	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROZAC WEEKLY	CPDR	90MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	200MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	400MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUILLIVANT XR	SUSR	25MG/5ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON	TABS	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON	TABS	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON	TABS	45MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REMERON SOLTAB	TBDP	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON SOLTAB	TBDP	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON SOLTAB	TBDP	45MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RESTORIL	CAPS	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RESTORIL	CAPS	22.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RESTORIL	CAPS	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RESTORIL	CAPS	7.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	12.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	25MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	37.5MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	50MG	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RISPERDAL	SOLN	1MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	0.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RISPERDAL M-TAB	TBDP	4MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	SOLN	1MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	0.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RISPERIDONE ODT	TBDP	3MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	4MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN SR	TBCR	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ROZEREM	TABS	8MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SAPHRIS	SUBL	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SAPHRIS	SUBL	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SARAFEM	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SARAFEM	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL	TABS	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL	TABS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL	TABS	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL	TABS	400MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SEROQUEL XR	TB24	150MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	200MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	300MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	400MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	50MG	PrefBrnd-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	CONC	20MG/ML	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SILENOR	TABS	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SILENOR	TABS	6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SONATA	CAPS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SONATA	CAPS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	100MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	10MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	18MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	25MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	40MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	60MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	80MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SURMONTIL	CAPS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SURMONTIL	CAPS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SURMONTIL	CAPS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	25MG; 12MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	50MG; 12MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	25MG; 3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	25MG; 6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SYMBYAX	CAPS	50MG; 6MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	15MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	22.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	30MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	7.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
THIORIDAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TOFRANIL	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TOFRANIL	TABS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TOFRANIL	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TOFRANIL-PM	CAPS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOFRANIL-PM	CAPS	125MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TOFRANIL-PM	CAPS	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TOFRANIL-PM	CAPS	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRANXENE T	TABS	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRANXENE T	TABS	3.75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRANXENE T	TABS	7.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRANLYCYPROMINE SULFATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	300MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIAZOLAM	TABS	0.125MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIAZOLAM	TABS	0.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	1MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	2MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIMIPRAMINE MALEATE	CAPS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIMIPRAMINE MALEATE	CAPS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIMIPRAMINE MALEATE	CAPS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VALIUM	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VALIUM	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VALIUM	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	100MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	150MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	225MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	37.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	50MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VENLAFAXINE HCL	TABS	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	75MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	KIT	0	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	10MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	20MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	40MG	NonPrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIVACTIL	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIVACTIL	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	30MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	40MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VYVANSE	CAPS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	60MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	70MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN SR	TB12	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN SR	TB12	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN SR	TB12	200MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN	TABS	75MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN XL	TB24	150MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN XL	TB24	300MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XANAX	TABS	0.25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
XANAX	TABS	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XANAX	TABS	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XANAX	TABS	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XANAX XR	TB24	0.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XANAX XR	TB24	1MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XANAX XR	TB24	2MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XANAX XR	TB24	3MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XYREM	SOLN	500MG/ML	Specialty-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZALEPLON	CAPS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZALEPLON	CAPS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZENZEDI	TABS	2.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	7.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	20MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	40MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	60MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	80MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLOFT	CONC	20MG/ML	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLOFT	TABS	100MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLOFT	TABS	25MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLOFT	TABS	50MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZOLPIDEM TARTRATE	TABS	10MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE	TABS	5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	Generic-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIMIST	SOLN	5MG/ACT	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA	SOLR	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA	TABS	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA	TABS	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA	TABS	2.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA	TABS	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA	TABS	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZYPREXA	TABS	7.5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA ZYDIS	TBDP	10MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA ZYDIS	TBDP	15MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA ZYDIS	TBDP	20MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZYPREXA ZYDIS	TBDP	5MG	NonPrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMIODARONE HCL	SOLN	50MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
AMIODARONE HCL	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
AMIODARONE HCL	TABS	400MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
BETAPACE	TABS	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
BETAPACE	TABS	160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
BETAPACE AF	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CORDARONE	TABS	200MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
DISOPYRAMIDE PHOSPHATE	CAPS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
DISOPYRAMIDE PHOSPHATE	CAPS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MULTAQ	TABS	400MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
NEXTERONE	SOLN	150MG/100ML; 42.1MG/ML	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEXTERONE	SOLN	360MG/200ML; 41.4MG/ML	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
NORPACE	CAPS	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
NORPACE CR	CP12	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
NORPACE	CAPS	150MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
NORPACE CR	CP12	150MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PACERONE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PACERONE	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PACERONE	TABS	400MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROCAINAMIDE HCL	SOLN	100MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROCAINAMIDE HCL	SOLN	500MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL ER	CP12	225MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROPAFENONE HCL ER	CP12	325MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL ER	CP12	425MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	225MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE GLUCONATE	SOLN	80MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE GLUCONATE CR	TBCR	324MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE ER	TBCR	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
RYTHMOL	TABS	150MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RYTHMOL	TABS	225MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
RYTHMOL SR	CP12	225MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
RYTHMOL SR	CP12	325MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
RYTHMOL SR	CP12	425MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL (AF)	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HYDROCHLORIDE	SOLN	150MG/10ML	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL	TABS	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOTALOL HCL	TABS	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	125MCG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	250MCG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	500MCG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
ACCUPRIL	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACCUPRIL	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACCUPRIL	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACCUPRIL	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACCURETIC	TABS	12.5MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACCURETIC	TABS	12.5MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACCURETIC	TABS	25MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACEBUTOLOL HCL	CAPS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACEBUTOLOL HCL	CAPS	400MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACEON	TABS	4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACEON	TABS	8MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ADALAT CC	TB24	30MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ADALAT CC	TB24	60MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ADALAT CC	TB24	90MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AFEDITAB CR	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AFEDITAB CR	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALDACTAZIDE	TABS	25MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALDACTAZIDE	TABS	50MG; 50MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALDACTONE	TABS	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALDACTONE	TABS	25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALDACTONE	TABS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALTACE	CAPS	1.25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALTACE	CAPS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALTACE	CAPS	2.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALTACE	CAPS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	5MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMILORIDE HCL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	10MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	5MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMTURNIDE	TABS	150MG; 5MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 10MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 10MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 5MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 5MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATACAND	TABS	16MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATACAND	TABS	32MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATACAND	TABS	4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATACAND	TABS	8MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATACAND HCT	TABS	16MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATACAND HCT	TABS	32MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ATACAND HCT	TABS	32MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL/CHLORTHALIDONE	TABS	100MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL/CHLORTHALIDONE	TABS	50MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AVALIDE	TABS	12.5MG; 150MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AVALIDE	TABS	12.5MG; 300MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AVAPRO	TABS	150MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AVAPRO	TABS	300MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AVAPRO	TABS	75MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AZOR	TABS	10MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	10MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	5MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	10MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	20MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	20MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	5MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BENAZEPRIL HCL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	12.5MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	12.5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	25MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BETAXOLOL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BETAXOLOL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BIDIL	TABS	37.5MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	2.5MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	SOLN	0.25MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	0.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BYSTOLIC	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BYSTOLIC	TABS	2.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BYSTOLIC	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BYSTOLIC	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CALAN	TABS	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CALAN	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CALAN SR	TBCR	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CALAN SR	TBCR	180MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CALAN SR	TBCR	240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	16MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM	TABS	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM	TABS	30MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM	TABS	60MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM	TABS	90MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM CD	CP24	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARDIZEM CD	CP24	180MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM CD	CP24	240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM CD	CP24	300MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM CD	CP24	360MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM LA	TB24	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM LA	TB24	180MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM LA	TB24	240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM LA	TB24	300MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM LA	TB24	360MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM LA	TB24	420MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDURA	TABS	1MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARDURA	TABS	2MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDURA	TABS	4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDURA	TABS	8MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDURA XL	TB24	4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDURA XL	TB24	8MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARVEDILOL	TABS	3.125MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	6.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES	TABS	0.1MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES	TABS	0.2MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES	TABS	0.3MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES-TTS-1	PTWK	0.1MG/24HR	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES-TTS-2	PTWK	0.2MG/24HR	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES-TTS-3	PTWK	0.3MG/24HR	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE SODIUM	SOLR	500MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE	TABS	250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE	TABS	500MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CHLORTHALIDONE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLORTHALIDONE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.1MG/24HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.2MG/24HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.3MG/24HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.3MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLOPRES	TABS	15MG; 0.1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLOPRES	TABS	15MG; 0.2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLOPRES	TABS	15MG; 0.3MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COREG	TABS	12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COREG	TABS	25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COREG	TABS	3.125MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COREG	TABS	6.25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COREG CR	CP24	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COREG CR	CP24	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COREG CR	CP24	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COREG CR	CP24	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CORGARD	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CORGARD	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CORGARD	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CORZIDE	TABS	5MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CORZIDE	TABS	5MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COVERA-HS	TB24	180MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COVERA-HS	TB24	240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COZAAR	TABS	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COZAAR	TABS	25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COZAAR	TABS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DEMADEX	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DEMADEX	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DEMADEX	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DEMSER	CAPS	250MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIBENZYLINE	CAPS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILACOR XR	CP24	240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-CD	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-CD	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-XR	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-XR	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP12	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DILTIAZEM HCL ER	CP24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	420MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP12	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP12	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	SOLR	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	SOLN	50MG/10ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN	TABS	160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIOVAN	TABS	320MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN HCT	TABS	12.5MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN HCT	TABS	25MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN HCT	TABS	12.5MG; 320MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN HCT	TABS	25MG; 320MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIOVAN HCT	TABS	12.5MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIURIL	SUSP	250MG/5ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOXAZOSIN MESYLATE	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	8MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DUTOPROL	TB24	12.5MG; 100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DUTOPROL	TB24	12.5MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DUTOPROL	TB24	12.5MG; 50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYAZIDE	CAPS	25MG; 37.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYNACIRC CR	TB24	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYNACIRC CR	TB24	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYRENIUM	CAPS	100MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYRENIUM	CAPS	50MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDARBI	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EDARBI	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDARBYCLOR	TABS	40MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDARBYCLOR	TABS	40MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDECIN	TABS	25MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EPLERENONE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EPLERENONE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EPROSARTAN MESYLATE	TABS	600MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE	TABS	10MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE	TABS	10MG; 320MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE	TABS	5MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE	TABS	5MG; 320MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE HCT	TABS	10MG; 12.5MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE HCT	TABS	10MG; 25MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE HCT	TABS	10MG; 25MG; 320MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE HCT	TABS	5MG; 12.5MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EXFORGE HCT	TABS	5MG; 25MG; 160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FELODIPINE ER	TB24	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FELODIPINE ER	TB24	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FELODIPINE ER	TB24	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	10MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	10MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	8MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FUROSEMIDE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
GUANFACINE HCL	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
GUANFACINE HCL	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	SOLN	20MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCHLOROTHIAZIDE	TABS	12.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYZAAR	TABS	12.5MG; 100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYZAAR	TABS	25MG; 100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYZAAR	TABS	12.5MG; 50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDAPAMIDE	TABS	1.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDAPAMIDE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDERAL LA	CP24	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDERAL LA	CP24	160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDERAL LA	CP24	60MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INDERAL LA	CP24	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INNOPRAN XL	CP24	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INNOPRAN XL	CP24	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INSpra	TABS	25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INSpra	TABS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	150MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	75MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ISRADIPINE	CAPS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

## Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISRADIPINE	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	SOLN	5MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LASIX	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LASIX	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LASIX	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LEVATOL	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOPRESSOR HCT	TABS	25MG; 100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOPRESSOR HCT	TABS	25MG; 50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOPRESSOR	SOLN	1MG/ML	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOPRESSOR	TABS	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOPRESSOR	TABS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTENSIN	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTENSIN	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTENSIN	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTENSIN HCT	TABS	10MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOTENSIN HCT	TABS	20MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTENSIN HCT	TABS	20MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTREL	CAPS	10MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTREL	CAPS	10MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTREL	CAPS	2.5MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTREL	CAPS	5MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTREL	CAPS	5MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOTREL	CAPS	5MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MATZIM LA	TB24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	420MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MAVIK	TABS	1MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MAVIK	TABS	2MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MAVIK	TABS	4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MAXZIDE	TABS	50MG; 75MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MAXZIDE-25	TABS	25MG; 37.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYCLOTHIAZIDE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPA/HYDR OCHLOROTHIAZIDE	TABS	15MG; 250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPA/HYDR OCHLOROTHIAZIDE	TABS	25MG; 250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPA	TABS	250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLDOPA	TABS	500MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPATE HCL	SOLN	250MG/5ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	50MG; 100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METOPROLOL TARTRATE	SOLN	1MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS HCT	TABS	12.5MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS HCT	TABS	25MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS HCT	TABS	12.5MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MICROZIDE	CAPS	12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINIPRESS	CAPS	1MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINIPRESS	CAPS	2MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINIPRESS	CAPS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINOXIDIL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINOXIDIL	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL HCL	TABS	15MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL HCL	TABS	7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NADOLOL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NICARDIPINE HCL	CAPS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NICARDIPINE HCL	CAPS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NICARDIPINE HCL	SOLN	2.5MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIAC CC	TB24	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDICAL XL	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDICAL XL	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NIFEDIPINE	CAPS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE	CAPS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	90MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIMODIPINE	CAPS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	17MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE ER	TB24	25.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	34MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NISOLDIPINE	TB24	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	8.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	2.5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	8MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PINDOLOL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PINDOLOL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRAZOSIN HCL	CAPS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRAZOSIN HCL	CAPS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRAZOSIN HCL	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRINIVIL	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRINIVIL	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRINIVIL	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRINZIDE	TABS	12.5MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRINZIDE	TABS	12.5MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROCARDIA	CAPS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROCARDIA XL	TB24	30MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROCARDIA XL	TB24	60MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROCARDIA XL	TB24	90MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	1MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	20MG/5ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	40MG/5ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROPRANOLOL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	1.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RAMIPRIL	CAPS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	10MG/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	1MG/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	2.5MG/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	5MG/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RESERPINE	TABS	0.1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RESERPINE	TABS	0.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SECTRAL	CAPS	200MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SECTRAL	CAPS	400MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SODIUM DIURIL	SOLR	500MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SULAR	TB24	17MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SULAR	TB24	34MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SULAR	TB24	8.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TARKA	TBCR	1MG; 240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TARKA	TBCR	2MG; 180MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TARKA	TBCR	2MG; 240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TARKA	TBCR	4MG; 240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	150MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	150MG; 5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	300MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	300MG; 5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA	TABS	150MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TEKTURNA	TABS	300MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA HCT	TABS	150MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA HCT	TABS	150MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA HCT	TABS	300MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA HCT	TABS	300MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TENEX	TABS	1MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TENEX	TABS	2MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TENORETIC 100	TABS	100MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TENORETIC 50	TABS	50MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TENORMIN	TABS	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TENORMIN	TABS	25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TENORMIN	TABS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEVETEN	TABS	400MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEVETEN	TABS	600MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEVETEN HCT	TABS	600MG; 12.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEVETEN HCT	TABS	600MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
THALITONE	TABS	15MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIAZAC	CP24	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TIAZAC	CP24	180MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIAZAC	CP24	240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIAZAC	CP24	300MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIAZAC	CP24	360MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIAZAC	CP24	420MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	100MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	200MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	25MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOPROL XL	TB24	50MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	SOLN	20MG/2ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDATE	TABS	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDATE	TABS	200MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	CAPS	25MG; 50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	TABS	25MG; 37.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	TABS	50MG; 75MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 12.5MG; 20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	10MG; 12.5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	10MG; 25MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 12.5MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 25MG; 40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TWYNSTA	TABS	10MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TWYNSTA	TABS	5MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TWYNSTA	TABS	10MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TWYNSTA	TABS	5MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
UNIRETIC	TABS	12.5MG; 15MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
UNIRETIC	TABS	25MG; 15MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
UNIRETIC	TABS	12.5MG; 7.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
UNIVASC	TABS	15MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
UNIVASC	TABS	7.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	12.5MG; 160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	25MG; 160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	12.5MG; 320MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	25MG; 320MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VASERETIC	TABS	10MG; 25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VASOTEC	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VASOTEC	TABS	2.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VASOTEC	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VASOTEC	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VERAPAMIL HCL ER	CP24	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL SR	CP24	360MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	SOLN	2.5MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	TBCR	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	TBCR	180MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	TBCR	240MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERELAN	CP24	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERELAN	CP24	180MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VERELAN	CP24	240MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERELAN	CP24	360MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERELAN PM	CP24	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERELAN PM	CP24	200MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERELAN PM	CP24	300MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZEBETA	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZEBETA	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTORETIC	TABS	12.5MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTORETIC	TABS	12.5MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTORETIC	TABS	25MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTRIL	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZESTRIL	TABS	2.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTRIL	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTRIL	TABS	30MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTRIL	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZESTRIL	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZIAC	TABS	10MG; 6.25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZIAC	TABS	2.5MG; 6.25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ZIAC	TABS	5MG; 6.25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIGOXIN	SOLN	0.25MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	SOLN	0.05MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	TABS	0.125MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIGOXIN	TABS	0.25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
LANOXIN	SOLN	0.25MG/ML	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
LANOXIN	TABS	0.125MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
LANOXIN	TABS	0.25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
LANOXIN PEDIATRIC	SOLN	0.1MG/ML	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
AGGRENOX	CP12	25MG; 200MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARGATROBAN	SOLN	100MG/ML	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARGATROBAN	SOLN	125MG/125ML; 0.9%	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	10MG/0.8ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	2.5MG/0.5ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	5MG/0.4ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARIXTRA	SOLN	7.5MG/0.6ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
BRILINTA	TABS	90MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CILOSTAZOL	TABS	100MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CILOSTAZOL	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CLOPIDOGREL	TABS	300MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CLOPIDOGREL	TABS	75MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	SOLR	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	1MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	2.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	2MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COUMADIN	TABS	3MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	6MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	7.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CYKLOKAPRON	SOLN	100MG/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
DIPYRIDAMOLE	TABS	25MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
DIPYRIDAMOLE	TABS	50MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
DIPYRIDAMOLE	TABS	75MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
EFFIENT	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
EFFIENT	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ELIQUIS	TABS	2.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ELIQUIS	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	100MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	150MG/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	300MG/3ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	10000UNIT/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	12500UNIT/0.5ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	15000UNIT/0.6ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	18000UNT/0.72ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	2500UNIT/0.2ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	25000UNIT/ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	5000UNIT/0.2ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	7500UNIT/0.3ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPARIN SODIUM/D5W	SOLN	5%; 40UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/NACL 0.45%	SOLN	100UNIT/ML; 0.45%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/NACL 0.45%	SOLN	50UNIT/ML; 0.45%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	2UNIT/ML; 0.9%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	1000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	10000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	20000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	5000UNIT/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JANTOVEN	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	3MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	6MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	100MG/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	120MG/0.8ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	150MG/ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	30MG/0.3ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOVENOX	SOLN	300MG/3ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	40MG/0.4ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	60MG/0.6ML	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	80MG/0.8ML	Specialty-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PENTOXIFYLLINE ER	TBCR	400MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PERSANTINE	TABS	25MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PERSANTINE	TABS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PERSANTINE	TABS	75MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PLAVIX	TABS	300MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PLAVIX	TABS	75MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PLETAL	TABS	100MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PLETAL	TABS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PRADAXA	CAPS	150MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PRADAXA	CAPS	75MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	12.5MG	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	25MG	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	50MG	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	75MG	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
TICLOPIDINE HCL	TABS	250MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
TRANEXAMIC ACID	SOLN	100MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
TRENTAL	TBCR	400MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
WARFARIN SODIUM	TABS	1MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	2MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	3MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	4MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	6MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	7.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	15MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ADVICOR	TB24	20MG; 1000MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ADVICOR	TB24	40MG; 1000MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ADVICOR	TB24	20MG; 500MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ADVICOR	TB24	20MG; 750MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ALTOPREV	TB24	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ALTOPREV	TB24	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ALTOPREV	TB24	60MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ANTARA	CAPS	130MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ANTARA	CAPS	43MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ATORVASTATIN CALCIUM	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	10MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	10MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	10MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	10MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	2.5MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	2.5MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	2.5MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	5MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	5MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CADUET	TABS	5MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CADUET	TABS	5MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CHOLESTYRAMINE LIGHT	PACK	4GM	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTID	GRAN	5GM	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTID	TABS	1GM	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTIPOL HCL	GRAN	5GM	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTIPOL HCL	TABS	1GM	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CRESTOR	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CRESTOR	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CRESTOR	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CRESTOR	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENOFIBRATE	CAPS	130MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	134MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	200MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	CAPS	43MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	67MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	145MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	160MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	48MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	54MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOGLIDE	TABS	120MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOGLIDE	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FIBRICOR	TABS	105MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FIBRICOR	TABS	35MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FLUVASTATIN	CAPS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FLUVASTATIN	CAPS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
GEMFIBROZIL	TABS	600MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	10MG	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	20MG	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	5MG	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
KYNAMRO	SOLN	200MG/ML	Specialty-4	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LESCOL	CAPS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LESCOL	CAPS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LESCOL XL	TB24	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	80MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPOFEN	CAPS	150MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPOFEN	CAPS	50MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIVALO	TABS	1MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIVALO	TABS	2MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIVALO	TABS	4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOFIBRA	CAPS	134MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOFIBRA	CAPS	200MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOFIBRA	CAPS	67MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOFIBRA	TABS	160MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOFIBRA	TABS	54MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOPID	TABS	600MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVAZA	CAPS	375MG; 465MG; 1GM	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
MEVACOR	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
MEVACOR	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NIACOR	TABS	500MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	1000MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	500MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	750MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVACHOL	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVACHOL	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVACHOL	TABS	80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREVALITE	POWD	4GM/DOSE	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
QUESTRAN	PACK	4GM	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	1000MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	1000MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	500MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	500MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	750MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SIMVASTATIN	TABS	80MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
TRICOR	TABS	145MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
TRICOR	TABS	48MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
TRILIPIX	CPDR	135MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
TRILIPIX	CPDR	45MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
VASCEPA	CAPS	1GM	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
VYTORIN	TABS	10MG; 10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
VYTORIN	TABS	10MG; 20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
VYTORIN	TABS	10MG; 40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
VYTORIN	TABS	10MG; 80MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
WELCHOL	PACK	3.75GM	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
WELCHOL	TABS	625MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZETIA	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	10MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	20MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	5MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	80MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
RANEXA	TB12	1000MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
RANEXA	TB12	500MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
VECAMYL	TABS	2.5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
DILATRATE SR	CPCR	40MG	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISORDIL TITRADOSE	TABS	40MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISORDIL TITRADOSE	TABS	5MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	SUBL	2.5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	SUBL	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE ER	TBCR	40MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	5MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE	TABS	10MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	120MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISOSORBIDE MONONITRATE	TABS	20MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	30MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	60MG	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
MINITRAN	PT24	0.1MG/HR	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
MINITRAN	PT24	0.2MG/HR	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
MINITRAN	PT24	0.4MG/HR	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
MINITRAN	PT24	0.6MG/HR	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
MONOKET	TABS	10MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
MONOKET	TABS	20MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-BID	OINT	2%	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.1MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NITRO-DUR	PT24	0.2MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.3MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.4MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.6MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.8MG/HR	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.2MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.4MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	SOLN	5MG/ML	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.6MG/HR	Generic-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROLINGUAL PUMPSPRAY	SOLN	0.4MG/SPRAY	PrefBrnd-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NITROMIST	AERS	400MCG/SPRAY	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROSTAT	SUBL	0.3MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROSTAT	SUBL	0.4MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROSTAT	SUBL	0.6MG	NonPrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
CALCIPOTRIENE	CREA	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
CALCIPOTRIENE	OINT	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
CALCIPOTRIENE	SOLN	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
DOVONEX	CREA	0.005%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
DOVONEX SCALP	SOLN	0.005%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SELENIUM SULFIDE	LOTN	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	10MG	Specialty-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	17.5MG	Specialty-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	25MG	Specialty-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORILUX	FOAM	0.005%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STELARA	SOLN	45MG/0.5ML	Specialty-4	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
STELARA	SOLN	90MG/ML	Specialty-4	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
TACLONEX	OINT	0.064%; 0.005%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
TACLONEX	SUSP	0.064%; 0.005%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
VECTICAL	OINT	3MCG/GM	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SILVADENE	CREA	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
SILVER SULFADIAZINE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
SILVER SULFADIAZINE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
SSD	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
8-MOP	CAPS	10MG	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ALDARA	CREA	5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
AMMONIUM LACTATE	CREA	12%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
AMMONIUM LACTATE	LOTN	12%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
CARAC	CREA	0.5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARMOL-HC	CREA	1%; 10%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
CONDYLOX	GEL	0.5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
EFUDEX	CREA	5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ELIDEL	CREA	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROPLEX	CREA	1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROURACIL	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROURACIL	SOLN	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROURACIL	SOLN	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
IMIQUIMOD	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
LAC-HYDRIN	CREA	12%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
LAC-HYDRIN	LOTN	12%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LACLOTION	LOTN	12%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
OXSORALEN	LOTN	1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
OXSORALEN ULTRA	CAPS	10MG	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PANRETIN	GEL	0.1%	Specialty-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PICATO	GEL	0.015%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PICATO	GEL	0.05%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PODOFILOX	SOLN	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PROTOPIC	OINT	0.03%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PROTOPIC	OINT	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PRUDOXIN	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
REGRANEX	GEL	0.01%	Specialty-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOLARAZE	GEL	3%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
U-CORT	CREA	1%; 10%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
UVADEX	SOLN	20MCG/ML	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
VEREGEN	OINT	15%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ZONALON	CREA	5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ZYCLARA	CREA	3.75%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ABSORICA	CAPS	10MG	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ABSORICA	CAPS	20MG	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ABSORICA	CAPS	30MG	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ABSORICA	CAPS	40MG	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ACANYA	GEL	2.5%; 1.2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ACZONE	GEL	5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ADAPALENE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ADAPALENE	GEL	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AKNE-MYCIN	OINT	2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	10MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	20MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	40MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ATRALIN	GEL	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AVITA	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AVITA	GEL	0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AZELEX	CREA	20%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
BENZAMYCIN	GEL	5%; 3%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	10MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	20MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	30MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	40MG	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLEOCIN-T	GEL	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLEOCIN-T	LOTN	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLEOCIN-T	SWAB	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLEOCIN-T	SOLN	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDACIN PAC	KIT	0; 1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAGEL	GEL	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN/BENZ OYL PEROXIDE	GEL	5%; 1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	FOAM	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	GEL	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	LOTN	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	SWAB	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	SOLN	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
DIFFERIN	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
DIFFERIN	GEL	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
DIFFERIN	GEL	0.3%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
DIFFERIN	LOTN	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
EPIDUO	GEL	0.1%; 2.5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ERY	PADS	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	5%; 3%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN	GEL	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN	SOLN	2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
EVOCLIN	FOAM	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
FINACEA	GEL	15%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METROCREAM	CREA	0.75%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METROGEL	GEL	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METROLOTION	LOTN	0.75%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	CREA	0.75%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	GEL	0.75%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	LOTN	0.75%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	10MG	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	20MG	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	40MG	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	CREA	0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RETIN-A	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	GEL	0.01%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	GEL	0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A MICRO	GEL	0.04%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A MICRO	GEL	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	GEL	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	GEL	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.01%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRETINOIN	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	GEL	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	GEL	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
VELTIN	GEL	1.2%; 0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ZIANA	GEL	1.2%; 0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
EMLA	CREA	2.5%; 2.5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE/PRILOCAINE	CREA	2.5%; 2.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL JELLY	GEL	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL JELLY	GEL	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE	OINT	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE VISCOUS	SOLN	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	4%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDODERM	PTCH	5%	NonPrefBrnd-3	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
SYNERA	PTCH	70MG; 70MG	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
XYLOCAINE	SOLN	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
XYLOCAINE	SOLN	4%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
ALTABAX	OINT	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
BACTROBAN	CREA	2%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
BACTROBAN	OINT	2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
CORTISPORIN	CREA	0.5%; 0.5%; 10000UNIT/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
CORTISPORIN	OINT	400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
GENTAMICIN SULFATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
GENTAMICIN SULFATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
KLARON	LOTN	10%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
MAFENIDE ACETATE	PACK	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
MUPIROCIN	CREA	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
MUPIROCIN	OINT	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
PHISOHEX	LIQD	3%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
SULFACETAMIDE SODIUM	SUSP	10%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
SULFAMYLON	CREA	85MG/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SULFAMYLON	PACK	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
CICLOPIROX OLAMINE	CREA	0.77%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	GEL	0.77%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	SHAM	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX NAIL LACQUER	SOLN	8%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	SUSP	0.77%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE/BET AMETHASONE DIPROPIONATE	CREA	0.05%; 1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE/BET AMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE	SOLN	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
ECONAZOLE NITRATE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
ERTACZO	CREA	2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
EXELDERM	CREA	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
EXELDERM	SOLN	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
EXTINA	FOAM	2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KETOCONAZOLE	FOAM	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	CREA	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	SHAM	2%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
KETODAN KIT	KIT	2%; 0; 0	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
LOPROX	GEL	0.77%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
LOPROX SHAMPOO	SHAM	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
LOTRISONE	CREA	0.05%; 1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
MENTAX	CREA	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NAFTIN	CREA	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NAFTIN	GEL	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NIZORAL	SHAM	2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYAMYC	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN/TRIAMCIN OLONE	CREA	100000UNIT/GM; 0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN/TRIAMCIN OLONE	OINT	100000UNIT/GM; 0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN	CREA	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN	OINT	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NYSTATIN	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTOP	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
OXISTAT	CREA	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
OXISTAT	LOTN	1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
PEDI-DRI	POWD	100000UNIT/GM	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
ACYCLOVIR	OINT	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
DENAVIR	CREA	1%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
XERESE	CREA	5%; 1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ZOVIRAX	CREA	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ZOVIRAX	OINT	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ACLOVATE	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALA CORT	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALA SCALP	LOTN	2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AMCINONIDE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMCINONIDE	LOTN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AMCINONIDE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	FOAM	0.12%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	LOTN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CAPEX	SHAM	0.01%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLOBETASOL PROPIONATE	FOAM	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	SHAM	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	SOLN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE E	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBEX	LOTN	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBEX	SHAM	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBEX	LIQD	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLODERM PUMP	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CORDRAN	LOTN	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CORDRAN TAPE	TAPE	4MCG/SQCM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CUTIVATE	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CUTIVATE	LOTN	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CUTIVATE	OINT	0.005%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DERMA-SMOOTHING/FS BODY OIL	OIL	0.01%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DERMATOP	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DERMATOP	OINT	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONATE	GEL	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOWEN	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOWEN	LOTN	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	CREA	0.25%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	OINT	0.25%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIFLORASONE DIACETATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIFLORASONE DIACETATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIPROLENE	LOTN	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIPROLENE	OINT	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIPROLENE AF	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ELOCON	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ELOCON	LOTN	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ELOCON	OINT	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	CREA	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	OINT	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	SOLN	0.01%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE-E	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	GEL	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	SOLN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUTICASONE PROPIONATE	LOTN	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	OINT	0.005%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOBETASOL PROPIONATE	CREA	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOBETASOL PROPIONATE	OINT	0.05%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOG	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOG	OINT	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	SOLN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE VALERATE	CREA	0.2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE VALERATE	OINT	0.2%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	CREA	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	CREA	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	LOTN	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	OINT	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	OINT	2.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KENALOG	AERS	0	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOCOID	LOTN	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOCOID	OINT	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOCOID	SOLN	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOCOID LIPOCREAM	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOKARA	LOTN	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LUXIQ	FOAM	0.12%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	SOLN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	SOLN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
OLUX-E	FOAM	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PANDEL	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PREDNICARBATE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PREDNICARBATE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
SYNALAR CREAM KIT	KIT	0.025%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TEMOVATE	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TEMOVATE	GEL	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TEMOVATE	OINT	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TEMOVATE	SOLN	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	CREA	0.25%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	GEL	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	OINT	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	OINT	0.25%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	LIQD	0.25%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	LOTN	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	LOTN	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	OINT	0.025%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIAMCINOLONE ACETONIDE	OINT	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	OINT	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIDERM	CREA	0.1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ULTRAVATE	CREA	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ULTRAVATE	OINT	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
VANOS	CREA	0.1%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
VERDESO	FOAM	0.05%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
WESTCORT	OINT	0.2%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
SANTYL	OINT	250UNIT/GM	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ENZYMES
EURAX	CREA	10%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
EURAX	LOTN	10%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LINDANE	LOTN	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LINDANE	SHAM	1%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
MALATHION	LOTN	0.5%	Generic-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OVIDE	LOTN	0.5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
PERMETHRIN	CREA	5%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
SKLICE	LOTN	0.5%	NonPrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
SPINOSAD	SUSP	0.9%	Generic-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
ULESFIA	LOTN	5%	PrefBrnd-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LACTATED RINGERS IRRIGATION	SOLN	3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
NEOMYCIN/POLYMY XIN B SULFATES	SOLN	40MG/ML; 200000UNIT/ML	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
PHYSIOLYTE	SOLN	27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHYSIOSOL IRRIGATION	SOLN	30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
RINGERS IRRIGATION	SOLN	4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
ACTONEL	TABS	30MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ADAGEN	SOLN	250UNIT/ML	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
AGRYLIN	CAPS	0.5MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ALENDRONATE SODIUM	TABS	40MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANAGRELIDE HYDROCHLORIDE	CAPS	0.5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANAGRELIDE HYDROCHLORIDE	CAPS	1MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANTABUSE	TABS	250MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANTABUSE	TABS	500MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARALAST NP	SOLR	400MG	Specialty-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPHENYL	POWD	0	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPHENYL	TABS	500MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CAMPRAL	TBEC	333MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARBAGLU	TABS	200MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARNITOR	SOLN	200MG/ML	NonPrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARNITOR	SOLN	1GM/10ML	NonPrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARNITOR	TABS	330MG	NonPrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CEVIMELINE HCL	CAPS	30MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CHEMET	CAPS	100MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 5%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 2.75%/DEXTROSE 10%	SOLN	570MG/100ML; 316MG/100ML; 33MG/100ML; 10GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	NonPrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 2.75%/DEXTROSE 5%	SOLN	570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	NonPrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 10%/NAACL 0.2%	SOLN	10%; 0.2%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 10%/NAACL 0.45%	SOLN	10%; 0.45%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	SOLN	2.5%; 0.45%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXTROSE 5%/LACTATED RINGERS	SOLN	2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.2%	SOLN	5%; 0.2%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.225%	SOLN	5%; 0.225%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.33%	SOLN	5%; 0.33%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.45%	SOLN	5%; 0.45%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.9%	SOLN	5%; 0.9%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 10% FLEX CONTAINER	SOLN	10%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%	SOLN	5%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DIDRONEL	TABS	400MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DISULFIRAM	TABS	250MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DISULFIRAM	TABS	500MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ETIDRONATE DISODIUM	TABS	200MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ETIDRONATE DISODIUM	TABS	400MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EVOXAC	CAPS	30MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	125MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	250MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	500MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FERRIPROX	TABS	500MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FOSRENOL	CHEW	1000MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FOSRENOL	CHEW	500MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FOSRENOL	CHEW	750MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLASSIA	SOLN	1000MG/50ML	NonPrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
INCRELEX	SOLN	40MG/4ML	Specialty-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
KAYEXALATE	POWD	0	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
KIONEX	POWD	0	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	SOLN	200MG/ML	Generic-1	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	SOLN	1GM/10ML	Generic-1	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	TABS	330MG	Generic-1	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	10MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	2.5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ORFADIN	CAPS	10MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ORFADIN	CAPS	2MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ORFADIN	CAPS	5MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM PHENYLBUTYRATE	POWD	0	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PILOCARPINE HYDROCHLORIDE	TABS	5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PILOCARPINE HCL	TABS	7.5MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PROLASTIN-C	SOLR	1000MG	NonPrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RAVICTI	LIQD	1.1GM/ML	Specialty-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RECLAST	SOLN	5MG/100ML	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENAGEL	TABS	400MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENAGEL	TABS	800MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
REVELA	PACK	0.8GM	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REVELA	PACK	2.4GM	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
REVELA	TABS	800MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RILUTEK	TABS	50MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RILUZOLE	TABS	50MG	Specialty-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SALAGEN	TABS	5MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SALAGEN	TABS	7.5MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SKELID	TABS	200MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM CHLORIDE	SOLN	0.9%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM POLYSTYRENE SULFONATE	SUSP	15GM/60ML	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM CHLORIDE 0.9%	SOLN	0.9%	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
STERILE WATER IRRIGATION	SOLN	0	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SYPRINE	CAPS	250MG	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ZEMAIRA	SOLR	1000MG	Specialty-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ZOLEDRONIC ACID	SOLN	5MG/100ML	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPROBAN	TB12	150MG	Generic-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENTS
CHANTIX STARTING MONTH PAK	TABS	0	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENTS
CHANTIX	TABS	0.5MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENTS
CHANTIX	TABS	1MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENTS
NICOTROL INHALER	INHA	10MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENTS
NICOTROL NS	SOLN	10MG/ML	PrefBrnd-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENTS
ZYBAN	TB12	150MG	NonPrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENTS
ASTELIN	SOLN	137MCG/SPRAY	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ASTEPRO	SOLN	0.15%	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
ATROVENT	SOLN	0.03%	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
ATROVENT	SOLN	0.06%	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
AZELASTINE HCL	SOLN	137MCG/SPRAY	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
BACTROBAN NASAL	OINT	2%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
CHLORHEXIDINE GLUCONATE ORAL RINSE	SOLN	0.12%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
IPRATROPIUM BROMIDE	SOLN	0.03%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
IPRATROPIUM BROMIDE	SOLN	0.06%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
PATANASE	SOLN	0.6%	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
PERIOGARD	SOLN	0.12%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TRIAMCINOLONE IN ORABASE	PSTE	0.1%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TYZINE	SOLN	0.1%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TYZINE PEDIATRIC NASAL DROPS	SOLN	0.05%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
ACETASOL HC	SOLN	2%; 1%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
ACETIC ACID	SOLN	2%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DERMOTIC	OIL	0.01%	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
FLUOCINOLONE ACETONIDE	OIL	0.01%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
HYDROCORTISONE/ACETIC ACID	SOLN	2%; 1%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
OFLOXACIN	SOLN	0.3%	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
CIPRO HC	SUSP	0.2%; 1%	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
CIPRODEX	SUSP	0.3%; 0.1%	PrefBrnd-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
COLY-MYCIN S	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
CORTISPORIN	SOLN	1%; 3.5MG/ML; 10000UNIT/ML	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
CORTISPORIN-TC	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	NonPrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
NEOMYCIN/POLYMYXIN/HC	SOLN	1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
A-HYDROCORT	SOLR	100MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACTHAR HP	GEL	80UNIT/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	ADRENAL HORMONES
CELESTONE	SOLN	0.6MG/5ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
CORTEF	TABS	10MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
CORTEF	TABS	20MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
CORTEF	TABS	5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
CORTISONE ACETATE	TABS	25MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEPO-MEDROL	SUSP	20MG/ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEPO-MEDROL	SUSP	40MG/ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEPO-MEDROL	SUSP	80MG/ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	4MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE INTENSOL	CONC	1MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	ELIX	0.5MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	0.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	0.75MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	1.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXAMETHASONE	TABS	2MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	6MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXPAK 13 DAY	TABS	1.5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
FLO-PRED	SUSP	15MG/5ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
FLUDROCORTISONE ACETATE	TABS	0.1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	20MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MEDROL DOSEPAK	TABS	4MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MEDROL	TABS	16MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MEDROL	TABS	32MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MEDROL	TABS	4MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MEDROL	TABS	8MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE ACETATE	SUSP	40MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE ACETATE	SUSP	80MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	125MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	1GM	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	40MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE DOSE PACK	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	16MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	32MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	8MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MILLIPRED	SOLN	10MG/5ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MILLIPRED	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
ORAPRED	SOLN	15MG/5ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
ORAPRED ODT	TBDP	15MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
ORAPRED ODT	TBDP	30MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISOLONE SODIUM PHOSPHATE	SOLN	25MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON INTENSOL	CONC	5MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	SOLN	5MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	2.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	20MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
RAYOS	TBEC	1MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
RAYOS	TBEC	2MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
RAYOS	TBEC	5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-CORTEF	SOLR	100MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOLU-CORTEF	SOLR	250MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	125MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	2GM	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	40MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	500MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
VERIPRED 20	SOLN	20MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHIMAZOLE	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
METHIMAZOLE	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
PROPYLTHIOURACIL	TABS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
TAPAZOLE	TABS	10MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
TAPAZOLE	TABS	5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
ACARBOSE	TABS	100MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACARBOSE	TABS	25MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACARBOSE	TABS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET	TABS	500MG; 15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET	TABS	850MG; 15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACTOPLUS MET XR	TB24	1000MG; 30MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET XR	TB24	1000MG; 15MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	15MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	45MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ALCOHOL PREPS	PADS		Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AMARYL	TABS	1MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AMARYL	TABS	2MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AMARYL	TABS	4MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
APIDRA SOLOSTAR	SOLN	100UNIT/ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
APIDRA	SOLN	100UNIT/ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	1000MG; 2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	500MG; 2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	1000MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	500MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	1MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AVANDARYL	TABS	2MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	4MG; 4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	2MG; 8MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	4MG; 8MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	4MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	8MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD PEN NEEDLE/ULTRAFINE/ 29G X 12.7MM	MISC		NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BYDUREON	SUSR	2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BYETTA	SOLN	10MCG/0.04ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BYETTA	SOLN	5MCG/0.02ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
CHLORPROPAMIDE	TABS	100MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
CHLORPROPAMIDE	TABS	250MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
CURITY GAUZE PADS 2"X2"	PADS		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
CYCLOSET	TABS	0.8MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
DIABETA	TABS	1.25MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIABETA	TABS	2.5MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
DIABETA	TABS	5MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
DUETACT	TABS	2MG; 30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
DUETACT	TABS	4MG; 30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
FORTAMET	TB24	1000MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
FORTAMET	TB24	500MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	2MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	4MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE	TABS	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE	TABS	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE ER	TB24	10MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE ER	TB24	2.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLIPIZIDE ER	TB24	5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCAGEN HYPOKIT	SOLR	1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCAGON EMERGENCY KIT	KIT	1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOPHAGE	TABS	1000MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOPHAGE	TABS	500MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOPHAGE XR	TB24	500MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOPHAGE XR	TB24	750MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOPHAGE	TABS	850MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOTROL	TABS	10MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOTROL	TABS	5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOTROL XL	TB24	10MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOTROL XL	TB24	2.5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOTROL XL	TB24	5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOVANCE	TABS	2.5MG; 500MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCOVANCE	TABS	5MG; 500MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUMETZA	TB24	1000MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLUMETZA	TB24	500MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	1.25MG; 250MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	2.5MG; 500MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	5MG; 500MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	1.5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	3MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	6MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	1.25MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	2.5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYNASE	TABS	1.5MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYNASE	TABS	3MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYNASE	TABS	6MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	25MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HUMALOG	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG KWIKPEN	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 50/50	SUSP	50UNIT/ML; 50UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 50/50 KWIKPEN	SUSP	50UNIT/ML; 50UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 75/25 KWIKPEN	SUSP	25UNIT/ML; 75UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 75/25	SUSP	25UNIT/ML; 75UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN N	SUSP	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN N U-100 PEN	SUSP	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN 70/30 PEN	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN R	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31 G X 5/16"	MISC		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30 G X 1/2"	MISC		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29 G X 1/2"	MISC		NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	MISC		PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
INVOKANA	TABS	100MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
INVOKANA	TABS	300MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET	TABS	1000MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET	TABS	500MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	1000MG; 100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	1000MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	500MG; 50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	100MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	25MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	50MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JENTADUETO	TABS	2.5MG; 1000MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JENTADUETO	TABS	2.5MG; 500MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JENTADUETO	TABS	2.5MG; 850MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JUVISYNC	TABS	10MG; 100MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JUVISYNC	TABS	20MG; 100MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JUVISYNC	TABS	40MG; 100MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JUVISYNC	TABS	10MG; 50MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JUVISYNC	TABS	20MG; 50MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JUVISYNC	TABS	40MG; 50MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KAZANO	TABS	12.5MG; 1000MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KAZANO	TABS	12.5MG; 500MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	1000MG; 2.5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	1000MG; 5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	500MG; 5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LANTUS	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LANTUS SOLOSTAR	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LEVEMIR	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LEVEMIR FLEXPEN	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METFORMIN HCL	TABS	1000MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	750MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	850MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	1000MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NATEGLINIDE	TABS	120MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NATEGLINIDE	TABS	60MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NESINA	TABS	12.5MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NESINA	TABS	25MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NESINA	TABS	6.25MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN N	SUSP	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN R	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG FLEXPEN	SOLN	100UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NOVOLOG MIX 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ONGLYZA	TABS	2.5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ONGLYZA	TABS	5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
OSENI	TABS	12.5MG; 15MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
OSENI	TABS	12.5MG; 30MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
OSENI	TABS	12.5MG; 45MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
OSENI	TABS	25MG; 15MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
OSENI	TABS	25MG; 30MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
OSENI	TABS	25MG; 45MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL- GLIMEPIRIDE	TABS	2MG; 30MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL- GLIMEPIRIDE	TABS	4MG; 30MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	15MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PIOGLITAZONE HCL	TABS	30MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	45MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIMET	TABS	500MG; 1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIMET	TABS	500MG; 2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	0.5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	1MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	2MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRECOSE	TABS	100MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRECOSE	TABS	25MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRECOSE	TABS	50MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PROGLYCEM	SUSP	50MG/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
RIOMET	SOLN	500MG/5ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
STARLIX	TABS	120MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
STARLIX	TABS	60MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
SYMLINPEN 60	SOLN	1500MCG/1.5ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
SYMLINPEN 120	SOLN	2700MCG/2.7ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOLAZAMIDE	TABS	250MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TOLAZAMIDE	TABS	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TOLBUTAMIDE	TABS	500MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TRADJENTA	TABS	5MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
VICTOZA	SOLN	18MG/3ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ALDURAZYME	SOLN	2.9MG/5ML	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDRODERM	PT24	2MG/24HR	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDRODERM	PT24	4MG/24HR	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROGEL	GEL	50MG/5GM	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROGEL PUMP	GEL	1.62%	PrefBrnd-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROID	CAPS	10MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROXY	TABS	10MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
AXIRON	SOLN	30MG/ACT	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CABERGOLINE	TABS	0.5MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCIJEX	SOLN	1MCG/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITONIN-SALMON	SOLN	200UNIT/ACT	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CALCITRIOL	CAPS	0.25MCG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	CAPS	0.5MCG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	SOLN	1MCG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	SOLN	1MCG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CEREZYME	SOLR	200UNIT	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CHORIONIC GONADOTROPIN	SOLR	10000UNIT	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	100MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	200MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	50MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	SOLN	4MCG/ML	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	SOLN	0.01%	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	SOLN	0.01%	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	TABS	0.1MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	TABS	0.2MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DELATESTRYL	OIL	200MG/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DEPO-TESTOSTERONE	OIL	100MG/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEPO-TESTOSTERONE	OIL	200MG/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	SOLN	0.01%	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	TABS	0.1MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	TABS	0.2MG	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ELAPRASE	SOLN	6MG/3ML	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ELELYSO	SOLR	200UNIT	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FABRAZYME	SOLR	35MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FORTESTA	GEL	10MG/ACT	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FORTICAL	SOLN	200UNIT/ACT	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	CAPS	0.5MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	CAPS	1MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	CAPS	2.5MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	SOLN	4MCG/2ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
KORLYM	TABS	300MG	Specialty-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
KUVAN	TBSO	100MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LUMIZYME	SOLR	50MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
METHITEST	TABS	10MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
MIACALCIN	SOLN	200UNIT/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
MIACALCIN	SOLN	200UNIT/ACT	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
MYOZYME	SOLR	50MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
NAGLAZYME	SOLN	1MG/ML	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
NOVAREL	SOLR	10000UNIT	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
OXANDROLONE	TABS	10MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
OXANDROLONE	TABS	2.5MG	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	6MG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	SOLR	10000UNIT	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ROCALTROL	CAPS	0.25MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ROCALTROL	CAPS	0.5MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ROCALTROL	SOLN	1MCG/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SAMSCA	TABS	15MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SAMSCA	TABS	30MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	30MG	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	60MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	90MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	10MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	15MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	20MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
STIMATE	SOLN	1.5MG/ML	PrefBrnd-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
STRIANT	MISC	30MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SYNAREL	SOLN	2MG/ML	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTIM	GEL	1%	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE CYPIONATE	OIL	100MG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE CYPIONATE	OIL	200MG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE ENANTHATE	OIL	200MG/ML	Generic-1	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTRED	CAPS	10MG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VPRIV	SOLR	400UNIT	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZAVESCA	CAPS	100MG	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	CAPS	1MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	CAPS	2MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	CAPS	4MCG	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	SOLN	2MCG/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	SOLN	5MCG/ML	NonPrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOLEDRONIC ACID	CONC	4MG/5ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOMETA	SOLN	4MG/100ML	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOMETA	CONC	4MG/5ML	Specialty-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CYTOMEL	TABS	25MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
CYTOMEL	TABS	50MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
CYTOMEL	TABS	5MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	100MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	112MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	125MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVOTHROID	TABS	137MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	150MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	175MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	200MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	300MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	75MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	88MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	100MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	112MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	125MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	137MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	150MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	175MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	200MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVOTHYROXINE SODIUM	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	300MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	75MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	88MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	100MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	112MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	125MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	137MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	150MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	175MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	200MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	75MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	88MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LIOTHYRONINE SODIUM	SOLN	10MCG/ML	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOTHYRONINE SODIUM	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOTHYRONINE SODIUM	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOTHYRONINE SODIUM	TABS	5MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	100MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	112MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	125MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	137MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	150MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	175MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	200MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	25MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	300MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	50MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	75MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	88MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
THYROLAR-1	TABS	60MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1/2	TABS	30MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1/4	TABS	15MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-2	TABS	120MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-3	TABS	180MG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	100MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	112MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	125MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	137MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	13MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	150MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	25MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	50MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	75MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	88MCG	NonPrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	100MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
UNITHROID	TABS	112MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	125MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	150MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	175MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	200MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	25MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	300MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	50MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	75MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	88MCG	Generic-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
ATROPINE SULFATE	SOLN	0.05MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
ATROPINE SULFATE	SOLN	0.1MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
BENTYL	CAPS	10MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
BENTYL	SOLN	10MG/ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
BENTYL	SYRP	10MG/5ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
BENTYL	TABS	20MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CANTIL	TABS	25MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
CUVPOSA	SOLN	1MG/5ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	CAPS	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	SOLN	10MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	TABS	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DIPHENOXYLATE/ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DIPHENOXYLATE/ATROPINE	TABS	0.025MG; 2.5MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
FULYZAQ	TBEC	125MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
GLYCOPYRROLATE	SOLN	4MG/20ML	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
GLYCOPYRROLATE	TABS	1MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
GLYCOPYRROLATE	TABS	2MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
LOMOTIL	TABS	0.025MG; 2.5MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
LOPERAMIDE HCL	CAPS	2MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
METHSCOPOLAMINE BROMIDE	TABS	2.5MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
METHSCOPOLAMINE BROMIDE	TABS	5MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
MOTOFEN	TABS	0.025MG; 1MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PAMINE	TABS	2.5MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
PAMINE FORTE	TABS	5MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
PROPANTHELINE BROMIDE	TABS	15MG	Generic-1	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
ROBINUL	TABS	1MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
ROBINUL FORTE	TABS	2MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
ACTIGALL	CAPS	300MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ALOXI	SOLN	0.25MG/5ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AMITIZA	CAPS	24MCG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AMITIZA	CAPS	8MCG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANTIVERT	TABS	12.5MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANTIVERT	TABS	25MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANTIVERT	TABS	50MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ANUSOL-HC	CREA	2.5%	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANZEMET	SOLN	20MG/ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANZEMET	TABS	100MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANZEMET	TABS	50MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
APRISO	CP24	0.375GM	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ASACOL	TBEC	400MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ASACOL HD	TBEC	800MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AZULFIDINE	TABS	500MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AZULFIDINE EN-TABS	TBEC	500MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
BALSALAZIDE DISODIUM	CAPS	750MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
BUDESONIDE	CP24	3MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CANASA	SUPP	1000MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CESAMET	CAPS	1MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CHENODAL	TABS	250MG	Specialty-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CIMZIA	KIT	200MG	Specialty-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CIMZIA	KIT	200MG/ML	Specialty-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
COLAZAL	CAPS	750MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
COLOCORT	ENEM	100MG/60ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
COLYTE-FLAVOR PACKS	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
COMPRO	SUPP	25MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CONSTULOSE	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CORTIFOAM	FOAM	90MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	180000UNIT; 36000UNIT; 114000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CROMOLYN SODIUM	CONC	100MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CYSTADANE	POWD	0	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DELZICOL	CPDR	400MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DIPENTUM	CAPS	250MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	10MG	Generic-1	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DRONABINOL	CAPS	2.5MG	Generic-1	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	5MG	Generic-1	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	125MG	NonPrefBrnd-3	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	40MG	NonPrefBrnd-3	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	80MG	NonPrefBrnd-3	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	0	NonPrefBrnd-3	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ENTOCORT EC	CP24	3MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ENULOSE	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GASTROCROM	CONC	100MG/5ML	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GATTEX	KIT	5MG	Specialty-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GAVILYTE-C	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE-G	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE- N/FLAVOR PACK	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GENERLAC	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GIAZO	TABS	1.1GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GOLYTELY	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GOLYTELY	SOLR	227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISETRON HCL	SOLN	0.1MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GRANISETRON HCL	SOLN	1MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISETRON HCL	TABS	1MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISOL	SOLN	2MG/10ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
HALFLYTELY BOWEL PREP/FLAVOR PACKS	KIT	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
HYDROCORTISONE	ENEM	100MG/60ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
KRISTALOSE	PACK	10GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
KRISTALOSE	PACK	20GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LACTULOSE	SOLN	10GM/15ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LIALDA	TBEC	1.2GM	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LINZESS	CAPS	145MCG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LINZESS	CAPS	290MCG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LOTRONEX	TABS	0.5MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LOTRONEX	TABS	1MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MARINOL	CAPS	10MG	NonPrefBrnd-3	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MARINOL	CAPS	2.5MG	NonPrefBrnd-3	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MARINOL	CAPS	5MG	NonPrefBrnd-3	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MECLIZINE HCL	TABS	12.5MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MECLIZINE HCL	TABS	25MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MESALAMINE	KIT	4GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	SOLN	5MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	SOLN	5MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METOCLOPRAMIDE HCL	TABS	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	TABS	5MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOZOLV ODT	TBDP	10MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOZOLV ODT	TBDP	5MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MOVIPREP	SOLR	4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
NULYTELY/FLAVOR PACKS	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	SOLN	4MG/2ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	SOLN	4MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	24MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	4MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ONDANSETRON ODT	TBDP	4MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	8MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON ODT	TBDP	8MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
OSMOPREP	TABS	0.398GM; 1.102GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	43750UNIT; 10500UNIT; 25000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	70000UNIT; 16800UNIT; 40000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	61000UNIT; 21000UNIT; 37000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	17500UNIT; 4200UNIT; 10000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PENTASA	CPCR	250MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PENTASA	CPCR	500MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PERTZYE	CPEP	30250UNIT; 8000UNIT; 28750UNIT	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PERTZYE	CPEP	60500UNIT; 16000UNIT; 57500UNIT	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
POLYETHYLENE GLYCOL 3350	POWD	0	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PREPOPIK	PACK	12GM; 3.5GM; 10MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE EDISYLATE	SOLN	5MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE	SUPP	25MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE MALEATE	TABS	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE MALEATE	TABS	5MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCTO-PAK	CREA	1%	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCTOCREAM HC	CREA	2.5%	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCTOZONE-HC	CREA	2.5%	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
RECTIV	OINT	0.4%	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REGLAN	TABS	10MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
REGLAN	TABS	5MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
RELISTOR	KIT	12MG/0.6ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
REMICADE	SOLR	100MG	Specialty-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SANCUSO	PTCH	3.1MG/24HR	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SFROWASA	ENEM	4GM/60ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SUCRAID	SOLN	8500UNIT/ML	Specialty-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SULFASALAZINE	TABS	500MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SULFAZINE EC	TBEC	500MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SUPREP BOWEL PREP	SOLN	1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TIGAN	CAPS	300MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TIGAN	SOLN	100MG/ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TRANSDERM-SCOP	PT72	1.5MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TRILYTE	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TRIMETHOBENZAMI DE HCL	CAPS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
UCERIS	TB24	9MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ULTRESA	CPEP	27600UNIT; 13800UNIT; 27600UNIT	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ULTRESA	CPEP	41400UNIT; 20700UNIT; 41400UNIT	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ULTRESA	CPEP	46000UNIT; 23000UNIT; 46000UNIT	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSO 250	TABS	250MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSO FORTE	TABS	500MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
URSODIOL	CAPS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	TABS	250MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	TABS	500MG	Generic-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
VIKACE	TABS	39150UNIT; 10440UNIT; 39150UNIT	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
VIKACE	TABS	78300UNIT; 20880UNIT; 78300UNIT	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	136000UNIT; 25000UNIT; 85000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	27000UNIT; 5000UNIT; 17000UNIT	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZOFRAN	SOLN	40MG/20ML	Specialty-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN	SOLN	4MG/5ML	Specialty-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN	TABS	4MG	Specialty-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN ODT	TBDP	4MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN	TABS	8MG	Specialty-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN ODT	TBDP	8MG	Specialty-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ACIPHEX	TBEC	20MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
AXID	SOLN	15MG/ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CARAFATE	SUSP	1GM/10ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CARAFATE	TABS	1GM	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE HCL	SOLN	150MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE HCL	SOLN	300MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	200MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CIMETIDINE	TABS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	400MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	800MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CYTOTEC	TABS	100MCG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CYTOTEC	TABS	200MCG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
DEXILANT	CPDR	30MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
DEXILANT	CPDR	60MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	SOLN	10MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE PREMIXED	SOLN	0.4MG/ML; 0.9%	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	SUSR	40MG/5ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	TABS	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	TABS	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
HELIDAC	MISC	0; 0; 0	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
LANSOPRAZOLE	CPDR	15MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
LANSOPRAZOLE	CPDR	30MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
MISOPROSTOL	TABS	100MCG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MISOPROSTOL	TABS	200MCG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM	CPDR	20MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM	CPDR	40MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM	PACK	10MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM	PACK	2.5MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM	PACK	20MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM	PACK	40MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM	PACK	5MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM I.V.	SOLR	20MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM I.V.	SOLR	40MG	PrefBrnd-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	CAPS	150MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	CAPS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	SOLN	15MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMECLAMOX-PAK	MISC	500MG; 500MG; 20MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	20MG; 1100MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	40MG; 1100MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OMEPRAZOLE	CPDR	10MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE	CPDR	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE	CPDR	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	SOLR	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	TBEC	20MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	TBEC	40MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PEPCID	SUSR	40MG/5ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PEPCID	TABS	20MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PEPCID	TABS	40MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PREVACID	CPDR	15MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PREVACID	CPDR	30MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PREVACID SOLUTAB	TBDP	15MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PREVACID SOLUTAB	TBDP	30MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PREVPAC	MISC	500MG; 500MG; 30MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PRILOSEC	CPDR	10MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PRILOSEC	CPDR	20MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRILOSEC	CPDR	40MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PROTONIX	SOLR	40MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PROTONIX	PACK	40MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PROTONIX	TBEC	20MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PROTONIX	TBEC	40MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PYLERA	CAPS	140MG; 125MG; 125MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	CAPS	150MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	CAPS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	SOLN	150MG/6ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	SYRP	15MG/ML	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	TABS	150MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	TABS	300MG	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
SUCRALFATE	TABS	1GM	Generic-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	SOLN	25MG/ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	SOLN	50MG/50ML; 0.45%	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	SYRP	15MG/ML	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZANTAC	TABS	150MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	TBEF	25MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	TABS	300MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZEGERID	CAPS	20MG; 1100MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZEGERID	CAPS	40MG; 1100MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZEGERID	PACK	20MG; 1680MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZEGERID	PACK	40MG; 1680MG	NonPrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ACTIMMUNE	SOLN	2000000UNIT/0.5 ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	100MCG/0.5ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	150MCG/0.3ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	200MCG/0.4ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	25MCG/0.42ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	300MCG/0.6ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	40MCG/0.4ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	500MCG/ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	60MCG/0.3ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARCALYST	SOLR	220MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
AVONEX	KIT	30MCG/VIAL	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AVONEX	KIT	30MCG/0.5ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
BETASERON	SOLR	0.3MG	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EGRIFTA	SOLR	1MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	10000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	2000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	20000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	3000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	4000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EXTAVIA	SOLR	0.3MG	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.2MG	NonPrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.4MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GENOTROPIN MINIQUICK	SOLR	0.6MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.8MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.2MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.4MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.6MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.8MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN	SOLR	12MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	2MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN	SOLR	5MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE	SOLR	12MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HUMATROPE	SOLR	24MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE COMBO PACK	SOLR	5MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE	SOLR	6MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ILARIS	SOLR	180MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INFERGEN	INJ	15MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A W/DILUENT	SOLR	10MU	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	10MU/0.2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	SOLN	6000000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	3MU/0.2ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	5MU/0.2ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
LEUKINE	SOLR	250MCG	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEUKINE	SOLN	500MCG/ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
MOZOBIL	SOLN	24MG/1.2ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEULASTA	SOLN	6MG/0.6ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUMEGA	SOLR	5MG	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	300MCG/0.5ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	480MCG/0.8ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	480MCG/1.6ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXPRO	SOLN	10MG/1.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXPRO	SOLN	15MG/1.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NUTROPIN	SOLR	10MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ PEN	SOLN	10MG/2ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ PEN	SOLN	20MG/2ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ NUSPIN 5	SOLN	5MG/2ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLN	10MG/1.5ML	NonPrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLR	5.8MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLN	5MG/1.5ML	NonPrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON	KIT	50MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS	SOLN	180MCG/ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS	KIT	180MCG/0.5ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	10000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	2000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	20000UNIT/ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	3000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	4000UNIT/ML	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	40000UNIT/ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROLEUKIN	SOLR	22000000UNIT	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REBIF	SOLN	22MCG/0.5ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF	SOLN	44MCG/0.5ML	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF TITRATION PACK	SOLN	0	Specialty-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SAIZEN	SOLR	5MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SAIZEN CLICK.EASY	SOLR	8.8MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	4MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	5MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	6MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	296MCG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	444MCG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	888MCG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TEV-TROPIN	SOLR	5MG	PrefBrnd-2	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ZORBTIVE	SOLR	8.8MG	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ACTHIB	SOLR	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ADACEL	SUSP	15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ATGAM	INJ	50MG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
BOOSTRIX	SUSP	18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
BOOSTRIX	SUSP	18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
BOTOX	SOLR	100UNIT	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
CARIMUNE NANOFILTERED	SOLR	3GM	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
CERVARIX	SUSP	0	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
COMVAX	SUSP	7.5MCG/0.5ML; 5MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DAPTACEL	SUSP	10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DECAVAC	INJ	2LFU; 5LFU	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DYSPORT	SOLR	300UNIT	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	10MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	10MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	20MCG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
FOMEPIZOLE	SOLN	1GM/ML	Generic-1	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMASTAN S/D	INJ	0	NonPrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMMAGARD LIQUID	SOLN	0	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMMAPLEX	SOLN	10GM/200ML	NonPrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMUNEX-C	SOLN	1GM/10ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GARDASIL	SUSP	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
HAVRIX	SUSP	1440ELU/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
HAVRIX	SUSP	720ELU/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IMOVAX RABIES (H.D.C.V.)	INJ	2.5UNIT/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
INFANRIX	SUSP	58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IPOL INACTIVATED IPV	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IXIARO	SUSP	0	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
M-M-R II W/DILUENT 10 DOSE	INJ	0; 0; 0	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENACTRA	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENOMUNE- A/C/Y/W-135	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENVEO	SOLR	0	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PEDVAX HIB	SOLN	0	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
PRIVIGEN	SOLN	20GM/200ML	Specialty-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
PROQUAD	INJ	0; 0; 0; 0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RABAVERT	SUSR	0	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RECOMBIVAX HB	SUSP	10MCG/ML	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RECOMBIVAX HB	SUSP	40MCG/ML	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ROTATEQ	SUSP	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TETANUS/DIPHThERI A TOXOIDS- ADSORBED ADULT	SUSP	2LF/0.5ML; 2LF/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TETANUS TOXOID ADSORBED	SOLN	5LFU	Generic-1	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
THYMOGLOBULIN	SOLR	25MG	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TWINRIX	SUSP	720ELU/ML; 20MCG/ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TYPHIM VI	SOLN	25MCG/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
VAQTA	SUSP	25UNIT/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
VARIVAX	INJ	1350PFU/0.5ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
XEOMIN	SOLR	50UNIT	NonPrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
YF-VAX	INJ	0	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ZOSTAVAX	SOLR	19400UNT/0.65ML	PrefBrnd-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ALLOPURINOL SODIUM	SOLR	500MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALLOPURINOL	TABS	100MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALLOPURINOL	TABS	300MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALOPRIM	SOLR	500MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
COLCRYS	TABS	0.6MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
PROBENECID/COLCHICINE	TABS	0.5MG; 500MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
PROBENECID	TABS	500MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ULORIC	TABS	40MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ULORIC	TABS	80MG	PrefBrnd-2	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ZYLOPRIM	TABS	100MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ZYLOPRIM	TABS	300MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ACTONEL	TABS	150MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ACTONEL	TABS	35MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ACTONEL	TABS	5MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	SOLN	70MG/75ML	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	10MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	35MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	5MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	70MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ATEL VIA	TBEC	35MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
BINOSTO	TBEF	70MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
BONIVA	SOLN	3MG/3ML	NonPrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
BONIVA	TABS	150MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EVISTA	TABS	60MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FORTEO	SOLN	600MCG/2.4ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FOSAMAX	TABS	70MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FOSAMAX PLUS D	TABS	70MG; 2800UNIT	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FOSAMAX PLUS D	TABS	70MG; 5600UNIT	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
IBANDRONATE SODIUM	TABS	150MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
PROLIA	SOLN	60MG/ML	NonPrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ACTEMRA	SOLN	200MG/10ML	Specialty-4	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
ARAVA	TABS	10MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
ARAVA	TABS	20MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
BENLYSTA	SOLR	120MG	NonPrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
DEPEN TITRATABS	TABS	250MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
ENBREL	SOLN	25MG/0.5ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENBREL	KIT	25MG	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ENBREL	SOLN	50MG/ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
HUMIRA	KIT	20MG/0.4ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
HUMIRA	KIT	40MG/0.8ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
HUMIRA PEN-CROHNS DISEASESTARTER	KIT	40MG/0.8ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
KINERET	SOLN	100MG/0.67ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
LEFLUNOMIDE	TABS	10MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
LEFLUNOMIDE	TABS	20MG	Generic-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ORENCIA	SOLN	125MG/ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
RIDAURA	CAPS	3MG	PrefBrnd-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA TITRATION PACK	MISC	0	NonPrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SAVELLA	TABS	100MG	NonPrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	12.5MG	NonPrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	25MG	NonPrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	50MG	NonPrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SIMPONI	SOLN	50MG/0.5ML	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
XELJANZ	TABS	5MG	Specialty-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ACTIVELLA	TABS	0.5MG; 0.1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ACTIVELLA	TABS	1MG; 0.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ALORA	PTTW	0.025MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ALORA	PTTW	0.05MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ALORA	PTTW	0.075MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ALORA	PTTW	0.1MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ANGELIQ	TABS	0.5MG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AYGESTIN	TABS	5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CAMILA	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CENESTIN	TABS	0.3MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CENESTIN	TABS	0.45MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CENESTIN	TABS	0.625MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CENESTIN	TABS	0.9MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CENESTIN	TABS	1.25MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.025MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	37.5MCG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.05MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.06MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.075MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.1MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA PRO	PTWK	0.045MG/DAY; 0.015MG/DAY	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
COMBIPATCH	PTTW	0.05MG/DAY; 0.14MG/DAY	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
COMBIPATCH	PTTW	0.05MG/DAY; 0.25MG/DAY	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CRINONE	GEL	4%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CRINONE	GEL	8%	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DELESTROGEN	OIL	10MG/ML	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DELESTROGEN	OIL	20MG/ML	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DELESTROGEN	OIL	40MG/ML	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-ESTRADIOL	OIL	5MG/ML	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-PROVERA CONTRACEPTIVE	SUSP	150MG/ML	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-PROVERA	SUSP	400MG/ML	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-SUBQ PROVERA 104	SUSP	104MG/0.65ML	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DIVIGEL	GEL	1MG/GM	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ELESTRIN	GEL	0.06%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ENDOMETRIN	INST	100MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ENJUVIA	TABS	0.3MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ENJUVIA	TABS	0.45MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ENJUVIA	TABS	0.625MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ENJUVIA	TABS	0.9MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENJUVIA	TABS	1.25MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ERRIN	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL/NORETHI NDRONE ACETATE	TABS	0.5MG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL/NORETHI NDRONE ACETATE	TABS	1MG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	TABS	0.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	TABS	1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	TABS	2MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	CREA	0.1MG/GM	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL VALERATE	OIL	10MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL VALERATE	OIL	40MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL VALERATE	OIL	20MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.025MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	37.5MCG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.05MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.06MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ESTRADIOL	PTWK	0.075MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.1MG/24HR	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	2MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRING	RING	2MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	0.75MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	3MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
EVAMIST	SOLN	1.53MG/SPRAY	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMHRT LOW DOSE	TABS	2.5MCG; 0.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMHRT 1/5	TABS	5MCG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMRING	RING	0.05MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMRING	RING	0.1MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMTRACE	TABS	0.45MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMTRACE	TABS	0.9MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JINTELI	TABS	5MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
JOLIVETTE	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	10MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	0.3MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	0.625MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	1.25MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	2.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENOSTAR	PTWK	14MCG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MINIVELLE	PTTW	0.0375MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MINIVELLE	PTTW	0.05MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MINIVELLE	PTTW	0.075MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MINIVELLE	PTTW	0.1MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
NOR-QD	TABS	0.35MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORA-BE	TABS	0.35MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
NORETHINDRONE ACETATE	TABS	5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ORTHO MICRONOR	TABS	0.35MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREFEST	TABS	0; 0	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	SOLR	25MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.3MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.45MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.625MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.9MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	1.25MG	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	CREA	0.625MG/GM	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMPHASE	TABS	0.625MG; 5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMPRO	TABS	0.625MG; 2.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMPRO	TABS	0.3MG; 1.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMPRO	TABS	0.45MG; 1.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMPRO	TABS	0.625MG; 5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROGESTERONE	CAPS	100MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROGESTERONE	CAPS	200MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROMETRIUM	CAPS	100MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROMETRIUM	CAPS	200MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROVERA	TABS	10MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROVERA	TABS	2.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROVERA	TABS	5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
VAGIFEM	TABS	10MCG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
VIVELLE-DOT	PTTW	0.025MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
VIVELLE-DOT	PTTW	0.0375MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
VIVELLE-DOT	PTTW	0.05MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
VIVELLE-DOT	PTTW	0.075MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
VIVELLE-DOT	PTTW	0.1MG/24HR	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLEOCIN	CREA	2%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
CLEOCIN	SUPP	100MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
CLINDAMYCIN PHOSPHATE	CREA	2%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GYNAZOLE-1	CREA	2%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
LYSTEDA	TABS	650MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
METROGEL-VAGINAL	GEL	0.75%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
METRONIDAZOLE VAGINAL	GEL	0.75%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
MICONAZOLE 3	SUPP	200MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
ORTHO EVRA	PTWK	20MCG/24HR; 150MCG/24HR	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERAZOL 3	CREA	0.8%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERAZOL 3	SUPP	80MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERAZOL 7	CREA	0.4%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	CREA	0.4%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	CREA	0.8%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	SUPP	80MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TRANEXAMIC ACID	TABS	650MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
VANDAZOLE	GEL	0.75%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
ZAZOLE	CREA	0.4%	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZAZOLE	CREA	0.8%	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
AMETHIA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
AMETHYST	TABS	20MCG; 90MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
APRI	TABS	0.15MG; 30MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ARANELLE	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
AVIANE	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BALZIVA	TABS	35MCG; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BEYAZ	TABS	3MG; 0.02MG; 0.451MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BREVICON-28	TABS	35MCG; 0.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BRIELLYN	TABS	35MCG; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CRYSSELLE-28	TABS	30MCG; 0.3MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYCLAFEM 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CYCLAFEM 7/7/7	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CYCLESSA	TABS	0; 0	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
DESOGEN	TABS	0.15MG; 30MCG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
DROSPIRENONE/ETHINYL ESTRADIOL	TABS	3MG; 0.03MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ELLA	TABS	30MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
EMOQUETTE	TABS	0.15MG; 30MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ENPRESSE-28	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ESTROSTEP FE	TABS	0; 75MG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
FEMCON FE	CHEW	35MCG; 0; 0.4MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
GENERESS FE	CHEW	25MCG; 75MG; 0.8MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GIANVI	TABS	3MG; 0.02MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
GILDAGIA	TABS	35MCG; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
INTROVALE	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL 1.5/30	TABS	30MCG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL 1/20	TABS	20MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
KARIVA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
KELNOR 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEENA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LESSINA	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVONEST	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEVONORGESTREL/E THINYL ESTRADIOL	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEVORA 0.15/30-28	TABS	30MCG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LO LOESTRIN FE	TABS	10MCG; 75MG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LO/OVRAL-28	TABS	30MCG; 0.3MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LOESTRIN 24 FE	TABS	20MCG; 75MG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LORYNA	TABS	3MG; 0.02MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LOSEASONIQUE	TABS	0; 0	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LOW-OGESTREL	TABS	30MCG; 0.3MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LUTERA	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MARLISSA	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MICROGESTIN 1.5/30	TABS	30MCG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN 1/20	TABS	20MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN FE	TABS	20MCG; 75MG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MINASTRIN 24 FE	CHEW	20MCG; 75MG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MODICON	TABS	35MCG; 0.5MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MONONESSA	TABS	35MCG; 0.25MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 0.5/35-28	TABS	35MCG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 10/11-28	TABS	35MCG; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 7/7/7	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORDETTE-28	TABS	30MCG; 0.15MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORINYL 1+35	TABS	35MCG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 1/35	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 7/7/7	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OCELLA	TABS	3MG; 0.03MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OGESTREL	TABS	50MCG; 0.5MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORSYTHIA	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO TRI-CYCLEN	TABS	0; 0	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO TRI-CYCLEN LO	TABS	0; 0	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ORTHO-CEPT	TABS	0.15MG; 30MCG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO-CYCLEN	TABS	35MCG; 0.25MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO-NOVUM 7/7/7	TABS	0; 0	PrefBrnd-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OVCON-50 28	TABS	50MCG; 1MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OVCON-35	TABS	35MCG; 0.4MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
PORTIA-28	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
PREVIFEM	TABS	35MCG; 0.25MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
QUASENSE	TABS	0.03MG; 0.15MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
RECLIPSEN	TABS	0.15MG; 30MCG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SAFYRAL	TABS	3MG; 0.03MG; 0.451MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SEASONALE	TABS	0.03MG; 0.15MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SEASONIQUE	TABS	0; 0	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SPRINTEC 28	TABS	35MCG; 0.25MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SRONYX	TABS	20MCG; 0.1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-LEGEST FE	TABS	0; 75MG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-NORINYL 28	TABS	0; 0	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-PREVIFEM	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-SPRINTEC	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRINESSA	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRIVORA-28	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
VELIVET	TABS	0; 0	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
VESTURA	TABS	3MG; 0.02MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
YASMIN 28	TABS	3MG; 0.03MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
YAZ	TABS	3MG; 0.02MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZENCHENT FE	CHEW	35MCG; 0; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZEOSA	CHEW	35MCG; 0; 0.4MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZOVIA 1/35E	TABS	35MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZOVIA 1/50E	TABS	50MCG; 1MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
METHERGINE	TABS	0.2MG	NonPrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	OXYTOCICS
METHYLERGONOVIN E MALEATE	TABS	0.2MG	Generic-1	NO	NO	OBSTETRICS / GYNECOLOGY	OXYTOCICS
AZASITE	SOLN	1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
BACITRACIN/POLYM YXIN B	OINT	500UNIT/GM; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
BACITRACIN	OINT	500UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
BESIVANCE	SUSP	0.6%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
CILOXAN	OINT	0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
CILOXAN	SOLN	0.3%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CIPROFLOXACIN HCL	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
ERYTHROMYCIN	OINT	5MG/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
GENTAK	OINT	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
GENTAMICIN SULFATE	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
LEVOFLOXACIN	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
MOXEZA	SOLN	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NATACYN	SUSP	5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	400UNIT/GM; 5MG/GM; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOSPORIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
OCUFLOX	SOLN	0.3%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
OFLOXACIN	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
POLYTRIM	SOLN	10000UNIT/ML; 0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TOBRAMYCIN SULFATE	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TOBREX	OINT	0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TOBREX	SOLN	0.3%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	10000UNIT/ML; 0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIGAMOX	SOLN	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
ZYMAXID	SOLN	0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TRIFLURIDINE	SOLN	1%	Generic-1	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
VIROPTIC	SOLN	1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
ZIRGAN	GEL	0.15%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
BETAGAN	SOLN	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETAXOLOL HCL	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETIMOL	SOLN	0.25%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETIMOL	SOLN	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETOPTIC-S	SUSP	0.25%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
CARTEOLOL HCL	SOLN	1%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
ISTALOL	SOLN	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
LEVOBUNOLOL HCL	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
METIPRANOLOL	SOLN	0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
OPTIPRANOLOL	SOLN	0.3%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.25%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE	SOLN	0.25%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TIMOPTIC OCUDOSE	SOLN	0.25%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC OCUDOSE	SOLN	0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC-XE	SOLG	0.25%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC-XE	SOLG	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
PHOSPHOLINE IODIDE	SOLR	0.125%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	CHOLINESTERASE INHIBITOR MIOTICS
ISOPTO CARPINE	SOLN	1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
ISOPTO CARPINE	SOLN	2%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
ISOPTO CARPINE	SOLN	4%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
PILOPINE HS	GEL	4%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
ALCAINE	SOLN	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
ALOCRIAL	SOLN	2%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
ALOMIDE	SOLN	0.1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
AZELASTINE HCL	SOLN	0.05%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
BEPREVE	SOLN	1.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS

## Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CROMOLYN SODIUM	SOLN	4%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
CYSTARAN	SOLN	0.44%	Specialty-4	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
ELESTAT	SOLN	0.05%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
EMADINE	SOLN	0.05%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
EPINASTINE HCL	SOLN	0.05%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
LACRISERT	INST	5MG	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
LASTACAFT	SOLN	0.25%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
OPTIVAR	SOLN	0.05%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
PATADAY	SOLN	0.2%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
PATANOL	SOLN	0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
PROPARACAINE HCL	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RESTASIS	EMUL	0.05%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPHTHALMOLOGICS
ACULAR	SOLN	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI- INFLAMMATORY AGENTS
ACULAR LS	SOLN	0.4%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI- INFLAMMATORY AGENTS
ACUVAIL	SOLN	0.45%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI- INFLAMMATORY AGENTS
BROMDAY	SOLN	0.09%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI- INFLAMMATORY AGENTS
BROMFENAC	SOLN	0.09%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI- INFLAMMATORY AGENTS
DICLOFENAC SODIUM	SOLN	0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI- INFLAMMATORY AGENTS
FLURBIPROFEN SODIUM	SOLN	0.03%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI- INFLAMMATORY AGENTS



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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ILEVRO	SUSP	0.3%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
KETOROLAC TROMETHAMINE	SOLN	0.4%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
KETOROLAC TROMETHAMINE	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
NEVANAC	SUSP	0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
OCUFEN	SOLN	0.03%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
PROLENSA	SOLN	0.07%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
VOLTAREN	SOLN	0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
ACETAZOLAMIDE ER	CP12	500MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE SODIUM	SOLR	500MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACETAZOLAMIDE	TABS	125MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE	TABS	250MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
DIAMOX	CP12	500MG	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
METHAZOLAMIDE	TABS	25MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
METHAZOLAMIDE	TABS	50MG	Generic-1	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
AZOPT	SUSP	1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
COMBIGAN	SOLN	0.2%; 0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
COSOPT	SOLN	22.3MG/ML; 6.8MG/ML	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	22.3MG/ML; 6.8MG/ML	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
DORZOLAMIDE HCL	SOLN	2%	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LATANOPROST	SOLN	0.005%	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LUMIGAN	SOLN	0.01%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LUMIGAN	SOLN	0.03%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
RESCULA	SOLN	0.15%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
SIMBRINZA	SUSP	0.2%; 1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
TRAVATAN Z	SOLN	0.004%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRAVOPROST	SOLN	0.004%	Generic-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
TRUSOPT	SOLN	2%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
XALATAN	SOLN	0.005%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
ZIOPTAN	SOLN	0.015MG/ML	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
MAXITROL	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
MAXITROL	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE	OINT	400UNIT/GM; 1%; 0.5%; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
PRED-G	SUSP	0.3%; 1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
PRED-G S.O.P.	OINT	0.3%; 0.6%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOBRAMYCIN/DEXA METHASONE	SUSP	0.1%; 0.3%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRADEX	OINT	0.1%; 0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRADEX	SUSP	0.1%; 0.3%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRADEX ST	SUSP	0.05%; 0.3%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
ZYLET	SUSP	0.5%; 0.3%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
BLEPHAMIDE S.O.P.	OINT	0.2%; 10%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
BLEPHAMIDE	SUSP	0.2%; 10%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	0.23%; 10%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
ALREX	SUSP	0.2%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROIDS
DUREZOL	EMUL	0.05%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	STEROIDS
FLAREX	SUSP	0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FML	OINT	0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
FML FORTE	SUSP	0.25%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
FML LIQUIFILM	SUSP	0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
LOTEMAX	GEL	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
LOTEMAX	OINT	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
LOTEMAX	SUSP	0.5%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
MAXIDEX	SUSP	0.1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
OMNIPRED	SUSP	1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
PRED FORTE	SUSP	1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
PRED MILD	SUSP	0.12%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROIDS
PREDNISOLONE ACETATE	SUSP	1%	Generic-1	NO	NO	OPHTHALMOLOGY	STEROIDS
VEXOL	SUSP	1%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
BLEPH-10	SOLN	10%	NonPrefBrnd-3	NO	NO	OPHTHALMOLOGY	SULFONAMIDES
SODIUM SULFACETAMIDE	SOLN	10%	Generic-1	NO	NO	OPHTHALMOLOGY	SULFONAMIDES
SULFACETAMIDE SODIUM	OINT	10%	Generic-1	NO	NO	OPHTHALMOLOGY	SULFONAMIDES

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALPHAGAN P	SOLN	0.1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
ALPHAGAN P	SOLN	0.15%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
APRACLONIDINE	SOLN	0.5%	Generic-1	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
BRIMONIDINE TARTRATE	SOLN	0.15%	Generic-1	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
BRIMONIDINE TARTRATE	SOLN	0.2%	Generic-1	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
IOPIDINE	SOLN	0.5%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
IOPIDINE	SOLN	1%	PrefBrnd-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
NAPHAZOLINE HCL	SOLN	0.1%	Generic-1	NO	NO	OPHTHALMOLOGY	VASOCONSTRICTOR DECONGESTANTS
AUVI-Q	DEVI	0.15MG/0.15ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
AUVI-Q	DEVI	0.3MG/0.3ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CARBINOXAMINE MALEATE	LIQD	4MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CARBINOXAMINE MALEATE	TABS	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CETIRIZINE HCL	SYRP	5MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLARINEX	SYRP	0.5MG/ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX	TABS	5MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX REDITABS	TBDP	2.5MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX REDITABS	TBDP	5MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX-D 12 HOUR	TB12	2.5MG; 120MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX-D 24 HOUR	TB24	5MG; 240MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLEMASTINE FUMARATE	SYRP	0.67MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLEMASTINE FUMARATE	TABS	2.68MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CYPROHEPTADINE HCL	SYRP	2MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CYPROHEPTADINE HCL	TABS	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE ODT	TBDP	2.5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DESLORATADINE	TABS	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE ODT	TBDP	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DIPHENHYDRAMINE HCL	CAPS	50MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DIPHENHYDRAMINE HCL	SOLN	50MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPINEPHRINE HCL	SOLN	0.1MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPIPEN 2-PAK	DEVI	0.3MG/0.3ML	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPIPEN-JR 2-PAK	DEVI	0.15MG/0.3ML	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	SOLN	25MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	SOLN	50MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	SOLN	10MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	TABS	10MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROXYZINE HCL	TABS	25MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	TABS	50MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE PAMOATE	CAPS	100MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE PAMOATE	CAPS	25MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE PAMOATE	CAPS	50MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
LEVOCETIRIZINE DIHYDROCHLORIDE	SOLN	2.5MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PALGIC	LIQD	4MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PALGIC	TABS	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PHENADOZ	SUPP	12.5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PHENADOZ	SUPP	25MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHENERGAN	SOLN	25MG/ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PHENERGAN	SOLN	50MG/ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE VC	SYRP	5MG/5ML; 6.25MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SOLN	25MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SOLN	50MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SUPP	12.5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SUPP	25MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SYRP	6.25MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	TABS	12.5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	TABS	25MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	TABS	50MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROMETHEGAN	SUPP	25MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHEGAN	SUPP	50MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
SEMPREX-D	CAPS	8MG; 60MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
TWINJECT	DEVI	0.15MG/0.15ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
TWINJECT	DEVI	0.3MG/0.3ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
VISTARIL	CAPS	25MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
VISTARIL	CAPS	50MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
XYZAL	SOLN	2.5MG/5ML	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
XYZAL	TABS	5MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
ACCOLATE	TABS	10MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACCOLATE	TABS	20MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACCUNEB	NEBU	0.63MG/3ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACCUNEB	NEBU	1.25MG/3ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACETYLCYSTEINE	SOLN	10%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACETYLCYSTEINE	SOLN	20%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADCIRCA	TABS	20MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR DISKUS	AEPB	100MCG/DOSE; 50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR DISKUS	AEPB	250MCG/DOSE; 50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR DISKUS	AEPB	500MCG/DOSE; 50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR HFA	AERO	115MCG/ACT; 21MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR HFA	AERO	230MCG/ACT; 21MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADVAIR HFA	AERO	45MCG/ACT; 21MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.083%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.5%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	SYRP	2MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	TABS	2MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALBUTEROL SULFATE	TABS	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE ER	TB12	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE ER	TB12	8MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALVESCO	AERS	160MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALVESCO	AERS	80MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
AMINOPHYLLINE	SOLN	25MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ARCAPTA NEOHALER	CAPS	75MCG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 120 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 14 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 30 METERED DOSES	AEPB	110MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 30 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 60 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ATROVENT HFA	AERS	17MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BECONASE AQ	SUSP	42MCG/SPRAY	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BROVANA	NEBU	15MCG/2ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BUDESONIDE	SUSP	0.25MG/2ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BUDESONIDE	SUSP	0.5MG/2ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
CINRYZE	SOLR	500UNIT	Specialty-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
COMBIVENT	AERO	103MCG/ACT; 18MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
COMBIVENT RESPIMAT	AERS	100MCG/ACT; 20MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
CROMOLYN SODIUM	NEBU	20MG/2ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DALIRESP	TABS	500MCG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DULERA	AERO	5MCG/ACT; 100MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DULERA	AERO	5MCG/ACT; 200MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DUONEB	SOLN	2.5MG/3ML; 0.5MG/3ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DYMISTA	SUSP	137MCG/ACT; 50MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ELIXOPHYLLIN	ELIX	80MG/15ML	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FIRAZYR	SOLN	30MG/3ML	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOLASE	SUSP	50MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT DISKUS	AEPB	100MCG/BLIST	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT DISKUS	AEPB	250MCG/BLIST	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT DISKUS	AEPB	50MCG/BLIST	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLOVENT HFA	AERO	110MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT HFA	AERO	220MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLOVENT HFA	AERO	44MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLUNISOLIDE	SOLN	0.025%	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLUTICASONE PROPIONATE	SUSP	50MCG/ACT	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FORADIL AEROLIZER	CAPS	12MCG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
IPRATROPIUM BROMIDE	SOLN	0.02%	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	2.5MG/3ML; 0.5MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
KALYDECO	TABS	150MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LETAIRIS	TABS	10MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LETAIRIS	TABS	5MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL HCL	NEBU	0.31MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL HCL	NEBU	0.63MG/3ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL	NEBU	1.25MG/0.5ML	Generic-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LUFYLLIN	TABS	200MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LUFYLLIN	TABS	400MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MAXAIR AUTOHALER	AERB	200MCG/INH	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	SYRP	10MG/5ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	TABS	10MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	TABS	20MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	CHEW	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	CHEW	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	PACK	4MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	TABS	10MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
NASACORT AQ	AERS	55MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
NASONEX	SUSP	50MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
OMNARIS	SUSP	50MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PERFOROMIST	NEBU	20MCG/2ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PROAIR HFA	AERS	108MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PROVENTIL HFA	AERS	108MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT FLEXHALER	AEPB	180MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT FLEXHALER	AEPB	90MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PULMICORT	SUSP	0.25MG/2ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT	SUSP	0.5MG/2ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT	SUSP	1MG/2ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMOZYME	SOLN	1MG/ML	NonPrefBrnd-3	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
QNASL	AERS	80MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
QVAR	AERS	40MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
QVAR	AERS	80MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
REVATIO	SOLN	10MG/12.5ML	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
REVATIO	TABS	20MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
RHINOCORT AQUA	SUSP	32MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SEREVENT DISKUS	AEPB	50MCG/DOSE	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SILDENAFIL CITRATE	TABS	20MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	CHEW	4MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	CHEW	5MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	PACK	4MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	TABS	10MG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SPIRIVA HANDIHALER	CAPS	18MCG	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	SOLN	1MG/ML	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	TABS	2.5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	TABS	5MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE CR	TB12	100MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE CR	TB12	200MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB12	300MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB24	400MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB12	450MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB24	600MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRACLEER	TABS	125MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRACLEER	TABS	62.5MG	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRIAMCINOLONE ACETONIDE	INHA	55MCG/ACT	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TUDORZA PRESSAIR	AEPB	400MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TYVASO	SOLN	0.6MG/ML	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTAVIS	SOLN	10MCG/ML	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTAVIS	SOLN	20MCG/ML	Specialty-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTOLIN HFA	AERS	108MCG/ACT	PrefBrnd-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VERAMYST	SUSP	27.5MCG/SPRAY	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VOSPIRE ER	TB12	4MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VOSPIRE ER	TB12	8MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOLAIR	SOLR	150MG	Specialty-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	0.31MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	0.63MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	1.25MG/3ML	PrefBrnd-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX HFA	AERO	45MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZAFIRLUKAST	TABS	10MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZAFIRLUKAST	TABS	20MG	Generic-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZETONNA	AERS	37MCG/ACT	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZYFLO	TABS	600MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZYFLO CR	TB12	600MG	NonPrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DETROL	TABS	1MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL	TABS	2MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL LA	CP24	2MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL LA	CP24	4MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DITROPAN XL	TB24	10MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DITROPAN XL	TB24	15MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DITROPAN XL	TB24	5MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
ENABLEX	TB24	15MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
ENABLEX	TB24	7.5MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
FLAVOXATE HCL	TABS	100MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GELNIQUE	GEL	10%	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
GELNIQUE	GEL	3%	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
MYRBETRIQ	TB24	25MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
MYRBETRIQ	TB24	50MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE	SYRP	5MG/5ML	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	10MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	15MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE	TABS	5MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	5MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYTROL	PTTW	3.9MG/24HR	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
SANCTURA	TABS	20MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SANCTURA XR	CP24	60MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOLTERODINE TARTRATE	TABS	1MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOLTERODINE TARTRATE	TABS	2MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOVIAZ	TB24	4MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOVIAZ	TB24	8MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TROSPIUM CHLORIDE ER	CP24	60MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TROSPIUM CHLORIDE	TABS	20MG	Generic-1	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
VESICARE	TABS	10MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
VESICARE	TABS	5MG	PrefBrnd-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
ALFUZOSIN HCL ER	TB24	10MG	Generic-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
AVODART	CAPS	0.5MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FINASTERIDE	TABS	5MG	Generic-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
FLOMAX	CAPS	0.4MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
JALYN	CAPS	0.5MG; 0.4MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
PROSCAR	TABS	5MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
RAPAFLO	CAPS	4MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
RAPAFLO	CAPS	8MG	PrefBrnd-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
TAMSULOSIN HCL	CAPS	0.4MG	Generic-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
UROXATRAL	TB24	10MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
BETHANECHOL CHLORIDE	TABS	10MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	25MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	50MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	5MG	Generic-1	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
URECHOLINE	TABS	10MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
URECHOLINE	TABS	25MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
URECHOLINE	TABS	50MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
URECHOLINE	TABS	5MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
AMMONIUM CHLORIDE	SOLN	5MEQ/ML	NonPrefBrnd-3	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CIALIS	TABS	2.5MG	NonPrefBrnd-3	YES	YES	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CIALIS	TABS	5MG	NonPrefBrnd-3	YES	YES	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CYSTAGON	CAPS	150MG	PrefBrnd-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CYSTAGON	CAPS	50MG	PrefBrnd-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
ELMIRON	CAPS	100MG	PrefBrnd-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
POTASSIUM CITRATE	TBCR	1080MG	Generic-1	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
POTASSIUM CITRATE	TBCR	540MG	Generic-1	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
UROCIT-K 10	TBCR	1080MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
UROCIT-K 15	TBCR	15MEQ	NonPrefBrnd-3	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
UROCIT-K 5	TBCR	540MG	NonPrefBrnd-3	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CALCIUM ACETATE	CAPS	667MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES



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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ELIPHOS	TABS	667MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
K-TABS	TBCR	10MEQ	NonPrefBrnd-3	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	SOLN	20MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	SOLN	5%; 20MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.224%/DEXTROSE 5% VIAFLEX	SOLN	5%; 30MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.3%/D5W	SOLN	5%; 40MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/LR	SOLN	3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.075%/D5W/NACL 0.45%	SOLN	5%; 10MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	SOLN	5%; 20MEQ/L; 0.33%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	SOLN	5%; 20MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	SOLN	5%; 30MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/NACL 0.225%	SOLN	5%; 20MEQ/L; 0.225%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/NACL 0.2%	SOLN	5%; 20MEQ/L; 0.2%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/NACL 0.9%	SOLN	5%; 20MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.3%/D5W/NACL 0.45%	SOLN	5%; 40MEQ/L; 0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.3%/D5W/NACL 0.9%	SOLN	5%; 40MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% NACL 0.9%	SOLN	20MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	SOLN	40MEQ/L; 0.9%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON 10	TBCR	10MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KLOR-CON 8	TBCR	8MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON M15	TBCR	15MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON M20	TBCR	20MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
LACTATED RINGERS VIAFLEX	SOLN	3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
MAGNESIUM SULFATE	SOLN	50%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
NORMOSOL-R IN D5W	SOLN	27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
PHOSLO	CAPS	667MG	NonPrefBrnd-3	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
PHOSLYRA	SOLN	667MG/5ML	NonPrefBrnd-3	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	CPCR	10MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
POTASSIUM CHLORIDE ER	CPCR	8MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	10MEQ/100ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	10MEQ/50ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	0.4MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	2MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	30MEQ/100ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	TBCR	10MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	TBCR	20MEQ	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
RINGERS INJECTION	SOLN	4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE 0.45% VIAFLEX	SOLN	0.45%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SODIUM CHLORIDE	SOLN	2.5MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	3%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	5%	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM LACTATE	SOLN	167MEQ/L	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM LACTATE	SOLN	5MEQ/ML	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
TPN ELECTROLYTES	SOLN	29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	NonPrefBrnd-3	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN 8.5%/ELECTROLYTES	SOLN	142MEQ/L; 1100MG/100ML; 850MG/100ML; 98MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 10MEQ/L; 340MG/100ML; 380MG/100ML; 30MEQ/L; 65MEQ/L; 750MG/100ML; 370MG/100ML; 65MEQ/L; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II 8.5%/ELECTROLYTES	SOLN	61MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 86MEQ/L; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 10MEQ/L; 146MG/100ML; 253MG/100ML; 30MMOLE/L; 66MEQ/L; 614MG/100ML; 450MG/100ML; 80MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN M	SOLN	65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-HBC	SOLN	7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-PF	SOLN	46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-PF 7%	SOLN	32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 2.75%/DEXTROSE 5%	SOLN	24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 10%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 20%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 25%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 15%	SOLN	42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 20%	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 25%	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 4.25%/DEXTROSE 25%	SOLN	880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 4.25%/DEXTROSE 5%	SOLN	880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 5%/DEXTROSE 15%	SOLN	1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 5%/DEXTROSE 20%	SOLN	1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 5%/DEXTROSE 25%	SOLN	1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINISOL SF 15%	SOLN	151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FREAMINE III 3%	SOLN	44MEQ/L; 210MG/100ML; 290MG/100ML; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FREAMINE III	SOLN	72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPATAMINE	SOLN	62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPATASOL	SOLN	0.77GM/100ML; 0.6GM/100ML; 0.02GM/100ML; 0.9GM/100ML; 0.24GM/100ML; 0.9GM/100ML; 1.1GM/100ML; 0.61GM/100ML; 0.1GM/100ML; 0.1GM/100ML; 0.115GM/100ML; 0.8GM/100ML; 0.5GM/100ML; 0.45GM/100ML; 0.065GM/100ML; 0.84GM/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
INTRALIPID	EMUL	2.25%; 20%	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
INTRALIPID	EMUL	1.7%; 30%	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
IONOSOL- B/DEXTROSE 5%	SOLN	49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IONOSOL-MB/DEXTROSE 5%	SOLN	22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-H/DEXTROSE 5%	SOLN	17MEQ/L; 39MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 42MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-M/DEXTROSE 5%	SOLN	20MEQ/L; 44MEQ/L; 5%; 15MEQ/L; 35MEQ/L; 38MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-P/DEXTROSE 5%	SOLN	23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-S	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISOLYTE-S/DEXTROSE 5%	SOLN	30MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 142MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
LIPOSYN III	EMUL	1.2%; 2.5%; 10%	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
LIPOSYN III	EMUL	1.2%; 2.5%; 20%	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
NEPHRAMINE	SOLN	44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
NORMOSOL-M IN D5W	SOLN	16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORMOSOL-R	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PLASMA-LYTE-148	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PLASMA-LYTE A	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PLASMA-LYTE-56/D5W	SOLN	16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREMASOL	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREMASOL	SOLN	56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROCALAMINE	SOLN	47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROSOL	SOLN	2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	NonPrefBrnd-3	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRAVASOL	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	Generic-1	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TROPHAMINE	SOLN	97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TROPHAMINE	SOLN	0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML	NonPrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PRENATABS OBN	TABS	120MG; 200MG; 400UNIT; 8MCG; 1MG; 29MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 15MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	VITAMINS / HEMATINICS

Medicare Part D: 4 Tier Incentive Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SODIUM FLUORIDE	TABS	1MG	Generic-1	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	VITAMINS / HEMATINICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ABELCET	SUSP	5MG/ML	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
AMBISOME	SUSR	50MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
AMPHOTEC	SUSR	50MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
AMPHOTERICIN B	SOLR	50MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ANCOBON	CAPS	250MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ANCOBON	CAPS	500MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
CANCIDAS	SOLR	50MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
CANCIDAS	SOLR	70MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
CLOTRIMAZOLE	TROC	10MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	SUSR	10MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	SUSR	40MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	100MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	150MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
DIFLUCAN	TABS	50MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ERAXIS	SOLR	100MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUCONAZOLE	SUSR	10MG/ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	SUSR	40MG/ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	100MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	150MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	200MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE	TABS	50MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCONAZOLE IN DEXTROSE	SOLN	56MG/ML; 400MG/200ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCYTOSINE	CAPS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
FLUCYTOSINE	CAPS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRIFULVIN V	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRIS-PEG	TABS	125MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRIS-PEG	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN MICROSIZE	SUSP	125MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN MICROSIZE	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN ULTRAMICROSIZE	TABS	125MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
GRISEOFULVIN ULTRAMICROSIZE	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ITRACONAZOLE	CAPS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
KETOCONAZOLE	TABS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
LAMISIL	PACK	125MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
LAMISIL	PACK	187.5MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
LAMISIL	TABS	250MG	NonPrefBrnd-4	YES	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
MYCAMINE	SOLR	100MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
MYCAMINE	SOLR	50MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NOXAFIL	SUSP	40MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NYSTATIN	SUSP	100000UNIT/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
NYSTATIN	TABS	500000UNIT	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
SPORANOX	CAPS	100MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
SPORANOX PULSEPAK	CAPS	100MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
SPORANOX	SOLN	10MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
TERBINAFINE HCL	TABS	250MG	PrefGen-1	YES	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND	SUSR	40MG/ML	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND	TABS	200MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VFEND	TABS	50MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VFEND IV	SOLR	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	SOLR	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	TABS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
VORICONAZOLE	TABS	50MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIFUNGAL AGENTS
ABACAVIR	TABS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	CAPS	200MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	SUSP	200MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	TABS	400MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR	TABS	800MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ACYCLOVIR SODIUM	SOLR	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	CAPS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	SYRP	50MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
AMANTADINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
APTIVUS	CAPS	250MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
APTIVUS	SOLN	100MG/ML	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ATRIPLA	TABS	600MG; 200MG; 300MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	SOLN	0.05MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	TABS	0.5MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
BARACLUDE	TABS	1MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CIDOFOVIR	SOLN	75MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
COMBIVIR	TABS	150MG; 300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
COMPLERA	TABS	200MG; 25MG; 300MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
COPEGUS	TABS	200MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CRIXIVAN	CAPS	200MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CRIXIVAN	CAPS	400MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CYTOVENE	SOLR	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	125MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
DIDANOSINE	CPDR	400MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EDURANT	TABS	25MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EMTRIVA	CAPS	200MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EMTRIVA	SOLN	10MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	SOLN	10MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	TABS	150MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR	TABS	300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR HBV	SOLN	5MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPIVIR HBV	TABS	100MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
EPZICOM	TABS	600MG; 300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	125MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMCICLOVIR	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMVIR	TABS	125MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMVIR	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FAMVIR	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FOSCARNET SODIUM	SOLN	24MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
FUZEON	KIT	90MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
GANCICLOVIR	SOLR	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
HEPSERA	TABS	10MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INCIVEK	TABS	375MG	Specialty-5	NO	YES	ANTI - INFECTIVES	ANTIVIRALS
INTELENCE	TABS	100MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INTELENCE	TABS	200MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INVIRASE	CAPS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
INVIRASE	TABS	500MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	CHEW	100MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	CHEW	25MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ISENTRESS	TABS	400MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	SOLN	400MG/5ML; 100MG/5ML	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	TABS	100MG; 25MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
KALETRA	TABS	200MG; 50MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE	TABS	150MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LAMIVUDINE	TABS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LEXIVA	SUSP	50MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
LEXIVA	TABS	700MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NEVIRAPINE	TABS	200MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NORVIR	CAPS	100MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NORVIR	SOLN	80MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
NORVIR	TABS	100MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	SUSP	100MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	150MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	400MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	600MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	75MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
PREZISTA	TABS	800MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REBETOL	CAPS	200MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REBETOL	SOLN	40MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RELENZA DISKHALER	AEPB	5MG/BLISTER	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RESCRIPTOR	TABS	100MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RESCRIPTOR	TABS	200MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RETROVIR	CAPS	100MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RETROVIR IV INFUSION	SOLN	10MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RETROVIR	SYRP	50MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	100MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	150MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	200MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
REYATAZ	CAPS	300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	0	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	600MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAPAK	TABS	400MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	CAPS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	400MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBASPHERE	TABS	600MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAVIRIN	CAPS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIBAVIRIN	TABS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
RIMANTADINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SELZENTRY	TABS	150MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SELZENTRY	TABS	300MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	15MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	20MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	30MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	CAPS	40MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
STAVUDINE	SOLR	1MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	CAPS	200MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	CAPS	50MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SUSTIVA	TABS	600MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
SYNAGIS	SOLN	50MG/0.5ML	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	30MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	45MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	CAPS	75MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TAMIFLU	SUSR	6MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TRIZIVIR	TABS	300MG; 150MG; 300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TRUVADA	TABS	200MG; 300MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
TYZEKA	TABS	600MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALACYCLOVIR HCL	TABS	1000MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALACYCLOVIR HCL	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALCYTE	SOLR	50MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALCYTE	TABS	450MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALTREX	TABS	1GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VALTREX	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VICTRELIS	CAPS	200MG	Specialty-5	NO	YES	ANTI - INFECTIVES	ANTIVIRALS
VIDEX PEDIATRIC	SOLR	2GM	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIDEX EC	CPDR	125MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIDEX EC	CPDR	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIDEX EC	CPDR	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIDEX EC	CPDR	400MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRACEPT	TABS	250MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRACEPT	TABS	625MG	Specialty-5	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE	SUSP	50MG/5ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE XR	TB24	100MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAMUNE XR	TB24	400MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIRAZOLE	SOLR	6GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	POWD	40MG/GM	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	150MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	200MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	250MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VIREAD	TABS	300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
VISTIDE	SOLN	75MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	15MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	20MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	30MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	CAPS	40MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZERIT	SOLR	1MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZIAGEN	SOLN	20MG/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIAGEN	TABS	300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	CAPS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	SYRP	50MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZIDOVUDINE	TABS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	CAPS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	SUSP	200MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	TABS	400MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
ZOVIRAX	TABS	800MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ANTIVIRALS
CEDAX	CAPS	400MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACTOR	CAPS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACTOR	CAPS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFACTOR ER	TB12	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	CAPS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	SUSR	250MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	SUSR	500MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFADROXIL	TABS	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLN	1GM; 5%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFAZOLIN SODIUM	SOLR	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	CAPS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFDINIR	SUSR	125MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEFDINIR	SUSR	250MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFEPIME	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFEPIME	SOLR	2GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTAXIME SODIUM	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTAXIME SODIUM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTAXIME SODIUM	SOLR	2GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTETAN	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTETAN	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOTETAN	SOLR	2GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	1GM; 4%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	2GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFOXITIN SODIUM	SOLR	2GM; 2.2%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	SUSR	100MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	SUSR	50MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	TABS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPODOXIME PROXETIL	TABS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	SUSR	125MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	SUSR	250MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFPROZIL	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	2GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME	SOLR	6GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEFTAZIDIME/DEXTR OSE	SOLR	1GM/50ML; 5%	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTAZIDIME/DEXTR OSE	SOLR	2GM/50ML; 5%	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTIN	SUSR	125MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTIN	SUSR	250MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTIN	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTIN	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	2GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFTRIAZONE SODIUM	SOLR	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	1.5GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	7.5GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME SODIUM	SOLR	750MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME AXETIL	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEFUROXIME AXETIL	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CEPHALEXIN	CAPS	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	CAPS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	SUSR	125MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	SUSR	250MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	TABS	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CEPHALEXIN	TABS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	10GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	1GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	2GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
CLAFORAN	SOLR	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLN	1GM/50ML; 5%	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLN	2GM/50ML; 5%	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLR	2GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
FORTAZ	SOLR	6GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
KEFLEX	CAPS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
KEFLEX	CAPS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ROCEPHIN	SOLR	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SPECTRACEF	TABS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SPECTRACEF	TABS	400MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SUPRAX	CAPS	400MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	100MG/5ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	200MG/5ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	SUSR	500MG/5ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
SUPRAX	TABS	400MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
TEFLARO	SOLR	400MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
TEFLARO	SOLR	600MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	1.5GM	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	7.5GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF	SOLR	750MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF IN ISO-OSMOTIC DEXTROSE	SOLN	750MG; 0	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
ZINACEF IN ISO-OSMOTIC DILUENT	SOLN	1.5GM; 0	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	CEPHALOSPORINS
AZITHROMYCIN	SOLR	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	SUSR	100MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	SUSR	200MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AZITHROMYCIN	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
AZITHROMYCIN	TABS	600MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN	SUSR	250MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN XL	TB24	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
BIAXIN XL PAC	TB24	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	SUSR	125MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	SUSR	250MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLARITHROMYCIN	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
CLARITHROMYCIN ER	TB24	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
DIFICID	TABS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
E.E.S. 400	TABS	400MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
E.E.S. GRANULES	SUSR	200MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	333MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERY-TAB	TBEC	500MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYPED 200	SUSR	200MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYPED 400	SUSR	400MG/5ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ERYTHROCIN LACTOBIONATE	SOLR	500MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROCIN STEARATE	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN BASE	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ERYTHROMYCIN BASE	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
PCE	TBEC	333MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
PCE	TBEC	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	SOLR	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	SUSR	100MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	SUSR	200MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZITHROMAX	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX	TABS	600MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX TRI-PAK	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZITHROMAX Z-PAK	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ZMAX	SUSR	2GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	ERYTHROMYCINS / OTHER MACROLIDES
ALBENZA	TABS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ALINIA	SUSR	100MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ALINIA	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMIKACIN SULFATE	SOLN	50MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMIKACIN SULFATE	SOLN	1GM/4ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ATOVAQUONE/PROG UANIL HCL	TABS	250MG; 100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM	SOLR	2GM	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AZACTAM IN ISO-OSMOTIC DEXTROSE	SOLN	1GM; 0	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZACTAM IN ISO-OSMOTIC DEXTROSE	SOLN	2GM; 0	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AZTREONAM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BACIIM	SOLR	50000UNIT	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BACITRACIN	SOLR	50000UNIT	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
BILTRICIDE	TABS	600MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CAPASTAT SULFATE	SOLR	1GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CAYSTON	SOLR	75MG	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLORAMPHENICOL SODIUM SUCCINATE	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLOROQUINE PHOSPHATE	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CHLOROQUINE PHOSPHATE	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN	CAPS	150MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN	CAPS	300MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLEOCIN	CAPS	75MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLEOCIN PEDIATRIC GRANULES	SOLR	75MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	150MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN HCL	CAPS	75MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE ADD-VANTAGE	SOLN	150MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	300MG/50ML; 5%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	600MG/50ML; 5%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CLINDAMYCIN PHOSPHATE IN D5W	SOLN	900MG/50ML; 5%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COARTEM	TABS	20MG; 120MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COLISTIMETHATE SODIUM	SOLR	150MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
COLY-MYCIN M	SOLR	150MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
CUBICIN	SOLR	500MG	Specialty-5	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DAPSONE	TABS	100MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DAPSONE	TABS	25MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
DARAPRIM	TABS	25MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DORIBAX	SOLR	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ETHAMBUTOL HCL	TABS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ETHAMBUTOL HCL	TABS	400MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
FLAGYL	CAPS	375MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
FLAGYL	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
FLAGYL	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
FLAGYL ER	TB24	750MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	0.9MG/ML; 0.9%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.4MG/ML; 0.9%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1MG/ML; 0.9%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISOTONIC GENTAMICIN	SOLN	1.2MG/ML; 0.9%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	SOLN	1.6MG/ML; 0.9%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISOTONIC GENTAMICIN	SOLN	0.8MG/ML; 0.9%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
GENTAMICIN SULFATE	SOLN	10MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GENTAMICIN SULFATE	SOLN	40MG/ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
IMIPENEM/CILASTATIN	SOLR	250MG; 250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
IMIPENEM/CILASTATIN	SOLR	500MG; 500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
INVANZ	SOLR	1GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	SOLN	100MG/ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	SYRP	50MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	TABS	100MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ISONIAZID	TABS	300MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KANAMYCIN SULFATE	SOLN	333MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KETEK	TABS	300MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
KETEK	TABS	400MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
LINCOCIN	SOLN	300MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MALARONE	TABS	250MG; 100MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MALARONE	TABS	62.5MG; 25MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEFLOQUINE HCL	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MEPRON	SUSP	750MG/5ML	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MEROPENEM	SOLR	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MERREM	SOLR	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE IN NACL 0.79%	SOLN	500MG/100ML; 0.79%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	CAPS	375MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	TABS	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
METRONIDAZOLE	TABS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
MYCOBUTIN	CAPS	150MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
NEBUPENT	SOLR	300MG	NonPrefBrnd-4	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
NEOMYCIN SULFATE	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PAROMOMYCIN SULFATE	CAPS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PASER	PACK	4GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PENTAM 300	SOLR	300MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PLAQUENIL	TABS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
POLYMYXIN B SULFATE	SOLR	500000UNIT	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIFTIN	TABS	150MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRIMAQUINE PHOSPHATE	TABS	26.3MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIMAXIN IV	SOLR	250MG; 250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PRIMAXIN IV	SOLR	500MG; 500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
PYRAZINAMIDE	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
QUALAQUIN	CAPS	324MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
QUININE SULFATE	CAPS	324MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFADIN	CAPS	150MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFADIN	CAPS	300MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFADIN	SOLR	600MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMATE	CAPS	150MG; 300MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	CAPS	150MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	CAPS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFAMPIN	SOLR	600MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
RIFATER	TABS	50MG; 300MG; 120MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
SEROMYCIN	CAPS	250MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
SIRTURO	TABS	100MG	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STREPTOMYCIN SULFATE	SOLR	1GM	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
STROMEKTOL	TABS	3MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
SYNERCID	SOLR	350MG; 150MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TINIDAZOLE	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TINIDAZOLE	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBI	NEBU	300MG/5ML	NonPrefBrnd-4	NO	YES	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBI PODHALER	CAPS	28MG	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SOLN	0.9%; 1.2MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	SOLN	0.9%; 0.8MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE	SOLN	10MG/ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TOBRAMYCIN SULFATE	SOLN	80MG/2ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TRECTOR	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
TYGACIL	SOLR	50MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
XIFAXAN	TABS	200MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
XIFAXAN	TABS	550MG	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZYVOX	SOLN	2MG/ML	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ZYVOX	SUSR	100MG/5ML	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
ZYVOX	TABS	600MG	Specialty-5	NO	NO	ANTI - INFECTIVES	MISCELLANEOUS ANTIINFECTIVES
AMOXICILLIN/CLAVULANATE POTASSIUM	TB12	1000MG; 62.5MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	SUSR	200MG/5ML; 28.5MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	250MG/5ML; 62.5MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	250MG; 125MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMOXICILLIN/POTASSIUM CLAVULANATE	TABS	500MG; 125MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN/POTASSIUM CLAVULANATE	TABS	875MG; 125MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CAPS	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CAPS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CHEW	125MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	CHEW	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	125MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	200MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	250MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	SUSR	400MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	TABS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMOXICILLIN	TABS	875MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN-SULBACTAM	SOLR	10GM; 5GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN-SULBACTAM	SOLR	2GM; 1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	CAPS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	CAPS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	125MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN SODIUM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	SUSR	125MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
AMPICILLIN	SUSR	250MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BACTOCILL IN DEXTROSE	SOLN	0; 1GM/50ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BACTOCILL IN DEXTROSE	SOLN	0; 2GM/50ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN C-R	SUSP	300000UNIT/ML ; 300000UNIT/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN C-R	SUSP	900000UNIT/2ML; 300000UNIT/2ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	1200000UNIT/2ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	2400000UNIT/4ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
BICILLIN L-A	SUSP	600000UNIT/ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
DICLOXACILLIN SODIUM	CAPS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
DICLOXACILLIN SODIUM	CAPS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
MOXATAG	TB24	775MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	PENICILLINS
NAFCILLIN SODIUM	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
NAFCILLIN SODIUM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
NALLPEN/DEXTROSE	SOLN	0; 1GM/50ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
OXACILLIN SODIUM	SOLR	10GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
OXACILLIN SODIUM	SOLR	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G PROCAINE	SUSP	600000UNIT/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PENICILLIN G SODIUM	SOLR	5000000UNIT	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 40000UNIT/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	0; 60000UNIT/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN G POTASSIUM	SOLR	5MU	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	TABS	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PENICILLIN V POTASSIUM	TABS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	PENICILLINS
PFIZERPEN-G	SOLR	20MU	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	3GM; 0.375GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	4GM; 0.5GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	PENICILLINS
TIMENTIN	SOLR	0.1GM; 3GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	PENICILLINS
UNASYN BULK PACK	SOLR	10GM; 5GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	PENICILLINS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
UNASYN	SOLR	2GM; 1GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	PENICILLINS
ZOSYN	SOLR	3GM; 0.375GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	PENICILLINS
ZOSYN	SOLN	5%; 2GM/50ML; 0.25GM/50ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
ZOSYN	SOLN	5%; 3GM/50ML; 0.375GM/50ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	PENICILLINS
AVELOX	SOLN	400MG/250ML; 0.8%	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
AVELOX	TABS	400MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
AVELOX ABC PACK	TABS	400MG	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	TABS	750MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	SUSR	500MG/5ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO	SUSR	5GM/100ML	PrefBrnd-3	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPRO I.V.-IN D5W	SOLN	200MG/100ML; 5%	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN I.V.- IN D5W	SOLN	200MG/100ML; 5%	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN	SOLN	400MG/40ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN ER	TB24	1000MG; 0	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	100MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	QUINOLONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CIPROFLOXACIN HCL	TABS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN ER	TB24	500MG; 0	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
CIPROFLOXACIN HCL	TABS	750MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	QUINOLONES
FACTIVE	TABS	320MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	SOLN	25MG/ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	TABS	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	TABS	500MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	TABS	750MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVAQUIN	SOLN	5%; 750MG/150ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN IN D5W	SOLN	5%; 500MG/100ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	SOLN	25MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	SOLN	25MG/ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	250MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
LEVOFLOXACIN	TABS	750MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
NOROXIN	TABS	400MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	200MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
OFLOXACIN	TABS	400MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	QUINOLONES
BACTRIM	TABS	400MG; 80MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BACTRIM DS	TABS	800MG; 160MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SEPTRA DS	TABS	800MG; 160MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOL E/TRIMETHOPRIM	SOLN	400MG/5ML; 80MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOL E/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	PrefGen-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOL E/TRIMETHOPRIM	TABS	400MG; 80MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFAMETHOXAZOL E/TRIMETHOPRIM DS	TABS	800MG; 160MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
SULFADIAZINE	TABS	500MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	SULFA'S / RELATED AGENTS
DEMECLOCYCLINE HCL	TABS	150MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DEMECLOCYCLINE HCL	TABS	300MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	150MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	50MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE MONOHYDRATE	TABS	75MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	CAPS	100MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	CAPS	50MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	SOLR	100MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOXYCYCLINE HYCLATE	TABS	100MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	100MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	150MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE DR	TBEC	75MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE	CAPS	75MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE	SUSR	25MG/5ML	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
DOXYCYCLINE HYCLATE	TABS	20MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	50MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	CAPS	75MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	135MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	45MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL	TABS	75MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
MINOCYCLINE HCL ER	TB24	90MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
TETRACYCLINE HCL	CAPS	250MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
TETRACYCLINE HCL	CAPS	500MG	PrefGen-1	NO	NO	ANTI - INFECTIVES	TETRACYCLINES
HIPREX	TABS	1GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
METHENAMINE HIPPURATE	TABS	1GM	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MONUROL	PACK	5.631GM	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
NITROFURANTOIN MACROCRYSTALLIN E	CAPS	50MG	NonPrefGen-2	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
NITROFURANTOIN MONOHYDRATE	CAPS	100MG	NonPrefGen-2	YES	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
PRIMSOL	SOLN	50MG/5ML	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
TRIMETHOPRIM	TABS	100MG	NonPrefGen-2	NO	NO	ANTI - INFECTIVES	URINARY TRACT AGENTS
VANOCIN HCL	CAPS	125MG	Specialty-5	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANOCIN HCL	CAPS	250MG	Specialty-5	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	CAPS	125MG	Specialty-5	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	CAPS	250MG	Specialty-5	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	1000MG	NonPrefGen-2	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	10GM	NonPrefGen-2	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VANCOMYCIN HCL	SOLR	500MG	NonPrefGen-2	NO	YES	ANTI - INFECTIVES	VANCOMYCIN
VIBATIV	SOLR	250MG	NonPrefBrnd-4	NO	NO	ANTI - INFECTIVES	VANCOMYCIN
AMIFOSTINE	SOLR	500MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
DEXRAZOXANE	SOLR	500MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
ELITEK	SOLR	1.5MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
FUSILEV	SOLR	50MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KEPIVANCE	SOLR	6.25MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	SOLR	100MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	SOLR	350MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	10MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	15MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	25MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
LEUCOVORIN CALCIUM	TABS	5MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNA	SOLN	100MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNEX	SOLN	100MG/ML	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
MESNEX	TABS	400MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
XGEVA	SOLN	120MG/1.7ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
ZINECARD	SOLR	250MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ADJUNCTIVE AGENTS
ABRAXANE	SUSR	100MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ADRIAMYCIN	SOLN	2MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	10MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	2.5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AFINITOR	TABS	7.5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ALIMTA	SOLR	500MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ALKERAN	SOLR	50MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ANASTROZOLE	TABS	1MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ARIMIDEX	TABS	1MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AROMASIN	TABS	25MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ARRANON	SOLN	5MG/ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ARZERRA	CONC	100MG/5ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AVASTIN	SOLN	100MG/4ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZASAN	TABS	100MG	NonPrefBrnd-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZASAN	TABS	75MG	NonPrefBrnd-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZATHIOPRINE SODIUM	SOLR	100MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
AZATHIOPRINE	TABS	50MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BICALUTAMIDE	TABS	50MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BICNU	SOLR	100MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BLEOMYCIN SULFATE	SOLR	30UNIT	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BOSULIF	TABS	100MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BOSULIF	TABS	500MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
BUSULFEX	SOLN	6MG/ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAMPATH	SOLN	30MG/ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAMPTOSAR	SOLN	100MG/5ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAPRELSA	TABS	100MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CAPRELSA	TABS	300MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARBOPLATIN	SOLN	150MG/15ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CASODEX	TABS	50MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	100MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	10MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CEENU	CAPS	40MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	CAPS	250MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	SUSR	200MG/ML	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT	TABS	500MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CELLCEPT INTRAVENOUS	SOLR	500MG	NonPrefBrnd-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CERUBIDINE	SOLR	20MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CISPLATIN	SOLN	100MG/100ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CLADRIBINE	SOLN	1MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CLOLAR	SOLN	1MG/ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	0	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	0	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COMETRIQ	KIT	20MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
COSMEGEN	SOLR	0.5MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOPHOSPHAMID E	TABS	25MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOPHOSPHAMID E	TABS	50MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	CAPS	100MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYCLOSPORINE MODIFIED	CAPS	100MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	CAPS	25MG	PrefGen-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	CAPS	25MG	PrefGen-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	CAPS	50MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE	SOLN	50MG/ML	PrefGen-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	PrefGen-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE AQUEOUS	SOLN	100MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE AQUEOUS	SOLN	20MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
CYTARABINE	SOLR	500MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DACARBAZINE	SOLR	200MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DACOGEN	SOLR	50MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DAUNORUBICIN HCL	INJ	5MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCEFREZ	SOLR	20MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCEFREZ	SOLR	80MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCETAXEL	CONC	80MG/4ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOCETAXEL	SOLN	80MG/8ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOXIL	INJ	2MG/ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DOXORUBICIN HCL	SOLN	2MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DROXIA	CAPS	200MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
DROXIA	CAPS	300MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DROXIA	CAPS	400MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	22.5MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	30MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	45MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELIGARD	KIT	7.5MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELLENC	SOLN	200MG/100ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELOXATIN	SOLN	100MG/20ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ELSPAR	SOLR	10000UNIT	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EMCYT	CAPS	140MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EPIRUBICIN HCL	SOLN	50MG/25ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ERBITUX	SOLN	100MG/50ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ERIVEDGE	CAPS	150MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ETOPOPHOS	SOLR	100MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ETOPOSIDE	SOLN	20MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
EXEMESTANE	TABS	25MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FARESTON	TABS	60MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FASLODEX	SOLN	250MG/5ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FEMARA	TABS	2.5MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FIRMAGON	SOLR	120MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FIRMAGON	SOLR	80MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUDARABINE PHOSPHATE	SOLR	50MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUOROURACIL	SOLN	2.5GM/50ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FLUTAMIDE	CAPS	125MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
FOLOTYN	SOLN	40MG/2ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GEMCITABINE HCL	SOLR	1GM	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GEMZAR	SOLR	1GM	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GENGRAF	CAPS	100MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GENGRAF	CAPS	25MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GENGRAF	SOLN	100MG/ML	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
GLEEVEC	TABS	100MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLEEVEC	TABS	400MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HALAVEN	SOLN	1MG/2ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HERCEPTIN	SOLR	440MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HEXALEN	CAPS	50MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HYCAMTIN	SOLR	4MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HYDREA	CAPS	500MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
HYDROXYUREA	CAPS	500MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ICLUSIG	TABS	15MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ICLUSIG	TABS	45MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IDAMYCIN PFS	SOLN	20MG/20ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IDARUBICIN HCL	SOLN	10MG/10ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IFEX	SOLR	3GM	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IFOSFAMIDE	SOLR	1GM	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IMURAN	TABS	50MG	NonPrefBrnd-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
INLYTA	TABS	1MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
INLYTA	TABS	5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IRINOTECAN	SOLN	100MG/5ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ISTODAX	SOLR	10MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
IXEMPRA KIT	SOLR	45MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	10MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JAKAFI	TABS	15MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	20MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	25MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JAKAFI	TABS	5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
JEVTANA	SOLN	60MG/1.5ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
KADCYLA	SOLR	100MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LETROZOLE	TABS	2.5MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LEUKERAN	TABS	2MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PED	KIT	11.25MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LUPRON DEPOT-PED	KIT	11.25MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT-PED	KIT	15MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	22.5MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	3.75MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	30MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	45MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LUPRON DEPOT	KIT	7.5MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
LYSODREN	TABS	500MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MATULANE	CAPS	50MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGACE ES	SUSP	625MG/5ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MEGACE ORAL	SUSP	40MG/ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	SUSP	40MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	TABS	20MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEGESTROL ACETATE	TABS	40MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEKINIST	TABS	0.5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MEKINIST	TABS	2MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MELPHALAN HYDROCHLORIDE	SOLR	50MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MERCAPTOPURINE	TABS	50MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
METHOTREXATE SODIUM	SOLR	1GM	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
METHOTREXATE SODIUM	SOLN	25MG/ML	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHOTREXATE	TABS	2.5MG	PrefGen-1	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MITOMYCIN	SOLR	20MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MITOXANTRONE HCL	CONC	2MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MUSTARGEN	SOLR	10MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYCOPHENOLATE MOFETIL	CAPS	250MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYCOPHENOLATE MOFETIL	TABS	500MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYFORTIC	TBEC	180MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
MYFORTIC	TBEC	360MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEORAL	CAPS	100MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEORAL	CAPS	25MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEORAL	SOLN	100MG/ML	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NEXAVAR	TABS	200MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NILANDRON	TABS	150MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NIPENT	SOLR	10MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
NULOJIX	SOLR	250MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	100MCG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	200MCG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	500MCG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OCTREOTIDE ACETATE	SOLN	50MCG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ONTAK	SOLN	150MCG/ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
OXALIPLATIN	SOLN	100MG/20ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PACLITAXEL	CONC	300MG/50ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PENTOSTATIN	SOLR	10MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PERJETA	SOLN	420MG/14ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	1MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	2MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	3MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
POMALYST	CAPS	4MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	0.5MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROGRAF	CAPS	1MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	CAPS	5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PROGRAF	SOLN	5MG/ML	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
PURINETHOL	TABS	50MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	SOLN	1MG/ML	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	0.5MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	1MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RAPAMUNE	TABS	2MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	10MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	15MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REVLIMID	CAPS	25MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
REVLIMID	CAPS	5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RHEUMATREX	TABS	2.5MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
RITUXAN	CONC	10MG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	CAPS	100MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	CAPS	25MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	SOLN	50MG/ML	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDIMMUNE	SOLN	100MG/ML	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	1000MCG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	100MCG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SANDOSTATIN	SOLN	200MCG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	500MCG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN	SOLN	50MCG/ML	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	10MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	20MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SANDOSTATIN LAR DEPOT	KIT	30MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.3MG/ML	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.6MG/ML	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIGNIFOR	SOLN	0.9MG/ML	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SIMULECT	SOLR	20MG	NonPrefBrnd-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOLTAMOX	SOLN	10MG/5ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	120MG/0.5ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	60MG/0.2ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SOMATULINE DEPOT	SOLN	90MG/0.3ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	100MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	140MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	20MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	50MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	70MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SPRYCEL	TABS	80MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STIVARGA	TABS	40MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	12.5MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	25MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SUTENT	CAPS	50MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
SYNRIBO	SOLR	3.5MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TABLOID	TABS	40MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	0.5MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	1MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TACROLIMUS	CAPS	5MG	NonPrefGen-2	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAFINLAR	CAPS	50MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TAFINLAR	CAPS	75MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAMOXIFEN CITRATE	TABS	10MG	PrefGen-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TAMOXIFEN CITRATE	TABS	20MG	PrefGen-1	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	100MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	150MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARCEVA	TABS	25MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARGRETIN	CAPS	75MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TARGRETIN	GEL	1%	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TASIGNA	CAPS	150MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TASIGNA	CAPS	200MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TAXOTERE	CONC	80MG/4ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	100MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	150MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	200MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THALOMID	CAPS	50MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
THIOTEPA	SOLR	15MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TOPOSAR	SOLN	20MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TOPOTECAN HCL	SOLR	4MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TORISEL	SOLN	25MG/ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREANDA	SOLR	100MG	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRELSTAR DEPOT MIXJECT	SUSR	3.75MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRELSTAR LA MIXJECT	SUSR	11.25MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRELSTAR MIXJECT	SUSR	22.5MG	PrefBrnd-3	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRETINOIN	CAPS	10MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	10MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	15MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	5MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TREXALL	TABS	7.5MG	PrefBrnd-3	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TRISENOX	SOLN	10MG/10ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
TYKERB	TABS	250MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VECTIBIX	SOLN	100MG/5ML	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VELCADE	SOLR	3.5MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VIDAZA	SUSR	100MG	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINBLASTINE SULFATE	SOLR	10MG	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINCASAR PFS	SOLN	1MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINCRISTINE SULFATE	SOLN	1MG/ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VINOELBINE TARTRATE	SOLN	50MG/5ML	NonPrefGen-2	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
VOTRIENT	TABS	200MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XALKORI	CAPS	200MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
XALKORI	CAPS	250MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
XTANDI	CAPS	40MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
YERVOY	SOLN	50MG/10ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZALTRAP	SOLN	100MG/4ML	Specialty-5	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZANOSAR	SOLR	1GM	NonPrefBrnd-4	NO	NO	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZELBORAF	TABS	240MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZOLINZA	CAPS	100MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.25MG	NonPrefBrnd-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.5MG	NonPrefBrnd-4	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZORTRESS	TABS	0.75MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS
ZYTIGA	TABS	250MG	Specialty-5	NO	YES	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BANZEL	SUSP	40MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
BANZEL	TABS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
BANZEL	TABS	400MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	CP12	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	CP12	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	CP12	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	CHEW	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	SUSP	100MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE	TABS	200MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBAMAZEPINE ER	TB12	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARBAMAZEPINE ER	TB12	400MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBATROL	CP12	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBATROL	CP12	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CARBATROL	CP12	300MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CELONTIN	CAPS	300MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.125MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM ODT	TBDP	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLONAZEPAM	TABS	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
CLONAZEPAM	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPACON	SOLN	100MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKENE	CAPS	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKENE	SYRP	250MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE	TBEC	125MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE	TBEC	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE	TBEC	500MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE ER	TB24	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEPAKOTE ER	TB24	500MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DEPAKOTE SPRINKLES	CPSP	125MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	2.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIAZEPAM	GEL	20MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN	CAPS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN	CAPS	30MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN INFATABS	CHEW	50MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DILANTIN	SUSP	125MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM	CPSP	125MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIVALPROEX SODIUM DR	TBEC	125MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM ER	TB24	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM DR	TBEC	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
DIVALPROEX SODIUM ER	TB24	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EPITOL	TABS	200MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EQUETRO	CP12	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EQUETRO	CP12	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
EQUETRO	CP12	300MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ETHOSUXIMIDE	CAPS	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ETHOSUXIMIDE	SOLN	250MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	SUSP	600MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	TABS	400MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBAMATE	TABS	600MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	SUSP	600MG/5ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	TABS	400MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FELBATOL	TABS	600MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
FOSPHENYTOIN SODIUM	SOLN	100MG PE/2ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	CAPS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	CAPS	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GABAPENTIN	CAPS	400MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	SOLN	250MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	TABS	600MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABAPENTIN	TABS	800MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	12MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	16MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	2MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GABITRIL	TABS	4MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GRALISE	TABS	300MG	PrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
GRALISE	TABS	600MG	PrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GRALISE STARTER	MISC	0	PrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	SOLN	100MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	1000MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	500MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA	TABS	750MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA XR	TB24	500MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
KEPPRA XR	TB24	750MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMICTAL STARTER/TAKING VALPROATE	KIT	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	0	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	KIT	0	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL	TABS	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	100MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	200MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMICTAL ODT	TBDP	25MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL ODT	TBDP	50MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	KIT	0	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	KIT	0	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	KIT	0	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMICTAL XR	TB24	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMOTRIGINE	CHEW	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	CHEW	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LAMOTRIGINE ER	TB24	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LAMOTRIGINE ER	TB24	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	SOLN	100MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	1000MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM ER	TB24	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	TABS	750MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM ER	TB24	750MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LEVETIRACETAM	SOLN	500MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LYRICA	CAPS	100MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	150MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	200MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	225MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	25MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	300MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	50MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	CAPS	75MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
LYRICA	SOLN	20MG/ML	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
MYSOLINE	TABS	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MYSOLINE	TABS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	CAPS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	CAPS	300MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	CAPS	400MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	SOLN	250MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	TABS	600MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
NEURONTIN	TABS	800MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	20MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ONFI	TABS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXCARBAZEPINE	SUSP	60MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	TABS	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	TABS	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
OXCARBAZEPINE	TABS	600MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PEGANONE	TABS	250MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	ELIX	20MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	16.2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHENOBARBITAL	TABS	32.4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	60MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	64.8MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENOBARBITAL	TABS	97.2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTEK	CAPS	200MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTEK	CAPS	300MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN	CHEW	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM	SOLN	50MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN	SUSP	125MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHENYTOIN SODIUM EXTENDED	CAPS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PHENYTOIN SODIUM EXTENDED	CAPS	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	300MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	400MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
POTIGA	TABS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PRIMIDONE	TABS	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
PRIMIDONE	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
SABRIL	PACK	500MG	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
SABRIL	TABS	500MG	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STAVZOR	CPDR	125MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
STAVZOR	CPDR	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
STAVZOR	CPDR	500MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL	CHEW	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL	SUSP	100MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL	TABS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL-XR	TB12	100MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL-XR	TB12	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TEGRETOL-XR	TB12	400MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TIAGABINE HYDROCHLORIDE	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TIAGABINE HYDROCHLORIDE	TABS	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX	TABS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX SPRINKLE	CPSP	15MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPAMAX SPRINKLE	CPSP	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	CPSP	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	CPSP	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOPIRAMATE	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TOPIRAMATE	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	SUSP	300MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	TABS	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	TABS	300MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
TRILEPTAL	TABS	600MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROATE SODIUM	SOLN	100MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROIC ACID	CAPS	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VALPROIC ACID	SYRP	250MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VIMPAT	SOLN	200MG/20ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	SOLN	10MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
VIMPAT	TABS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZARONTIN	CAPS	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZARONTIN	SOLN	250MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONEGRAN	CAPS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONEGRAN	CAPS	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZONISAMIDE	CAPS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
ZONISAMIDE	CAPS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTICONVULSANTS
APOKYN	SOLN	10MG/ML	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
AZILECT	TABS	0.5MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
AZILECT	TABS	1MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	SOLN	1MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BENZTROPINE MESYLATE	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BROMOCRIPTINE MESYLATE	CAPS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
BROMOCRIPTINE MESYLATE	TABS	2.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	10MG; 100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ER	TBCR	25MG; 100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
CARBIDOPA/LEVODOPA ER	TBCR	50MG; 200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COMTAN	TABS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ELDEPRYL	CAPS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ENTACAPONE	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
LODOSYN	TABS	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.125MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	0.75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	1.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX	TABS	1MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MIRAPEX ER	TB24	0.375MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	0.75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	1.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	2.25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	3.75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
MIRAPEX ER	TB24	4.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARCOPA	TBDP	10MG; 100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARCOPA	TBDP	25MG; 100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARCOPA	TBDP	25MG; 250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PARLODEL	CAPS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PARLODEL	TABS	2.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.125MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	0.25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	0.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REQUIP	TABS	1MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	4MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP	TABS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	12MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	4MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	6MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
REQUIP XL	TB24	8MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ROPINIROLE HCL	TABS	0.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	12MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	3MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ROPINIROLE ER	TB24	6MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ROPINIROLE ER	TB24	8MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SELEGILINE HCL	CAPS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SELEGILINE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET	TABS	10MG; 100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET	TABS	25MG; 100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET	TABS	25MG; 250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET CR	TBCR	25MG; 100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
SINEMET CR	TBCR	50MG; 200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 100	TABS	25MG; 200MG; 100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
STALEVO 125	TABS	31.25MG; 200MG; 125MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 150	TABS	37.5MG; 200MG; 150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 200	TABS	50MG; 200MG; 200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 50	TABS	12.5MG; 200MG; 50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
STALEVO 75	TABS	18.75MG; 200MG; 75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TASMAR	TABS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHXYPHENIDYL HCL	ELIX	0.4MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHXYPHENIDYL HCL	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
TRIHXYPHENIDYL HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS
ZELAPAR	TBDP	1.25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	ANTIPARKINSONISM AGENTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALSUMA	SOLN	6MG/0.5ML	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AMERGE	TABS	1MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AMERGE	TABS	2.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AXERT	TABS	12.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AXERT	TABS	6.25MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
DIHYDROERGOTAMINE MESYLATE	SOLN	1MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ERGOMAR	SUBL	2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
FROVA	TABS	2.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IMITREX STATDOSE REFILL	SOLN	4MG/0.5ML	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX STATDOSE REFILL	SOLN	6MG/0.5ML	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	SOLN	6MG/0.5ML	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	SOLN	20MG/ACT	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	SOLN	5MG/ACT	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	TABS	100MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	TABS	25MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
IMITREX	TABS	50MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MAXALT	TABS	10MG	PrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT	TABS	5MG	PrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT-MLT	TBDP	10MG	PrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MAXALT-MLT	TBDP	5MG	PrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MIGERGOT	SUPP	100MG; 2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
MIGRANAL	SOLN	4MG/ML	PrefBrnd-3	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
NARATRIPTAN HCL	TABS	1MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
NARATRIPTAN HCL	TABS	2.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RELPAK	TABS	20MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RELPAK	TABS	40MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TBDP	10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TABS	10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TBDP	5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
RIZATRIPTAN BENZOATE	TABS	5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	SOLN	6MG/0.5ML	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SUMATRIPTAN SUCCINATE	TABS	100MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	TABS	25MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMATRIPTAN SUCCINATE	TABS	50MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
SUMAVEL DOSEPRO	DEVI	6MG/0.5ML	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
TREXIMET	TABS	500MG; 85MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG	SOLN	5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG	TABS	2.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG	TABS	5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZOMIG ZMT	TBDP	2.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
ZOMIG ZMT	TBDP	5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MIGRAINE / CLUSTER HEADACHE THERAPY
AMPYRA	TB12	10MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT	TABS	10MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT	TABS	23MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT	TABS	5MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT ODT	TBDP	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
ARICEPT ODT	TBDP	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
AUBAGIO	TABS	14MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
AUBAGIO	TABS	7MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COPAXONE	KIT	20MG/ML	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TBDP	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
DONEPEZIL HCL	TBDP	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	1.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	4.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	CAPS	6MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	PT24	13.3MG/24HR	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EXELON	PT24	4.6MG/24HR	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	PT24	9.5MG/24HR	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
EXELON	SOLN	2MG/ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	16MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	24MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	CP24	8MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	SOLN	4MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	12MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
GALANTAMINE HYDROBROMIDE	TABS	8MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GILENYA	CAPS	0.5MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
HORIZANT	TB24	600MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
MYTELASE	TABS	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	SOLN	10MG/5ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	TABS	10MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA TITRATION PAK	TABS	0	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA	TABS	5MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	14MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	21MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR	CP24	28MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NAMENDA XR	CP24	7MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NAMENDA XR TITRATION PACK	CP24	0	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
NUEDEXTA	CAPS	20MG; 10MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE	SOLN	4MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE	TABS	12MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE	TABS	4MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE	TABS	8MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE ER	CP24	16MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE ER	CP24	24MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RAZADYNE ER	CP24	8MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RIVASTIGMINE TARTRATE	CAPS	1.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	3MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	4.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
RIVASTIGMINE TARTRATE	CAPS	6MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TECFIDERA	CPDR	120MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TECFIDERA	CPDR	240MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TECFIDERA STARTER PACK	MISC	0	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
TYSABRI	CONC	300MG/15ML	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
XENAZINE	TABS	12.5MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY
XENAZINE	TABS	25MG	Specialty-5	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MISCELLANEOUS NEUROLOGICAL THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BACLOFEN	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
BACLOFEN	TABS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CARISOPRODOL/ASPIRIN/CODEINE	TABS	325MG; 200MG; 16MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL ER	CP24	15MG	NonPrefGen-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL ER	CP24	30MG	NonPrefGen-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	10MG	NonPrefGen-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	5MG	NonPrefGen-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
CYCLOBENZAPRINE HCL	TABS	7.5MG	NonPrefGen-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DANTROLENE SODIUM	CAPS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
DANTROLENE SODIUM	CAPS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
GABLOFEN	SOLN	10000MCG/20ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
GABLOFEN	SOLN	40000MCG/20ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
GABLOFEN	SOLN	50MCG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
LIORESAL INTRATHECAL	SOLN	0.05MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
LIORESAL INTRATHECAL	SOLN	10MG/20ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LIORESAL INTRATHECAL	SOLN	10MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MESTINON	SYRP	60MG/5ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
MESTINON TIMESPAN	TBCR	180MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ORPHENADRINE/ASA/ CAFFEINE	TABS	385MG; 30MG; 25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ORPHENADRINE COMPOUND DS	TABS	770MG; 60MG; 50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
PYRIDOSTIGMINE BROMIDE	TABS	60MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
REGONOL	SOLN	5MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	CAPS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TIZANIDINE HCL	CAPS	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	CAPS	6MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
TIZANIDINE HCL	TABS	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	MUSCLE RELAXANTS / ANTISPASMODIC THERAPY
ABSTRAL	SUBL	100MCG	NonPrefBrnd-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	300MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	400MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ABSTRAL	SUBL	600MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ABSTRAL	SUBL	800MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	1200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	1600MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	400MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	600MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACTIQ	LPOP	800MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE	TABS	712.8MG; 60MG; 32MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	SOLN	120MG/5ML; 12MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	TABS	300MG; 15MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACETAMINOPHEN/CODEINE #3	TABS	300MG; 30MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ACETAMINOPHEN/CODEINE	TABS	300MG; 60MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ASCOMP/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ASTRAMORPH	SOLN	1MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ASTRAMORPH	SOLN	0.5MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	120MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	30MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	45MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	60MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
AVINZA	CP24	75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AVINZA	CP24	90MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENEX	SOLN	0.3MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SOLN	0.3MG/ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SUBL	2MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUPRENORPHINE HCL	SUBL	8MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTALBITAL/ACETA MINOPHEN/CAFFEINE /CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	10MCG/HR	NonPrefBrnd-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	20MCG/HR	NonPrefBrnd-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
BUTRANS	PTWK	5MCG/HR	NonPrefBrnd-4	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CAPITAL/CODEINE	SUSP	120MG/5ML; 12MG/5ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CO-GESIC	TABS	500MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
CODEINE SULFATE	TABS	60MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DILAUDID-5	LIQD	1MG/ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAMORPH	SOLN	0.5MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
DURAMORPH	SOLN	1MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	325MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	650MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	325MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENDOCET	TABS	325MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDOCET	TABS	500MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ENDODAN	TABS	325MG; 4.835MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	12MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	16MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
EXALGO	TB24	8MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	100MCG/HR	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	12MCG/HR	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	25MCG/HR	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL	PT72	50MCG/HR	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENTANYL	PT72	75MCG/HR	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1600MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	200MCG	NonPrefGen-2	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	400MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	600MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	800MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	100MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	400MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENTORA	TABS	600MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FENTORA	TABS	800MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
FIORICET/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYCET	SOLN	325MG/15ML; 7.5MG/15ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	SOLN	500MG/15ML; 7.5MG/15ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	650MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCODONE/ACE TAMINOPHEN	TABS	660MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	750MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 2.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE BITARTRATE/ACETA MINOPHEN	TABS	300MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	325MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	500MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/ACE TAMINOPHEN	TABS	650MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCODONE/ACE TAMINOPHEN	TABS	750MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROCODONE/IBUP ROFEN	TABS	7.5MG; 200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	SOLN	500MG/50ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
HYDROMORPHONE HCL	TABS	8MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
KADIAN	CP24	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LAZANDA	SOLN	100MCG/ACT	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LAZANDA	SOLN	400MCG/ACT	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVORPHANOL TARTRATE	TABS	2MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORCET 10/650	TABS	650MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORCET PLUS	TABS	650MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORTAB	TABS	500MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORTAB	TABS	500MG; 5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
LORTAB	TABS	500MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MAGNACET	TABS	400MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MAGNACET	TABS	400MG; 5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MAGNACET	TABS	400MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MAXIDONE	TABS	750MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHADONE HCL	CONC	10MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	10MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	10MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	SOLN	5MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADONE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
METHADOSE	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	20MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MORPHINE SULFATE ER	CP24	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	60MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	CP24	80MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	10MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	20MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	SOLN	20MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE	TABS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MORPHINE SULFATE	TABS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
MORPHINE SULFATE ER	TBCR	60MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
NORCO	TABS	325MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
NORCO	TABS	325MG; 5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
NORCO	TABS	325MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	1200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	400MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ONSOLIS	FILM	600MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ONSOLIS	FILM	800MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	15MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	20MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	30MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	40MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OPANA ER (CRUSH RESISTANT)	TB12	7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXECTA	TABS	7.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	CAPS	500MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	650MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 2.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	325MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ACETA MINOPHEN	TABS	500MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/ASPIRI N	TABS	325MG; 4.835MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE/IBUPRO FEN	TABS	400MG; 5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	CAPS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	CONC	20MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYCODONE HCL	SOLN	5MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	20MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCODONE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	15MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	20MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	30MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYCONTIN	TB12	40MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	60MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYCONTIN	TB12	80MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	20MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	30MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	40MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE ER	TB12	7.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXYMORPHONE HYDROCHLORIDE	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
OXYMORPHONE HYDROCHLORIDE	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	650MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 2.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	325MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
PERCOCET	TABS	500MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
REPREXAIN	TABS	10MG; 200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
REPREXAIN	TABS	2.5MG; 200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REPRESXAIN	TABS	5MG; 200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICET	SOLN	325MG/5ML; 5MG/5ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ROXICET	TABS	500MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
STAGESIC	CAPS	500MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	100MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	1200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	200MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	400MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SUBSYS	LIQD	800MCG	Specialty-5	YES	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
SYNALGOS-DC	CAPS	356.4MG; 30MG; 16MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TYLENOL/CODEINE #3	TABS	300MG; 30MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
TYLENOL/CODEINE #4	TABS	300MG; 60MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
TYLOX	CAPS	500MG; 5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN	TABS	300MG; 5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN ES	TABS	300MG; 7.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
VICODIN HP	TABS	300MG; 10MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
XODOL	TABS	300MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
XODOL	TABS	300MG; 5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
XODOL	TABS	300MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ZAMICET	SOLN	325MG/15ML; 10MG/15ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZYDONE	TABS	400MG; 10MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ZYDONE	TABS	400MG; 5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ZYDONE	TABS	400MG; 7.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NARCOTIC ANALGESICS
ARTHROTEC 50	TBEC	50MG; 200MCG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ARTHROTEC 75	TBEC	75MG; 200MCG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	2MG; 0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	8MG; 2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	1MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	2MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
BUTORPHANOL TARTRATE	SOLN	10MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CAMBIA	PACK	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	100MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	200MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	400MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
CELEBREX	CAPS	50MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	50MG; 200MCG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	75MG; 200MCG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC POTASSIUM	TABS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM ER	TB24	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DICLOFENAC SODIUM DR	TBEC	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DICLOFENAC SODIUM DR	TBEC	75MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DIFLUNISAL	TABS	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
DUEXIS	TABS	26.6MG; 800MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	CAPS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	CAPS	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	TABS	400MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC	TABS	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	400MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ETODOLAC ER	TB24	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ETODOLAC ER	TB24	600MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FENOPROFEN CALCIUM	TABS	600MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLECTOR	PTCH	1.3%	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLURBIPROFEN	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
FLURBIPROFEN	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	SUSP	100MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	400MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	600MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
IBUPROFEN	TABS	800MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOCIN	SUSP	25MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INDOMETHACIN	CAPS	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOMETHACIN	CAPS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
INDOMETHACIN ER	CPCR	75MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN ER	CP24	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN	CAPS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOPROFEN	CAPS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	SOLN	15MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	SOLN	30MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
KETOROLAC TROMETHAMINE	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MECLOFENAMATE SODIUM	CAPS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MECLOFENAMATE SODIUM	CAPS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MEFENAMIC ACID	CAPS	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	SUSP	7.5MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	TABS	15MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
MELOXICAM	TABS	7.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NABUMETONE	TABS	500MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NABUMETONE	TABS	750MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALBUPHINE HCL	SOLN	10MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALBUPHINE HCL	SOLN	20MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALFON	CAPS	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NALFON	CAPS	400MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALOXONE HCL	SOLN	1MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NALTREXONE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPRELAN	TB24	375MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPRELAN	TB24	500MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPRELAN	TB24	750MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	SUSP	125MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	250MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	375MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN	TABS	500MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NAPROXEN DR	TBEC	375MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN DR	TBEC	500MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN SODIUM	TABS	275MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NAPROXEN SODIUM	TABS	550MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA	TABS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA	TABS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA	TABS	75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NUCYNTA ER	TB12	250MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
NUCYNTA ER	TB12	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
OXAPROZIN	TABS	600MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PENNSAID	SOLN	1.5%	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PENTAZOCINE/ACETAMINOPHEN	TABS	650MG; 25MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PENTAZOCINE/NALOXONE HCL	TABS	0.5MG; 50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PIROXICAM	CAPS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
PIROXICAM	CAPS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
REVIA	TABS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SPRIX	SOLN	15.75MG/SPRAY	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SUBOXONE	FILM	12MG; 3MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	2MG; 0.5MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	4MG; 1MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	FILM	8MG; 2MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	SUBL	2MG; 0.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SUBOXONE	SUBL	8MG; 2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SULINDAC	TABS	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
SULINDAC	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TOLMETIN SODIUM	CAPS	400MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TOLMETIN SODIUM	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOLMETIN SODIUM	TABS	600MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HYDROCHLORIDE/AC ETAMINOPHEN	TABS	325MG; 37.5MG	NonPrefGen-2	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL ER	TB24	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
TRAMADOL HCL	TABS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ULTRACET	TABS	325MG; 37.5MG	NonPrefBrnd-4	YES	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VIMOVO	TBEC	20MG; 375MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VIMOVO	TBEC	20MG; 500MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
VIVITROL	SUSR	380MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VOLTAREN	GEL	1%	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ZIPSOR	CAPS	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	NON-NARCOTIC ANALGESICS
ABILIFY	SOLN	9.75MG/1.3ML	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	SOLN	1MG/ML	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	10MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	15MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	20MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	2MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	30MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY	TABS	5MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ABILIFY DISCMELT	TBDP	10MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY DISCMELT	TBDP	15MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ABILIFY MAINTENA	SUSR	300MG	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ADDERALL XR	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ADDERALL XR	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ADDERALL XR	CP24	5MG; 5MG; 5MG; 5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ADDERALL XR	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ADDERALL XR	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ADDERALL XR	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALPRAZOLAM INTENSOL	CONC	1MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM ODT	TBDP	0.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM	TABS	0.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM	TABS	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM ER	TB24	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM ODT	TBDP	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM ER	TB24	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM ODT	TBDP	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
ALPRAZOLAM	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ALPRAZOLAM ER	TB24	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ODT	TBDP	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ALPRAZOLAM ER	TB24	3MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMITRIPTYLINE HCL	TABS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMOXAPINE	TABS	150MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMOXAPINE	TABS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTRORAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTRORAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTRORAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTRORAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTRORAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTRORAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	2.5MG; 2.5MG; 2.5MG; 2.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.75MG; 3.75MG; 3.75MG; 3.75MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.25MG; 1.25MG; 1.25MG; 1.25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
APLENZIN	TB24	174MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
APLENZIN	TB24	348MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
APLENZIN	TB24	522MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUDEPRION SR	TB12	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUDEPRION SR	TB12	150MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL	TABS	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	150MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL SR	TB12	200MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL	TABS	75MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL XL	TB24	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUPROPION HCL XL	TB24	300MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BUSPIRONE HCL	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	15MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	30MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUSPIRONE HCL	TABS	7.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	ELIX	30MG/5ML	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	TABS	30MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
BUTISOL SODIUM	TABS	50MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE/ AMITRIPTYLINE	TABS	25MG; 10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE/ AMITRIPTYLINE	TABS	12.5MG; 5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CHLORDIAZEPOXIDE HCL	CAPS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE HCL	CAPS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORDIAZEPOXIDE HCL	CAPS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	SOLN	25MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CHLORPROMAZINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CITALOPRAM HYDROBROMIDE	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	TABS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CITALOPRAM HYDROBROMIDE	TABS	40MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOMIPRAMINE HCL	CAPS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLOZAPINE	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZAPINE	TABS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZARIL	TABS	100MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CLOZARIL	TABS	25MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	18MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	27MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	36MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CONCERTA	TBCR	54MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CYMBALTA	CPEP	20MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYMBALTA	CPEP	30MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
CYMBALTA	CPEP	60MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	10MG/9HR	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	15MG/9HR	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	20MG/9HR	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DAYTRANA	PTCH	30MG/9HR	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DESIPRAMINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESIPRAMINE HCL	TABS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESOXYN	TABS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESVENLAFAXINE ER	TB24	100MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DESVENLAFAXINE ER	TB24	50MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXEDRINE	CP24	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXEDRINE	CP24	15MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXEDRINE	CP24	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXMETHYLPHENIDATE HCL	TABS	2.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXMETHYLPHENIDATE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DEXTROAMPHETAMINE SULFATE	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM INTENSOL	CONC	5MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	SOLN	1MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DIAZEPAM	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIAZEPAM	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	150MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CAPS	75MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
DOXEPIN HCL	CONC	10MG/ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EMSAM	PT24	12MG/24HR	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
EMSAM	PT24	6MG/24HR	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EMSAM	PT24	9MG/24HR	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ERGOLOID MESYLATES	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESCITALOPRAM OXALATE	TABS	5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESTAZOLAM	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ESTAZOLAM	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT TITRATION PACK	TABS	0	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FANAPT	TABS	12MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	1MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	4MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	6MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FANAPT	TABS	8MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	100MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	12.5MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	150MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FAZACLO	TBDP	200MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FAZACLO	TBDP	25MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	CAPS	40MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE DR	CPDR	90MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	SOLN	20MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUOXETINE HCL	TABS	60MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE DECANOATE	SOLN	25MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUPHENAZINE HCL	CONC	5MG/ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	ELIX	2.5MG/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	SOLN	2.5MG/ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	1MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	2.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUPHENAZINE HCL	TABS	5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLURAZEPAM HCL	CAPS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLURAZEPAM HCL	CAPS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE ER	CP24	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUVOXAMINE MALEATE ER	CP24	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FLUVOXAMINE MALEATE	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN	TABS	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN	TABS	2.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN	TABS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	15MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	20MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FOCALIN XR	CP24	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	30MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	35MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	40MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
FOCALIN XR	CP24	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GEODON	SOLR	20MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
GUANIDINE HCL	TABS	125MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALDOL	SOLN	5MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALDOL DECANOATE 100	SOLN	100MG/ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
HALDOL DECANOATE 50	SOLN	50MG/ML	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HALOPERIDOL DECANOATE	SOLN	100MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL DECANOATE	SOLN	50MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL LACTATE	SOLN	5MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	CONC	2MG/ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	0.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	1MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	2MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS
HALOPERIDOL	TABS	5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTI C DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IMIPRAMINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	125MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
IMIPRAMINE PAMOATE	CAPS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	1MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	2MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INTUNIV	TB24	3MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
INTUNIV	TB24	4MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	1.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	6MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA	TB24	9MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	117MG/0.75ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	156MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	234MG/1.5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	39MG/0.25ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
INVEGA SUSTENNA	SUSP	78MG/0.5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KAPVAY	TB12	0.1MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	120MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	20MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	40MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LATUDA	TABS	80MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	150MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	300MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	CAPS	600MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE	TABS	300MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CARBONATE ER	TBCR	300MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LITHIUM CARBONATE ER	TBCR	450MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LITHIUM CITRATE	SOLN	8MEQ/5ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM INTENSOL	CONC	2MG/ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	0.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LORAZEPAM	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXAPINE SUCCINATE	CAPS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOXITANE	CAPS	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXITANE	CAPS	25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXITANE	CAPS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LOXITANE	CAPS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	1MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUNESTA	TABS	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUVOX CR	CP24	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
LUVOX CR	CP24	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MAPROTILINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MAPROTILINE HCL	TABS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MARPLAN	TABS	10MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE ER	TBCR	20MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	10MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	50MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METADATE CD	CPCR	60MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHAMPHETAMINE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	CHEW	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	CHEW	2.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLIN	CHEW	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	SOLN	10MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLIN	SOLN	5MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	20MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	CP24	40MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL CD	CPCR	60MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	20MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	20MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	27MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	36MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL ER	TBCR	54MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
METHYLPHENIDATE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TBDP	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MIRTAZAPINE	TABS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE ODT	TBDP	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	45MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE ODT	TBDP	45MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MIRTAZAPINE	TABS	7.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MODAFINIL	TABS	100MG	NonPrefGen-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
MODAFINIL	TABS	200MG	NonPrefGen-2	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NARDIL	TABS	15MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEFAZODONE HCL	TABS	200MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	250MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NEFAZODONE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NORTRIPTYLINE HCL	CAPS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	150MG	PrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	250MG	PrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
NUVIGIL	TABS	50MG	PrefBrnd-3	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OLANZAPINE/FLUOXETINE	CAPS	25MG; 12MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	50MG; 12MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 3MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	25MG; 6MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE/FLUOXETINE	CAPS	50MG; 6MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	SOLR	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	15MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	15MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OLANZAPINE	TABS	2.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE ODT	TBDP	5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLANZAPINE	TABS	7.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLEPTRO	TB24	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OLEPTRO	TB24	300MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ORAP	TABS	1MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ORAP	TABS	2MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
OXAZEPAM	CAPS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
OXAZEPAM	CAPS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PARNATE	TABS	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	12.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	37.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL ER	TB24	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAROXETINE HCL	TABS	30MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PAROXETINE HCL	TABS	40MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PAXIL	SUSP	10MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE/AMITRIPTYLINE	TABS	50MG; 4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	16MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PERPHENAZINE	TABS	4MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PERPHENAZINE	TABS	8MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PHENELZINE SULFATE	TABS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PRISTIQ	TB24	100MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PRISTIQ	TB24	50MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROCENTRA	SOLN	5MG/5ML	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROTRIPTYLINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROTRIPTYLINE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROVIGIL	TABS	100MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
PROVIGIL	TABS	200MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
QUETIAPINE FUMARATE	TABS	200MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	300MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	400MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUETIAPINE FUMARATE	TABS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
QUILLIVANT XR	SUSR	25MG/5ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON	TABS	15MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON	TABS	30MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON	TABS	45MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON SOLTAB	TBDP	15MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
REMERON SOLTAB	TBDP	30MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
REMERON SOLTAB	TBDP	45MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	12.5MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	25MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	37.5MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL CONSTA	SUSR	50MG	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	SOLN	1MG/ML	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	0.25MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	0.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	1MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RISPERDAL	TABS	2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL	TABS	4MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	0.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	1MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	2MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERDAL M-TAB	TBDP	4MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	SOLN	1MG/ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	0.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RISPERIDONE	TABS	0.25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	0.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	0.5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	1MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	1MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	2MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	2MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	3MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE ODT	TBDP	3MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RISPERIDONE	TABS	4MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RISPERIDONE ODT	TBDP	4MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN	TABS	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN	TABS	20MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN SR	TBCR	20MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN	TABS	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	20MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	30MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
RITALIN LA	CP24	40MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ROZEREM	TABS	8MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SAPHRIS	SUBL	10MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SAPHRIS	SUBL	5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	150MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	200MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	300MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	400MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SEROQUEL XR	TB24	50MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	CONC	20MG/ML	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SERTRALINE HCL	TABS	25MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SERTRALINE HCL	TABS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SILENOR	TABS	3MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
SILENOR	TABS	6MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	100MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	10MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	18MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	25MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	40MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	60MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
STRATTERA	CAPS	80MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SURMONTIL	CAPS	100MG	PrefBrnd-3	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	15MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	22.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	30MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TEMAZEPAM	CAPS	7.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIORIDAZINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	10MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
THIOTHIXENE	CAPS	1MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	2MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
THIOTHIXENE	CAPS	5MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRANLYCYPROMINE SULFATE	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	100MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	150MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	300MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRAZODONE HCL	TABS	50MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIAZOLAM	TABS	0.125MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIAZOLAM	TABS	0.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIFLUOPERAZINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	1MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	2MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
TRIFLUOPERAZINE HCL	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	37.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	CP24	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	100MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	150MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	225MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VENLAFAXINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	37.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	37.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	50MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL	TABS	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VENLAFAXINE HCL ER	TB24	75MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	KIT	0	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	10MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	20MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VIIBRYD	TABS	40MG	NonPrefBrnd-4	NO	YES	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VYVANSE	CAPS	20MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	30MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	40MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	50MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	60MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
VYVANSE	CAPS	70MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN	TABS	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN SR	TB12	100MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN SR	TB12	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN SR	TB12	200MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
WELLBUTRIN	TABS	75MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN XL	TB24	150MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
WELLBUTRIN XL	TB24	300MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
XYREM	SOLN	500MG/ML	Specialty-5	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZALEPLON	CAPS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZALEPLON	CAPS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	2.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZENZEDI	TABS	7.5MG	NonPrefBrnd-4	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZIPRASIDONE HCL	CAPS	20MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	40MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	60MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZIPRASIDONE HCL	CAPS	80MG	PrefGen-1	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE	TABS	10MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE	TABS	5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	NonPrefGen-2	NO	NO	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	PSYCHOTHERAPEUTIC DRUGS
AMIODARONE HCL	SOLN	50MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
AMIODARONE HCL	TABS	200MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMIODARONE HCL	TABS	400MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	100MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	150MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
FLECAINIDE ACETATE	TABS	50MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	150MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	200MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MEXILETINE HCL	CAPS	250MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
MULTAQ	TABS	400MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PACERONE	TABS	100MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PACERONE	TABS	200MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROCAINAMIDE HCL	SOLN	100MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROCAINAMIDE HCL	SOLN	500MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL ER	CP12	225MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL ER	CP12	325MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL ER	CP12	425MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	150MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	225MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
PROPAFENONE HCL	TABS	300MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE GLUCONATE	SOLN	80MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE GLUCONATE CR	TBCR	324MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
QUINIDINE SULFATE	TABS	200MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE	TABS	300MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
QUINIDINE SULFATE ER	TBCR	300MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	160MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	240MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SORINE	TABS	80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL (AF)	TABS	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HYDROCHLORIDE	SOLN	150MG/10ML	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL	TABS	160MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOTALOL HCL	TABS	240MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
SOTALOL HCL	TABS	80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	125MCG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	250MCG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
TIKOSYN	CAPS	500MCG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIARRHYTHMIC AGENTS
ACEBUTOLOL HCL	CAPS	200MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ACEBUTOLOL HCL	CAPS	400MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AFEDITAB CR	TB24	30MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AFEDITAB CR	TB24	60MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ALDACTAZIDE	TABS	50MG; 50MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	5MG; 50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMILORIDE HCL	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	10MG; 20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HCL	CAPS	10MG; 40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	5MG; 10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HYDROCHLORIDE	CAPS	5MG; 20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE/BENAZEP RIL HCL	CAPS	5MG; 40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMLODIPINE BESYLATE	TABS	2.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMLODIPINE BESYLATE	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	150MG; 5MG; 12.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 10MG; 12.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 10MG; 25MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 5MG; 12.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AMTURNIDE	TABS	300MG; 5MG; 25MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL/CHLORTHALIDONE	TABS	100MG; 25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL/CHLORTHALIDONE	TABS	50MG; 25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ATENOLOL	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ATENOLOL	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	10MG; 20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	10MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	5MG; 20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
AZOR	TABS	5MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	10MG; 12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	20MG; 12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	20MG; 25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL/HYDROCHLORO THIAZIDE	TABS	5MG; 6.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BENAZEPRIL HCL	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENAZEPRIL HCL	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR	TABS	5MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	12.5MG; 20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	12.5MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BENICAR HCT	TABS	25MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BETAXOLOL HCL	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BETAXOLOL HCL	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BIDIL	TABS	37.5MG; 20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 6.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	2.5MG; 6.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BISOPROLOL FUMARATE	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	SOLN	0.25MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	0.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BUMETANIDE	TABS	1MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BUMETANIDE	TABS	2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BYSTOLIC	TABS	10MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BYSTOLIC	TABS	2.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BYSTOLIC	TABS	20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
BYSTOLIC	TABS	5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	16MG; 12.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 12.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 25MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CAPTOPRIL	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM CD	CP24	360MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARDIZEM LA	TB24	120MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARTIA XT	CP24	180MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	240MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARTIA XT	CP24	300MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	3.125MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CARVEDILOL	TABS	6.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES-TTS-1	PTWK	0.1MG/24HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES-TTS-2	PTWK	0.2MG/24HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CATAPRES-TTS-3	PTWK	0.3MG/24HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CHLOROTHIAZIDE SODIUM	SOLR	500MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE	TABS	250MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLOROTHIAZIDE	TABS	500MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLORTHALIDONE	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CHLORTHALIDONE	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.1MG/24HR	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.2MG/24HR	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	PTWK	0.3MG/24HR	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.1MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLONIDINE HCL	TABS	0.2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLONIDINE HCL	TABS	0.3MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLOPRES	TABS	15MG; 0.1MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLOPRES	TABS	15MG; 0.2MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
CLOPRES	TABS	15MG; 0.3MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COVERA-HS	TB24	180MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
COVERA-HS	TB24	240MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DEMSER	CAPS	250MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIBENZYLINE	CAPS	10MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-CD	CP24	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-CD	CP24	300MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DILT-XR	CP24	180MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILT-XR	CP24	240MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP12	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	180MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	240MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM CD	CP24	300MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	360MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP24	420MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL ER	CP12	60MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DILTIAZEM HCL ER	CP12	90MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	SOLR	100MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	SOLN	50MG/10ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	30MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	60MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DILTIAZEM HCL	TABS	90MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIURIL	SUSP	250MG/5ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	1MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DOXAZOSIN MESYLATE	TABS	4MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DOXAZOSIN MESYLATE	TABS	8MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYNACIRC CR	TB24	10MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYNACIRC CR	TB24	5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYRENIUM	CAPS	100MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DYRENIUM	CAPS	50MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDARBYCLOR	TABS	40MG; 12.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDARBYCLOR	TABS	40MG; 25MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EDECIN	TABS	25MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENALAPRIL MALEATE/HYDROCH LOROTHIAZIDE	TABS	5MG; 12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	2.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ENALAPRIL MALEATE	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EPLERENONE	TABS	25MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EPLERENONE	TABS	50MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
EPROSARTAN MESYLATE	TABS	600MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FELODIPINE ER	TB24	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FELODIPINE ER	TB24	2.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FELODIPINE ER	TB24	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM/HYDROCHL OROTHIAZIDE	TABS	10MG; 12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM/HYDROCHL OROTHIAZIDE	TABS	20MG; 12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FOSINOPRIL SODIUM	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	10MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	10MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	SOLN	8MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FUROSEMIDE	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
FUROSEMIDE	TABS	80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	SOLN	20MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDRALAZINE HCL	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	TABS	12.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
HYDROCHLOROTHIAZIDE	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROCHLOROTHIAZIDE	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDAPAMIDE	TABS	1.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INDAPAMIDE	TABS	2.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INNOPRAN XL	CP24	120MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
INNOPRAN XL	CP24	80MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 150MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 300MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	150MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	300MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
IRBESARTAN	TABS	75MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISRADIPINE	CAPS	2.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
ISRADIPINE	CAPS	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	SOLN	5MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	200MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LABETALOL HCL	TABS	300MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LEVATOL	TABS	20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LISINOPRIL	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	2.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	30MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LISINOPRIL	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	180MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	240MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	300MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	360MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MATZIM LA	TB24	420MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYCLOTHIAZIDE	TABS	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	15MG; 250MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	25MG; 250MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METOLAZONE	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	2.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOLAZONE	TABS	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	50MG; 100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL/HYDR OCHLOROTHIAZIDE	TABS	25MG; 50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL TARTRATE	SOLN	1MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METOPROLOL SUCCINATE ER	TB24	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	200MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
METOPROLOL SUCCINATE ER	TB24	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS HCT	TABS	12.5MG; 40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS HCT	TABS	25MG; 80MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MICARDIS HCT	TABS	12.5MG; 80MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINOXIDIL	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MINOXIDIL	TABS	2.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 15MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 7.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL HCL	TABS	15MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
MOEXIPRIL HCL	TABS	7.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL	TABS	80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NICARDIPINE HCL	CAPS	20MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NICARDIPINE HCL	CAPS	30MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NICARDIPINE HCL	SOLN	2.5MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIAC CC	TB24	90MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDICAL XL	TB24	30MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDICAL XL	TB24	60MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	30MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	60MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIFEDIPINE ER	TB24	90MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NIMODIPINE	CAPS	30MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	17MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NISOLDIPINE	TB24	20MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE ER	TB24	25.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	30MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	34MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	40MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NISOLDIPINE	TB24	8.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	10MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	2.5MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
NORVASC	TABS	5MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PERINDOPRIL ERBUMINE	TABS	4MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PERINDOPRIL ERBUMINE	TABS	8MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PINDOLOL	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PINDOLOL	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRAZOSIN HCL	CAPS	1MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRAZOSIN HCL	CAPS	2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PRAZOSIN HCL	CAPS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROPRANOLOL HCL ER	CP24	160MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	60MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL ER	CP24	80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	1MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	20MG/5ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	SOLN	40MG/5ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
PROPRANOLOL HCL	TABS	60MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROPRANOLOL HCL	TABS	80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
QUINAPRIL HCL	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	1.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RAMIPRIL	CAPS	2.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RAMIPRIL	CAPS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	10MG/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	1MG/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	2.5MG/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
REMODULIN	SOLN	5MG/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RESERPINE	TABS	0.1MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
RESERPINE	TABS	0.25MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SODIUM DIURIL	SOLR	500MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SPIRONOLACTONE	TABS	100MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
SPIRONOLACTONE	TABS	50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TARKA	TBCR	1MG; 240MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TARKA	TBCR	2MG; 180MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TARKA	TBCR	2MG; 240MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TARKA	TBCR	4MG; 240MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	120MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	180MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	240MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TAZTIA XT	CP24	300MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TAZTIA XT	CP24	360MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	150MG; 10MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	150MG; 5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	300MG; 10MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKAMLO	TABS	300MG; 5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA	TABS	150MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA	TABS	300MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA HCT	TABS	150MG; 12.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA HCT	TABS	150MG; 25MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TEKTURNA HCT	TABS	300MG; 12.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TEKTURNA HCT	TABS	300MG; 25MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	1MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TERAZOSIN HCL	CAPS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
THALITONE	TABS	15MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TIMOLOL MALEATE	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOPROL XL	TB24	100MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	200MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	25MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TOPROL XL	TB24	50MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	SOLN	20MG/2ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	100MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	20MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TORSEMIDE	TABS	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	1MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRANDOLAPRIL	TABS	2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRANDOLAPRIL	TABS	4MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	CAPS	25MG; 50MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	TABS	25MG; 37.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIAMTERENE/HYDR OCHLOROTHIAZIDE	TABS	50MG; 75MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 12.5MG; 20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	10MG; 12.5MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	10MG; 25MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TRIBENZOR	TABS	5MG; 12.5MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIBENZOR	TABS	5MG; 25MG; 40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TWYNSTA	TABS	10MG; 40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TWYNSTA	TABS	5MG; 40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TWYNSTA	TABS	10MG; 80MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
TWYNSTA	TABS	5MG; 80MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	12.5MG; 160MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	25MG; 160MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	12.5MG; 320MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	25MG; 320MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VALSARTAN/HYDRO CHLOROTHIAZIDE	TABS	12.5MG; 80MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VERAPAMIL HCL ER	CP24	100MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	120MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	180MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	200MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	240MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	CP24	300MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL SR	CP24	360MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	SOLN	2.5MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	120MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	TBCR	120MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VERAPAMIL HCL ER	TBCR	180MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL ER	TBCR	240MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	40MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
VERAPAMIL HCL	TABS	80MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	ANTIHYPERTENSIVE THERAPY
DIGOXIN	SOLN	0.25MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	SOLN	0.05MG/ML	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	TABS	0.125MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
DIGOXIN	TABS	0.25MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
LANOXIN PEDIATRIC	SOLN	0.1MG/ML	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	CARDIAC GLYCOSIDES
AGGRENOX	CP12	25MG; 200MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARIXTRA	SOLN	10MG/0.8ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	2.5MG/0.5ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	5MG/0.4ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ARIXTRA	SOLN	7.5MG/0.6ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
BRILINTA	TABS	90MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CILOSTAZOL	TABS	100MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CILOSTAZOL	TABS	50MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CLOPIDOGREL	TABS	300MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CLOPIDOGREL	TABS	75MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	SOLR	5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COUMADIN	TABS	10MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	1MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	2.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	2MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	3MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	4MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	6MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
COUMADIN	TABS	7.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
CYKLOKAPRON	SOLN	100MG/ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EFFIENT	TABS	10MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
EFFIENT	TABS	5MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ELIQUIS	TABS	2.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ELIQUIS	TABS	5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	100MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	150MG/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	300MG/3ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	10000UNIT/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	12500UNIT/0.5ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	15000UNIT/0.6ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	18000UNT/0.72ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FRAGMIN	SOLN	2500UNIT/0.2ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	25000UNIT/ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	5000UNIT/0.2ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
FRAGMIN	SOLN	7500UNIT/0.3ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/D5W	SOLN	5%; 40UNIT/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/NACL 0.45%	SOLN	100UNIT/ML; 0.45%	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/NACL 0.45%	SOLN	50UNIT/ML; 0.45%	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	2UNIT/ML; 0.9%	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	1000UNIT/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	10000UNIT/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPARIN SODIUM	SOLN	20000UNIT/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
HEPARIN SODIUM	SOLN	5000UNIT/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	1MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	2.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	2MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	3MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	4MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
JANTOVEN	TABS	6MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JANTOVEN	TABS	7.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	100MG/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	120MG/0.8ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	150MG/ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	30MG/0.3ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	300MG/3ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	40MG/0.4ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	60MG/0.6ML	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
LOVENOX	SOLN	80MG/0.8ML	Specialty-5	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PENTOXIFYLLINE ER	TBCR	400MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRADAXA	CAPS	150MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PRADAXA	CAPS	75MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	12.5MG	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	25MG	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	50MG	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
PROMACTA	TABS	75MG	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
TRANEXAMIC ACID	SOLN	100MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	1MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	2.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
WARFARIN SODIUM	TABS	2MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	3MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	4MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	6MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
WARFARIN SODIUM	TABS	7.5MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	10MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	15MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
XARELTO	TABS	20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	COAGULATION THERAPY
ADVICOR	TB24	20MG; 1000MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ADVICOR	TB24	40MG; 1000MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ADVICOR	TB24	20MG; 500MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ADVICOR	TB24	20MG; 750MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ALTOPREV	TB24	20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ALTOPREV	TB24	40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ALTOPREV	TB24	60MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ANTARA	CAPS	130MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ANTARA	CAPS	43MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	20MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ATORVASTATIN CALCIUM	TABS	40MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ATORVASTATIN CALCIUM	TABS	80MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
CHOLESTYRAMINE LIGHT	PACK	4GM	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTIPOL HCL	GRAN	5GM	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
COLESTIPOL HCL	TABS	1GM	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	CAPS	130MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	134MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	200MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	CAPS	43MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE MICRONIZED	CAPS	67MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FENOFIBRATE	TABS	145MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	160MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	48MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOFIBRATE	TABS	54MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOGLIDE	TABS	120MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FENOGLIDE	TABS	40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FLUVASTATIN	CAPS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
FLUVASTATIN	CAPS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
GEMFIBROZIL	TABS	600MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	10MG	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JUXTAPID	CAPS	20MG	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
JUXTAPID	CAPS	5MG	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
KYNAMRO	SOLN	200MG/ML	Specialty-5	NO	YES	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LESCOL	CAPS	20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LESCOL	CAPS	40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LESCOL XL	TB24	80MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	10MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPITOR	TABS	80MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LIPOFEN	CAPS	150MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LIPOFEN	CAPS	50MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVASTATIN	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
LOVAZA	CAPS	375MG; 465MG; 1GM	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIACOR	TABS	500MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	1000MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	500MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
NIASPAN	TBCR	750MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PRAVASTATIN SODIUM	TABS	10MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	40MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PRAVASTATIN SODIUM	TABS	80MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
PREVALITE	POWD	4GM/DOSE	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	1000MG; 20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	1000MG; 40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	500MG; 20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	500MG; 40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMCOR	TB24	750MG; 20MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SIMVASTATIN	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	20MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	40MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
SIMVASTATIN	TABS	80MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
TRILIPIX	CPDR	135MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
TRILIPIX	CPDR	45MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
VASCEPA	CAPS	1GM	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
WELCHOL	PACK	3.75GM	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
WELCHOL	TABS	625MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZETIA	TABS	10MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	10MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	20MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	5MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
ZOCOR	TABS	80MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	LIPID/CHOLESTEROL LOWERING AGENTS
RANEXA	TB12	1000MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
RANEXA	TB12	500MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
VECAMYL	TABS	2.5MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	MISCELLANEOUS CARDIOVASCULAR AGENTS
DILATRATE SR	CPCR	40MG	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISORDIL TITRADOSE	TABS	40MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	SUBL	2.5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	SUBL	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	20MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	30MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE ER	TBCR	40MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE DINITRATE	TABS	5MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE	TABS	10MG	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	120MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISOSORBIDE MONONITRATE	TABS	20MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	30MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
ISOSORBIDE MONONITRATE ER	TB24	60MG	PrefGen-1	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-BID	OINT	2%	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.1MG/HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.2MG/HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.3MG/HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.4MG/HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.6MG/HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITRO-DUR	PT24	0.8MG/HR	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.2MG/HR	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.4MG/HR	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	SOLN	5MG/ML	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROGLYCERIN	PT24	0.6MG/HR	NonPrefGen-2	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROLINGUAL PUMPSPRAY	SOLN	0.4MG/SPRAY	PrefBrnd-3	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROMIST	AERS	400MCG/SPRAY	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROSTAT	SUBL	0.3MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROSTAT	SUBL	0.4MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
NITROSTAT	SUBL	0.6MG	NonPrefBrnd-4	NO	NO	CARDIOVASCULAR, HYPERTENSION / LIPIDS	NITRATES
CALCIPOTRIENE	CREA	0.005%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CALCIPOTRIENE	OINT	0.005%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
CALCIPOTRIENE	SOLN	0.005%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
DOVONEX	CREA	0.005%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
DOVONEX SCALP	SOLN	0.005%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SELENIUM SULFIDE	LOTN	2.5%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	10MG	Specialty-5	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	17.5MG	Specialty-5	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SORIATANE	CAPS	25MG	Specialty-5	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
STELARA	SOLN	45MG/0.5ML	Specialty-5	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
STELARA	SOLN	90MG/ML	Specialty-5	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
TACLONEX	OINT	0.064%; 0.005%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
TACLONEX	SUSP	0.064%; 0.005%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
VECTICAL	OINT	3MCG/GM	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	ANTIPSORIATIC / ANTISEBORRHEIC
SILVADENE	CREA	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
SILVER SULFADIAZINE	CREA	1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
SILVER SULFADIAZINE	CREA	1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SSD	CREA	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	BURN THERAPY
8-MOP	CAPS	10MG	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ALDARA	CREA	5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
AMMONIUM LACTATE	CREA	12%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
AMMONIUM LACTATE	LOTN	12%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
CARAC	CREA	0.5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
CARMOL-HC	CREA	1%; 10%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
CONDYLOX	GEL	0.5%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
EFUDEX	CREA	5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ELIDEL	CREA	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROPLEX	CREA	1%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FLUOROURACIL	CREA	5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROURACIL	SOLN	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
FLUOROURACIL	SOLN	5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
IMIQUIMOD	CREA	5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
LAC-HYDRIN	CREA	12%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
LAC-HYDRIN	LOTN	12%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
LACLOTION	LOTN	12%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
OXSORALEN	LOTN	1%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
OXSORALEN ULTRA	CAPS	10MG	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PANRETIN	GEL	0.1%	Specialty-5	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PICATO	GEL	0.015%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PICATO	GEL	0.05%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PODOFILOX	SOLN	0.5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PROTOPIC	OINT	0.03%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PROTOPIC	OINT	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
PRUDOXIN	CREA	5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
REGRANEX	GEL	0.01%	Specialty-5	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
SOLARAZE	GEL	3%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
U-CORT	CREA	1%; 10%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
UVADEX	SOLN	20MCG/ML	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VEREGEN	OINT	15%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ZONALON	CREA	5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ZYCLARA	CREA	3.75%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	MISCELLANEOUS DERMATOLOGICALS
ACANYA	GEL	2.5%; 1.2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ACZONE	GEL	5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ADAPALENE	CREA	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ADAPALENE	GEL	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AKNE-MYCIN	OINT	2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	10MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	20MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AMNESTEEM	CAPS	40MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ATRALIN	GEL	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AVITA	CREA	0.025%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
AVITA	GEL	0.025%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AZELEX	CREA	20%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
BENZAMYCIN	GEL	5%; 3%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	10MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	20MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	30MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLARAVIS	CAPS	40MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDACIN PAC	KIT	0; 1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN/BENZ OYL PEROXIDE	GEL	5%; 1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	FOAM	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	GEL	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	LOTN	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	SWAB	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
CLINDAMYCIN PHOSPHATE	SOLN	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
DIFFERIN	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
DIFFERIN	GEL	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
DIFFERIN	GEL	0.3%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIFFERIN	LOTN	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
EPIDUO	GEL	0.1%; 2.5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ERY	PADS	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN/BEN ZOYL PEROXIDE	GEL	5%; 3%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN	GEL	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
ERYTHROMYCIN	SOLN	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
FINACEA	GEL	15%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
METROCREAM	CREA	0.75%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
METROGEL	GEL	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
METROLOTION	LOTN	0.75%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	CREA	0.75%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	GEL	0.75%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
METRONIDAZOLE	LOTN	0.75%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	10MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	20MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
MYORISAN	CAPS	40MG	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RETIN-A	CREA	0.025%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	GEL	0.01%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A	GEL	0.025%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A MICRO	GEL	0.04%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
RETIN-A MICRO	GEL	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	GEL	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TAZORAC	GEL	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.025%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.01%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.025%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRETINOIN	CREA	0.025%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	CREA	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	GEL	0.01%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
TRETINOIN	GEL	0.025%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	THERAPY FOR ACNE
EMLA	CREA	2.5%; 2.5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE/PRILOCAI NE	CREA	2.5%; 2.5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL JELLY	GEL	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL JELLY	GEL	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	0.5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE	OINT	5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE VISCOUS	SOLN	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDOCAINE HCL	SOLN	4%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
LIDODERM	PTCH	5%	NonPrefBrnd-4	NO	YES	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS
SYNERA	PTCH	70MG; 70MG	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANESTHETICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
XYLOCAINE	SOLN	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
XYLOCAINE	SOLN	4%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANESTHETICS
ALTABAX	OINT	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
BACTROBAN	CREA	2%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
BACTROBAN	OINT	2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
CORTISPORIN	CREA	0.5%; 0.5%; 10000UNIT/GM	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
CORTISPORIN	OINT	400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
GENTAMICIN SULFATE	CREA	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
GENTAMICIN SULFATE	OINT	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
KLARON	LOTN	10%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
MAFENIDE ACETATE	PACK	5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
MUPIROCIN	CREA	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
MUPIROCIN	OINT	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
PHISOHEX	LIQD	3%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS
SULFACETAMIDE SODIUM	SUSP	10%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ANTIBACTERIALS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SULFAMYLON	CREA	85MG/GM	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
SULFAMYLON	PACK	5%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIBACTERIALS
CICLOPIROX OLAMINE	CREA	0.77%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	GEL	0.77%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	SHAM	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX NAIL LACQUER	SOLN	8%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CICLOPIROX	SUSP	0.77%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE/BET AMETHASONE DIPROPIONATE	CREA	0.05%; 1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE/BET AMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE	CREA	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
CLOTRIMAZOLE	SOLN	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
ECONAZOLE NITRATE	CREA	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
ERTACZO	CREA	2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
EXELDERM	CREA	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
EXELDERM	SOLN	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EXTINA	FOAM	2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	FOAM	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	CREA	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
KETOCONAZOLE	SHAM	2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
KETODAN KIT	KIT	2%; 0; 0	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
LOPROX	GEL	0.77%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
LOPROX SHAMPOO	SHAM	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
LOTRISONE	CREA	0.05%; 1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
MENTAX	CREA	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NAFTIN	CREA	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NAFTIN	GEL	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NIZORAL	SHAM	2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYAMYC	POWD	100000UNIT/GM	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN/TRIAMCIN OLONE	CREA	100000UNIT/GM ; 0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN/TRIAMCIN OLONE	OINT	100000UNIT/GM ; 0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN	CREA	100000UNIT/GM	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NYSTATIN	OINT	100000UNIT/GM	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTATIN	POWD	100000UNIT/GM	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
NYSTOP	POWD	100000UNIT/GM	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
OXISTAT	CREA	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
OXISTAT	LOTN	1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
PEDI-DRI	POWD	100000UNIT/GM	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIFUNGALS
ACYCLOVIR	OINT	5%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
DENAVIR	CREA	1%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ZOVIRAX	CREA	5%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ZOVIRAX	OINT	5%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL ANTIVIRALS
ACLOVATE	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALA CORT	CREA	1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALA SCALP	LOTN	2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AMCINONIDE	CREA	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMCINONIDE	LOTN	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AMCINONIDE	OINT	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	0.05%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	CREA	0.05%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE DIPROPIONATE	OINT	0.05%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	FOAM	0.12%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	CREA	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	LOTN	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
BETAMETHASONE VALERATE	OINT	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CAPEX	SHAM	0.01%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLOBETASOL PROPIONATE	FOAM	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	GEL	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	LOTN	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	OINT	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	SHAM	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE	SOLN	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLOBETASOL PROPIONATE E	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CLODERM PUMP	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CORDRAN	LOTN	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CORDRAN TAPE	TAPE	4MCG/SQCM	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CUTIVATE	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CUTIVATE	LOTN	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
CUTIVATE	OINT	0.005%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DERMA-SMOOTH/FS BODY OIL	OIL	0.01%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DERMATOP	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DERMATOP	OINT	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONATE	GEL	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	LOTN	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESONIDE	OINT	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOWEN	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOWEN	LOTN	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	CREA	0.25%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	GEL	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	OINT	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DESOXIMETASONE	OINT	0.25%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIFLORASONE DIACETATE	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIFLORASONE DIACETATE	OINT	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIPROLENE	LOTN	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
DIPROLENE	OINT	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DIPROLENE AF	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ELOCON	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ELOCON	LOTN	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ELOCON	OINT	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	CREA	0.01%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	CREA	0.025%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	OINT	0.025%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINOLONE ACETONIDE	SOLN	0.01%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE-E	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	GEL	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	OINT	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUOCINONIDE	SOLN	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	LOTN	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
FLUTICASONE PROPIONATE	OINT	0.005%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HALOBETASOL PROPIONATE	CREA	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOBETASOL PROPIONATE	OINT	0.05%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOG	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HALOG	OINT	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	CREA	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	OINT	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE BUTYRATE	SOLN	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE VALERATE	CREA	0.2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE VALERATE	OINT	0.2%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	CREA	1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	CREA	2.5%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	LOTN	2.5%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	OINT	1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
HYDROCORTISONE	OINT	2.5%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
KENALOG	AERS	0	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOCOID	LOTN	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LOCOID	OINT	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOCOID	SOLN	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOCOID LIPOCREAM	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
LOKARA	LOTN	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	CREA	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	OINT	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	SOLN	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
MOMETASONE FUROATE	SOLN	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PANDEL	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PREDNICARBATE	CREA	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
PREDNICARBATE	OINT	0.1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	CREA	0.25%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	GEL	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TOPICORT	OINT	0.25%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.025%	PrefGen-1	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL CORTICOSTEROIDS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIAMCINOLONE ACETONIDE	CREA	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	CREA	0.5%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	LOTN	0.025%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	LOTN	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	OINT	0.025%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	OINT	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIAMCINOLONE ACETONIDE	OINT	0.5%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
TRIDERM	CREA	0.1%	PrefGen-1	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ULTRAVATE	CREA	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
ULTRAVATE	OINT	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
VANOS	CREA	0.1%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
VERDESO	FOAM	0.05%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
WESTCORT	OINT	0.2%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL CORTICOSTEROIDS
SANTYL	OINT	250UNIT/GM	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL ENZYMES
EURAX	CREA	10%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/TOPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EURAX	LOTN	10%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LINDANE	LOTN	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LINDANE	SHAM	1%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
MALATHION	LOTN	0.5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
OVIDE	LOTN	0.5%	NonPrefBrnd-4	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
PERMETHRIN	CREA	5%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
SPINOSAD	SUSP	0.9%	NonPrefGen-2	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
ULESFIA	LOTN	5%	PrefBrnd-3	NO	NO	DERMATOLOGICALS/T OPICAL THERAPY	TOPICAL SCABICIDES / PEDICULICIDES
LACTATED RINGERS IRRIGATION	SOLN	3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
NEOMYCIN/POLYMY XIN B SULFATES	SOLN	40MG/ML; 200000UNIT/ML	PrefGen-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PHYSIOLYTE	SOLN	27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
PHYSIOSOL IRRIGATION	SOLN	30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
RINGERS IRRIGATION	SOLN	4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	IRRIGATING SOLUTIONS
ACTONEL	TABS	30MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ADAGEN	SOLN	250UNIT/ML	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ALENDRONATE SODIUM	TABS	40MG	PrefGen-1	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANAGRELIDE HYDROCHLORIDE	CAPS	0.5MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ANAGRELIDE HYDROCHLORIDE	CAPS	1MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANTABUSE	TABS	250MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ANTABUSE	TABS	500MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ARALAST NP	SOLR	400MG	Specialty-5	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPHENYL	POWD	0	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPHENYL	TABS	500MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CAMPRAL	TBEC	333MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARBAGLU	TABS	200MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARNITOR	SOLN	200MG/ML	NonPrefBrnd-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CARNITOR	SOLN	1GM/10ML	NonPrefBrnd-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARNITOR	TABS	330MG	NonPrefBrnd-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CEVIMELINE HCL	CAPS	30MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CHEMET	CAPS	100MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
CLINIMIX 4.25%/DEXTROSE 5%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-3	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 2.75%/DEXTROSE 10%	SOLN	570MG/100ML; 316MG/100ML; 33MG/100ML; 10GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	NonPrefBrnd-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 2.75%/DEXTROSE 5%	SOLN	570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	NonPrefBrnd-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 10%/NACL 0.2%	SOLN	10%; 0.2%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 10%/NACL 0.45%	SOLN	10%; 0.45%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	SOLN	2.5%; 0.45%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXTROSE 5%/LACTATED RINGERS	SOLN	2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.2%	SOLN	5%; 0.2%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.225%	SOLN	5%; 0.225%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.33%	SOLN	5%; 0.33%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.45%	SOLN	5%; 0.45%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%/NACL 0.9%	SOLN	5%; 0.9%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 10% FLEX CONTAINER	SOLN	10%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DEXTROSE 5%	SOLN	5%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DISULFIRAM	TABS	250MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
DISULFIRAM	TABS	500MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ETIDRONATE DISODIUM	TABS	200MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ETIDRONATE DISODIUM	TABS	400MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EVOXAC	CAPS	30MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	125MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	250MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
EXJADE	TBSO	500MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FERRIPROX	TABS	500MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FOSRENOL	CHEW	1000MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FOSRENOL	CHEW	500MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
FOSRENOL	CHEW	750MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLASSIA	SOLN	1000MG/50ML	NonPrefBrnd-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
INCRELEX	SOLN	40MG/4ML	Specialty-5	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
KAYEXALATE	POWD	0	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
KIONEX	POWD	0	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	SOLN	200MG/ML	NonPrefGen-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	SOLN	1GM/10ML	NonPrefGen-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
LEVOCARNITINE	TABS	330MG	NonPrefGen-2	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	10MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	2.5MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
MIDODRINE HCL	TABS	5MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ORFADIN	CAPS	10MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ORFADIN	CAPS	2MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ORFADIN	CAPS	5MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM PHENYLBUTYRATE	POWD	0	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PILOCARPINE HYDROCHLORIDE	TABS	5MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PILOCARPINE HCL	TABS	7.5MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
PROLASTIN-C	SOLR	1000MG	NonPrefBrnd-4	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RAVICTI	LIQD	1.1GM/ML	Specialty-5	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RECLAST	SOLN	5MG/100ML	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENAGEL	TABS	400MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RENAGEL	TABS	800MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENVELA	PACK	0.8GM	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENVELA	PACK	2.4GM	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RENVELA	TABS	800MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RILUTEK	TABS	50MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
RILUZOLE	TABS	50MG	Specialty-5	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SALAGEN	TABS	5MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SALAGEN	TABS	7.5MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SKELID	TABS	200MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM CHLORIDE	SOLN	0.9%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SODIUM POLYSTYRENE SULFONATE	SUSP	15GM/60ML	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SODIUM CHLORIDE 0.9%	SOLN	0.9%	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
STERILE WATER IRRIGATION	SOLN	0	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
SYPRINE	CAPS	250MG	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ZEMAIRA	SOLR	1000MG	Specialty-5	NO	YES	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
ZOLEDRONIC ACID	SOLN	5MG/100ML	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	MISCELLANEOUS AGENTS
BUPROBAN	TB12	150MG	NonPrefGen-2	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS
CHANTIX STARTING MONTH PAK	TABS	0	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS
CHANTIX	TABS	0.5MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS
CHANTIX	TABS	1MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NICOTROL INHALER	INHA	10MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS
NICOTROL NS	SOLN	10MG/ML	PrefBrnd-3	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS
ZYBAN	TB12	150MG	NonPrefBrnd-4	NO	NO	DIAGNOSTICS / MISCELLANEOUS AGENTS	SMOKING DETERRENENTS
ASTELIN	SOLN	137MCG/SPRAY	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
ASTEPRO	SOLN	0.15%	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
AZELASTINE HCL	SOLN	137MCG/SPRAY	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
BACTROBAN NASAL	OINT	2%	PrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
CHLORHEXIDINE GLUCONATE ORAL RINSE	SOLN	0.12%	PrefGen-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
IPRATROPIUM BROMIDE	SOLN	0.03%	PrefGen-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
IPRATROPIUM BROMIDE	SOLN	0.06%	PrefGen-1	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
PATANASE	SOLN	0.6%	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
PERIOGARD	SOLN	0.12%	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TRIAMCINOLONE IN ORABASE	PSTE	0.1%	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
TYZINE	SOLN	0.1%	PrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TYZINE PEDIATRIC NASAL DROPS	SOLN	0.05%	PrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS AGENTS
ACETASOL HC	SOLN	2%; 1%	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
ACETIC ACID	SOLN	2%	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
DERMOTIC	OIL	0.01%	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
FLUOCINOLONE ACETONIDE	OIL	0.01%	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
HYDROCORTISONE/A CETIC ACID	SOLN	2%; 1%	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
OFLOXACIN	SOLN	0.3%	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	MISCELLANEOUS OTIC PREPARATIONS
CIPRO HC	SUSP	0.2%; 1%	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
CIPRODEX	SUSP	0.3%; 0.1%	PrefBrnd-3	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
COLY-MYCIN S	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
CORTISPORIN	SOLN	1%; 3.5MG/ML; 10000UNIT/ML	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CORTISPORIN-TC	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	NonPrefBrnd-4	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
NEOMYCIN/POLYMYXIN/HC	SOLN	1%; 3.5MG/ML; 10000UNIT/ML	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	NonPrefGen-2	NO	NO	EAR, NOSE / THROAT MEDICATIONS	OTIC STEROID / ANTIBIOTIC
A-HYDROCORT	SOLR	100MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
ACTHAR HP	GEL	80UNIT/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	ADRENAL HORMONES
CELESTONE	SOLN	0.6MG/5ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
CORTISONE ACETATE	TABS	25MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEPO-MEDROL	SUSP	20MG/ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEPO-MEDROL	SUSP	40MG/ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEPO-MEDROL	SUSP	80MG/ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	4MG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE INTENSOL	CONC	1MG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	ELIX	0.5MG/5ML	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	0.5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DEXAMETHASONE	TABS	0.75MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	1.5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	1MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	2MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	4MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXAMETHASONE	TABS	6MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
DEXPAK 13 DAY	TABS	1.5MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
FLO-PRED	SUSP	15MG/5ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
FLUDROCORTISONE ACETATE	TABS	0.1MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	10MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	20MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
HYDROCORTISONE	TABS	5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MEDROL	TABS	32MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE ACETATE	SUSP	40MG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE ACETATE	SUSP	80MG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	125MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	1GM	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	40MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE DOSE PACK	TABS	4MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	16MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	32MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	4MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHYLPREDNISOLONE	TABS	8MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MILLIPRED	SOLN	10MG/5ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
MILLIPRED	TABS	5MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
ORAPRED ODT	TBDP	15MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
ORAPRED ODT	TBDP	30MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISOLONE SODIUM PHOSPHATE	SOLN	25MG/5ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON INTENSOL	CONC	5MG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	SOLN	5MG/5ML	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	10MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	1MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	2.5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	20MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	50MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
PREDNISON	TABS	5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-CORTEF	SOLR	100MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-CORTEF	SOLR	250MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	125MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SOLU-MEDROL	SOLR	2GM	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	40MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
SOLU-MEDROL	SOLR	500MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
VERIPRED 20	SOLN	20MG/5ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ADRENAL HORMONES
METHIMAZOLE	TABS	10MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
METHIMAZOLE	TABS	5MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
PROPYLTHIOURACIL	TABS	50MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	ANTITHYROID AGENTS
ACARBOSE	TABS	100MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACARBOSE	TABS	25MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACARBOSE	TABS	50MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET	TABS	500MG; 15MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET	TABS	850MG; 15MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET XR	TB24	1000MG; 15MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOPLUS MET XR	TB24	1000MG; 30MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	15MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ACTOS	TABS	30MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACTOS	TABS	45MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ALCOHOL PREPS	PADS		NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
APIDRA SOLOSTAR	SOLN	100UNIT/ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
APIDRA	SOLN	100UNIT/ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	1000MG; 2MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	500MG; 2MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	1000MG; 4MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDAMET	TABS	500MG; 4MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	1MG; 4MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	2MG; 4MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	4MG; 4MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	2MG; 8MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDARYL	TABS	4MG; 8MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	2MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	4MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
AVANDIA	TABS	8MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	MISC		NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BYDUREON	SUSR	2MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
CURITY GAUZE PADS 2"X2"	PADS		PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
CYCLOSET	TABS	0.8MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
DUETACT	TABS	2MG; 30MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
DUETACT	TABS	4MG; 30MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
FORTAMET	TB24	1000MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
FORTAMET	TB24	500MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	1MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	2MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIMEPIRIDE	TABS	4MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE	TABS	10MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLIPIZIDE	TABS	5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE ER	TB24	10MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE ER	TB24	2.5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLIPIZIDE ER	TB24	5MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCAGEN HYPOKIT	SOLR	1MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUCAGON EMERGENCY KIT	KIT	1MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLUMETZA	TB24	500MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	1.25MG; 250MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	2.5MG; 500MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE/METFOR MIN HCL	TABS	5MG; 500MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	1.5MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	3MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE MICRONIZED	TABS	6MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	1.25MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	2.5MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYBURIDE	TABS	5MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	DIABETES THERAPY



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLYSET	TABS	100MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	25MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
GLYSET	TABS	50MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG KWIKPEN	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 50/50	SUSP	50UNIT/ML; 50UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 50/50 KWIKPEN	SUSP	50UNIT/ML; 50UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 75/25 KWIKPEN	SUSP	25UNIT/ML; 75UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMALOG MIX 75/25	SUSP	25UNIT/ML; 75UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN N	SUSP	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN N U-100 PEN	SUSP	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN 70/30 PEN	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN R	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31 G X 5/16"	MISC		PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30 G X 1/2"	MISC		PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29 G X 1/2"	MISC		NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	MISC		PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET	TABS	1000MG; 50MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET	TABS	500MG; 50MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	1000MG; 100MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	1000MG; 50MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUMET XR	TB24	500MG; 50MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	100MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	25MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JANUVIA	TABS	50MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
JENTADUETO	TABS	2.5MG; 1000MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JENTADUETO	TABS	2.5MG; 500MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
JENTADUETO	TABS	2.5MG; 850MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	1000MG; 2.5MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	1000MG; 5MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
KOMBIGLYZE XR	TB24	500MG; 5MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LANTUS	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LANTUS SOLOSTAR	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LEVEMIR	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
LEVEMIR FLEXPEN	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	1000MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	500MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	500MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	750MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL	TABS	850MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
METFORMIN HCL ER	TB24	1000MG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NATEGLINIDE	TABS	120MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NATEGLINIDE	TABS	60MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN N	SUSP	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLIN R	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG FLEXPEN	SOLN	100UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG MIX 70/30	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUSP	30UNIT/ML; 70UNIT/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ONGLYZA	TABS	2.5MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ONGLYZA	TABS	5MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL- GLIMEPIRIDE	TABS	2MG; 30MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL- GLIMEPIRIDE	TABS	4MG; 30MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	15MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	30MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PIOGLITAZONE HCL	TABS	45MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIMET	TABS	500MG; 1MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIMET	TABS	500MG; 2MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	0.5MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	1MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PRANDIN	TABS	2MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
PROGLYCEM	SUSP	50MG/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
RIOMET	SOLN	500MG/5ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
SYMLINPEN 60	SOLN	1500MCG/1.5ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
SYMLINPEN 120	SOLN	2700MCG/2.7ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TOLAZAMIDE	TABS	250MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TOLAZAMIDE	TABS	500MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOLBUTAMIDE	TABS	500MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
TRADJENTA	TABS	5MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
VICTOZA	SOLN	18MG/3ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	DIABETES THERAPY
ALDURAZYME	SOLN	2.9MG/5ML	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDRODERM	PT24	2MG/24HR	PrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDRODERM	PT24	4MG/24HR	PrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROGEL	GEL	50MG/5GM	PrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROGEL PUMP	GEL	1.62%	PrefBrnd-3	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROID	CAPS	10MG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ANDROXY	TABS	10MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
AXIRON	SOLN	30MG/ACT	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CABERGOLINE	TABS	0.5MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCIJEX	SOLN	1MCG/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITONIN-SALMON	SOLN	200UNIT/ACT	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	CAPS	0.25MCG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	CAPS	0.5MCG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CALCITRIOL	SOLN	1MCG/ML	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CALCITRIOL	SOLN	1MCG/ML	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CEREZYME	SOLR	200UNIT	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
CHORIONIC GONADOTROPIN	SOLR	10000UNIT	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	100MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	200MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DANAZOL	CAPS	50MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	SOLN	4MCG/ML	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	SOLN	0.01%	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	SOLN	0.01%	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	TABS	0.1MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DDAVP	TABS	0.2MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DELATESTRYL	OIL	200MG/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DEPO-TESTOSTERONE	OIL	100MG/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DEPO-TESTOSTERONE	OIL	200MG/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	SOLN	4MCG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DESMOPRESSIN ACETATE	SOLN	0.01%	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	TABS	0.1MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
DESMOPRESSIN ACETATE	TABS	0.2MG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ELAPRASE	SOLN	6MG/3ML	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ELELYSO	SOLR	200UNIT	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FABRAZYME	SOLR	35MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FORTESTA	GEL	10MG/ACT	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
FORTICAL	SOLN	200UNIT/ACT	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	CAPS	0.5MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	CAPS	1MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	CAPS	2.5MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
HECTOROL	SOLN	4MCG/2ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
KORLYM	TABS	300MG	Specialty-5	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
KUVAN	TBSO	100MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
LUMIZYME	SOLR	50MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
METHITEST	TABS	10MG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MIACALCIN	SOLN	200UNIT/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
MIACALCIN	SOLN	200UNIT/ACT	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
MYOZYME	SOLR	50MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
NAGLAZYME	SOLN	1MG/ML	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
NOVAREL	SOLR	10000UNIT	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
OXANDROLONE	TABS	10MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
OXANDROLONE	TABS	2.5MG	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	6MG/ML	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	SOLR	10000UNIT	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ROCALTROL	CAPS	0.25MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ROCALTROL	CAPS	0.5MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ROCALTROL	SOLN	1MCG/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SAMSCA	TABS	15MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SAMSCA	TABS	30MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	30MG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	60MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SENSIPAR	TABS	90MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	10MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	15MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SOMAVERT	SOLR	20MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
STIMATE	SOLN	1.5MG/ML	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
STRIANT	MISC	30MG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
SYNAREL	SOLN	2MG/ML	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTIM	GEL	1%	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE CYPIONATE	OIL	100MG/ML	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE CYPIONATE	OIL	200MG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTOSTERONE ENANTHATE	OIL	200MG/ML	NonPrefGen-2	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
TESTRED	CAPS	10MG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
VPRIV	SOLR	400UNIT	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZAVESCA	CAPS	100MG	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	CAPS	1MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	CAPS	2MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	CAPS	4MCG	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	SOLN	2MCG/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZEMPLAR	SOLN	5MCG/ML	NonPrefBrnd-4	NO	YES	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOLEDRONIC ACID	CONC	4MG/5ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOMETA	SOLN	4MG/100ML	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
ZOMETA	CONC	4MG/5ML	Specialty-5	NO	NO	ENDOCRINE/DIABETES	MISCELLANEOUS HORMONES
LEVOTHROID	TABS	100MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	112MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	125MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	137MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	150MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	175MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	200MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVOTHROID	TABS	25MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	300MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	50MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	75MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHROID	TABS	88MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	100MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	112MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	125MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	137MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	150MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	175MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	200MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	25MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	300MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	50MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOTHYROXINE SODIUM	TABS	75MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVOTHYROXINE SODIUM	TABS	88MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	100MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	112MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	125MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	137MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	150MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	175MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	200MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	25MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	50MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	75MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LEVOXYL	TABS	88MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOETHYRONINE SODIUM	SOLN	10MCG/ML	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOETHYRONINE SODIUM	TABS	25MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOETHYRONINE SODIUM	TABS	50MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
LIOETHYRONINE SODIUM	TABS	5MCG	NonPrefGen-2	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SYNTHROID	TABS	100MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	112MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	125MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	137MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	150MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	175MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	200MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	25MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	300MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	50MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	75MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
SYNTHROID	TABS	88MCG	PrefBrnd-3	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1	TABS	60MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1/2	TABS	30MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-1/4	TABS	15MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
THYROLAR-2	TABS	120MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
THYROLAR-3	TABS	180MG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	100MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	112MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	125MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	137MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	13MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	150MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	25MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	50MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	75MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
TIROSINT	CAPS	88MCG	NonPrefBrnd-4	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	100MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	112MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	125MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	150MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	175MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
UNITHROID	TABS	200MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	25MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	300MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	50MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	75MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
UNITHROID	TABS	88MCG	PrefGen-1	NO	NO	ENDOCRINE/DIABETES	THYROID HORMONES
ATROPINE SULFATE	SOLN	0.05MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
ATROPINE SULFATE	SOLN	0.1MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
CANTIL	TABS	25MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
CUVPOSA	SOLN	1MG/5ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	CAPS	10MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	SOLN	10MG/5ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DICYCLOMINE HCL	TABS	20MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DIPHENOXYLATE/ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
DIPHENOXYLATE/ATROPINE	TABS	0.025MG; 2.5MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
GLYCOPYRROLATE	SOLN	4MG/20ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GLYCOPYRROLATE	TABS	1MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
GLYCOPYRROLATE	TABS	2MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
LOPERAMIDE HCL	CAPS	2MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
METHSCOPOLAMINE BROMIDE	TABS	2.5MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
METHSCOPOLAMINE BROMIDE	TABS	5MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
PROPANTHELINE BROMIDE	TABS	15MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ANTIDIARRHEALS / ANTISPASMODICS
ALOXI	SOLN	0.25MG/5ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AMITIZA	CAPS	24MCG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AMITIZA	CAPS	8MCG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANTIVERT	TABS	50MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANUSOL-HC	CREA	2.5%	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANZEMET	SOLN	20MG/ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ANZEMET	TABS	100MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ANZEMET	TABS	50MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
APRISO	CP24	0.375GM	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
BALSALAZIDE DISODIUM	CAPS	750MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
BUDESONIDE	CP24	3MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CANASA	SUPP	1000MG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CESAMET	CAPS	1MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CHENODAL	TABS	250MG	Specialty-5	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CIMZIA	KIT	200MG	Specialty-5	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CIMZIA	KIT	200MG/ML	Specialty-5	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COLOCORT	ENEM	100MG/60ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
COMPRO	SUPP	25MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CONSTULOSE	SOLN	10GM/15ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CORTIFOAM	FOAM	90MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	180000UNIT; 36000UNIT; 114000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
CROMOLYN SODIUM	CONC	100MG/5ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CYSTADANE	POWD	0	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DIPENTUM	CAPS	250MG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	10MG	NonPrefGen-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	2.5MG	NonPrefGen-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
DRONABINOL	CAPS	5MG	NonPrefGen-2	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	125MG	NonPrefBrnd-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	40MG	NonPrefBrnd-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	80MG	NonPrefBrnd-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
EMEND	CAPS	0	NonPrefBrnd-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ENULOSE	SOLN	10GM/15ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GASTROCROM	CONC	100MG/5ML	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GATTEX	KIT	5MG	Specialty-5	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE-C	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE-G	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GAVILYTE-N/FLAVOR PACK	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GENERLAC	SOLN	10GM/15ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GOLYTELY	SOLR	227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISETRON HCL	SOLN	0.1MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GRANISETRON HCL	SOLN	1MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISETRON HCL	TABS	1MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
GRANISOL	SOLN	2MG/10ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
HALFLYTELY BOWEL PREP/FLAVOR PACKS	KIT	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
HYDROCORTISONE	ENEM	100MG/60ML	PrefGen-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LACTULOSE	SOLN	10GM/15ML	PrefGen-1	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LIALDA	TBEC	1.2GM	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LOTRONEX	TABS	0.5MG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
LOTRONEX	TABS	1MG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MARINOL	CAPS	10MG	NonPrefBrnd-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MARINOL	CAPS	2.5MG	NonPrefBrnd-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MARINOL	CAPS	5MG	NonPrefBrnd-4	NO	YES	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MECLIZINE HCL	TABS	12.5MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MECLIZINE HCL	TABS	25MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MESALAMINE	KIT	4GM	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	SOLN	5MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	SOLN	5MG/5ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	TABS	10MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
METOCLOPRAMIDE HCL	TABS	5MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
MOVIPREP	SOLR	4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ONDANSETRON HCL	SOLN	4MG/2ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	SOLN	4MG/5ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	24MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	4MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON ODT	TBDP	4MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON HCL	TABS	8MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ONDANSETRON ODT	TBDP	8MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
OSMOPREP	TABS	0.398GM; 1.102GM	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	43750UNIT; 10500UNIT; 25000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	70000UNIT; 16800UNIT; 40000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PANCREAZE	CPEP	61000UNIT; 21000UNIT; 37000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PANCREAZE	CPEP	17500UNIT; 4200UNIT; 10000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PENTASA	CPCR	250MG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PENTASA	CPCR	500MG	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
POLYETHYLENE GLYCOL 3350	POWD	0	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PREPOPIK	PACK	12GM; 3.5GM; 10MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE EDISYLATE	SOLN	5MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE	SUPP	25MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE MALEATE	TABS	10MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCHLORPERAZINE MALEATE	TABS	5MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROCTO-PAK	CREA	1%	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCTOCREAM HC	CREA	2.5%	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
PROCTOZONE-HC	CREA	2.5%	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
RECTIV	OINT	0.4%	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
RELISTOR	KIT	12MG/0.6ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
REMICADE	SOLR	100MG	Specialty-5	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SANCUSO	PTCH	3.1MG/24HR	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SFROWASA	ENEM	4GM/60ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SUCRAID	SOLN	8500UNIT/ML	Specialty-5	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SULFASALAZINE	TABS	500MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SULFAZINE EC	TBEC	500MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
SUPREP BOWEL PREP	SOLN	1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TRANSDERM-SCOP	PT72	1.5MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
TRILYTE	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	CAPS	300MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	TABS	250MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
URSODIOL	TABS	500MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZENPEP	CPEP	136000UNIT; 25000UNIT; 85000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZENPEP	CPEP	27000UNIT; 5000UNIT; 17000UNIT	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN	SOLN	40MG/20ML	Specialty-5	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN	SOLN	4MG/5ML	Specialty-5	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN	TABS	4MG	Specialty-5	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN ODT	TBDP	4MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN	TABS	8MG	Specialty-5	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
ZOFRAN ODT	TBDP	8MG	Specialty-5	NO	NO	GASTROENTEROLOGY	MISCELLANEOUS GASTROINTESTINAL AGENTS
AXID	SOLN	15MG/ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CARAFATE	SUSP	1GM/10ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CARAFATE	TABS	1GM	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE HCL	SOLN	150MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE HCL	SOLN	300MG/5ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	200MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	300MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	400MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CIMETIDINE	TABS	800MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CYTOTEC	TABS	100MCG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
CYTOTEC	TABS	200MCG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	SOLN	10MG/ML	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE PREMIXED	SOLN	0.4MG/ML; 0.9%	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	SUSR	40MG/5ML	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	TABS	20MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
FAMOTIDINE	TABS	40MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
HELIDAC	MISC	0; 0; 0	PrefBrnd-3	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
LANSOPRAZOLE	CPDR	15MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LANSOPRAZOLE	CPDR	30MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
MISOPROSTOL	TABS	100MCG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
MISOPROSTOL	TABS	200MCG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM I.V.	SOLR	20MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NEXIUM I.V.	SOLR	40MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	CAPS	150MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	CAPS	300MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
NIZATIDINE	SOLN	15MG/ML	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	20MG; 1100MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	40MG; 1100MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE	CPDR	10MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE	CPDR	20MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
OMEPRAZOLE	CPDR	40MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	SOLR	40MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	TBEC	20MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PANTOPRAZOLE SODIUM	TBEC	40MG	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PEPCID	SUSR	40MG/5ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PEPCID	TABS	20MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PEPCID	TABS	40MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PREVPAC	MISC	500MG; 500MG; 30MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
PYLERA	CAPS	140MG; 125MG; 125MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	CAPS	150MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	CAPS	300MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	SOLN	150MG/6ML	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	SYRP	15MG/ML	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	TABS	150MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
RANITIDINE HCL	TABS	300MG	PrefGen-1	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
SUCRALFATE	TABS	1GM	NonPrefGen-2	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	SOLN	25MG/ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	SOLN	50MG/50ML; 0.45%	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	SYRP	15MG/ML	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	TABS	150MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ZANTAC	TBEF	25MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ZANTAC	TABS	300MG	NonPrefBrnd-4	NO	NO	GASTROENTEROLOGY	ULCER THERAPY
ACTIMMUNE	SOLN	2000000UNIT/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	100MCG/0.5ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	150MCG/0.3ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	200MCG/0.4ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	25MCG/0.42ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	300MCG/0.6ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	40MCG/0.4ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	500MCG/ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	60MCG/0.3ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ARCALYST	SOLR	220MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
AVONEX	KIT	30MCG/VIAL	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
AVONEX	KIT	30MCG/0.5ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
BETASERON	SOLR	0.3MG	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EGRIFTA	SOLR	1MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	10000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	2000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	20000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	3000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EPOGEN	SOLN	4000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
EXTAVIA	SOLR	0.3MG	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.2MG	NonPrefBrnd-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.4MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	0.6MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GENOTROPIN MINIQUICK	SOLR	0.8MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.2MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.4MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.6MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1.8MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN	SOLR	12MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	1MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN MINIQUICK	SOLR	2MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
GENOTROPIN	SOLR	5MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE	SOLR	12MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HUMATROPE	SOLR	24MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE COMBO PACK	SOLR	5MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
HUMATROPE	SOLR	6MG	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ILARIS	SOLR	180MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INFERGEN	INJ	15MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A W/DILUENT	SOLR	10MU	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	10MU/0.2ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	SOLN	6000000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	3MU/0.2ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
INTRON-A	KIT	5MU/0.2ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEUKINE	SOLR	250MCG	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
LEUKINE	SOLN	500MCG/ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
MOZOBIL	SOLN	24MG/1.2ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEULASTA	SOLN	6MG/0.6ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUMEGA	SOLR	5MG	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	300MCG/0.5ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	480MCG/0.8ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NEUPOGEN	SOLN	480MCG/1.6ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXP	SOLN	10MG/1.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXP	SOLN	15MG/1.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN	SOLR	10MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ PEN	SOLN	10MG/2ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ PEN	SOLN	20MG/2ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
NUTROPIN AQ NUSPIN 5	SOLN	5MG/2ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLN	10MG/1.5ML	NonPrefBrnd-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLR	5.8MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
OMNITROPE	SOLN	5MG/1.5ML	NonPrefBrnd-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON	KIT	50MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS	SOLN	180MCG/ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PEGASYS	KIT	180MCG/0.5ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	10000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	2000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	20000UNIT/ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROCRIT	SOLN	3000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	4000UNIT/ML	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROCRIT	SOLN	40000UNIT/ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
PROLEUKIN	SOLR	22000000UNIT	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF	SOLN	22MCG/0.5ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF	SOLN	44MCG/0.5ML	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
REBIF TITRATION PACK	SOLN	0	Specialty-5	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SAIZEN	SOLR	5MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SAIZEN CLICK.EASY	SOLR	8.8MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	4MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SEROSTIM	SOLR	5MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SEROSTIM	SOLR	6MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	296MCG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	444MCG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
SYLATRON	KIT	888MCG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
TEV-TROPIN	SOLR	5MG	PrefBrnd-3	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ZORBTIVE	SOLR	8.8MG	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	BIOTECHNOLOGY DRUGS
ACTHIB	SOLR	0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ADACEL	SUSP	15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ATGAM	INJ	50MG/ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BOOSTRIX	SUSP	18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
BOOSTRIX	SUSP	18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
BOTOX	SOLR	100UNIT	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
CARIMUNE NANOFILTERED	SOLR	3GM	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
CERVARIX	SUSP	0	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
COMVAX	SUSP	7.5MCG/0.5ML; 5MCG/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DAPTACEL	SUSP	10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DECAVAC	INJ	2LFU; 5LFU	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
DYSPOORT	SOLR	300UNIT	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	10MCG/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ENGERIX-B	SUSP	10MCG/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ENGERIX-B	SUSP	20MCG/ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
FOMEPIZOLE	SOLN	1GM/ML	PrefGen-1	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMASTAN S/D	INJ	0	NonPrefBrnd-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMMAGARD LIQUID	SOLN	0	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMMAPLEX	SOLN	10GM/200ML	NonPrefBrnd-4	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GAMUNEX-C	SOLN	1GM/10ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
GARDASIL	SUSP	0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
HAVRIX	SUSP	1440ELU/ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
HAVRIX	SUSP	720ELU/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IMOVAX RABIES (H.D.C.V.)	INJ	2.5UNIT/ML	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
INFANRIX	SUSP	58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IPOL INACTIVATED IPV	INJ	0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
IXIARO	SUSP	0	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
M-M-R II W/DILUENT 10 DOSE	INJ	0; 0; 0	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENACTRA	INJ	0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENOMUNE-A/C/Y/W-135	INJ	0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
MENVEO	SOLR	0	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
PEDVAX HIB	SOLN	0	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
PRIVIGEN	SOLN	20GM/200ML	Specialty-5	NO	YES	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROQUAD	INJ	0; 0; 0; 0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RABAVERT	SUSR	0	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RECOMBIVAX HB	SUSP	10MCG/ML	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
RECOMBIVAX HB	SUSP	40MCG/ML	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ROTATEQ	SUSP	0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TETANUS/DIPHThERI A TOXOIDS- ADSORBED ADULT	SUSP	2LF/0.5ML; 2LF/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TETANUS TOXOID ADSORBED	SOLN	5LFU	NonPrefGen-2	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
THYMOGLOBULIN	SOLR	25MG	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TWINRIX	SUSP	720ELU/ML; 20MCG/ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
TYPHIM VI	SOLN	25MCG/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
VAQTA	SUSP	25UNIT/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
VARIVAX	INJ	1350PFU/0.5ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
XEOMIN	SOLR	50UNIT	NonPrefBrnd-4	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
YF-VAX	INJ	0	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ZOSTAVAX	SOLR	19400UNT/0.65 ML	PrefBrnd-3	NO	NO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	VACCINES / MISCELLANEOUS IMMUNOLOGICALS
ALLOPURINOL SODIUM	SOLR	500MG	NonPrefGen-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALLOPURINOL	TABS	100MG	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALLOPURINOL	TABS	300MG	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALOPRIM	SOLR	500MG	NonPrefGen-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
COLCRYS	TABS	0.6MG	PrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
PROBENECID/COLCHI CINE	TABS	0.5MG; 500MG	NonPrefGen-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
PROBENECID	TABS	500MG	NonPrefGen-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ULORIC	TABS	40MG	PrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ULORIC	TABS	80MG	PrefBrnd-3	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ZYLOPRIM	TABS	100MG	NonPrefBrnd-4	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ZYLOPRIM	TABS	300MG	NonPrefBrnd-4	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	GOUT THERAPY
ALENDRONATE SODIUM	SOLN	70MG/75ML	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	10MG	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	35MG	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	5MG	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
ALENDRONATE SODIUM	TABS	70MG	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
BONIVA	SOLN	3MG/3ML	NonPrefBrnd-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
EVISTA	TABS	60MG	PrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FORTEO	SOLN	600MCG/2.4ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FOSAMAX PLUS D	TABS	70MG; 2800UNIT	NonPrefBrnd-4	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
FOSAMAX PLUS D	TABS	70MG; 5600UNIT	NonPrefBrnd-4	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
IBANDRONATE SODIUM	TABS	150MG	PrefGen-1	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY
PROLIA	SOLN	60MG/ML	NonPrefBrnd-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OSTEOPOROSIS THERAPY

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Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACTEMRA	SOLN	200MG/10ML	Specialty-5	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
BENLYSTA	SOLR	120MG	NonPrefBrnd-4	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
DEPEN TITRATABS	TABS	250MG	PrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
ENBREL	SOLN	25MG/0.5ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
ENBREL	KIT	25MG	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
ENBREL	SOLN	50MG/ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
HUMIRA	KIT	20MG/0.4ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
HUMIRA	KIT	40MG/0.8ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
HUMIRA PEN-CROHNS DISEASESTARTER	KIT	40MG/0.8ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S
KINERET	SOLN	100MG/0.67ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICAL S



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEFLUNOMIDE	TABS	10MG	NonPrefGen-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
LEFLUNOMIDE	TABS	20MG	NonPrefGen-2	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ORENCIA	SOLN	125MG/ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
RIDAURA	CAPS	3MG	PrefBrnd-3	NO	NO	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA TITRATION PACK	MISC	0	NonPrefBrnd-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	100MG	NonPrefBrnd-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	12.5MG	NonPrefBrnd-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	25MG	NonPrefBrnd-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SAVELLA	TABS	50MG	NonPrefBrnd-4	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
SIMPONI	SOLN	50MG/0.5ML	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
XELJANZ	TABS	5MG	Specialty-5	NO	YES	MUSCULOSKELETAL / RHEUMATOLOGY	OTHER RHEUMATOLOGICALS
ANGELIQ	TABS	0.5MG; 1MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
AYGESTIN	TABS	5MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CAMILA	TABS	0.35MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.025MG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	37.5MCG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.05MG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.06MG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.075MG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA	PTWK	0.1MG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLIMARA PRO	PTWK	0.045MG/DAY; 0.015MG/DAY	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CRINONE	GEL	4%	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CRINONE	GEL	8%	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DELESTROGEN	OIL	10MG/ML	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DELESTROGEN	OIL	20MG/ML	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
DELESTROGEN	OIL	40MG/ML	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-ESTRADIOL	OIL	5MG/ML	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-PROVERA CONTRACEPTIVE	SUSP	150MG/ML	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-PROVERA	SUSP	400MG/ML	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DEPO-SUBQ PROVERA 104	SUSP	104MG/0.65ML	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
DIVIGEL	GEL	1MG/GM	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ELESTRIN	GEL	0.06%	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ENDOMETRIN	INST	100MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ERRIN	TABS	0.35MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL/NORETHI NDRONE ACETATE	TABS	0.5MG; 0.1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL/NORETHI NDRONE ACETATE	TABS	1MG; 0.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	TABS	0.5MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	TABS	1MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	TABS	2MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRACE	CREA	0.1MG/GM	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ESTRADIOL VALERATE	OIL	10MG/ML	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL VALERATE	OIL	40MG/ML	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL VALERATE	OIL	20MG/ML	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.025MG/24HR	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	37.5MCG/24HR	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.05MG/24HR	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.06MG/24HR	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.075MG/24HR	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	PTWK	0.1MG/24HR	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	0.5MG	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	1MG	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRADIOL	TABS	2MG	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTRING	RING	2MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	0.75MG	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	1.5MG	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
ESTROPIPATE	TABS	3MG	PrefGen-1	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
EVAMIST	SOLN	1.53MG/SPRAY	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMHRT LOW DOSE	TABS	2.5MCG; 0.5MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMHRT 1/5	TABS	5MCG; 1MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMRING	RING	0.05MG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMRING	RING	0.1MG/24HR	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMTRACE	TABS	0.45MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
FEMTRACE	TABS	0.9MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
JINTELI	TABS	5MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
JOLIVETTE	TABS	0.35MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	10MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MEDROXYPROGESTERONE ACETATE	TABS	5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	0.3MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	0.625MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
MENEST	TABS	1.25MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MENEST	TABS	2.5MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
NOR-QD	TABS	0.35MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
NORA-BE	TABS	0.35MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
NORETHINDRONE ACETATE	TABS	5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREFEST	TABS	0; 0	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	SOLR	25MG	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.3MG	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.45MG	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.625MG	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	0.9MG	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	TABS	1.25MG	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PREMARIN	CREA	0.625MG/GM	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROGESTERONE	CAPS	100MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROGESTERONE	CAPS	200MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROMETRIUM	CAPS	100MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROMETRIUM	CAPS	200MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROVERA	TABS	10MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROVERA	TABS	2.5MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
PROVERA	TABS	5MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
VAGIFEM	TABS	10MCG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ESTROGENS / PROGESTINS
CLEOCIN	SUPP	100MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
CLINDAMYCIN PHOSPHATE	CREA	2%	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
GYNAZOLE-1	CREA	2%	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
METROGEL-VAGINAL	GEL	0.75%	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
METRONIDAZOLE VAGINAL	GEL	0.75%	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
MICONAZOLE 3	SUPP	200MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
ORTHO EVRA	PTWK	20MCG/24HR; 150MCG/24HR	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERAZOL 3	CREA	0.8%	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERAZOL 3	SUPP	80MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERAZOL 7	CREA	0.4%	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	CREA	0.4%	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TERCONAZOLE	CREA	0.8%	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TERCONAZOLE	SUPP	80MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
TRANEXAMIC ACID	TABS	650MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
VANDAZOLE	GEL	0.75%	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
ZAZOLE	CREA	0.4%	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
ZAZOLE	CREA	0.8%	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	MISCELLANEOUS OB/GYN
AMETHIA	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
AMETHYST	TABS	20MCG; 90MCG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
APRI	TABS	0.15MG; 30MCG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ARANELLE	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
AVIANE	TABS	20MCG; 0.1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BALZIVA	TABS	35MCG; 0.4MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BEYAZ	TABS	3MG; 0.02MG; 0.451MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
BRIELLYN	TABS	35MCG; 0.4MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CRYSELLE-28	TABS	30MCG; 0.3MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CYCLAFEM 1/35	TABS	35MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
CYCLAFEM 7/7/7	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
DROSPIRENONE/ETHINYL ESTRADIOL	TABS	3MG; 0.03MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ELLA	TABS	30MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
EMOQUETTE	TABS	0.15MG; 30MCG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ENPRESSE-28	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
GIANVI	TABS	3MG; 0.02MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GILDAGIA	TABS	35MCG; 0.4MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
INTROVALE	TABS	0.03MG; 0.15MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL 1.5/30	TABS	30MCG; 1.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL 1/20	TABS	20MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
KARIVA	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
KELNOR 1/35	TABS	35MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEENA	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LESSINA	TABS	20MCG; 0.1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
LEVONEST	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEVONORGESTREL/E THINYL ESTRADIOL	TABS	0.03MG; 0.15MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LEVORA 0.15/30-28	TABS	30MCG; 0.15MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LO LOESTRIN FE	TABS	10MCG; 75MG; 1MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LOESTRIN 24 FE	TABS	20MCG; 75MG; 1MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LORYNA	TABS	3MG; 0.02MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LOW-OGESTREL	TABS	30MCG; 0.3MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
LUTERA	TABS	20MCG; 0.1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MARLISSA	TABS	0.03MG; 0.15MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN 1.5/30	TABS	30MCG; 1.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MICROGESTIN 1/20	TABS	20MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN FE	TABS	20MCG; 75MG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MICROGESTIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
MONONESSA	TABS	35MCG; 0.25MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 0.5/35-28	TABS	35MCG; 0.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 1/35	TABS	35MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 10/11-28	TABS	35MCG; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NECON 7/7/7	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 1/35	TABS	35MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORTREL 1/35	TABS	35MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
NORTREL 7/7/7	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OCELLA	TABS	3MG; 0.03MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OGESTREL	TABS	50MCG; 0.5MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORSYTHIA	TABS	20MCG; 0.1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO TRI-CYCLEN	TABS	0; 0	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO TRI-CYCLEN LO	TABS	0; 0	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ORTHO-NOVUM 7/7/7	TABS	0; 0	PrefBrnd-3	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
OVCON-50 28	TABS	50MCG; 1MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
PORTIA-28	TABS	0.03MG; 0.15MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREVIFEM	TABS	35MCG; 0.25MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
QUASENSE	TABS	0.03MG; 0.15MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
RECLIPSEN	TABS	0.15MG; 30MCG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SAFYRAL	TABS	3MG; 0.03MG; 0.451MG	NonPrefBrnd-4	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SPRINTEC 28	TABS	35MCG; 0.25MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
SRONYX	TABS	20MCG; 0.1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-LEGEST FE	TABS	0; 75MG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-PREVIFEM	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRI-SPRINTEC	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
TRINESSA	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIVORA-28	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
VELIVET	TABS	0; 0	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
VESTURA	TABS	3MG; 0.02MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZENCHENT FE	CHEW	35MCG; 0; 0.4MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZEOSA	CHEW	35MCG; 0; 0.4MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZOVIA 1/35E	TABS	35MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
ZOVIA 1/50E	TABS	50MCG; 1MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	ORAL CONTRACEPTIVES / RELATED AGENTS
METHYLERGONOVIN E MALEATE	TABS	0.2MG	NonPrefGen-2	NO	NO	OBSTETRICS / GYNECOLOGY	OXYTOCICS
AZASITE	SOLN	1%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
BACITRACIN/POLYMYXIN B	OINT	500UNIT/GM; 10000UNIT/GM	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
BACITRACIN	OINT	500UNIT/GM	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
BESIVANCE	SUSP	0.6%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
CILOXAN	OINT	0.3%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CILOXAN	SOLN	0.3%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
CIPROFLOXACIN HCL	SOLN	0.3%	PrefGen-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
ERYTHROMYCIN	OINT	5MG/GM	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
GENTAK	OINT	0.3%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
GENTAMICIN SULFATE	SOLN	0.3%	PrefGen-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
LEVOFLOXACIN	SOLN	0.5%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
MOXEZA	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NATACYN	SUSP	5%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	400UNIT/GM; 5MG/GM; 10000UNIT/GM	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
NEOSPORIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
OCUFLOX	SOLN	0.3%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
OFLOXACIN	SOLN	0.3%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
POLYTRIM	SOLN	10000UNIT/ML; 0.1%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TOBRAMYCIN SULFATE	SOLN	0.3%	PrefGen-1	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TOBREX	OINT	0.3%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TOBREX	SOLN	0.3%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	10000UNIT/ML; 0.1%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
VIGAMOX	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
ZYMAXID	SOLN	0.5%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	ANTIBIOTICS
TRIFLURIDINE	SOLN	1%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
VIROPTIC	SOLN	1%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
ZIRGAN	GEL	0.15%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ANTIVIRALS
BETAGAN	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETAXOLOL HCL	SOLN	0.5%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETIMOL	SOLN	0.25%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETIMOL	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
BETOPTIC-S	SUSP	0.25%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
CARTEOLOL HCL	SOLN	1%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
ISTALOL	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
LEVOBUNOLOL HCL	SOLN	0.5%	PrefGen-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
METIPRANOLOL	SOLN	0.3%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
OPTIPRANOLOL	SOLN	0.3%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE OPTHALMIC GEL FORMING	SOLG	0.25%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TIMOLOL MALEATE OPTHALMIC GEL FORMING	SOLG	0.5%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE	SOLN	0.25%	PrefGen-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOLOL MALEATE	SOLN	0.5%	PrefGen-1	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC OCUDOSE	SOLN	0.25%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC OCUDOSE	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC-XE	SOLG	0.25%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
TIMOPTIC-XE	SOLG	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	BETA-BLOCKERS
PHOSPHOLINE IODIDE	SOLR	0.125%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	CHOLINESTERASE INHIBITOR MIOTICS
ISOPTO CARPINE	SOLN	1%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
ISOPTO CARPINE	SOLN	2%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
ISOPTO CARPINE	SOLN	4%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
PILOPINE HS	GEL	4%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	DIRECT ACTING MIOTICS
ALCAINE	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
ALOCRIAL	SOLN	2%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
ALOMIDE	SOLN	0.1%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AZELASTINE HCL	SOLN	0.05%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
CROMOLYN SODIUM	SOLN	4%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
CYSTARAN	SOLN	0.44%	Specialty-5	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
ELESTAT	SOLN	0.05%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
EMADINE	SOLN	0.05%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
EPINASTINE HCL	SOLN	0.05%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
LACRISERT	INST	5MG	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
LASTACAPT	SOLN	0.25%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
PATADAY	SOLN	0.2%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
PROPARACAINE HCL	SOLN	0.5%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RESTASIS	EMUL	0.05%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	MISCELLANEOUS OPTHALMOLOGICS
ACULAR	SOLN	0.5%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
ACULAR LS	SOLN	0.4%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
ACUVAIL	SOLN	0.45%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
BROMDAY	SOLN	0.09%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
BROMFENAC	SOLN	0.09%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
DICLOFENAC SODIUM	SOLN	0.1%	PrefGen-1	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
FLURBIPROFEN SODIUM	SOLN	0.03%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KETOROLAC TROMETHAMINE	SOLN	0.4%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
KETOROLAC TROMETHAMINE	SOLN	0.5%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
NEVANAC	SUSP	0.1%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
OCUFEN	SOLN	0.03%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS
ACETAZOLAMIDE ER	CP12	500MG	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE SODIUM	SOLR	500MG	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE	TABS	125MG	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
ACETAZOLAMIDE	TABS	250MG	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
DIAMOX	CP12	500MG	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
METHAZOLAMIDE	TABS	25MG	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
METHAZOLAMIDE	TABS	50MG	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	ORAL DRUGS FOR GLAUCOMA
AZOPT	SUSP	1%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
COMBIGAN	SOLN	0.2%; 0.5%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
COSOPT	SOLN	22.3MG/ML; 6.8MG/ML	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	22.3MG/ML; 6.8MG/ML	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
DORZOLAMIDE HCL	SOLN	2%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LATANOPROST	SOLN	0.005%	PrefGen-1	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LUMIGAN	SOLN	0.01%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
LUMIGAN	SOLN	0.03%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
TRAVATAN Z	SOLN	0.004%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
TRAVOPROST	SOLN	0.004%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
TRUSOPT	SOLN	2%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
ZIOPTAN	SOLN	0.015MG/ML	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	OTHER GLAUCOMA DRUGS
MAXITROL	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
MAXITROL	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE	OINT	400UNIT/GM; 1%; 0.5%; 10000UNIT/GM	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	1%; 3.5MG/ML; 10000UNIT/ML	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
PRED-G	SUSP	0.3%; 1%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
PRED-G S.O.P.	OINT	0.3%; 0.6%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRAMYCIN/DEXAMETHASONE	SUSP	0.1%; 0.3%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRADEX	OINT	0.1%; 0.3%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRADEX	SUSP	0.1%; 0.3%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
TOBRADEX ST	SUSP	0.05%; 0.3%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS
ZYLET	SUSP	0.5%; 0.3%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	STEROID-ANTIBIOTIC COMBINATIONS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BLEPHAMIDE S.O.P.	OINT	0.2%; 10%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
BLEPHAMIDE	SUSP	0.2%; 10%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	0.23%; 10%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROID-SULFONAMIDE COMBINATIONS
DEXAMETHASONE SODIUM PHOSPHATE	SOLN	0.1%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROIDS
DUREZOL	EMUL	0.05%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	STEROIDS
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROIDS
PREDNISOLONE ACETATE	SUSP	1%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	STEROIDS
BLEPH-10	SOLN	10%	NonPrefBrnd-4	NO	NO	OPHTHALMOLOGY	SULFONAMIDES
SODIUM SULFACETAMIDE	SOLN	10%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	SULFONAMIDES
SULFACETAMIDE SODIUM	OINT	10%	PrefGen-1	NO	NO	OPHTHALMOLOGY	SULFONAMIDES
ALPHAGAN P	SOLN	0.1%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
ALPHAGAN P	SOLN	0.15%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
APRACLONIDINE	SOLN	0.5%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
BRIMONIDINE TARTRATE	SOLN	0.15%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
BRIMONIDINE TARTRATE	SOLN	0.2%	NonPrefGen-2	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
IOPIDINE	SOLN	0.5%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
IOPIDINE	SOLN	1%	PrefBrnd-3	NO	NO	OPHTHALMOLOGY	SYMPATHOMIMETICS
AUVI-Q	DEVI	0.15MG/0.15ML	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
AUVI-Q	DEVI	0.3MG/0.3ML	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CETIRIZINE HCL	SYRP	5MG/5ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX	SYRP	0.5MG/ML	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX	TABS	5MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX REDITABS	TBDP	2.5MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX REDITABS	TBDP	5MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
CLARINEX-D 12 HOUR	TB12	2.5MG; 120MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLARINEX-D 24 HOUR	TB24	5MG; 240MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE ODT	TBDP	2.5MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE	TABS	5MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DESLORATADINE ODT	TBDP	5MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DIPHENHYDRAMINE HCL	CAPS	50MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
DIPHENHYDRAMINE HCL	SOLN	50MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPINEPHRINE HCL	SOLN	0.1MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPIPEN 2-PAK	DEVI	0.3MG/0.3ML	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
EPIPEN-JR 2-PAK	DEVI	0.15MG/0.3ML	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
HYDROXYZINE HCL	SOLN	25MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HYDROXYZINE HCL	SOLN	50MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
LEVOCETIRIZINE DIHYDROCHLORIDE	SOLN	2.5MG/5ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	5MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE VC	SYRP	5MG/5ML; 6.25MG/5ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SOLN	25MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
PROMETHAZINE HCL	SOLN	50MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
SEMPREX-D	CAPS	8MG; 60MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
TWINJECT	DEVI	0.15MG/0.15ML	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
TWINJECT	DEVI	0.3MG/0.3ML	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	ANTIHISTAMINE / ANTIALLERGENIC AGENTS
ACCOLATE	TABS	10MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACCOLATE	TABS	20MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ACCUNEB	NEBU	0.63MG/3ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACCUNEB	NEBU	1.25MG/3ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACETYLCYSTEINE	SOLN	10%	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ACETYLCYSTEINE	SOLN	20%	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ADCIRCA	TABS	20MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.083%	PrefGen-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.5%	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	SYRP	2MG/5ML	PrefGen-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	TABS	2MG	PrefGen-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE	TABS	4MG	PrefGen-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE ER	TB12	4MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ALBUTEROL SULFATE ER	TB12	8MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
AMINOPHYLLINE	SOLN	25MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 120 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ASMANEX 14 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 30 METERED DOSES	AEPB	110MCG/INH	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 30 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ASMANEX 60 METERED DOSES	AEPB	220MCG/INH	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ATROVENT HFA	AERS	17MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BECONASE AQ	SUSP	42MCG/SPRAY	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BROVANA	NEBU	15MCG/2ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BUDESONIDE	SUSP	0.25MG/2ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
BUDESONIDE	SUSP	0.5MG/2ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
CINRYZE	SOLR	500UNIT	Specialty-5	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
COMBIVENT	AERO	103MCG/ACT; 18MCG/ACT	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
CROMOLYN SODIUM	NEBU	20MG/2ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DALIRESP	TABS	500MCG	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DUONEB	SOLN	2.5MG/3ML; 0.5MG/3ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DYMISTA	SUSP	137MCG/ACT; 50MCG/ACT	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ELIXOPHYLLIN	ELIX	80MG/15ML	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FIRAZYR	SOLN	30MG/3ML	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLONASE	SUSP	50MCG/ACT	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLUNISOLIDE	SOLN	0.025%	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FLUTICASONE PROPIONATE	SUSP	50MCG/ACT	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
FORADIL AEROLIZER	CAPS	12MCG	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
IPRATROPIUM BROMIDE	SOLN	0.02%	PrefGen-1	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	2.5MG/3ML; 0.5MG/3ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
KALYDECO	TABS	150MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LETAIRIS	TABS	10MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LETAIRIS	TABS	5MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL HCL	NEBU	0.31MG/3ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL HCL	NEBU	0.63MG/3ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LEVALBUTEROL	NEBU	1.25MG/0.5ML	NonPrefGen-2	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LUFYLLIN	TABS	200MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
LUFYLLIN	TABS	400MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
MAXAIR AUTOHALER	AERB	200MCG/INH	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	SYRP	10MG/5ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	TABS	10MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
METAPROTERENOL SULFATE	TABS	20MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	CHEW	4MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	CHEW	5MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	PACK	4MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
MONTELUKAST SODIUM	TABS	10MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
NASACORT AQ	AERS	55MCG/ACT	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
NASONEX	SUSP	50MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
OMNARIS	SUSP	50MCG/ACT	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PERFOROMIST	NEBU	20MCG/2ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PROAIR HFA	AERS	108MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT	SUSP	0.25MG/2ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT	SUSP	0.5MG/2ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
PULMICORT	SUSP	1MG/2ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PULMOZYME	SOLN	1MG/ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
QVAR	AERS	40MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
QVAR	AERS	80MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
REVATIO	SOLN	10MG/12.5ML	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
REVATIO	TABS	20MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
RHINOCORT AQUA	SUSP	32MCG/ACT	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SEREVENT DISKUS	AEPB	50MCG/DOSE	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SILDENAFIL CITRATE	TABS	20MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	CHEW	4MG	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	CHEW	5MG	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	PACK	4MG	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SINGULAIR	TABS	10MG	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SPIRIVA HANDIHALER	CAPS	18MCG	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	SOLN	1MG/ML	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TERBUTALINE SULFATE	TABS	2.5MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TERBUTALINE SULFATE	TABS	5MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE CR	TB12	100MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE CR	TB12	200MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB12	300MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB24	400MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB12	450MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
THEOPHYLLINE ER	TB24	600MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRACLEER	TABS	125MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRACLEER	TABS	62.5MG	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TRIAMCINOLONE ACETONIDE	INHA	55MCG/ACT	PrefGen-1	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
TYVASO	SOLN	0.6MG/ML	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTAVIS	SOLN	10MCG/ML	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTAVIS	SOLN	20MCG/ML	Specialty-5	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VENTOLIN HFA	AERS	108MCG/ACT	PrefBrnd-3	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
VERAMYST	SUSP	27.5MCG/SPRAY	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
XOLAIR	SOLR	150MG	Specialty-5	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	0.31MG/3ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	0.63MG/3ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
XOPENEX	NEBU	1.25MG/3ML	NonPrefBrnd-4	NO	YES	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZAFIRLUKAST	TABS	10MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZAFIRLUKAST	TABS	20MG	NonPrefGen-2	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZYFLO	TABS	600MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
ZYFLO CR	TB12	600MG	NonPrefBrnd-4	NO	NO	RESPIRATORY AND ALLERGY	PULMONARY AGENTS
DETROL	TABS	1MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL	TABS	2MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL LA	CP24	2MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
DETROL LA	CP24	4MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
FLAVOXATE HCL	TABS	100MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
GELNIQUE	GEL	10%	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
GELNIQUE	GEL	3%	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE	SYRP	5MG/5ML	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	10MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	15MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE	TABS	5MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYBUTYNIN CHLORIDE ER	TB24	5MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
OXYTROL	PTTW	3.9MG/24HR	NonPrefBrnd-4	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
SANCTURA XR	CP24	60MG	NonPrefBrnd-4	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOLTERODINE TARTRATE	TABS	1MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TOLTERODINE TARTRATE	TABS	2MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOVIAZ	TB24	4MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TOVIAZ	TB24	8MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TROSPIUM CHLORIDE ER	CP24	60MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
TROSPIUM CHLORIDE	TABS	20MG	NonPrefGen-2	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
VESICARE	TABS	10MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
VESICARE	TABS	5MG	PrefBrnd-3	NO	NO	UROLOGICALS	ANTICHOLINERGICS / ANTISPASMODICS
ALFUZOSIN HCL ER	TB24	10MG	PrefGen-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
FINASTERIDE	TABS	5MG	NonPrefGen-2	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
RAPAFLO	CAPS	4MG	PrefBrnd-3	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
RAPAFLO	CAPS	8MG	PrefBrnd-3	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
TAMSULOSIN HCL	CAPS	0.4MG	PrefGen-1	NO	NO	UROLOGICALS	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY
BETHANECHOL CHLORIDE	TABS	10MG	NonPrefGen-2	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	25MG	NonPrefGen-2	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	50MG	NonPrefGen-2	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
BETHANECHOL CHLORIDE	TABS	5MG	NonPrefGen-2	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
URECHOLINE	TABS	10MG	NonPrefBrnd-4	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
URECHOLINE	TABS	25MG	NonPrefBrnd-4	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
URECHOLINE	TABS	50MG	NonPrefBrnd-4	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
URECHOLINE	TABS	5MG	NonPrefBrnd-4	NO	NO	UROLOGICALS	CHOLINERGIC STIMULANTS
AMMONIUM CHLORIDE	SOLN	5MEQ/ML	NonPrefBrnd-4	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CIALIS	TABS	2.5MG	NonPrefBrnd-4	YES	YES	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CIALIS	TABS	5MG	NonPrefBrnd-4	YES	YES	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CYSTAGON	CAPS	150MG	PrefBrnd-3	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CYSTAGON	CAPS	50MG	PrefBrnd-3	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ELMIRON	CAPS	100MG	PrefBrnd-3	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
POTASSIUM CITRATE	TBCR	1080MG	NonPrefGen-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
POTASSIUM CITRATE	TBCR	540MG	NonPrefGen-2	NO	NO	UROLOGICALS	MISCELLANEOUS UROLOGICALS
CALCIUM ACETATE	CAPS	667MG	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
ELIPHOS	TABS	667MG	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
K-TABS	TBCR	10MEQ	NonPrefBrnd-4	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	SOLN	20MEQ/L; 0.45%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
DEXTROSE 5%/POTASSIUM CHLORIDE 0.15%	SOLN	5%; 20MEQ/L	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.224%/DEXTROSE 5% VIAFLEX	SOLN	5%; 30MEQ/L	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.3%/D5W	SOLN	5%; 40MEQ/L	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KCL 0.15%/D5W/LR	SOLN	3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.075%/D5W/NACL 0.45%	SOLN	5%; 10MEQ/L; 0.45%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.33%	SOLN	5%; 20MEQ/L; 0.33%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% D5W/NACL 0.45% VIAFLEX	SOLN	5%; 20MEQ/L; 0.45%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.22% D5W/NACL 0.45%	SOLN	5%; 30MEQ/L; 0.45%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/NACL 0.225%	SOLN	5%; 20MEQ/L; 0.225%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/NACL 0.2%	SOLN	5%; 20MEQ/L; 0.2%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.15%/D5W/NACL 0.9%	SOLN	5%; 20MEQ/L; 0.9%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KCL 0.3%/D5W/NACL 0.45%	SOLN	5%; 40MEQ/L; 0.45%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
KCL 0.3%/D5W/NACL 0.9%	SOLN	5%; 40MEQ/L; 0.9%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.15% NACL 0.9%	SOLN	20MEQ/L; 0.9%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	SOLN	40MEQ/L; 0.9%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON 10	TBCR	10MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON 8	TBCR	8MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON M15	TBCR	15MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
KLOR-CON M20	TBCR	20MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
LACTATED RINGERS VIAFLEX	SOLN	3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
MAGNESIUM SULFATE	SOLN	50%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORMOSOL-R IN D5W	SOLN	27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
PHOSLO	CAPS	667MG	NonPrefBrnd-4	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
PHOSLYRA	SOLN	667MG/5ML	NonPrefBrnd-4	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	CPCR	10MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	CPCR	8MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	10MEQ/100ML	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	10MEQ/50ML	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	0.4MEQ/ML	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE	SOLN	2MEQ/ML	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
POTASSIUM CHLORIDE	SOLN	30MEQ/100ML	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	TBCR	10MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
POTASSIUM CHLORIDE ER	TBCR	20MEQ	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
RINGERS INJECTION	SOLN	4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE 0.45% VIAFLEX	SOLN	0.45%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	2.5MEQ/ML	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	3%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM CHLORIDE	SOLN	5%	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM LACTATE	SOLN	167MEQ/L	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
SODIUM LACTATE	SOLN	5MEQ/ML	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TPN ELECTROLYTES	SOLN	29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	NonPrefBrnd-4	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	ELECTROLYTES
AMINOSYN 8.5%/ELECTROLYTES	SOLN	142MEQ/L; 1100MG/100ML; 850MG/100ML; 98MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 10MEQ/L; 340MG/100ML; 380MG/100ML; 30MEQ/L; 65MEQ/L; 750MG/100ML; 370MG/100ML; 65MEQ/L; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II	SOLN	61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN II 8.5%/ELECTROLYTES	SOLN	61MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 86MEQ/L; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 10MEQ/L; 146MG/100ML; 253MG/100ML; 30MMOLE/L; 66MEQ/L; 614MG/100ML; 450MG/100ML; 80MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN M	SOLN	65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-HBC	SOLN	7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-PF	SOLN	46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
AMINOSYN-PF 7%	SOLN	32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 2.75%/DEXTROSE 5%	SOLN	24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 10%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 20%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 4.25%/DEXTROSE 25%	SOLN	37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 15%	SOLN	42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 20%	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX 5%/DEXTROSE 25%	SOLN	42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 4.25%/DEXTROSE 25%	SOLN	880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 4.25%/DEXTROSE 5%	SOLN	880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 5%/DEXTROSE 15%	SOLN	1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 5%/DEXTROSE 20%	SOLN	1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINIMIX E 5%/DEXTROSE 25%	SOLN	1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
CLINISOL SF 15%	SOLN	151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FREAMINE III 3%	SOLN	44MEQ/L; 210MG/100ML; 290MG/100ML; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
FREAMINE III	SOLN	72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPATAMINE	SOLN	62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
HEPATASOL	SOLN	0.77GM/100ML; 0.6GM/100ML; 0.02GM/100ML; 0.9GM/100ML; 0.24GM/100ML; 0.9GM/100ML; 1.1GM/100ML; 0.61GM/100ML; 0.1GM/100ML; 0.1GM/100ML; 0.115GM/100ML ; 0.8GM/100ML; 0.5GM/100ML; 0.45GM/100ML; 0.065GM/100ML ; 0.84GM/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
INTRALIPID	EMUL	2.25%; 20%	NonPrefGen-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
INTRALIPID	EMUL	1.7%; 30%	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
IONOSOL- B/DEXTROSE 5%	SOLN	49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
IONOSOL-MB/DEXTROSE 5%	SOLN	22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-H/DEXTROSE 5%	SOLN	17MEQ/L; 39MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 42MEQ/L	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-M/DEXTROSE 5%	SOLN	20MEQ/L; 44MEQ/L; 5%; 15MEQ/L; 35MEQ/L; 38MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-P/DEXTROSE 5%	SOLN	23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
ISOLYTE-S	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
ISOLYTE-S/DEXTROSE 5%	SOLN	30MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 142MEQ/L	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
LIPOSYN III	EMUL	1.2%; 2.5%; 10%	NonPrefGen-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
LIPOSYN III	EMUL	1.2%; 2.5%; 20%	NonPrefGen-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
NEPHRAMINE	SOLN	44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
NORMOSOL-M IN D5W	SOLN	16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
NORMOSOL-R	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PLASMA-LYTE-148	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PLASMA-LYTE A	SOLN	27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PLASMA-LYTE-56/D5W	SOLN	16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS



Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREMASOL	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	NonPrefGen-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PREMASOL	SOLN	56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROCALAMINE	SOLN	47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
PROSOL	SOLN	2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	NonPrefBrnd-4	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TRAVASOL	SOLN	52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	NonPrefGen-2	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TROPHAMINE	SOLN	97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML ; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	NonPrefBrnd-4	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
TROPHAMINE	SOLN	0; 0.32GM/100ML; 0.73GM/100ML; 0.19GM/100ML; 0.014GM/100ML ; 0.22GM/100ML; 0.29GM/100ML; 0.49GM/100ML; 0.3GM/100ML; 0.84GM/100ML; 0.49GM/100ML; 0.2GM/100ML; 0.29GM/100ML; 0.41GM/100ML; 0.23GM/100ML; 0.05GM/100ML; 0.015GM/100ML ; 0.25GM/100ML; 0.12GM/100ML; 0.14GM/100ML; 0.47GM/100ML	PrefBrnd-3	NO	YES	VITAMINS, HEMATINICS / ELECTROLYTES	MISCELLANEOUS NUTRITION PRODUCTS
PRENATABS OBN	TABS	120MG; 200MG; 400UNIT; 8MCG; 1MG; 29MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 15MG	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	VITAMINS / HEMATINICS

Medicare Part D: 5 Tier Closed Formulary

Drug Name	Dosage Form	Strength	Tier Level	Quantity Limit	Prior Authorization	HPMS Therapeutic Category	HPMS Therapeutic Class
SODIUM FLUORIDE	TABS	1MG	NonPrefGen-2	NO	NO	VITAMINS, HEMATINICS / ELECTROLYTES	VITAMINS / HEMATINICS