

Memorial Hermann *Advantage* HMO

2019 Abridged Formulary

(Partial List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 19563, Version Number 4

This abridged formulary was updated on 08/24/2018. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Memorial Hermann *Advantage* HMO at 855-645-8448 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., CST, seven (7) days a week, October 1 – March 31; and 8:00 a.m. to 8:00 p.m., CST, Monday through Friday, April 1 – September 30, or visit healthplan.memorialhermann.org/medicare.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Memorial Hermann *Advantage* HMO. When it refers to “plan” or “our plan,” it means Memorial Hermann *Advantage* HMO.

This document includes a partial list of the drugs (formulary) for our plan which is current as of 08/24/2018. For a complete, updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Memorial Hermann *Advantage* HMO Abridged Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by Memorial Hermann *Advantage* HMO. For a complete listing of all prescription drugs covered by Memorial Hermann *Advantage* HMO, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

The enclosed formulary is current as of 08/24/2018. To get updated information about the drugs covered by Memorial Hermann *Advantage* HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will provide details in the Medicare Part D Explanation of Benefits or through direct member mailings. To review and/or print formulary changes during the year, please visit our website at healthplan.memorialhermann.org/medicare and refer to the Formulary Addendum on the “Find a Drug” page. If you would like to request a copy of the Formulary Addendum to be mailed to your home, please call Memorial Hermann *Advantage* HMO Customer Service at 855-645-8448, 8:00 a.m. to 8:00 p.m., CST, seven (7) days a week, October 1 – March 31; and 8:00 a.m. to 8:00 p.m., CST, Monday through Friday, April 1 – September 30. TTY users should call 711.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Memorial Hermann *Advantage* HMO covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Memorial Hermann *Advantage* HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Memorial Hermann *Advantage* HMO before you fill your prescriptions. If you don't get approval, Memorial Hermann *Advantage* HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Memorial Hermann *Advantage* HMO limits the amount of the drug that Memorial Hermann *Advantage* HMO will cover. For example, Memorial Hermann *Advantage* HMO provides 30 tablets per prescription for Digoxin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Memorial Hermann *Advantage* HMO requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For

example, if Drug A and Drug B both treat your medical condition, Memorial Hermann *Advantage* HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Memorial Hermann *Advantage* HMO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Memorial Hermann *Advantage* HMO to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Memorial Hermann *Advantage* HMO’s formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so Memorial Hermann *Advantage* HMO may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Memorial Hermann *Advantage* HMO does not cover your drug, you have two options:

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

How do I request an exception to the Memorial Hermann *Advantage* HMO’s Formulary?

You can ask Memorial Hermann *Advantage* HMO to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Memorial Hermann *Advantage* HMO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 93 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

As a current member of our plan, if you have a covered inpatient stay in the hospital or in a skilled nursing facility, the drugs you obtain during your stay will be covered under your medical benefit rather than your Medicare Part D prescription drug benefit. When you are discharged home or to a long-term care facility, many outpatient prescription drugs you obtain at a pharmacy may be covered under your Medicare Part D coverage. This transfer from one treatment setting to another is called a level-of-care change. Since your drug coverage is different depending on the setting where you obtain the drug, it is possible that a drug you were taking that was covered under your medical benefit might not be covered by Medicare Part D (for

example, vitamins, or cough medicine). If this happens, you will have to pay full price for that drug unless you have other coverage (for example, employer-sponsored group coverage).

For more information

For more detailed information about your Memorial Hermann *Advantage* HMO prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Memorial Hermann *Advantage* HMO, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Memorial Hermann *Advantage* HMO's Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Memorial Hermann *Advantage* HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

Remember: This is only a partial list of drugs covered by Memorial Hermann *Advantage* HMO. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

The information in the Requirements/Limits column tells you if Memorial Hermann *Advantage* HMO has any special requirements for coverage of your drug.

DRUG NAME	TIER	NOTES
ANALGESICS		
<u>OPIOID ANALGESICS, LONG-ACTING</u>		
<i>buprenorphine transdermal patch weekly 5 mcg/hr</i>	Tier 3	MO
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	Tier 2	PA; MO; QL (10 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg</i>	Tier 2	MO
<u>OPIOID ANALGESICS, SHORT-ACTING</u>		
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	MO
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 2	PA; MO; QL (240 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg</i>	Tier 1	MO
FENTORA BUCCAL TABLET 400 MCG	Tier 4	PA; MO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 2	MO
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	Tier 2	MO
<i>hydromorphone hcl oral tablet 2 mg</i>	Tier 1	MO
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	Tier 2	MO
<i>meperidine hcl injection solution 25 mg/ml</i>	Tier 2	BvD; MO
<i>methadone hcl oral tablet 5 mg</i>	Tier 1	MO
<i>morphine sulfate oral tablet 15 mg</i>	Tier 1	MO
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 2	MO
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 2	MO
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 2	MO
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Tier 2	MO

BvD= This prescription drug may be covered under Medicare Part B or D depending upon the circumstances; **PA**=Prior Authorization Required; **ST**=Step Therapy Exception Required; **QL**=Quantity Limit, dispense limit for 30 days unless otherwise noted; **LA**=Limited Access, this prescription may be available only at certain pharmacies; **MO**=Mail Order. For more information call 844-860-6750. TTY Users call: 711. 24 hours a day, seven (7) days a week. Last updated date: 08/24/2018.

DRUG NAME	TIER	NOTES
<i>oxymorphone hcl oral tablet 5 mg</i>	Tier 2	MO
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 2	MO
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	MO; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 2	MO; QL (240 EA per 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 4	PA; MO; QL (30 GM per 30 days)
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ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 2	MO
<i>disulfiram oral tablet 250 mg</i>	Tier 2	MO

OPIOID ANTAGONISTS

<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 2	MO; QL (10 ML per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 2	MO
NARCAN NASAL LIQUID 4 MG/0.1ML	Tier 3	MO; QL (2 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 5	MO

SMOKING CESSATION AGENTS

<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 2	MO
CHANTIX ORAL TABLET 0.5 MG	Tier 3	MO

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DRUG NAME	TIER	NOTES
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 4	MO
ANTIBACTERIALS		
<u>AMINOGLYCOSIDES</u>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 2	BvD; MO
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%</i>	Tier 2	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 2	MO
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 2	MO
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 4	MO
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	Tier 2	MO
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 5	PA; MO; QL (224 EA per 56 days)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	Tier 4	MO
<u>ANTIBACTERIALS, OTHER</u>		
<i>clindamycin hcl oral capsule 75 mg</i>	Tier 1	MO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 4	MO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml</i>	Tier 4	MO
<i>clindamycin phosphate injection solution 300 mg/2ml</i>	Tier 2	BvD; MO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Tier 4	MO
<i>dapsone oral tablet 25 mg</i>	Tier 2	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	Tier 5	PA; MO
<i>linezolid oral tablet 600 mg</i>	Tier 5	PA; MO; QL (60 EA per 30 days)

BvD= This prescription drug may be covered under Medicare Part B or D depending upon the circumstances; **PA**=Prior Authorization Required; **ST**=Step Therapy Exception Required; **QL**=Quantity Limit, dispense limit for 30 days unless otherwise noted; **LA**=Limited Access, this prescription may be available only at certain pharmacies; **MO**=Mail Order. For more information call 844-860-6750. TTY Users call: 711. 24 hours a day, seven (7) days a week. Last updated date: 08/24/2018.

DRUG NAME	TIER	NOTES
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	MO
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	Tier 2	BvD; MO
<i>metronidazole oral capsule 375 mg</i>	Tier 2	MO
MONUROL ORAL PACKET 3 GM	Tier 4	MO; QL (2 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 2	MO
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 2	MO
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 2	MO
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	Tier 4	BvD; MO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tier 5	BvD; MO
<i>tinidazole oral tablet 250 mg</i>	Tier 2	MO
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	MO
<i>vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%</i>	Tier 2	BvD; MO
<i>vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%</i>	Tier 2	BvD; MO
<i>vancomycin hcl intravenous solution reconstituted 5000 mg, 750 mg</i>	Tier 2	BvD; MO
XIFAXAN ORAL TABLET 200 MG	Tier 5	PA; MO
<u>BETA-LACTAM, CEPHALOSPORINS</u>		
<i>cefaclor oral capsule 250 mg</i>	Tier 2	MO
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	MO
<i>cefazolin sodium injection solution reconstituted 500 mg</i>	Tier 2	MO
<i>cefdinir oral capsule 300 mg</i>	Tier 2	MO
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Tier 4	MO

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DRUG NAME	TIER	NOTES
<i>cefotaxime sodium injection solution reconstituted 500 mg</i>	Tier 2	MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	Tier 4	BvD; MO
<i>cefpodoxime proxetil oral tablet 100 mg</i>	Tier 2	MO
<i>cefprozil oral tablet 250 mg</i>	Tier 2	MO
<i>ceftazidime injection solution reconstituted 1 gm</i>	Tier 4	MO
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>	Tier 2	BvD; MO
<i>cefuroxime axetil oral tablet 250 mg</i>	Tier 2	MO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Tier 2	MO
<i>cephalexin oral capsule 250 mg</i>	Tier 1	MO
SUPRAX ORAL CAPSULE 400 MG	Tier 3	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	Tier 5	PA; MO
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	Tier 4	BvD; MO
<u>BETA-LACTAM, OTHER</u>		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 4	BvD; MO
<i>aztreonam injection solution reconstituted 1 gm</i>	Tier 2	MO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 5	PA; LA
<i>doripenem intravenous solution reconstituted 500 mg</i>	Tier 3	BvD; MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	Tier 4	BvD; MO
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 4	MO

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DRUG NAME	TIER	NOTES
<i>meropenem intravenous solution reconstituted 500 mg</i>	Tier 4	BvD; MO
<u>BETA-LACTAM, PENICILLINS</u>		
<i>amoxicillin oral capsule 250 mg</i>	Tier 1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 2	MO
<i>ampicillin oral capsule 500 mg</i>	Tier 1	MO
<i>ampicillin sodium injection solution reconstituted 125 mg</i>	Tier 2	MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm</i>	Tier 4	MO
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML	Tier 4	BvD; MO
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Tier 4	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	Tier 4	MO
<i>dicloxacillin sodium oral capsule 250 mg</i>	Tier 2	MO
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	Tier 2	MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 2	MO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml</i>	Tier 2	MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Tier 4	MO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	Tier 4	BvD; MO
<i>penicillin v potassium oral tablet 250 mg</i>	Tier 1	MO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm</i>	Tier 4	BvD; MO

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DRUG NAME	TIER	NOTES
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	Tier 3	BvD; MO
<u>MACROLIDES</u>		
<i>azithromycin oral tablet 250 mg</i>	Tier 2	MO
<i>clarithromycin oral tablet 250 mg</i>	Tier 2	MO
DIFICID ORAL TABLET 200 MG	Tier 5	ST; MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 4	BvD; MO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 4	MO
<i>erythromycin base oral tablet 250 mg</i>	Tier 2	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 3	MO
<u>QUINOLONES</u>		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 2	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 2	BvD; MO
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%)</i>	Tier 4	MO
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 2	MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml</i>	Tier 2	BvD; MO
<i>levofloxacin oral tablet 250 mg</i>	Tier 2	MO
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 2	MO
<i>ofloxacin oral tablet 300 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
<u>SULFONAMIDES</u>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 4	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Tier 1	MO
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 2	MO
<u>TETRACYCLINES</u>		
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 1	MO
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 1	MO
<i>minocycline hcl oral capsule 50 mg</i>	Tier 1	MO
<i>tetracycline hcl oral capsule 250 mg</i>	Tier 4	MO
ANTICONVULSANTS		
<u>ANTICONVULSANTS, OTHER</u>		
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 5	PA; MO
BRIVIACT ORAL TABLET 100 MG	Tier 5	PA; MO
<i>levetiracetam oral tablet 250 mg</i>	Tier 2	MO
<u>BARBITURATES</u>		
<i>phenobarbital oral tablet 15 mg</i>	Tier 1	MO
<i>primidone oral tablet 50 mg</i>	Tier 1	MO
<u>BENZODIAZEPINES</u>		
<i>clonazepam oral tablet 0.5 mg</i>	Tier 1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	Tier 4	MO
ONFI ORAL TABLET 10 MG	Tier 4	PA; MO; QL (60 EA per 30 days)

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DRUG NAME	TIER	NOTES
<u>CALCIUM CHANNEL MODIFYING AGENTS</u>		
CELONTIN ORAL CAPSULE 300 MG	Tier 4	MO
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	MO
LYRICA ORAL CAPSULE 25 MG	Tier 3	MO; QL (120 EA per 30 days)
<i>zonisamide oral capsule 25 mg</i>	Tier 2	MO
<u>GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS</u>		
<i>divalproex sodium oral tablet delayed release 125 mg</i>	Tier 2	MO
FYCOMPA ORAL TABLET 2 MG	Tier 4	PA; MO
<i>gabapentin oral capsule 100 mg</i>	Tier 1	MO
SABRIL ORAL TABLET 500 MG	Tier 5	PA; LA
<i>tiagabine hcl oral tablet 12 mg</i>	Tier 4	MO
<i>valproate sodium oral solution 250 mg/5ml</i>	Tier 2	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MO
VIGADRONE ORAL PACKET 500 MG	Tier 5	PA; LA
<u>GLUTAMATE REDUCING AGENTS</u>		
<i>felbamate oral tablet 400 mg</i>	Tier 4	MO
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	Tier 4	MO
SUBVENITE ORAL TABLET 25 MG	Tier 2	MO
<i>topiramate oral tablet 25 mg</i>	Tier 2	MO
<u>SODIUM CHANNEL AGENTS</u>		
APTIOM ORAL TABLET 200 MG	Tier 5	PA; MO; QL (30 EA per 30 days)
BANZEL ORAL TABLET 200 MG	Tier 5	PA; MO; QL (240 EA per 30 days)
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO

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DRUG NAME	TIER	NOTES
<i>oxcarbazepine oral tablet 150 mg</i>	Tier 2	MO
PEGANONE ORAL TABLET 250 MG	Tier 4	MO
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	MO
VIMPAT ORAL TABLET 50 MG	Tier 4	MO; QL (60 EA per 30 days)

ANTIDEMENTIA AGENTS

CHOLINESTERASE INHIBITORS

<i>donepezil hcl oral tablet 5 mg</i>	Tier 2	MO
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 2	MO
<i>rivastigmine tartrate oral capsule 1.5 mg</i>	Tier 2	MO
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	Tier 2	MO; QL (30 EA per 30 days)

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl oral tablet 5 mg</i>	Tier 2	MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 3	PA; MO

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	MO
<i>maprotiline hcl oral tablet 25 mg</i>	Tier 2	MO
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	MO
<i>nefazodone hcl oral tablet 50 mg</i>	Tier 2	MO
<i>trazodone hcl oral tablet 50 mg</i>	Tier 1	MO
TRINTELLIX ORAL TABLET 5 MG	Tier 4	MO; QL (30 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG	Tier 3	MO; QL (30 EA per 30 days)

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DRUG NAME	TIER	NOTES
<u>MONOAMINE OXIDASE INHIBITORS</u>		
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR	Tier 5	PA; MO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	Tier 4	MO
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 4	MO
<u>SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS</u>		
<i>citalopram hydrobromide oral tablet 10 mg</i>	Tier 1	MO
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	Tier 2	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	Tier 2	MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Tier 2	MO
<i>escitalopram oxalate oral tablet 5 mg</i>	Tier 2	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	Tier 3	MO; QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	MO
<i>fluvoxamine maleate oral tablet 25 mg</i>	Tier 2	MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	Tier 2	MO
<i>paroxetine hcl oral tablet 10 mg</i>	Tier 1	MO
PEXEVA ORAL TABLET 10 MG	Tier 4	ST; MO
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	MO
<i>venlafaxine hcl oral tablet 25 mg</i>	Tier 1	MO
<u>TRICYCLICS</u>		
<i>amitriptyline hcl oral tablet 10 mg</i>	Tier 1	MO
<i>amoxapine oral tablet 25 mg</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	Tier 2	MO
<i>clomipramine hcl oral capsule 25 mg</i>	Tier 4	MO
<i>desipramine hcl oral tablet 10 mg</i>	Tier 1	MO
<i>doxepin hcl oral capsule 10 mg</i>	Tier 1	MO
<i>imipramine hcl oral tablet 10 mg</i>	Tier 1	MO
<i>imipramine pamoate oral capsule 75 mg</i>	Tier 4	MO
<i>nortriptyline hcl oral capsule 10 mg</i>	Tier 1	MO
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 2	MO
<i>trimipramine maleate oral capsule 25 mg</i>	Tier 2	MO

ANTIEMETICS

ANTIEMETICS, OTHER

<i>meclizine hcl oral tablet 12.5 mg</i>	Tier 1	MO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 2	MO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 2	MO

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant oral capsule 40 mg</i>	Tier 4	BvD; MO; QL (8 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg</i>	Tier 2	PA; MO; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 4	BvD; MO; QL (60 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 2	BvD; MO; QL (120 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Tier 2	BvD; MO; QL (120 EA per 30 days)
VARUBI ORAL TABLET 90 MG	Tier 4	PA; MO; QL (8 EA per 30 days)

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DRUG NAME	TIER	NOTES
ANTIFUNGALS		
<u>ANTIFUNGALS</u>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 5	BvD; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Tier 5	BvD; MO
<i>amphotericin b injection solution reconstituted 50 mg</i>	Tier 4	BvD; MO
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	Tier 5	PA; MO
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 2	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4	PA; MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%</i>	Tier 1	BvD; MO
<i>fluconazole oral tablet 50 mg</i>	Tier 2	MO
<i>flucytosine oral capsule 250 mg</i>	Tier 5	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg</i>	Tier 2	MO
<i>itraconazole oral capsule 100 mg</i>	Tier 4	PA; MO
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	MO
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 5	PA; MO
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Tier 5	PA; MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 2	MO
<i>nystatin oral tablet 500000 unit</i>	Tier 1	MO
ORAVIG BUCCAL TABLET 50 MG	Tier 3	MO

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DRUG NAME	TIER	NOTES
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	MO; QL (84 EA per 168 days)
<i>voriconazole oral tablet 50 mg</i>	Tier 5	MO; QL (120 EA per 30 days)

ANTIGOUT AGENTS

ANTIGOUT AGENTS

<i>allopurinol oral tablet 100 mg</i>	Tier 1	MO
<i>colchicine oral capsule 0.6 mg</i>	Tier 2	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	MO
<i>probenecid oral tablet 500 mg</i>	Tier 1	MO
ULORIC ORAL TABLET 40 MG	Tier 3	ST; MO

ANTI-INFLAMMATORY AGENTS

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

BUPAP ORAL TABLET 50-300 MG	Tier 3	MO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	MO
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 2	MO
<i>diclofenac sodium transdermal solution 1.5 %</i>	Tier 4	PA; MO; QL (450 ML per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	Tier 2	MO
<i>diflunisal oral tablet 500 mg</i>	Tier 2	MO
<i>etodolac oral capsule 200 mg</i>	Tier 1	MO
<i>flurbiprofen oral tablet 50 mg</i>	Tier 1	MO
IBU ORAL TABLET 600 MG	Tier 1	MO
<i>indomethacin oral capsule 25 mg</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 2	MO
<i>meclofenamate sodium oral capsule 50 mg</i>	Tier 2	MO
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	MO
<i>nabumetone oral tablet 500 mg</i>	Tier 1	MO
<i>naproxen oral tablet 250 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2	MO
<i>oxaprozin oral tablet 600 mg</i>	Tier 2	MO
<i>piroxicam oral capsule 10 mg</i>	Tier 2	MO
<i>sulindac oral tablet 150 mg</i>	Tier 1	MO
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 2	MO

ANTIMIGRAINE AGENTS

SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 5	ST; MO; QL (24 ML per 28 days)
<i>eletriptan hydrobromide oral tablet 20 mg</i>	Tier 2	MO; QL (12 EA per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 3	MO; QL (40 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg</i>	Tier 2	MO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	Tier 2	MO; QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg</i>	Tier 2	MO; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	Tier 2	MO; QL (12 EA per 30 days)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

<i>guanidine hcl oral tablet 125 mg</i>	Tier 2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
ANTIMYCOBACTERIALS		
<u>ANTITUBERCULARS</u>		
<i>ethambutol hcl oral tablet 100 mg</i>	Tier 1	MO
<i>isoniazid oral tablet 100 mg</i>	Tier 1	MO
PASER ORAL PACKET 4 GM	Tier 4	MO
PRIFTIN ORAL TABLET 150 MG	Tier 4	MO
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	MO
<i>rifabutin oral capsule 150 mg</i>	Tier 4	MO
<i>rifampin oral capsule 150 mg</i>	Tier 2	MO
RIFATER ORAL TABLET 50-120-300 MG	Tier 3	MO
TRECTOR ORAL TABLET 250 MG	Tier 4	MO
ANTINEOPLASTICS		
<u>ALKYLATING AGENTS</u>		
<i>cyclophosphamide oral capsule 25 mg</i>	Tier 2	BvD; MO
HEXALEN ORAL CAPSULE 50 MG	Tier 5	PA; MO
LEUKERAN ORAL TABLET 2 MG	Tier 4	MO
<u>ANTIANGIOGENIC AGENTS</u>		
REVLIMID ORAL CAPSULE 2.5 MG	Tier 5	PA; MO
THALOMID ORAL CAPSULE 50 MG	Tier 5	PA; MO
<u>ANTIMETABOLITES</u>		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	MO
TABLOID ORAL TABLET 40 MG	Tier 4	MO

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DRUG NAME	TIER	NOTES
<u>ANTINEOPLASTICS</u>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 5	PA; LA
AFINITOR ORAL TABLET 2.5 MG	Tier 5	PA; MO; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; MO
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA; LA; QL (180 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; MO
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	Tier 5	PA; MO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG	Tier 5	PA; LA
CALQUENCE ORAL CAPSULE 100 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	Tier 5	PA; LA
DROXIA ORAL CAPSULE 200 MG	Tier 3	MO
ELIGARD SUBCUTANEOUS KIT 45 MG	Tier 4	PA; MO
EMCYT ORAL CAPSULE 140 MG	Tier 4	MO
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA; MO
ERLEADA ORAL TABLET 60 MG	Tier 5	PA; LA
FARYDAK ORAL CAPSULE 10 MG	Tier 5	PA; MO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA; MO
<i>fluorouracil external solution 2 %</i>	Tier 2	MO
<i>flutamide oral capsule 125 mg</i>	Tier 2	MO
GILOTRIF ORAL TABLET 20 MG	Tier 5	PA; LA
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	MO
IBRANCE ORAL CAPSULE 75 MG	Tier 5	PA; MO
ICLUSIG ORAL TABLET 15 MG	Tier 5	PA; LA; QL (60 EA per 30 days)

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DRUG NAME	TIER	NOTES
IDHIFA ORAL TABLET 50 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 5	PA; MO; QL (180 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA; LA
INLYTA ORAL TABLET 1 MG	Tier 5	PA; MO; QL (180 EA per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	Tier 5	PA; MO
IRESSA ORAL TABLET 250 MG	Tier 5	PA; LA
JAKAFI ORAL TABLET 5 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
KISQALI 200 DOSE ORAL TABLET 200 MG	Tier 5	PA; MO
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 5	PA; MO
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	Tier 5	PA; MO
<i>leucovorin calcium oral tablet 5 mg</i>	Tier 1	MO
LONSURF ORAL TABLET 15-6.14 MG	Tier 5	PA; LA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5	PA; MO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Tier 5	PA; MO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 5	PA; MO
LYNPARZA ORAL CAPSULE 50 MG	Tier 5	PA; LA
LYSODREN ORAL TABLET 500 MG	Tier 5	MO
MATULANE ORAL CAPSULE 50 MG	Tier 5	PA; LA
<i>megestrol acetate oral tablet 20 mg</i>	Tier 1	MO
MEKINIST ORAL TABLET 0.5 MG	Tier 5	PA; LA
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	Tier 5	MO; QL (60 EA per 30 days)

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DRUG NAME	TIER	NOTES
NINLARO ORAL CAPSULE 2.3 MG	Tier 5	PA; MO
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA; LA
POMALYST ORAL CAPSULE 1 MG	Tier 5	PA; LA
RUBRACA ORAL TABLET 250 MG	Tier 5	PA; LA
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; MO; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	Tier 5	PA; MO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; LA
SUTENT ORAL CAPSULE 12.5 MG	Tier 5	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG	Tier 5	PA; MO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5	PA; MO
TAFINLAR ORAL CAPSULE 50 MG	Tier 5	PA; LA
TAGRISSO ORAL TABLET 40 MG	Tier 5	PA; LA
<i>tamoxifen citrate oral tablet 10 mg</i>	Tier 1	MO
TARCEVA ORAL TABLET 25 MG	Tier 5	PA; MO; QL (90 EA per 30 days)
TASIGNA ORAL CAPSULE 50 MG	Tier 5	PA; MO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	Tier 5	PA; MO
<i>tretinoin oral capsule 10 mg</i>	Tier 5	MO
TYKERB ORAL TABLET 250 MG	Tier 5	PA; MO; QL (150 EA per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	Tier 5	PA; MO; QL (60 GM per 30 days)
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA; LA
VERZENIO ORAL TABLET 50 MG	Tier 5	PA; LA
VOTRIENT ORAL TABLET 200 MG	Tier 5	PA; MO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG	Tier 5	PA; MO; QL (60 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA; ST; LA; QL (120 EA per 30 days)
YONSA ORAL TABLET 125 MG	Tier 5	PA; MO; QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	Tier 5	PA; LA; QL (90 EA per 30 days)

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DRUG NAME	TIER	NOTES
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA; MO; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	PA; MO; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG	Tier 5	PA; LA; QL (90 EA per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	Tier 5	PA; MO
ZYTIGA ORAL TABLET 500 MG	Tier 5	PA; MO; QL (120 EA per 30 days)
<u>AROMATASE INHIBITORS, 3RD GENERATION</u>		
<i>anastrozole oral tablet 1 mg</i>	Tier 2	MO
<i>exemestane oral tablet 25 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	MO
<u>TREATMENT ADJUNCTS</u>		
MESNEX ORAL TABLET 400 MG	Tier 5	MO
ANTIPARASITICS		
<u>ANTHELMINTICS</u>		
ALBENZA ORAL TABLET 200 MG	Tier 5	MO
<i>benznidazole oral tablet 12.5 mg</i>	Tier 1	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 4	MO
<i>ivermectin oral tablet 3 mg</i>	Tier 2	MO
<u>ANTIPROTOZOALS</u>		
ALINIA ORAL TABLET 500 MG	Tier 4	PA; MO; QL (6 EA per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 5	MO
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Tier 2	MO
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	MO
COARTEM ORAL TABLET 20-120 MG	Tier 4	MO

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DRUG NAME	TIER	NOTES
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 2	MO
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 2	MO
<i>primaquine phosphate oral tablet 26.3 mg</i>	Tier 3	MO
<i>quinine sulfate oral capsule 324 mg</i>	Tier 2	PA; MO

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	Tier 1	MO

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	MO
<i>entacapone oral tablet 200 mg</i>	Tier 2	MO

DOPAMINE AGONISTS

APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 5	PA; LA; QL (60 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 2	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR	Tier 4	ST; MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg</i>	Tier 2	MO
<i>ropinirole hcl oral tablet 0.25 mg</i>	Tier 2	MO

DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa-levodopa-entacapone oral tablet 12.5- 50-200 mg</i>	Tier 2	MO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG	Tier 4	ST; MO

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DRUG NAME	TIER	NOTES
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	MO
ANTIPSYCHOTICS		
<u>1ST GENERATION/TYPICAL</u>		
<i>chlorpromazine hcl oral tablet 10 mg</i>	Tier 2	MO
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 4	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 2	MO
<i>fluphenazine hcl oral tablet 1 mg</i>	Tier 1	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	Tier 1	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	MO
<i>haloperidol oral tablet 0.5 mg</i>	Tier 1	MO
<i>loxapine succinate oral capsule 5 mg</i>	Tier 1	MO
<i>perphenazine oral tablet 2 mg</i>	Tier 2	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	Tier 2	MO
<i>pimozide oral tablet 1 mg</i>	Tier 2	MO
<i>prochlorperazine maleate oral tablet 5 mg</i>	Tier 1	MO
<i>thioridazine hcl oral tablet 10 mg</i>	Tier 1	MO
<i>thiothixene oral capsule 1 mg</i>	Tier 1	MO
<i>trifluoperazine hcl oral tablet 1 mg</i>	Tier 1	MO
<u>2ND GENERATION/ATYPICAL</u>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	Tier 5	ST; MO

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DRUG NAME	TIER	NOTES
FANAPT ORAL TABLET 1 MG	Tier 4	ST; MO; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	Tier 4	ST; MO
LATUDA ORAL TABLET 20 MG	Tier 5	ST; MO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	ST; LA
NUPLAZID ORAL TABLET 17 MG	Tier 5	ST; LA
<i>olanzapine oral tablet 2.5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	Tier 5	ST; MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg</i>	Tier 2	MO
REXULTI ORAL TABLET 0.25 MG	Tier 5	ST; MO; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG	Tier 4	ST; MO
<i>risperidone oral tablet 0.25 mg</i>	Tier 2	MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	Tier 4	ST; MO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	Tier 5	ST; MO; QL (120 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	ST; MO
<u>TREATMENT-RESISTANT</u>		
<i>clozapine oral tablet 25 mg</i>	Tier 2	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 5	ST; MO
ANTIVIRALS		
<u>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</u>		
PREVYMIS ORAL TABLET 240 MG	Tier 5	PA; MO; QL (100 EA per 100 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 5	MO

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DRUG NAME	TIER	NOTES
<u>ANTIHEPATITIS AGENTS</u>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 5	PA; MO; QL (30 EA per 30 days)
<i>entecavir oral tablet 0.5 mg</i>	Tier 5	PA; MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
RIBASPHERE ORAL CAPSULE 200 MG	Tier 3	MO
VEMLIDY ORAL TABLET 25 MG	Tier 5	PA; MO
<u>ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING</u>		
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA; MO
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA; MO
<u>ANTI-HEPATITIS C (HCV) AGENTS, OTHER</u>		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML	Tier 5	PA; MO
<u>ANTIHERPETIC AGENTS</u>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 4	BvD; MO
<i>famciclovir oral tablet 125 mg</i>	Tier 2	MO
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 2	MO
<u>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</u>		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 5	MO
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5	MO
EDURANT ORAL TABLET 25 MG	Tier 5	MO
<i>efavirenz oral capsule 50 mg</i>	Tier 4	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	MO
INTELENCE ORAL TABLET 25 MG	Tier 4	MO

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DRUG NAME	TIER	NOTES
<i>nevirapine oral tablet 200 mg</i>	Tier 2	MO
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	MO
RESCRIPTOR ORAL TABLET 100 MG	Tier 3	MO
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 5	MO
SYMFI ORAL TABLET 600-300-300 MG	Tier 5	MO
<u>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</u>		
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 4	MO
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 5	MO
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 5	MO
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO
DESCOVY ORAL TABLET 200-25 MG	Tier 5	MO
EMTRIVA ORAL CAPSULE 200 MG	Tier 4	MO
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	MO
JULUCA ORAL TABLET 50-25 MG	Tier 5	MO
<i>lamivudine oral tablet 150 mg</i>	Tier 2	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 4	MO
PREZCOBIX ORAL TABLET 800-150 MG	Tier 5	MO
<i>stavudine oral capsule 15 mg</i>	Tier 2	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	MO
TRUVADA ORAL TABLET 100-150 MG	Tier 5	MO
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	Tier 4	MO
VIREAD ORAL TABLET 150 MG	Tier 5	MO

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DRUG NAME	TIER	NOTES
<i>zidovudine oral capsule 100 mg</i>	Tier 2	MO
<u>ANTI-HIV AGENTS, OTHER</u>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 5	MO
ISENTRESS HD ORAL TABLET 600 MG	Tier 5	MO
SELZENTRY ORAL TABLET 25 MG	Tier 4	MO
TIVICAY ORAL TABLET 10 MG	Tier 4	MO
TYBOST ORAL TABLET 150 MG	Tier 3	MO
<u>ANTI-HIV AGENTS, PROTEASE INHIBITORS</u>		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	MO
<i>atazanavir sulfate oral capsule 150 mg</i>	Tier 4	MO
CRIXIVAN ORAL CAPSULE 200 MG	Tier 3	MO
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 5	MO
INVIRASE ORAL CAPSULE 200 MG	Tier 5	MO
KALETRA ORAL TABLET 100-25 MG	Tier 3	MO
NORVIR ORAL PACKET 100 MG	Tier 4	MO
PREZISTA ORAL TABLET 75 MG	Tier 4	MO
<i>ritonavir oral tablet 100 mg</i>	Tier 4	MO
VIRACEPT ORAL TABLET 250 MG	Tier 5	MO
<u>ANTI-INFLUENZA AGENTS</u>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Tier 3	MO
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
ANXIOLYTICS		
<u>ANXIOLYTICS, OTHER</u>		
<i>bupirone hcl oral tablet 5 mg</i>	Tier 1	MO
<i>hydroxyzine hcl oral tablet 10 mg</i>	Tier 1	MO
<i>hydroxyzine pamoate oral capsule 25 mg</i>	Tier 1	MO
<i>meprobamate oral tablet 200 mg</i>	Tier 2	MO
<u>BENZODIAZEPINES</u>		
<i>alprazolam oral tablet 0.25 mg</i>	Tier 1	MO
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	Tier 1	MO
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Tier 2	MO
<i>diazepam oral tablet 2 mg</i>	Tier 1	MO
<i>lorazepam oral tablet 0.5 mg</i>	Tier 1	MO
<i>oxazepam oral capsule 10 mg</i>	Tier 2	MO
BIPOLAR AGENTS		
<u>MOOD STABILIZERS</u>		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 4	ST; MO; QL (60 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg</i>	Tier 1	MO
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	MO
BLOOD GLUCOSE REGULATORS		
<u>ANTIDIABETIC AGENTS</u>		
<i>acarbose oral tablet 25 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
AVANDIA ORAL TABLET 2 MG	Tier 4	MO
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	MO
<i>glimepiride oral tablet 1 mg</i>	Tier 1	MO
<i>glipizide oral tablet 5 mg</i>	Tier 1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Tier 1	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 2	MO
<i>glyburide oral tablet 1.25 mg</i>	Tier 2	MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 2	MO
INVOKAMET ORAL TABLET 50-500 MG	Tier 3	ST; MO
INVOKANA ORAL TABLET 100 MG	Tier 3	ST; MO
JANUMET ORAL TABLET 50-500 MG	Tier 3	MO; QL (60 EA per 30 days)
JANUVIA ORAL TABLET 25 MG	Tier 3	MO; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	Tier 3	ST; MO
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	MO
<i>miglitol oral tablet 25 mg</i>	Tier 2	MO
<i>nateglinide oral tablet 60 mg</i>	Tier 2	MO
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE	Tier 3	MO; QL (6 ML per 30 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	Tier 1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg</i>	Tier 2	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>	Tier 2	MO
<i>repaglinide oral tablet 0.5 mg</i>	Tier 2	MO
<i>repaglinide-metformin hcl oral tablet 1-500 mg</i>	Tier 2	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 3	ST; MO; QL (18 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 4	PA; MO; QL (10.8 ML per 28 days)
SYNJARDY ORAL TABLET 5-500 MG	Tier 3	ST; MO

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DRUG NAME	TIER	NOTES
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	Tier 3	ST; MO
<i>tolazamide oral tablet 250 mg</i>	Tier 2	MO
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML	Tier 3	MO; QL (2 ML per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 3	MO; QL (9 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 3	ST; MO; QL (15 ML per 30 days)
<u>GLYCEMIC AGENTS</u>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 3	MO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	Tier 3	MO
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 5	MO
<u>INSULINS</u>		
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	MO

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DRUG NAME	TIER	NOTES
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 3	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	MO

BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS

ANTICOAGULANTS

ELIQUIS ORAL TABLET 2.5 MG	Tier 3	MO
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	Tier 4	MO
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 4	MO
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	Tier 5	MO
<i>heparin sodium (porcine) injection solution 1000 unit/ml</i>	Tier 2	MO
JANTOVEN ORAL TABLET 1 MG	Tier 1	MO
PRADAXA ORAL CAPSULE 75 MG	Tier 4	ST; MO
XARELTO ORAL TABLET 10 MG	Tier 3	MO

BLOOD FORMATION MODIFIERS

EPOGEN INJECTION SOLUTION 2000 UNIT/ML	Tier 3	PA; ST; MO
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	Tier 5	PA; MO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	Tier 5	PA; MO
PROMACTA ORAL TABLET 12.5 MG	Tier 5	PA; MO; QL (30 EA per 30 days)
TAVALISSE ORAL TABLET 100 MG	Tier 5	PA; MO; QL (60 EA per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	Tier 5	PA; MO
<u>PLATELET MODIFYING AGENTS</u>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Tier 2	MO
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 2	MO
BRILINTA ORAL TABLET 60 MG	Tier 3	MO
<i>cilostazol oral tablet 50 mg</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 2	MO
<i>dipyridamole oral tablet 25 mg</i>	Tier 2	MO
<i>prasugrel hcl oral tablet 5 mg</i>	Tier 4	MO
CARDIOVASCULAR AGENTS		
<u>ALPHA-ADRENERGIC AGONISTS</u>		
<i>clonidine hcl oral tablet 0.1 mg</i>	Tier 1	MO
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	MO
<i>methyldopa oral tablet 250 mg</i>	Tier 1	MO
<i>midodrine hcl oral tablet 2.5 mg</i>	Tier 2	MO
<u>ALPHA-ADRENERGIC BLOCKING AGENTS</u>		
<i>doxazosin mesylate oral tablet 1 mg</i>	Tier 1	MO
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 2	MO
<i>prazosin hcl oral capsule 1 mg</i>	Tier 1	MO
<i>terazosin hcl oral capsule 1 mg</i>	Tier 1	MO
<u>ANGIOTENSIN II RECEPTOR ANTAGONISTS</u>		
<i>candesartan cilexetil oral tablet 4 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 2	MO
<i>irbesartan oral tablet 75 mg</i>	Tier 1	MO
<i>losartan potassium oral tablet 25 mg</i>	Tier 1	MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	MO
TEKTURNA ORAL TABLET 150 MG	Tier 3	MO
<i>telmisartan oral tablet 20 mg</i>	Tier 2	MO
<i>valsartan oral tablet 40 mg</i>	Tier 1	MO
<u>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</u>		
<i>benazepril hcl oral tablet 5 mg</i>	Tier 1	MO
<i>captopril oral tablet 12.5 mg</i>	Tier 2	MO
<i>enalapril maleate oral tablet 2.5 mg</i>	Tier 1	MO
<i>fosinopril sodium oral tablet 10 mg</i>	Tier 1	MO
<i>lisinopril oral tablet 2.5 mg</i>	Tier 1	MO
<i>moexipril hcl oral tablet 7.5 mg</i>	Tier 1	MO
<i>perindopril erbumine oral tablet 2 mg</i>	Tier 1	MO
<i>quinapril hcl oral tablet 5 mg</i>	Tier 1	MO
<i>ramipril oral capsule 1.25 mg</i>	Tier 1	MO
<i>trandolapril oral tablet 1 mg</i>	Tier 1	MO
<u>ANTIARRHYTHMICS</u>		
<i>amiodarone hcl oral tablet 100 mg</i>	Tier 2	MO
<i>disopyramide phosphate oral capsule 100 mg</i>	Tier 2	MO
<i>dofetilide oral capsule 125 mcg</i>	Tier 4	MO
<i>flecainide acetate oral tablet 50 mg</i>	Tier 2	MO
<i>mexiletine hcl oral capsule 150 mg</i>	Tier 2	MO
MULTAQ ORAL TABLET 400 MG	Tier 3	MO
<i>propafenone hcl oral tablet 150 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
<i>quinidine sulfate oral tablet 200 mg</i>	Tier 1	MO
<u>ANTIHYPERTENSIVE COMBINATIONS</u>		
<i>amloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	MO
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	Tier 1	MO
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	Tier 2	MO
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	Tier 2	MO
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	Tier 2	MO
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg</i>	Tier 1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Tier 2	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg</i>	Tier 2	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	MO
ENTRESTO ORAL TABLET 24-26 MG	Tier 3	MO; QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 2	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	Tier 1	MO
<i>methylodopa-hydrochlorothiazide oral tablet 250-15 mg</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
<i>metoprolol-hydrochlorothiazide oral tablet 50-25 mg</i>	Tier 1	MO
<i>moexipril-hydrochlorothiazide oral tablet 7.5-12.5 mg</i>	Tier 1	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	Tier 2	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	Tier 2	MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	Tier 2	MO
<i>propranolol-hctz oral tablet 40-25 mg</i>	Tier 1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG	Tier 3	MO
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	Tier 2	MO
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	Tier 2	MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	Tier 2	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet 80-12.5 mg</i>	Tier 1	MO
<u>BETA-ADRENERGIC BLOCKING AGENTS</u>		
<i>acebutolol hcl oral capsule 200 mg</i>	Tier 1	MO
<i>atenolol oral tablet 25 mg</i>	Tier 1	MO
<i>betaxolol hcl oral tablet 10 mg</i>	Tier 1	MO
<i>bisoprolol fumarate oral tablet 5 mg</i>	Tier 1	MO
BYSTOLIC ORAL TABLET 2.5 MG	Tier 3	MO
<i>carvedilol oral tablet 3.125 mg</i>	Tier 1	MO
<i>labetalol hcl oral tablet 100 mg</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Tier 1	MO
<i>metoprolol tartrate oral tablet 25 mg</i>	Tier 1	MO
<i>nadolol oral tablet 20 mg</i>	Tier 2	MO
<i>pindolol oral tablet 5 mg</i>	Tier 2	MO
<i>propranolol hcl oral tablet 10 mg</i>	Tier 1	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	Tier 2	MO
<i>sotalol hcl oral tablet 80 mg</i>	Tier 2	MO
<i>timolol maleate oral tablet 5 mg</i>	Tier 1	MO
<u>CALCIUM CHANNEL BLOCKING AGENTS</u>		
<i>amlodipine besylate oral tablet 2.5 mg</i>	Tier 1	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Tier 3	MO
<i>diltiazem hcl oral tablet 30 mg</i>	Tier 1	MO
<i>felodipine er oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	MO
<i>isradipine oral capsule 2.5 mg</i>	Tier 1	MO
<i>nicardipine hcl oral capsule 20 mg</i>	Tier 2	MO
<i>nifedipine oral capsule 10 mg</i>	Tier 2	MO
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Tier 3	MO
<i>verapamil hcl oral tablet 40 mg</i>	Tier 1	MO
<u>CARDIOVASCULAR AGENTS, OTHER</u>		
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	Tier 2	MO
BIDIL ORAL TABLET 20-37.5 MG	Tier 4	MO
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5	PA; LA
CORLANOR ORAL TABLET 5 MG	Tier 4	PA; MO

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DRUG NAME	TIER	NOTES
DEMSER ORAL CAPSULE 250 MG	Tier 5	PA; MO
DIGITEK ORAL TABLET 125 MCG	Tier 3	MO; QL (30 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	Tier 2	MO; QL (2 EA per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	Tier 5	PA; MO
NORTHERA ORAL CAPSULE 100 MG	Tier 5	PA; LA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	Tier 3	PA; MO
<u>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</u>		
<i>acetazolamide oral tablet 125 mg</i>	Tier 2	MO
<i>methazolamide oral tablet 25 mg</i>	Tier 4	MO
<u>DIURETICS, LOOP</u>		
<i>bumetanide oral tablet 0.5 mg</i>	Tier 1	MO
<i>furosemide oral tablet 20 mg</i>	Tier 1	MO
<i>torseamide oral tablet 5 mg</i>	Tier 1	MO
<u>DIURETICS, POTASSIUM-SPARING</u>		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	MO
<i>eplerenone oral tablet 25 mg</i>	Tier 2	MO
<i>spironolactone oral tablet 25 mg</i>	Tier 1	MO
<u>DIURETICS, THIAZIDE</u>		
<i>chlorothiazide oral tablet 250 mg</i>	Tier 1	MO
<i>chlorthalidone oral tablet 25 mg</i>	Tier 1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
<i>indapamide oral tablet 1.25 mg</i>	Tier 1	MO
<i>methyclothiazide oral tablet 5 mg</i>	Tier 1	MO
<i>metolazone oral tablet 2.5 mg</i>	Tier 1	MO
<u>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</u>		
<i>fenofibrate micronized oral capsule 43 mg</i>	Tier 1	MO
<i>fenofibrate oral tablet 48 mg</i>	Tier 1	MO
<i>fenofibric acid oral tablet 35 mg</i>	Tier 1	MO
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	MO
<u>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</u>		
<i>atorvastatin calcium oral tablet 10 mg</i>	Tier 1	MO
<i>fluvastatin sodium oral capsule 20 mg</i>	Tier 2	MO
LIVALO ORAL TABLET 1 MG	Tier 3	MO
<i>lovastatin oral tablet 10 mg</i>	Tier 1	MO
<i>pravastatin sodium oral tablet 10 mg</i>	Tier 1	MO
<i>rosuvastatin calcium oral tablet 5 mg</i>	Tier 1	MO
<i>simvastatin oral tablet 5 mg</i>	Tier 1	MO
<u>DYSLIPIDEMICS, OTHER</u>		
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 2	MO
<i>cholestyramine oral packet 4 gm</i>	Tier 2	MO
<i>colestipol hcl oral tablet 1 gm</i>	Tier 2	MO
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i>	Tier 3	MO
JUXTAPID ORAL CAPSULE 5 MG	Tier 5	PA; MO
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 5	PA; LA
NIACOR ORAL TABLET 500 MG	Tier 3	MO

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DRUG NAME	TIER	NOTES
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 2	MO
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 75 MG/ML	Tier 5	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 5	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM	Tier 4	MO
WELCHOL ORAL TABLET 625 MG	Tier 3	MO
<u>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</u>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Tier 1	MO
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg</i>	Tier 1	MO
<u>VASODILATORS, DIRECT-ACTING ARTERIAL</u>		
<i>hydralazine hcl oral tablet 10 mg</i>	Tier 1	MO
<i>minoxidil oral tablet 2.5 mg</i>	Tier 1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
<u>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</u>		
<i>amphetamine-dextroamphetamine oral tablet 5 mg</i>	Tier 2	MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 2	MO
<u>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</u>		
<i>atomoxetine hcl oral capsule 10 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 2	MO
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	Tier 1	MO
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
<u>CENTRAL NERVOUS SYSTEM, OTHER</u>		
AUSTEDO ORAL TABLET 6 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA; MO
<i>riluzole oral tablet 50 mg</i>	Tier 4	PA; MO
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 5	PA; MO; QL (90 EA per 30 days)
<u>FIBROMYALGIA AGENTS</u>		
SAVELLA ORAL TABLET 12.5 MG	Tier 3	MO; QL (60 EA per 30 days)
<u>MULTIPLE SCLEROSIS AGENTS</u>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
AUBAGIO ORAL TABLET 7 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
AVONEX INTRAMUSCULAR KIT 30 MCG	Tier 5	PA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 5	PA; MO
GILENYA ORAL CAPSULE 0.5 MG	Tier 5	PA; MO; QL (28 EA per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 5	PA; MO
TECFIDERA ORAL 120 & 240 MG	Tier 5	PA; MO; QL (60 EA per 30 days)
DENTAL AND ORAL AGENTS		
<u>DENTAL AND ORAL AGENTS</u>		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 2	MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	MO
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 2	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 2	MO

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS

<i>acitretin oral capsule 10 mg</i>	Tier 5	PA; MO
<i>acyclovir external ointment 5 %</i>	Tier 4	MO
<i>adapalene external cream 0.1 %</i>	Tier 4	PA; MO
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 2	MO
<i>amcinonide external cream 0.1 %</i>	Tier 4	MO
<i>ammonium lactate external cream 12 %</i>	Tier 1	MO
AMNESTEEM ORAL CAPSULE 10 MG	Tier 3	MO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 2	MO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 2	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 2	MO
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	MO
<i>calcipotriene external solution 0.005 %</i>	Tier 4	MO
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 4	MO
<i>ciclopirox external solution 8 %</i>	Tier 1	MO
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 2	MO
<i>clindamycin phosphate external solution 1 %</i>	Tier 2	MO
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 2	MO
<i>clobetasol propionate external solution 0.05 %</i>	Tier 2	MO
<i>clotrimazole external solution 1 %</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 2	MO
<i>desonide external cream 0.05 %</i>	Tier 2	MO
<i>desoximetasone external cream 0.05 %</i>	Tier 4	MO
<i>diclofenac sodium transdermal gel 3 %</i>	Tier 5	PA; MO; QL (300 GM per 365 days)
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 4	MO
<i>econazole nitrate external cream 1 %</i>	Tier 2	MO
ELIDEL EXTERNAL CREAM 1 %	Tier 4	ST; MO
<i>erythromycin external solution 2 %</i>	Tier 1	MO
EUCRISA EXTERNAL OINTMENT 2 %	Tier 4	ST; MO
FINACEA EXTERNAL FOAM 15 %	Tier 4	MO
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 2	MO
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 2	MO
<i>fluocinonide external cream 0.05 %</i>	Tier 2	MO
<i>fluticasone propionate external cream 0.05 %</i>	Tier 2	MO
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 2	MO
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	MO
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 2	MO
<i>hydrocortisone external cream 1 %</i>	Tier 1	MO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 2	MO
<i>imiquimod external cream 5 %</i>	Tier 2	MO
<i>ketoconazole external cream 2 %</i>	Tier 2	MO
<i>lidocaine external ointment 5 %</i>	Tier 4	PA; MO; QL (50 GM per 30 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 2	PA; MO
<i>lindane external shampoo 1 %</i>	Tier 2	MO
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 5	PA; MO
<i>metronidazole external cream 0.75 %</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	MO
<i>mupirocin calcium external cream 2 %</i>	Tier 2	MO
<i>mupirocin external ointment 2 %</i>	Tier 2	MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 3	MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 2	MO
PANRETIN EXTERNAL GEL 0.1 %	Tier 5	PA; MO
<i>permethrin external cream 5 %</i>	Tier 4	MO
<i>podofilox external solution 0.5 %</i>	Tier 2	MO
<i>prednicarbate external cream 0.1 %</i>	Tier 2	MO
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 3	MO
PROCTO-PAK RECTAL CREAM 1 %	Tier 3	MO
REGRANEX EXTERNAL GEL 0.01 %	Tier 5	PA; MO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 4	MO
<i>selenium sulfide external lotion 2.5 %</i>	Tier 2	MO
<i>silver sulfadiazine external cream 1 %</i>	Tier 2	MO
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 2	MO
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 4	MO
<i>tacrolimus external ointment 0.03 %</i>	Tier 4	ST; MO
TARGRETIN EXTERNAL GEL 1 %	Tier 5	PA; MO
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	PA; MO
<i>tretinoin external cream 0.025 %</i>	Tier 2	PA; MO
<i>triamcinolone acetonide external cream 0.025 %</i>	Tier 1	MO
UCERIS RECTAL FOAM 2 MG/ACT	Tier 4	ST; MO

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DRUG NAME	TIER	NOTES
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<u>ELECTROLYTE/MINERAL REPLACEMENT</u>		
CARBAGLU ORAL TABLET 200 MG	Tier 5	PA; LA
<i>dextrose-nacl intravenous solution 2.5-0.45 %</i>	Tier 2	BvD; MO
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	Tier 3	BvD; MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 4	BvD; MO
ISOLYTE-S INTRAVENOUS SOLUTION	Tier 4	BvD; MO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%</i>	Tier 2	BvD; MO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	Tier 2	BvD; MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	MO
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 8 MEQ	Tier 3	MO
<i>magnesium sulfate injection solution 50 %</i>	Tier 1	MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier 3	BvD; MO
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	Tier 3	BvD; MO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	Tier 4	BvD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier 3	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 3	BvD; MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	Tier 2	BvD; MO

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DRUG NAME	TIER	NOTES
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>	Tier 2	BvD; MO
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Tier 2	MO
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	MO
<i>sodium chloride intravenous solution 0.45 %</i>	Tier 2	BvD; MO
<i>sodium lactate intravenous solution 5 meq/ml</i>	Tier 2	BvD; MO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	Tier 2	BvD; MO
<u>ELECTROLYTE/MINERAL/METAL MODIFIERS</u>		
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 5	PA; MO
FERRIPROX ORAL TABLET 500 MG	Tier 5	PA; LA
JADENU ORAL TABLET 90 MG	Tier 5	PA; MO
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG	Tier 5	PA; MO
SAMSCA ORAL TABLET 15 MG	Tier 5	PA; MO
SPS ORAL SUSPENSION 15 GM/60ML	Tier 3	MO
<i>trientine hcl oral capsule 250 mg</i>	Tier 5	PA; MO
<u>NUTRIENTS</u>		
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	Tier 4	BvD; MO
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	Tier 4	BvD; MO
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	Tier 4	BvD; MO
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	Tier 4	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 4	BvD; MO

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DRUG NAME	TIER	NOTES
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Tier 4	BvD; MO
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	Tier 4	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 4	BvD; MO
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	Tier 4	BvD; MO
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	Tier 4	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 4	BvD; MO
<i>dextrose intravenous solution 5 %</i>	Tier 2	BvD; MO
INTRALIPID INTRAVENOUS EMULSION 20 %	Tier 4	BvD; MO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	Tier 4	BvD; MO

GASTROINTESTINAL AGENTS

ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	MO
<i>glycopyrrolate oral tablet 1 mg</i>	Tier 1	MO

GASTROINTESTINAL AGENTS, OTHER

<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	MO
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	MO
<i>metoclopramide hcl oral tablet 5 mg</i>	Tier 1	MO
MOVANTIK ORAL TABLET 12.5 MG	Tier 3	MO
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 4	PA; MO

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DRUG NAME	TIER	NOTES
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<u>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</u>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	MO
<i>cimetidine oral tablet 200 mg</i>	Tier 2	MO
<i>famotidine oral tablet 20 mg</i>	Tier 1	MO
<i>nizatidine oral capsule 150 mg</i>	Tier 1	MO
<i>ranitidine hcl oral capsule 150 mg</i>	Tier 1	MO
<u>IRRITABLE BOWEL SYNDROME AGENTS</u>		
<i>alosetron hcl oral tablet 0.5 mg</i>	Tier 5	PA; MO
AMITIZA ORAL CAPSULE 8 MCG	Tier 3	MO
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5	PA; LA
LINZESS ORAL CAPSULE 72 MCG	Tier 3	MO
<u>LAXATIVES</u>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	Tier 4	MO
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	MO
<i>enulose oral solution 10 gm/15ml</i>	Tier 2	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 2	MO
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 2	MO
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML	Tier 2	MO
<u>PROTECTANTS</u>		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier 3	MO

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DRUG NAME	TIER	NOTES
<i>misoprostol oral tablet 100 mcg</i>	Tier 1	MO
<i>sucralfate oral tablet 1 gm</i>	Tier 1	MO

PROTON PUMP INHIBITORS

DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG	Tier 3	ST; MO; QL (30 EA per 30 days)
<i>lansoprazole oral tablet dispersible 15 mg</i>	Tier 3	MO
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Tier 2	MO

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

ENZYME REPLACEMENT/ MODIFIERS

CYSTADANE ORAL POWDER	Tier 5	MO
ENDARI ORAL PACKET 5 GM	Tier 5	PA; LA; QL (180 EA per 30 days)
KUVAN ORAL PACKET 100 MG	Tier 5	PA; LA
<i>levocarnitine oral tablet 330 mg</i>	Tier 2	MO
<i>miglustat oral capsule 100 mg</i>	Tier 5	PA; MO
ORFADIN ORAL CAPSULE 20 MG	Tier 5	PA; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 5	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT	Tier 3	MO

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>bethanechol chloride oral tablet 5 mg</i>	Tier 2	MO
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DRUG NAME	TIER	NOTES
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>	Tier 2	MO
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 2	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	Tier 3	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>tolterodine tartrate oral tablet 1 mg</i>	Tier 2	MO
<i>tropium chloride oral tablet 20 mg</i>	Tier 2	MO
<u>BENIGN PROSTATIC HYPERTROPHY AGENTS</u>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 2	MO
<i>dutasteride oral capsule 0.5 mg</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 1	MO
RAPAFLO ORAL CAPSULE 4 MG	Tier 4	MO
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 2	MO
<u>GENITOURINARY AGENTS, OTHER</u>		
CYSTAGON ORAL CAPSULE 50 MG	Tier 4	LA
ELMIRON ORAL CAPSULE 100 MG	Tier 4	MO
LITHOSTAT ORAL TABLET 250 MG	Tier 4	MO
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	MO
<u>PHOSPHATE BINDERS</u>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	Tier 4	MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 2	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 4	MO

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DRUG NAME	TIER	NOTES
<u>VAGINAL PRODUCTS</u>		
AVC VAGINAL VAGINAL CREAM 15 %	Tier 2	MO
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	MO
<i>estradiol vaginal tablet 10 mcg</i>	Tier 2	MO
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3	PA; MO
<i>metronidazole vaginal gel 0.75 %</i>	Tier 2	MO
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 2	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3	MO
<i>terconazole vaginal cream 0.4 %</i>	Tier 2	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<u>GLUCOCORTICOIDS/MINERALOCORTICOIDS</u>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 4	ST; MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 5	MO
<i>dexamethasone oral tablet 0.5 mg</i>	Tier 1	MO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	MO
<i>hydrocortisone oral tablet 5 mg</i>	Tier 1	MO
MEDROL ORAL TABLET 2 MG	Tier 3	MO
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 2	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	Tier 2	MO
<i>prednisone oral tablet 1 mg</i>	Tier 1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
<u>ANABOLIC STEROIDS</u>		
ANADROL-50 ORAL TABLET 50 MG	Tier 5	MO
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 3	PA; MO
<u>ANDROGENS</u>		
<i>danazol oral capsule 50 mg</i>	Tier 2	MO
<i>methyltestosterone oral capsule 10 mg</i>	Tier 5	PA; MO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	Tier 2	PA; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 2	PA; MO
<i>testosterone transdermal solution 30 mg/act</i>	Tier 3	PA; MO
<u>CONTRACEPTIVES</u>		
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 2	MO
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	MO
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
CAMILA ORAL TABLET 0.35 MG	Tier 1	MO
CAZIAN T ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1	MO

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DRUG NAME	TIER	NOTES
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	MO
ENPRESSE-28 ORAL TABLET	Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 2	MO
SYEDA ORAL TABLET 3-0.03 MG	Tier 2	MO
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 2	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 2	MO
<u>ESTROGENS</u>		
AMABELZ ORAL TABLET 0.5-0.1 MG	Tier 4	MO
<i>estradiol oral tablet 0.5 mg</i>	Tier 1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	Tier 2	MO
<i>estropipate oral tablet 0.75 mg</i>	Tier 1	MO
MENEST ORAL TABLET 0.3 MG	Tier 3	MO

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DRUG NAME	TIER	NOTES
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier 2	MO
PREMARIN ORAL TABLET 0.3 MG	Tier 3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG	Tier 3	MO
<u>PROGESTINS</u>		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 4	BvD; MO
<i>medroxyprogesterone acetate oral tablet 2.5 mg</i>	Tier 1	MO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 4	MO
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	MO
<i>progesterone micronized oral capsule 100 mg</i>	Tier 1	MO
<u>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</u>		
FARESTON ORAL TABLET 60 MG	Tier 5	PA; MO; QL (30 EA per 30 days)
OSPHENA ORAL TABLET 60 MG	Tier 3	PA; MO
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 2	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
<u>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)</u>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	MO
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 2	MO
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 2	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 5 MG/1.5ML	Tier 5	PA; MO

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DRUG NAME	TIER	NOTES
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)		
<u>HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)</u>		
LEVO-T ORAL TABLET 25 MCG	Tier 1	MO
<i>liothyronine sodium oral tablet 5 mcg</i>	Tier 1	MO
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG), 15 MG	Tier 2	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<u>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</u>		
KORLYM ORAL TABLET 300 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 50 mcg/ml</i>	Tier 2	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML	Tier 5	PA; LA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	Tier 5	PA; MO
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	Tier 5	PA; LA
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 5	PA; MO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<u>ANTITHYROID AGENTS</u>		
<i>methimazole oral tablet 5 mg</i>	Tier 1	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
IMMUNOLOGICAL AGENTS		
<u>IMMUNE SUPPRESSANTS</u>		
<i>azathioprine oral tablet 50 mg</i>	Tier 2	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 5	PA; MO
<i>cyclosporine modified oral capsule 25 mg</i>	Tier 2	BvD; MO
<i>cyclosporine oral capsule 25 mg</i>	Tier 2	BvD; MO
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	BvD; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 3	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	Tier 2	BvD; MO
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	Tier 4	PA; MO
<i>sirolimus oral tablet 0.5 mg</i>	Tier 2	BvD; MO
<i>tacrolimus oral capsule 0.5 mg</i>	Tier 2	BvD; MO
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 5	BvD; MO
ZORTRESS ORAL TABLET 0.25 MG	Tier 5	PA; MO
<u>IMMUNIZING AGENTS, PASSIVE</u>		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML	Tier 5	PA; MO
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	Tier 5	PA; MO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	Tier 3	PA; MO
<u>IMMUNOMODULATORS</u>		
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5	PA; MO

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DRUG NAME	TIER	NOTES
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 5	PA; LA
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5	PA; MO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 5	PA; MO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; MO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 5	PA; MO
<i>leflunomide oral tablet 10 mg</i>	Tier 2	MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 5	PA; MO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA; MO
<u>VACCINES</u>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE)	Tier 3	MO
<i>bcg vaccine injection injectable</i>	Tier 3	BvD; MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 3	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	Tier 3	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	Tier 2	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 3	MO

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DRUG NAME	TIER	NOTES
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	Tier 3	BvD; MO
IPOL INJECTION INJECTABLE	Tier 3	MO
IXIARO INTRAMUSCULAR SUSPENSION	Tier 3	MO
MENACTRA INTRAMUSCULAR INJECTABLE	Tier 3	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	MO
M-M-R II SUBCUTANEOUS INJECTABLE	Tier 3	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 3	MO
PROQUAD SUBCUTANEOUS INJECTABLE	Tier 3	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 3	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION 5 MCG/0.5ML	Tier 3	BvD; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 3	MO
ROTATEQ ORAL SOLUTION	Tier 3	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	Tier 3	BvD; MO
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	Tier 2	BvD; MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 3	MO
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	Tier 3	BvD; MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (0.5ML SYRINGE)	Tier 3	MO
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 3	MO

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DRUG NAME	TIER	NOTES
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 3	MO
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 3	MO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	Tier 3	MO

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium oral capsule 750 mg</i>	Tier 2	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 3	MO
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	MO

METABOLIC BONE DISEASE AGENTS

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium oral tablet 5 mg</i>	Tier 1	MO
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 2	BvD; MO
<i>calcitriol oral capsule 0.25 mcg</i>	Tier 1	BvD; MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Tier 5	PA; MO; QL (2.4 ML per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT	Tier 3	MO
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 2	MO
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG	Tier 5	PA; LA
<i>paricalcitol oral capsule 1 mcg</i>	Tier 3	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	Tier 4	ST; MO
<i>risedronate sodium oral tablet 5 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
SENSIPAR ORAL TABLET 30 MG	Tier 3	BvD; MO; QL (120 EA per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 5	PA; MO

MISCELLANEOUS

MISCELLANEOUS

<i>global alcohol prep ease pad 70 %</i>	Tier 2	MO
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OPHTHALMIC AGENTS

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	MO; QL (2.5 ML per 20 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO; QL (2.5 ML per 20 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Tier 3	MO; QL (2.5 ML per 20 days)

OPHTHALMIC AGENTS, OTHER

<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5	PA; MO; QL (60 ML per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Tier 1	MO
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 3	MO; QL (60 EA per 30 days)

OPHTHALMIC ANTI INFECTIVES

<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	MO

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DRUG NAME	TIER	NOTES
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 4	MO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 4	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	MO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	MO
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	MO
<i>trifluridine ophthalmic solution 1 %</i>	Tier 2	MO
<u>OPHTHALMIC ANTI-ALLERGY AGENTS</u>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 2	MO
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Tier 4	MO
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	MO
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 2	MO
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	MO
<u>OPHTHALMIC ANTIGLAUCOMA AGENTS</u>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 3	MO

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DRUG NAME	TIER	NOTES
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
AZOPT OPHTHALMIC SUSPENSION 1 %	Tier 3	MO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 4	MO; QL (10 ML per 25 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MO
<i>metipranolol ophthalmic solution 0.3 %</i>	Tier 2	MO
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 3	MO
<i>pilocarpine hcl ophthalmic solution 1 %</i>	Tier 1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 4	MO
<i>timolol maleate ophthalmic solution 0.25 %</i>	Tier 1	MO
<u>OPHTHALMIC ANTI-INFLAMMATORIES</u>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 2	MO
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	Tier 3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 2	MO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	Tier 3	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	MO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 3	MO

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DRUG NAME	TIER	NOTES
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 2	MO
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Tier 4	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	MO
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	Tier 4	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 2	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	MO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Tier 4	MO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 2	MO
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 4	MO

OTIC AGENTS

OTIC AGENTS

<i>acetic acid otic solution 2 %</i>	Tier 1	MO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	Tier 3	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 2	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 2	MO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 2	MO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 2	MO
<i>ofloxacin otic solution 0.3 %</i>	Tier 4	MO

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DRUG NAME	TIER	NOTES
RESPIRATORY TRACT AGENTS		
<u>ANTI-HISTAMINES</u>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	MO
<i>cetirizine hcl oral solution 1 mg/ml</i>	Tier 1	MO
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	MO
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	MO
<i>desloratadine oral tablet 5 mg</i>	Tier 2	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	MO
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	Tier 2	MO
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG	Tier 2	MO
<u>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</u>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	Tier 3	MO
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT	Tier 3	MO
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	Tier 4	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	Tier 3	MO
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	Tier 3	MO
<u>ANTILEUKOTRIENES</u>		
<i>montelukast sodium oral tablet 10 mg</i>	Tier 2	MO
<i>zafirlukast oral tablet 10 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
<u>BRONCHODILATORS, ANTICHOLINERGIC</u>		
<i>acetylcysteine inhalation solution 20 %</i>	Tier 2	BvD; MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	BvD; MO
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 3	MO
<u>BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)</u>		
<i>theophylline oral solution 80 mg/15ml</i>	Tier 2	MO
<u>BRONCHODILATORS, SYMPATHOMIMETIC</u>		
ADVAIR HFA INHALATION AEROSOL 45-21 MCG/ACT	Tier 3	MO
<i>albuterol sulfate oral tablet 2 mg</i>	Tier 2	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH	Tier 3	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	BvD; MO
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier 2	BvD; MO
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Tier 1	MO; QL (30 GM per 30 days)
<i>metaproterenol sulfate oral tablet 10 mg</i>	Tier 4	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	Tier 3	MO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 3	MO
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 2	MO

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DRUG NAME	TIER	NOTES
<u>MAST CELL STABILIZERS</u>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 2	BvD; MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 2	MO
<u>NASAL AGENTS</u>		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	MO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	MO
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier 1	MO
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 2	MO
<u>PULMONARY ANTIHYPERTENSIVES</u>		
ADEMPAS ORAL TABLET 0.5 MG	Tier 5	PA; LA; QL (90 EA per 30 days)
LETAIRIS ORAL TABLET 5 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; MO; QL (90 EA per 30 days)
TRACLEER ORAL TABLET 62.5 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	Tier 5	PA; LA
<u>PULMONARY FIBROSIS AGENTS</u>		
ESBRIET ORAL CAPSULE 267 MG	Tier 5	PA; MO
OFEV ORAL CAPSULE 100 MG	Tier 5	PA; LA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Tier 5	PA; LA
<u>RESPIRATORY TRACT AGENTS, OTHER</u>		
DALIRESP ORAL TABLET 250 MCG	Tier 3	PA; MO; QL (30 EA per 30 days)

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DRUG NAME	TIER	NOTES
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	PA; MO
ORKAMBI ORAL TABLET 100-125 MG	Tier 5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA; MO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 5	PA; LA; QL (6 EA per 28 days)

SKELETAL MUSCLE RELAXANTS

SKELETAL MUSCLE RELAXANTS

<i>baclofen oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	MO
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	Tier 2	MO
<i>metaxalone oral tablet 400 mg</i>	Tier 4	MO
<i>methocarbamol oral tablet 500 mg</i>	Tier 2	MO
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 2	MO
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 2	MO

SLEEP DISORDER AGENTS

BARBITURATES

BUTISOL SODIUM ORAL TABLET 30 MG	Tier 4	MO
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DRUG NAME	TIER	NOTES
<u>BENZODIAZEPINES</u>		
<i>estazolam oral tablet 1 mg</i>	Tier 1	MO
<i>flurazepam hcl oral capsule 15 mg</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	Tier 2	MO
<u>GABA RECEPTOR MODULATORS</u>		
<i>zaleplon oral capsule 5 mg</i>	Tier 1	MO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<u>SLEEP DISORDERS, OTHER</u>		
<i>armodafinil oral tablet 50 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 5 MG	Tier 4	MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 3	PA; MO; QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG	Tier 4	MO
XYREM ORAL SOLUTION 500 MG/ML	Tier 5	PA; LA; QL (540 ML per 30 days)

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-645-8448 (TTY 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-645-8448 (TTY 711).

This abridged formulary was updated on 08/24/2018. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Memorial Hermann Advantage HMO at 855-645-8448 or for TTY users, 711, 8:00 a.m. to 8:00 p.m., CST, seven (7) days a week, October 1 – March 31; and 8:00 a.m. to 8:00 p.m., CST, Monday through Friday, April 1 – September 30, or visit healthplan.memorialhermann.org/medicare.