



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

SENIORCARE (COST)

Scott & White Health Plan SeniorCare (Cost)

2017 Formulary

(List of Covered Drugs)

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

Scott & White Health Plan is a Medicare-approved HMO plan. Enrollment in SeniorCare depends on contract renewal.

This formulary was updated on 11/01/2017. For more recent information or other questions, please contact Scott and White Health Plan SeniorCare (Cost) Customer Service, at 1-866-334-3141 or, for TTY users, 1-800-735-2989, Monday through Sunday, 7 a.m. to 8 p.m., or visit <http://seniorcare.swhp.org>.

This information is available for free in other languages. Please contact our Customer Service at 1-866-334-3141, Monday – Sunday, 7 a.m. to 8 p.m., TTY users call 1-800-735-2989 for additional information.

Esta información está disponible gratuitamente en otros idiomas. Póngase en contacto con nuestro número de servicios de Atención al Cliente llamando al 1-866-334-3141, de lunes a domingo, 7 a.m. a 8 p.m., para obtener información adicional. Los usuarios de TTY deben llamar al 1-800-735-2989.

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 Scott & White Health Plan. When it refers to “plan” or “our plan,” it means SeniorCare.

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2017. For an 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, 2017, and from time to time during the year.

What is the Scott and White Health Plan SeniorCare (Cost) Formulary?

A formulary is a list of covered drugs selected by SeniorCare 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. SeniorCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SeniorCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2017. To get updated information about the drugs covered by SeniorCare, please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year non-maintenance changes to the formulary, we will mail you a copy of the formulary changes via errata sheets to ensure that you have a complete and updated formulary.

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 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 88. 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?

SeniorCare 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:** SeniorCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SeniorCare before you fill your prescriptions. If you don't get approval, SeniorCare may not cover the drug.
- **Quantity Limits:** For certain drugs, SeniorCare limits the amount of the drug that SeniorCare will cover. For example, SeniorCare provides 60 tablets per prescription for Chantix 1mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, SeniorCare 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, SeniorCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SeniorCare 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 documents that explain 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 SeniorCare 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 SeniorCare 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.

If you learn that SeniorCare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by SeniorCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by SeniorCare.
- You can ask SeniorCare 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 Scott and White Health Plan SeniorCare (Cost) Formulary?

You can ask SeniorCare 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, SeniorCare 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, SeniorCare 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For members who experience a level of care change such as changing from one treatment setting to another (e.g. discharge from a hospital to a long-term care facility), an exception for a one-time 31-day supply will be allowed (unless the prescription is written for fewer days).

For more information

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

If you have questions about SeniorCare, 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>.

SeniorCare's Formulary

The formulary below provides coverage information about the drugs covered by SeniorCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 88.

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

The information in the Requirements/Limits column tells you if SeniorCare has any special requirements for coverage of your drug.

Column Abbreviations:

B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GC	Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-866-334-3141, seven days a week, 7 a.m. to 8 p.m. TTY users should call 1-800-735-2989.
M	Maintenance Medication
PA	Prior Authorization Required
QL	Quantity Limit
ST	Step Therapy

Drug Tiers and Drug Payment Stages:

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the stage you are in.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier has a different copay or coinsurance amount. The chart below shows the different drug tiers.

For more information about drug payment stages and copay or coinsurance amounts for each tier, please review your Evidence of Coverage.

Drug Tier	Explanation
Tier 1: Preferred Generic	Lower cost, commonly used generic drugs
Tier 2: Generic	Most generic drugs
Tier 3: Preferred Brand	Common brand name drugs that are considered preferred brands
Tier 4: Non-Preferred Drug	Non-preferred generic and non-preferred brand name drugs
Tier 5: Specialty	Unique and/or very high-cost drugs

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
<i>butalbital/acetaminophen/caffeine (butalb/acetaminophen/caffeine 50-325-40 capsule, butalb/acetaminophen/caffeine 50-325-40 tablet, butalb/acetaminophen/caffeine 50-300-40 capsule)</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine phosphate</i>	2	
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	2	
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib</i>	2	MN
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	MN
Opioid Analgesics, Long-acting		
DURAMORPH	3	
<i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	4	
<i>levorphanol tartrate</i>	2	
<i>methadone hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg/5 ml solution, 10 mg/ml vial, 10 mg tablet)</i>	1	
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	2	
NUCYNTA ER	4	
<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h, 80 mg tab er 12h)</i>	4	
OXYCONTIN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Opioid Analgesics, Short-acting		
<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-60mg tablet, 300mg-30mg tablet, 300mg/12.5 solution)</i>	1	
<i>butorphanol tartrate (1 mg/ml vial, 2 mg/ml vial)</i>	4	
<i>butorphanol tartrate 10 mg/ml spray</i>	2	
<i>codeine phosphate/butalbital/aspirin/caffeine</i>	2	
<i>codeine sulfate</i>	2	
<i>fentanyl citrate (400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	5	PA
<i>fentanyl citrate 200 mcg lozenge hd</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 2.5-325 mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	2	
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	2	
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tablet, 2 mg/ml syringe, 4 mg tablet, 8 mg tablet)</i>	2	
<i>hydromorphone hcl/pf</i>	2	
LAZANDA	4	PA
<i>morphine sulfate (2 mg/ml cartridge, 4 mg/ml cartridge, 8 mg/ml cartridge, 10 mg/ml cartridge)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (2 mg/ml syringe, 4 mg/ml syringe, 8 mg/ml syringe, 10 mg/5 ml solution, 10 mg/ml syringe, 15 mg tablet, 20 mg/5 ml solution, 30 mg tablet, 100 mg/5ml solution)</i>	2	
NUCYNTA	4	
<i>oxycodone hcl (5 mg/5 ml solution, 5 mg capsule, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg/ml oral conc, 20 mg tablet, 30 mg tablet)</i>	2	
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>	2	
<i>oxycodone hcl/aspirin</i>	2	
<i>tramadol hcl 50 mg tablet</i>	1	
<i>tramadol hcl/acetaminophen</i>	2	

Anesthetics

Local Anesthetics

<i>lidocaine 5 % adh. patch</i>	2	PA
<i>lidocaine 5 % oint. (g)</i>	2	
<i>lidocaine hcl (2 % jelly(ml), 2 % jel/pf app)</i>	2	
<i>lidocaine hcl (2 % solution, 4 % solution, 5 mg/ml vial, 20 mg/ml vial, 40 mg/ml solution)</i>	1	
<i>lidocaine hcl/pf (hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul)</i>	4	
<i>lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 20 mg/ml ampul, hcl/pf 20 mg/ml vial)</i>	1	
<i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 kit, lidocaine/prilocaine 2.5 cream (g))</i>	2	
LIDORXKIT	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium</i>	4	MN
<i>disulfiram</i>	1	MN
Opioid Dependence Treatments		
<i>buprenorphine hcl (0.3 mg/ml vial, 0.3 mg/ml syringe, 2 mg tab subl, 8 mg tab subl)</i>	2	
<i>buprenorphine hcl/naloxone hcl</i>	2	MN
<i>naltrexone hcl</i>	2	
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml vial, 1 mg/ml syringe)</i>	1	
NARCAN	4	
Smoking Cessation Agents		
<i>bupropion hcl 150 mg tab er 12h</i>	2	MN
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	3	QL (60 PER 30 DAYS)
CHANTIX STARTING MONTH BOX	3	
NICOTROL	4	
NICOTROL NS	4	
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	2	
<i>diclofenac sodium 1 % gel (gram)</i>	2	MN
<i>diclofenac sodium 3 % gel (gram)</i>	4	PA
<i>diflunisal</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>etodolac</i>	2	MN
<i>fenoprofen calcium 600 mg tablet</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	2	MN
<i>ketoprofen</i>	2	
<i>meclofenamate sodium</i>	2	
<i>nabumetone</i>	2	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet dr, 375 mg tablet, 500 mg tablet, 500 mg tablet dr)</i>	2	MN
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	2	MN
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium (400 mg capsule, 600 mg tablet)</i>	2	
VOLTAREN	4	MN

Antibacterials

Aminoglycosides

<i>amikacin sulfate 1000mg/4ml vial</i>	4	
<i>amikacin sulfate 500 mg/2ml vial</i>	4	
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g), 0.3 % drops, 0.3 % oint. (g))</i>	1	
<i>gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)</i>	4	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (70 mg/50ml piggyback, 90mg/100ml piggyback)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gentamicin sulfate in sodium chloride, iso-osmotic (80mg/100ml piggyback, 80 mg/50ml piggyback, 100mg/0.1l piggyback)</i>	4	
<i>gentamicin sulfate/pf</i>	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate</i>	4	
<i>tobramycin</i>	2	
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	4	
Antibacterials, Other		
<i>alcohol antiseptic pads</i>	1	
<i>bacitracin 500 unit/g oint. (g)</i>	2	
BACTROBAN NASAL	3	
<i>chloramphenicol sod succinate</i>	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate (1 % solution, 1 % lotion, 1 % med. swab, 1 % gel (gram), 2 % cream/appl)</i>	2	
<i>clindamycin phosphate (150 mg/ml vial, 600 mg/4ml vial port)</i>	4	
<i>clindamycin phosphate (300 mg/2ml vial port, 900mg/6ml vial port)</i>	4	
<i>clindamycin phosphate/dextrose 5 % in water</i>	4	
<i>colistin (as colistimethate sodium)</i>	4	
CUBICIN	5	
<i>daptomycin</i>	5	
<i>linezolid (100 mg/5ml susp recon, 600mg/300 iv soln)</i>	4	
<i>linezolid 600 mg tablet</i>	5	

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SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate 1 g tablet</i>	2	
METRO IV	4	
<i>metronidazole (0.75 % gel w/appl, 0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	2	
<i>metronidazole in sodium chloride</i>	4	
MONUROL	4	
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	2	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	2	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	2	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>polymyxin b sulfate</i>	4	
<i>silver sulfadiazine</i>	2	
SYNERCID	4	
<i>tigecycline</i>	4	
<i>trimethoprim</i>	2	
TYGACIL	4	
<i>vancomycin hcl (1 g vial, 1 g vial port, 5 g vial, 10 g vial, 125 mg capsule, 250 mg capsule, 500 mg vial port, 500 mg vial)</i>	4	
<i>vancomycin hcl/dextrose 5 % in water (5 % 750mg/.15l froz.piggy, 5 % 1g/200ml froz.piggy, 5 % 500mg/0.1l froz.piggy)</i>	4	
XIFAXAN	4	PA
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG/300 ML IV SOLN)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Beta-lactam, Cephalosporins		
CEDAX 400 MG CAPSULE	3	
<i>cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)</i>	2	
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg/5ml susp recon, 500 mg capsule)</i>	2	
<i>cefazolin sodium</i>	4	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 1 g/50 ml froz.piggy)</i>	4	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	2	
<i>cefepime hcl</i>	4	
<i>cefepime hcl in dextrose 5 % in water</i>	4	
<i>cefepime hcl in iso-osmotic dextrose</i>	4	
<i>cefixime</i>	2	
<i>cefotaxime sodium (1 g vial, 2 g vial, 500 mg vial)</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	2	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	2	
<i>ceftazidime (1 g vial, 2 g vial, 2 g vial port, 6 g vial)</i>	4	
<i>ceftazidime in dextrose 5% and water</i>	4	
<i>ceftriaxone sodium</i>	4	
<i>ceftriaxone sodium in iso-osmotic dextrose (1 g/50 ml froz.piggy, 1 g/50 ml piggyback, 2 g/50 ml piggyback, 2 g/50 ml froz.piggy)</i>	4	
<i>cefuroxime axetil</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefuroxime sodium</i>	4	
<i>cephalexin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 500 mg tablet, 500 mg capsule)</i>	2	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	3	
SUPRAX (100 MG/5 ML SUSPENSION, 200 MG/5 ML SUSPENSION)	3	
TEFLARO	4	
Beta-lactam, Other		
AZACTAM-ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam 1 g vial</i>	4	
<i>aztreonam 2 g vial</i>	4	
<i>imipenem/cilastatin sodium</i>	4	
INVANZ 1 GM VIAL	3	
<i>meropenem 1 g vial</i>	4	
<i>meropenem 500 mg vial</i>	4	
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg/5ml susp recon, 125 mg tab chew, 200 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 250 mg tab chew, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)</i>	2	
<i>ampicillin sodium (1 g vial port, 1 g vial, 10 g vial, 125 mg vial)</i>	4	
<i>ampicillin sodium (2 g vial, 250 mg vial, 500 mg vial)</i>	4	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial, sodium/sulbactam 1.5 g vial port, sodium/sulbactam 3 g vial, sodium/sulbactam 15 g vial)</i>	4	
<i>ampicillin trihydrate (250 mg capsule, 500 mg capsule)</i>	2	
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium (1 g vial, 10 g vial)</i>	4	
<i>nafcillin sodium 2 g vial</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin g potassium/dextrose-water (pen g pot/dextrose-water 2mm/50ml froz.piggy, pen g pot/dextrose-water 3mm/50ml froz.piggy)</i>	4	
<i>penicillin g procaine 1.2mm/2 ml syringe</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>piperacillin sodium/tazobactam sodium (sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 40.5 g vial)</i>	4	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML)	4	

Macrolides

AZASITE	4	
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	2	
<i>azithromycin (500 mg vial port, 500 mg vial)</i>	4	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)</i>	2	
E.E.S. 400	2	
ERY-TAB	3	
ERYPED 200	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE (500 MG VIAL, 500 MG ADDVNT VL)	4	
ERYTHROCIN STEARATE	2	
<i>erythromycin base (5 mg/g oint. (g), 5 mg/gram oint. (g), 250 mg tablet, 250 mg capsule dr, 500 mg tablet)</i>	2	
<i>erythromycin base/ethyl alcohol (base/ethanol 2 % solution, base/ethanol 2 % med. swab, base/ethanol 2 % gel (gram))</i>	2	
<i>erythromycin ethylsuccinate 200 mg/5ml susp recon</i>	2	
<i>erythromycin ethylsuccinate 400 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Quinolones		
AVELOX IV	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>ciprofloxacin in 5 % dextrose 200mg/0.1l piggyback</i>	4	
<i>ciprofloxacin in 5 % dextrose 400mg/0.2l piggyback</i>	4	
<i>ciprofloxacin lactate</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin (250mg/10ml solution, 250 mg tablet, 500mg/20ml solution, 500 mg tablet, 750 mg tablet)</i>	2	
<i>levofloxacin 25 mg/ml vial</i>	4	
<i>levofloxacin/d5w 250mg/50ml piggyback</i>	4	
<i>levofloxacin/dextrose 5 % in water (levofloxacin/d5w 750mg/.15l piggyback, levofloxacin/d5w 500mg/0.1l piggyback)</i>	4	
<i>moxifloxacin hcl 0.5 % drops</i>	4	
<i>moxifloxacin hcl 400 mg tablet</i>	4	
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	4	
<i>ofloxacin (0.3 % drops, 400 mg tablet)</i>	2	
<i>ofloxacin 300 mg tablet</i>	2	
VIGAMOX	4	
Sulfonamides		
<i>sulfacetamide sodium (10 % drops, 10 % suspension, 10 % oint. (g))</i>	2	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>	1	
<i>sulfamethoxazole/trimethoprim 80-16mg/ml vial</i>	4	

Tetracyclines

<i>demeclocycline hcl</i>	4	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg tablet, 100 mg capsule)</i>	2	
<i>doxycycline hyclate 100 mg vial</i>	4	
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg tablet, 50 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	2	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg tablet, 75 mg capsule, 100 mg capsule, 100 mg tablet)</i>	2	
<i>tetracycline hcl</i>	4	

Anticonvulsants

Anticonvulsants, Other

APTIOM	4	MN
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET, 100 MG TABLET)	5	
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	MN
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 750 mg tab er 24h, 1000 mg tablet)</i>	2	MN
<i>levetiracetam 500 mg/5ml vial</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levetiracetam in sodium chloride, iso-osmotic</i>	4	
SPRITAM	4	MN
Calcium Channel Modifying Agents		
CELONTIN	3	MN
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	2	MN
LYRICA (20 MG/ML ORAL SOLUTION, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	4	MN
<i>zonisamide</i>	2	MN
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam</i>	2	MN
DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	3	MN
DEPAKOTE	3	MN
DEPAKOTE ER	3	MN
DEPAKOTE SPRINKLE	3	MN
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	2	
<i>divalproex sodium</i>	2	MN
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 300 mg/6ml solution, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	2	MN
GABITRIL (12 MG TABLET, 16 MG TABLET)	3	MN
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	4	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	2	MN
<i>primidone</i>	2	MN
SABRIL	5	LA
<i>tiagabine hcl</i>	4	MN
<i>valproic acid</i>	2	MN
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i>	2	MN
<i>valproic acid (as sodium salt) 500 mg/5ml vial</i>	4	
<i>vigabatrin</i>	5	

Glutamate Reducing Agents

<i>felbamate (400 mg tablet, 600 mg/5ml oral susp, 600 mg tablet)</i>	4	MN
<i>lamotrigine (5 mg tb chw dsp, 25 mg tb chw dsp, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	MN
<i>topiramate (15 mg cap sprink, 25 mg tablet, 25 mg cap sprink, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	MN

Sodium Channel Agents

BANZEL (40 MG/ML SUSPENSION, 400 MG TABLET)	5	
BANZEL 200 MG TABLET	4	MN
<i>carbamazepine (100 mg tab er 12h, 100 mg/5ml oral susp, 100 mg cpmp 12hr, 100 mg tab chew, 200 mg tab er 12h, 200 mg tablet, 200 mg cpmp 12hr, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	2	MN
CARBATROL	3	MN
DILANTIN	3	MN
DILANTIN-125	3	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fosphenytoin sodium 100mg pe/2 vial</i>	4	
<i>fosphenytoin sodium 500 pe/10 vial</i>	4	
<i>oxcarbazepine (150 mg tablet, 300 mg/5ml oral susp, 300 mg tablet, 600 mg tablet)</i>	2	MN
PEGANONE	3	MN
PHENYTEK	2	MN
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	2	MN
<i>phenytoin sodium (50 mg/ml ampul, 50 mg/ml vial)</i>	4	
<i>phenytoin sodium extended</i>	2	MN
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	3	MN
TEGRETOL XR	3	MN
TRILEPTAL (150 MG TABLET, 300 MG/5 ML SUSP, 300 MG TABLET, 600 MG TABLET)	4	MN
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	MN
VIMPAT 200 MG/20 ML VIAL	4	

Antidementia Agents

Antidementia Agents, Other

<i>ergoloid mesylates</i>	2	MN
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Cholinesterase Inhibitors

<i>donepezil hcl (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	2	MN
EXELON (4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH)	3	MN
<i>rivastigmine</i>	2	MN
<i>rivastigmine tartrate</i>	2	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 10 mg tablet)</i>	2	MN
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	2	
NAMENDA (2 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	3	MN
NAMENDA 5-10 MG TITRATION PK	3	
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	3	MN
NAMENDA XR TITRATION PACK	3	
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl (75 mg tablet, 100 mg tablet, 100 mg tablet er, 100 mg tab er 12h, 150 mg tab er 24h, 200 mg tab er 12h, 200 mg tablet er, 300 mg tab er 24h)</i>	2	MN
<i>bupropion hcl 150 mg tablet er</i>	2	MN
<i>maprotiline hcl</i>	2	MN
<i>mirtazapine</i>	2	MN
<i>nefazodone hcl</i>	2	MN
<i>trazodone hcl</i>	1	MN
TRINTELLIX	4	MN
Monoamine Oxidase Inhibitors		
EMSAM	4	MN
MARPLAN	3	MN
<i>phenelzine sulfate</i>	2	MN
<i>tranylcypromine sulfate</i>	2	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
BRISDELLE	4	
<i>citalopram hydrobromide (10 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	MN
<i>desvenlafaxine succinate</i>	4	MN
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	2	MN
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>	1	MN
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	MN
FETZIMA 20-40 MG TITRATION PAK	4	
<i>fluoxetine hcl (10 mg tablet, 10 mg capsule, 20 mg tablet, 20 mg capsule, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet)</i>	1	MN
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	MN
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	2	MN
<i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	4	MN
PAXIL 10 MG/5 ML SUSPENSION	4	MN
PRISTIQ	4	MN
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	2	MN
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	MN
VIIBRYD 10-20 MG STARTER PACK	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Tricyclics		
<i>amitriptyline hcl</i>	2	PA - FOR NEW STARTS ONLY, MN
<i>amoxapine</i>	2	MN
<i>clomipramine hcl</i>	2	PA - FOR NEW STARTS ONLY, MN
<i>desipramine hcl</i>	2	MN
<i>imipramine hcl</i>	2	PA - FOR NEW STARTS ONLY, MN
<i>nortriptyline hcl</i> (10 mg/5 ml solution, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)	1	MN
<i>protriptyline hcl</i>	2	MN
SURMONTIL	4	PA - FOR NEW STARTS ONLY, MN
<i>trimipramine maleate</i>	4	PA - FOR NEW STARTS ONLY, MN
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl</i> (12.5 mg tablet, 25 mg tablet)	2	
PHENERGAN (12.5 MG, 25 MG, 50 MG)	2	
<i>promethazine hcl</i> (6.25mg/5ml syrup, 12.5 mg tablet, 12.5 mg supp.rect, 25 mg tablet, 25 mg/ml vial, 25 mg/ml ampul, 25 mg supp.rect, 50 mg/ml ampul, 50 mg tablet, 50 mg/ml vial, 50 mg supp.rect)	2	
<i>scopolamine</i>	2	
TRANSDERM-SCOP	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	PA - Part B vs D Determination
<i>dronabinol</i>	4	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMEND (40 MG CAPSULE, 80 MG CAPSULE, 125 MG CAPSULE, TRIPACK)	4	PA - Part B vs D Determination
EMEND 125 MG POWDER PACKET	4	PA - Part B vs D Determination
<i>granisetron hcl (1 mg/ml vial, 1 mg/ml(1) vial)</i>	2	
<i>granisetron hcl 1 mg tablet</i>	2	PA - Part B vs D Determination, QL (60 PER 30 DAYS)
<i>granisetron hcl/pf</i>	2	
<i>ondansetron</i>	2	PA - Part B vs D Determination, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	PA - Part B vs D Determination, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/5 ml solution, 24 mg tablet)</i>	2	PA - Part B vs D Determination
<i>ondansetron hcl 2 mg/ml vial</i>	2	
<i>ondansetron hcl/pf</i>	2	

Antifungals

AMBISOME	5	PA - Part B vs D Determination
<i>amphotericin b</i>	4	PA - Part B vs D Determination
CANCIDAS	5	
<i>caspofungin acetate</i>	5	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	2	
<i>ciclopirox/urea/camphor/menthol/eucalyptol</i>	2	
<i>clotrimazole (1 % solution, 10 mg troche)</i>	2	
<i>econazole nitrate</i>	2	
EXELDERM (CREAM, SOLUTION)	3	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole in dextrose, iso-osmotic</i>	4	
<i>fluconazole in sodium chloride, iso-osmotic (200mg/0.1l piggyback, 200mg/0.1l pggybk btl, 400mg/0.2l pggybk btl, 400mg/0.2l piggyback)</i>	4	
<i>flucytosine</i>	4	
GRIS-PEG	4	
<i>griseofulvin ultramicrosize</i>	2	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	2	
<i>itraconazole</i>	4	
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	2	
NATACYN	3	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	3	PA
<i>nystatin (500k unit tablet, 100000/g oint. (g), 100000/g powder, 100000/g cream (g))</i>	2	
<i>nystatin (50mm unit powder(ea), 150mm unit powder(ea), 500mm unit powder(ea), 100000/ml oral susp)</i>	2	
<i>nystatin/triamcinolone acetonide</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT (CREAM, LOTION)	3	
<i>terbinafine hcl 250 mg tablet</i>	2	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	2	
<i>voriconazole (50 mg tablet, 200 mg/5ml susp recon, 200 mg tablet)</i>	5	
<i>voriconazole 200 mg vial</i>	4	

Antigout Agents

<i>allopurinol</i>	1	MN
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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colchicine</i>	4	MN
<i>probenecid</i>	2	MN
<i>probenecid/colchicine</i>	2	
ULORIC	4	ST, MN

Antimigraine Agents

Ergot Alkaloids

<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	2	
MIGRANAL	3	

Serotonin (5-HT) 1b/1d Receptor Agonists

<i>naratriptan hcl</i>	2	
<i>rizatriptan benzoate</i>	2	
<i>sumatriptan</i>	2	
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>sumatriptan succinate (6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial, 6 mg/0.5ml pen injctr)</i>	2	
<i>sumatriptan succinate 4 mg/0.5ml cartridge</i>	2	
<i>sumatriptan succinate 4 mg/0.5ml pen injctr</i>	2	

Antimyasthenic Agents

Parasympathomimetics

<i>guanidine hcl</i>	1	
<i>pyridostigmine bromide</i>	1	MN

Antimycobacterials

Antimycobacterials, Other

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	MN
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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rifabutin</i>	4	
Antituberculars		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i>	2	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	2	
<i>rifampin 600 mg vial</i>	4	
RIFATER	4	
SIRTURO	4	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	4	PA - Part B vs D Determination
GLEOSTINE	4	
HEXALEN	5	
LEUKERAN	3	
MATULANE	5	
VALCHLOR	5	
Antiandrogens		
<i>bicalutamide</i>	1	MN
<i>flutamide</i>	4	MN
NILANDRON	4	MN
<i>nilutamide</i>	4	MN

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XTANDI	5	
ZYTIGA	5	
Antiangiogenic Agents		
POMALYST	5	
REVLIMID	5	LA
THALOMID	5	
Antiestrogens/Modifiers		
EMCYT	3	
FARESTON	4	
FASLODEX	5	PA - Part B vs D Determination
SOLTAMOX	4	MN
<i>tamoxifen citrate</i>	2	MN
Antimetabolites		
ALIMTA 500 MG VIAL	5	PA - Part B vs D Determination
ELITEK	5	
<i>hydroxyurea</i>	1	MN
LONSURF	5	
<i>mercaptopurine</i>	2	
PURIXAN	5	
TABLOID	4	
FARYDAK	5	
ZYKADIA	5	PA - FOR NEW STARTS ONLY
Antineoplastics, Other		
<i>amifostine crystalline</i>	5	
<i>azacitidine</i>	4	PA - Part B vs D Determination
BELEODAQ	5	PA - Part B vs D Determination
<i>bleomycin sulfate 15 unit vial</i>	4	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bleomycin sulfate 30 unit vial</i>	4	PA - Part B vs D Determination
COTELLIC	5	
GILOTRIF	5	PA - FOR NEW STARTS ONLY
IBRANCE	5	
IDHIFA	5	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	1	
<i>leucovorin calcium (50 mg vial, 100 mg vial, 200 mg vial, 500 mg vial)</i>	4	PA - Part B vs D Determination
<i>leucovorin calcium 350 mg vial</i>	4	PA - Part B vs D Determination
<i>levoleucovorin calcium 10 mg/ml vial</i>	4	
<i>levoleucovorin calcium 50 mg vial</i>	4	
LYNPARZA	5	
MESNEX 400 MG TABLET	4	
<i>mitoxantrone hcl</i>	1	PA - Part B vs D Determination, MN
NINLARO	5	
ODOMZO	5	
<i>paclitaxel</i>	4	PA - Part B vs D Determination
PROLEUKIN	5	PA - Part B vs D Determination
SYLATRON	5	
SYNRIBO	5	PA - Part B vs D Determination
TAGRISSO	5	
TRISENOX	4	PA - Part B vs D Determination
VELCADE	5	PA - Part B vs D Determination
VENCLEXTA (10 MG TABLET, 50 MG TABLET)	4	MN
VENCLEXTA 100 MG TABLET	5	
VENCLEXTA STARTING PACK	5	
ZOLINZA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	MN
<i>exemestane</i>	2	MN
<i>letrozole</i>	2	MN
Enzyme Inhibitors		
ALUNBRIG	5	
<i>etoposide 20 mg/ml vial</i>	1	PA - Part B vs D Determination
KISQALI	5	
RUBRACA	5	
RYDAPT	5	
<i>topotecan hcl (4 mg/4 ml vial, 4 mg vial)</i>	4	PA - Part B vs D Determination
ZEJULA	5	
ZYDELIG	5	
Molecular Target Inhibitors		
AFINITOR	5	
AFINITOR DISPERZ	5	
ALECENSA	5	
BOSULIF	5	
CABOMETYX	5	
CAPRELSA	5	
COMETRIQ	5	
ERIVEDGE	5	LA
GLEEVEC	5	PA - FOR NEW STARTS ONLY
ICLUSIG	5	
<i>imatinib mesylate</i>	5	PA - FOR NEW STARTS ONLY
IMBRUVICA	5	PA - FOR NEW STARTS ONLY
INLYTA	5	LA
IRESSA	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAKAFI	5	
LENVIMA	5	
MEKINIST	5	PA - FOR NEW STARTS ONLY
NERLYNX	5	
NEXAVAR	5	LA
SPRYCEL	5	PA - FOR NEW STARTS ONLY
STIVARGA	5	LA
SUTENT	5	
TAFINLAR	5	PA - FOR NEW STARTS ONLY
TARCEVA	5	PA - FOR NEW STARTS ONLY
TASIGNA	5	
TYKERB	5	LA
VOTRIENT	5	
XALKORI	5	PA - FOR NEW STARTS ONLY
ZELBORAF	5	PA - FOR NEW STARTS ONLY

Monoclonal Antibodies

AVASTIN	5	PA - Part B vs D Determination
HERCEPTIN	5	PA - Part B vs D Determination
KADCYLA 100 MG VIAL	5	PA - Part B vs D Determination
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	PA - Part B vs D Determination
OPDIVO 40 MG/4 ML VIAL	5	PA - Part B vs D Determination
RITUXAN	5	PA - Part B vs D Determination
SYLVANT 100 MG VIAL	5	
YERVOY 50 MG/10 ML VIAL	5	PA - Part B vs D Determination

Retinoids

<i>bexarotene</i>	5	
PANRETIN	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TARGRETIN (1% GEL, 75 MG CAPSULE, 75 MG SOFTGEL)	5	
<i>tretinoin 10 mg capsule</i>	5	
Antiparasitics		
Anthelmintics		
ALBENZA	3	
<i>ivermectin</i>	2	
STROMEKTOL	3	
Antiprotozoals		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	MN
COARTEM	4	
DARAPRIM	3	
<i>hydroxychloroquine sulfate</i>	2	MN
<i>mefloquine hcl</i>	2	
NEBUPENT	4	PA - Part B vs D Determination
PENTAM 300	4	
<i>primaquine phosphate</i>	2	MN
<i>quinine sulfate</i>	4	
Pediculicides/Scabicides		
<i>lindane 1 % shampoo</i>	2	
<i>permethrin 5 % cream (g)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	MN
<i>trihexyphenidyl hcl (2 mg/5 ml elixir, 2 mg tablet, 5 mg tablet)</i>	2	MN
Antiparkinson Agents, Other		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	2	MN
<i>entacapone</i>	2	MN
Dopamine Agonists		
<i>APOKYN</i>	5	LA
<i>bromocriptine mesylate</i>	2	MN
<i>NEUPRO</i>	4	MN
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	MN
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	2	MN
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i>	1	MN
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>AZILECT</i>	4	MN
<i>rasagiline mesylate</i>	4	MN
<i>selegiline hcl</i>	1	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	MN
<i>chlorpromazine hcl 25 mg/ml ampul</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 10 mg tablet)</i>	2	MN
<i>fluphenazine hcl (2.5 mg/ml vial, 5 mg/ml oral conc)</i>	2	
<i>haloperidol</i>	2	MN
<i>haloperidol decanoate</i>	2	MN
<i>haloperidol lactate (5 mg/ml vial, 5 mg/ml ampul)</i>	2	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	MN
<i>loxapine succinate</i>	2	MN
ORAP 1 MG TABLET	3	MN
<i>perphenazine</i>	2	MN
<i>pimozide</i>	2	MN
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>thioridazine hcl</i>	2	MN
<i>thiothixene</i>	2	MN
<i>trifluoperazine hcl</i>	2	MN
2nd Generation/Atypical		
ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	MN
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	4	MN
ARISTADA	5	
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	MN
FANAPT TITRATION PACK	4	
GEODON 20 MG/ML VIAL	4	
INVEGA	4	MN
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	MN
LATUDA	4	
NUPLAZID	5	
<i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg tab rapdis, 15 mg tablet, 15 mg tab rapdis, 20 mg tab rapdis, 20 mg tablet)</i>	2	MN
<i>olanzapine 10 mg vial</i>	4	
<i>paliperidone</i>	4	MN
<i>quetiapine fumarate</i>	2	MN
REXULTI	5	
RISPERDAL CONSTA	4	MN
<i>risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 2 mg tablet, 2 mg tab rapdis, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i>	2	MN
SAPHRIS	4	MN
SEROQUEL XR	3	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	
VRAYLAR 1.5 MG-3 MG PACK	4	
<i>ziprasidone hcl</i>	2	MN
ZYPREXA RELPREVV (300 MG VL KIT, 405 MG VL KIT)	4	
ZYPREXA RELPREVV 210 MG VL KIT	4	MN

Treatment-Resistant

<i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tab rapdis)</i>	4	MN
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	MN
VERSACLOZ	4	MN

Antispasticity Agents

<i>baclofen</i>	1	MN
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	MN

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

ATRIPLA	5	
GENVOYA	5	
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW)	3	MN
ISENTRESS 400 MG TABLET	5	
ISENTRESS HD	5	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	
TIVICAY 10 MG TABLET	4	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
EDURANT	5	
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	
INTELENCE 25 MG TABLET	4	MN
<i>nevirapine (50 mg/5 ml oral susp, 200 mg tablet)</i>	2	MN
ODEFSEY	5	
RESCRIPTOR	3	MN
STRIBILD	5	
SUSTIVA	3	MN
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate 300 mg tablet</i>	2	MN
<i>abacavir sulfate/lamivudine</i>	5	
<i>abacavir sulfate/lamivudine/zidovudine</i>	2	
DESCOVY	5	
<i>didanosine</i>	2	MN
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	3	MN
EPZICOM	5	
<i>lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)</i>	2	MN
<i>lamivudine/zidovudine</i>	2	MN
RETROVIR 200 MG/20 ML VIAL	4	
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2	MN
TRIUMEQ	5	
TRUVADA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIDEX	3	MN
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	5	
ZERIT 1 MG/ML SOLUTION	4	MN
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	3	MN
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	2	MN
Anti-HIV Agents, Other		
FUZEON	3	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	4	MN
TYBOST	3	MN
Anti-HIV Agents, Protease Inhibitors		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	3	
CRIXIVAN	3	MN
EVOTAZ	5	
INVIRASE	3	
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	4	MN
LEXIVA 50 MG/ML SUSPENSION	3	MN
LEXIVA 700 MG TABLET	3	
<i>lopinavir/ritonavir</i>	4	MN
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	3	MN
PREZCOBIX	5	
PREZISTA (600 MG TABLET, 800 MG TABLET)	5	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYATAZ (150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	5	
REYATAZ 50 MG POWDER PACKET	3	MN
VIRACEPT	3	MN
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir</i>	1	PA - Part B vs D Determination
<i>ganciclovir sodium</i>	1	PA - Part B vs D Determination
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	5	
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	4	MN
<i>entecavir</i>	4	
EPIVIR HBV 25 MG/5 ML SOLN	3	MN
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 50 MILLION UNITS VIL)	4	
INTRON A 25 MILLION UNIT/2.5ML	4	
<i>lamivudine 100 mg tablet</i>	2	MN
Anti-hepatitis C (HCV) Agents		
HARVONI	5	PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	
PEGASYS PROCLICK	5	
PEGINTRON 50 MCG KIT	5	
PEGINTRON REDIPEN (120 MCG 4PK, 120 MCG)	5	

You can find information on what the symbols and abbreviations
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SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
SOVALDI	5	PA
Anti-influenza Agents		
<i>oseltamivir phosphate</i>	2	
RELENZA	4	
<i>rimantadine hcl</i>	2	
TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	3	
Antitherpetic Agents		
<i>acyclovir (200 mg/5ml oral susp, 200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	2	MN
<i>acyclovir 5 % oint. (g)</i>	2	
<i>acyclovir sodium (500 mg vial, 1000 mg vial)</i>	4	
<i>acyclovir sodium 50 mg/ml vial</i>	4	PA - Part B vs D Determination
DENAVIR	3	
<i>famciclovir</i>	2	
<i>trifluridine</i>	2	
<i>valacyclovir hcl</i>	2	MN
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	1	MN
<i>doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	2	PA - FOR NEW STARTS ONLY, MN
Benzodiazepines		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg/ml oral conc, 1 mg tablet, 2 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlordiazepoxide hcl</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>	2	
<i>estazolam</i>	2	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml oral conc, 2 mg tablet)</i>	2	
<i>oxazepam</i>	2	
<i>triazolam</i>	2	

Bipolar Agents

Mood Stabilizers

<i>lithium carbonate</i>	1	MN
<i>lithium citrate</i>	1	MN

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose</i>	2	MN
BYDUREON	4	MN
BYDUREON PEN	4	MN
BYETTA	4	MN
CYCLOSET	4	MN
<i>glimepiride</i>	1	MN
<i>glipizide</i>	1	MN
<i>glipizide/metformin hcl</i>	1	MN
INVOKAMET	4	MN
INVOKANA	4	MN
JANUMET	3	MN
JANUMET XR	3	MN

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUVIA	3	MN
JARDIANCE	4	MN
JENTADUETO	3	MN
KOMBIGLYZE XR	4	MN
<i>metformin hcl (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i>	1	MN
<i>metformin hcl 1000 mg tab er 24</i>	4	MN
<i>nateglinide</i>	2	MN
ONGLYZA	4	MN
<i>pioglitazone hcl</i>	1	MN
<i>pioglitazone hcl/glimepiride</i>	2	MN
<i>pioglitazone hcl/metformin hcl</i>	2	MN
SYMLINPEN 120	4	MN
SYMLINPEN 60	4	MN
SYNJARDY	4	MN
<i>tolazamide</i>	2	MN
<i>tolbutamide</i>	2	MN
TRADJENTA	3	MN
VICTOZA 2-PAK	4	MN
VICTOZA 3-PAK	4	MN

Glycemic Agents

GLUCAGEN (1 MG, 1 MG 2-PACK)	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	3	MN

Insulins

APIDRA	4	MN
APIDRA SOLOSTAR	4	MN
HUMALOG	3	MN

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG JUNIOR KWIKPEN	3	MN
HUMALOG KWIKPEN U-100	3	MN
HUMALOG KWIKPEN U-200	3	MN
HUMALOG MIX 50-50	3	MN
HUMALOG MIX 50-50 KWIKPEN	3	MN
HUMALOG MIX 75-25	3	MN
HUMALOG MIX 75-25 KWIKPEN	3	MN
HUMULIN 70-30	3	MN
HUMULIN 70/30 KWIKPEN	3	MN
HUMULIN N	3	MN
HUMULIN N KWIKPEN	3	MN
HUMULIN R	3	MN
HUMULIN R U-500	3	MN
HUMULIN R U-500 KWIKPEN	3	MN
LANTUS	3	MN
LANTUS SOLOSTAR	3	MN
LEVEMIR	3	MN
LEVEMIR FLEXPEN	3	MN
LEVEMIR FLEXTOUCH	3	MN
NOVOLIN 70-30	3	MN
NOVOLIN N	3	MN
NOVOLIN R	3	MN
NOVOLOG	3	MN
NOVOLOG FLEXPEN	3	MN
NOVOLOG MIX 70-30	3	MN
NOVOLOG MIX 70-30 FLEXPEN	3	MN
TOUJEO SOLOSTAR	3	MN
TRESIBA FLEXTOUCH U-100	3	MN

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRESIBA FLEXTOUCH U-200	3	MN

Blood Products/Modifiers/Volume Expanders

Anticoagulants

<i>argatroban</i>	4	
<i>argatroban in 0.9 % sodium chloride</i>	4	
<i>argatroban in sodium chloride, iso-osmotic</i>	4	
COUMADIN	3	MN
ELIQUIS	3	MN
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80mg/0.8ml syringe, 120mg/.8ml syringe)</i>	4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	4	QL (9 PER 30 DAYS)
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	4	QL (12 PER 30 DAYS)
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	4	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	4	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5mg/0.6 syringe</i>	4	QL (18 PER 30 DAYS)
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)	4	QL (6 PER 30 DAYS)
FRAGMIN 10,000 UNITS/ML SYRING	4	QL (30 PER 30 DAYS)
FRAGMIN 12,500 UNITS/0.5 ML	4	QL (15 PER 30 DAYS)
FRAGMIN 15,000 UNITS/0.6 ML	4	QL (18 PER 30 DAYS)
FRAGMIN 18,000 UNITS/0.72 ML	4	QL (21.6 PER 30 DAYS)
FRAGMIN 7,500 UNITS/0.3 ML SYR	4	QL (9 PER 30 DAYS)
<i>heparin sodium,porcine (1000/ml vial, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sodium, porcine/dextrose 5 % in water (sodium, porcine/d5w 25000/250 iv soln, sodium, porcine/d5w 20k/500ml iv soln, sodium, porcine/d5w 25000/500 iv soln)</i>	2	
PRADAXA	4	MN
<i>warfarin sodium</i>	1	MN
XARELTO (10 MG TABLET, STARTER PACK)	3	
XARELTO (15 MG TABLET, 20 MG TABLET)	3	MN

Blood Formation Modifiers

<i>anagrelide hcl</i>	2	MN
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	4	PA - Part B vs D Determination, MN
ARANESP (150 MCG/0.3 ML SYRINGE, 200 MCG/ML VIAL, 200 MCG/0.4 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA - Part B vs D Determination
LEUKINE	5	PA - Part B vs D Determination
MOZOBIL	5	PA
NEULASTA	5	PA - Part B vs D Determination
NEUPOGEN	5	PA - Part B vs D Determination
PROCRIT (10,000 UNITS/ML VIAL, 20,000 UNITS/ML VIAL)	4	PA - Part B vs D Determination
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA - Part B vs D Determination, MN
PROCRIT 40,000 UNITS/ML VIAL	5	PA - Part B vs D Determination
PROMACTA	5	LA

Coagulants

CYKLOKAPRON	3	
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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tranexamic acid (1000 mg/10 ampul, 1000 mg/10 vial)</i>	4	
<i>tranexamic acid 650 mg tablet</i>	2	MN
Platelet Modifying Agents		
AGGRENOLX	4	MN
<i>aspirin/dipyridamole</i>	4	MN
BRILINTA	3	MN
<i>cilostazol</i>	2	MN
<i>clopidogrel bisulfate 75 mg tablet</i>	1	MN
EFFIENT	4	MN
<i>prasugrel hcl</i>	4	MN
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	2	MN
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	MN
<i>midodrine hcl</i>	4	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hcl</i>	2	
<i>prazosin hcl</i>	2	MN
<i>reserpine 0.25 mg tablet</i>	2	MN
Angiotensin II Receptor Antagonists		
BENICAR	3	MN
BENICAR HCT	3	MN
<i>candesartan cilexetil</i>	2	MN
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	MN
ENTRESTO	4	PA, MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irbesartan</i>	1	MN
<i>irbesartan/hydrochlorothiazide</i>	1	MN
<i>losartan potassium</i>	1	MN
<i>losartan potassium/hydrochlorothiazide</i>	1	MN
<i>olmesartan medoxomil</i>	2	MN
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	MN
<i>valsartan</i>	1	MN
<i>valsartan/hydrochlorothiazide</i>	1	MN

Angiotensin-converting Enzyme (ACE) Inhibitors

<i>benazepril hcl</i>	1	MN
<i>benazepril hcl/hydrochlorothiazide</i>	1	MN
<i>captopril</i>	2	MN
<i>captopril/hydrochlorothiazide</i>	2	MN
<i>enalapril maleate</i>	1	MN
<i>enalapril maleate/hydrochlorothiazide</i>	1	MN
<i>fosinopril sodium</i>	2	MN
<i>fosinopril sodium/hydrochlorothiazide</i>	2	MN
<i>lisinopril</i>	1	MN
<i>lisinopril/hydrochlorothiazide</i>	1	MN
<i>quinapril hcl</i>	1	MN
<i>quinapril hcl/hydrochlorothiazide</i>	1	MN
<i>ramipril</i>	1	MN

Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	MN
<i>amiodarone hcl 50 mg/ml vial</i>	2	
<i>disopyramide phosphate</i>	2	MN
<i>dofetilide</i>	4	MN

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on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flecainide acetate</i>	2	MN
<i>mexiletine hcl</i>	2	MN
MULTAQ	3	MN
NORPACE CR 150 MG CAPSULE	3	MN
PACERONE	2	MN
<i>procainamide hcl (100 mg/ml vial, 500 mg/ml vial)</i>	2	
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	2	MN
<i>quinidine gluconate 324 mg tablet er</i>	2	MN
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	2	MN
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	MN

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	2	MN
<i>atenolol</i>	1	MN
<i>atenolol/chlorthalidone</i>	1	MN
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2	MN
<i>bisoprolol fumarate</i>	2	MN
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MN
BYSTOLIC	4	MN
<i>carvedilol</i>	1	MN
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	MN
<i>labetalol hcl 5 mg/ml vial</i>	2	
<i>metoprolol succinate</i>	2	MN
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	MN
<i>metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml syringe, 5 mg/5 ml vial)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metoprolol tartrate/hydrochlorothiazide</i>	2	MN
<i>nadolol</i>	2	MN
<i>nadolol/bendroflumethiazide</i>	2	MN
<i>pindolol</i>	2	MN
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40mg/5ml solution, 40 mg tablet, 60 mg tablet, 60 mg cap sa 24h, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	2	MN
<i>propranolol hcl 1 mg/ml vial</i>	2	
<i>propranolol hcl/hydrochlorothiazide</i>	2	MN

Calcium Channel Blocking Agents

<i>amlodipine besylate</i>	1	MN
<i>amlodipine besylate/benazepril hcl</i>	1	MN
<i>amlodipine besylate/olmesartan medoxomil</i>	2	MN
<i>amlodipine besylate/valsartan</i>	2	MN
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	2	MN
AZOR	3	MN
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 60 mg cap er 12h, 90 mg cap er 12h, 90 mg tablet, 120 mg cap sa 24h, 120 mg tablet, 120 mg cap er deg, 120 mg cap er 24h, 120 mg cap er 12h, 180 mg cap sa 24h, 180 mg cap er deg, 180 mg cap er 24h, 240 mg cap er deg, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 360 mg cap sa 24h, 360 mg cap er 24h, 420 mg cap sa 24h)</i>	2	MN
<i>diltiazem hcl (5 mg/ml vial, 100 mg vial port)</i>	2	
<i>felodipine</i>	2	MN
<i>nifedipine (30 mg tablet er, 30 mg tab er 24, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	2	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nimodipine</i>	4	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	2	MN
TRIBENZOR	3	MN
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg tablet er, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)</i>	2	MN
<i>verapamil hcl 2.5 mg/ml ampul</i>	2	
<i>verapamil hcl 2.5 mg/ml vial</i>	2	

Cardiovascular Agents, Other

CORLANOR	4	PA, MN
DEMSER	4	
<i>digoxin (250 mcg/ml ampul, 250 mcg/ml syringe)</i>	2	
<i>digoxin (50 mcg/ml solution, 250 mcg tablet)</i>	2	MN
<i>digoxin 125 mcg tablet</i>	1	QL (30 PER 30 DAYS), MN
LANOXIN 125 MCG TABLET	3	QL (30 PER 30 DAYS), MN
LANOXIN 250 MCG TABLET	3	MN
NORTHERA	5	PA
<i>pentoxifylline</i>	2	MN
RANEXA	4	MN
TEKTURNA	4	MN
TEKTURNA HCT	4	MN

Diuretics, Carbonic Anhydrase Inhibitors

<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	1	MN
<i>methazolamide</i>	2	MN

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on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Diuretics, Loop		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	MN
<i>bumetanide 0.25 mg/ml vial</i>	2	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40mg/5ml solution, 40 mg tablet, 80 mg tablet)</i>	1	MN
<i>furosemide (10 mg/ml vial, 10 mg/ml syringe)</i>	1	
<i>toremide</i>	2	MN
Diuretics, Potassium-sparing		
ALDACTAZIDE 50-50 TABLET	3	MN
<i>amiloride hcl</i>	2	MN
<i>amiloride hcl/hydrochlorothiazide</i>	2	MN
<i>eplerenone</i>	2	MN
<i>spironolactone</i>	2	MN
<i>spironolactone/hydrochlorothiazide</i>	2	MN
<i>triamterene/hydrochlorothiazide</i>	1	MN
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	MN
<i>chlorthalidone</i>	2	MN
<i>hydrochlorothiazide</i>	1	MN
<i>indapamide</i>	2	MN
<i>methyclothiazide</i>	2	MN
<i>metolazone</i>	2	MN
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	2	MN
<i>fenofibrate nanocrystallized</i>	2	MN
<i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	2	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibric acid (choline)</i>	2	MN
<i>gemfibrozil</i>	1	MN
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	MN
<i>lovastatin</i>	2	MN
<i>pravastatin sodium</i>	1	MN
<i>rosuvastatin calcium</i>	1	MN
<i>simvastatin</i>	1	MN
Dyslipidemics, Other		
<i>cholestyramine (with sugar) (sugar) 4 g powd pack, sugar) 4 g powder)</i>	2	MN
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	2	MN
<i>colestipol hcl (1 g tablet, 5 g granules, 5 g packet)</i>	2	MN
<i>ezetimibe</i>	2	MN
<i>ezetimibe/simvastatin</i>	2	MN
JUXTAPID	5	PA
KYNAMRO	5	PA
<i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	2	MN
<i>omega-3 acid ethyl esters</i>	4	MN
REPATHA PUSHTRONEX	5	PA
REPATHA SURECLICK	5	PA
REPATHA SYRINGE	5	PA
VASCEPA	4	MN
VYTORIN	3	MN
WELCHOL	4	MN
ZETIA	3	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	MN
<i>hydralazine hcl 20 mg/ml vial</i>	2	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	MN
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)</i>	2	MN
<i>isosorbide mononitrate</i>	2	MN
NITRO-BID	3	MN
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	3	MN
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 400mcg/spr spray)</i>	2	MN
<i>nitroglycerin (0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl)</i>	1	MN
<i>nitroglycerin 50 mg/10ml vial</i>	2	
NITROSTAT	3	MN
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>	2	MN
<i>dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet, 10 mg capsule er, 10 mg tablet, 15 mg capsule er)</i>	2	MN
VYVANSE	3	MN
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl</i>	2	MN
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	2	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	4	MN
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	4	MN
INTUNIV	4	MN
<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 36 mg tab er 24, 54 mg tab er 24)</i>	4	MN
<i>methylphenidate hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg cpbp 30-70, 10 mg/5 ml solution, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet er, 20 mg tablet, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 50-50, 60 mg cpbp 30-70)</i>	2	MN
QUILLICHEW ER	4	MN
STRATTERA	3	MN

Central Nervous System, Other

HETLIOZ	5	PA
NUEDEXTA	4	
<i>riluzole</i>	2	MN
<i>tetrabenazine</i>	5	
XENAZINE	5	

Fibromyalgia Agents

SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	MN
SAVELLA TITRATION PACK	3	

Multiple Sclerosis Agents

AMPYRA	5	PA
AUBAGIO	5	PA
AVONEX	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVONEX PEN	5	
COPAXONE	5	
EXTAVIA	5	QL (15 PER 30 DAYS)
GILENYA	5	
<i>glatiramer acetate 20 mg/ml syringe</i>	5	
PLEGRIDY 125 MCG/0.5 ML SYRINGE	5	
PLEGRIDY PEN	5	
TECFIDERA	5	
TYSABRI	5	PA - Part B vs D Determination

Dental and Oral Agents

<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2	MN
<i>triamcinolone acetonide 0.1 % paste (g)</i>	2	

Dermatological Agents

<i>acitretin</i>	4	
<i>calcipotriene (0.005 % oint. (g), 0.005 % solution, 0.005 % cream (g))</i>	2	
<i>calcipotriene/betamethasone dipropionate</i>	4	
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
CARAC	3	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>	2	
CORTISPORIN (CREAM, OINTMENT)	3	
COSENTYX (2 SYRINGES)	5	PA
COSENTYX PEN	5	PA
COSENTYX PEN (2 PENS)	5	PA
COSENTYX SYRINGE	5	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIDEL	4	
<i>fluocinolone acetonide (0.01 % solution, 0.01 % oil)</i>	2	
<i>fluocinolone acetonide/shower cap</i>	2	
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	2	
<i>fluorouracil 0.5 % cream (g)</i>	2	
<i>imiquimod</i>	4	
<i>isotretinoin</i>	4	
<i>methoxsalen</i>	2	
PICATO	4	
<i>podofilox</i>	2	
PROTOPIC	4	
REGRANEX	4	
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
SANTYL	3	
<i>selenium sulfide 2.5 % lotion</i>	1	
STELARA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	5	PA
TACLONEX 0.005%-0.064% SUSPENS	4	
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	4	
<i>tazarotene</i>	4	PA
TAZORAC	4	PA
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	2	PA
<i>tretinoin microspheres</i>	2	PA
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM PUMP, 3.75% CREAM)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Enzyme Replacement/Modifiers		
ADAGEN	5	
ALDURAZYME	5	
CEREZYME	5	
CREON	3	MN
CYSTADANE	4	
CYSTAGON	4	LA, MN
ELAPRASE	5	LA
FABRAZYME	5	
KUVAN	5	LA
LUMIZYME	5	PA
NAGLAZYME	5	LA
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	
RAVICTI	5	PA
VPRIV	5	PA
ZAVESCA	5	LA
ZENPEP	4	MN

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

<i>dicyclomine hcl (10 mg/5 ml solution, 10 mg capsule, 20 mg tablet)</i>	2
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	2
<i>propantheline bromide</i>	2

Gastrointestinal Agents, Other

<i>cromolyn sodium 20 mg/ml oral conc</i>	2
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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	2	
GATTEX	5	PA
<i>loperamide hcl 2 mg capsule</i>	1	MN
<i>metoclopramide hcl (5 mg/5 ml solution, 5 mg tablet, 5 mg/ml vial, 10 mg/10ml solution, 10 mg tablet)</i>	2	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML VIAL, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML KIT)	4	
RELISTOR 150 MG TABLET	4	
<i>ursodiol</i>	2	MN

Histamine2 (H2) Receptor Antagonists

<i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	2	MN
<i>cimetidine hcl</i>	2	MN
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	MN
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2	MN
<i>ranitidine hcl (15 mg/ml syrup, 150 mg capsule, 150 mg tablet, 300 mg tablet, 300 mg capsule)</i>	1	MN
<i>ranitidine hcl 50 mg/2 ml vial</i>	1	

Irritable Bowel Syndrome Agents

<i>alosetron hcl</i>	2	
AMITIZA	4	MN
LINZESS	4	MN
VIBERZI	5	

Laxatives

GOLYTELY PACKET	3	
GOLYTELY SOLUTION	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lactulose</i>	2	MN
MOVIPREP	3	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
<i>polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)</i>	2	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	2	
SUPREP	3	

Protectants

CARAFATE 1 GM/10 ML SUSP	3	MN
<i>misoprostol</i>	2	MN
<i>sucralfate</i>	1	MN

Proton Pump Inhibitors

<i>esomeprazole sodium</i>	4	
<i>lansoprazole</i>	2	MN
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	2	MN
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	2	MN
<i>rabeprazole sodium</i>	2	MN

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide</i>	4	MN
ENABLEX	4	MN
<i>flavoxate hcl</i>	2	MN
MYRBETRIQ	3	MN
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	1	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolterodine tartrate</i>	2	MN
<i>trospium chloride 20 mg tablet</i>	2	MN
<i>trospium chloride 60 mg cap er 24h</i>	4	MN
VESICARE	4	MN

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl</i>	2	MN
AVODART	4	MN
<i>doxazosin mesylate</i>	1	MN
<i>dutasteride</i>	4	MN
<i>finasteride 5 mg tablet</i>	2	MN
<i>tamsulosin hcl</i>	2	MN
<i>terazosin hcl</i>	1	MN

Genitourinary Agents, Other

<i>bethanechol chloride</i>	2	
ELMIRON	3	

Phosphate Binders

<i>calcium acetate 667 mg capsule</i>	1	MN
RENAGEL	4	MN
RENVELA	4	MN
<i>sevelamer carbonate</i>	4	MN

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

<i>alclometasone dipropionate</i>	2	
<i>amcinonide (0.1 % cream (g), 0.1 % oint. (g), 0.1 % lotion)</i>	2	
<i>betamethasone dipropionate (0.05 % oint. (g), 0.05 % lotion, 0.05 % cream (g), 0.05 % gel (gram))</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion)</i>	2	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	2	
<i>budesonide 3 mg capdr - er</i>	4	
<i>clobetasol propionate (0.05 % gel (gram), 0.05 % solution, 0.05 % oint. (g), 0.05 % shampoo, 0.05 % cream (g))</i>	2	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	2	
<i>desonide (0.05 % lotion, 0.05 % oint. (g), 0.05 % cream (g))</i>	2	
<i>desoximetasone</i>	2	
<i>dexamethasone (0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	
<i>dexamethasone sod phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)</i>	2	
<i>dexamethasone sodium phosp/pf 10 mg/ml vial</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fludrocortisone acetate</i>	2	MN
<i>fluocinolone acetonide (0.01 % cream (g), 0.025 % oint. (g), 0.025 % cream (g))</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>fluocinonide (0.05 % oint. (g), 0.05 % cream (g), 0.05 % gel (gram), 0.05 % solution)</i>	2	
<i>fluocinonide/emollient base</i>	2	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % lotion, 0.05 % cream (g))</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone (2.5 % crm/pe app, 2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g))</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	MN
<i>hydrocortisone 100mg/60ml enema</i>	1	
<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution)</i>	2	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	2	
<i>hydrocortisone butyrate/emollient base</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sodium succinate</i>	2	
<i>mometasone furoate (0.1 % oint. (g), 0.1 % cream (g), 0.1 % solution)</i>	2	
<i>prednisolone (5 mg tablet, 15 mg/5 ml solution)</i>	2	
<i>prednisolone sod phosphate (5 mg/5 ml solution, 15 mg/5 ml solution, 25 mg/5 ml solution)</i>	2	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 5 mg tablet, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
SOLU-CORTEF (100 MG VIAL, 250 MG VIAL)	4	
SOLU-CORTEF (500 MG VIAL, 1,000 MG VIAL)	4	
<i>triamcinolone acetonide (0.025 % oint. (g), 0.025 % cream (g), 0.025 % lotion, 0.1 % oint. (g), 0.1 % lotion, 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	2	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet)</i>	2	MN
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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desmopressin acetate (0.1 mg/ml solution, 10/spray spray/pump)</i>	4	MN
<i>desmopressin acetate (4 mcg/ml vial, 4 mcg/ml ampul)</i>	4	
<i>desmopressin acetate (non-refrigerated)</i>	4	MN
INCRELEX	4	LA
NORDITROPIN FLEXPPO	5	PA
NORDITROPIN NORDIFLEX	5	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Anabolic Steroids

ANADROL-50	4	
<i>oxandrolone</i>	2	MN

Androgens

ANDRODERM	4	MN
ANDROGEL (1%(2.5G) GEL PACKET, 1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	4	MN
<i>danazol</i>	4	
DEPO-TESTOSTERONE	3	MN
TESTIM	4	MN
<i>testosterone (12.5/1.25g gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	4	MN
<i>testosterone cypionate</i>	2	MN
<i>testosterone enanthate</i>	2	

Estrogens

CYCLESSA	3	MN
<i>desogestrel-ethinyl estradiol</i>	2	MN
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	2	MN

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESTRACE 0.01% CREAM	3	MN
estradiol (.025mg/24h patch tds, .025mg/24h patch tdk, .0375mg/24 patch tdk, .0375mg/24 patch tds, 0.05mg/24h patch tdk, 0.05mg/24h patch tds, 0.06mg/24h patch tdk, .075mg/24h patch tdk, .075mg/24h patch tds, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdk, 10 mcg tablet)	4	MN
estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	2	MN
estradiol valerate (20 mg/ml vial, 40 mg/ml vial)	2	
estradiol/norethindrone acetate	4	MN
estropipate	2	MN
ethinyl estradiol/drospirenone	2	MN
ethynodiol diacetate-ethinyl estradiol	2	MN
l-norgest/e.estradiol-e.estrad 150-30(84) tbdspk 3mo	2	MN
levonorgestrel-ethinyl estradiol	2	MN
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	4	MN
norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)	2	MN
norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tablet, 1.5-30(21) tablet, 5-7-9-7 tablet)	2	MN
norethindrone-ethinyl estradiol (0.4-0.035 tablet, 0.5-0.035 tablet, 1 mg-35mcg tablet, 7 days x 3 tablet)	2	MN
norethindrone-ethinyl estradiol/ferrous fumarate	2	MN
norgestrel-ethinyl estradiol	2	MN
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	4	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMARIN 25 MG VIAL	4	
PREMARIN VAGINAL CREAM-APPL	3	MN
PREMPHASE	4	MN
PREMPRO	4	MN
VAGIFEM	4	MN
VIVELLE-DOT	4	MN

Progestins

<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml vial, 150 mg/ml syringe)</i>	2	MN
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	2	
<i>megestrol acetate (400mg/10ml oral susp, 625mg/5ml oral susp)</i>	2	PA - FOR NEW STARTS ONLY, MN
<i>norethindrone</i>	2	MN
<i>norethindrone acetate</i>	2	MN
<i>progesterone, micronized</i>	2	MN

Selective Estrogen Receptor Modifying Agents

<i>raloxifene hcl</i>	2	MN
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	MN
LEVOXYL	3	MN
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	2	MN
SYNTHROID	3	MN
THYROLAR-1	3	MN
THYROLAR-1/2	3	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THYROLAR-1/4	3	MN
THYROLAR-2	3	MN
THYROLAR-3	3	MN

Hormonal Agents, Suppressant (Adrenal)

KORLYM	5	PA
LYSODREN	3	

Hormonal Agents, Suppressant (Parathyroid)

SENSIPAR	3	MN
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Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	1	MN
<i>leuprolide acetate</i>	4	
LUPRON DEPOT	5	PA - Part B vs D Determination
LUPRON DEPOT-PED	5	PA - Part B vs D Determination
<i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml vial, 100 mcg/ml ampul, 200 mcg/ml vial)</i>	4	MN
<i>octreotide acetate (500 mcg/ml vial, 500 mcg/ml ampul, 1000mcg/ml vial)</i>	5	
SANDOSTATIN (0.05 MG/ML AMPUL, 0.5 MG/ML AMPUL)	4	MN
SANDOSTATIN (0.1 MG/ML AMPUL, 0.2 MG/ML VIAL, 1 MG/ML VIAL)	5	
SANDOSTATIN LAR	5	PA - Part B vs D Determination
SANDOSTATIN LAR DEPOT	5	PA - Part B vs D Determination
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA - Part B vs D Determination
SOMAVERT (10 MG VIAL, 15 MG VIAL)	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOMAVERT (20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	LA
SYNAREL	5	

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	1	MN
<i>propylthiouracil</i>	1	MN

Immunological Agents

Angioedema (HAE) Agents

CINRYZE	5	PA
FIRAZYR	5	PA

Immune Suppressants

<i>azathioprine</i>	2	PA - Part B vs D Determination, MN
BENLYSTA (120 MG VIAL, 400 MG VIAL)	5	PA - Part B vs D Determination
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	5	
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	PA - Part B vs D Determination
CIMZIA	5	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	2	PA - Part B vs D Determination, MN
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	2	PA - Part B vs D Determination, MN
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE, 50 MG/ML SURECLICK SYR)	5	PA
ENVARUSUS XR	4	PA - Part B vs D Determination, MN
HUMIRA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEDIATRIC CROHN'S	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN CROHN-UC-HS STARTER	5	PA
HUMIRA PEN PSORIASIS-UVEITIS	5	PA
KINERET	5	PA
<i>methotrexate sodium 2.5 mg tablet</i>	2	MN
<i>methotrexate sodium 25 mg/ml vial</i>	2	
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	2	
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	2	PA - Part B vs D Determination, MN
<i>mycophenolate sodium</i>	2	PA - Part B vs D Determination, MN
MYFORTIC	4	PA - Part B vs D Determination
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE)	3	PA - Part B vs D Determination, MN
NULOJIX	5	PA - Part B vs D Determination
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA
ORENCIA 250 MG VIAL	5	PA - Part B vs D Determination
ORENCIA CLICKJECT	5	PA
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	4	PA - Part B vs D Determination, MN
PROGRAF 5 MG/ML AMPULE	4	PA - Part B vs D Determination
RAPAMUNE (0.5 MG TABLET, 1 MG/ML ORAL SOLN, 1 MG TABLET, 2 MG TABLET)	4	PA - Part B vs D Determination
REMICADE	5	PA - Part B vs D Determination
SIMPONI	5	PA
<i>sirolimus</i>	2	PA - Part B vs D Determination, MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	2	PA - Part B vs D Determination, MN
XATMEP	5	
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET)	5	PA - Part B vs D Determination
ZORTRESS 0.25 MG TABLET	4	PA - Part B vs D Determination, MN

Immunizing Agents, Passive

ATGAM	5	PA - Part B vs D Determination
GAMMAGARD LIQUID	5	PA - Part B vs D Determination
GAMMAGARD S-D	5	PA - Part B vs D Determination
GAMUNEX-C	3	PA - Part B vs D Determination, MN
<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>	5	PA - Part B vs D Determination
<i>immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml</i>	5	PA - Part B vs D Determination
<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>	5	PA - Part B vs D Determination

Immunomodulators

ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA
ACTIMMUNE	5	
ARCALYST	5	LA
ILARIS (150 MG/ML VIAL, 180 MG VIAL)	5	PA
<i>leflunomide</i>	2	MN
RIDAURA	4	MN
SYNAGIS 50 MG/0.5 ML VIAL	5	PA

Vaccines

ACTHIB	3	
ADACEL TDAP VIAL	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEXSERO	3	
BOOSTRIX TDAP	3	
DAPTACEL DTAP	3	
ENGRIX-B 20 MCG/ML SYRN	3	PA - Part B vs D Determination
ENGRIX-B PEDIATRIC-ADOLESCENT	3	PA - Part B vs D Determination
GARDASIL 9	3	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL)	3	
HIBERIX	3	
IMOVAX RABIES VACCINE	3	
INFANRIX DTAP VIAL	3	
IPOL	3	
IXIARO	4	
KINRIX	3	
M-M-R II VACCINE	3	
MENACTRA	3	
MENOMUNE-A-C-Y-W-135	3	
MENVEO A-C-Y-W-135-DIP	3	
PEDIARIX	3	
PEDVAXHIB	3	
PENTACEL ACTHIB COMPONENT	3	
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	PA - Part B vs D Determination
ROTARIX	3	
ROTATEQ	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TENIVAC SYRINGE	3	
<i>tetanus and diphtheria toxoids, adult</i>	2	
<i>tetanus, diphtheria toxoid ped/pf</i>	2	
TRUMENBA	3	
TWINRIX VACCINE VIAL	3	
TYPHIM VI	3	
VAQTA (25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE)	3	
VARIVAX VACCINE	3	
YF-VAX	3	
ZOSTAVAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

ASACOL HD	3	MN
<i>balsalazide disodium</i>	2	
CANASA	4	
DELZICOL	3	MN
DIPENTUM	3	MN
LIALDA	4	MN
<i>mesalamine (4 g/60 ml enema, 800 mg tablet dr)</i>	2	MN
<i>mesalamine 1.2 g tablet dr</i>	4	MN
<i>mesalamine with cleansing wipes</i>	2	MN
PENTASA	3	MN
ROWASA	3	MN
SFROWASA	3	MN

Sulfonamides

AZULFIDINE ENTAB 500 MG	3	MN
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You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfasalazine</i>	2	MN
Metabolic Bone Disease Agents		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>	1	MN
<i>alendronate sodium 70 mg/75ml solution</i>	2	MN
<i>calcitonin, salmon, synthetic</i>	2	MN
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	2	MN
<i>calcitriol 1 mcg/ml ampul</i>	2	
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)</i>	2	MN
<i>etidronate disodium</i>	4	MN
FORTEO	5	PA
<i>ibandronate sodium 150 mg tablet</i>	2	MN
MIACALCIN (200 UNIT/ML VIAL, 400 UNIT/2 ML VIAL)	3	
<i>pamidronate disodium (30 mg vial, 90 mg vial)</i>	4	PA - Part B vs D Determination
<i>pamidronate disodium (30mg/10ml vial, 60 mg/10ml vial, 90 mg/10ml vial)</i>	4	PA - Part B vs D Determination
<i>paricalcitol (1 mcg capsule, 2 mcg/ml vial, 2 mcg capsule, 4mcg capsule, 5 mcg/ml vial)</i>	2	MN
PROLIA	4	PA - Part B vs D Determination, MN
<i>risedronate sodium (5 mg tablet, 35 mg tablet, 150 mg tablet)</i>	2	MN
<i>risedronate sodium 30 mg tablet</i>	2	
XGEVA	5	PA - Part B vs D Determination
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zoledronic acid (4 mg/5 ml vial, 4 mg vial)</i>	4	PA - Part B vs D Determination
<i>zoledronic acid in mannitol and water for injection</i>	4	PA - Part B vs D Determination, MN
ZOMETA 4 MG/100 ML INJECTION	4	PA - Part B vs D Determination, MN

Miscellaneous Therapeutic Agents

FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5	PA
<i>gauze bandage 2" x 2" bandage</i>	1	
<i>insulin syringe-needle,safety,disposal unit,0.5 ml</i>	1	MN
INTRALIPID	4	PA - Part B vs D Determination
NATPARA	5	PA
<i>pen needle, diabetic (pen 29 gauge dis needle, pen 29gx 5/16" dis needle, pen 29g x 3/8" dis needle, pen 29 g x1/2" dis needle, pen 30g x5/16" dis needle, pen 30 gx 1/3" dis needle, pen 31 gx5/16" dis needle, pen 31 gx3/16" dis needle, pen 31 g x1/3" dis needle, pen 31 g x1/4" dis needle, pen 31 g x1/6" dis needle, pen 32 gx5/16" dis needle, pen 32 gx 1/4" dis needle, pen 32 gx 1/5" dis needle, pen 32 gx 1/6" dis needle, pen 32 gx3/16" dis needle, pen 32gx 5/32" dis needle, pen 33 gx5/16" dis needle, pen 33 g x1/4" dis needle, pen 33 gx3/16" dis needle, pen 33 gx5/32" dis needle)</i>	1	MN
<i>pen needle, diabetic disposable, safety</i>	1	MN
<i>pen needle, diabetic, safety</i>	1	MN
<i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit</i>	1	MN
<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i>	1	MN
<i>syringe with needle, insulin, safety, 0.3 ml</i>	1	MN
<i>syringe with needle, insulin, safety, 0.5 ml</i>	1	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle, insulin, safety, 1 ml (29 g x1/2" disp syrin, 30gx1/2" disp syrin, 30g x5/16" disp syrin, 31 gx5/16" disp syrin)</i>	1	MN
<i>syringe with needle, insulin, 1 ml and sharps container</i>	1	MN
<i>syringe with needle, disposable, insulin 1 ml (syringe disp syrin, syringe 25gx1" disp syrin, syringe 25gx5/8" disp syrin, syringe 26gx1/2" disp syrin, syringe 27gx5/8" disp syrin, syringe 27gx1/2" disp syrin, syringe 28 gauge disp syrin, syringe 28gx1/2" disp syrin, syringe 29 gauge disp syrin, syringe 29gx7/16" disp syrin, syringe 29 g x1/2" disp syrin, syringe 30 g x3/8" disp syrin, syringe 30g x5/16" disp syrin, syringe 30gx1/2" disp syrin, syringe 30 gauge disp syrin, syringe 31gx15/64" disp syrin, syringe 31gx3/8" disp syrin, syringe 31 gx5/16" disp syrin)</i>	1	MN
<i>syringe with needle, insulin 0.3 ml (half unit mark) (0.3 ml 29 g x1/2" disp syrin, 0.3 ml 30g x5/16" disp syrin, 0.3 ml 31gx15/64" disp syrin, 0.3 ml 31 gx5/16" disp syrin)</i>	1	MN
<i>syringe with needle, insulin disposable</i>	1	MN
<i>syringe with needle, insulin disposable, 0.3 ml/empty containr</i>	1	MN
<i>syringe with needle, insulin, 0.3 ml (ml 28 gauge disp syrin, ml 28gx1/2" disp syrin, ml 29 gauge disp syrin, ml 29 g x1/2" disp syrin, ml 30g x5/16" disp syrin, ml 30gx1/2" disp syrin, ml 30 gauge disp syrin, ml 30 g x3/8" disp syrin, ml 31gx15/64" disp syrin, ml 31gx3/8" disp syrin, ml 31 gx5/16" disp syrin)</i>	1	MN

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle,insulin,0.5 ml (ml 27gx1/2" disp syrin, ml 28 gauge disp syrin, ml 28gx1/2" disp syrin, ml 29 gauge disp syrin, ml 29 g x1/2" disp syrin, ml 30g x5/16" disp syrin, ml 30 gauge disp syrin, ml 30 g x3/8" disp syrin, ml 30gx1/2" disp syrin, ml 31 gx5/16" disp syrin, ml 31gx3/8" disp syrin, ml 31gx15/64" disp syrin)</i>	1	MN
<i>syringe-needle,insulin,0.5 ml/container,empty</i>	1	MN
<i>water for irrigation,sterile</i>	4	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine sulfate 1 % drops</i>	2	MN
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	2	
CYSTARAN	5	LA
LACRISERT	3	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	2	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	2	
<i>polymyxin b sulfate/trimethoprim</i>	2	
RESTASIS	4	MN

Ophthalmic Anti-allergy Agents

ALOCRIIL	3	
<i>cromolyn sodium 4 % drops</i>	2	
<i>olopatadine hcl 0.1 % drops</i>	2	
<i>olopatadine hcl 0.2 % drops</i>	2	
PATANOL	3	

Ophthalmic Anti-inflammatories

ALOMIDE	3	
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You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone sod phosphate 0.1 % drops</i>	2	
<i>diclofenac sodium 0.1 % drops</i>	1	
DUREZOL	4	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	3	
FML FORTE	3	
FML S.O.P.	3	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	2	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	3	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	2	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod phosphate 1 % drops</i>	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX EYE OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	

Ophthalmic Antiglaucoma Agents

<i>acetazolamide 500 mg capsule er</i>	2	MN
ALPHAGAN P 0.1% DROPS	3	MN
<i>apraclonidine hcl</i>	2	
AZOPT	3	MN
<i>betaxolol hcl 0.5 % drops</i>	2	MN
BETOPTIC S	3	MN
<i>brimonidine tartrate</i>	2	MN

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carteolol hcl</i>	2	MN
<i>dorzolamide hcl</i>	2	MN
<i>dorzolamide hcl/timolol maleate</i>	2	MN
IOPIDINE 0.5% EYE DROPS	3	
IOPIDINE 1% EYE DROPS	3	
ISOPTO CARPINE	3	MN
ISTALOL	3	MN
<i>levobunolol hcl 0.5 % drops</i>	2	MN
<i>metipranolol</i>	2	MN
PHOSPHOLINE IODIDE	3	MN
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	2	MN
<i>timolol maleate (0.25 % drops, 0.5 % drops)</i>	1	MN
<i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel)</i>	2	MN

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost 0.03 % drops</i>	2	MN
COMBIGAN	3	MN
<i>latanoprost</i>	2	MN
LUMIGAN	3	MN

Otic Agents

<i>acetic acid 2 % solution</i>	2	
<i>acetic acid/aluminum acetate</i>	2	
CIPRO HC	3	
CIPRODEX	3	
COLY-MYCIN S	3	
<i>hydrocortisone/acetic acid</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	2	

Respiratory Tract/Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS	3	MN
ADVAIR HFA	3	MN
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	3	MN
ASMANEX HFA	3	MN
BECONASE AQ	3	MN
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	4	PA - Part B vs D Determination, MN
FLOVENT DISKUS	3	MN
FLOVENT HFA	3	MN
<i>flunisolide</i>	2	MN
<i>fluticasone propionate 50 mcg spray susp</i>	2	MN
<i>fluticasone propionate/salmeterol xinafoate</i>	2	MN
PULMICORT FLEXHALER	3	MN
QVAR	3	MN
SYMBICORT	3	MN

Antihistamines

<i>azelastine hcl 137 mcg spray/pump</i>	2	MN
<i>cycloheptadine hcl (2 mg/5 ml syrup, 4 mg/10 ml syrup, 4 mg tablet)</i>	2	MN
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	1	
<i>diphenhydramine hcl 50 mg/ml vial</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocetirizine dihydrochloride 5 mg tablet</i>	2	MN
Antileukotrienes		
<i>montelukast sodium</i>	2	MN
<i>zafirlukast</i>	2	MN
<i>zileuton</i>	2	MN
ZYFLO	3	MN
ZYFLO CR	3	MN
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	MN
COMBIVENT RESPIMAT	3	MN
<i>ipratropium bromide 0.2 mg/ml solution</i>	2	PA - Part B vs D Determination, MN
<i>ipratropium bromide 21 mcg spray</i>	2	MN
<i>ipratropium bromide 42 mcg spray</i>	2	
SPIRIVA	3	MN
SPIRIVA RESPIMAT	3	MN
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution)</i>	2	PA - Part B vs D Determination, MN
<i>albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tablet)</i>	2	MN
ARCAPTA NEOHALER	3	MN
EPINEPHRINE (0.15 MG AUTO-INJECT, 0.3 MG AUTO-INJECT)	2	
<i>epinephrine (0.15/0.15 auto injct, 0.3mg/0.3 auto injct)</i>	2	
EPIPEN 2-PAK	3	
EPIPEN JR 2-PAK	3	
<i>levalbuterol hcl (1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	4	PA - Part B vs D Determination, MN

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEREVENT DISKUS	3	MN
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	2	MN
VENTOLIN HFA	3	MN
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI	5	PA, LA
PULMOZYME	5	PA - Part B vs D Determination
TOBI	5	PA - Part B vs D Determination
TOBI PODHALER	5	
Mast Cell Stabilizers		
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	1	PA - Part B vs D Determination, MN
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline (250mg/10ml ampul, 250mg/10ml vial)</i>	2	
DALIRESP	4	MN
<i>theophylline anhydrous (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	MN
Pulmonary Antihypertensives		
ADCIRCA	5	PA
ADEMPAS	5	
LETAIRIS	5	LA
OPSUMIT	5	
REVATIO 10 MG/12.5 ML VIAL	5	
REVATIO 10 MG/ML ORAL SUSP	5	PA
<i>sildenafil citrate 20 mg tablet</i>	2	PA

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SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRACLEER	5	LA
UPTRAVI	5	PA
VENTAVIS	5	PA - Part B vs D Determination

Respiratory Tract Agents, Other

<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	4	PA - Part B vs D Determination
ARALAST NP	3	LA, MN
ESBRIET	5	PA
OFEV	5	PA
PROLASTIN C	3	LA, MN
VIRAZOLE	5	PA - Part B vs D Determination
XOLAIR	5	PA, LA

Skeletal Muscle Relaxants

<i>carisoprodol</i>	2	PA
<i>chlorzoxazone 500 mg tablet</i>	2	PA
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	2	PA
<i>orphenadrine citrate 100 mg tablet er</i>	1	PA

Sleep Disorder Agents

GABA Receptor Modulators

<i>eszopiclone</i>	2	PA
<i>flurazepam hcl</i>	1	
<i>temazepam</i>	1	
<i>zaleplon</i>	2	PA, QL (90 PER 365 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	PA, QL (90 PER 365 DAYS)
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	4	PA, QL (90 PER 365 DAYS)

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on this table mean by going to page 6.

SeniorCare 2017 Formulary (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sleep Disorders, Other		
<i>armodafinil</i>	4	PA, MN
<i>modafinil</i>	4	PA, MN
ROZEREM	3	QL (30 PER 30 DAYS)
SILENOR	4	QL (30 PER 30 DAYS)
XYREM	4	LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CARBAGLU	5	PA
DEPEN	4	
EXJADE (250 MG TABLET, 500 MG TABLET)	5	PA, LA
EXJADE 125 MG TABLET	4	PA, LA
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	2	
<i>sodium polystyrene sulfonate/sorbitol solution</i>	2	
SPS	2	
SYPRINE	3	
Electrolyte/Mineral Replacement		
<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pggy vl prt)</i>	4	
AMINOSYN II (8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	4	PA - Part B vs D Determination
AMINOSYN II WITH ELECTROLYTES	4	PA - Part B vs D Determination
AMINOSYN M	4	PA - Part B vs D Determination
AMINOSYN WITH ELECTROLYTES	4	PA - Part B vs D Determination
AMINOSYN-HBC	4	PA - Part B vs D Determination

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMINOSYN-PF	4	PA - Part B vs D Determination
AMINOSYN-RF	4	PA - Part B vs D Determination
<i>dextrose 10 % and 0.2 % sodium chloride</i>	4	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	4	
<i>dextrose 10 % in water</i>	4	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.2 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.3 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	4	
<i>dextrose 5 % in lactated ringers</i>	4	
<i>dextrose 5 % in water</i>	4	
<i>fluoride (sodium) 1mg(2.2mg) tab chew</i>	1	MN
FREAMINE HBC	4	PA - Part B vs D Determination
HEPATAMINE	4	PA - Part B vs D Determination
K-TAB ER	3	MN
KLOR-CON 10	2	MN
KLOR-CON 8	2	MN
KLOR-CON M15	2	MN
<i>magnesium sulfate (4 meq/ml vial, 4 meq/ml syringe)</i>	4	
<i>potassium chloride (2 meq/ml vial, 10meq/50ml piggyback, 10meq/0.1l piggyback, 20meq/0.1l piggyback)</i>	4	
<i>potassium chloride (20meq/50ml piggyback, 40meq/0.1l piggyback)</i>	4	
<i>potassium chloride (8 meq tablet er, 8 meq capsule er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 20 meq tab er prt, 40meq/15ml liquid)</i>	2	MN

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on this table mean by going to page 6.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride in 0.45 % sodium chloride</i>	4	
<i>potassium chloride in 0.9 % sodium chloride (20 meq/l iv soln, 40 meq/l iv soln)</i>	4	
<i>potassium chloride in d5w 40 meq/l iv soln</i>	4	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride (chloride/d5-0.45nacl 30 meq/l iv soln, chloride/d5-0.45nacl 20 meq/l iv soln)</i>	4	
<i>potassium chloride in dextrose 5% and 0.3 % sodium chloride</i>	4	
<i>potassium chloride in lr-d5 40 meq/l iv soln</i>	4	
<i>potassium citrate</i>	2	MN
<i>ringer's solution,lactated</i>	4	
<i>sodium chloride 0.45 %</i>	4	
<i>sodium chloride 2.5 meq/ml vial</i>	4	
<i>sodium chloride 3 %</i>	4	
<i>sodium chloride 5 %</i>	4	
<i>sodium chloride irrigating solution</i>	4	
TPN ELECTROLYTES	4	

Vitamins

<i>prenatal vit 17/iron/folic acid/fish oil/dha/omega 3,6 no.1</i>	1	MN
<i>prenatal vit with calcium no.37/iron,aspg/folic acid/omega-3</i>	1	MN
<i>prenatal vit,calcium no.35/iron/folic acid/docusate/omega-3</i>	1	MN
<i>prenatal vitamins no.5/ferrous fumarate/folic acid</i>	1	MN
<i>prenatal vitamins no.79/iron fum/folic acid/levomefolate/dha</i>	1	MN
<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod.</i>	1	MN

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>	1	MN
<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>	1	MN
<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>	1	MN
<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>	1	MN

Uncategorized

Unclassified

TYVASO	5	PA - Part B vs D Determination
TYVASO INSTITUTIONAL START KIT	5	PA - Part B vs D Determination
TYVASO REFILL KIT	5	PA - Part B vs D Determination
TYVASO STARTER KIT	5	PA - Part B vs D Determination

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This formulary was updated on 11/01/2017. For more recent information or other questions, please contact Scott and White Health Plan SeniorCare (Cost) Customer Service, at 1-866-334-3141 or, for TTY users, 1-800-735-2989, Monday through Sunday, 7 a.m. to 8 p.m., or visit <http://seniorcare.swhp.org>.

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