



SmartD Rx (PDP)
2013 Formulary
(List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014.

SmartD Rx (PDP) is a stand-alone prescription drug plan with a Medicare contract.

This information is available for free in other languages. Please contact our customer service number at 855-976-2781 24 hours a day, 7 days a week. TTY users should call 888-328-0419.

Esta información está disponible en otros idiomas que no sea Inglés. Por favor contactar nuestro Departamento de Servicio al Cliente al 855-976-2781 Las 24 horas del día, 7 días a la semana. Los usuarios de TTY deberán llamar al 888-328-0419.

What is the SmartD Rx (PDP) Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 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 September 2012. To get updated information about the drugs covered by SmartD Rx (PDP), please visit our Web site at www.smartdrx.com or call Member Services at 855-976-2781, 24 hours a day, 7 days a week. TTY users should call 888-328-0419.

Mid-year changes to the formulary may include:

- changing from a preferred to non-preferred formulary drug,
- changing tiers as a result of a new therapeutic alternative
- addition of new requirements for a drug such as a prior authorization, step therapy or quantity limit
- addition or removal of dosage forms

If you are affected by mid-year formulary changes, SmartD Rx (PDP) will notify you in writing through errata sheets 60 days in advance of the change. Additionally, the online formulary will always be up to date for you to search your medications.

How do I use the Formulary?

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

1 **Medical Condition**
The formulary begins on page 2. 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, Hypertension / Lipids”. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

2 **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 65. 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?

SmartD Rx (PDP) 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:** SmartD Rx (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SmartD Rx (PDP) before you fill your prescriptions. If you don’t get approval, SmartD Rx (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, SmartD Rx (PDP) limits the amount of the drug that SmartD Rx (PDP) will cover. For example, SmartD Rx (PDP) provides 36 units prescription for Relpax. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, SmartD Rx (PDP) 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, SmartD Rx (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SmartD Rx (PDP) will then cover Drug B.

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You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.smartdrx.com.

You can ask SmartD Rx (PDP) to make an exception to these restrictions or limits. See the section, “How do I request an exception to the SmartD Rx (PDP)’s formulary?” on this page for information about how to request an exception.

What if my drug is not on the Formulary?

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

- You can ask Member Services for a list of similar drugs that are covered by SmartD Rx (PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by SmartD Rx (PDP).
- You can ask SmartD Rx (PDP) 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 SmartD Rx (PDP)’s Formulary?

You can ask SmartD Rx (PDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Pharmacy tier.

Generally, SmartD Rx (PDP) will only approve your request for an exception if the alternative drugs included on the plan’s formulary, tiers 2 or 4 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 are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s or prescribing physician’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by

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waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91 up to a 98-day transition supply, consistent with the 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 residents in a long term care facility or going through level of care changes, SmartD Rx (PDP) will allow up to a one month supply of medication. Step therapy and prior authorization may apply. Quantity limits, if applicable due to safety reasons based on FDA product labeling are adhered to, but the enrollee will be allowed refills up until the cumulative 93 day supply has been obtained.

For more information

For more detailed information about your SmartD Rx (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about SmartD Rx (PDP), please call Member Services at 855-976-2781, 24 hours a day, 7 days a week. TTY users should call 888-328-0419.) Or visit www.smartdrx.com.

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

SmartD Rx (PDP)'s Formulary

The formulary that begins on page 2 provides coverage information about some of the drugs covered by SmartD Rx (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

SmartD Rx (PDP) Formulary

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

The information in the Requirements/Limits column tells you if SmartD Rx (PDP) has any special requirements for coverage of your drug.

The table below defines the abbreviations used in the Requirements/Limits column and what each requirement means. Each requirement applies to the coverage and/or limitation of the particular drug in that row.

Understanding the Requirements/Limits

Abbreviation

Definition

PA
Prior Authorization

This drug requires Prior Authorization to determine if it is covered under the plan. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, SmartD Rx (PDP) may not cover the medication and you will be responsible for the full cost of the drug.

NPA
New Start Prior
Authorization

New Start Prior Authorization applies to the use of a medication for the first time. If you are currently taking a medication marked at NPA, your coverage of the medication is grandfathered.

Part B PA
Medicare Part B

This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information may be required from you or your physician to make the determination before you may get your prescription filled. If you do not get approval, SmartD Rx (PDP) may not cover the medication and you will be responsible for the full cost of the drug.

ST
Step Therapy

This drug requires Step Therapy because there are other, lower cost alternative medications that are used to treat the same condition. You may be required to try an alternative drug to treat your condition before this drug may be covered. If you have tried other drugs and you and your prescriber do not think the other drugs are right for your situation, you may request that this medication be covered.

NST
New Start Step Therapy

New Start Step Therapy applies to the use of a medication for the first time. If you are currently taking a medication marked at NST, your coverage of the medication is grandfathered.

LA
Limited Access

Limited Access medications may not be available at all pharmacies. For information about where you can get this medication please call the phone numbers listed on the cover of this formulary.

QL

This medication has restrictions or a Quantity Limit to the number of doses that

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Quantity Limit

may be covered for a specific day supply. Quantity limits are for your own safety and to ensure proper use of the drug. If your prescriber requests a quantity greater than the specific limit, you may request an authorization for the plan to cover the prescribed amount.

The “Tier Status” column of the formulary table indicates the cost-sharing tier for the drug. Basically, the higher the Tier, the higher your out-of-pocket cost may be as a result of the cost-sharing defined by the plan. For more information on the cost sharing amounts, please see your Summary of Benefits or Evidence of Coverage.

The following defines each tier in the formulary.

Tier 1

Generic drugs. These drugs provide you with the lowest cost option.

Tier 2

Non-Preferred Generic drugs. These drugs are considered to be non-preferred generic drugs because they have lower cost alternatives.

Tier 3

Preferred Brand drugs. These drugs are brand name drug options which provide the lowest net cost. The lowest net cost takes into consideration other medications and/or medical oversight that may be required which adds to the overall cost of therapy.

Tier 4

Non-Preferred Brand drugs. These drugs are considered to be non-preferred brand name drugs because they have lower cost brand name or generic alternatives.

Specialty Tier 5

Specialty Medications. Medications are considered “specialty” due to a high cost, they may be administered via injection, or they may require special handling and storage.

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How much will my medications cost me?

Your share of the cost when you get a *one-month* supply (or less) of a covered Part D prescription drug from:

	Preferred Network pharmacy (up to a 30-day supply)	Non-Preferred Network pharmacy (up to a 30-day supply)	Network long-term care pharmacy (up to a 91-day supply)	Out-of-network pharmacy (Coverage is limited to certain situations; see Chapter 3 for details.) (up to a 30-day supply)
Cost-Sharing Tier 1 (Preferred Generics)	\$0.00	\$10.00	\$10.00	\$10.00
Cost-Sharing Tier 2 (Non-Preferred Generics)	Please reference Table A on the next page	\$33.00*With the exception of Alaska which is \$20.00 for a 30-day supply	\$33.00	\$33.00
Cost-Sharing Tier 3 (Preferred Brands)	Please reference Table B on the next page	\$45.00 *With the exception of Alaska which is \$35 for a 30-day supply	\$45.00	\$45.00
Cost-Sharing Tier 4 (Non-Preferred Brands)	Please reference Table C on the next page	\$95.00 *With the exception of Alaska which is \$65.00 for a 30-day supply	\$95.00	\$95.00
Cost-Sharing Tier 5 (Specialty)	25%	25%	25%	25%

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Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug from:

	Preferred Network pharmacy (90-day supply)	Non-Preferred Network Pharmacy (90-day supply)
Cost-Sharing Tier 1 (Preferred Generics)	\$0.00	\$25.00
Cost-Sharing Tier 2 (Non-Preferred Generics)	Please reference Table A on the next page	\$82.50 *With the exception of Alaska which is \$50.00 for a 90-day supply
Cost-Sharing Tier 3 (Preferred Brands)	Please reference Table B on the next page	\$112.50 *With the exception of Alaska which is \$87.50 for a 90-day supply
Cost-Sharing Tier 4 (Non-Preferred Brands)	Please reference Table C on the next page	\$237.50 *With the exception of Alaska which is \$162.50 for a 90-day supply
Cost-Sharing Tier 5 (Specialty Medications)	25%	25%

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Table A
Tier 2: Non-Preferred Generic Copay Amounts
From A Preferred Retail Pharmacy

The copay amounts shown in this table are for a 30-day supply based on each plan type. A 90-day supply copay amount is 2 1/2 times the amount shown below. **For example:** if your copay is \$20.00 for a 30-day supply, your copay for a 90-day supply is \$50.00.

State	SmartD Rx Saver (PDP)	SmartD Rx Plus (PDP)	State	SmartD Rx Saver (PDP)	SmartD Rx Plus (PDP)
Alabama	\$20.00	\$20.00	Montana	\$15.00	\$15.00
Alaska	\$10.00	\$10.00	Nebraska	\$15.00	\$15.00
Arizona	\$20.00	\$20.00	Nevada	\$20.00	\$20.00
Arkansas	\$20.00	\$20.00	New Hampshire	\$10.00	\$10.00
California	\$20.00	\$20.00	New Jersey	\$20.00	\$20.00
Colorado	\$20.00	\$20.00	New Mexico	\$20.00	\$20.00
Connecticut	\$20.00	\$20.00	New York	\$20.00	\$20.00
Delaware	\$20.00	\$20.00	North Carolina	\$21.00	\$21.00
Dist. of Columbia	\$20.00	\$20.00	North Dakota	\$15.00	\$15.00
Florida	\$24.00	\$24.00	Ohio	\$20.00	\$20.00
Georgia	\$20.00	\$20.00	Oklahoma	\$20.00	\$20.00
Hawaii	\$21.00	\$21.00	Oregon	\$17.00	\$17.00
Idaho	\$21.00	\$21.00	Pennsylvania	\$20.00	\$20.00
Illinois	\$20.00	\$20.00	Puerto Rico	\$20.00	\$20.00
Indiana	\$20.00	\$20.00	Rhode Island	\$20.00	\$20.00
Iowa	\$15.00	\$15.00	South Carolina	\$20.00	\$20.00
Kansas	\$16.00	\$16.00	South Dakota	\$15.00	\$15.00
Kentucky	\$20.00	\$20.00	Tennessee	\$20.00	\$20.00
Louisiana	\$20.00	\$20.00	Texas	\$20.00	\$20.00
Maine	\$10.00	\$10.00	Utah	\$21.00	\$21.00
Maryland	\$20.00	\$20.00	Vermont	\$20.00	\$20.00
Massachusetts	\$20.00	\$20.00	Virginia	\$20.00	\$20.00
Michigan	\$20.00	\$20.00	Washington	\$17.00	\$17.00
Minnesota	\$15.00	\$15.00	West Virginia	\$20.00	\$20.00
Mississippi	\$20.00	\$20.00	Wisconsin	\$20.00	\$20.00
Missouri	\$20.00	\$20.00	Wyoming	\$15.00	\$15.00

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Table B
Tier 3: Preferred Brand Copay Amounts
From A Preferred Retail Pharmacy

The copay amounts shown in this table are for a 30-day supply based on each plan type. A 90-day supply copay amount is 2 1/2 times the amount shown below. **For example:** if your copay is \$32.00 for a 30-day supply, your copay for a 90-day supply is \$80.00.

State	SmartD Rx Saver (PDP)	SmartD Rx Plus (PDP)
Alabama	\$34.00	\$34.00
Alaska	\$25.00	\$25.00
Arizona	\$32.00	\$32.00
Arkansas	\$30.00	\$30.00
California	\$32.00	\$32.00
Colorado	\$31.00	\$31.00
Connecticut	\$35.00	\$35.00
Delaware	\$35.00	\$35.00
Dist. of Columbia	\$35.00	\$35.00
Florida	\$35.00	\$35.00
Georgia	\$35.00	\$35.00
Hawaii	\$30.00	\$30.00
Idaho	\$30.00	\$30.00
Illinois	\$33.00	\$33.00
Indiana	\$32.00	\$32.00
Iowa	\$30.00	\$30.00
Kansas	\$30.00	\$30.00
Kentucky	\$32.00	\$32.00
Louisiana	\$30.00	\$30.00
Maine	\$25.00	\$25.00
Maryland	\$35.00	\$35.00
Massachusetts	\$35.00	\$35.00
Michigan	\$33.00	\$33.00
Minnesota	\$30.00	\$30.00
Mississippi	\$30.00	\$30.00
Missouri	\$32.00	\$32.00

State	SmartD Rx Saver (PDP)	SmartD Rx Plus (PDP)
Montana	\$30.00	\$30.00
Nebraska	\$30.00	\$30.00
Nevada	\$33.00	\$33.00
New Hampshire	\$25.00	\$25.00
New Jersey	\$35.00	\$35.00
New Mexico	\$32.00	\$32.00
New York	\$35.00	\$35.00
North Carolina	\$35.00	\$35.00
North Dakota	\$30.00	\$30.00
Ohio	\$32.00	\$32.00
Oklahoma	\$35.00	\$35.00
Oregon	\$30.00	\$30.00
Pennsylvania	\$31.00	\$31.00
Puerto Rico	\$35.00	\$35.00
Rhode Island	\$35.00	\$35.00
South Carolina	\$33.00	\$33.00
South Dakota	\$30.00	\$30.00
Tennessee	\$34.00	\$34.00
Texas	\$34.00	\$34.00
Utah	\$30.00	\$30.00
Vermont	\$35.00	\$35.00
Virginia	\$31.00	\$31.00
Washington	\$30.00	\$30.00
West Virginia	\$31.00	\$31.00
Wisconsin	\$34.00	\$34.00
Wyoming	\$30.00	\$30.00

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Table C
Tier 4: Non-Preferred Brand Copay Amounts
From A Preferred Retail Pharmacy

The copay amounts shown in this table are for a 30-day supply based on each plan type. A 90-day supply copay amount is 2 1/2 times the amount shown below. **For example:** if your copay is \$85.00 for a 30-day supply, your copay for a 90-day supply.

State	SmartD Rx Saver (PDP)	SmartD Rx Plus (PDP)	State	SmartD Rx Saver (PDP)	SmartD Rx Plus (PDP)
Alabama	\$85.00	\$85.00	Montana	\$80.00	\$80.00
Alaska	\$55.00	\$55.00	Nebraska	\$80.00	\$80.00
Arizona	\$79.00	\$79.00	Nevada	\$85.00	\$85.00
Arkansas	\$77.00	\$77.00	New Hampshire	\$62.00	\$62.00
California	\$85.00	\$85.00	New Jersey	\$81.00	\$81.00
Colorado	\$85.00	\$85.00	New Mexico	\$81.00	\$81.00
Connecticut	\$85.00	\$85.00	New York	\$85.00	\$85.00
Delaware	\$81.00	\$81.00	North Carolina	\$85.00	\$85.00
Dist. of Columbia	\$81.00	\$81.00	North Dakota	\$80.00	\$80.00
Florida	\$85.00	\$85.00	Ohio	\$85.00	\$85.00
Georgia	\$80.00	\$80.00	Oklahoma	\$85.00	\$85.00
Hawaii	\$85.00	\$85.00	Oregon	\$80.00	\$80.00
Idaho	\$85.00	\$85.00	Pennsylvania	\$85.00	\$85.00
Illinois	\$85.00	\$85.00	Puerto Rico	\$82.00	\$82.00
Indiana	\$85.00	\$85.00	Rhode Island	\$85.00	\$85.00
Iowa	\$80.00	\$80.00	South Carolina	\$81.00	\$81.00
Kansas	\$80.00	\$80.00	South Dakota	\$80.00	\$80.00
Kentucky	\$85.00	\$85.00	Tennessee	\$85.00	\$85.00
Louisiana	\$77.00	\$77.00	Texas	\$84.00	\$84.00
Maine	\$62.00	\$62.00	Utah	\$85.00	\$85.00
Maryland	\$81.00	\$81.00	Vermont	\$85.00	\$85.00
Massachusetts	\$85.00	\$85.00	Virginia	\$84.00	\$84.00
Michigan	\$85.00	\$85.00	Washington	\$80.00	\$80.00
Minnesota	\$80.00	\$80.00	West Virginia	\$85.00	\$85.00
Mississippi	\$85.00	\$85.00	Wisconsin	\$85.00	\$85.00
Missouri	\$85.00	\$85.00	Wyoming	\$80.00	\$80.00

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Quick Guide

<u>Drug Name</u>	<u>Tier Status</u>	<u>Requirement/Limit</u>
UPPERCASE BOLD = Brand name drugs	Tier 1 = Preferred Generic	PA = Prior Authorization
italics = Generic drugs	Tier 2 = Non-Preferred Generic	NPA = New Prior Authorization
	Tier 3 = Preferred Brand	Part B PA = Part B Prior Authorization
	Tier 4 = Non-Preferred Brand	ST = Step Therapy
	Specialty = Specialty	NST = New Step Therapy
		LA = Limited Access
		QL = Quantity Limit

Drug Name	Tier Status	Requirements
Anti – Infectives		
Antifungal Agents		
<i>amphotericin B</i>	Tier 2	Part B PA
ANCOBON	Tier 3	
<i>clotrimazole</i>	Tier 1	
ERAXIS(WATER DILUENT)	Tier 3	
<i>fluconazole</i>	Tier 1	
<i>fluconazole in dextrose(iso-o)</i>	Tier 1	
<i>flucytosine</i>	Tier 2	
<i>griseofulvin microsize</i>	Tier 2	
GRIS-PEG	Tier 4	
<i>itraconazole</i>	Tier 2	
<i>ketoconazole</i>	Tier 1	
NOXAFIL	Tier 3	
<i>nystatin</i>	Tier 2	
SPORANOX ORAL SOLN	Tier 3	
<i>terbinafine</i>	Tier 1	

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Drug Name	Tier Status	Requirements
VFEND ORAL SUSP	Tier 3	
VFEND IV	Tier 3	
<i>voriconazole</i>	Tier 2	
Antivirals		
<i>acyclovir</i>	Tier 1	
<i>acyclovir sodium</i>	Tier 1	
<i>amantadine</i>	Tier 2	
APTIVUS CAPSULE	Specialty	QL (360 EA per 90 day(s))
APTIVUS ORAL SOLN	Specialty	QL (950 ML per 90 day(s))
ATRIPLA	Specialty	QL (90 EA per 90 day(s))
BARACLUDE ORAL SOLN	Tier 3	QL (1890 ML per 90 day(s))
BARACLUDE TABLET	Tier 3	QL (90 EA per 90 day(s))
COMPLERA	Specialty	QL (90 EA per 90 day(s))
CRIXIVAN	Tier 3	
<i>didanosine</i>	Tier 2	QL (90 EA per 90 day(s))
EDURANT	Specialty	QL (90 EA per 90 day(s))
EMTRIVA ORAL SOLN	Tier 3	QL (2210 ML per 90 day(s))
EMTRIVA CAPSULE	Tier 3	QL (90 EA per 90 day(s))
EPIVIR ORAL SOLN	Tier 3	QL (2880 ML per 90 day(s))
EPIVIR HBV	Tier 3	
EPZICOM	Specialty	QL (90 EA per 90 day(s))
<i>famciclovir</i>	Tier 2	
<i>foscarnet</i>	Tier 2	Part B PA
FUZEON	Specialty	QL (3 EA per 90 day(s))
<i>ganciclovir</i>	Tier 2	
HEPSERA	Specialty	QL (90 EA per 90 day(s))
INCIVEK	Specialty	PA; QL (504 EA per 84 day(s))
INTELENCE TABLET 200 mg	Specialty	QL (180 EA per 90 day(s))
INTELENCE TABLET 100 mg	Specialty	QL (360 EA per 90 day(s))
INVIRASE TABLET	Specialty	QL (360 EA per 90 day(s))
INVIRASE CAPSULE	Tier 4	QL (900 EA per 90 day(s))

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
ISENTRESS	Specialty	QL (360 EA per 90 day(s))
KALETRA ORAL SOLN	Specialty	QL (1280 ML per 90 day(s))
KALETRA TABLET 200-50 mg	Specialty	QL (360 EA per 90 day(s))
KALETRA TABLET 100-25 mg	Tier 3	QL (900 EA per 90 day(s))
<i>lamivudine tablet 150 mg</i>	Tier 2	QL (180 EA per 90 day(s))
<i>lamivudine tablet 300 mg</i>	Tier 2	QL (90 EA per 90 day(s))
<i>lamivudine-zidovudine</i>	Tier 2	QL (180 EA per 90 day(s))
LEXIVA TABLET	Specialty	QL (360 EA per 90 day(s))
LEXIVA ORAL SUSP	Tier 3	QL (5175 ML per 90 day(s))
<i>nevirapine</i>	Tier 2	QL (180 EA per 90 day(s))
NORVIR CAPSULE	Tier 3	QL (1080 EA per 90 day(s))
NORVIR TABLET	Tier 3	QL (1080 EA per 90 day(s))
NORVIR ORAL SOLN	Tier 3	QL (1440 ML per 90 day(s))
PREZISTA TABLET 400 mg, 600 mg	Specialty	QL (180 EA per 90 day(s))
PREZISTA TABLET 150 mg	Tier 3	QL (540 EA per 90 day(s))
PREZISTA TABLET 75 mg	Tier 3	QL (900 EA per 90 day(s))
REBETOL ORAL SOLN	Tier 3	PA
RELENZA DISKHALER	Tier 3	QL (300 EA per 365 day(s))
RESCRIPTOR DISPERSIBLE TABLET	Tier 4	QL (1080 EA per 90 day(s))
RESCRIPTOR TABLET	Tier 4	QL (540 EA per 90 day(s))
RETROVIR IV	Tier 3	
REYATAZ CAPSULE 150 mg, 200 mg	Tier 3	QL (180 EA per 90 day(s))
REYATAZ CAPSULE 100 mg	Tier 3	QL (360 EA per 90 day(s))
REYATAZ CAPSULE 300 mg	Tier 3	QL (90 EA per 90 day(s))
<i>ribapak dose pack</i>	Specialty	PA
<i>ribasphere tablet 600 mg</i>	Specialty	PA
<i>ribasphere capsule</i>	Tier 2	PA
<i>ribasphere tablet 200 mg, 400 mg</i>	Tier 2	PA
<i>ribavirin</i>	Tier 2	PA
<i>rimantadine</i>	Tier 2	
SELZENTRY TABLET 150 mg	Specialty	QL (180 EA per 90 day(s))

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
SELZENTRY TABLET 300 mg	Specialty	QL (360 EA per 90 day(s))
<i>stavudine</i>	Tier 2	QL (180 EA per 90 day(s))
SUSTIVA CAPSULE 200 mg	Tier 3	QL (360 EA per 90 day(s))
SUSTIVA CAPSULE 50 mg	Tier 3	QL (630 EA per 90 day(s))
SUSTIVA TABLET	Tier 3	QL (90 EA per 90 day(s))
TAMIFLU CAPSULE 30 mg	Tier 3	QL (120 EA per 365 day(s))
TAMIFLU CAPSULE 45 mg, 75 mg	Tier 3	QL (60 EA per 365 day(s))
TAMIFLU ORAL SUSP	Tier 3	QL (720 ML per 365 day(s))
TRIZIVIR	Specialty	QL (180 EA per 90 day(s))
TRUVADA	Specialty	QL (90 EA per 90 day(s))
TYZEKA	Specialty	
<i>valacyclovir tablet 1 g</i>	Tier 1	QL (100 EA per 90 day(s))
<i>valacyclovir tablet 500 mg</i>	Tier 1	QL (200 EA per 90 day(s))
VALCYTE	Specialty	
VICTRELIS	Specialty	PA; QL (1008 EA per 84 day(s))
VIDEX 2 GRAM PEDIATRIC	Tier 3	QL (3600 ML per 90 day(s))
VIRACEPT TABLET 625 mg	Specialty	QL (360 EA per 90 day(s))
VIRACEPT TABLET 250 mg	Specialty	QL (900 EA per 90 day(s))
VIRAMUNE ORAL SUSP	Tier 3	QL (3600 ML per 90 day(s))
VIREAD ORAL POWDER	Tier 3	QL (720 GM per 90 day(s))
VIREAD TABLET	Tier 3	QL (90 EA per 90 day(s))
ZERIT ORAL SOLUTION	Tier 4	QL (7200 ML per 90 day(s))
ZIAGEN TABLET	Tier 3	QL (180 EA per 90 day(s))
ZIAGEN ORAL SOLN	Tier 3	QL (2880 ML per 90 day(s))
<i>zidovudine tablet</i>	Tier 2	QL (180 EA per 90 day(s))
<i>zidovudine capsule</i>	Tier 2	QL (540 EA per 90 day(s))
<i>zidovudine Syrup</i>	Tier 2	QL (5520 ML per 90 day(s))
Cephalosporins		
<i>cefaclor capsule</i>	Tier 2	
<i>cefadroxil</i>	Tier 1	
<i>cefazolin</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>cefazolin in dextrose (iso-os)</i>	Tier 2	
<i>cefdinir</i>	Tier 2	
<i>cefepime</i>	Tier 2	
<i>cefotaxime</i>	Tier 2	
<i>cefoxitin</i>	Tier 2	
<i>cefpodoxime</i>	Tier 2	
<i>ceftazidime</i>	Tier 2	
<i>ceftriaxone</i>	Tier 2	
<i>cefuroxime axetil</i>	Tier 1	
<i>cefuroxime sodium</i>	Tier 1	
<i>cephalexin</i>	Tier 1	
FORTAZ SOLUTION FOR INJECTION 6 gram	Tier 3	
FORTAZ IN D5W	Tier 3	
SUPRAX	Tier 4	
TEFLARO	Tier 3	
ZINACEF IN DEXTROSE (ISO-OSM)	Tier 3	
ZINACEF IN STERILE WATER	Tier 3	
Erythromycins / Other Macrolides		
<i>azithromycin</i>	Tier 1	
<i>clarithromycin</i>	Tier 2	
DIFICID	Tier 3	PA; QL (60 EA per 90 day(s))
<i>e.e.s. 400</i>	Tier 2	
<i>e.e.s. granules</i>	Tier 3	
<i>ery-tab tablet, delayed release 250 mg, 333 mg</i>	Tier 2	
ERY-TAB TABLET, DELAYED RELEASE 500 mg	Tier 3	
ERYTHROCIN	Tier 3	
<i>erythrocine stearate</i>	Tier 1	
<i>erythromycin</i>	Tier 3	
<i>erythromycin ethylsuccinate</i>	Tier 2	
ZMAX	Tier 3	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
Miscellaneous Antiinfectives		
ALBENZA	Tier 3	
ALINIA	Tier 3	
<i>amikacin</i>	Tier 2	
<i>atovaquone-proguanil</i>	Tier 2	
AZACTAM	Tier 3	
AZACTAM-ISO-OSMOTIC DEXTROSE	Tier 3	
<i>aztreonam</i>	Tier 2	
BILTRICIDE	Tier 3	
CAPASTAT	Tier 4	
CAYSTON	Specialty	LA
<i>chloroquine phosphate</i>	Tier 2	
CLEOCIN IN D5W	Tier 3	
<i>clindamycin HCl</i>	Tier 1	
<i>clindamycin phosphate</i>	Tier 1	
COARTEM	Tier 3	
<i>colistin (colistimethate Na)</i>	Tier 2	
CUBICIN	Tier 3	Part B PA
<i>dapsone</i>	Tier 3	
DARAPRIM	Tier 3	
<i>ethambutol</i>	Tier 1	
<i>gentamicin</i>	Tier 2	
<i>gentamicin in NaCl (iso-osm)</i>	Tier 2	
<i>gentamicin sulfate (PF)</i>	Tier 2	
<i>hydroxychloroquine</i>	Tier 1	
<i>imipenem-cilastatin</i>	Tier 2	
<i>isoniazid tablet</i>	Tier 2	
<i>isoniazid Syrup</i>	Tier 3	
KETEK	Tier 3	QL (20 EA per 30 day(s))
MALARONE	Tier 3	
<i>mefloquine</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
MEPRON	Specialty	
<i>meropenem</i>	Tier 2	
<i>metronidazole</i>	Tier 2	
<i>metronidazole in NaCl (iso-os)</i>	Tier 2	
MYCOBUTIN	Tier 3	
NEBUPENT	Tier 3	Part B PA
<i>neomycin</i>	Tier 1	
<i>paromomycin</i>	Tier 2	
PASER	Tier 3	
<i>primaquine</i>	Tier 3	
QUALAQUIN	Tier 3	
<i>rifampin</i>	Tier 1	
SEROMYCIN	Tier 3	
<i>streptomycin</i>	Tier 3	
STROMEKTOL	Tier 3	
TOBI	Specialty	Part B PA
<i>tobramycin in NS</i>	Tier 3	
<i>tobramycin sulfate</i>	Tier 1	
TRECTOR	Tier 3	
TYGACIL	Tier 3	
XIFAXAN TABLET 550 mg	Tier 3	QL (180 EA per 90 day(s))
XIFAXAN TABLET 200 mg	Tier 3	QL (9 EA per 30 day(s))
ZYVOX IV	Tier 3	
ZYVOX ORAL SUSP	Tier 3	QL (1800 ML per 30 day(s))
ZYVOX TABLET	Tier 3	QL (56 EA per 30 day(s))
Penicillins		
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 2	
<i>ampicillin</i>	Tier 2	
<i>ampicillin sodium</i>	Tier 2	
<i>ampicillin-sulbactam</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
BICILLIN C-R	Tier 3	
BICILLIN L-A	Tier 3	
<i>dicloxacillin</i>	Tier 2	
<i>nafcillin</i>	Tier 2	
<i>nafcillin in D2.4W</i>	Tier 3	
<i>penicillin G pot in dextrose</i>	Tier 3	
<i>penicillin G potassium</i>	Tier 2	
<i>penicillin G procaine</i>	Tier 3	
<i>penicillin G sodium</i>	Tier 3	
<i>penicillin V potassium</i>	Tier 2	
<i>pfizerpen-g</i>	Tier 2	
<i>piperacillin-tazobactam</i>	Tier 2	
ZOSYN IN DEXTROSE (ISO-OSM)	Tier 3	
Quinolones		
CIPRO IN D5W	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>levofloxacin</i>	Tier 1	
<i>levofloxacin in D5W</i>	Tier 1	
NOROXIN	Tier 4	
<i>ofloxacin</i>	Tier 2	
Sulfa's / Related Agents		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim IV</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim Oral Susp</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tablet 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tablet 800-160 mg</i>	Tier 2	
Tetracyclines		
<i>demeclocycline</i>	Tier 3	
<i>doxycycline hyclate capsule ,</i>	Tier 1	
<i>doxycycline hyclate IV</i>	Tier 1	
<i>doxycycline hyclate tablet 100 mg</i>	Tier 1	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>doxycycline hyclate tablet, delayed release</i>	Tier 1	
<i>doxycycline hyclate tablet 20 mg</i>	Tier 2	
<i>doxycycline monohydrate tablet ,</i>	Tier 1	
<i>doxycycline monohydrate capsule</i>	Tier 2	
<i>minocycline</i>	Tier 2	
<i>tetracycline</i>	Tier 1	
VIBRAMYCIN ORAL SUSP	Tier 3	
VIBRAMYCIN SYRUP	Tier 3	
Urinary Tract Agents		
MACRODANTIN CAPSULE 25 mg	Tier 3	
<i>methenamine hippurate</i>	Tier 2	
<i>nitrofurantoin</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 2	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
PRIMSOL	Tier 4	
<i>trimethoprim</i>	Tier 2	
Vancomycin		
VANCOCIN	Tier 3	
<i>vancomycin IV</i>	Tier 2	Part B PA
<i>vancomycin capsule 125 mg</i>	Tier 2	QL (40 EA per 10 day(s))
<i>vancomycin capsule 250 mg</i>	Tier 2	QL (80 EA per 10 day(s))
VIBATIV	Tier 3	
Antineoplastic / Immunosuppressant Drugs		
Adjunctive Agents		
<i>amifostine crystalline</i>	Specialty	
<i>dexrazoxane</i>	Tier 2	
ELITEK	Specialty	
FUSILEV	Specialty	
<i>leucovorin calcium Inj</i>	Tier 2	
<i>leucovorin calcium tablet 25 mg, 5 mg</i>	Tier 2	
<i>leucovorin calcium tablet 10 mg, 15 mg</i>	Tier 3	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>mesna</i>	Tier 2	
MESNEX ORAL	Tier 3	
XGEVA	Specialty	PA; QL (5.1 ML per 90 day(s))
ZINECARD	Tier 3	
Antineoplastic / Immunosuppressant Drugs		
ABRAXANE	Tier 4	
<i>adriamycin pfs</i>	Tier 2	
AFINITOR TABLET 10 mg, 7.5 mg	Specialty	NPA; QL (180 EA per 90 day(s))
AFINITOR TABLET 2.5 mg, 5 mg	Specialty	NPA; QL (270 EA per 90 day(s))
ALIMTA	Tier 4	
ALKERAN	Tier 4	
<i>anastrozole</i>	Tier 1	
ARRANON	Tier 4	
ARZERRA	Tier 3	
AVASTIN	Tier 4	
<i>azathioprine</i>	Tier 1	Part B PA
<i>azathioprine sodium</i>	Tier 1	
<i>bicalutamide</i>	Tier 1	
BICNU	Tier 4	
<i>bleomycin</i>	Tier 2	
BUSULFEX	Tier 3	
CAMPATH	Tier 4	
CAPRELSA TABLET 100 mg	Specialty	QL (180 EA per 90 day(s))
CAPRELSA TABLET 300 mg	Specialty	QL (90 EA per 90 day(s))
<i>carboplatin</i>	Tier 2	
CEENU	Tier 3	
CELLCEPT ORAL SUSP	Tier 3	Part B PA
CELLCEPT INTRAVENOUS	Tier 3	
<i>cisplatin</i>	Tier 2	
<i>cladribine</i>	Tier 2	
CLOLAR	Tier 4	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
COSMEGEN	Tier 4	
<i>cyclophosphamide</i>	Tier 2	Part B PA
<i>cyclosporine IV</i>	Tier 2	
<i>cyclosporine Oral</i>	Tier 2	Part B PA
<i>cyclosporine modified capsule 100 mg</i>	Tier 2	Part B PA
<i>cyclosporine modified Oral Soln</i>	Tier 2	Part B PA
<i>cyclosporine modified capsule 50 mg</i>	Tier 3	Part B PA
<i>cytarabine</i>	Tier 2	
<i>cytarabine (PF) Solution for Injection</i>	Tier 2	
<i>cytarabine (PF) Injection</i>	Tier 3	
<i>dacarbazine</i>	Tier 2	
DACOGEN	Tier 3	
<i>daunorubicin</i>	Tier 2	
DOCEFREZ	Specialty	
<i>docetaxel IV 80 mg/4 mL (20 mg/mL)</i>	Tier 2	
<i>docetaxel IV 80 mg/8 mL (10 mg/mL)</i>	Tier 3	
DOXIL	Tier 3	
<i>doxorubicin</i>	Tier 2	
DROXIA	Tier 3	
ELLENC	Tier 4	
ELOXATIN	Tier 4	
ELSPAR	Tier 4	
EMCYT	Tier 3	
<i>epirubicin</i>	Tier 2	
ERBITUX	Tier 4	
ERIVEDGE	Specialty	NPA; LA
ETOPOPHOS	Tier 4	
<i>etoposide</i>	Tier 2	
<i>exemestane</i>	Tier 2	
FARESTON	Tier 4	
FASLODEX	Specialty	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
FIRMAGON SUB-Q SOLN 120 mg	Specialty	QL (240 EA per 84 day(s))
FIRMAGON SUB-Q SOLN 80 mg	Tier 3	QL (240 EA per 84 day(s))
<i>fludarabine</i>	Tier 2	
<i>fluorouracil</i>	Tier 2	
<i>flutamide</i>	Tier 2	
<i>gemcitabine</i>	Specialty	
<i>gengraf</i>	Tier 2	Part B PA
GLEEVEC	Specialty	
HALAVEN	Specialty	
HERCEPTIN	Tier 4	
HEXALEN	Specialty	
<i>hydroxyurea</i>	Tier 2	
<i>idarubicin</i>	Tier 2	
IFEX	Tier 4	
<i>ifosfamide</i>	Tier 2	
INLYTA	Specialty	NPA; LA
<i>irinotecan</i>	Specialty	
ISTODAX	Tier 3	
IXEMPRA	Specialty	
JAKAFI	Specialty	NPA; QL (180 EA per 90 day(s))
JEVTANA	Specialty	
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 3	
<i>leuprolide</i>	Tier 2	
LUPRON DEPOT IM SYRINGE KIT 7.5 mg	Specialty	
LUPRON DEPOT IM SYRINGE KIT 3.75 mg	Tier 3	
LUPRON DEPOT (3 MONTH)	Specialty	
LUPRON DEPOT (4 MONTH)	Specialty	
LUPRON DEPOT (6 MONTH)	Specialty	
LUPRON DEPOT-PED	Specialty	
LUPRON DEPOT-PED (3 MONTH)	Specialty	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
LYSODREN	Tier 3	
MATULANE	Specialty	
MEGACE ES	Tier 3	QL (150 ML per 30 day(s))
<i>megestrol</i>	Tier 2	
<i>melphalan</i>	Tier 2	
<i>mercaptopurine</i>	Tier 2	
<i>methotrexate sodium</i>	Tier 1	Part B PA
<i>methotrexate sodium (PF) Injection</i>	Tier 1	
<i>methotrexate sodium (PF) Solution for Injection</i>	Tier 4	
<i>mitomycin</i>	Tier 2	
<i>mitoxantrone</i>	Tier 2	
MUSTARGEN	Tier 4	
<i>mycophenolate mofetil</i>	Tier 1	Part B PA
MYFORTIC	Tier 3	Part B PA
NEORAL	Tier 3	Part B PA
NEXAVAR	Specialty	NPA; LA; QL (360 EA per 90 day(s))
NILANDRON	Tier 4	QL (120 EA per 90 day(s))
NIPENT	Tier 4	
NULOJIX	Specialty	
<i>octreotide acetate Injection 1,000 mcg/mL, 500 mcg/mL</i>	Specialty	
<i>octreotide acetate Injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i>	Tier 2	
ONTAK	Tier 4	
<i>oxaliplatin</i>	Specialty	
<i>paclitaxel</i>	Tier 2	
<i>pentostatin</i>	Tier 2	
PROGRAF IV	Tier 3	
RAPAMUNE	Tier 3	Part B PA
REVLIMID CAPSULE 15 mg, 25 mg	Specialty	LA; QL (21 EA per 28 day(s))
REVLIMID CAPSULE 10 mg, 5 mg	Specialty	LA; QL (30 EA per 30 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
RHEUMATREX	Tier 4	Part B PA
RITUXAN	Tier 3	NPA
SANDIMMUNE	Tier 3	Part B PA
SANDOSTATIN LAR DEPOT	Tier 4	
SIMULECT	Tier 3	
SOMATULINE DEPOT	Specialty	
SPRYCEL TABLET 20 mg	Specialty	QL (180 EA per 90 day(s))
SPRYCEL TABLET 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Specialty	QL (90 EA per 90 day(s))
SUTENT	Specialty	NPA; QL (90 EA per 90 day(s))
TABLOID	Tier 3	
<i>tacrolimus</i>	Tier 2	Part B PA
<i>tamoxifen</i>	Tier 1	
TARCEVA TABLET 25 mg	Specialty	NPA; QL (180 EA per 90 day(s))
TARCEVA TABLET 100 mg, 150 mg	Specialty	NPA; QL (90 EA per 90 day(s))
TARGRETIN	Tier 3	
TASIGNA	Specialty	QL (336 EA per 84 day(s))
TAXOTERE	Specialty	
THALOMID	Specialty	NPA
<i>thiotepa</i>	Tier 2	
<i>toposar</i>	Tier 2	
<i>topotecan</i>	Tier 2	
TORISEL	Specialty	NPA
TREANDA	Specialty	
TRELSTAR	Tier 4	
<i>tretinoin (chemotherapy)</i>	Tier 2	
TRISENOX	Tier 3	
TYKERB	Specialty	LA; QL (540 EA per 90 day(s))
VECTIBIX	Specialty	
VELCADE	Tier 4	
VIDAZA	Specialty	QL (4200 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>vinblastine</i>	Tier 2	
<i>vincristine</i>	Tier 2	
<i>vinorelbine</i>	Tier 2	
VOTRIENT	Specialty	QL (360 EA per 90 day(s))
XALKORI	Specialty	NPA; QL (180 EA per 90 day(s))
YERVOY	Specialty	NPA
ZANOSAR	Tier 4	
ZELBORAF	Specialty	NPA; QL (720 EA per 90 day(s))
ZOLINZA	Specialty	QL (360 EA per 90 day(s))
ZORTRESS TABLET 0.5 mg, 0.75 mg	Specialty	Part B PA
ZORTRESS TABLET 0.25 mg	Tier 3	Part B PA
ZYTIGA	Specialty	NPA; QL (360 EA per 90 day(s))
Autonomic / Cns Drugs, Neurology / Psych		
Anticonvulsants		
BANZEL	Tier 3	
<i>carbamazepine</i>	Tier 2	
CARBATROL	Tier 3	
CELONTIN	Tier 3	
<i>clonazepam tablet</i>	Tier 1	
<i>clonazepam disintegrating tablet</i>	Tier 2	
<i>diazepam</i>	Tier 2	
DILANTIN	Tier 3	
DILANTIN INFATABS	Tier 3	
<i>divalproex</i>	Tier 1	
<i>epitol</i>	Tier 1	
<i>ethosuximide</i>	Tier 2	
<i>felbamate</i>	Tier 2	
FELBATOL	Tier 3	
<i>fosphenytoin</i>	Tier 2	
<i>gabapentin</i>	Tier 1	
GABITRIL	Tier 3	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>lamotrigine</i>	Tier 1	
<i>levetiracetam</i>	Tier 2	
LYRICA CAPSULE 225 mg, 300 mg	Tier 3	QL (180 EA per 90 day(s))
LYRICA CAPSULE 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 3	QL (270 EA per 90 day(s))
ONFI	Tier 3	
<i>oxcarbazepine</i>	Tier 2	
PEGANONE	Tier 3	
<i>phenobarbital</i>	Tier 2	NPA
<i>phenytoin</i>	Tier 2	
<i>phenytoin sodium</i>	Tier 3	
<i>phenytoin sodium extended</i>	Tier 2	
POTIGA	Tier 4	
<i>primidone</i>	Tier 1	
SABRIL	Tier 3	
TEGRETOL XR TABLET,EXTENDED RELEASE 100 mg	Tier 3	
<i>topiramate</i>	Tier 1	
TRILEPTAL ORAL SUSP	Tier 4	
<i>valproate sodium</i>	Tier 2	
<i>valproic acid</i>	Tier 2	
<i>valproic acid (as sodium salt)</i>	Tier 2	
VIMPAT	Tier 3	
<i>zonisamide</i>	Tier 2	
Antiparkinsonism Agents		
APOKYN	Tier 3	LA
AZILECT	Tier 3	
<i>benztropine</i>	Tier 2	
<i>bromocriptine</i>	Tier 2	
<i>carbidopa-levodopa</i>	Tier 2	
COMTAN	Tier 3	
LODOSYN	Tier 3	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
MIRAPEX ER	Tier 3	
<i>pramipexole</i>	Tier 1	
<i>ropinirole tablet</i>	Tier 1	
<i>ropinirole ER tablet, extended release 24 hr</i>	Tier 2	
<i>selegiline HCl</i>	Tier 2	
STALEVO 100	Tier 3	
STALEVO 125	Tier 3	
STALEVO 150	Tier 3	
STALEVO 200	Tier 3	
STALEVO 50	Tier 3	
STALEVO 75	Tier 3	
<i>trihexyphenidyl</i>	Tier 2	
ZELAPAR	Tier 3	
Migraine / Cluster Headache Therapy		
<i>dihydroergotamine</i>	Tier 3	
<i>ergotamine-caffeine</i>	Tier 2	
<i>migergot</i>	Tier 2	
MIGRANAL	Tier 4	QL (24 ML per 90 day(s))
<i>naratriptan tablet 2.5 mg</i>	Tier 1	QL (24 EA per 90 day(s))
<i>naratriptan tablet 1 mg</i>	Tier 1	QL (36 EA per 90 day(s))
RELPAX	Tier 3	QL (36 EA per 90 day(s))
<i>sumatriptan succinate SubQ</i>	Tier 1	QL (12 ML per 90 day(s))
<i>sumatriptan tablet 100 mg</i>	Tier 1	QL (27 EA per 90 day(s))
<i>sumatriptan tablet 25 mg, 50 mg</i>	Tier 1	QL (54 EA per 90 day(s))
Miscellaneous Neurological Therapy		
COPAXONE	Specialty	PA; QL (90 EA per 90 day(s))
<i>donepezil</i>	Tier 1	QL (90 EA per 90 day(s))
EXELON ORAL SOLN	Tier 3	
EXELON TD	Tier 3	QL (90 EA per 90 day(s))
<i>galantamine Oral Soln</i>	Tier 2	
<i>galantamine tablet</i>	Tier 2	QL (180 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>galantamine ER 24 hr capsule, extended release</i>	Tier 2	QL (90 EA per 90 day(s))
GILENYA	Specialty	PA; QL (28 EA per 28 day(s))
MYTELASE	Tier 3	
NAMENDA ORAL SOLN	Tier 3	
NAMENDA TABLET 10 mg	Tier 3	QL (180 EA per 90 day(s))
NAMENDA TABLET 5 mg	Tier 3	QL (270 EA per 90 day(s))
NAMENDA TITRATION PAK	Tier 3	
NUEDEXTA	Tier 3	QL (180 EA per 90 day(s))
<i>rivastigmine</i>	Tier 2	QL (180 EA per 90 day(s))
XENAZINE	Specialty	LA
Muscle Relaxants / Antispasmodic Therapy		
<i>baclofen</i>	Tier 1	
<i>cyclobenzaprine tablet 10 mg, 5 mg</i>	Tier 1	
<i>dantrolene</i>	Tier 2	
LIORESAL	Tier 3	Part B PA
MESTINON SYRUP	Tier 3	
MESTINON TIMESPAN	Tier 3	
<i>pyridostigmine bromide</i>	Tier 1	
<i>regonol</i>	Tier 2	
<i>tizanidine tablet</i>	Tier 1	
<i>tizanidine capsule</i>	Tier 2	
Narcotic Analgesics		
<i>acetaminophen-codeine tablet</i>	Tier 2	QL (1170 EA per 90 day(s))
<i>acetaminophen-codeine Elixir</i>	Tier 2	QL (4875 ML per 30 day(s))
<i>ascomp w/codeine</i>	Tier 2	
BUPRENEX	Tier 3	
<i>buprenorphine</i>	Tier 2	
<i>codeine sulfate</i>	Tier 2	
DILAUDID (PF)	Tier 3	
DILAUDID-5	Tier 3	
DILAUDID-HP (PF)	Tier 3	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>duramorph (pf)</i>	Tier 2	
<i>endocet tablet 5-325 mg, 7.5-325 mg</i>	Tier 2	QL (1080 EA per 90 day(s))
<i>endocet tablet 10-325 mg</i>	Tier 2	QL (1080 EA per 90 Day(s))
<i>endocet tablet 10-650 mg</i>	Tier 2	QL (540 EA per 90 day(s))
<i>endocet tablet 7.5-500 mg</i>	Tier 2	QL (720 EA per 90 day(s))
EXALGO ER	Tier 3	
<i>fentanyl</i>	Tier 3	QL (30 EA per 90 day(s))
<i>fentanyl Lozenge on a Handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Specialty	PA; QL (360 EA per 90 day(s))
<i>fentanyl Lozenge on a Handle 200 mcg</i>	Tier 3	PA; QL (360 EA per 90 day(s))
<i>hydrocodone-acetaminophen tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier 1	QL (1080 EA per 90 day(s))
<i>hydrocodone-acetaminophen Oral Soln 7.5-500 mg/15 mL</i>	Tier 1	QL (3600 ML per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-750 mg, 7.5-750 mg</i>	Tier 1	QL (450 EA per 90 day(s))
<i>hydrocodone-acetaminophen tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i>	Tier 1	QL (540 EA per 90 day(s))
<i>hydrocodone-acetaminophen Oral Soln 7.5-325 mg/15 mL</i>	Tier 1	QL (5550 ML per 30 day(s))
<i>hydrocodone-acetaminophen tablet 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg</i>	Tier 1	QL (720 EA per 90 day(s))
<i>hydrocodone-ibuprofen</i>	Tier 1	QL (1440 EA per 90 day(s))
<i>hydromorphone</i>	Tier 2	
<i>hydromorphone (PF)</i>	Tier 3	
<i>levorphanol tartrate</i>	Tier 2	
<i>methadone</i>	Tier 2	
<i>methadose</i>	Tier 2	
<i>morphine</i>	Tier 2	
<i>morphine concentrate</i>	Tier 2	
ONSOLIS BUCCAL FILM 1,200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 3	PA; QL (360 EA per 90 day(s))
ONSOLIS BUCCAL FILM 200 mcg	Tier 3	PA; QL (720 EA per 90 day(s))

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>oxycodone capsule</i>	Tier 1	QL (1080 EA per 90 day(s))
<i>oxycodone tablet 5 mg</i>	Tier 1	QL (1080 EA per 90 day(s))
<i>oxycodone Oral Concentrate</i>	Tier 1	QL (1800 ML per 90 day(s))
<i>oxycodone tablet 15 mg, 30 mg</i>	Tier 1	QL (540 EA per 90 day(s))
<i>oxycodone-acetaminophen tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (1080 EA per 90 day(s))
<i>oxycodone-acetaminophen tablet 10-650 mg</i>	Tier 1	QL (540 EA per 90 day(s))
<i>oxycodone-acetaminophen capsule</i>	Tier 1	QL (720 EA per 90 day(s))
<i>oxycodone-acetaminophen tablet 7.5-500 mg</i>	Tier 1	QL (720 EA per 90 day(s))
<i>oxycodone-aspirin</i>	Tier 1	
OXYCONTIN	Tier 4	NPA; QL (540 EA per 90 day(s))
<i>oxymorphone</i>	Tier 2	
<i>reprexain tablet 10-200 mg</i>	Tier 2	QL (1440 EA per 90 Day(s))
ROXICET ORAL SOLN	Tier 3	QL (5580 ML per 90 day(s))
<i>stagesic</i>	Tier 2	QL (720 EA per 90 Day(s))
Non-Narcotic Analgesics		
ARTHROTEC 50	Tier 4	
ARTHROTEC 75	Tier 4	
<i>butorphanol tartrate Nasl</i>	Tier 2	PA; QL (30 ML per 90 day(s))
CELEBREX	Tier 4	PA; ST; QL (180 EA per 90 day(s))
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac capsule</i>	Tier 1	
<i>etodolac tablet</i>	Tier 1	
<i>etodolac ER tablet, extended release 24 hr</i>	Tier 2	
<i>fenoprofen</i>	Tier 2	
FLECTOR	Tier 4	
<i>flurbiprofen</i>	Tier 2	
<i>ibuprofen</i>	Tier 2	
<i>indomethacin</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>ketoprofen</i>	Tier 2	
<i>meclofenamate</i>	Tier 2	
<i>mefenamic acid</i>	Tier 2	
<i>meloxicam</i>	Tier 1	
<i>nabumetone</i>	Tier 1	
<i>naloxone</i>	Tier 1	
<i>naltrexone</i>	Tier 2	
<i>naproxen tablet, delayed release</i>	Tier 1	
<i>naproxen Oral Susp</i>	Tier 2	
<i>naproxen tablet</i>	Tier 2	
<i>naproxen sodium</i>	Tier 1	
<i>oxaprozin</i>	Tier 2	
PENNSAID	Tier 3	
<i>piroxicam</i>	Tier 2	
SUBOXONE	Tier 3	
<i>sulindac</i>	Tier 2	
<i>tolmetin</i>	Tier 2	
<i>tramadol tablet</i>	Tier 1	QL (720 EA per 90 day(s))
<i>tramadol ER tablet, extended release 24 hr</i>	Tier 3	QL (90 EA per 90 day(s))
<i>tramadol ER tablet, extended release 24hr mphase</i>	Tier 3	QL (90 EA per 90 day(s))
VIMOVO	Tier 3	QL (180 EA per 90 day(s))
VOLTAREN TOP	Tier 3	
Psychotherapeutic Drugs		
ABILIFY IM	Tier 3	
ABILIFY ORAL SOLN	Tier 3	
ABILIFY TABLET 15 mg	Tier 3	QL (180 EA per 90 day(s))
ABILIFY TABLET 10 mg	Tier 3	QL (270 EA per 90 day(s))
ABILIFY TABLET 2 mg, 20 mg, 30 mg, 5 mg	Tier 3	QL (90 EA per 90 day(s))
ABILIFY DISCMELT DISINTEGRATING TABLET 15 mg	Tier 3	QL (180 EA per 90 day(s))
ABILIFY DISCMELT DISINTEGRATING TABLET 10 mg	Tier 3	QL (270 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>amitriptyline</i>	Tier 2	
<i>amitriptyline-chlordiazepoxide</i>	Tier 2	
<i>amoxapine</i>	Tier 2	
<i>budeprion sr</i>	Tier 2	QL (180 EA per 90 day(s))
<i>budeprion xl 24 hr tablet, extended release 150 mg</i>	Tier 2	QL (270 EA per 90 day(s))
<i>budeprion xl 24 hr tablet, extended release 300 mg</i>	Tier 2	QL (90 EA per 90 day(s))
<i>bupropion HCl tablet</i>	Tier 2	
<i>bupropion HCl SR tablet, extended release</i>	Tier 2	QL (180 EA per 90 day(s))
<i>buspirone</i>	Tier 2	
<i>chlorpromazine</i>	Tier 2	
<i>citalopram Oral Soln</i>	Tier 1	
<i>citalopram tablet 10 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>citalopram tablet 20 mg</i>	Tier 1	QL (270 EA per 90 day(s))
<i>citalopram tablet 40 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>clomipramine</i>	Tier 2	
<i>clorazepate dipotassium</i>	Tier 2	
<i>clozapine tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clozapine tablet 200 mg</i>	Tier 3	
CYMBALTA CAPSULE, DELAYED RELEASE 60 mg	Tier 3	QL (180 EA per 90 day(s))
CYMBALTA CAPSULE, DELAYED RELEASE 30 mg	Tier 3	QL (360 EA per 90 day(s))
CYMBALTA CAPSULE, DELAYED RELEASE 20 mg	Tier 3	QL (540 EA per 90 day(s))
<i>desipramine</i>	Tier 2	
<i>dextroamphetamine</i>	Tier 1	PA
<i>diazepam</i>	Tier 2	
<i>diazepam intensol</i>	Tier 2	
<i>doxepin</i>	Tier 2	
EMSAM	Tier 4	QL (90 EA per 90 day(s))
<i>escitalopram Oral Soln</i>	Tier 2	QL (1920 ML per 90 day(s))

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>escitalopram tablet</i>	Tier 2	QL (90 EA per 90 day(s))
FANAPT TABLETS IN A DOSE PACK	Tier 4	
FANAPT TABLET 10 mg, 12 mg, 6 mg, 8 mg	Tier 4	QL (180 EA per 90 day(s))
FANAPT TABLET 1 mg, 2 mg, 4 mg	Tier 4	QL (90 EA per 90 day(s))
FAZACLO	Tier 4	
<i>fluoxetine Oral Soln</i>	Tier 1	
<i>fluoxetine capsule, delayed release</i>	Tier 1	QL (12 EA per 90 day(s))
<i>fluoxetine capsule 40 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>fluoxetine capsule 20 mg</i>	Tier 1	QL (360 EA per 90 day(s))
<i>fluoxetine tablet 20 mg</i>	Tier 1	QL (360 EA per 90 day(s))
<i>fluoxetine capsule 10 mg</i>	Tier 1	QL (720 EA per 90 day(s))
<i>fluoxetine tablet 10 mg</i>	Tier 1	QL (720 EA per 90 day(s))
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine HCl</i>	Tier 2	
<i>fluvoxamine</i>	Tier 2	QL (270 EA per 90 day(s))
FOCALIN XR	Tier 3	PA
GEODON IM	Tier 4	
HALDOL	Tier 3	
HALDOL DECANOATE	Tier 3	
<i>haloperidol</i>	Tier 2	
<i>haloperidol decanoate</i>	Tier 2	
<i>haloperidol lactate</i>	Tier 2	
<i>imipramine HCl</i>	Tier 2	
<i>imipramine pamoate</i>	Tier 3	
INTUNIV ER	Tier 4	
INVEGA TABLET, EXTENDED RELEASE 6 mg	Tier 4	QL (180 EA per 90 day(s))
INVEGA TABLET, EXTENDED RELEASE 1.5 mg, 3 mg, 9 mg	Tier 4	QL (90 EA per 90 day(s))
INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL	Tier 3	QL (0.75 ML per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
INVEGA SUSTENNA IM SYRINGE 78 mg/0.5 mL	Tier 3	QL (1.5 ML per 90 day(s))
INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL	Tier 3	QL (2.25 ML per 90 day(s))
INVEGA SUSTENNA IM SYRINGE 156 mg/mL (1 mL)	Tier 3	QL (3 ML per 90 day(s))
INVEGA SUSTENNA IM SYRINGE 234 mg/1.5 mL	Tier 3	QL (4.5 ML per 90 day(s))
LATUDA TABLET 40 mg	Tier 4	QL (180 EA per 90 day(s))
LATUDA TABLET 20 mg	Tier 4	QL (360 EA per 90 day(s))
LATUDA TABLET 80 mg	Tier 4	QL (90 EA per 90 day(s))
<i>lithium carbonate</i>	Tier 1	
<i>lithium citrate</i>	Tier 2	
<i>lorazepam</i>	Tier 1	
<i>lorazepam intensol</i>	Tier 1	
<i>loxapine succinate</i>	Tier 2	
LUNESTA	Tier 4	QL (90 EA per 90 day(s))
<i>maprotiline</i>	Tier 2	
MARPLAN	Tier 3	
METADATE CD CAPSULE,EXTENDED RELEASE 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 4	PA
<i>methylphenidate ER capsule,extended release multiphase 50-50</i>	Tier 2	PA
<i>methylphenidate Oral Soln</i>	Tier 2	PA
<i>methylphenidate tablet</i>	Tier 2	PA
<i>mirtazapine</i>	Tier 1	QL (90 EA per 90 day(s))
<i>nefazodone</i>	Tier 2	QL (180 EA per 90 day(s))
<i>nortriptyline</i>	Tier 1	
<i>olanzapine IM</i>	Tier 2	
<i>olanzapine Oral</i>	Tier 2	QL (90 EA per 90 day(s))
ORAP	Tier 3	
<i>paroxetine ER tablet,extended release 24 hr 12.5 mg, 37.5 mg</i>	Tier 1	QL (180 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>paroxetine ER tablet, extended release 24 hr 25 mg</i>	Tier 1	QL (270 EA per 90 day(s))
<i>paroxetine tablet 10 mg, 30 mg</i>	Tier 2	QL (180 EA per 90 day(s))
<i>paroxetine tablet 20 mg, 40 mg</i>	Tier 2	QL (90 EA per 90 day(s))
PAXIL ORAL SUSP	Tier 3	
<i>perphenazine</i>	Tier 2	
<i>phenelzine</i>	Tier 2	
PRISTIQ	Tier 3	QL (90 EA per 90 day(s))
<i>protriptyline</i>	Tier 2	
PROVIGIL	Tier 3	PA; QL (90 EA per 90 day(s))
<i>quetiapine tablet 25 mg, 300 mg, 400 mg</i>	Tier 2	QL (180 EA per 90 day(s))
<i>quetiapine tablet 100 mg, 200 mg, 50 mg</i>	Tier 2	QL (270 EA per 90 day(s))
RISPERDAL CONSTA	Tier 3	QL (12 EA per 84 day(s))
<i>risperidone Oral Soln</i>	Tier 1	
<i>risperidone disintegrating tablet</i>	Tier 1	QL (180 EA per 90 day(s))
<i>risperidone tablet</i>	Tier 1	QL (180 EA per 90 day(s))
RITALIN LA	Tier 4	PA
SAPHRIS	Tier 3	QL (180 EA per 90 day(s))
SEROQUEL XR TABLET, EXTENDED RELEASE 150 mg, 300 mg, 400 mg	Tier 3	QL (180 EA per 90 day(s))
SEROQUEL XR TABLET, EXTENDED RELEASE 200 mg, 50 mg	Tier 3	QL (270 EA per 90 day(s))
<i>sertraline Oral Concentrate</i>	Tier 1	
<i>sertraline tablet 100 mg, 25 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>sertraline tablet 50 mg</i>	Tier 1	QL (270 EA per 90 day(s))
SILENOR	Tier 4	QL (90 EA per 90 day(s))
STRATTERA	Tier 3	
SYMBYAX	Tier 4	QL (90 EA per 90 day(s))
<i>temazepam</i>	Tier 2	
<i>thioridazine</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>tranylcypromine</i>	Tier 2	
<i>trazodone</i>	Tier 1	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>trifluoperazine</i>	Tier 1	
<i>trimipramine</i>	Tier 2	
<i>venlafaxine ER capsule,extended release 24 hr 75 mg</i>	Tier 2	QL (270 EA per 90 day(s))
<i>venlafaxine tablet 100 mg, 25 mg, 37.5 mg</i>	Tier 2	QL (270 EA per 90 day(s))
<i>venlafaxine tablet 75 mg</i>	Tier 2	QL (450 EA per 90 day(s))
<i>venlafaxine tablet 50 mg</i>	Tier 2	QL (675 EA per 90 day(s))
<i>venlafaxine ER capsule,extended release 24 hr 150 mg, 37.5 mg</i>	Tier 2	QL (90 EA per 90 day(s))
VIIBRYD TABLETS IN A DOSE PACK	Tier 3	QL (30 EA per 365 day(s))
VIIBRYD TABLET	Tier 3	QL (90 EA per 90 day(s))
XYREM	Specialty	PA
<i>zaleplon capsule 10 mg</i>	Tier 2	QL (180 EA per 90 day(s))
<i>zaleplon capsule 5 mg</i>	Tier 2	QL (90 EA per 90 day(s))
<i>ziprasidone HCl</i>	Tier 2	QL (180 EA per 90 day(s))
<i>zolpidem tablet</i>	Tier 1	QL (90 EA per 90 day(s))
<i>zolpidem ER tablet,extended release,multiphase</i>	Tier 2	QL (90 EA per 90 day(s))
Cardiovascular, Hypertension / Lipids		
Antiarrhythmic Agents		
<i>amiodarone</i>	Tier 1	
<i>disopyramide</i>	Tier 2	
<i>flecainide</i>	Tier 1	
<i>mexiletine</i>	Tier 2	
MULTAQ	Tier 3	
NORPACE CR	Tier 3	
<i>pacerone tablet 200 mg</i>	Tier 2	
PACERONE TABLET 100 mg	Tier 3	
<i>procainamide</i>	Tier 2	
<i>propafenone</i>	Tier 2	
<i>quinidine gluconate Oral</i>	Tier 2	
<i>quinidine sulfate</i>	Tier 2	
<i>sorine</i>	Tier 1	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>sotalol Oral</i>	Tier 1	
TIKOSYN	Tier 4	
Antihypertensive Therapy		
<i>acebutolol</i>	Tier 2	
<i>afeditab cr</i>	Tier 2	
<i>amiloride</i>	Tier 2	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 2	QL (90 EA per 90 day(s))
AMTURNIDE	Tier 3	QL (90 EA per 90 day(s))
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide tablet 5-6.25 mg</i>	Tier 2	QL (1440 EA per 90 day(s))
<i>benazepril-hydrochlorothiazide tablet 20-12.5 mg, 20-25 mg</i>	Tier 2	QL (360 EA per 90 day(s))
<i>benazepril-hydrochlorothiazide tablet 10-12.5 mg</i>	Tier 2	QL (720 EA per 90 day(s))
<i>betaxolol</i>	Tier 2	
<i>bisoprolol fumarate</i>	Tier 2	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>bumetanide</i>	Tier 2	
BYSTOLIC	Tier 3	
<i>captopril</i>	Tier 2	
<i>captopril-hydrochlorothiazide tablet 50-25 mg</i>	Tier 2	QL (270 EA per 90 day(s))
<i>captopril-hydrochlorothiazide tablet 25-15 mg, 25-25 mg, 50-15 mg</i>	Tier 2	QL (90 EA per 90 day(s))
<i>cartia xt</i>	Tier 2	
<i>carvedilol</i>	Tier 1	
<i>chlorothiazide</i>	Tier 1	
<i>chlorothiazide sodium</i>	Tier 2	
<i>chlorthalidone</i>	Tier 2	
<i>clonidine</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
DEMSER	Tier 3	
DIBENZYLINE	Tier 4	
<i>dilt-cd</i>	Tier 2	
<i>diltiazem HCl Oral</i>	Tier 2	
<i>diltiazem IV</i>	Tier 2	
<i>diltiazem IV powder for Solution</i>	Tier 3	
<i>dilt-xr</i>	Tier 2	
<i>doxazosin</i>	Tier 1	QL (180 EA per 90 day(s))
EDECRIN	Tier 3	
<i>enalapril maleate</i>	Tier 1	
<i>enalapril-hydrochlorothiazide tablet 10-25 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>eplerenone</i>	Tier 2	
<i>eprosartan</i>	Tier 2	QL (90 EA per 90 day(s))
<i>felodipine</i>	Tier 2	
<i>fosinopril</i>	Tier 2	
<i>fosinopril-hydrochlorothiazide tablet 20-12.5 mg</i>	Tier 2	QL (360 EA per 90 day(s))
<i>fosinopril-hydrochlorothiazide tablet 10-12.5 mg</i>	Tier 2	QL (90 EA per 90 day(s))
<i>furosemide Inj</i>	Tier 1	
<i>furosemide Oral Soln 10 mg/mL</i>	Tier 1	
<i>furosemide tablet</i>	Tier 1	
<i>furosemide Oral Soln 40 mg/5 mL</i>	Tier 3	
<i>guanfacine</i>	Tier 1	
<i>hydralazine</i>	Tier 2	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 2	
<i>irbesartan</i>	Tier 2	QL (90 EA per 90 day(s))
<i>irbesartan-hydrochlorothiazide</i>	Tier 2	QL (90 EA per 90 day(s))
<i>isradipine</i>	Tier 2	
<i>labetalol</i>	Tier 1	
<i>lisinopril</i>	Tier 1	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg</i>	Tier 1	QL (360 EA per 90 day(s))
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>losartan tablet 25 mg, 50 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>losartan tablet 100 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>losartan-hydrochlorothiazide tablet 50-12.5 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>losartan-hydrochlorothiazide tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>matzim la</i>	Tier 2	
<i>methyclothiazide</i>	Tier 2	
<i>metolazone</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 2	
<i>metoprolol tartrate</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
<i>moexipril</i>	Tier 2	
<i>moexipril-hydrochlorothiazide tablet 15-25 mg</i>	Tier 2	QL (180 EA per 90 day(s))
<i>moexipril-hydrochlorothiazide tablet 15-12.5 mg, 7.5-12.5 mg</i>	Tier 2	QL (90 EA per 90 day(s))
<i>nadolol</i>	Tier 1	
<i>nadolol-bendroflumethiazide</i>	Tier 2	
<i>nicardipine Oral</i>	Tier 2	
<i>nifediac cc</i>	Tier 2	
<i>nifedical xl</i>	Tier 2	
<i>nifedipine</i>	Tier 2	
<i>nimodipine</i>	Tier 2	
<i>nisoldipine</i>	Tier 2	
<i>perindopril erbumine</i>	Tier 2	
<i>pindolol</i>	Tier 1	
<i>prazosin</i>	Tier 1	QL (360 EA per 90 day(s))
<i>propranolol</i>	Tier 2	
<i>propranolol-hydrochlorothiazid</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 2	QL (90 EA per 90 day(s))
<i>ramipril</i>	Tier 1	
REMODULIN	Specialty	PA
<i>reserpine</i>	Tier 2	
<i>spironolactone</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 2	
<i>taztia xt</i>	Tier 2	
TEKAMLO	Tier 3	QL (90 EA per 90 day(s))
TEKTURNA	Tier 3	QL (90 EA per 90 day(s))
TEKTURNA HCT	Tier 3	QL (90 EA per 90 day(s))
<i>terazosin</i>	Tier 1	QL (180 EA per 90 day(s))
<i>timolol maleate</i>	Tier 2	
<i>torseamide Oral</i>	Tier 2	
<i>trandolapril</i>	Tier 2	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
TWYNSTA	Tier 3	QL (90 EA per 90 day(s))
<i>verapamil</i>	Tier 2	
Cardiac Glycosides		
<i>digoxin</i>	Tier 1	
LANOXIN	Tier 3	
LANOXIN PEDIATRIC	Tier 3	
Coagulation Therapy		
AGGRENOX	Tier 3	
BRILINTA	Tier 3	
<i>cilostazol</i>	Tier 1	
<i>clopidogrel</i>	Tier 2	
CYKLOKAPRON	Tier 3	
<i>enoxaparin Sub-Q Syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL</i>	Specialty	
<i>enoxaparin Sub-Q Syringe 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>fondaparinux</i>	Tier 2	
FRAGMIN	Tier 3	
<i>heparin (porcine)</i>	Tier 2	
<i>heparin (porcine) in D5W</i>	Tier 2	
<i>heparin (porcine) in NaCl (PF)</i>	Tier 2	
<i>heparin(porcine) in 0.45% NaCl</i>	Tier 3	
<i>jantoven</i>	Tier 2	
LOVENOX SUB-Q	Tier 3	
<i>pentoxifylline</i>	Tier 2	
PRADAXA	Tier 4	
PROMACTA	Specialty	PA; LA; QL (90 EA per 90 day(s))
<i>ticlopidine</i>	Tier 2	
<i>warfarin</i>	Tier 1	
XARELTO	Tier 4	
Lipid/Cholesterol Lowering Agents		
<i>atorvastatin</i>	Tier 1	QL (90 EA per 90 day(s))
<i>cholestyramine light</i>	Tier 2	
<i>colestipol</i>	Tier 2	
<i>colestipol,micronized</i>	Tier 2	
CRESTOR	Tier 3	QL (90 EA per 90 day(s))
<i>fenofibrate</i>	Tier 2	
<i>fenofibrate micronized</i>	Tier 2	
<i>fluvastatin</i>	Tier 2	QL (90 EA per 90 day(s))
<i>gemfibrozil</i>	Tier 1	
LIPOFEN	Tier 3	
<i>lovastatin tablet 20 mg, 40 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>lovastatin tablet 10 mg</i>	Tier 1	QL (90 EA per 90 day(s))
LOVAZA	Tier 4	
NIASPAN EXTENDED-RELEASE	Tier 3	
<i>pravastatin tablet 40 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>pravastatin tablet 10 mg, 20 mg, 80 mg</i>	Tier 1	QL (90 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>prevalite</i>	Tier 2	
<i>simvastatin tablet 80 mg</i>	Tier 1	PA; QL (90 EA per 90 day(s))
<i>simvastatin tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (90 EA per 90 day(s))
TRILIPIX	Tier 3	
WELCHOL	Tier 3	
ZETIA	Tier 3	QL (90 EA per 90 day(s))
Miscellaneous Cardiovascular Agents		
RANEXA	Tier 3	
Nitrates		
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
<i>nitro-bid</i>	Tier 2	
<i>nitroglycerin TD</i>	Tier 2	
<i>nitroglycerin IV</i>	Tier 2	Part B PA
NITROLINGUAL	Tier 3	
NITROSTAT	Tier 3	
Dermatologicals/Topical Therapy		
Antipsoriatic / Antiseborrheic		
<i>calcipotriene</i>	Tier 2	
<i>selenium sulfide</i>	Tier 1	
SORIATANE	Tier 3	
Burn Therapy		
<i>silver sulfadiazine</i>	Tier 2	
<i>ssd</i>	Tier 2	
Miscellaneous Dermatologicals		
8-MOP	Tier 3	
<i>ammonium lactate</i>	Tier 1	
CARAC	Tier 3	
CARMOL HC	Tier 3	
CONDYLOX	Tier 3	
ELIDEL	Tier 4	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
FLUOROPLEX	Tier 3	
<i>fluorouracil</i>	Tier 2	
<i>imiquimod</i>	Tier 2	
<i>laclotion</i>	Tier 2	
OXSORALEN ULTRA	Specialty	
PANRETIN	Tier 3	
<i>podofilox</i>	Tier 2	
PROTOPIC	Tier 4	
REGRANEX	Tier 3	PA
SOLARAZE	Tier 4	
UVADEX	Tier 4	
VEREGEN	Tier 4	
Therapy For Acne		
<i>adapalene</i>	Tier 2	
<i>amnesteam</i>	Tier 2	
<i>avita topical cream</i>	Tier 2	
AZELEX	Tier 3	
<i>claravis capsule 30 mg</i>	Specialty	
<i>claravis capsule 10 mg, 20 mg, 40 mg</i>	Tier 3	
<i>clindamycin phosphate</i>	Tier 1	
<i>clindamycin-benzoyl peroxide</i>	Tier 2	
DIFFERIN LOTION	Tier 3	
DIFFERIN TOPICAL GEL 0.3 %	Tier 3	
<i>ery pads</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 2	
<i>erythromycin-benzoyl peroxide</i>	Tier 2	
FINACEA	Tier 3	
METROGEL	Tier 3	
<i>metronidazole</i>	Tier 2	
TAZORAC	Tier 3	
<i>tretinoin</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
Topical Anesthetics		
<i>lidocaine</i>	Tier 2	
<i>lidocaine (PF)</i>	Tier 2	
<i>lidocaine HCl</i>	Tier 2	
<i>lidocaine-prilocaine</i>	Tier 1	
LIDODERM	Tier 3	PA
Topical Antibacterials		
ALTABAX	Tier 3	
BACTROBAN TOPICAL CREAM	Tier 3	
<i>gentamicin</i>	Tier 2	
<i>mupirocin</i>	Tier 1	
PHISOHEX	Tier 3	
<i>sulfacetamide sodium (acne)</i>	Tier 2	
SULFAMYLON	Tier 3	
Topical Antifungals		
<i>ciclopirox</i>	Tier 1	
<i>clotrimazole</i>	Tier 1	
<i>clotrimazole-betamethasone</i>	Tier 2	
<i>econazole</i>	Tier 1	
<i>ketoconazole</i>	Tier 1	
NAFTIN	Tier 3	
<i>nyamyc</i>	Tier 1	
<i>nystatin</i>	Tier 2	
<i>nystatin-triamcinolone</i>	Tier 2	
<i>nystop</i>	Tier 1	
<i>pedi-dri</i>	Tier 1	
Topical Antivirals		
DENAVIR	Tier 3	
ZOVIRAX TOP	Tier 4	
Topical Corticosteroids		
<i>ala-cort</i>	Tier 1	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>alclometasone</i>	Tier 2	
<i>amcinonide</i>	Tier 2	
<i>betamethasone dipropionate</i>	Tier 2	
<i>betamethasone valerate</i>	Tier 2	
<i>betamethasone, augmented</i>	Tier 2	
CAPEX	Tier 3	
<i>clobetasol Ointment</i>	Tier 1	
<i>clobetasol Topical Foam</i>	Tier 1	
<i>clobetasol Topical Gel</i>	Tier 1	
<i>clobetasol Topical Soln</i>	Tier 1	
<i>clobetasol Lotion</i>	Tier 2	
<i>clobetasol Shampoo</i>	Tier 2	
<i>clobetasol-emollient</i>	Tier 2	
CORDRAN TAPE	Tier 3	
DERMA-SMOOTH/FS BODY OIL	Tier 3	
<i>desonide</i>	Tier 2	
<i>desoximetasone</i>	Tier 2	
<i>diflorasone</i>	Tier 2	
<i>fluocinolone Topical Body Oil</i>	Tier 1	
<i>fluocinolone Ointment</i>	Tier 2	
<i>fluocinolone Topical Cream</i>	Tier 2	
<i>fluocinolone Topical Soln</i>	Tier 2	
<i>fluocinonide</i>	Tier 2	
<i>fluocinonide-e</i>	Tier 2	
<i>fluticasone Ointment</i>	Tier 1	
<i>fluticasone Topical Cream</i>	Tier 1	
<i>fluticasone Lotion</i>	Tier 2	
<i>halobetasol propionate</i>	Tier 2	
<i>hydrocortisone</i>	Tier 2	
<i>hydrocortisone valerate</i>	Tier 2	
LOCOID LOTION	Tier 3	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
LUXIQ	Tier 3	
<i>mometasone</i>	Tier 1	
PANDEL	Tier 3	
<i>prednicarbate</i>	Tier 2	
<i>triamcinolone acetonide</i>	Tier 2	
<i>triderm</i>	Tier 1	
Topical Enzymes		
SANTYL	Tier 3	
Topical Scabicides / Pediculicides		
EURAX	Tier 3	
<i>lindane</i>	Tier 2	QL (1800 ML per 365 day(s))
<i>malathion</i>	Tier 2	
<i>permethrin</i>	Tier 2	
ULESFIA	Tier 4	
Diagnostics / Miscellaneous Agents		
Miscellaneous Agents		
ACTONEL	Tier 4	PA; QL (60 EA per 120 day(s))
ADAGEN	Specialty	LA
<i>alendronate</i>	Tier 1	QL (180 EA per 365 day(s))
<i>anagrelide</i>	Tier 2	
ANTABUSE TABLET 250 mg	Tier 3	
ARALAST NP	Specialty	LA
BUPHENYL	Tier 3	
CAMPRAL	Tier 3	QL (540 EA per 90 day(s))
CARBAGLU	Specialty	LA
CHEMET	Tier 3	
CLINIMIX 4.25%/D5 SULFITE FREE	Tier 3	
<i>D10 % & 0.45 % sodium chloride</i>	Tier 3	
<i>D2.5 %-0.45 % sodium chloride</i>	Tier 2	
<i>D5 % and 0.9 % sodium chloride</i>	Tier 2	
<i>D5 %-0.45 % sodium chloride</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>dextrose 10 % & 0.225 % NaCl</i>	Tier 3	
<i>dextrose 10% in water (D10W)</i>	Tier 2	
<i>dextrose 5% in water (D5W)</i>	Tier 2	
<i>dextrose 5%-0.2 % sod chloride</i>	Tier 2	
<i>dextrose 5%-0.3 % sod.chloride</i>	Tier 3	
<i>dextrose 5%-lactated ringers</i>	Tier 2	
<i>disulfiram</i>	Tier 2	
<i>etidronate disodium</i>	Tier 2	
EVOXAC	Tier 3	
EXJADE DISPERSIBLE TABLET 250 mg, 500 mg	Specialty	LA
EXJADE DISPERSIBLE TABLET 125 mg	Tier 3	LA
FOSRENOL	Tier 3	
INCRELEX	Specialty	PA; LA
<i>kionex</i>	Tier 2	
<i>levocarnitine Oral</i>	Tier 2	Part B PA
<i>levocarnitine (with sugar)</i>	Tier 2	Part B PA
<i>midodrine</i>	Tier 1	
ORFADIN	Specialty	LA
<i>pilocarpine HCl</i>	Tier 2	
PROLASTIN C	Specialty	LA
RECLAST	Tier 4	ST
RENVELA	Tier 3	
RILUTEK	Specialty	
SKELID	Tier 4	PA; QL (180 EA per 90 day(s))
<i>sodium chloride</i>	Tier 2	
<i>sodium chloride 0.9 %</i>	Tier 2	
<i>sodium polystyrene sulfonate</i>	Tier 2	
SYPRINE	Tier 3	
Smoking Deterrents		
<i>buproban</i>	Tier 2	PA; QL (180 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
CHANTIX	Tier 3	PA; QL (168 EA per 90 day(s))
CHANTIX STARTING MONTH BOX	Tier 3	PA
NICOTROL	Tier 4	PA; QL (1008 EA per 90 day(s))
NICOTROL NS	Tier 4	PA; QL (120 ML per 90 day(s))
Ear, Nose / Throat Medications		
Miscellaneous Agents		
ASTEPRO	Tier 3	
<i>azelastine</i>	Tier 2	
BACTROBAN NASAL	Tier 3	
<i>chlorhexidine gluconate</i>	Tier 1	
<i>ipratropium bromide</i>	Tier 2	
<i>periogard</i>	Tier 1	
<i>triamcinolone acetonide</i>	Tier 1	
TYZINE	Tier 3	
Miscellaneous Otic Preparations		
<i>acetazol hc</i>	Tier 2	
<i>acetic acid</i>	Tier 1	
DERMOTIC OIL	Tier 3	
<i>fluocinolone acetonide oil</i>	Tier 2	
<i>hydrocortisone-acetic acid</i>	Tier 2	
<i>ofloxacin</i>	Tier 2	
Otic Steroid / Antibiotic		
CIPRO HC	Tier 4	
CIPRODEX	Tier 3	
COLY-MYCIN S	Tier 3	
CORTISPORIN-TC	Tier 3	
<i>neomycin-polymyxin-HC</i>	Tier 1	
Endocrine/Diabetes		
Adrenal Hormones		
<i>a-hydrocort</i>	Tier 2	
<i>cortisone</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
DEPO-MEDROL	Tier 3	
<i>dexamethasone Elixir</i>	Tier 1	
<i>dexamethasone tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone tablet 1 mg, 2 mg</i>	Tier 3	
DEXAMETHASONE INTENSOL	Tier 3	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>fludrocortisone</i>	Tier 2	
<i>hydrocortisone</i>	Tier 2	
<i>methylprednisolone tablets in a dose pack</i>	Tier 1	
<i>methylprednisolone tablet</i>	Tier 1	Part B PA
<i>methylprednisolone acetate</i>	Tier 2	Part B PA
<i>methylprednisolone sodium succ</i>	Tier 3	Part B PA
<i>prednisolone sodium phosphate Oral Soln 15 mg/5 mL</i>	Tier 1	Part B PA
<i>prednisolone sodium phosphate Oral Soln 5 mg base/5 mL (6.7 mg/5 mL)</i>	Tier 2	Part B PA
<i>prednisone</i>	Tier 2	Part B PA
PREDNISONE INTENSOL	Tier 3	Part B PA
SOLU-CORTEF (PF)	Tier 3	
SOLU-MEDROL	Tier 3	
SOLU-MEDROL (PF)	Tier 3	
Antithyroid Agents		
<i>methimazole</i>	Tier 2	
<i>propylthiouracil</i>	Tier 2	
Diabetes Therapy		
<i>acarbose</i>	Tier 2	QL (270 EA per 90 day(s))
ACTOPLUS MET	Tier 3	QL (270 EA per 90 day(s))
ACTOS	Tier 3	QL (90 EA per 90 day(s))
<i>alcohol swabs</i>	Tier 3	
AVANDAMET	Tier 3	QL (180 EA per 90 day(s))
AVANDARYL TABLET 4-1 mg, 4-2 mg	Tier 3	QL (180 EA per 90 day(s))

PA= Prior Authorization **NPA**= New Prior Authorization **Part B PA**= Part B Prior Authorization
ST= Step Therapy **NST**= New Step Therapy **LA**= Limited Access **QL**= Quantity Limit

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
AVANDARYL TABLET 4-4 mg, 8-2 mg, 8-4 mg	Tier 3	QL (90 EA per 90 day(s))
AVANDIA TABLET 2 mg, 4 mg	Tier 3	QL (180 EA per 90 day(s))
AVANDIA TABLET 8 mg	Tier 3	QL (90 EA per 90 day(s))
BYDUREON	Tier 3	ST; QL (12 EA per 90 day(s))
BYETTA	Tier 4	NST; QL (7.2 ML per 90 day(s))
CURITY GAUZE	Tier 3	
DUETACT	Tier 3	QL (90 EA per 90 day(s))
<i>glimepiride tablet 4 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>glimepiride tablet 1 mg, 2 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>glipizide ER tablet, 24 hr extended release 10 mg</i>	Tier 2	QL (180 EA per 90 day(s))
<i>glipizide tablet 10 mg</i>	Tier 2	QL (360 EA per 90 day(s))
<i>glipizide tablet 5 mg</i>	Tier 2	QL (720 EA per 90 day(s))
<i>glipizide ER tablet, 24 hr extended release 2.5 mg, 5 mg</i>	Tier 2	QL (90 EA per 90 day(s))
<i>glipizide-metformin</i>	Tier 2	QL (360 EA per 90 day(s))
GLUCAGEN HYPOKIT	Tier 3	
GLUCAGON EMERGENCY	Tier 3	
<i>glyburide tablet 1.25 mg, 2.5 mg</i>	Tier 2	QL (180 EA per 90 day(s))
<i>glyburide tablet 5 mg</i>	Tier 2	QL (360 EA per 90 day(s))
<i>glyburide micronized</i>	Tier 1	QL (180 EA per 90 day(s))
<i>glyburide-metformin tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>glyburide-metformin tablet 5-500 mg</i>	Tier 1	QL (360 EA per 90 day(s))
<i>huber safety needles (disp.)</i>	Tier 3	
HUMALOG	Tier 3	QL (60 ML per 30 day(s))
HUMALOG KWIKPEN	Tier 3	QL (60 ML per 30 day(s))
HUMALOG MIX 50-50	Tier 3	QL (60 ML per 30 day(s))
HUMALOG MIX 50-50 KWIKPEN	Tier 3	QL (60 ML per 30 day(s))
HUMALOG MIX 75-25	Tier 3	QL (60 ML per 30 day(s))
HUMALOG MIX 75-25 KWIKPEN	Tier 3	QL (60 ML per 30 day(s))
HUMULIN 70/30	Tier 3	QL (60 ML per 30 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
HUMULIN 70/30 PEN	Tier 3	QL (60 ML per 30 day(s))
HUMULIN N	Tier 3	QL (60 ML per 30 day(s))
HUMULIN N PEN	Tier 3	QL (60 ML per 30 day(s))
HUMULIN R	Tier 3	QL (60 ML per 30 day(s))
HUMULIN R U-500 "CONCENTRATED"	Tier 3	QL (60 ML per 30 day(s))
INSULIN PEN NEEDLE	Tier 3	
<i>insulin syringe-needle U-100</i>	Tier 3	
JANUMET	Tier 3	QL (180 EA per 90 day(s))
JANUVIA	Tier 3	QL (90 EA per 90 day(s))
KOMBIGLYZE XR TABLET,EXTENDED RELEASE 2.5-1,000 mg	Tier 3	QL (180 EA per 90 day(s))
KOMBIGLYZE XR TABLET,EXTENDED RELEASE 5-1,000 mg, 5-500 mg	Tier 3	QL (90 EA per 90 day(s))
LANTUS	Tier 3	QL (30 ML per 30 day(s))
LANTUS SOLOSTAR	Tier 3	QL (30 ML per 30 day(s))
<i>metformin tablet 1,000 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>metformin ER tablet,extended release 24 hr 750 mg</i>	Tier 1	QL (270 EA per 90 day(s))
<i>metformin tablet 850 mg</i>	Tier 1	QL (270 EA per 90 day(s))
<i>metformin ER tablet,extended release 24 hr 500 mg</i>	Tier 1	QL (450 EA per 90 day(s))
<i>metformin tablet 500 mg</i>	Tier 1	QL (450 EA per 90 day(s))
<i>nateglinide</i>	Tier 2	QL (270 EA per 90 day(s))
ONGLYZA	Tier 3	QL (90 EA per 90 day(s))
PRANDIN TABLET 0.5 mg, 1 mg	Tier 3	QL (360 EA per 90 day(s))
PRANDIN TABLET 2 mg	Tier 3	QL (720 EA per 90 day(s))
PROGLYCEM	Tier 3	
SYMLINPEN 120	Tier 4	QL (33 ML per 90 day(s))
SYMLINPEN 60	Tier 4	QL (33 ML per 90 day(s))
<i>tolazamide</i>	Tier 2	
<i>tolbutamide</i>	Tier 2	
Miscellaneous Hormones		

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
ALDURAZYME	Specialty	LA
ANDROGEL	Tier 3	PA
<i>androxy</i>	Tier 3	PA
<i>cabergoline</i>	Tier 2	
<i>calcitonin (salmon)</i>	Tier 2	QL (12 ML per 90 day(s))
<i>calcitriol</i>	Tier 2	Part B PA
CEREZYME	Specialty	LA
<i>danazol</i>	Tier 2	
<i>desmopressin</i>	Tier 2	
FABRAZYME	Specialty	LA
<i>fortical</i>	Tier 2	QL (12 ML per 90 day(s))
KUVAN	Specialty	LA
NAGLAZYME	Specialty	LA
<i>oxandrolone tablet 10 mg</i>	Specialty	PA
<i>oxandrolone tablet 2.5 mg</i>	Tier 3	PA
SAMSCA TABLET 15 mg	Specialty	QL (1460 EA per 365 day(s))
SAMSCA TABLET 30 mg	Specialty	QL (730 EA per 365 day(s))
SENSIPAR TABLET 60 mg, 90 mg	Specialty	PA
SENSIPAR TABLET 30 mg	Tier 3	PA
SOMAVERT	Tier 3	PA
STIMATE	Tier 3	
SYNAREL	Tier 4	
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 2	PA
ZAVESCA	Tier 3	LA
ZEMPLAR	Tier 3	Part B PA
ZOMETA IV 4 mg/5 mL	Specialty	QL (30 ML per 90 day(s))
Thyroid Hormones		
<i>levothyroxine</i>	Tier 1	
LEVOXYL	Tier 3	
<i>liothyronine Oral</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
UNITHROID	Tier 3	
Gastroenterology		
Antidiarrheals / Antispasmodics		
<i>atropine Syringe 0.1 mg/mL</i>	Tier 2	
<i>atropine Syringe 0.05 mg/mL</i>	Tier 3	
<i>dicyclomine capsule</i>	Tier 2	
<i>dicyclomine Syrup</i>	Tier 2	
<i>glycopyrrolate</i>	Tier 2	
<i>loperamide</i>	Tier 2	
<i>propantheline</i>	Tier 2	
Miscellaneous Gastrointestinal Agents		
AMITIZA	Tier 3	
APRISO	Tier 3	
ASACOL	Tier 3	
ASACOL HD	Tier 3	
<i>balsalazide</i>	Tier 2	
<i>budesonide</i>	Tier 2	
CANASA	Tier 3	
CIMZIA	Specialty	PA; QL (6 EA per 28 Day(s))
CIMZIA POWDER FOR RECONST	Specialty	PA; QL (6 EA per 28 Day(s))
<i>compro</i>	Tier 2	
CORTIFOAM	Tier 3	
CREON	Tier 3	
<i>cromolyn</i>	Tier 2	
CYSTADANE	Tier 3	
DIPENTUM	Tier 4	
<i>dronabinol</i>	Tier 2	Part B PA
EMEND CAPSULES IN A DOSE PACK	Tier 3	Part B PA; QL (18 EA per 90 day(s))
EMEND CAPSULE 80 mg	Tier 3	Part B PA; QL (24 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
EMEND CAPSULE 40 mg	Tier 3	Part B PA; QL (3 EA per 90 day(s))
EMEND CAPSULE 125 mg	Tier 3	Part B PA; QL (6 EA per 90 day(s))
ENTOCORT EC	Tier 3	
<i>enulose</i>	Tier 1	
GASTROCROM	Tier 3	
<i>gavilyte-c</i>	Tier 2	QL (4000 ML per 30 day(s))
<i>gavilyte-g</i>	Tier 2	QL (4000 ML per 30 day(s))
<i>gavilyte-n</i>	Tier 2	QL (4000 ML per 30 day(s))
<i>granisetron Oral</i>	Tier 2	Part B PA; QL (180 EA per 90 day(s))
<i>granisetron IV</i>	Tier 2	QL (42 ML per 90 day(s))
<i>granisetron (PF)</i>	Tier 2	QL (42 ML per 90 day(s))
HALFLYTELY-BISACODYL W-FLAV PK	Tier 3	QL (6 EA per 90 day(s))
<i>hydrocortisone</i>	Tier 2	
<i>lactulose</i>	Tier 2	
LIALDA	Tier 3	
LOTRONEX	Tier 3	QL (180 EA per 90 day(s))
<i>meclizine</i>	Tier 2	
<i>metoclopramide HCl</i>	Tier 1	
<i>ondansetron</i>	Tier 1	Part B PA; QL (135 EA per 90 day(s))
<i>ondansetron HCl Oral Soln</i>	Tier 1	Part B PA
<i>ondansetron HCl tablet 4 mg, 8 mg</i>	Tier 1	Part B PA; QL (135 EA per 90 day(s))
<i>ondansetron HCl tablet 24 mg</i>	Tier 1	Part B PA; QL (21 EA per 90 day(s))
<i>ondansetron HCl (PF)</i>	Tier 1	
PENTASA	Tier 3	
<i>polyethylene glycol 3350</i>	Tier 1	
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine Edisylate</i>	Tier 1	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>prochlorperazine maleate</i>	Tier 1	
RELISTOR	Tier 3	
REMICADE	Specialty	PA
SANCUSO	Tier 3	QL (6 EA per 90 day(s))
SUCRAID	Specialty	
<i>sulfasalazine</i>	Tier 2	
<i>sulfazine ec</i>	Tier 2	
<i>trilyte with flavor packets</i>	Tier 2	QL (4000 ML per 30 day(s))
<i>ursodiol</i>	Tier 2	
ZENPEP	Tier 3	
Ulcer Therapy (Rx Only)		
CARAFATE ORAL SUSP	Tier 3	
<i>famotidine</i>	Tier 1	
<i>famotidine (PF)</i>	Tier 1	
<i>famotidine (PF)-NaCl (iso-os)</i>	Tier 1	
<i>lansoprazole</i>	Tier 2	QL (180 EA per 90 day(s))
<i>misoprostol</i>	Tier 2	
NEXIUM	Tier 3	QL (90 EA per 90 day(s))
NEXIUM IV	Tier 3	
NEXIUM PACKET	Tier 3	QL (90 EA per 90 day(s))
<i>nizatidine</i>	Tier 2	
<i>omeprazole capsule, delayed release 10 mg, 20 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>omeprazole capsule, delayed release 40 mg</i>	Tier 1	QL (90 EA per 90 day(s))
<i>omeprazole-sodium bicarbonate</i>	Tier 2	QL (90 EA per 90 day(s))
<i>pantoprazole</i>	Tier 2	QL (180 EA per 90 day(s))
PREVPAC	Tier 4	
PYLERA	Tier 3	
<i>ranitidine HCl Oral</i>	Tier 1	
<i>sucralfate</i>	Tier 2	
ZANTAC IN 1/2 NS	Tier 3	

Immunology, Vaccines / Biotechnology

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
Biotechnology Drugs		
ACTIMMUNE	Specialty	NPA; LA
ARANESP (POLYSORBATE) SYRINGE 25 mcg/0.42 mL	Tier 3	PA; QL (10.08 ML per 90 day(s))
ARANESP (POLYSORBATE) INJECTION 100 mcg/mL, 200 mcg/mL, 300 mcg/mL	Tier 3	PA; QL (12 ML per 90 day(s))
ARANESP (POLYSORBATE) INJECTION 25 mcg/mL, 40 mcg/mL, 60 mcg/mL	Tier 3	PA; QL (24 ML per 90 day(s))
ARANESP (POLYSORBATE) SYRINGE 500 mcg/mL	Tier 3	PA; QL (3 ML per 90 day(s))
ARANESP (POLYSORBATE) SYRINGE 150 mcg/0.3 mL	Tier 3	PA; QL (3.6 ML per 90 day(s))
ARANESP (POLYSORBATE) SYRINGE 200 mcg/0.4 mL	Tier 3	PA; QL (4.8 ML per 90 day(s))
ARANESP (POLYSORBATE) SYRINGE 100 mcg/0.5 mL	Tier 3	PA; QL (6 ML per 90 day(s))
ARANESP (POLYSORBATE) SYRINGE 300 mcg/0.6 mL, 60 mcg/0.3 mL	Tier 3	PA; QL (7.2 ML per 90 day(s))
ARANESP (POLYSORBATE) SYRINGE 40 mcg/0.4 mL	Tier 3	PA; QL (9.6 ML per 90 day(s))
ARCALYST	Specialty	LA
AVONEX	Specialty	PA; QL (12 EA per 90 day(s))
AVONEX ADMINISTRATION PACK	Specialty	PA; QL (12 EA per 90 day(s))
BETASERON	Specialty	PA; QL (45 EA per 90 day(s))
EPOGEN INJECTION 2,000 unit/mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 4	PA; QL (36 ML per 90 day(s))
EPOGEN INJECTION 20,000 unit/2 mL	Tier 4	PA; QL (72 ML per 90 day(s))
INTRON A SOLUTION FOR INJECTION	Specialty	NPA
INTRON A SUBQ PEN KIT 5 million unit/0.2 mL	Specialty	NPA
INTRON A INJECTION	Tier 3	NPA
INTRON A SUBQ PEN KIT 3 million unit /0.2 mL-6 doses	Tier 3	NPA
INTRON A SUBQ PEN KIT 10 million unit/0.2 mL	Tier 4	NPA

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
LEUKINE	Specialty	PA
MOZOBIL	Specialty	QL (4.8 ML per 90 day(s))
NEULASTA	Tier 4	PA; QL (3.6 ML per 90 day(s))
NEUMEGA	Specialty	PA; QL (63 EA per 90 day(s))
NEUPOGEN SYRINGE 300 mcg/0.5 mL	Specialty	PA; QL (21 ML per 90 day(s))
NEUPOGEN SYRINGE 480 mcg/0.8 mL	Specialty	PA; QL (33.6 ML per 90 day(s))
NEUPOGEN INJECTION	Specialty	PA; QL (67.2 ML per 90 day(s))
NORDITROPIN FLEXPRO	Specialty	PA
NORDITROPIN NORDIFLEX	Specialty	PA
OMNITROPE SUBQ CARTRIDGE 5 mg/1.5 mL (3.3 mg/mL)	Tier 4	PA
PEGASYS	Specialty	PA; QL (12 ML per 90 day(s))
PEGASYS CONVENIENCE PACK	Specialty	PA; QL (6 EA per 90 day(s))
PEGASYS PROCLICK	Specialty	PA; QL (12 ML per 90 day(s))
PEGINTRON	Specialty	PA; QL (12 EA per 90 day(s))
PEGINTRON REDIPEN	Specialty	PA; QL (12 EA per 90 day(s))
PROCRIT INJECTION 40,000 unit/mL	Tier 3	PA; QL (18 ML per 90 day(s))
PROCRIT INJECTION 10,000 unit/mL, 2,000 unit/mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	Tier 3	PA; QL (36 ML per 90 day(s))
PROLEUKIN	Specialty	
REBIF	Specialty	PA; QL (18 ML per 90 day(s))
REBIF TITRATION PACK	Specialty	PA
SYLATRON SUB-Q KIT 296 mcg, 444 mcg	Specialty	NPA; QL (12 EA per 90 day(s))
SYLATRON SUB-Q KIT 888 mcg	Specialty	NPA; QL (8 EA per 90 day(s))
Vaccines / Miscellaneous Immunologicals		
ACTHIB (PF)	Tier 3	
ADACEL (ADOLESCENT &ADULT)(PF)	Tier 3	
BOOSTRIX (PF)	Tier 3	
CERVARIX VACCINE (PF)	Tier 3	PA
COMVAX (PF)	Tier 3	
DAPTACEL (PEDIATRIC) (PF)	Tier 3	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
DECAVAC (PF)	Tier 3	
ENGERIX-B (PF)	Tier 3	Part B PA
GARDASIL (PF)	Tier 3	PA
HAVRIX (PF)	Tier 3	
HIZENTRA	Specialty	PA
INFANRIX (PF)	Tier 3	
IPOL	Tier 3	
IXIARO (PF)	Tier 3	
MENACTRA (PF)	Tier 3	
MENOMUNE - A/C/Y/W-135 (PF)	Tier 3	
MENVEO A-C-Y-W-135-DIP (PF)	Tier 3	
M-M-R II (PF)	Tier 3	
PEDVAX HIB (PF)	Tier 3	
PRIVIGEN	Specialty	PA
PROQUAD (PF)	Tier 3	
RABAVERT (PF)	Tier 3	
RECOMBIVAX HB (PF)	Tier 3	Part B PA
ROTATEQ VACCINE	Tier 3	
<i>tetanus-diphtheria toxoids-Td</i>	Tier 3	Part B PA
THYMOGLOBULIN	Tier 3	
TWINRIX (PF)	Tier 3	
TYPHIM VI	Tier 3	
VAQTA (PF)	Tier 3	
VARIVAX (PF)	Tier 3	
YF-VAX (PF)	Tier 3	
ZOSTAVAX (PF)	Tier 3	PA
Musculoskeletal / Rheumatology		
Gout Therapy		
<i>allopurinol</i>	Tier 1	
<i>colchicine-probenecid</i>	Tier 2	
COLCRYS	Tier 3	QL (360 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>probenecid</i>	Tier 2	
ULORIC	Tier 4	PA
Osteoporosis Therapy		
ACTONEL TABLET 35 mg	Tier 4	ST; QL (12 EA per 90 day(s))
ACTONEL TABLET 150 mg	Tier 4	ST; QL (3 EA per 90 day(s))
ACTONEL TABLET 5 mg	Tier 4	ST; QL (90 EA per 90 day(s))
<i>alendronate tablet 35 mg, 70 mg</i>	Tier 1	QL (12 EA per 90 day(s))
<i>alendronate tablet 10 mg, 5 mg</i>	Tier 1	QL (90 EA per 90 day(s))
EVISTA	Tier 3	QL (90 EA per 90 day(s))
FORTEO	Tier 3	QL (7.2 ML per 90 Day(s))
<i>ibandronate</i>	Tier 2	QL (3 EA per 90 day(s))
PROLIA	Tier 4	ST
Other Rheumatologicals		
DEPEN TITRATABS	Tier 3	
ENBREL	Specialty	PA; QL (600 ML per 90 day(s))
HUMIRA SUB-Q KIT 20 mg/0.4 mL	Specialty	PA; QL (2.4 EA per 90 day(s))
HUMIRA SUB-Q KIT 40 mg/0.8 mL	Specialty	PA; QL (4.8 EA per 90 day(s))
HUMIRA CROHN'S DIS START PCK	Specialty	PA
<i>leflunomide</i>	Tier 2	QL (90 EA per 90 day(s))
ORENCIA SUBQ	Specialty	PA; QL (12 ML per 90 day(s))
RIDAURA	Tier 4	
SAVELLA TABLETS IN A DOSE PACK	Tier 3	
SAVELLA TABLET	Tier 3	QL (180 EA per 90 day(s))
SIMPONI	Specialty	PA; QL (1 ML per 30 day(s))
Obstetrics / Gynecology		
Estrogens / Progestins		
ALORA	Tier 3	
<i>camila</i>	Tier 2	
CLIMARA PRO	Tier 3	
COMBIPATCH	Tier 3	
CRINONE VAGINAL GEL 4 %	Tier 3	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
CRINONE VAGINAL GEL 8 %	Tier 3	PA
DELESTROGEN IM OIL 10 mg/mL	Tier 4	
DEPO-PROVERA IM	Tier 3	
DEPO-SUBQ PROVERA 104	Tier 4	
DIVIGEL	Tier 3	
<i>errin</i>	Tier 2	
ESTRACE VAGL	Tier 3	
<i>estradiol</i>	Tier 1	
<i>estradiol valerate</i>	Tier 2	
<i>estradiol-norethindrone acet</i>	Tier 2	
ESTRING	Tier 4	QL (1 EA per 90 day(s))
<i>estropipate</i>	Tier 1	
<i>jinteli</i>	Tier 2	
<i>jolivette</i>	Tier 1	
<i>medroxyprogesterone</i>	Tier 1	
MENEST	Tier 4	
<i>nora-be</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 2	
PREFEST	Tier 4	
PREMARIN ORAL	Tier 3	
PREMARIN VAGL	Tier 3	
PREMPHASE	Tier 3	
PREMPRO	Tier 3	
<i>progesterone micronized</i>	Tier 2	
VAGIFEM	Tier 3	
VIVELLE-DOT	Tier 3	
Miscellaneous Ob/Gyn		
CLEOCIN VAGINAL SUPPOSITORY	Tier 3	
<i>clindamycin phosphate</i>	Tier 1	
<i>metronidazole</i>	Tier 2	
<i>miconazole-3</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
NUVARING	Tier 4	
ORTHO EVRA	Tier 4	
<i>terconazole</i>	Tier 2	
<i>vandazole</i>	Tier 2	
<i>zazole vaginal cream 0.4 %</i>	Tier 2	
Oral Contraceptives / Related Agents		
<i>amethia</i>	Tier 2	
<i>amethyst</i>	Tier 2	
<i>apri</i>	Tier 2	
<i>aranelle (28)</i>	Tier 2	
<i>aviane</i>	Tier 2	
<i>balziva (28)</i>	Tier 2	
<i>briellyn</i>	Tier 2	
<i>cryselle (28)</i>	Tier 2	
<i>cyclafem 1/35 (28)</i>	Tier 2	
<i>cyclafem 7/7/7 (28)</i>	Tier 2	
ELLA	Tier 3	
<i>emoquette</i>	Tier 2	
<i>enpresse</i>	Tier 2	
<i>gianvi</i>	Tier 2	
<i>introvale</i>	Tier 2	
<i>junel 1.5/30 (21)</i>	Tier 2	
<i>junel 1/20 (21)</i>	Tier 2	
<i>junel fe 1.5/30 (28)</i>	Tier 2	
<i>junel fe 1/20 (28)</i>	Tier 2	
<i>kariva</i>	Tier 2	
<i>kelnor 1/35 (28)</i>	Tier 2	
<i>leena 28</i>	Tier 2	
<i>lessina</i>	Tier 2	
<i>levora-28</i>	Tier 1	
<i>low-ogestrel (28)</i>	Tier 1	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>lutra</i> (28)	Tier 1	
<i>marlissa</i>	Tier 2	
<i>microgestin 1.5/30</i> (21)	Tier 1	
<i>microgestin 1/20</i> (21)	Tier 1	
<i>microgestin fe 1.5/30</i> (28)	Tier 1	
<i>microgestin fe 1/20</i> (28)	Tier 1	
<i>mononessa</i> (28)	Tier 1	
<i>necon 0.5/35</i> (28)	Tier 1	
<i>necon 1/35</i> (28)	Tier 1	
<i>necon 10/11</i> (28)	Tier 1	
<i>necon 7/7/7</i> (28)	Tier 1	
<i>next choice</i>	Tier 2	
<i>nortrel 0.5/35</i> (28)	Tier 2	
<i>nortrel 1/35</i> (21)	Tier 2	
<i>nortrel 1/35</i> (28)	Tier 2	
<i>nortrel 7/7/7</i> (28)	Tier 2	
<i>ocella</i>	Tier 2	
<i>ogestrel</i> (28)	Tier 2	
<i>orsythia</i>	Tier 2	
<i>portia</i>	Tier 2	
<i>previfem</i>	Tier 2	
<i>quasense</i>	Tier 2	
<i>reclipsen</i> (28)	Tier 1	
<i>sprintec</i> (28)	Tier 2	
<i>sronyx</i>	Tier 2	
<i>tri-legest fe</i>	Tier 2	
<i>trinessa</i> (28)	Tier 1	
<i>tri-previfem</i> (28)	Tier 2	
<i>tri-sprintec</i> (28)	Tier 2	
<i>trivora</i> (28)	Tier 1	
<i>velivet</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>vestura</i>	Tier 2	
<i>zeosa</i>	Tier 2	
<i>zovia 1/35e (28)</i>	Tier 2	
<i>zovia 1/50e (28)</i>	Tier 2	
Oxytocics		
METHERGINE	Tier 3	
<i>methylergonovine</i>	Tier 1	
Ophthalmology		
Antibiotics		
AZASITE	Tier 3	
<i>bacitracin OphT</i>	Tier 1	
<i>bacitracin-polymyxin B</i>	Tier 2	
BESIVANCE	Tier 3	
CILOXAN EYE OINTMENT	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>erythromycin</i>	Tier 2	
<i>gentak</i>	Tier 1	
<i>gentamicin</i>	Tier 2	
<i>levofloxacin</i>	Tier 1	
MOXEZA	Tier 3	
NATACYN	Tier 3	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 2	
<i>ofloxacin</i>	Tier 2	
<i>tobramycin</i>	Tier 1	
TOBREX EYE OINTMENT	Tier 3	
<i>trimethoprim-polymyxin B</i>	Tier 1	
VIGAMOX	Tier 3	
ZYMAXID	Tier 3	
Antivirals		
<i>trifluridine</i>	Tier 2	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
ZIRGAN	Tier 4	
Beta-Blockers		
<i>betaxolol</i>	Tier 2	
BETOPTIC S	Tier 3	
<i>carteolol</i>	Tier 2	
ISTALOL	Tier 3	
<i>levobunolol</i>	Tier 1	
<i>metipranolol</i>	Tier 2	
<i>timolol maleate</i>	Tier 2	
TIMOPTIC OCUDOSE (PF)	Tier 3	
Cycloplegic Mydriatics		
<i>tropicamide</i>	Tier 1	
Direct Acting Miotics		
PILOPINE HS	Tier 3	
Miscellaneous Ophthalmologics		
ALOCRI	Tier 4	
<i>azelastine</i>	Tier 2	
BEPREVE	Tier 3	
<i>cromolyn</i>	Tier 2	
<i>epinastine</i>	Tier 2	
PATADAY	Tier 3	
PATANOL	Tier 3	
RESTASIS	Tier 3	
Non-Steroidal Anti-Inflammatory Agents		
ACUVAIL (PF)	Tier 3	
<i>bromfenac</i>	Tier 2	
<i>diclofenac sodium</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 2	
<i>ketorolac Opht</i>	Tier 1	
NEVANAC	Tier 3	
Oral Drugs For Glaucoma		

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>acetazolamide</i>	Tier 2	
<i>acetazolamide sodium</i>	Tier 2	
<i>methazolamide</i>	Tier 2	
Other Glaucoma Drugs		
AZOPT	Tier 3	
COMBIGAN	Tier 3	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 2	
<i>latanoprost</i>	Tier 1	
LUMIGAN	Tier 3	
TRAVATAN Z	Tier 3	
Steroid-Antibiotic Combinations		
<i>neomycin-bacitracin-poly-HC</i>	Tier 1	
<i>neomycin-polymyxin-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-HC</i>	Tier 1	
TOBRADEX EYE OINTMENT	Tier 3	
TOBRADEX ST	Tier 3	
<i>tobramycin-dexamethasone</i>	Tier 2	
ZYLET	Tier 3	
Steroids		
ALREX	Tier 3	
<i>dexamethasone sodium phosphate</i>	Tier 1	
DUREZOL	Tier 3	
FML FORTE	Tier 3	
FML S.O.P.	Tier 3	
LOTEMAX	Tier 3	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 2	
Steroid-Sulfonamide Combinations		
BLEPHAMIDE	Tier 4	
BLEPHAMIDE S.O.P.	Tier 4	

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>sulfacetamide-prednisolone</i>	Tier 2	
Sulfonamides		
BLEPH-10	Tier 3	
<i>sulfacetamide sodium</i>	Tier 2	
Sympathomimetics		
ALPHAGAN P	Tier 3	
<i>apraclonidine</i>	Tier 2	
<i>brimonidine</i>	Tier 2	
IOPIDINE EYE DROPPERETTE	Tier 4	
Vasoconstrictor Decongestants		
<i>ak-con</i>	Tier 1	
Respiratory And Allergy		
Antihistamine / Antiallergenic Agents (Rx Only)		
<i>carbinoxamine maleate</i>	Tier 2	
<i>cetirizine</i>	Tier 1	
<i>clemastine</i>	Tier 1	
<i>epinephrine HCl</i>	Tier 2	
EPIPEN	Tier 3	
EPIPEN JR	Tier 3	
<i>hydroxyzine HCl</i>	Tier 1	
<i>levocetirizine tablet</i>	Tier 1	QL (90 EA per 90 day(s))
<i>levocetirizine Oral Soln</i>	Tier 2	
<i>palgic oral liquid</i>	Tier 2	
<i>phenadoz</i>	Tier 2	
<i>promethazine</i>	Tier 2	
<i>promethegan</i>	Tier 2	
TWINJECT AUTOINJECTOR	Tier 3	
Pulmonary Agents		
<i>acetylcysteine</i>	Tier 2	Part B PA
ADVAIR DISKUS	Tier 3	QL (180 EA per 90 day(s))
ADVAIR HFA	Tier 3	QL (36 GM per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
<i>albuterol sulfate Oral ,</i>	Tier 1	
<i>albuterol sulfate Inhl</i>	Tier 1	Part B PA
ALVESCO	Tier 4	QL (37 GM per 90 day(s))
ASMANEX TWISTHALER	Tier 3	QL (3 EA per 90 day(s))
ATROVENT HFA	Tier 3	QL (77.4 GM per 90 day(s))
<i>budesonide</i>	Tier 2	Part B PA
CINRYZE	Specialty	PA; LA; QL (60 EA per 90 day(s))
COMBIVENT	Tier 4	QL (88.2 GM per 90 day(s))
<i>cromolyn</i>	Tier 2	Part B PA
DALIRES	Tier 3	QL (90 EA per 90 day(s))
DULERA	Tier 4	QL (39 GM per 90 day(s))
ELIXOPHYLLIN	Tier 4	
FIRAZYR	Specialty	
FLOVENT DISKUS	Tier 3	QL (180 EA per 90 day(s))
FLOVENT HFA	Tier 3	QL (72 GM per 90 day(s))
<i>flunisolide</i>	Tier 2	
<i>fluticasone</i>	Tier 1	
FORADIL AEROLIZER	Tier 3	QL (180 EA per 90 day(s))
<i>ipratropium bromide</i>	Tier 2	Part B PA
<i>ipratropium-albuterol</i>	Tier 2	Part B PA
KALYDECO	Specialty	PA; QL (180 EA per 90 day(s))
LETAIRIS	Specialty	PA; LA; QL (90 EA per 90 day(s))
<i>metaproterenol</i>	Tier 2	
NASONEX	Tier 3	
PERFOROMIST	Tier 3	Part B PA
PROAIR HFA	Tier 3	QL (51 GM per 90 day(s))
PULMICORT NEB SUSPENSION 1 mg/2 mL	Tier 3	Part B PA
PULMOZYME	Specialty	Part B PA
QVAR	Tier 3	QL (53 GM per 90 day(s))
REVATIO ORAL	Specialty	PA; QL (270 EA per 90 day(s))
REVATIO IV	Specialty	QL (3375 ML per 90 day(s))

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ST= Step Therapy NST= New Step Therapy LA= Limited Access QL= Quantity Limit

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
SEREVENT DISKUS	Tier 3	QL (180 EA per 90 day(s))
SINGULAIR	Tier 3	QL (90 EA per 90 day(s))
SPIRIVA WITH HANDIHALER	Tier 3	QL (90 EA per 90 day(s))
SYMBICORT	Tier 3	QL (30.6 GM per 90 day(s))
<i>terbutaline</i>	Tier 2	
<i>theophylline</i>	Tier 1	
TRACLEER	Specialty	PA; LA; QL (180 EA per 90 day(s))
<i>triamcinolone acetonide</i>	Tier 2	
XOLAIR	Specialty	PA; QL (7.2 EA per 30 day(s))
XOPENEX HFA	Tier 4	QL (90 GM per 90 day(s))
<i>zafirlukast</i>	Tier 2	QL (180 EA per 90 day(s))
ZYFLO	Tier 4	QL (360 EA per 90 day(s))
ZYFLO CR	Tier 4	QL (360 EA per 90 day(s))
Urologicals		
Anticholinergics / Antispasmodics		
DETROL LA	Tier 3	QL (90 EA per 90 day(s))
ENABLEX	Tier 3	QL (90 EA per 90 day(s))
<i>flavoxate</i>	Tier 2	
GELNIQUE	Tier 3	QL (90 GM per 90 day(s))
<i>oxybutynin chloride Syrup</i>	Tier 1	
<i>oxybutynin chloride ER tablet,24 hr extended release 10 mg, 15 mg</i>	Tier 1	QL (180 EA per 90 day(s))
<i>oxybutynin chloride tablet</i>	Tier 1	QL (360 EA per 90 day(s))
<i>oxybutynin chloride ER tablet,24 hr extended release 5 mg</i>	Tier 1	QL (90 EA per 90 day(s))
OXYTROL	Tier 3	QL (32 EA per 90 day(s))
TOVIAZ	Tier 3	QL (90 EA per 90 day(s))
<i>tropium</i>	Tier 2	QL (180 EA per 90 day(s))
VESICARE	Tier 3	QL (90 EA per 90 day(s))
Benign Prostatic Hyperplasia(Bph) Therapy		
<i>alfuzosin</i>	Tier 2	QL (90 EA per 90 day(s))

SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
AVODART	Tier 3	QL (90 EA per 90 day(s))
<i>finasteride</i>	Tier 2	QL (90 EA per 90 day(s))
JALYN	Tier 3	QL (90 EA per 90 day(s))
RAPAFLO	Tier 3	QL (90 EA per 90 day(s))
<i>tamsulosin</i>	Tier 1	QL (180 EA per 90 day(s))
UROXATRAL	Tier 3	QL (90 EA per 90 day(s))
Cholinergic Stimulants		
<i>bethanechol chloride</i>	Tier 1	
Miscellaneous Urologicals		
CYSTAGON	Tier 3	LA
ELMIRON	Tier 3	
Vitamins, Hematinics / Electrolytes		
Electrolytes		
<i>0.45 % NaCl-potassium chloride</i>	Tier 3	
<i>0.9 % sodium chloride & potassium chloride IV 20 mEq/L</i>	Tier 2	
<i>0.9 % sodium chloride & potassium chloride IV 40 mEq/L</i>	Tier 3	
<i>calcium acetate</i>	Tier 2	
<i>D5-0.45 % sodium chloride & potassium chloride IV 10 mEq/L, 20 mEq/L, 40 mEq/L</i>	Tier 2	
<i>D5-0.45 % sodium chloride & potassium chloride IV 30 mEq/L</i>	Tier 3	
<i>D5-0.225 % NaCl and KCl</i>	Tier 3	
<i>D5-0.3 % NaCl & potassium chl</i>	Tier 2	
<i>D5-0.9%NaCl-potassium chloride</i>	Tier 2	
<i>D5-LR with potassium chloride</i>	Tier 2	
<i>D5W with potassium chloride IV 30 mEq/L, 40 mEq/L</i>	Tier 2	
<i>D5W with potassium chloride IV 20 mEq/L</i>	Tier 3	
<i>eliphos</i>	Tier 2	
<i>klor-con</i>	Tier 2	
<i>klor-con 10</i>	Tier 2	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
KLOR-CON M15	Tier 4	
<i>klor-con m20</i>	Tier 2	
K-TAB	Tier 4	
<i>lactated ringers IV</i>	Tier 3	
<i>magnesium sulfate</i>	Tier 3	
NORMOSOL-R IN D5W	Tier 3	
PHOSLYRA	Tier 3	
<i>potassium chloride IV Piggy Back 10 mEq/100 mL, 10 mEq/50 mL</i>	Tier 2	
<i>potassium chloride IV Soln</i>	Tier 2	
<i>potassium chloride Oral</i>	Tier 2	
<i>potassium chloride IV Piggy Back 20 mEq/50 mL, 30 mEq/100 mL</i>	Tier 3	
<i>ringers IV</i>	Tier 2	
<i>sodium chloride</i>	Tier 2	
<i>sodium chloride 0.45 %</i>	Tier 2	
<i>sodium chloride 3 %</i>	Tier 2	
<i>sodium chloride 5 %</i>	Tier 2	
Miscellaneous Nutrition Products		
AMINOSYN II 10 %	Tier 3	
AMINOSYN II 15 %	Tier 3	
AMINOSYN II 7 %	Tier 3	
AMINOSYN II 8.5 %	Tier 3	
AMINOSYN II 8.5 %-ELECTROLYTES	Tier 3	
AMINOSYN-HBC 7 %	Tier 3	
AMINOSYN-PF 10 %	Tier 3	
AMINOSYN-PF 7 % (SULFITE-FREE)	Tier 3	
CLINIMIX 2.75%/D5 SULFITE FREE	Tier 3	
CLINIMIX 4.25/D10 SULFITE FREE	Tier 3	
CLINIMIX 4.25/D20 SULFITE FREE	Tier 3	
CLINIMIX 4.25/D25 SULFITE FREE	Tier 3	
CLINIMIX 5%/D15 SULFITE FREE	Tier 3	

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SmartD Rx (PDP) Formulary

Drug Name	Tier Status	Requirements
CLINIMIX 5%/D20 SULFITE FREE	Tier 3	
CLINIMIX 5%/D25 SULFITE FREE	Tier 3	
CLINISOL SF 15 %	Tier 3	
FREAMINE III 8.5 %	Tier 3	
HEPATAMINE 8%	Tier 3	
HEPATASOL 8 %	Tier 3	
<i>intralipid iv 20 %</i>	Tier 2	
INTRALIPID IV 30 %	Tier 3	
IONOSOL-B IN D5W	Tier 3	
IONOSOL-MB IN D5W	Tier 3	
ISOLYTE-H IN D5W	Tier 3	
ISOLYTE-P IN D5W	Tier 3	
ISOLYTE-S	Tier 3	
ISOLYTE-S IN D5W	Tier 3	
LIPOSYN III IV 10 %	Tier 3	
NEPHRAMINE 5.4 %	Tier 3	
NORMOSOL-R PH 7.4	Tier 3	
PLASMA-LYTE 148	Tier 3	
PLASMA-LYTE A	Tier 3	
PLASMA-LYTE-56 IN D5W	Tier 3	
<i>premasol 10 %</i>	Tier 2	
PREMASOL 6 %	Tier 3	
<i>travasol 10 %</i>	Tier 3	
TROPHAMINE 10 %	Tier 3	
TROPHAMINE 6%	Tier 3	
Vitamins / Hematinics		
<i>prenatal plus with iron (ca)</i>	Tier 1	
<i>sodium fluoride</i>	Tier 2	

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