

**Advantra (HMO/PPO)
HealthAmerica and Coventry Health Care
Central & Western Pennsylvania and Northeastern Ohio**

2014 Formulary

(List of Covered Drugs)

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

This formulary was updated on **05/29/2014**. For more recent information or other questions, please contact Advantra at 1-866-290-6660, (TTY/TDD 711), 24 hours a day, 7 days a week, or visit <http://PAFormulary.coventry-medicare.com>.

HealthAmerica Pennsylvania, Inc., HealthAssurance, Pennsylvania, Inc. and Coventry Health and Life Insurance Company are Coordinated Care plans with Medicare contracts. Enrollment in our plan(s) depends upon contract renewal.



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RX-14-HAPA1

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means HealthAmerica Pennsylvania, Inc., HealthAssurance, Pennsylvania, Inc. or Coventry Health and Life Insurance Company. When it refers to “plan” or “our plan,” it means Advantra.

This document includes a list of the drugs (formulary) for our plan which is current as of **05/29/2014**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

Limitations, copayments, and restrictions may apply.

This document may be available for free in other alternative formats. Please call 1-866-290-6660 (TTY/TDD users only: 711 Telecommunications Relay Services), 24 hours a day, 7 days a week, if you need plan information in another format.

This information is available for free in other languages. Please contact our customer service number at: 1-866-290-6660, 24 hours a day, 7 days a week. (TTY/TDD users please call 711 Telecommunications Relay Services).

What is the Advantra Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 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 (FDA) 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 **05/29/2014**. To get updated

information about the drugs covered by Advantra, please contact us. Our contact information appears on the front and back cover pages.

In the event of a (non-routine) mid-year formulary change such as moving a preferred formulary drug to a non-preferred formulary tier, adding an additional requirement or limit to a drug, removing a dosage form, or exchanging one drug for therapeutic alternative by adding or deleting a drug or changing a tier as a result of a therapeutic alternative, we will notify you by providing you with a written notice of the (non-routine) formulary change. Please visit our website <http://www.pa.chcadvantra.com> or refer to your monthly Explanation of Benefits (EOB) for the (non-routine) formulary change. In addition, we will also update our online searchable formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page B-1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number B-1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index-1. 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?

Advantra 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.

What are compounded drugs?

Compounded drugs are composed of two or more ingredients and they require a prescription from a physician. In addition, compounded drugs are prepared by a pharmacist who mixes the various ingredients to customize the drug to meet your individual medical needs. Compounded drugs often have the same active ingredients as generic prescription drugs and brand name drugs, but they are different in (a) strength, (b) inactive ingredients such as preservatives, dyes, sugars and other inactive ingredients found in regular prescription drugs, and (c) form.

The Plan only covers the compounds when one or more of the ingredients in the compounded drug are recognized by Medicare to be Part D drug eligible products. The plan only covers up to a 30-day supply at a time because compounded drugs do not have an extended expiration date as compared to commercially manufactured medications. The member's cost share for a compounded drug is based on a variety of factors. (1) During the initial coverage phase of the benefit, the member's cost share is determined by the formulary tier placement of the highest tier of any of the individual ingredients in the compound. (2) When in the coverage gap or catastrophic phase of the benefit, the member's cost share is based off the benefit design and the individual drugs in the compound. (see the Annual Notice of Changes/Evidence of Coverage for benefit details). Regardless of the benefit phase, drug restrictions on the individual ingredients may apply (see below).

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: Advantra requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Advantra before you fill your prescriptions. If you don't get approval, Advantra may not cover the drug.

Quantity Limits: For certain drugs, Advantra limits the amount of the drug that Advantra will cover. For example, Advantra provides no more than 2 inhalers per prescription for ProAir HFA. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, Advantra 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, Advantra may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Advantra will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page B-1. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Advantra to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Advantra's formulary?" on page A-5 for information about how to request an exception.

Are all drugs on this formulary provided for a long term extended 90-day supply?

Advantra only provide(s) a long term extended day supply (up to 90-days) for those drugs listed in this formulary with an abbreviation of "90D" in the "Drug Notes" column of the formulary. If the drug you need does not have a "90D" listed in the "Drug Notes" column of the formulary, Advantra will not provide coverage for an extended day supply. Drugs that do not have a "90D" in the "Drug Notes" column can be covered as follows:

Drugs will be covered only up to a 30 day supply per fill by default when there is no quantity limit noted. Drugs that are typically limited to a 30 day supply include FDA controlled substances and high cost agents.

Drugs with a quantity limit noted will be covered up to a 30 day supply per fill, unless otherwise noted in the day supply of the quantity limit note. Drugs that are typically limited to less than a 30 day supply include select medications used for pain and some antibiotics since typically these are only needed for a short term use to treat the medical issue. An example of a drug that is limited to less than 30 days per prescription is vancomycin (brand name Vancocin) 125mg tablets which has a quantity limit noted as 56 capsules per 14 days in the formulary drug list.

For more information on how to read this formulary, please see "How To Read The Drug List" on page A-7.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. However, Advantra cover(s) the OTCs listed in the chart below as part of Step Therapy and when a prescription is written by your doctor or other prescriber. We provide a 30 day supply for all members and a 31-day supply for members in long-term care. Your copayment is \$0 for these covered OTCs regardless

of where you are in the various stages of your prescription drug benefit. The cost of these covered OTC drugs will not count toward your total drug costs (that is, the amount you pay does not count for the coverage gap). All OTCs have quantity limits.

Drug Name	Type	Strength
Loratadine	Tablets	10mg
Loratadine	Dissolve Tablets	10mg
Loratadine	Syrup	5mg/5 ml
Loratadine and Pseudoephedrine Sulfate	12 Hour Tablets	5mg/120mg
Loratadine and Pseudoephedrine Sulfate	24 Hour Tablets	10mg/240mg
Cetirizine	Tablets	5mg
Cetirizine	Tablets	10 mg
Cetirizine	Chewable Tablets	5mg
Cetirizine	Chewable Tablets	10 mg
Cetirizine	Syrup	1 mg/ml
Cetirizine HCL and Pseudoephedrine Hydrochloride	12 Hour Tablets	5 mg/120 mg

What if my drug is not on the Formulary?

If your drug, drug strength or drug's dosage form (examples of dosage forms include but are not limited to an extended release tablet, suspension, or an injection) is not included in this formulary (list of covered drugs), you should first contact Customer Service and confirm that your drug, drug strength or dosage form is not covered. If you have coverage questions, please contact Customer Service. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

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

- You can ask Customer Service for a list of similar drugs that are covered by Advantra. When you receive the list, show it to your doctor or other prescriber and ask him or her to prescribe a similar drug that is covered by Advantra. If you prefer you can also take this printed formulary document to your next doctor or other prescriber's appointment to ask your doctor or other prescriber if another drug on the formulary list could be used for your condition.
- You can ask Advantra 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 Advantra's Formulary?

You can ask Advantra 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. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Advantra limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more. If approved, this drug will be covered at a

predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.

Generally, Advantra will only approve your request for an exception if the alternative drug(s) is included on the plan's formulary, the lower cost-sharing drug(s) 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 prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your doctor or other prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor or other prescriber believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor or other prescriber 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 or other prescriber 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 new members (defined as in the plan for less than 90 days) or current members taking a therapy in which the drug becomes non formulary or requires a new Prior Authorization or Step Therapy edit with the new benefit year, we will cover a temporary supply. 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 less than 30 days, in which case, we will allow multiple refills to provide up to a total of 30 days of the drugs) 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.

For new members (defined as in the plan for less than 90 days) or current members taking a therapy in which the drug becomes non formulary or requires a new Prior Authorization or Step Therapy edit with the new benefit year, we will cover a temporary supply. 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-day transition supply, **consistent with dispensing increment**, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members who are changing from one treatment setting to another, for example entering a long-term care facility from a hospital or being discharged from a hospital to home, the member and provider will need to utilize our exception and appeals process should the drugs not be on our formulary. Members entering or being discharged from a long-term care facility will be allowed a one-time emergency supply of a 31-day supply for medications which the member has not already received a transition supply. In addition, the dispensing pharmacist will be able to override early refill edits, where appropriate, for members entering or being discharged from a long-term care facility where beneficiaries are not allowed to take their previously filled medications with them to their new location.

For more information

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

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

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

Advantra’s Formulary

The formulary that begins on page B-1 provides coverage information about the drugs covered by Advantra. If you have trouble finding your drug in the list, turn to the Index that begins on page Index-1.

How to Read the Drug List

The formulary drug list that begins on page B-1 is set up like a table to make it easy to read. The column headers look as follows:

A Drug Name	B Drug Notes	C Advantra (HMO/PPO) HealthAmerica Central & Western Pennsylvania and Northeastern Ohio	
		D Tier	E Plan Notes

A. The first column of the chart is the “Drug Name”. This column will list out the names of drugs. Brand name drugs are capitalized (e.g., COUMADIN) and generic drugs are listed in lower-case italics (e.g., *warfarin*).

B. The second column is called “Drug Notes”. This column will list any requirements for coverage of the drug. Please refer to the “Plan Notes” column for any additional requirements.

C. The remaining columns are specific to the plan you are enrolled in. The Plan Name and Type will appear on top of the “Tier” and “Plan Notes” columns. Please refer to the cover of your Evidence of Coverage or your Membership Identification Card for the name of your plan.

D. The “Tier” column defines the type of drug and the copayment and/or coinsurance level. Please refer to “Explanation of Cost-Sharing Tiers” on page A-9 for an explanation of the cost-share tiers and the levels of coverage. In addition, please refer to Chapter 6, “What you pay for your Part D prescription drugs” in your Evidence of Coverage for the exact amounts you pay for the drugs in each cost-sharing tier.

E. The “Plan Notes” column lists any additional requirements for coverage of the drug under a specific plan. The requirements under “Plan Notes” are in addition to those listed under “Drug Notes”.

DRUG NOTES

The following list contains an explanation of the abbreviations you will see in the “Drug Notes” column. These are the special requirements that apply to the drug in all cases where the drug is covered on the formulary.

<p><u>Medicare Part B v. Medicare Part D B v D</u> This drug requires a prior authorization to determine if this drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use of the drug, how the drug is going to be purchased, and where the drug will be administered to make the determination.</p>	<p><u>Quantity Limits QL</u> The plan will only cover a certain amount of these drugs for one copay/coinsurance or over a defined number of days. For example, a drug that is covered up to one tablet per day will be displayed as “30 QY 30 DY” which means a quantity of 30 tablets will be covered per 30 day supply. These limits may be in place to ensure safe and efficient use of a drug. If your doctor or other prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or other prescriber can ask the plan to cover the additional quantity.</p>
<p><u>High Risk Medications HRM</u> The plan recognizes that there are certain medications that are considered high risk medications. These may be inappropriate in elderly patients and could cause harmful side effects. We encourage you to speak with your doctor or other prescriber if you are prescribed one of these medications to see if there may be other alternatives available to you.</p>	<p><u>90-day Long-Term Supply 90D</u> The plan provides a long-term (extended day) supply up to 90 days of these drugs.</p>

PLAN NOTES

The following list contains an explanation of the abbreviations you will see in the “Plan Notes” column. These are the special requirements that apply to the drug on your plan’s formulary where the note is listed.

<p><u>Drugs Covered in the GAP Phase G</u> We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>	<p><u>Non-Formulary NF</u> This drug is a non-formulary drug. The plan does not include this drug on its formulary. You or your doctor or other prescriber may request an exception. Your doctor or other prescriber will need to provide a supporting statement for an exception.</p>
<p><u>Step Therapy ST</u> There are effective, clinically proven lower-cost alternatives to this drug that treat the same health condition. The plan may require that you try an alternative drug for your health condition before the plan will cover the drug you are requesting. If you have already tried other drugs or your doctor or other prescriber thinks other drugs are not right for your situation, you or your doctor or other prescriber can ask the plan to cover these drugs by request, as an exception through the process described on page A-5.</p>	<p><u>Prior Authorization PA</u> You or your doctor or other prescriber must provide additional information to the plan before the plan will cover this drug. The plan uses this information to help ensure the drug is covered appropriately for Medicare-eligible health conditions. In some cases you may be asked to try another drug on the formulary before the plan covers the drug you are requesting. If you do not get approval, your drug may not be covered by the plan, and you would be responsible for the full cost.</p>

Explanation of Cost-Sharing Tiers

Every drug on the formulary is in one of 5 cost-sharing tiers depending on which plan you are enrolled in. To determine which plan you are enrolled in, please refer to the cover of your Evidence of Coverage or your Membership Identification Card for the name of your plan. When you review the drug list that appears on page B-1, the column called “Tier” will show whether the drug is on Tier 1, 2, 3, 4 or 5. In general, the higher the cost-sharing tier, the higher your cost for the drug. Here is how the plan defines its cost-sharing tiers:

Five (5) Tier Plans - Advantra

Tier 1 – “Preferred Generic Drugs”

Preferred Generic drugs offer the lowest out-of-pocket cost to you. You and your doctor or other prescriber should decide if Tier 1 medications are right for your treatment.

Tier 2 - “Non-Preferred Generic Drugs”

Some Tier 2 drugs have lower-cost Tier 1 options that you may consider with your doctor or other prescriber.

Tier 3 - “Preferred Brand Drugs”

Preferred Brand drugs are offered at a lower cost-share than Non-Preferred Brand and Non-Preferred Generic drugs. You might consider having your doctor or other prescriber review the formulary list of Tier 3 drugs as an alternative to the Non-Preferred Brand drugs on Tier 4.

Tier 4 - “Non-Preferred Brand Drugs”

The drugs on this tier include the plan’s Non-Preferred Brand drugs along with some non-preferred generic drugs. The cost of these drugs are usually higher than Tiers 1, 2 and 3 drugs. By discussing your prescription needs with your doctor or other prescriber and sharing a copy of this formulary, you and your doctor or other prescriber may find equally effective alternatives with lower-cost brands on Tier 3 and lower cost generics on Tiers 1 and 2. If you, along with your doctor or other prescriber request a formulary exception for a non-formulary drug (a drug that is not on our drug list) and your request is approved, the non-formulary drug will be treated as a Tier 4 drug and you will be responsible for paying the cost of the non-formulary drug as if it were on Tier 4.

Tier 5 – “Specialty Drugs”

The drugs on this tier are very high-cost/unique drugs and include both brand and generic drugs. The plan does not lower the cost-sharing amount for drugs in this tier.

Where Can I Find the Actual Costs Associated With The Cost-Share Tiers?

Please refer to Chapter 6, “What you pay for your Part D prescription drugs” in your Evidence of Coverage for the exact amounts you pay for the drugs in each cost-sharing tier.

If you are in a program that helps pay for your drugs, we mail an insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider), that tells you about your drug coverage. This Rider also lists the amount you pay for drugs in each cost-sharing tier. You can also contact Customer Service at the telephone numbers on the cover of this formulary to find out what your costs are in this situation.

Preferred Network Pharmacies

We offer lower cost-sharing when you choose to purchase your prescription drugs at one of our Preferred Network Pharmacies. A listing of our Preferred Network Pharmacies is provided in our Advantra Provider/Pharmacy Directory and on our website at <http://PharmacyLocator.coventry-medicare.com>.

Non-Preferred Network Pharmacies

We have over 65,000 pharmacies in our network across the United States and the District of Columbia. That means you can have your covered prescription drugs filled at any network pharmacy in the area even if you are traveling for business or leisure. You can purchase your prescription drugs at any non-preferred network pharmacy, but the amount you pay for those prescription drugs will be slightly higher than if you purchased them at a Preferred Network Pharmacy. Please refer to your Advantra Provider/Pharmacy Directory for a complete list of our Non-Preferred Pharmacies or visit our searchable Pharmacy Directory on line at <http://PharmacyLocator.coventry-medicare.com>.

Limited Distribution of Some Drugs

Some drugs may be subject to limited distribution or restricted access. This means that a drug may only be available at certain pharmacies. These pharmacies dispense drugs that are restricted by the FDA to certain locations or that require special handling, provider coordination, or education on their use. (Note: This scenario should happen rarely.)

If you are having difficulty finding a network pharmacy to fill a medication that is limited to select pharmacies by the FDA, please contact Customer Service at the telephone numbers provided on the cover of this formulary.

Drugs Packaged to Provide an Extended Day Supply

Some drugs are packaged by the manufacturer to provide greater than a 30-day supply, such as medroxyprogesterone acetate injection. In these cases you may be responsible for paying multiple copayments for a single prescription when filling a packaged drug that would normally provide greater than a 30-day supply. For more information please call the toll-free Customer Service number located on the cover.

Early Refills

We have guidelines regarding refilling your prescription too early. These guidelines are designed for your safety and to minimize the excessive use, waste and stockpiling of prescription medications. In general, the plan does not cover early refills. If you try to fill a prescription several days (for example more than 7 days early following a 30 day fill) too early your refill can be delayed because of your drug supply on hand. If you have filled a routine prescription a few days early each month you can accumulate an extra supply of your prescription. We track the prescriptions you fill routinely over a 6 month timeframe to determine if an excessive amount of the prescription is being accumulated. If accumulation occurs your prescription refill can be delayed. We delay the refill because we are concerned both with members unable to fill their medication but also in situations where the member has an excessive amount of their drug on hand based on how the physician wrote the prescription.

To avoid having a refill delayed, you may want to use these guidelines. Please note these are simply guidelines.

For a 30-day retail prescription, order a refill when you have no more than a seven (7)-day supply left.

For a 30-day mail order prescription, you may order the refill a few days earlier, to ensure you receive the refill before the medication on hand is used.

For a 90-day retail or mail order prescription, request the refill when you have no more than a 14-day supply remaining.

The determination of whether your prescription is filled too early is based on a number of factors such as:

The original prescription from your doctor or other prescriber, including his/her instructions for dosage;

Refills you have purchased of the same prescription drug previously; and

How much of the prescription drug you still should have on-hand based on your previous refills and your doctor or other prescriber's instructions on dosage.

If you order a refill at a network pharmacy too soon, you will be asked to wait until the allowable refill date. If you order the refill through our mail order service too soon, the mail-order service may hold the refill until the allowable date.

If you are told that it is too soon to fill your prescription but are out of medication (or almost out of medication) because of a change in how your doctor or other prescriber told you to take the drug, you will need to have your doctor or other prescriber provide a new prescription with the new directions to your pharmacy.

What do I do if I need to get my prescription filled before I have used most of the supply I have at home because I am going on a trip?

If you are in need of filling a prescription early due to domestic travel, remember that this plan has network pharmacies in every state for your convenience. You can transfer your prescription, in compliance with state laws, to a network pharmacy when travelling domestically or you can present your prescription insurance card and a new prescription to the new pharmacy when you are due for your next fill. When planning for either domestic or international travel please make sure you take advantage of extended day supply options for drugs eligible for 90 day fills; this may provide you a supply of your drugs to last for your entire trip. However, if you are traveling to an international destination for an extended period of time and have exhausted other options including 90 day fills, please have your pharmacy contact our Customer Service for assistance. Please see page A-1 of this formulary on how to contact Customer Service.

Vaccines

Your prescription drug benefit covers vaccines for meningitis, shingles, diphtheria, tetanus and more. Some vaccines, like those for the flu and pneumonia, are covered by Medicare Part B. The cost for vaccines depends on where you have it administered.

For the best coverage, we recommend that you get vaccines at a network pharmacy, if your state allows it. The administration fee (the service cost that the healthcare professional charges for giving the vaccine) will likely be lower, so it could save you money. Please refer to your Evidence of Coverage for description on other coverage methods for vaccines and information on how these vaccines are paid for. If you don't see the vaccine you need listed in the drug list, call Customer Service at the telephone numbers provided on page A-1 of this formulary. They can see if the vaccine is covered and send you a reimbursement form if you need one.

Mail Order

We are pleased to offer Mail-Order services to all of our members. Our mail-order service, in general, is designed for those medications that members may take on an ongoing basis. It is a great way to purchase and receive your medications. You can obtain up to a 90-day supply of those drugs identified on the formulary drug list with a "90D" through mail order.

Please note that the actual quantity and/or days' supply may vary for each prescription. Your doctor or other prescriber's instructions on how to take the medication, state and federal dispensing guidelines, or how the medication is packaged may impact the quantity and/or days' supply you can receive. When switching from your local pharmacy to mail order, please make sure you have an adequate supply of your prescriptions on hand prior to sending your next fill request to the mail order pharmacy.

What is the timeframe for Mail-Order?

First-time orders will usually be delivered within 8 to 11 days after your order is received. Refills usually arrive in less time. Refills ordered online are usually delivered within 5 to 8 days after your order is received. New and renewal prescriptions faxed from your doctor or other prescriber will usually be delivered in 5 to 8 days.

How are medications shipped?

Most medications are shipped via the U.S. Postal Service at no cost to you. Medications containing certain controlled substances are shipped United Parcel Service (UPS). If necessary, you can request express shipping for an additional fee.

What if I need to speak with a pharmacist?

Our registered pharmacists are available 24 hours a day, seven days a week to answer any questions about your medications. Please call Customer Service at the telephone numbers listed on page A-1 of this formulary.

How much do I pay for mail order?

The amount you pay for covered drugs through our mail order service may be lower than if you purchase them at a network pharmacy. Please refer to Chapter 6, "What you pay for your Part D prescription drugs" in your Evidence of Coverage for your cost-shares for drugs purchased through Mail Order.

Cancelling your order

Should you wish to cancel your order, you must call Customer Service immediately at the toll-free numbers shown on the back of your Member ID card. You can only cancel an order before your medication is dispensed. If you do not call and request to cancel your order, your medication will be shipped to you and you will be charged the applicable co-payment/coinsurance. Please also note that medications properly dispensed and shipped cannot be returned to the mail-order pharmacy for a refund or credit, unless the shipment was due to our error. This policy is based in part on federal and state laws regarding the proper dispensing of prescription medications.

For additional information about our mail order cancellation policy, please contact Customer Service at the telephone number on the back of your member ID card.

Can I return my medication for a refund or credit?

Medications properly dispensed and shipped cannot be returned for a refund or credit unless the shipment was due to our error. This policy is based in part on federal and state laws regarding the proper dispensing of prescription medications. Exceptions are granted when the plan has made an error. In those cases, we may request that you return the medication to us (we will pay for the shipping), so we can properly dispose of the medication and refund or credit you for the charge that you have incurred.

What should I do with my expired or unused medication?

Please contact Customer Service for general instructions on how to dispose of your expired or unused medication.

Working with your doctor or other prescriber

If we receive a prescription directly from your doctor or other prescriber, we will work with your doctor or other prescriber to fill your prescription. In some cases, we may contact your doctor or other prescriber if we have questions about your prescription before it is filled and shipped to you. To ensure that you are properly informed of any changes to your prescription that your doctor or other prescriber may make, we ask that you contact your doctor or other prescriber before your prescription is filled and shipped to you to learn if there were any changes to your prescription that you may not agree with. If your medication has

been shipped, we will not be able to accept it if you return it to us. We cannot accept the return of properly dispensed prescription medications for credit or refund.

Generic Substitution

If your doctor or other prescriber writes a prescription for a brand drug, we may substitute it for a generic drug where appropriate and in compliance with state law. For example, if your doctor or other prescriber writes a prescription for a brand drug (and a generic equivalent is available) but did not indicate "dispense as written," or "brand only," we may dispense the generic equivalent drug instead, if permitted to do so. Please also refer to Chapter 5, "Using the plan's coverage for your Part D prescription drugs, Section 4.2, "What kinds of restrictions?" in your Evidence of Coverage for additional information.

Payment Options Available

You can pay by credit card, personal check, electronic funds transfer, or money order. Please do not send cash. If you would like to pay by credit card, there are two methods of setting up your account using a credit card:

One Time Use – If your order is over \$100.00 and you did not include your payment with your order, the Mail Order pharmacy will contact you by telephone and request your payment before your order is shipped. If you choose to use a credit card, the credit card will be used for this payment only, unless you have given us permission to bill future orders to your credit card.

Auto Bill – Under this option, all medication orders under \$350.00 will be automatically charged to your credit card before they are shipped to you if you are set up for automatic refills. The Mail Order pharmacy will contact you and request your approval for orders over \$350.00. Please note that shipment will be delayed until the Mail Order service has received your approval for the payment of your order.

Handling of mail order claims that are close to the end of the benefit year

Unless you have notified us otherwise, mail order requests received towards the end of the benefit year will be processed for the current benefit year and your TrOOP and drug spend amounts will be applied to your current benefit year. If you would like us to process your request for the upcoming benefit year, instead of the current benefit year, you must notify us in writing of your request and we will place your prescription on hold for a future date not greater than 90 days from the date of your request.

My Online Services

My Online Services is a secure web-based tool with features that allow you to view, track and store personal health information. Through *My Online Services*, you may find a pharmacy near you, track your current medications and prescription history, track your claims and authorizations, access your health benefit information, research clinical and health-related information, request an ID card, update your address and more.

To register for *My Online Services*, you must be an enrolled member and the registration process is easy. Go to <http://www.pa.chcadvantra.com> and click on *My Online Services* located at the top of the screen. You will need your member ID number (found on the back of your card), your zip code, your date of birth and your e-mail address.

Are you wondering why our network pharmacies automatically give you the generic version of a brand drug?

Here is the answer!

The Food and Drug Administration (FDA) makes sure that all generic drugs are safe and effective. Every generic drug is put through a rigorous, multi-step approval process by the FDA. From quality and performance to manufacturing and labeling, everything must meet FDA's high standards. The FDA makes it tough to become a generic drug in America, so you can rest assured that generics are safe, effective and a lower cost option to brand name drugs.

If you are currently taking brand name drugs, talk to your doctor or other prescriber to see if there are generic equivalents available for you. Not only will you find they are safe and just as effective as brand drugs, but your cost-shares will be much lower.

Visit www.fda.gov/cder or call 1-888-INFO-FDA (463-6332) to learn more.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
Analgesics					
<i>Analgesics</i>					
<i>butalbital/acetaminophen 50mg-325mg tab QL-360 QY 30 DY</i>	HRM; QL	2		2	
<i>butalbital/acetaminophen/caffeine 50mg-325mg-40mg cap QL-360 QY 30 DY</i>	HRM; QL	2		2	
<i>butalbital/acetaminophen/caffeine 50mg-325mg-40mg tab QL-360 QY 30 DY</i>	HRM; QL	2		2	
<i>butalbital/asa/caffeine 50mg-325mg-40mg cap QL-180 QY 30 DY</i>	HRM; QL	2		2	
<i>butalbital/aspirin/caffeine 50mg-325mg-40mg tab QL-180 QY 30 DY</i>	HRM; QL	2		2	
<i>Opioid Analgesics, Long-acting</i>					
<i>fentanyl 100mcg/hr patch QL-15 PATCHES 30 DY</i>	QL	2		2	
<i>fentanyl 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr patch QL-10 PATCHES 30 DY</i>	QL	2		2	
<i>methadone 10mg/ml conc oral</i>		2		2	
<i>methadone 10mg/ml vial</i>		3		3	
<i>methadone 5mg, 10mg tab QL-240 QY 30 DY</i>	QL	2		2	
<i>methadone 5mg/5ml, 10mg/5ml oral son</i>		3		3	
<i>methadose 10mg tab QL-240 QY 30 DY</i>	QL	2		2	
<i>morphine sulfate 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg cap, 24hr QL-60 QY 30 DY</i>	QL	2		2	
<i>morphine sulfate er 15mg, 30mg, 60mg, 100mg, 200mg tab QL-120 QY 30 DY</i>	QL	2		2	
<i>OPANA ER 5MG, 7.5MG, 10MG, 15MG, 20MG, 30MG, 40MG TAB QL-60 QY 30 DY</i>	QL	3		3	
<i>OXYCONTIN 10MG, 15MG, 20MG, 30MG, 40MG, 60MG TAB12 QL-60 QY 30 DY</i>	QL	4	PA	4	PA
<i>OXYCONTIN 80MG TAB12 QL-120 QY 30 DY</i>	QL	5	PA	5	PA
<i>oxymorphone hcl er 7.5mg, 15mg, 30mg tab12 QL-60 QY 30 DY</i>	QL	2		2	
<i>Opioid Analgesics, Short-acting</i>					
<i>ABSTRAL 100MCG TAB, SUBL QL-120 QY 30 DY</i>	QL	4	PA	4	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
ABSTRAL 200MCG, 300MCG, 400MCG, 600MCG, 800MCG TAB, SUBL QL-120 QY 30 DY	QL	5	PA	5	PA
apap/codeine 120-12mg/5ml elixir QL-4950ML 30 DY	QL	2		2	
apap/codeine 300mg/15mg; 300mg/30mg; 300mg/60mg tab QL-390 QY 30 DY	QL	2		2	
ascomp/codeine 325mg-50mg-40mg-30mg cap	HRM	4		4	
butalbital/apap/cafeine/codeine 50mg-325mg-40mg-30mg cap QL-180 QY 30 DY	HRM; QL	4		4	
butorphanol tart 10mg/ml aero		4		4	
CAPITAL/CODEINE 120MG-12MG/5ML SUSP QL-4950ML 30 DY	QL	4		4	
codeine sulfate 15mg, 30mg, 60mg tab		4		4	
duramorph 0.5mg/ml; 1mg/ml ampul		2		2	
endocet 325mg/5mg, 325mg/7.5mg, 325mg/10mg tab QL-360 QY 30 DY	QL	2		2	
endodan 325mg/4.835mg tab QL-360 QY 30 DY	QL	2		2	
fentanyl cit 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg oral buccal lpop QL-120 QY 30 DY	QL	5	PA	5	PA
FENTORA 100MCG, 200MCG, 400MCG, 600MCG, 800MCG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
hydrocodone bit/apap 10mg/750mg tab QL-150 QY 30 DY	QL	2		2	
hydrocodone/apap 5mg/325mg; 7.5mg/325mg; 10mg/325mg tab QL-360 QY 30 DY	QL	2		2	
hydrocodone/apap 5mg/500mg; 7.5mg/500mg; 10mg/500mg tab QL-240 QY 30 DY	QL	2		2	
hydrocodone/apap 7.5mg-500mg/15ml soln oral QL-3600ML 30 DY	QL	2		2	
hydrocodone/apap 7.5mg/650mg; 10mg/650mg; 10mg/660mg tab QL-180 QY 30 DY	QL	2		2	
hydrocodone/apap 7.5mg/750mg tab QL-150 QY 30 DY	QL	2		2	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
hydrocodone/ibuprofen 7.5mg/200mg tab		4		4	
hydromorphone 1mg/ml, 2mg/ml syringe		2		2	
hydromorphone 1mg/ml, 4mg/ml, 10mg/ml ampule		2		2	
hydromorphone 2mg, 4mg, 8mg tab		2		2	
HYDROMORPHONE HCL 1MG/ML SOLN		2		2	
LAZANDA 100MCG, 400MCG SOLN QL-30 QY 30 DY	QL	5	PA	5	PA
levorphanol tartrate 2mg tab		4		4	
morphine sulfate 0.5mg/ml; 1mg/ml; 5mg/ml vial		2		2	
morphine sulfate 10mg/5ml; 20mg/5ml; 100mg/5ml soln oral		2		2	
morphine sulfate 15mg, 30mg tab QL-240 QY 30 DY	QL	2		2	
MORPHINE SULFATE 2MG/ML SYR		2		2	
morphine sulfate 5mg, 10mg, 20mg, 30mg supp rectal		2		2	
nalbuphine 10mg/ml; 20mg/ml vial		4		4	
ONSOLIS 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG FILMTAB QL-120 QY 30 DY	QL	5	PA	5	PA
oxycodone 10mg, 20mg, 30mg tab QL-180 QY 30 DY	QL	2		2	
oxycodone 20mg/ml conc oral		2		2	
oxycodone 5mg, 15mg tab QL-360 QY 30 DY	QL	2		2	
oxycodone 5mg/5ml soln		2		2	
oxycodone/apap 10mg/650mg tab QL-180 QY 30 DY	QL	2		2	
oxycodone/apap 2.5mg/325mg; 5mg/325mg; 7.5mg/325mg; 10mg/325mg tab QL-360 QY 30 DY	QL	2		2	
oxycodone/apap 5mg/500mg cap QL-240 QY 30 DY	QL	2		2	
oxycodone/apap 7.5mg/500mg tab QL-240 QY 30 DY	QL	2		2	
oxycodone/aspirin 4.835mg/325mg tab QL-360 QY 30 DY	QL	2		2	
oxycodone/ibuprofen 5mg/400mg tab QL-28 QY 7 DY	QL	4		4	
roxicet 5mg-325mg/5ml oral soln QL-1800ML 30 DY	QL	3		3	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
roxicet 5mg/325mg tab QL-360 QY 30 DY	QL	2		2	
stagesic 5mg/500mg cap QL-240 QY 30 DY	QL	2		2	
tramadol 50mg tab	90D	2		2	
tramadol/apap 37.5mg/325mg tab QL-240 QY 30 DY	90D; QL	4		4	
Anesthetics					
Local Anesthetics					
lidocaine 2% jelly		2		2	
lidocaine 20mg/ml viscous soln		2		2	
lidocaine 40mg/ml soln		2		2	
lidocaine 5% oint	90D	2		2	
lidocaine 5% patch QL-90 PATCHES 30 DY	90D; QL	2		2	
lidocaine 5mg/ml, 10mg/ml vial		2		2	
lidocaine/prilocaine 2.5%/2.5% cream		2		2	
LIDODERM 5% PATCH QL-90 PATCHES 30 DY	90D; QL	3		3	
Anti-Addiction/Substance Abuse Treatment Agents					
Alcohol Deterrents/Anti-craving					
acamprosate calcium dr 333mg tab QL-180 QY 30 DY	QL	4		4	
CAMPRAL 333MG TAB QL-180 QY 30 DY	QL	4		4	
depade 50mg tab		2		2	
disulfiram 250mg, 500mg tab		1	G	1	
naltrexone 50mg tab	90D	2		2	
VIVITROL 380MG SUSPENSION		5	PA	5	PA
Opioid Antagonists					
naloxone 0.4mg/ml; 1mg/ml syringe		1	G	1	
SUBOXONE 2MG/0.5MG, 4MG/1MG, 8MG/2MG, 12MG/3MG FILM, SUBL QL-90 QY 30 DY	QL	4	PA	4	PA
Smoking Cessation Agents					
buproban 150mg tab	90D	1	G	1	
CHANTIX 0.5MG(11)-1MG(42) DOSE PACK QL-53 QY 30 DY	QL	4	PA	4	PA
CHANTIX 0.5MG, 1MG TAB QL-60 QY 30 DY	QL	4	PA	4	PA

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
NICOTROL NS 10MG/ML SPRAY QL-4 BOTTLES 30 DY	QL	3		3	
Anti-inflammatory Agents					
<i>Nonsteroidal Anti-inflammatory Drugs</i>					
CELEBREX 100MG CAP QL-30 QY 30 DY	90D; QL	4		4	
CELEBREX 50MG, 200MG, 400MG CAP QL-60 QY 30 DY	90D; QL	4		4	
<i>diclofenac 75mg tab</i>	90D	2		2	
<i>diclofenac ec 25mg, 50mg tab</i>	90D	2		2	
<i>diclofenac potassium 50mg tab</i>	90D	2		2	
<i>diclofenac sodium/misoprostol 50mg/200mcg, 75mg/200mcg tab</i>	90D	4	ST	4	ST
<i>diclofenac xr 100mg tab</i>	90D	2		2	
<i>diflunisal 500mg tab</i>	90D	2		2	
<i>etodolac 200mg, 300mg cap</i>	90D	2		2	
<i>etodolac 400mg, 500mg tab</i>	90D	2		2	
<i>etodolac er 400mg, 500mg, 600mg tab</i>	90D	4		4	
<i>fenoprofen calcium 600mg tab</i>	90D	2		2	
<i>flurbiprofen 50mg, 100mg tab</i>	90D	2		2	
<i>ibuprofen 400mg, 600mg, 800mg tab</i>	90D	2		2	
INDOCIN 25MG/5ML SUSPENSION	90D; HRM	4		4	
<i>indomethacin 25mg, 50mg cap</i>	90D; HRM	2		2	
<i>indomethacin er 75mg cap</i>	90D; HRM	4		4	
<i>ketoprofen 50mg, 75mg cap</i>	90D	2		2	
<i>ketoprofen er 200mg cap</i>	90D	4		4	
<i>ketorolac trometh 15mg/ml vial QL- 20 VIALS 5 DY</i>	HRM; QL	2		2	
<i>meclofenamate 50mg, 100mg cap</i>	90D	2		2	
<i>meloxicam 7.5mg, 15mg tab</i>	90D	1	G	1	
<i>meloxicam 7.5mg/5ml suspension</i>	90D	1	G	1	
<i>nabumetone 500mg, 750mg tab</i>	90D	2		2	
NALFON 200MG, 400MG CAP	90D	4		4	
<i>naproxen 125mg/5ml oral suspension</i>	90D	1	G	1	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>naproxen 275mg, 550mg tab</i>	90D	1	G	1	
<i>naproxen dr 375mg, 500mg tabec</i>	90D	1	G	1	
<i>naproxen tab 250mg, 375mg, 500mg tab</i>	90D	1	G	1	
<i>oxaprozin 600mg tab</i>	90D	2		2	
<i>piroxicam 10mg, 20mg cap</i>	90D	2		2	
<i>sulindac 150mg, 200mg tab</i>	90D	2		2	
<i>tolmetin 200mg, 600mg tab</i>	90D	4		4	
<i>tolmetin 400mg cap</i>	90D	4		4	
Antibacterials					
Aminoglycosides					
<i>amikacin sulfate 100mg/2ml, 500mg/2ml vials</i>		2		2	
<i>gentamicin sulfate 0.3% oint</i>		2		2	
<i>gentamicin sulfate 40mg/ml vial</i>		2		2	
<i>gentamicin sulfate 80mg/8ml vial</i>		2		2	
<i>gentamicin/0.9% sod chl iv</i>		2		2	
<i>isotonic gentamicin 60mg/100ml; 80mg/100ml iv</i>		2		2	
<i>neomycin sulfate 500mg tab</i>		2		2	
<i>paromomycin sulfate 250mg cap</i>		2		2	
STREPTOMYCIN SULFATE SOLR		4		4	
TOBI PODHALER 28MG CAPS QL-224 QY 56 DY	QL	5	PA	5	PA
<i>tobramycin sulfate 10mg/ml, 80mg/2ml vial</i>		2		2	
<i>tobramycin/sodium chloride 60mg/50ml, 80mg/100ml iv</i>		2		2	
Antibacterials, Other					
<i>alcohol preps pads</i>	90D	1	G	1	
<i>baciim 50000 unit vial</i>		4		4	
BACTROBAN 2% NASAL OINT		3		3	
<i>chloramphenicol succ 1g vial</i>		2		2	
<i>cleocin 75mg cap</i>		2		2	
<i>clindamycin 150mg, 300mg cap</i>		2		2	
<i>clindamycin 75mg/5ml pediatric granules</i>		4		4	
<i>clindamycin phos 600mg/4ml vial</i>		2		2	
<i>colistimethate 150mg vial</i>	B v D	4	PA	4	PA

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
CUBICIN 500MG VIAL		3		3	
<i>methenamine hippurate 1g tab</i>	90D	2		2	
<i>metronidazole 1% gel</i>	90D	2		2	
<i>metronidazole 250mg, 500mg tab</i>		2		2	
<i>metronidazole 375mg cap</i>		2		2	
<i>metronidazole 500mg/0.1l iv</i>		2		2	
MONUROL 3G PACKET		4		4	
<i>nitrofurantoin 25mg/5ml suspension</i>	90D; HRM	4	PA	4	PA
<i>nitrofurantoin macrocrystalline 50mg cap</i>	90D; HRM	4	PA	4	PA
<i>nitrofurantoin monohydrate 100mg cap</i>	90D; HRM	4	PA	4	PA
PRIMSOL 50MG/5ML SOLN ORAL	90D	4		4	
<i>trimethoprim 100mg tab</i>		1	G	1	
TYGACIL 50MG VIAL		3	PA	3	PA
<i>vancomycin 125mg cap QL-56 QY 14 DY</i>	QL	2	PA	2	PA
<i>vancomycin 1gm, 10gm vials</i>		2		2	
<i>vancomycin 250mg cap QL-40 QY 10 DY</i>	QL	2	PA	2	PA
VANCOMYCIN 750MG VIAL		2		2	
<i>vancomycin dextrose 500mg iv</i>		2		2	
VANCOMYCIN DEXTROSE 750MG/0.15L IV		2		2	
VIBATIV 250MG, 750MG VIALS		4	PA	4	PA
ZYVOX 100MG/5ML ORAL SUSR QL-900ML 14 DY	QL	3	PA	3	PA
ZYVOX 600MG TAB QL-28 QY 14 DY	QL	3	PA	3	PA
ZYVOX 600MG/300ML IV		3	PA	3	PA
Beta-lactam, Cephalosporins					
CEDAX 400MG CAP		4		4	
CEDAX 90MG/5ML SUSPENSION		4		4	
<i>cefaclor 250mg, 500mg cap</i>		2		2	
<i>cefaclor er 500mg tab</i>		2		2	
<i>cefadroxil 1g tab</i>		2		2	
<i>cefadroxil 250mg/5ml, 500mg/5ml suspension</i>		2		2	
<i>cefadroxil 500mg cap</i>		2		2	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
cefazolin 1g/50ml iv		2		2	
cefazolin 500mg, 1g, 10g vial		2		2	
cefdinir 125mg/5ml, 250mg/5ml suspension		4		4	
cefdinir 300mg cap		4		4	
cefditoren pivoxil 200mg, 400mg tab		4		4	
cefepime 1g, 2g vial		4		4	
cefepime 1g/50ml, 2g/100ml iv		4		4	
cefotaxime 500mg, 1g, 2g, 10g vial		4		4	
cefotetan 1g, 2g, 10g vial		4		4	
CEFOTETAN/DEXTROSE 1G/50ML, 2G/50ML IV		4		4	
cefoxitin 1g, 2g, 10g vial		4		4	
cefoxitin 1g/50ml, 2g/50ml iv		4		4	
cefpodoxime proxetil 100mg, 200mg tab		4		4	
cefpodoxime proxetil 50mg/5ml, 100mg/5ml suspension		4		4	
cefprozil 125mg/5ml, 250mg/5ml suspension		4		4	
cefprozil 250mg, 500mg tab		4		4	
cefprozil 250mg, 500mg tab		4		4	
ceftazidime 500mg, 1g, 2g, 6g vial		4		4	
CEFTAZIDIME/DEXTROSE 1G/50ML-5%; 2G/50ML-5% IV		4		4	
ceftriaxone 250mg, 500mg, 10g vial		4		4	
ceftriaxone/dextrose 1g, 2g iv		4		4	
cefuroxime 750mg, 1.5g vials		4		4	
cefuroxime 750mg, 1.5g, 7.5g vials		4		4	
cefuroxime axetil 125mg/5ml suspension		2		2	
cefuroxime axetil 250mg, 500mg tab		2		2	
cefuroxime/dextrose 750mg/50ml, 1.5g/50ml iv		4		4	
cephalexin 125mg/5ml, 250mg/5ml suspension		1	G	1	
cephalexin 250mg, 500mg tab		1	G	1	
cephalexin 250mg, 500mg, 750mg cap		1	G	1	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
SUPRAX 100MG, 200MG CHEW TAB		3		3	
SUPRAX 100MG/5ML, 200MG/5ML, 500MG/5ML SUSPENSION		3		3	
SUPRAX 400MG CAP		3		3	
SUPRAX 400MG TAB		3		3	
TEFLARO 400MG, 600MG VIAL		4		4	
Beta-lactam, Other					
<i>aztreonam 1g, 2g vial</i>		2		2	
CAYSTON 75MG/ML VIAL		5	PA	5	PA
<i>imipenem/cilastatin 250mg/250mg; 500mg/500mg iv vial</i>		4		4	
INVANZ 1G VIAL		4		4	
<i>meropenem 500mg vial</i>		4		4	
Beta-lactam, Penicillins					
<i>amoxicillin 125mg, 200mg, 250mg chew</i>		1	G	1	
<i>amoxicillin 125mg/5ml; 200mg/5ml; 250mg/5ml; 400mg/5ml suspension</i>		1	G	1	
<i>amoxicillin 250mg, 500mg cap</i>		1	G	1	
<i>amoxicillin 500mg, 875mg tab</i>		1	G	1	
<i>amoxicillin/clav pota 1000mg/62.5mg er tab</i>		4		4	
<i>amoxicillin/clav pota 200mg/28.5mg/5ml; 250mg/62.5mg/5ml; 400mg/57mg/5ml; 600mg/42.9mg/5ml susp</i>		2		2	
<i>amoxicillin/clav pota 200mg/28.5mg; 400mg/57mg chew</i>		2		2	
<i>amoxicillin/clav pota 250mg/125mg; 500mg/125mg; 875mg/125mg tab</i>		2		2	
<i>ampicillin 125mg, 1g, 10g vials</i>		2		2	
<i>ampicillin 125mg/5ml; 250mg/5ml suspension</i>		2		2	
<i>ampicillin 250mg, 500mg cap</i>		2		2	
<i>ampicillin-sulbactam 1.5g, 3g, 15g vials</i>		4		4	
<i>dicloxacillin 250mg, 500mg cap</i>		2		2	
MOXATAG 775MG TAB QL-10 QY 10 DY	QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>nafcillin 1g, 10g vial</i>		4		4	
<i>nallpen iso-osmotic in dextrose 2g/100ml soln</i>	B v D	4	PA	4	PA
<i>oxacillin 1g, 2g, 10g vial</i>		4		4	
<i>oxacillin 1g, 2gm iv</i>		4		4	
<i>penicillin g 5mm unit vial</i>		4		4	
<i>penicillin g potassium 5mm unit, 20mm unit vial</i>		4		4	
<i>penicillin g procaine 1.2mm unit syringe</i>		4		4	
<i>penicillin v potassium 125mg/5ml; 250mg/5ml suspension</i>		2		2	
<i>penicillin v potassium 250mg, 500mg tab</i>		2		2	
<i>pfizerpen-g 20 mm unit vial</i>		4		4	
<i>piperacillin/tazobactam 2gm/0.25gm, 2gm/0.375gm, 4gm/0.5gm vials</i>		4		4	
TIMENTIN 3.1GM, 31GM VIALS		4		4	
TIMENTIN 3.1GM/0.1L IV		4		4	
Macrolides					
<i>azithromycin 100mg/5ml, 200mg/5ml suspension</i>		1	G	1	
<i>azithromycin 250mg, 500mg, 600mg tab</i>		1	G	1	
<i>azithromycin 500mg vial</i>		1	G	1	
<i>clarithromycin 125mg/5ml, 250mg/5ml suspension</i>		2		2	
<i>clarithromycin 250mg, 500mg tab</i>		2		2	
<i>clarithromycin er 500mg tab QL-28 QY 14 DY</i>	QL	2		2	
DIFICID 200MG TAB QL-20 QY 30 DY	QL	5	PA	5	PA
E.E.S. 200MG/5MLGRANULES		3		3	
<i>e.e.s. 400 400mg tab</i>		2		2	
<i>ery-tab 250mg, 333mg tab</i>		3		3	
ERY-TAB 500MG TBEC		3		3	
ERYPED 200MG/5ML; 400MG/5ML SUSPENSION		3		3	
ERYTHROCIN LACTOBIONATE 500MG VIAL		4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>erythrocin stearate 250mg tab</i>		2		2	
<i>erythromycin base 250mg, 500mg tab</i>		2		2	
<i>erythromycin ethylsuccinate 400mg tab</i>		2		2	
<i>erythromycin/sulfisoxazole 200mg-600mg/5ml suspension</i>		2		2	
KETEK 300MG, 400MG TAB QL-20 QY 10 DY	QL	4		4	
PCE 333MG, 500MG TAB		3		3	
Quinolones					
AVELOX 400MG ABC PACK QL-30 QY 30 DY	QL	4		4	
AVELOX 400MG TAB QL-30 QY 30 DY	QL	4		4	
AVELOX 400MG/.25ML IV		4		4	
CIPRO 250MG/5ML, 500MG/5ML SUSPENSION		3		3	
<i>ciprofloxacin 100mg, 250mg, 500mg, 750mg tab</i>		1	G	1	
<i>ciprofloxacin 400mg/40ml vial</i>		1	G	1	
<i>ciprofloxacin er 1000mg tab QL-14 QY 30 DY</i>	QL	1	G	1	
<i>ciprofloxacin er 500mg tab QL-28 QY 30 DY</i>	QL	1	G	1	
<i>gatifloxacin 0.5% soln QL-3ML 30 DY</i>	QL	4		4	
<i>levofloxacin 250mg, 500mg, 750mg tab QL-30 QY 30 DY</i>	QL	1	G	1	
<i>levofloxacin 25mg/ml soln</i>		1	G	1	
<i>moxifloxacin 400mg tab</i>		4		4	
<i>ofloxacin 200mg, 300mg, 400mg tab</i>		2		2	
Sulfonamides					
<i>sulfadiazine 500mg tab</i>	90D	2		2	
<i>sulfamethoxazole/trimethoprim 200mg-40mg/5ml suspension</i>	90D	1	G	1	
<i>sulfamethoxazole/trimethoprim 400mg/80mg tab</i>	90D	1	G	1	
<i>sulfamethoxazole/trimethoprim 80mg-16mg/ml vial</i>		1	G	1	
<i>sulfamethoxazole/trimethoprim ds 800mg/160mg tab</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
Tetracyclines					
<i>demeclocycline 150mg, 300mg tab</i>		4		4	
<i>doxycycline hyclate 100mg tab</i>		2		2	
<i>doxycycline hyclate 100mg vial</i>		2		2	
<i>doxycycline hyclate 50mg, 100mg cap</i>		2		2	
<i>doxycycline monohydrate 100mg, 150mg cap</i>		4		4	
<i>doxycycline monohydrate 50mg, 75mg, 100mg tab</i>		4		4	
<i>minocycline 50mg, 75mg, 100mg cap</i>		2		2	
<i>tetracycline 250mg, 500mg cap</i>		2		2	
VIBRAMYCIN 50MG/5ML SYRUP		4		4	
Anticonvulsants					
<i>Anticonvulsants, Other</i>					
APTIOM 200MG, 400MG, 800MG TAB QL-30 QY 30 DY	QL	4	PA	4	PA
APTIOM 600MG TAB QL-60 QY 30 DY	QL	4	PA	4	PA
FYCOMPA 2MG, 4MG, 6MG, 8MG, 10MG, 12MG TAB QL-30 QY 30 DY	QL	4	PA	4	PA
<i>levetiracetam 100mg/ml soln oral</i>	90D	2		2	
<i>levetiracetam 250mg, 500mg tab QL-180 QY 30 DY</i>	90D; QL	2		2	
<i>levetiracetam 500mg/5ml vial</i>		2		2	
<i>levetiracetam 750mg, 1000mg tab</i>	90D	2		2	
<i>phenobarbital elixir 10mg/5ml</i>	HRM	4	PA	4	PA
<i>phenobarbital 15mg, 30mg tab QL-270 QY 30 DY</i>	HRM; QL	4	PA	4	PA
<i>phenobarbital 16.2mg, 32.4mg, 50mg, 60mg, 64.8mg, 100mg tab QL-120 QY 30 DY</i>	HRM; QL	4	PA	4	PA
<i>phenobarbital 60mg tab QL-180 QY 30 DY</i>	HRM; QL	4	PA	4	PA
<i>phenobarbital 97.2mg tab QL-60 QY 30 DY</i>	HRM; QL	4	PA	4	PA
POTIGA 50MG, 200MG, 300MG, 400MG TAB QL-90 QY 30 DY	90D; QL	4	PA	4	PA
Calcium Channel Modifying Agents					
CELONTIN 300MG CAP	90D	3		3	
<i>ethosuximide 250mg cap</i>	90D	2		2	
<i>ethosuximide 250mg/5ml syrup</i>	90D	2		2	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
zonisamide 25mg, 50mg, 100mg cap	90D	2		2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents					
clonazepam 0.5mg, 1mg tab QL-150 QY 30 DY	QL	2		2	
clonazepam 2mg tab QL-300 QY 30 DY	QL	2		2	
clonazepam odt 0.125mg, 0.25mg, 0.5mg, 1mg tab QL-150 QY 30 DY	QL	4		4	
clonazepam odt 2mg tab QL-300 QY 30 DY	QL	4		4	
clorazepate dipotassium 3.75mg, 7.5mg, 15mg, tab QL-180 QY 30 DY	QL	2		2	
diazepam 1mg/ml soln QL-1200ML 30 DY	HRM; QL	2	PA	2	PA
diazepam 2mg, 5mg, 10mg tab QL-120 QY 30 DY	HRM; QL	2	PA	2	PA
diazepm 2.5mg, 10mg, 20mg gel	HRM	4	PA	4	PA
divalproex 125mg sprink cap	90D	1	G	1	
divalproex 125mg, 250mg, 500mg tabec	90D	1	G	1	
divalproex er 250mg, 500mg tab24	90D	1	G	1	
gabapentin 100mg, 300mg, 400mg cap	90D	1	G	1	
gabapentin 250mg/5ml soln oral	90D	1	G	1	
gabapentin 600mg, 800mg tab	90D	1	G	1	
GABITRIL 12MG TAB QL-120 QY 30 DY	90D; QL	4		4	
GABITRIL 16MG TAB QL-90 QY 30 DY	90D; QL	4		4	
ONFI 2.5MG/ML SUSP		4	PA	4	PA
ONFI 5MG, 10MG, 20MG TAB QL-60 QY 30 DY	QL	4	PA	4	PA
primidone 50mg, 250mg tab	90D	1	G	1	
SABRIL 500MG PACKET		5	PA	5	PA
SABRIL 500MG TAB		5	PA	5	PA
tiagabine hcl 2mg, 4mg tab	90D	4		4	
valproate 500mg/5ml vial		1	G	1	
valproic acid 250mg cap	90D	1	G	1	
valproic acid 250mg/5ml syrup	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
Glutamate Reducing Agents					
<i>felbamate 400mg, 600mg tab</i>	90D	2		2	
<i>felbamate 600mg/5ml susp</i>	90D	2		2	
<i>lamotrigine 100mg tab</i>	90D	2		2	
<i>lamotrigine 25mg, 150mg, 200mg tab</i>	90D	2		2	
<i>lamotrigine 5mg, 25mg chew tab</i>	90D	2		2	
<i>topiramate 15mg, 25mg cap, sprinkle</i>	90D	4		4	
<i>topiramate 25mg, 200mg tab</i>	90D	2		2	
<i>topiramate 50mg, 100mg tab QL-90 QY 30 DY</i>	90D; QL	2		2	
Sodium Channel Agents					
<i>BANZEL 200MG, 400MG TAB QL-240 QY 30 DY</i>	QL	4	PA	4	PA
<i>BANZEL 40 MG/ML SUSP QL-2400ML 30 DY</i>	90D; QL	4	PA	4	PA
<i>carbamazepine 100mg chew</i>	90D	1	G	1	
<i>carbamazepine 200mg tab</i>	90D	1	G	1	
<i>carbamazepine 200mg/10ml suspension</i>	90D	1	G	1	
<i>carbamazepine er 100mg, 200mg, 300mg cp12</i>	90D	4		4	
<i>carbamazepine er 200mg, 400mg tab</i>	90D	2		2	
<i>CARBATROL 100MG, 200MG, 300MG CAP</i>	90D	4		4	
<i>DILANTIN 125MG/5ML SUSPENSION</i>	90D	3		3	
<i>DILANTIN 30MG, 100MG CAP</i>	90D	3		3	
<i>DILANTIN 50MG INFATAB</i>	90D	3		3	
<i>epitol 200mg tab</i>	90D	1	G	1	
<i>fosphenytoin sodium 100mg PE/2ml, 500mg PE/10ml soln</i>		4		4	
<i>oxcarbazepine 150mg, 300mg, 600mg tab</i>	90D	2		2	
<i>PEGANONE 250MG TAB</i>	90D	4		4	
<i>PHENYTEK 200MG, 300MG CAP</i>	90D	3		3	
<i>phenytoin 125mg/5ml suspension</i>	90D	1	G	1	
<i>phenytoin 50mg infatab</i>	90D	1	G	1	
<i>phenytoin 50mg/ml ampul</i>		1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>phenytoin er 100mg, 200mg, 300mg cap</i>	90D	1	G	1	
TEGRETOL 100MG CHEW	90D	3		3	
TEGRETOL 100MG/5ML SUSPENSION	90D	3		3	
TEGRETOL 200MG TAB	90D	3		3	
TEGRETOL-XR 100MG, 200MG, 400MG TAB	90D	3		3	
TRILEPTAL 300MG/5ML ORAL SUSP	90D	4		4	
VIMPAT 10MG/ML SOLN ORAL	90D	4		4	
VIMPAT 200MG/20ML VIAL		4		4	
VIMPAT 50MG, 100MG, 150MG, 200MG TAB QL-60 QY 30 DY	90D; QL	4		4	
Antidementia Agents					
<i>Antidementia Agents, Other</i>					
<i>ergoloid mesylates 1mg tab</i>	90D; HRM	2		2	
<i>Cholinesterase Inhibitors</i>					
<i>donepezil 5mg, 10mg, 23mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
<i>donepezil odt 5mg, 10mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
EXELON 2MG/ML SOLN ORAL QL-180ML 30 DY	90D; QL	3		3	
EXELON 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR PATCH QL-30 PATCHES 30 DY	90D; QL	3		3	
<i>galantamine 4mg, 8mg, 12mg tab QL-60 QY 30 DY</i>	90D; QL	4		4	
<i>galantamine 4mg/ml soln oral QL-200ML 30 DY</i>	90D; QL	4		4	
<i>galantamine 8mg, 16mg, 24mg cap 24hr QL-30 QY 30 DY</i>	90D; QL	4		4	
<i>rivastigmine 1.5mg, 3mg, 4.5mg, 6mg cap QL-60 QY 30 DY</i>	90D; QL	2		2	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>					
NAMENDA 10MG/5ML SOLN ORAL QL-360ML 30 DY	90D; QL	3		3	
NAMENDA 5MG, 10MG TAB QL-60 QY 30 DY	90D; QL	3		3	
NAMENDA 5MG/10MG TITR PAK TAB QL-1 PACK 28 DY	QL	3		3	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
NAMENDA XR 7MG, 14MG, 21MG, 28MG CP24 QL-30 QY 30 DY	90D; QL	3		3	
NAMENDA XR 7MG, 14MG, 21MG, 28MG CP24 QL-30 QY 30 DY	90D; QL	3		3	
NAMENDA XR TITR PAK CP24 QL-1 PACK 28 DY	QL	3		3	
Antidepressants					
<i>Antidepressants, Other</i>					
BRINTELLIX 5MG, 10MG, 20MG QL-30 QY 30 DY	QL	4	ST	4	ST
<i>budeprion sr 100mg, 150mg tab</i>	90D	1	G	1	
<i>budeprion xl 150mg, 300mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
<i>bupropion 75mg, 100mg tab</i>	90D	1	G	1	
<i>bupropion sr 100mg, 150mg, 200mg tab</i>	90D	1	G	1	
<i>bupropion xl 150mg, 300mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
<i>maprotiline 25mg, 50mg, 75mg tab</i>	90D	1	G	1	
<i>mirtazapine 7.5mg, 15mg, 30mg, 45mg tab</i>	90D	1	G	1	
<i>mirtazapine odt 15mg, 30mg, 45mg tab QL-30 QY 30 DY</i>	90D; QL	4		4	
<i>nefazodone 50mg, 100mg, 150mg, 200mg, 250mg tab</i>	90D	1	G	1	
<i>olanzapine/fluoxetine 3mg/25mg, 6mg/25mg, 6mg/50mg, 12mg/25mg, 12mg/50mg cap QL-30 QY 30 DY</i>	90D; QL	4	PA	4	PA
<i>trazodone 50mg, 100mg, 150mg, 300mg tab</i>	90D	1	G	1	
<i>Monoamine Oxidase Inhibitors</i>					
EMSAM 12MG 24HR PATCH QL-30 PATCHES 30 DY	90D; QL	4	ST	4	ST
EMSAM 6MG 24HR PATCH QL-30 PATCHES 30 DY	90D; QL	4	ST	4	ST
EMSAM 9MG 24HR PATCH QL-30 PATCHES 30 DY	90D; QL	4	ST	4	ST
MARPLAN 10MG TAB	90D	4		4	
<i>phenelzine 15mg tab</i>	90D	2		2	
<i>tranylcypromine sulfate 10mg tab</i>	90D	2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>citalopram 10mg, 20mg, 40mg tab</i>	90D	1	G	1	
<i>citalopram 10mg/5ml soln oral</i>	90D	1	G	1	
<i>desvenlafaxine er 50mg, 100mg tab QL-30 QY 30 DY</i>	90D, QL	4	ST	4	ST
<i>duloxetine 20mg, 60mg cap QL-60 QY 30 DY</i>	90D; QL	2		2	
<i>duloxetine 30mg cap QL-90 QY 30 DY</i>	90D; QL	2		2	
<i>escitalopram oxalate 5mg, 10mg, 20mg tab QL-45 QY 30 DY</i>	90D; QL	2		2	
<i>escitalopram oxalate 5mg/5ml oral soln QL-600ML 30 DY</i>	90D; QL	2		2	
FETZIMA 20MG, 40MG, 80MG, 120MG CAP QL-30 QY 30 DY	QL	4	ST	4	ST
FETZIMA TITRATION PACK CAP QL-30 QY 30 DY	QL	4	ST	4	ST
<i>fluoxetine 10mg, 20mg tab</i>	90D	1	G	1	
<i>fluoxetine 10mg, 20mg, 40mg cap</i>	90D	1	G	1	
<i>fluoxetine 20mg/5ml soln oral</i>	90D	1	G	1	
<i>fluoxetine 90mg wkly cap QL-4 QY 28 DY</i>	90D; QL	4	ST	4	ST
<i>fluvoxamine 25mg, 50mg, 100mg tab</i>	90D	1	G	1	
KHEDEZLA 50MG, 100MG TAB QL-30 QY 30 DY	90D, QL	4	ST	4	ST
<i>paroxetine 10mg, 20mg, 30mg, 40mg tab</i>	90D	1	G	1	
<i>paroxetine er 12.5mg, 25mg tab QL-90 QY 30 DY</i>	90D; QL	4	ST	4	ST
<i>paroxetine er 37.5mg tab QL-60 QY 30 DY</i>	90D; QL	4	ST	4	ST
PAXIL 10MG/5ML SUSP	90D	4		4	
PRISTIQ 50MG, 100MG TAB QL-30 QY 30 DY	90D; QL	4	ST	4	ST
<i>sertraline 20mg/ml conc oral</i>	90D	1	G	1	
<i>sertraline 25mg, 50mg, 100mg tab</i>	90D	1	G	1	
<i>venlafaxine er 150mg cap QL-90 QY 30 DY</i>	90D; QL	2		2	
<i>venlafaxine er 150mg tab QL-90 QY 30 DY</i>	90D; QL	4		4	
<i>venlafaxine er 37.5mg, 75mg cap QL-30 QY 30 DY</i>	90D; QL	2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
venlafaxine er 37.5mg, 75MG, 225mg tab QL-30 QY 30 DY	90D; QL	4		4	
venlafaxine ir 25mg, 37.5mg, 50mg, 75mg, 100mg tab	90D	2		2	
VIIBRYD 10MG, 20MG, 40MG TAB QL-30 QY 30 DY	90D; QL	3		3	
VIIBRYD KIT QL-1 KIT 365 DY	90D; QL	3		3	
Tricyclics					
amitriptyline 10mg, 25mg, 50mg, 75mg, 100mg, 150mg tab	90D; HRM	2		2	
amoxapine 25mg, 50mg, 100mg, 150mg tab	90D	2		2	
clomipramine 25mg, 50mg, 75mg cap	90D; HRM	2		2	
desipramine 10mg, 25mg, 50mg, 75mg, 100mg 150mg tab	90D	1	G	1	
doxepin 10mg, 25mg, 50mg, 75mg, 100mg, 150mg cap	90D; HRM	2		2	
doxepin 10mg/ml conc oral	90D; HRM	2		2	
imipramine 10mg, 25mg, 50mg tab	90D; HRM	2		2	
nortriptyline hcl 10mg/5ml	90D	1	G	1	
nortriptyline 10mg, 25mg, 50mg, 75mg cap	90D	1	G	1	
perphenazine/amitriptyline 2mg/10mg, 2mg/25mg, 4mg/10mg; 4mg/25mg, 4mg/50mg tab	90D; HRM	4		4	
protriptyline 5mg, 10mg tab	90D	4		4	
trimipramine maleate 25mg, 50mg, 100mg cap	90D; HRM	4		4	
Antiemetics					
Antiemetics, Other					
compro 25mg suppository		2		2	
meclizine 12.5mg, 25mg tab	90D	1	G	1	
phenadoz 12.5mg, 25mg suppository	HRM	2		2	
prochlorperazine 25mg supp rectal		2		2	
prochlorperazine 5mg, 10mg tab		2		2	
prochlorperazine edisylate 5mg/ml vial		2		2	
promethazine 12.5mg, 25mg supp rectal	HRM	2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>promethazine 25mg/ml syringe</i>	HRM	2		2	
<i>promethazine 50mg/ml vial</i>	HRM	2		2	
<i>promethegan 25mg, 50mg supp rectal</i>	HRM	2		2	
<i>trimethobenzamide 300mg cap</i>	90D; HRM	4		4	
Emetogenic Therapy Adjuncts					
<i>dronabinol 2.5mg, 5mg, 10mg cap QL-60 QY 30 DY</i>	B v D; QL	4	PA	4	PA
EMEND 40MG CAP QL-1 QY 30 DY	B v D; QL	4	PA	4	PA
EMEND 80MG, 125MG CAP QL-6 QY 30 DY	B v D; QL	4	PA	4	PA
EMEND CAP TRIFLD QL-6 QY 30 DY	B v D; QL	4	PA	4	PA
<i>granisetron 1mg tab QL-30 QY 30 DY</i>	B v D; QL	4	PA	4	PA
<i>ondansetron 4mg/2ml vial</i>		4	PA	4	PA
<i>ondansetron ir 4mg, 8mg tab</i>		2		2	
<i>ondansetron odt 4mg, 8mg tbdp</i>	B v D	4	PA	4	PA
SANCUSO 3.1MG/24HR PATCH QL-4 PATCHES 28 DY	QL	4		4	
Antifungals					
<i>Antifungals</i>					
AMBISOME		5		5	
<i>amphotericin b 50mg soln</i>		2		2	
CANCIDAS 50MG, 70MG VIAL		5	PA	5	PA
<i>ciclopirox 0.77% lotion</i>		4		4	
<i>ciclopirox 8% nail lacquer soln</i>		4		4	
<i>ciclopirox olamine 0.77% cream</i>		4		4	
<i>clotrimazole 1% topical soln</i>		2		2	
<i>clotrimazole 10mg troche</i>		2		2	
<i>clotrimazole/betameth diprop 1%/0.05% cream</i>		2		2	
<i>clotrimazole/betameth diprop 1%/0.05% lotion</i>		2		2	
<i>econazole nitrate 1% cream</i>		2		2	
ERAXIS 50MG, 100MG VIAL		5	PA	5	PA
EXELDERM 1% CREAM		4		4	
EXELDERM 1% SOLN NON-ORAL		4		4	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>fluconazole 10mg/ml, 40mg/ml suspension</i>		1	G	1	
<i>fluconazole 50mg, 100mg, 150mg, 200mg tab</i>		1	G	1	
<i>fluconazole in dextrose 400mg/0.2l iv</i>		2		2	
<i>fluconazole in nacl 100mg/50ml</i>		2		2	
<i>flucytosine 250mg, 500mg cap</i>		5		5	
GRIFULVIN V 500MG TAB		4		4	
<i>griseofulvin 125mg/5ml micro susp</i>		2		2	
<i>griseofulvin microsize 500mg tab</i>		4		4	
<i>griseofulvin ultramicrosize 125mg, 250mg tab</i>		4		4	
<i>itraconazole 100mg cap</i>		2	PA	2	PA
<i>ketoconazole 2% cream</i>		2		2	
<i>ketoconazole 2% shampoo</i>		2		2	
<i>ketoconazole 200mg tab</i>		2		2	
MENTAX 1% CREAM		4		4	
MYCAMINE 50MG, 100MG VIAL		5	PA	5	PA
NAFTIN 1%, 2% CREAM		4		4	
NAFTIN 1%, 2% GEL		4		4	
NOXAFIL 100MG TAB		5	PA	5	PA
NOXAFIL 200MG/5ML ORAL SUSP QL-630ML 30 DY	QL	5	PA	5	PA
<i>nyamyc powder 100000unit/g</i>		2		2	
<i>nystatin 100000unit/g cream</i>		2		2	
<i>nystatin 100000unit/g oint</i>		2		2	
<i>nystatin 100000unit/g powder</i>		2		2	
<i>nystatin 100000unit/ml oral susp</i>		2		2	
<i>nystatin 500000 tab</i>		2		2	
<i>nystatin/triamcinolone 100000unit/g-1% cream</i>		2		2	
<i>nystatin/triamcinolone 100000unit/g-1% oint</i>		2		2	
<i>nystop 100000unit/g powder</i>		2		2	
OXISTAT 1% CREAM		4		4	
OXISTAT 1% LOTION		4		4	
<i>pedi-dri 100000/g powder</i>		2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
SPORANOX 10MG/ML SOLN ORAL		4	PA	4	PA
<i>terbinafine 250mg tab QL-30 QY 30 DY</i>	QL	2		2	
VFEND 200MG/5ML SUSPENSION		3		3	
VFEND IV 200MG VIAL		3		3	
<i>voriconazole 40mg/ml susr</i>		2		2	
<i>voriconazole 50mg, 200mg tab QL-60 QY 30 DY</i>	QL	2		2	
<i>voriconazole iv 200mg vial</i>		2		2	
Antigout Agents					
<i>Antigout Agents</i>					
<i>allopurinol 100mg, 300mg tab</i>	90D	1	G	1	
COLCRYS 0.6MG TAB QL-120 QY 30 DY	90D; QL	3		3	
<i>probenecid 500mg tab</i>	90D	1	G	1	
<i>probenecid/colchicine 500mg/0.5mg tab</i>	90D	1	G	1	
Antimigraine Agents					
<i>Ergot Alkaloids</i>					
<i>dihydroergotamine mesylate 1mg/ml ampul</i>		4		4	
<i>dihydroergotamine mesylate 4mg/ml soln QL-8 VIALS 28 DY</i>	QL	4		4	
ERGOMAR 2MG TAB, SUBL		3		3	
<i>migergot 100mg/2mg supp rectal</i>		4		4	
MIGRANAL 0.5MG/SPRY QL-8 VIALS 28 DY	QL	4		4	
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>					
AXERT 6.25MG, 12.5MG TAB QL-8 QY 30 DY	QL	4	ST	4	ST
FROVA 2.5MG TAB QL-12 QY 30 DY	QL	4	ST	4	ST
<i>naratriptan 1mg, 2.5mg tab QL-9 QY 30 DY</i>	QL	4	ST	4	ST
RELPAX 20MG, 40MG TAB QL-9 QY 30 DY	QL	4	ST	4	ST
<i>rizatriptan benzoate 5mg, 10mg tab QL-12 QY 30 DY</i>	QL	2		2	
<i>rizatriptan benzoate 5mg, 10mg tbdp QL-12 QY 30 DY</i>	QL	2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
sumatriptan 25mg, 50mg, 100mg tab QL-9 QY 30 DY	QL	2		2	
sumatriptan 4mg/0.5ml, 6mg/0.5ml inj QL-8 INJ 30 DY	QL	4		4	
sumatriptan 5mg, 20mg spray QL-8 SPRAY UNITS 30 DY	QL	2		2	
SUMAVEL DOSEPRO 6MG/0.5ML INJ QL-8 QY 30 DY	90D; QL	4	ST	4	ST
zolmitriptan 2.5mg, 5mg tab QL-6 QY 30 DY	QL	4	ST	4	ST
zolmitriptan odt 2.5mg, 5mg tab QL-6 QY 30 DY	QL	4	ST	4	ST
ZOMIG 2.5MG SOLN QL-6 SPRAY UNITS 30 DY	QL	4	ST	4	ST
ZOMIG 2.5MG, 5MG TAB QL-6 QY 30 DY	QL	4	ST	4	ST
ZOMIG 5MG NASAL SPR QL-6 SPRAY UNITS 30 DY	QL	4	ST	4	ST
ZOMIG ZMT 2.5MG, 5MG TAB QL-6 QY 30 DY	QL	4	ST	4	ST
Antimyasthenic Agents					
<i>Parasympathomimetics</i>					
guanidine 125mg tab	90D	4		4	
MESTINON 60MG/5ML SYRUP	90D	3		3	
MESTINON TIMESPAN 180MG TAB, SR	90D	3		3	
MYTELASE 10MG TAB	90D	4		4	
pyridostigmine bromide 60mg tab	90D	2		2	
Antimycobacterials					
<i>Antimycobacterials, Other</i>					
DAPSONE 25MG, 100MG TAB		3		3	
MYCOBUTIN 150MG CAP		4		4	
<i>Antituberculars</i>					
CAPASTAT SULFATE 1G VIAL		4		4	
ethambutol 100mg, 400mg tab	90D	2		2	
isoniazid 100mg, 300mg tab	90D	1	G	1	
isoniazid 50mg/5ml syrup	90D	1	G	1	
PASER 4G PACKET	90D	4		4	
PRIFTIN 150MG TAB	90D	4		4	
pyrazinamide 500mg tab	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>rifampin 150mg, 300mg cap</i>	90D	2		2	
<i>rifampin 600mg vial</i>		2		2	
RIFATER 50MG/300MG/120MG TAB	90D	4		4	
SEROMYCIN 250MG CAP	90D	4		4	
SIRTURO 100MG TAB QL-188 QY 365 DY	QL	5	PA	5	PA
TRECTOR 250MG TAB	90D	4		4	
Antineoplastics					
<i>Alkylating Agents</i>					
CEENU 10MG, 40MG, 100MG CAP		3		3	
<i>cyclophosphamide 25mg, 50mg tab</i>	B v D	2	PA	2	PA
HEXALEN 50MG CAP		5		5	
LEUKERAN 2MG TAB		3		3	
LOMUSTINE 10MG, 40MG, 100MG CAP		3		3	
MATULANE 50MG CAP		5		5	
<i>thiotepa 15mg vial</i>		4		4	
VALCHLOR 0.016% GEL		5	PA	5	PA
<i>Antiangiogenic Agents</i>					
CAPRELSA 100MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
CAPRELSA 300MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
REVLIMID 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG CAP QL-30 QY 30 DY	QL	5	PA	5	PA
THALOMID 200MG CAP QL-56 QY 28 DY	QL	5	PA	5	PA
THALOMID 50MG, 100MG, 150MG CAP QL-28 QY 28 DY	QL	5	PA	5	PA
<i>Antiestrogens/Modifiers</i>					
EMCYT 140MG CAP		3		3	
FARESTON 60MG TAB	90D	3		3	
FASLODEX 250MG/5ML SYRINGE		5	PA	5	PA
SOLTAMAX 10MG/5ML SOLN ORAL	90D	4	PA	4	PA
<i>tamoxifen citrate 10mg, 20mg tab</i>	90D	1	G	1	
<i>Antimetabolites</i>					
ALIMTA 100MG, 500MG VIAL		5	PA	5	PA

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
DROXIA 200MG, 300MG, 400MG CAP		3		3	
ELITEK 1.5MG VIAL		5	PA	5	PA
<i>fluorouracil 500mg/10ml vial</i>		2		2	
<i>gemcitabine 200mg, 1g, 2g vial</i>		5	PA	5	PA
<i>gemcitabine 200mg/5.26ml; 1g/26.3ml; 3g/52.6ml vial</i>		5	PA	5	PA
<i>hydroxyurea 500mg cap</i>		1	G	1	
<i>mercaptopurine 50mg tab</i>	90D	2		2	
TABLOID 40MG TAB		3		3	
Antineoplastics, Other					
<i>amifostine 500mg vial</i>		5		5	
<i>azacitidine 100mg vial</i>		5	PA	5	PA
<i>bleomycin sulfate 30 unit vial</i>		4	PA	4	PA
<i>cisplatin 1mg/ml inj</i>		1	G	1	
COMETRIQ 140MG/DAY; 100MG/DAY; 60MG/DAY KIT QL-1 KIT 28 DY	QL	5	PA	5	PA
DACOGEN 50MG VIAL		5	PA	5	PA
<i>decitabine 50mg vial</i>		5	PA	5	PA
DOCEFEREZ 20MG, 80MG VIAL		5	PA	5	PA
<i>docetaxel 20mg/2ml; 80mg/8ml; 140mg/7ml; 160mg/16ml vial</i>		5	PA	5	PA
<i>docetaxel 80mg/4ml vial</i>		5	PA	5	PA
ERIVEDGE 150MG CAP QL-30 QY 30 DY	QL	5	PA	5	PA
ERWINAZE 10000UNIT SOLR		5	PA	5	PA
GILOTRIF 20MG, 30MG, 40MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
ICLUSIG 15MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
ICLUSIG 45MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
ISTODAX 10MG/2ML VIAL		5	PA	5	PA
IXEMPRA KIT 45MG VIAL		5	PA	5	PA
JAKAFI 5MG, 10MG, 15MG, 20MG, 25MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
<i>leucovorin calcium 100mg, 350mg soln</i>		2		2	
<i>leucovorin calcium 5mg, 10mg, 15mg, 25mg tab</i>		2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
MEKINIST 0.5MG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
MEKINIST 2MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
<i>mesna 100mg/ml vial</i>		1	G	1	
MESNEX 400MG TAB		4	PA	4	PA
<i>mitoxantrone 2mg/ml vial</i>		1	G	1	
ONCASPAS 750UNIT/ML SOLN		5		5	
<i>paclitaxel 6mg/ml vial</i>		4	PA	4	PA
POMALYST 1MG, 2MG, 3MG, 4MG CAP QL-21 QY 28 DY	QL	5	PA	5	PA
SYLATRON 296MCG, 444MCG, 888MCG KIT QL-4 QY 28 DY	QL	5	PA	5	PA
SYNRIBO 3.5MG VIAL		5	PA	5	PA
TAXOTERE FNL 80MG/8ML VIAL		5	PA	5	PA
TRISENOX 10MG/10ML AMPUL		4	PA	4	PA
VELCADE 3.5MG VIAL		5	PA	5	PA
VIDAZA 100MG VIAL		5	PA	5	PA
ZOLINZA 100MG CAP QL-120 QY 30 DY	QL	5	PA	5	PA
ZYTIGA 250MG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
Antineoplastics					
TAFINLAR 50MG CAP QL-180 QY 30 DY	QL	5	PA	5	PA
TAFINLAR 75MG CAP QL-120 QY 30 DY	QL	5	PA	5	PA
Aromatase Inhibitors, 3rd Generation					
<i>anastrozole 1mg tab QL-30 QY 30 DY</i>	90D; QL	2		2	
<i>exemestane 25mg tab</i>	90D	4		4	
<i>letrozole 2.5mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
Enzyme Inhibitors					
<i>etoposide 20mg/ml soln</i>		4	PA	4	PA
<i>topotecan hcl 4mg solr</i>		2	PA	2	PA
Molecular Target Inhibitors					
AFINITOR 2.5MG, 5MG, 10MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
AFINITOR 7.5MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
AFINITOR DISPERZ 2MG, 3MG, 5MG QL-30 QY 30 DY	QL	5	PA	5	PA
BOSULIF 100MG, 500MG TAB		5	PA	5	PA
GLEEVEC 100MG TAB QL-90 QY 30 DY	QL	5	PA	5	PA
GLEEVEC 400MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
IMBRUVICA 140MG CAPS QL-120 QY 30 DY	QL	5	PA	5	PA
INLYTA 1MG TAB QL-240 QY 30 DY	QL	5	PA	5	PA
INLYTA 5MG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
IRESSA 250MG TAB QL-30 QY 30 DY	QL	5		5	
NEXAVAR 200MG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
SPRYCEL 100MG, 140MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
SPRYCEL 20MG, 50MG, 70MG, 80MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
STIVARGA 40MG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
SUTENT 12.5MG, 25MG, 50MG CAP QL-30 QY 30 DY	QL	5	PA	5	PA
TARCEVA 100MG, 150MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
TARCEVA 25MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
TASIGNA 150MG, 200MG CAP QL-120 QY 30 DY	QL	5	PA	5	PA
TYKERB 250MG TAB QL-180 QY 30 DY	QL	5	PA	5	PA
VOTRIENT 200MG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
XALKORI 200MG, 250MG CAP QL-60 QY 30 DY	QL	5	PA	5	PA
ZELBORAF 240MG TAB QL-240 QY 30 DY	QL	5	PA	5	PA
Monoclonal Antibodies					
AVASTIN 25MG/ML VIAL		5	PA	5	PA
CAMPATH 30MG/ML VIAL	B v D	5	PA	5	PA
GAZYVA 1000MG/40ML SOLN		5	PA	5	PA
HERCEPTIN 440MG VIAL		5	PA	5	PA
KADCYLA 100MG, 160MG SOLR		5	PA	5	PA
PERJETA 420MG/14ML VIAL		5	PA	5	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
RITUXAN 10MG/ML VIAL		5	PA	5	PA
YERVOY 50MG/10ML, 200MG/40ML SOLN		5	PA	5	PA
ZALTRAP 100MG/4ML, 200MG/8ML VIALS		5	PA	5	PA
Retinoids					
PANRETIN 0.1% GEL		3		3	
TARGRETIN 1% GEL QL-60GM 30 DY	QL	5	PA	5	PA
TARGRETIN 75MG CAP		5	PA	5	PA
<i>tretinoin 10mg cap</i>		5	PA	5	PA
Antiparasitics					
Anthelmintics					
ALBENZA 200MG TAB		4		4	
BILTRICIDE 600MG TAB		4		4	
STROMEKTOL 3MG TAB		3		3	
Antiprotozoals					
ALINIA 100MG/5ML SUSPENSION		4		4	
ALINIA 500MG TAB		4		4	
<i>atovaquone 750mg/5ml susp</i>		5	PA	5	PA
<i>chloroquine 250mg, 500mg tab</i>	90D	2		2	
DARAPRIM 25MG TAB		3		3	
<i>hydroxychloroquine sulfate 200mg tab</i>	90D	1	G	1	
<i>mefloquine 250mg tab</i>		2		2	
MEPRON 750MG/5ML SUSP		5	PA	5	PA
NEBUPENT 300MG VIAL	B v D	3	PA	3	PA
PENTAM 300MG SOLR		4		4	
PRIMAQUINE PHOSPHATE 26.3MG TAB		3		3	
<i>quinine sulfate 324mg cap QL-80 QY 365 DY</i>	QL	4	PA	4	PA
<i>tinidazole 250mg, 500mg tab</i>		4		4	
Pediculicides/Scabicides					
<i>acticin 5% cream</i>		2		2	
EURAX 10% CREAM		4		4	
EURAX 10% LOTION		4		4	
<i>lindane 1% lotn QL-60ML 30 DY</i>	QL	2		2	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>lindane 1% shamp QL-60ML 30 DY</i>	QL	2		2	
<i>malathion 0.5% lotion</i>		4		4	
<i>permethrin 5% cream</i>		2		2	
ULESFIA 5% LOTION		4		4	
Antiparkinson Agents					
<i>Anticholinergics</i>					
<i>benztropine 0.5mg, 1mg, 2mg tab</i>	90D; HRM	1	G	1	
<i>benztropine 1mg/ml soln</i>		1	G	1	
<i>trihexyphenidyl 2mg, 5mg tab</i>	90D; HRM	1	G	1	
<i>trihexyphenidyl 2mg/5ml elixir</i>	90D; HRM	1	G	1	
<i>Antiparkinson Agents, Other</i>					
<i>entacapone 200mg tab</i>	90D	2		2	
NEUPRO 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24 HR, 8MG/24HR PATCH QL-30 PATCHES 30 DY	90D; QL	4		4	
TASMAR 100MG TAB	90D	4		4	
<i>Dopamine Agonists</i>					
APOKYN CARTRIDGE 10MG/ML		5	PA	5	PA
<i>bromocriptine 2.5mg tab</i>	90D	1	G	1	
<i>bromocriptine 5mg cap</i>	90D	1	G	1	
<i>pramipexole 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg tab QL-90 QY 30 DY</i>	90D; QL	1	G	1	
<i>ropinirole 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg tab</i>	90D	2		2	
<i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</i>					
<i>carbidopa 25mg tab</i>	90D	4		4	
<i>carbidopa/levodopa 10mg/100mg; 25mg/100mg; 25mg/250mg tab</i>	90D	1	G	1	
<i>carbidopa/levodopa cr 25mg/100mg tab</i>	90D	1	G	1	
<i>carbidopa/levodopa odt 10mg/100mg; 25mg/100mg; 25mg/250mg tab</i>	90D	2		2	
<i>carbidopa/levodopa sr 50mg/200mg tab</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
carbidopa/levodopa/entacapone 12.5mg/200mg/50mg; 18.75mg/75mg/200mg; 25mg/100mg/200mg; 31.25mg/125mg/200mg; 37.5mg/150mg/200mg; 50mg/200mg/200mg tab	90D	2		2	
LODOSYN 25MG TAB	90D	4		4	
Monoamine Oxidase B (MAO-B) Inhibitors					
AZILECT 0.5MG, 1MG TAB QL-30 QY 30 DY	90D; QL	4		4	
selegiline 5mg cap	90D	1	G	1	
selegiline 5mg tab	90D	1	G	1	
Antipsychotics					
1st Generation/Typical					
ADASUVE 10MG INH		4		4	
chlorpromazine 10mg, 25mg, 50mg, 100mg, 200mg tab	90D	1	G	1	
chlorpromazine 25mg/ml ampul		1	G	1	
fluphenazine 1mg, 2.5mg, 5mg, 10mg tab	90D	1	G	1	
fluphenazine 2.5mg/5ml elixir	90D	1	G	1	
fluphenazine 2.5mg/ml vial		1	G	1	
fluphenazine 5mg/ml conc oral	90D	1	G	1	
fluphenazine decanoate 25mg/ml vial		1	G	1	
haloperidol 0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg tab	90D	1	G	1	
haloperidol 2mg/ml conc oral		1	G	1	
haloperidol decanoate 50mg/ml, 100mg/ml vial		2		2	
haloperidol lactate 5mg/ml vial		1	G	1	
loxapine succinate 5mg, 10mg, 25mg, 50mg cap	90D	2		2	
ORAP 1MG, 2MG TAB	90D	4		4	
perphenazine 2mg, 4mg, 8mg, 16mg tab	90D	2		2	
thioridazine 10mg, 25mg, 50mg, 100mg tab	90D; HRM	1	G	1	
thiothixene 1mg, 2mg, 5mg, 10mg cap	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>trifluoperazine 1mg, 2mg, 5mg, 10mg tab</i>	90D	1	G	1	
2nd Generation/Atypical					
ABILIFY 10MG, 15MG DISCMELT TAB QL-60 QY 30 DY	90D; QL	4		4	
ABILIFY 1MG/ML SOLN ORAL QL-900ML 30 DY	90D; QL	4		4	
ABILIFY 2MG, 5MG, 10MG, 15MG, 20MG, 30MG TAB QL-30 QY 30 DY	90D; QL	4		4	
ABILIFY 9.75MG/1.3ML VIAL		4		4	
ABILIFY MAINTENA 300MG SUSR QL-1 QY 30 DY	QL	5		5	
FANAPT 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG TAB QL-60 QY 30 DY	90D; QL	4	PA	4	PA
FANAPT 1MG/2MG/4MG/6MG TITR PACK QL-1 PACK 365 DY	QL	4	PA	4	PA
GEODON 20MG VIAL QL-60ML 30 DY	QL	4		4	
INVEGA 1.5MG, 3MG, 9MG TAB24 QL-30 QY 30 DY	90D; QL	4	PA	4	PA
INVEGA 6MG TAB24 QL-60 QY 30 DY	90D; QL	4	PA	4	PA
INVEGA SUST 39MG/0.25ML; 78MG/0.5ML; 117MG/0.75ML; 156MG/ML; 234MG/1.5ML VIAL QL-1 INJ 28 DY	QL	4		4	
LATUDA 20MG, 40MG, 60MG, 80MG, 120MG TAB QL-30 QY 30 DY	90D; QL	4		4	
<i>olanzapine 10mg vial</i>		2		2	
<i>olanzapine 15mg, 20mg tab QL-60 QY 30 DY</i>	90D; QL	2		2	
<i>olanzapine 2.5mg, 5mg, 7.5mg, 10mg tab QL-30 QY 30 DY</i>	90D; QL	2		2	
<i>olanzapine odt 15mg, 20mg tbdp QL-60 QY 30 DY</i>	90D; QL	4		4	
<i>olanzapine odt 5mg, 10mg tbdp QL-30 QY 30 DY</i>	90D; QL	4		4	
<i>quetiapine fumarate 25mg, 50mg, 100mg, 200mg, 300mg tab QL-90 QY 30 DY</i>	90D; QL	2		2	
<i>quetiapine fumarate 400mg tab QL-60 QY 30 DY</i>	90D; QL	2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
RISPERDAL CONSTA 12.5MG/2ML, 25MG/2ML, 37.5MG/2ML, 50MG/2ML SYRINGE QL-2 INJ 28 DY	QL	4		4	
<i>risperidone 0.25mg, 0.5mg, 3mg tab QL-90 QY 30 DY</i>	90D; QL	2		2	
<i>risperidone 1mg, 2mg tab QL-60 QY 30 DY</i>	90D; QL	2		2	
<i>risperidone 1mg/ml soln oral</i>	90D	2		2	
<i>risperidone 4mg tab QL-120 QY 30 DY</i>	90D; QL	2		2	
<i>risperidone odt 0.25mg, 0.5mg, 3mg QL-90 QY 30 DY</i>	90D; QL	4		4	
<i>risperidone odt 1mg, 2mg QL-60 QY 30 DY</i>	90D; QL	4		4	
<i>risperidone odt 4mg QL-120 QY 30 DY</i>	90D; QL	4		4	
SAPHRIS 5MG, 10MG SUBL QL- 60 QY 30 DY	QL	4		4	
SEROQUEL XR 150MG, 200MG TAB QL-30 QY 30 DY	90D; QL	3		3	
SEROQUEL XR 50MG, 300MG, 400MG TAB QL-60 QY 30 DY	90D; QL	3		3	
<i>ziprasidone hcl 20mg, 40mg, 60mg, 80mg cap QL-60 QY 30 DY</i>	90D; QL	4		4	
ZYPREXA RELPREVV 210MG, 300MG SUSP QL-2 INJ 28 DY	QL	4	PA	4	PA
ZYPREXA RELPREVV 405MG SUSP QL-1 INJ 28 DY	QL	4	PA	4	PA
Treatment-Resistant					
<i>clozapine 12.5mg, 25mg, 100mg odt tab</i>	90D	2		2	
<i>clozapine 25mg, 50mg, 100mg, 200mg tab</i>	90D	2		2	
FAZACLO 12.5MG, 25MG, 100MG, 150MG, 200MG ODT TAB	90D	4		4	
VERSACLOZ 50MG/ML SUSP	90D	5	PA	5	PA
Antispasticity Agents					
Antispasticity Agents					
<i>baclofen 10mg, 20mg tab</i>	90D	1	G	1	
<i>dantrolene 25mg, 50mg, 100mg cap</i>	90D	2		2	
DYSPORT 300 UNIT VIAL QL-2 VIALS 84 DY	QL	4	PA	4	PA

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
DYSPORT 500 UNIT VIAL QL-2 VIALS 84 DY	QL	4	PA	4	PA
<i>tizanidine 2mg, 4mg tab</i>	90D	1	G	1	
Antivirals					
<i>Anti-cytomegalovirus (CMV) Agents</i>					
<i>foscarnet 24mg/ml inj</i>		4	PA	4	PA
<i>ganciclovir 500mg vial</i>		2		2	
VALCYTE 450mg TAB		5		5	
ZIRGAN 0.15% GEL QL-5GM 30 DY	QL	4		4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</i>					
COMPLERA 300MG TAB QL-30 QY 30 DY	QL	5		5	
EDURANT 25MG TAB QL-30 QY 30 DY	QL	5		5	
INTELENCE 100MG TAB QL-120 QY 30 DY	QL	5		5	
INTELENCE 200MG TAB QL-60 QY 30 DY	QL	5		5	
INTELENCE 25MG TAB		4		4	
<i>nevirapine 200mg tab</i>		4		4	
RESCRIPTOR 100MG, 200MG TAB		3		3	
STRIBILD 150MG/150MG/200MG/300MG TAB QL-30 QY 30 DY	90D; QL	5		5	
SUSTIVA 50MG, 200MG CAP		4		4	
SUSTIVA 600MG TAB		4		4	
VIRAMUNE 50MG/5ML SUSPENSION		4		4	
VIRAMUNE XR 100MG, 400MG TAB		4		4	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</i>					
<i>abacavir 300mg tab</i>		2		2	
<i>abacavir sulfate/lamivudine/zidovudine 300mg/150mg/300mg tab</i>		5		5	
ATRIPLA 600MG/200MG/300MG TAB QL-30 QY 30 DY	QL	5		5	
<i>didanosine 125mg, 200mg, 250mg, 400mg cap</i>		2		2	
EMTRIVA 10MG/ML SOLN ORAL		4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
EMTRIVA 200MG CAP		4		4	
EPIVIR 10MG/ML SOLN ORAL		4		4	
EPZICOM 600MG/300MG TAB		5		5	
<i>lamivudine 150mg, 300mg tab</i>		4		4	
<i>lamivudine/zidovudine 150mg/300mg tab</i>		4		4	
RETROVIR 10MG/ML IV		4		4	
<i>stavudine 15mg, 20mg, 30mg, 40mg cap</i>		2		2	
<i>stavudine 1mg/ml solr</i>		2		2	
TRIZIVIR 300MG/150MG/300MG TAB		5		5	
TRUVADA 200MG/300MG TAB QL-30 QY 30 DY	QL	5		5	
VIDEX PEDIATRIC 10MG/ML SOLN ORAL		3		3	
VIREAD 150MG, 200MG, 250MG, 300MG TAB		4		4	
VIREAD 40MG/GM POWDER		4		4	
ZERIT 1MG/ML SOLR		4		4	
ZIAGEN 20MG/ML SOLN ORAL		3		3	
<i>zidovudine 100mg cap</i>		2		2	
<i>zidovudine 10mg/ml syrup</i>		2		2	
<i>zidovudine 300mg tab</i>		2		2	
Anti-HIV Agents, Other					
FUZEON 90MG KIT QL-60 VIALS 30 DY	QL	5		5	
FUZEON 90MG SOLR QL-60 VIALS 30 DY	QL	5		5	
ISENTRESS 100MG TAB CHEW QL-180 QY 30 DY	QL	5		5	
ISENTRESS 25MG TAB CHEW QL-660 QY 30 DY	QL	5		5	
ISENTRESS 400MG TAB QL-120 QY 30 DY	QL	5		5	
SELZENTRY 150MG TAB QL-60 QY 30 DY	QL	5		5	
SELZENTRY 300MG TAB QL-120 QY 30 DY	QL	5		5	
TIVICAY 50MG TAB QL-60 QY 30 DY	QL	5		5	
Anti-HIV Agents, Protease Inhibitors					
APTIVUS 100MG/ML SOLN ORAL		5		5	
APTIVUS 250MG CAP		5		5	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
CRIXIVAN 100MG, 200MG, 400MG CAP		3		3	
INVIRASE 200MG CAP		4		4	
INVIRASE 500MG TAB		4		4	
KALETRA 100MG/25MG TAB QL-300 QY 30 DY	QL	4		4	
KALETRA 200MG/50MG TAB QL-120 QY 30 DY	QL	5		5	
KALETRA 400MG-100MG/5ML ORAL SOLN QL-375ML 30 DY	QL	5		5	
LEXIVA 50MG/ML SUSPENSION		4		4	
LEXIVA 700MG TAB		5		5	
NORVIR 100MG CAP		3		3	
NORVIR 100MG TAB		3		3	
NORVIR 80MG/ML SOLN ORAL		3		3	
PREZISTA 100MG/ML		5		5	
PREZISTA 150MG, 400MG, 600MG, 800MG TAB		5		5	
PREZISTA 75MG TAB		4		4	
REYATAZ 100MG CAP		4		4	
REYATAZ 150MG CAP		5		5	
REYATAZ 200MG CAP		5		5	
REYATAZ 300MG CAP		5		5	
VIRACEPT 250MG, 625MG TAB		5		5	
Anti-influenza Agents					
<i>amantadine 100mg tab</i>	90D	2		2	
<i>amantadine 100mg cap</i>	90D	2		2	
RELENZA 5MG DISKHALER QL-120 DOSES 365 DY	QL	4		4	
<i>rimantadine 100mg tab</i>		1	G	1	
TAMIFLU 30MG, 45MG CAP		3		3	
TAMIFLU 6MG/ML, 12MG/ML SUSPENSION		3		3	
TAMIFLU CAP 75MG QL-56 QY 365 DY	QL	3		3	
Antihpatitis Agents					
<i>adefovir dipivoxil 10mg tab QL-30 QY 30 DY</i>	QL	2		2	
BARACLUDE 0.05MG/ML SOLN ORAL QL-630ML 30 DY	QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
BARACLUDE 0.5MG, 1MG TAB QL-30 QY 30 DY	QL	4		4	
EPIVIR HBV 100MG TAB		3		3	
EPIVIR HBV 25MG/5ML SOLN ORAL		3		3	
HEPSERA 10MG TAB QL-30 QY 30 DY	QL	3		3	
INCIVEK 375MG TAB QL-180 QY 30 DY	QL	5	PA	5	PA
INFERGEN 15MCG/0.5ML VIAL		5	PA	5	PA
INTRON-A 10 MU INJ		5	PA	5	PA
INTRON-A 10MU/0.2ML INJ		4	PA	4	PA
INTRON-A 3MU/0.2ML INJ		4	PA	4	PA
INTRON-A 5MU/0.2ML INJ		5	PA	5	PA
INTRON-A 6000000U/ML INJ		5	PA	5	PA
<i>lamivudine 100mg tab</i>		2		2	
PEG-INTRON 50MCG/0.5ML; 80MCG/0.5ML; 120MCG/0.5ML; 150MCG/0.5ML KIT QL-4 VIALS 28 DY	QL	5	PA	5	PA
PEG-INTRON 50MCG/0.5ML; 80MCG/0.5ML; 120MCG/0.5ML; 150MCG/0.5ML REDIPEN QL-4 PENS 28 DY	QL	5	PA	5	PA
PEGASYS 180MCG/0.5ML KIT QL- 1 KIT 28 DY	QL	5	PA	5	PA
PEGASYS PROCLICK 135MCG/0.5ML QL-4 PENS 28 DY	QL	5	PA	5	PA
PEGASYS PROCLICK 180MCG/0.5ML QL-4 PENS 28 DY	QL	5	PA	5	PA
<i>ribasphere cap 200mg</i>		4	PA	4	PA
<i>ribasphere tab 200mg</i>		4	PA	4	PA
<i>ribavirin cap 200mg</i>		4	PA	4	PA
<i>ribavirin tab 200mg</i>		4	PA	4	PA
TYZEKA 600MG TAB QL-30 QY 30 DY	QL	4		4	
Antiherpetic Agents					
<i>acyclovir 200mg cap</i>	90D	1	G	1	
<i>acyclovir 200mg/5ml susp</i>	90D	1	G	1	
<i>acyclovir 400mg, 800mg tab</i>	90D	1	G	1	
<i>acyclovir 5% oint QL-30GM 30 DY</i>	QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>acyclovir sodium 500mg solr</i>		1	G	1	
DENAVIR 1% CREAM QL-2GM 30 DY	QL	3		3	
<i>famciclovir 125mg, 250mg, 500mg tab QL-60 QY 30 DY</i>	90D; QL	4		4	
<i>valacyclovir 1000mg tab QL-30 QY 30 DY</i>	90D; QL	4		4	
<i>valacyclovir 500mg tab QL-60 QY 30 DY</i>	90D; QL	4		4	
Anxiolytics					
<i>Anxiolytics, Other</i>					
<i>alprazolam 0.25mg, 0.5mg, 1mg, 2mg tab QL-150 QY 30 DY</i>	QL	2		2	
<i>bupirone 5mg, 7.5mg, 10mg, 15mg, 30mg tab</i>	90D	1	G	1	
<i>chlordiazepoxide/amitriptyline 5mg/12.5mg, 10mg/25mg tab</i>	HRM	4		4	
<i>lorazepam 0.5mg, 1mg, 2mg tab QL-90 QY 30 DY</i>	QL	2		2	
<i>lorazepam intensol 2mg/ml soln oral</i>		2		2	
<i>oxazepam 10mg, 15mg, 30mg cap QL-120 QY 30 DY</i>	QL	2		2	
Bipolar Agents					
<i>Mood Stabilizers</i>					
EQUETRO 100MG, 200MG, 300MG CAP	90D	4		4	
<i>lithium carbonate 150mg, 300mg, 600mg cap</i>	90D	1	G	1	
<i>lithium carbonate 300mg tab</i>	90D	1	G	1	
<i>lithium carbonate er 300mg, 450mg tab</i>	90D	1	G	1	
<i>lithium citrate 8meq/5ml soln oral</i>	90D	1	G	1	
LITHOBID 300MG TAB, SR	90D	4		4	
Blood Glucose Regulators					
<i>Antidiabetic Agents</i>					
<i>acarbose 25mg, 50mg, 100mg tab</i>	90D	2		2	
AVANDAMET 2MG/500MG; 2MG/1000MG; 4MG/500MG; 4MG/1000MG TAB QL-60 QY 30 DY	90D; QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
AVANDARYL 4MG/1MG; 4MG/2MG; 4MG/4MG TAB QL-60 QY 30 DY	90D; QL	4		4	
AVANDARYL 8MG/2MG; 8MG/4MG TAB QL-30 QY 30 DY	90D; QL	4		4	
AVANDIA 2MG, 4MG TAB QL-60 QY 30 DY	90D; QL	4		4	
AVANDIA 8MG TAB QL-30 QY 30 DY	90D; QL	4		4	
BYETTA 5MCG/0.02ML, 10MCG/0.04ML PEN QL-1 PEN 30 DY	90D; QL	4	PA	4	PA
<i>glimepiride 1mg, 2mg, 4mg tab</i>	90D	1	G	1	
<i>glipizide 5mg, 10mg tab</i>	90D	1	G	1	
<i>glipizide er 2.5mg tab</i>	90D	1	G	1	
<i>glipizide xl 5mg, 10mg tab</i>	90D	1	G	1	
<i>glipizide/metformin 2.5mg/250mg; 2.5mg/500mg; 5mg/500mg tab</i>	90D	1	G	1	
<i>glyburide 1.25mg, 2.5mg, 5mg tab</i>	90D; HRM	4	ST	4	ST
<i>glyburide 1.5mg, 3mg, 6mg micronized tab</i>	90D; HRM	4	ST	4	ST
<i>glyburide/metformin 1.25mg/250mg; 2.5mg/500mg; 5mg/500mg tab</i>	90D; HRM	4	ST	4	ST
JANUMET 50MG/500MG; 50MG/1000MG TAB QL-60 QY 30 DY	90D; QL	3		3	
JANUMET XR 50MG/1000MG TAB QL-60 QY 30 DY	90D; QL	3		3	
JANUMET XR 50MG/500MG; 100MG/1000MG TAB QL-30 QY 30 DY	90D; QL	3		3	
JANUVIA 25MG, 50MG, 100MG TAB QL-30 QY 30 DY	90D; QL	3		3	
KOMBIGLYZE XR 2.5MG/1000MG TAB QL-60 QY 30 DY	90D; QL	3		3	
KOMBIGLYZE XR 5MG/500MG; 5MG/1000MG TAB QL-30 QY 30 DY	90D; QL	3		3	
<i>metformin 500mg, 850mg, 1000mg tab</i>	90D	1	G	1	
<i>metformin er 1000mg tab</i>	90D	1	G	1	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
metformin er 500mg, 750mg tab (generic GLUCOPHAGE XR)	90D	1	G	1	
nateglinide 60mg, 120mg tab QL-90 QY 30 DY	90D; QL	4		4	
ONGLYZA 2.5MG, 5MG TAB QL- 30 QY 30 DY	90D; QL	3		3	
pioglitazone hcl 15mg, 30mg, 45mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
pioglitazone hcl/metformin hcl 15mg/500mg, 15mg/850mg tab QL- 90 QY 30 DY	90D; QL	1	G	1	
pioglitazone/glimepiride 30mg/2mg, 30mg/4mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
PRANDIN 0.5MG, 1MG TAB QL- 120 QY 30 DY	90D; QL	4		4	
PRANDIN 2MG TAB QL-240 QY 30 DY	90D; QL	4		4	
repaglinide 0.5mg, 1mg tab QL-120 QY 30 DY	90D; QL	1	G	1	
repaglinide 2mg tab QL-240 QY 30 DY	90D; QL	1	G	1	
RIOMET 500MG/5ML SOLN ORAL	90D	4		4	
SYMLINPEN 120 1000MCG/ML QL-4 PENS 30 DY	90D; QL	4	PA	4	PA
SYMLINPEN 60 1000MCG/ML QL- 8 PENS 30 DY	90D; QL	4	PA	4	PA
tolazamide 250mg, 500mg tab	90D	1	G	1	
tolbutamide 500mg tab	90D	1	G	1	
VICTOZA 18MG/3ML SOLN QL-3 PENS 30 DY	90D; QL	3		3	
Glycemic Agents					
CLINIMIX E/DEXTROSE 2.75% IV	B v D	4	PA	4	PA
CLINIMIX E/DEXTROSE 4.25% IV	B v D	4	PA	4	PA
dextrose 10% flex container		2		2	
dextrose 10%/nacl 0.2% iv		2		2	
dextrose 10%/nacl 0.45% iv		2		2	
dextrose 2.5%/nacl 0.45% iv		2		2	
dextrose 5% iv		2		2	
dextrose 5%/nacl 0.2% iv		2		2	
dextrose 5%/nacl 0.33% iv		2		2	
dextrose 5%/nacl 0.45% iv		2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>dextrose 5%/nacl 0.9% iv</i>		2		2	
GLUCAGEN 1MG HYPOKIT QL-2 INJ 1 DY	QL	3		3	
GLUCAGON 1MG EMERG KIT QL-1 INJ 1 DY	QL	3		3	
<i>kcl/d5w/nacl 10MEQ/L; 20MEQ/L; 30MEQ/L; 40MEQ/L iv</i>		2		2	
<i>potassium chloride/d5w/nacl iv 10meq/l, 20meq/l, 30meq/l</i>		2		2	
PROGLYCEM 50MG/ML SUSPENSION	90D	4		4	
Insulins					
HUMALOG 100/ML VIAL	90D	4	ST	4	ST
HUMALOG 100UNIT/ML INSULIN PEN	90D	4	PA; ST	4	PA; ST
HUMALOG MIX 75/25 INSULIN PEN	90D	4	PA; ST	4	PA; ST
HUMALOG MIX 75/25 VIAL	90D	4	ST	4	ST
HUMULIN 70/30 INSULIN PEN	90D	4	PA; ST	4	PA; ST
HUMULIN 70/30 VIAL	90D	4	ST	4	ST
HUMULIN N 100UNIT/ML VIAL	90D	4	ST	4	ST
HUMULIN N U-100 INSULIN PEN	90D	4	PA; ST	4	PA; ST
HUMULIN R 100UNIT/ML VIAL	90D	4	ST	4	ST
LANTUS 100UNIT/ML VIAL	90D	3		3	
LANTUS SOLOSTAR 100UNIT/ML	90D	3		3	
LEVEMIR 100UNIT/ML FLEXPEN	90D	3		3	
LEVEMIR 100UNIT/ML VIAL	90D	3		3	
NOVOLIN 70/30 VIAL	90D	3		3	
NOVOLIN N 100UNIT/ML VIAL	90D	3		3	
NOVOLIN R 100UNIT/ML VIAL	90D	3		3	
NOVOLOG 100UNIT/ML FLEXPEN	90D	3		3	
NOVOLOG 100UNIT/ML VIAL	90D	3		3	
NOVOLOG MIX 70/30 FLEXPEN	90D	3		3	
NOVOLOG MIX 70/30 VIAL	90D	3		3	
Blood Products/Modifiers/Volume Expanders					
Anticoagulants					
COUMADIN 1MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG, 10MG TAB	90D	3		3	
ELIQUIS 2.5MG, 5MG TAB QL-60 QY 30 DY	QL	4		4	
<i>enoxaparin 100mg/ml syringe</i>		2	PA	2	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>enoxaparin 30mg/0.3ml; 40mg/0.4ml; 60mg/0.6ml; 80mg/0.8ml; 120mg/0.8ml; 150mg/ml syringes</i>		2	PA	2	PA
<i>fondaparinux sodium 2.5mg/0.5ml; 5mg/0.4ml; 7.5mg/0.6ml; 10mg/0.8ml syringe</i>		2	PA	2	PA
FRAGMIN 10000UNIT/ML INJ		3	PA	3	PA
FRAGMIN 12500UNIT/0.5ML INJ		3	PA	3	PA
FRAGMIN 15000UNIT/0.6ML INJ		3	PA	3	PA
FRAGMIN 18000UNIT/0.72ML INJ		3	PA	3	PA
FRAGMIN 25000UNIT/ML INJ		3	PA	3	PA
FRAGMIN 2500UNIT/0.2ML INJ		3	PA	3	PA
FRAGMIN 5000UNIT/0.2ML INJ		3	PA	3	PA
FRAGMIN 7500UNIT/0.3ML INJ		3	PA	3	PA
<i>heparin sod 10000unit/5ml; 25000unit/10ml vial</i>		2		2	
<i>heparin sod 1000unit/ml; 5000unit/ml; 10000unit/ml; 20000unit/ml vial</i>		2		2	
<i>heparin/d5w 20000UNIT/500ml; 25000unit/250ml; 25000/500ml iv</i>		2		2	
<i>heparin/nacl 1000unit/500ml; 2000unit/1000ml iv</i>		2		2	
<i>jantoven 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg tab</i>	90D	1	G	1	
PRADAXA 75MG, 150MG CAP QL-60 QY 30 DY	90D; QL	3		3	
<i>warfarin 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg tab</i>	90D	1	G	1	
XARELTO 10MG, 20MG TAB QL-30 QY 30 DY	90D; QL	3		3	
XARELTO 15MG TAB QL-60 QY 30 DY	90D; QL	3		3	
Blood Formation Modifiers					
<i>anagrelide 0.5mg, 1mg cap</i>	90D	2		2	
ARANESP 100MCG SOLN QL-4ML 28 DY	QL	4	PA	4	PA
ARANESP 100MCG/0.5ML SOLN QL-4ML 28 DY	QL	4	PA	4	PA
ARANESP 150MCG/0.3ML SOLN QL-4ML 28 DY	QL	5	PA	5	PA

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
ARANESP 200MCG SOLN QL-4ML 28 DY	QL	5	PA	5	PA
ARANESP 200MCG/0.4ML SOLN QL-4ML 28 DY	QL	5	PA	5	PA
ARANESP 25MCG/0.42ML SOLN QL-4ML 28 DY	QL	4	PA	4	PA
ARANESP 300MCG SOLN QL-4ML 28 DY	QL	5	PA	5	PA
ARANESP 300MCG/0.6ML SOLN QL-4ML 28 DY	QL	5	PA	5	PA
ARANESP 40MCG/0.4ML SOLN QL-4ML 28 DY	QL	4	PA	4	PA
ARANESP 500MCG SOLN QL-1ML 21 DY	QL	5	PA	5	PA
ARANESP 60MCG SOLN QL-4ML 28 DY	QL	4	PA	4	PA
ARANESP 60MCG/0.3ML SOLN QL-4ML 28 DY	QL	4	PA	4	PA
GRANIX 300MCG/0.5ML, 480MCG/0.8ML SYR		5	PA	5	PA
LEUKINE 250MCG VIAL		5	PA	5	PA
LEUKINE 500MCG/ML VIAL		5	PA	5	PA
NEULASTA 6MG/0.6ML SYRINGE		5	PA	5	PA
NEUMEGA 5MG VIAL		3	PA	3	PA
NEUPOGEN 300MCG/0.5ML; 480MCG/0.8ML; 480MCG/1.6ML INJ		5	PA	5	PA
PROCRIT 10000U VIAL QL-12ML 28 DY	QL	4	PA	4	PA
PROCRIT 20000U VIAL QL-12ML 28 DY	QL	4	PA	4	PA
PROCRIT 2000U VIAL QL-12ML 28 DY	QL	4	PA	4	PA
PROCRIT 3000U VIAL QL-12ML 28 DY	QL	4	PA	4	PA
PROCRIT 40000U VIAL QL-8ML 28 DY	QL	4	PA	4	PA
PROCRIT 4000U VIAL QL-12ML 28 DY	QL	4	PA	4	PA
PROMACTA 12.5MG, 25MG, 50MG, 75MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
<i>Blood Products/Modifiers/Volume Expanders</i>					
BERINERT 500 UNIT VIAL		5	PA	5	PA
CINRYZE 500 UNIT VIAL QL-20 VIALS 30 DY	QL	5	PA	5	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
CYKLOKAPRON 100MG/ML AMPUL		3		3	
Platelet Modifying Agents					
AGGRENOX 25MG/200MG CAP QL-60 QY 30 DY	90D; QL	3		3	
BRILINTA 90MG TAB QL-60 QY 30 DY	90D; QL	3		3	
<i>cilostazol 50mg, 100mg tab</i>	90D	2		2	
<i>clopidogrel 300mg tab QL-2 QY 365 DY</i>	QL	1	G	1	
<i>clopidogrel 75mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
EFFIENT 5MG, 10MG TAB QL-30 QY 30 DY	90D; QL	4		4	
<i>ticlopidine 250mg tab</i>	90D; HRM	1	G	1	
Cardiovascular Agents					
Alpha-adrenergic Agonists					
<i>clonidine 0.1mg, 0.2mg, 0.3mg tab</i>	90D	1	G	1	
<i>clonidine 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr patch QL-5 PATCHES 30 DY</i>	90D; QL	4	ST	4	ST
<i>clorpres 15mg/0.1mg, 15mg/0.2mg tab</i>	90D	3		3	
CLORPRES 15MG/0.3MG TAB	90D	3		3	
<i>guanfacine 1mg, 2mg tab</i>	90D; HRM	1	G	1	
<i>methyldopa 250mg, 500mg tab</i>	90D; HRM	1	G	1	
<i>methyldopa/hctz 250mg/15mg; 250mg/25mg tab</i>	90D; HRM	1	G	1	
<i>midodrine 2.5mg, 5mg, 10mg tab</i>	90D	2		2	
Alpha-adrenergic Blocking Agents					
DIBENZYLINE 10MG CAP	90D	3		3	
<i>prazosin 1mg, 2mg, 5mg cap</i>	90D	1	G	1	
Angiotensin II Receptor Antagonists					
ATACAND 4MG, 8MG, 16MG, 32MG TAB QL-30 QY 30 DY	90D; QL	4		4	
BENICAR 5MG, 20MG, 40MG TAB QL-30 QY 30 DY	90D; QL	3		3	
BENICAR HCT 20MG/12.5MG; 40MG/12.5MG; 40MG/25MG TAB QL-30 QY 30 DY	90D; QL	3		3	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
candesartan cilexetil 4mg, 8mg, 16mg, 32mg QL-30 QY 30 DY	90D; QL	1	G	1	
candesartan/hydrochlorothiazide 16mg/12.5mg, 32mg/12.5mg, 32mg/25mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
DIOVAN 40MG, 80MG, 160MG, 320MG TAB QL-30 QY 30 DY	90D; QL	4		4	
eprosartan mesylate 600mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
irbesartan 75mg, 150mg, 300mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
irbesartan/hydrochlorothiazide 150mg/12.5mg; 300mg/12.5mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
losartan pot/hctz 50mg/12.5mg; 100mg/12.5mg; 100mg/25mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
losartan potassium 100mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
losartan potassium 25mg, 50mg tab QL-60 QY 30 DY	90D; QL	1	G	1	
MICARDIS 20MG, 40MG, 80MG TAB QL-30 QY 30 DY	90D; QL	3		3	
MICARDIS HCT 40MG/12.5MG; 80MG/12.5MG; 80MG/25MG TAB QL-30 QY 30 DY	90D; QL	3		3	
telmisartan 20mg, 40mg, 80mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
telmisartan/amlodipine 5mg/40mg, 5mg/80mg, 10mg/40mg, 10mg/80mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
telmisartan/hydrochlorothiazide 40MG/12.5mg; 80MG/12.5mg; 80MG/25mg TAB QL-30 QY 30 DY	90D; QL	1	G	1	
valsartan/hydrochlorothiazide 80mg/12.5mg; 160mg/12.5mg; 160mg/25mg; 320mg/12.5mg; 320mg/25mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
Angiotensin-converting Enzyme (ACE) Inhibitors					
benazepril 5mg, 10mg, 20mg, 40mg tab	90D	1	G	1	
benazepril/hctz 5mg/6.25mg; 10mg/12.5mg; 20mg/12.5mg; 20mg/25mg tab	90D	1	G	1	
captopril 12.5mg, 25mg, 50mg, 100mg tab	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>captopril/hctz 25mg/15mg; 25mg/25mg; 50mg/15mg; 50mg/25mg tab</i>	90D	1	G	1	
<i>enalapril 2.5mg, 5mg, 10mg, 20mg tab</i>	90D	1	G	1	
<i>enalapril/hctz 5mg/12.5mg, 10mg/25mg tab</i>	90D	1	G	1	
<i>fosinopril 10mg, 20mg, 40mg tab</i>	90D	1	G	1	
<i>fosinopril/hctz 10mg/12.5mg; 20mg/12.5mg tab</i>	90D	1	G	1	
<i>lisinopril 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg tab</i>	90D	1	G	1	
<i>lisinopril 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg tab</i>	90D	1	G	1	
<i>lisinopril/hctz 10mg/12.5mg; 20mg/12.5mg; 20mg/25mg tab</i>	90D	1	G	1	
<i>moexipril 7.5mg, 15mg tab</i>	90D	1	G	1	
<i>moexipril/hctz 7.5mg/12.5mg; 15mg/12.5mg; 15mg/25mg tab</i>	90D	1	G	1	
<i>perindopril 2mg, 4mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
<i>perindopril 8mg tab QL-60 QY 30 DY</i>	90D; QL	1	G	1	
<i>quinapril 5mg, 10mg, 20mg, 40mg tab</i>	90D	1	G	1	
<i>quinapril/hctz 10/12.5mg, 20/12.5mg, 20/25mg tab</i>	90D	1	G	1	
<i>ramipril 1.25mg, 2.5mg, 5mg, 10mg cap</i>	90D	1	G	1	
<i>trandolapril 1mg, 2mg, 4mg tab</i>	90D	1	G	1	
Antiarrhythmics					
<i>amiodarone 200mg, 400mg tab</i>	90D	1	G	1	
<i>disopyramide phosphate 100mg, 150mg cap</i>	90D; HRM	2		2	
<i>flecainide 50mg, 100mg, 150mg tab</i>	90D	2		2	
<i>mexiletine 150mg, 200mg, 250mg cap</i>	90D	1	G	1	
<i>MULTAQ 400MG TAB QL-60 QY 30 DY</i>	90D; QL	4		4	
<i>NORPACE CR 100MG, 150MG CAP</i>	90D; HRM	3		3	
<i>pacerone 100mg tab</i>	90D	1	G	1	
<i>pacerone 200mg tab</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>procainamide 100mg/ml, 500mg/ml vials</i>		1	G	1	
<i>propafenone 150mg, 225mg, 300mg tab</i>	90D	2		2	
<i>propafenone hcl er 225mg, 325mg, 425mg cap</i>	90D	4		4	
<i>quinidine gluconate cr 324mg tab</i>	90D	2		2	
<i>quinidine sulfate 200mg, 300mg tab</i>	90D	1	G	1	
<i>quinidine sulfate er 300mg tab</i>	90D	1	G	1	
<i>sorine 80mg, 120mg, 160mg, 240mg tab</i>	90D	1	G	1	
<i>sotalol 80mg, 120mg, 160mg, 240mg tab</i>	90D	1	G	1	
TIKOSYN 125MCG, 250MCG, 500MCG CAP	90D	3		3	
Beta-adrenergic Blocking Agents					
<i>acebutolol 200mg, 400mg cap</i>	90D	1	G	1	
<i>atenolol 25mg; 50mg; 100mg tab</i>	90D	1	G	1	
<i>atenolol/chlorthalidone 50mg/25mg; 100mg/25mg tab</i>	90D	1	G	1	
<i>betaxolol 10mg, 20mg tab</i>	90D	1	G	1	
<i>bisoprolol 5mg, 10mg tab</i>	90D	1	G	1	
<i>bisoprolol/hctz 2.5mg/6.25mg; 5mg/6.25mg; 10mg/6.25mg tab</i>	90D	1	G	1	
BYSTOLIC 2.5MG, 5MG, 10MG TAB QL-30 QY 30 DY	90D; QL	3		3	
BYSTOLIC 20MG TAB QL-60 QY 30 DY	90D; QL	3		3	
<i>carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg tab</i>	90D	1	G	1	
COREG CR 10MG, 20MG, 40MG, 80MG CAP QL-30 QY 30 DY	90D; QL	3		3	
INNOPRAN XL 120MG CAP24 QL-60 QY 30 DY	90D; QL	4		4	
INNOPRAN XL 80MG CAP24 QL-30 QY 30 DY	90D; QL	4		4	
<i>labetalol 100mg, 200mg, 300mg tab</i>	90D	1	G	1	
<i>labetalol 5mg/ml vial</i>		1	G	1	
LEVATOL 20MG TAB	90D	4		4	
<i>metoprolol succinate er 25mg, 50mg, 100mg, 200mg tab</i>	90D	1	G	1	
<i>metoprolol tartrate 25mg, 50mg, 100mg tab</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
metoprolol tartrate 5mg/5ml vial		1	G	1	
metoprolol/hctz 50mg/25mg; 100mg/25mg; 100mg/50mg tab	90D	1	G	1	
nadolol 20mg, 40mg, 80mg tab	90D	1	G	1	
nadolol/bendroflumethiazide 40mg/5mg; 80mg/5mg tab	90D	1	G	1	
pindolol 5mg, 10mg tab	90D	1	G	1	
propranolol 10mg, 20mg, 40mg, 60mg, 80mg tab	90D	1	G	1	
propranolol 1mg/ml vial		1	G	1	
propranolol 20mg/5ml, 40mg/5ml soln oral	90D	1	G	1	
propranolol er 60mg, 80mg, 120MG, 160mg cap	90D	2		2	
propranolol/hctz 40mg/25mg, 80mg/25mg tab	90D	1	G	1	
timolol 5mg, 10mg, 20mg tab	90D	1	G	1	
Calcium Channel Blocking Agents					
afeditab 30mg, 60mg cr tab	90D	2		2	
amlodipine besylate 2.5mg, 5mg, 10mg tab	90D	1	G	1	
amlodipine besylate/atorvastatin calcium 2.5mg/10mg; 2.5mg/20mg; 2.5mg/40mg; 5mg/10mg; 5mg/20mg; 5mg/40mg; 5mg/80mg; 10mg/10mg; 10mg/20mg; 10mg/40mg; 10mg/80mg tab QL-30 QY 30 DY	90D; QL	4		4	
amlodipine besylate/benazepril 2.5mg/10mg; 5mg/10mg; 5mg/20mg; 5mg/40mg; 10mg/20mg; 10mg/40mg cap QL- 30 QY 30 DY	90D; QL	2		2	
cartia xt 120mg, 180mg, 240mg, 300mg cap	90D	1	G	1	
COVERA-HS 180MG, 240MG TAB	90D	4		4	
dilt-cd 120mg, 180mg, 300mg cap	90D	1	G	1	
dilt-xr 180mg, 240mg cap	90D	1	G	1	
diltiazem 30mg, 60mg, 90mg, 120mg tab	90D	1	G	1	
diltiazem 5mg/ml vial		1	G	1	
diltiazem cd 120mg, 240mg, 300mg, 360mg cap	90D	1	G	1	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
diltiazem er 180mg, 300mg, 360mg, 420mg tab24 QL-30 QY 30 DY	90D; QL	4		4	
diltiazem er 240mg tab24 QL-60 QY 30 DY	90D; QL	4		4	
diltiazem er 420mg cap24	90D	1	G	1	
diltiazem er 60mg, 90mg, 120mg cap12	90D	1	G	1	
diltiazem hcl er 180mg, 360mg cap	90D	1	G	1	
diltzac 120mg, 180mg, 240mg, 300mg, 360mg cap	90D	1	G	1	
felodipine er 2.5mg, 5mg, 10mg tab	90D	2		2	
isradipine 2.5mg, 5mg cap	90D	4		4	
nicardipine 20mg, 30mg cap	90D	1	G	1	
nifediac cc 30mg, 60mg, 90mg tab, sr	90D	2		2	
nifedical xl 30mg tab	90D	2		2	
nifedical xl 60mg tab	90D	2		2	
nifedipine er 30mg, 60mg, 90mg tab	90D	2		2	
nimodipine 30mg cap		2		2	
nisoldipine 25.5mg, 30mg tab QL-60 QY 30 DY	90D; QL	4		4	
nisoldipine 8.5mg, 17mg, 20mg, 34mg, 40mg tab QL-30 QY 30 DY	90D; QL	4		4	
NYMALIZE 60MG/20ML SOLN QL-2520 ML 21 DY	QL	5	PA	5	PA
taztia xt 120mg, 180mg, 240mg, 300mg, 360mg cap	90D	1	G	1	
TWYNSTA 5MG/ 40MG, 5MG/80MG, 10MG/40MG, 10MG/80MG TAB QL-30 QY 30 DY	90D; QL	4		4	
verapamil 2.5mg/ml ampul		1	G	1	
verapamil hcl 40mg, 80mg, 120mg tab	90D	1	G	1	
verapamil hcl er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg cap,24hr	90D	1	G	1	
verapamil hcl er 120mg, 180mg, 240mg tab	90D	1	G	1	
verapamil hcl sr 360mg cap,24hr	90D	1	G	1	
Cardiovascular Agents, Other					
DEMSER 250MG CAP		4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>digoxin 125mcg, 250mcg tab</i>	90D; HRM	1	G	1	
<i>digoxin 250mcg/ml ampul</i>		1	G	1	
<i>digoxin 50mcg/ml soln oral</i>	90D; HRM	1	G	1	
LANOXIN 125MCG TAB	90D	3		3	
LANOXIN 187.5MCG TAB	90D	3		3	
LANOXIN 250MCG TAB	90D; HRM	3		3	
LANOXIN 62.5MCG TAB	90D	3		3	
<i>pentoxifylline er 400mg tab</i>	90D	1	G	1	
RANEXA 500MG, 1000MG TAB QL-60 QY 30 DY	90D; QL	3	ST	3	ST
Diuretics, Carbonic Anhydrase Inhibitors					
<i>acetazolamide 125mg, 250mg tab</i>	90D	1	G	1	
<i>acetazolamide 500mg cap</i>	90D	2		2	
<i>methazolamide 25mg, 50mg tab</i>	90D	1	G	1	
Diuretics, Loop					
<i>bumetanide 0.25mg/ml vial</i>		1	G	1	
<i>bumetanide 0.5mg, 1mg, 2mg tab</i>	90D	1	G	1	
EDECIN 25MG TAB	90D	4		4	
<i>furosemide 10mg/ml soln oral</i>	90D	1	G	1	
<i>furosemide 10mg/ml vial</i>		1	G	1	
<i>furosemide 20mg, 40mg, 80mg tab</i>	90D	1	G	1	
<i>furosemide 40mg/5ml soln oral</i>	90D	1	G	1	
<i>torsemide 5mg, 10mg, 20mg, 100mg tab</i>	90D	1	G	1	
Diuretics, Potassium-sparing					
<i>amiloride 5mg tab</i>	90D	2		2	
<i>amiloride/hctz 5mg/50mg tab</i>	90D	1	G	1	
DYRENIUM 50MG, 100MG CAP	90D	4		4	
<i>eplerenone 25mg, 50mg tab</i>	90D	4		4	
<i>eplerenone 25mg, 50mg tab</i>	90D	4		4	
<i>spironolactone /hctz 25mg/25mg tab</i>	90D	1	G	1	
<i>spironolactone 25mg, 50mg, 100mg tab</i>	90D	1	G	1	
<i>triamterene/hctz 37.5mg/25mg; 50mg/25mg cap</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
triamterene/hctz 37.5mg/25mg; 75mg/50mg tab	90D	1	G	1	
<i>Diuretics, Thiazide</i>					
chlorothiazide 250mg, 500mg tab	90D	1	G	1	
chlorthalidone 25mg, 50mg tab	90D	1	G	1	
hydrochlorothiazide 12.5mg cap	90D	1	G	1	
hydrochlorothiazide 12.5mg, 25mg, 50mg tab	90D	1	G	1	
indapamide 1.25mg, 2.5mg tab	90D	1	G	1	
methyclothiazide 5mg tab	90D	1	G	1	
metolazone 2.5mg, 5mg, 10mg tab	90D	1	G	1	
<i>Dyslipidemics, Fibrin Acid Derivatives</i>					
ANTARA 30MG, 43MG, 90MG, 130MG CAP QL-30 QY 30 DY	90D; QL	3		3	
fenofibrate 43mg, 130mg cap QL- 30 QY 30 DY	90D; QL	2		2	
fenofibrate 48mg, 145mg tab QL-30 QY 30 DY	90D; QL	2		2	
fenofibrate 54mg, 160mg tab	90D	2		2	
fenofibrate 67mg, 134mg, 200mg micronized cap	90D	2		2	
fenofibric acid dr 45mg, 135mg cap QL-30 QY 30 DY	90D; QL	4		4	
FENOGLIDE 40MG, 120MG TAB QL-30 QY 30 DY	90D; QL	4		4	
gemfibrozil 600mg tab	90D	1	G	1	
LIPOFEN 150MG CAP QL-30 QY 30 DY	90D; QL	3		3	
LIPOFEN 50MG CAP QL-90 QY 30 DY	90D; QL	3		3	
TRIGLIDE 50MG, 160MG TAB QL- 30 QY 30 DY	90D; QL	4		4	
TRILIPIX 45MG, 135MG CAP QL- 30 QY 30 DY	90D; QL	4		4	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>					
ADVICOR 20MG/500MG, 40MG/1000MG TAB QL-30 QY 30 DY	90D; QL	4		4	
ADVICOR 20MG/750MG, 20MG/1000MG TAB QL-60 QY 30 DY	90D; QL	4		4	
ALTOPREV 20MG, 40MG, 60MG TAB QL-30 QY 30 DY	90D; QL	4	ST	4	ST

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>atorvastatin calcium 10mg, 20mg, 40mg, 80mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
CRESTOR 5MG, 10MG, 20MG, 40MG TAB QL-30 QY 30 DY	90D; QL	3		3	
<i>fluvastatin sodium 20mg cap QL-30 QY 30 DY</i>	90D; QL	4		4	
<i>fluvastatin sodium 40mg cap QL-60 QY 30 DY</i>	90D; QL	4		4	
LIVALO 1MG, 2MG, 4MG TAB QL-30 QY 30 DY	90D; QL	4		4	
<i>lovastatin 10mg, 20mg, 40mg tab</i>	90D	1	G	1	
<i>pravastatin 10mg, 20mg, 40mg, 80mg tab</i>	90D	1	G	1	
<i>simvastatin 5mg, 10mg, 20mg, 40mg tab</i>	90D	1	G	1	
<i>simvastatin tab 80mg</i>	90D	1	G; PA	1	PA
Dyslipidemics, Other					
<i>cholestyramine 4g light packet</i>	90D	2		2	
<i>cholestyramine 4g light powder</i>	90D	2		2	
<i>cholestyramine 4g packet</i>	90D	2		2	
<i>cholestyramine 4g powder</i>	90D	2		2	
<i>colestipol 1g tab</i>	90D	2		2	
<i>colestipol 5g granules</i>	90D	2		2	
<i>colestipol 5g packet</i>	90D	2		2	
<i>colestipol, micronized 1g tab</i>	90D	2		2	
KYNAMRO 200MG/ML SOLN QL-4 ML 28 DY	QL	5	PA	5	PA
LOVAZA 1G CAP QL-120 QY 30 DY	90D; QL	3		3	
NIASPAN 500MG TAB QL-30 QY 30 DY	90D; QL	3		3	
NIASPAN 750MG, 1000MG TAB QL-60 QY 30 DY	90D; QL	3		3	
<i>prevalite 4gm packet</i>	90D	2		2	
<i>prevalite 4gm powder</i>	90D	2		2	
VASCEPA 1GM CAP QL-120 QY 30 DY	QL	3		3	
WELCHOL 3.75GM PACK	90D	3		3	
WELCHOL 625MG TAB	90D	3		3	
ZETIA 10MG TAB QL-30 QY 30 DY	90D; QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
DILATRATE SR 40MG CAP	90D	3		3	
<i>isosorbide dinitrate 2.5mg, 5mg tab, sub</i>	90D	1	G	1	
<i>isosorbide dinitrate 5mg, 10mg, 20mg, 30mg tab</i>	90D	1	G	1	
<i>isosorbide dinitrate er 40mg tab</i>	90D	1	G	1	
<i>isosorbide mononitrate 10mg, 20mg tab</i>	90D	1	G	1	
<i>isosorbide mononitrate er 30mg, 60mg, 120mg tab</i>	90D	1	G	1	
NITRO-BID 2% OINT	90D	3		3	
<i>nitroglycerin 0.1mg/hr; 0.2mg/hr; 0.4mg/hr; 0.6mg/hr patch</i>	90D	1	G	1	
<i>nitroglycerin 0.4mg/dose pumpspray</i>	90D	4		4	
<i>nitroglycerin 50mg/10ml vial</i>		1	G	1	
<i>nitroglycerin lingual 0.4mg/dose spray</i>	90D	4		4	
NITROMIST 400MCG/SPRAY	90D	4		4	
NITROSTAT 0.3MG, 0.4MG, 0.6MG TAB, SUBL	90D	3		3	
Vasodilators, Direct-acting Arterial					
<i>hydralazine 10mg, 25mg, 50mg, 100mg tab</i>	90D	1	G	1	
<i>hydralazine 20mg/ml vial</i>		1	G	1	
<i>minoxidil 2.5mg, 10mg tab</i>	90D	1	G	1	
Central Nervous System Agents					
Attention Deficit Hyperactivity Disorder Agents, Amphetamines					
<i>amphetamine salt combo 1.25mg tab</i>	HRM	2		2	
<i>amphetamine salt combo 1.875mg tab</i>	HRM	2		2	
<i>amphetamine salt combo 2.5mg tab</i>	HRM	2		2	
<i>amphetamine salt combo 3.125mg tab</i>	HRM	2		2	
<i>amphetamine salt combo 3.75mg tab</i>	HRM	2		2	
<i>amphetamine salt combo 5mg tab</i>	HRM	2		2	
<i>amphetamine salt combo 7.5mg tab</i>	HRM	2		2	
<i>amphetamine/dextroamphetamine er 10mg cap QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>amphetamine/dextroamphetamine er 15mg cap QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>amphetamine/dextroamphetamine er 20mg cap QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>amphetamine/dextroamphetamine er 25mg cap QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>amphetamine/dextroamphetamine er 30mg cap QL-60 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>amphetamine/dextroamphetamine er 5mg cap QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>dextroamphetamine sulfate 5mg, 10mg tab</i>	HRM	2		2	
<i>dextroamphetamine sulfate er 5mg, 10mg, 15mg cap, 24hr</i>	HRM	4		4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines					
<i>dexmethylphenidate 2.5mg, 5mg, 10mg tab</i>	HRM	2		2	
INTUNIV 1MG, 2MG, 3MG, 4MG TB24 QL-30 QY 30 DY	90D; HRM; QL	4	PA	4	PA
METADATE CD 10MG, 20MG, 30MG, 40MG, 50MG, 60MG CAP QL-30 QY 30 DY	HRM; QL	4	ST	4	ST
<i>metadate er 20mg tab</i>	HRM	2		2	
<i>methylphenidate 5mg, 10mg, 20mg tab</i>	HRM	2		2	
<i>methylphenidate hcl cd 50mg, 60mg cap QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>methylphenidate hcl er 18mg, 27mg, 54mg tab QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>methylphenidate hcl er 20mg, 40mg cap QL-30 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>methylphenidate hcl er 30mg cap QL-60 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>methylphenidate hcl er 36mg tab QL-60 QY 30 DY</i>	HRM; QL	4	ST	4	ST
<i>methylphenidate sr 20mg tab</i>	HRM	2		2	
RITALIN LA 10MG, 20MG, 40MG CAP QL-30 QY 30 DY	HRM; QL	4	ST	4	ST
RITALIN LA 30MG CAP QL-60 QY 30 DY	HRM; QL	4	ST	4	ST
Central Nervous System, Other					
NUDEXTA 20MG/10MG CAP QL- 60 QY 30 DY	QL	3		3	
RILUTEK 50MG TAB		3	PA	3	PA
<i>riluzole 50mg tab</i>		2	PA	2	PA
XENAZINE 12.5MG TAB QL-90 QY 30 DY	QL	5	PA	5	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
XENAZINE 25MG TAB QL-120 QY 30 DY	QL	5	PA	5	PA
Fibromyalgia Agents					
CYMBALTA 20MG, 60MG CAP QL-60 QY 30 DY	90D; QL	3		3	
CYMBALTA 30MG CAP QL-90 QY 30 DY	90D; QL	3		3	
LYRICA 20MG/ML SOLUTION QL-900ML 30 DY	QL	4	PA	4	PA
LYRICA 225MG, 300MG CAP QL-60 QY 30 DY	QL	4	PA	4	PA
LYRICA 25MG, 50MG, 75MG, 100MG, 150MG, 200MG CAP QL-90 QY 30 DY	QL	4	PA	4	PA
Multiple Sclerosis Agents					
AMPYRA 10MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
AUBAGIO 7MG, 14MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
COPAXONE 20MG KIT QL-30 INJ 30 DY	QL	5	PA	5	PA
COPAXONE 40MG KIT QL-12 INJ 28 DY	QL	5	PA	5	PA
GILENYA 0.5MG CAP QL-30 QY 30 DY	QL	5	PA	5	PA
REBIF REBIDOSE 22MCG/0.5ML, 44MCG/0.5ML SYRINGE QL-12 INJ 28 DY	QL	5	PA	5	PA
REBIF REBIDOSE TITRATION PACK QL-12 INJ 28 DY	QL	5	PA	5	PA
Dental and Oral Agents					
<i>Dental and Oral Agents</i>					
cevimeline hcl 30mg cap	90D	2		2	
chlorhexidine gluconate 0.12% oral rinse		2		2	
doxycycline hyclate 20mg tab		4		4	
periogard 0.12% mouthwash		2		2	
pilocarpine 5mg, 7.5mg tab	90D	2		2	
triamcinolone in orabase 0.1%paste		2		2	
Dermatological Agents					
<i>Dermatological Agents</i>					
8-MOP 10MG CAP	90D	3		3	
acitretin 10mg, 17.5mg, 25mg cap		4	PA	4	PA
AKNE-MYCIN 2% OINT		4		4	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>alclometasone dipropionate 0.05% cream</i>	90D	2		2	
<i>alclometasone dipropionate 0.05% oint</i>	90D	2		2	
ALTABAX 1% OINT QL-15GM 30 DY	QL	4		4	
<i>amcinonide 0.1% cream</i>	90D	2		2	
<i>amcinonide 0.1% lotion</i>	90D	2		2	
<i>amcinonide 0.1% oint</i>	90D	2		2	
<i>ammonium lactate 12% cream</i>	90D	2		2	
<i>ammonium lactate 12% lotion</i>	90D	2		2	
<i>amnesteam 10mg, 20mg, 40mg cap</i>		4		4	
<i>apexicon e 0.05% cream</i>	90D	4		4	
<i>augmented betameth dip 0.05% cream</i>	90D	2		2	
<i>augmented betameth dip 0.05% gel</i>	90D	2		2	
<i>augmented betameth dip 0.05% lotion</i>	90D	2		2	
<i>augmented betameth dip 0.05% oint</i>	90D	2		2	
AZELEX 20% CREAM	90D	4		4	
BACTROBAN 2% CREAM		4		4	
<i>beta-val 0.1% cream</i>	90D	2		2	
<i>beta-val 0.1% lotion</i>	90D	2		2	
<i>beta-val 0.1% oint</i>	90D	2		2	
<i>betamethasone diprop 0.05% cream</i>	90D	2		2	
<i>betamethasone diprop 0.05% lotion</i>	90D	2		2	
<i>betamethasone diprop 0.05% oint</i>	90D	2		2	
<i>calcipotriene 0.005% cream</i>	90D	4		4	
<i>calcipotriene 0.005% soln non-oral</i>	90D	4		4	
CAPEX 0.01% SHAMPOO	90D	3		3	
CARAC 0.5% CREAM	90D	4		4	
<i>claravis 10mg, 20mg, 30mg, 40mg cap</i>		4		4	
<i>clindamycin phos 1% lotion</i>		2		2	
<i>clindamycin phos 1% gel</i>		2		2	
<i>clindamycin phos 1% soln</i>		2		2	
<i>clindamycin phos 1% swab</i>		2		2	
<i>clindamycin/benzoyl peroxide gel 1%- 5%</i>	90D	4		4	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>clindamycin/benzoyl peroxide gel 1.2%- 5%</i>	90D	4		4	
<i>clobetasol propionate 0.05% gel</i>	90D	2		2	
<i>clobetasol propionate 0.05% lotion</i>	90D	4		4	
<i>clobetasol propionate 0.05% oint</i>	90D	2		2	
<i>clobetasol propionate 0.05% shampoo</i>	90D	4		4	
<i>clobetasol propionate 0.05% soln</i>	90D	2		2	
<i>clobetasol propionate e 0.05% cream</i>	90D	2		2	
CLOBEX SPRAY 0.05% TOPICAL	90D	4		4	
CONDYLOX 0.5% GEL		4		4	
CORDRAN 0.05% LOTION	90D	4		4	
CORDRAN 4MCG/SQ CM TAPE	90D	4		4	
CORDRAN SP 0.05% CREAM	90D	4		4	
<i>desonide 0.05% cream</i>	90D	2		2	
<i>desonide 0.05% lotion</i>	90D	2		2	
<i>desonide 0.05% oint</i>	90D	2		2	
<i>desoximetasone 0.05% gel</i>	90D	2		2	
<i>desoximetasone 0.05%, 0.25% cream</i>	90D	2		2	
<i>desoximetasone 0.05%, 0.25% oint</i>	90D	2		2	
<i>diflorasone diacet 0.05% cream</i>	90D	2		2	
<i>diflorasone diacet 0.05% oint</i>	90D	2		2	
ELIDEL 1% CREAM QL-30GM 30 DY	90D; QL	4	ST	4	ST
<i>ery 2% swab</i>		2		2	
<i>erythromycin 2% gel</i>		2		2	
<i>erythromycin 2% soln</i>		2		2	
<i>erythromycin/benzoyl 3%/ 5% peroxide gel</i>		4		4	
FINACEA 15% GEL	90D	4		4	
<i>fluocinolone acetonide 0.01% body oil</i>	90D	2		2	
<i>fluocinolone acetonide 0.01% scalp oil</i>	90D	2		2	
<i>fluocinolone acetonide 0.01% soln</i>	90D	2		2	
<i>fluocinolone acetonide 0.01%, 0.025% cream</i>	90D	2		2	
<i>fluocinolone acetonide 0.025% oint</i>	90D	2		2	
<i>fluocinonide 0.05% emollient base cream</i>	90D	2		2	
<i>fluocinonide 0.05% gel</i>	90D	2		2	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>fluocinonide 0.05% oint</i>	90D	2		2	
<i>fluocinonide 0.05% soln non-oral</i>	90D	2		2	
FLUOROPLEX 1% CREAM	90D	3		3	
<i>fluorouracil 2%, 5% soln</i>	90D	2		2	
<i>fluorouracil 5% cream</i>	90D	2		2	
<i>fluticasone propionate 0.005% oint</i>	90D	2		2	
<i>fluticasone propionate 0.05% cream</i>	90D	2		2	
<i>gauze pads 2"x2" bandage</i>	90D	1	G	1	
<i>gentamicin sulfate 0.1% cream</i>		2		2	
<i>gentamicin sulfate 0.1% oint</i>		2		2	
<i>halobetasol propionate 0.05% cream</i>	90D	2		2	
<i>halobetasol propionate 0.05% oint</i>	90D	2		2	
HALOG 0.1% CREAM	90D	4		4	
HALOG 0.1% OINT	90D	4		4	
<i>hydrocortisone 2.5% cream</i>	90D	2		2	
<i>hydrocortisone 2.5% lotion</i>	90D	2		2	
<i>hydrocortisone 2.5% oint</i>	90D	2		2	
<i>hydrocortisone butyrate 0.1% cream</i>	90D	2		2	
<i>hydrocortisone butyrate 0.1% oint</i>	90D	2		2	
<i>hydrocortisone butyrate 0.1% soln</i>	90D	2		2	
<i>hydrocortisone in absorbase 1% oint</i>	90D	2		2	
<i>hydrocortisone valerate 0.2% cream</i>	90D	2		2	
<i>hydrocortisone valerate 0.2% oint</i>	90D	2		2	
<i>imiquimod 5% cream QL-12 PACKS 30 DY</i>	QL	4		4	
KENALOG 0.147MG/G AERO	90D	4		4	
<i>laclotion 12% lotion</i>	90D	2		2	
METROGEL 1% GEL	90D	4		4	
<i>metronidazole 0.75% cream</i>	90D	2		2	
<i>metronidazole 0.75% gel</i>	90D	2		2	
<i>metronidazole 0.75% lotion</i>	90D	2		2	
<i>mometasone furoate 0.1% cream</i>	90D	2		2	
<i>mometasone furoate 0.1% oint</i>	90D	2		2	
<i>mometasone furoate 0.1% soln</i>	90D	2		2	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>mupirocin 2% cream</i>		4		4	
<i>mupirocin 2% oint</i>		2		2	
<i>myorisan 10mg, 20mg, 40mg cap</i>		4		4	
NORITATE 1% CREAM	90D	4		4	
OXSORALEN 1% LOTION		3		3	
OXSORALEN ULTRA 10MG CAP		5		5	
PICATO 0.015% GEL QL-3 TUBES 30 DY	90D; QL	3		3	
PICATO 0.05% GEL QL-2 TUBES 30 DY	90D; QL	3		3	
<i>podofilox 0.5% soln</i>		2		2	
<i>prednicarbate 0.1% cream</i>	90D	2		2	
<i>prednicarbate 0.1% oint</i>	90D	2		2	
PROTOPIC 0.03%, 0.1% OINT QL- 30GM 30 DY	90D; QL	4	ST	4	ST
REGRANEX 0.01% GEL QL-15GM 30 DY	QL	5	PA	5	PA
SANTYL 250UNIT/GM OINT		3		3	
<i>scalacort 2% lotion</i>	90D	2		2	
<i>silver sulfadiazine 1% cream</i>		2		2	
<i>sodium sulfacetamide 10% susp</i>		2		2	
SORIATANE 10MG, 17.5MG, 25MG CAP		4	PA	4	PA
<i>ssd 1% cream</i>		2		2	
STELARA 45MG/0.5ML, 90MG/ML SYRINGE QL-5 INJ 365 DY	QL	5	PA	5	PA
SULFAMYLON 50G PACKET		4		4	
SULFAMYLON 8.5% CREAM		4		4	
TACLONEX 0.064%; 0.005% OINT QL-400GM 28 DY	QL	3		3	
TAZORAC 0.05%, 0.1% CREAM QL-30GM 30 DY	QL	4		4	
TAZORAC 0.05%, 0.1% GEL QL- 30GM 30 DY	QL	4		4	
TEXACORT 2.5% SOLN NON- ORAL	90D	4		4	
<i>thermazene 1% cream</i>		2		2	
<i>tretinoin 0.025%, 0.01% gels</i>	90D	2		2	
<i>tretinoin 0.025%, 0.05%, 0.1% creams</i>	90D	2		2	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>triamcinolone acetonide 0.025%, 0.1% lotions</i>	90D	1	G	1	
<i>triamcinolone acetonide 0.025%, 0.1%, 0.5% creams</i>	90D	1	G	1	
<i>triamcinolone acetonide 0.025%, 0.1%, 0.5% oints</i>	90D	1	G	1	
<i>triderm 0.1% cream</i>	90D	1	G	1	
VEREGEN 15% OINT QL-30GM 30 DY	QL	4		4	
VOLTAREN 1% GEL QL-1000GM 30 DY	QL	3		3	
ZONALON 5% CREAM QL-45GM 30 DY	QL	4		4	
Enzyme Replacement/Modifiers					
<i>Enzyme Replacement/Modifiers</i>					
ADAGEN 250 UNIT/1 VIAL		5	PA	5	PA
ALDURAZYME 2.9MG/5ML VIAL		5	PA	5	PA
BUPHENYL 500MG TAB		5	PA	5	PA
CEREZYME 200 UNIT, 400 UNIT VIAL		5	PA	5	PA
CREON 120000UNIT/24000UNIT/76000UNIT CAP	90D	3		3	
CREON 15000UNIT/3000UNIT/9500UNIT CAP	90D	3		3	
CREON 180000UNIT; 36000UNIT; 114000UNIT	90D	3		3	
CREON 30000UNIT/6000UNIT/19000UNIT CAP	90D	3		3	
CREON 60000UNIT/12000UNIT/38000UNIT CAP	90D	3		3	
CYSTADANE POWDER		4		4	
CYSTAGON 50MG, 150MG CAP	90D	4	PA	4	PA
ELAPRASE 6MG/3MLVIAL		5	PA	5	PA
ELELYSO 200UNIT SOLR		5	PA	5	PA
FABRAZYME 35MG VIAL		5	PA	5	PA
KUVAN 100MG TAB		5	PA	5	PA
NAGLAZYME 5MG/5ML VIAL		5	PA	5	PA
ORFADIN 2MG, 5MG, 10MG CAP		5	PA	5	PA

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>sodium phenylbutyrate powder</i>		5	PA	5	PA
SUCRAID 85000UNIT/ML SOLN		5	PA	5	PA
VPRIV 400 UNIT VIAL		5	PA	5	PA
ZAVESCA 100MG CAP		5	PA	5	PA
ZENPEP 109000UNIT/20000UNIT/68000UNIT	90D	3		3	
ZENPEP 136000UNIT/25000UNIT/85000UNIT	90D	3		3	
ZENPEP 16000UNIT/3000UNIT/10000UNIT	90D	3		3	
ZENPEP 27000UNIT/17000UNIT/5000UNIT	90D	3		3	
ZENPEP 55000UNIT/10000UNIT/34000UNIT	90D	3		3	
ZENPEP 82000UNIT/15000UNIT/51000UNIT	90D	3		3	
Gastrointestinal Agents					
<i>Antispasmodics, Gastrointestinal</i>					
CANTIL 25MG TAB	90D	4		4	
<i>dicyclomine 10mg cap</i>	90D; HRM	4	PA	4	PA
<i>dicyclomine 10mg/5ml syrup</i>	90D; HRM	4	PA	4	PA
<i>dicyclomine 20mg tab</i>	90D; HRM	4	PA	4	PA
<i>glycopyrrolate 0.2mg/ml vial</i>		4		4	
<i>glycopyrrolate 1mg, 2mg tab</i>	90D	4		4	
<i>methscopolamine bromide 2.5mg, 5mg tab</i>	90D	4		4	
<i>propantheline bromide 15mg tab</i>	90D; HRM	2		2	
<i>Gastrointestinal Agents, Other</i>					
CHENODAL 250MG TAB		5	PA	5	PA
CORTIFOAM 10%		3		3	
<i>cromolyn sodium 20mg/ml soln oral</i>	90D	2		2	
<i>diphenoxylate/atropine 2.5mg-0.025mg/5ml liquid</i>	HRM	2		2	
<i>diphenoxylate/atropine 2.5mg/0.025mg tab</i>	HRM	2		2	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
HALFLYTELY 5MG/210G/0.74G/2.86G/5.6G BOWEL PREP KIT/FLAVOR PACKS QL-1 KIT 30 DY	QL	4		4	
<i>loperamide 2mg cap</i>	90D	1	G	1	
<i>metoclopramide 5mg, 10mg tab</i>	90D	1	G	1	
<i>metoclopramide 5mg/5ml soln oral</i>	90D	1	G	1	
<i>metoclopramide 5mg/ml vial</i>		1	G	1	
MOTOFEN 0.025MG/1MG TAB	HRM	4		4	
OSMOPREP 1.5G TAB		4		4	
<i>proctosol hc 2.5% cream</i>		1	G	1	
<i>proctozone-hc 2.5% cream</i>		1	G	1	
RELISTOR 12MG/0.6ML SOLN		4	PA	4	PA
SUCLEAR KIT QL-1 KIT 30 DY	QL	4		4	
<i>ursodiol 250mg, 500mg tab</i>	90D	4		4	
<i>ursodiol 300mg cap</i>	90D	2		2	
VISICOL 1.5GM TAB		4		4	
Histamine2 (H2) receptor Antagonists					
<i>cimetidine 150mg/ml vial</i>		1	G	1	
<i>cimetidine 200mg, 300mg, 400mg, 800mg tab</i>	90D	1	G	1	
<i>cimetidine 300mg/5ml soln oral</i>	90D	1	G	1	
<i>famotidine 20mg, 40mg tab</i>	90D	1	G	1	
<i>famotidine 20mg/2ml vial</i>		1	G	1	
<i>famotidine 20mg/50ml iv</i>		4		4	
<i>famotidine 40mg/5ml suspension</i>	90D	4		4	
<i>nizatidine 150mg/10ml oral soln</i>	90D	2		2	
<i>nizatidine 150mg, 300mg cap</i>	90D	2		2	
<i>ranitidine 150mg, 300mg cap</i>	90D	1	G	1	
<i>ranitidine 150mg, 300mg tab</i>	90D	1	G	1	
<i>ranitidine 15mg/ml syrup</i>	90D	4		4	
<i>ranitidine 25mg/ml vial</i>		1	G	1	
Irritable Bowel Syndrome Agents					
AMITIZA 8MCG, 24MCG CAP QL- 60 QY 30 DY	90D; QL	4	PA	4	PA
LINZESS 145MCG, 290MCG CAP QL-30 QY 30 DY	QL	4	PA	4	PA

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
LOTRONEX 0.5MG, 1MG TAB QL-60 QY 30 DY	QL	3	PA	3	PA
Laxatives					
<i>constulose 10g/15ml soln oral</i>	90D	1	G	1	
<i>enulose 10g/15ml soln oral</i>	90D	1	G	1	
<i>gavilyte-c 240g/2.98g/6.72g/5.84g/22.72g soln oral QL-1 KIT 30 DY</i>	QL	1	G	1	
<i>gavilyte-g 236g/2.97g/6.74g/5.86g/22.74g soln oral QL-1 KIT 30 DY</i>	QL	1	G	1	
<i>gavilyte-n 420g/1.48g/5.72g/11.2g soln QL-1 KIT 30 DY</i>	QL	1	G	1	
<i>generlac 10g/15ml soln oral</i>	90D	1	G	1	
GOLYTELY 236G/2.97G/6.74G/5.86G/22.74G SOLN QL-1 KIT 30 DY	QL	4		4	
KRISTALOSE 10G, 20G PACKET	90D	4		4	
<i>lactulose 10g/15ml soln oral</i>	90D	1	G	1	
MOVIPREP 4.7G/100G/1.015G/5.9G/2.691G/7.5G SOLN QL-1 KIT 30 DY	QL	4		4	
NULYTELY 420G SOLN QL-1 KIT 30 DY	QL	3		3	
<i>peg 3350 240g/2.98g/6.72g/5.84g/22.72g QL-1 KIT 30 DY</i>	QL	1	G	1	
<i>polyethylene glycol 3350 powder</i>		1	G	1	
PREPOPIK 12GM/3.5GM/10MG PACKET QL-1 PACKET 30 DY	QL	4		4	
SUPREP BOWL PREP QL-1 KIT 30 DY	QL	4		4	
<i>trilyte 420gm soln oral QL-1 KIT 30 DY</i>	QL	1	G	1	
Protectants					
<i>misoprostol 100mcg, 200mcg tab</i>	90D	2		2	
<i>sucalfate 1g tab</i>	90D	1	G	1	
Proton Pump Inhibitors					
<i>lansoprazole 15mg, 30mg cap, dr QL-30 QY 30 DY</i>	90D; QL	4		4	
NEXIUM 10MG, 20MG, 40MG PACK QL-30 PACKS 30 DY	90D; QL	3		3	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
NEXIUM 2.5MG, 5MG SUSPENSION QL-30ML 30 DY	90D; QL	3		3	
NEXIUM 20MG, 40MG CAP QL-30 QY 30 DY	90D; QL	3		3	
NEXIUM 20MG, 40MG IV		3		3	
omeprazole 10mg cap QL-30 QY 30 DY	90D; QL	1	G	1	
omeprazole 20mg cap	90D	1	G	1	
omeprazole 40mg cap QL-60 QY 30 DY	90D; QL	1	G	1	
pantoprazole 20mg tab QL-30 QY 30 DY	90D; QL	1	G	1	
pantoprazole 40mg tab QL-60 QY 30 DY	90D; QL	1	G	1	
VIMOVO 20MG/375MG, 20MG/500MG TAB QL-60 QY 30 DY	90D; QL	3		3	
Genitourinary Agents					
<i>Antispasmodics, Urinary</i>					
DETROL LA 2MG, 4MG CAP QL-30 QY 30 DY	90D; QL	4		4	
ENABLEX 7.5MG, 15MG TAB QL-30 QY 30 DY	90D; QL	4		4	
flavoxate 100mg tab	90D	2		2	
GELNIQUE 10% GEL QL-30 PACKS 30 DY	90D; QL	4		4	
GELNIQUE 3% GEL QL-1 BOTTLE 30 DY	90D; QL	4		4	
MYRBETRIQ 25MG, 50MG TAB QL-30 QY 30 DY	QL	4		4	
oxybutynin 5mg tab	90D	1	G	1	
oxybutynin 5mg/5ml syrup	90D	1	G	1	
oxybutynin er 15mg tab QL-60 QY 30 DY	90D; QL	4		4	
oxybutynin er 5mg, 10mg tab QL-30 QY 30 DY	90D; QL	4		4	
tolterodine tartrate 1mg, 2mg tab	90D	4		4	
tolterodine tartrate er 2mg, 4mg cap QL-30 QY 30 DY	90D; QL	4		4	
tropium chloride 20mg tab QL-60 QY 30 DY	90D; QL	2		2	
tropium chloride er 60mg cap QL-30 QY 30 DY	90D; QL	2		2	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
VESICARE 5MG, 10MG TAB QL-30 QY 30 DY	90D; QL	3		3	
Benign Prostatic Hypertrophy Agents					
alfuzosin hcl 10mg er tab QL-30 QY 30 DY	90D; QL	2		2	
AVODART 0.5MG CAP QL-30 QY 30 DY	90D; QL	3		3	
doxazosin mesylate 1mg, 2mg, 4mg, 8mg tab	90D	1	G	1	
finasteride 5mg tab	90D	1	G	1	
JALYN 0.5MG/0.4MG CAP QL-30 QY 30 DY	90D; QL	3		3	
RAPAFLO 4MG, 8MG CAP QL-30 QY 30 DY	90D; QL	4		4	
tamsulosin 0.4mg cap QL-60 QY 30 DY	90D; QL	1	G	1	
terazosin 1mg, 2mg, 5mg, 10mg cap	90D	1	G	1	
Genitourinary Agents, Other					
bethanechol 5mg, 10mg, 25mg, 50mg tab	90D	2		2	
CLEOCIN 100MG VAGINAL SUPP		3		3	
clindamycin phos 2% cream		2		2	
ELMIRON 100MG CAP		3		3	
metronidazole vaginal gel 0.75%		2		2	
terconazole 0.4%, 0.8% cream		2		2	
terconazole 80mg vaginal supp		2		2	
vandazole 0.75% gel		2		2	
zazole 0.4% cream		2		2	
Phosphate Binders					
calcium acet 667mg cap	90D	4		4	
eliphos 667mg tab	90D	2		2	
FOSRENOL 1000MG CHEW QL-120 QY 30 DY	90D; QL	4		4	
FOSRENOL 500MG, 750MG CHEW QL-180 QY 30 DY	90D; QL	4		4	
PHOSLYRA SOLN 667MG/5ML	90D	4		4	
RENVELA 2.4GM PACK QL-90 QY 30 DY	90D; QL	3		3	
RENVELA 800MG TAB	90D	3		3	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
Glucocorticoids/Mineralocorticoids					
<i>a-hydrocort 100mg solr</i>		2		2	
<i>a-methapred 40mg/ml, 125mg/2ml vial</i>		2		2	
CELESTONE 0.6MG/5ML SOLN ORAL	90D	3		3	
<i>cortisone acet 25mg tab</i>	90D	2		2	
<i>dexamethasone 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg tab</i>	90D	2		2	
<i>dexamethasone 0.5mg/5ml elixir</i>	90D	2		2	
<i>dexamethasone intensol 0.5mg/.5ml drops</i>	90D	2		2	
<i>dexamethasone sod phos 10mg/ml soln</i>		2		2	
<i>dexamethasone sod phos 4mg/ml vial</i>		2		2	
<i>fludrocortisone 0.1mg tab</i>	90D	2		2	
<i>fluocinonide 0.1% cream</i>	90D	2		2	
<i>hydrocortisone 5mg, 10mg, 20mg tab</i>	90D	2		2	
<i>methylprednisolone 4mg tab</i>	90D	2		2	
<i>methylprednisolone 4mg, 8mg, 16mg, 32mg tab</i>	90D	2		2	
<i>methylprednisolone acet 40mg/ml, 80mg/ml vial</i>		2		2	
<i>methylprednisolone sod succ 40mg, 125mg, 1000mg vial</i>		2		2	
<i>methylprednisolone sod succ 40mg, 125mg, 500mg, 1000mg vial</i>		2		2	
<i>methylprednisolone sod succ 500mg vial</i>		2		2	
<i>millipred 5mg tab</i>	90D	4		4	
<i>prednisolone 5mg/5ml syrup</i>	90D	2		2	
<i>prednisolone sod phos 15mg/5ml soln oral</i>	90D	2		2	
<i>prednisolone sod phos 25mg/5ml soln oral</i>	90D	2		2	
<i>prednisone 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg tab</i>	90D	2		2	
<i>prednisone 5mg/5ml soln oral</i>	90D	2		2	
<i>prednisone intensol 5mg/ml conc oral</i>	90D	2		2	
UCERIS 9MG TB24 QL-30 QY 30 DY	QL	4		4	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>desmopressin acet 0.01% nasal aerosol</i>	90D	2		2	
<i>desmopressin acet 0.1mg, 0.2mg tab</i>	90D	2		2	
<i>desmopressin acet 0.1mg/ml nasal soln</i>	90D	2		2	
<i>desmopressin acet 4mcg/ml vial</i>		2		2	
EGRIFTA 1MG SOLR QL-60 VIALS 30 DY	QL	5	PA	5	PA
EGRIFTA 2MG SOLR		5	PA	5	PA
GENOTROPIN 5MG/ML, 12MG/ML CARTRIDGE		5	PA	5	PA
GENOTROPIN MINIQUICK 0.2MG/0.25ML SOLR		4	PA	4	PA
GENOTROPIN MINIQUICK 0.4MG/0.25ML; 0.6MG/0.25ML; 0.8MG/0.25ML; 1MG/0.25ML; 1.2MG/0.25ML; 1.4MG/0.25ML; 1.6MG/0.25ML; 1.8MG/0.25ML; 2MG/0.25ML SOLR		5	PA	5	PA
HUMATROPE CARTRIDGE 12MG, 24MG		5	PA	5	PA
HUMATROPE CARTRIDGE 6MG		4	PA	4	PA
HUMATROPE COMBO PACK 5MG VIAL		5	PA	5	PA
INCRELEX 10MG/ML VIAL		4	PA	4	PA
NORDITROPIN NORDIFLEX 5MG/1.5ML; 10MG/1.5ML; 15MG/1.5ML; 30MG/3ML PEN		5	PA	5	PA
NUTROPIN 10MG VIAL		5	PA	5	PA
NUTROPIN 5MG VIAL		5	PA	5	PA
NUTROPIN AQ 10MG/2ML PEN		5	PA	5	PA
NUTROPIN AQ 10MG/2ML VIAL		5	PA	5	PA
NUTROPIN AQ 20MG/2ML PEN		5	PA	5	PA
NUTROPIN AQ NUSPIN 5MG/2ML CARTRIDGE		5	PA	5	PA
OMNITROPE 10MG/1.5ML CARTRIDGE		4	PA	4	PA
OMNITROPE 5.8MG VIAL		4	PA	4	PA
OMNITROPE 5MG/1.5ML VIAL		4	PA	4	PA
SAIZEN 5MG, 8.8MG VIALS		5	PA	5	PA
SAIZEN CLICK 8.8MG/1.5ML EASY PEN		5	PA	5	PA
SEROSTIM 4MG, 5MG, 6MG VIALS		5	PA	5	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
TEV-TROPIN 5MG VIAL		4	PA	4	PA
ZORBTIVE 8.8MG VIAL		5	PA	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)					
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>					
KORLYM 300MG TAB		5	PA	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)					
<i>Anabolic Steroids</i>					
ANADROL-50 50MG TAB		3		3	
<i>oxandrolone 10mg tab QL-60 QY 30 DY</i>	QL	2	PA	2	PA
<i>oxandrolone 2.5mg tab QL-120 QY 30 DY</i>	QL	2	PA	2	PA
<i>Androgens</i>					
ANDROGEL 50MG 1% GEL		3	PA	3	PA
ANDROGEL PUMP 1.25G 1% GEL		3	PA	3	PA
ANDROGEL PUMP 20.25MG 1.62% GEL		3	PA	3	PA
<i>androxy 10mg tab</i>		2	PA	2	PA
<i>danazol 50mg, 100mg, 200mg cap</i>		2		2	
TESTIM 1% GEL QL-300GM 30 DY	QL	3	PA	3	PA
<i>testosterone cypionate 100mg/ml, 200mg/ml vial</i>		2		2	
<i>testosterone enanthate 200mg/ml vial</i>		2		2	
TESTRED 10MG CAP	HRM	4	PA	4	PA
<i>Estrogens</i>					
ALORA 0.025MG/24H, 0.05MG/24H, 0.075MG/24H, 0.1MG/24HR PATCH QL-8 PATCHES 28 DY	90D; HRM; QL	4	PA	4	PA
<i>amethyst 20mcg/90mcg tab</i>	90D	4		4	
ANGELIQ 0.25MG/0.5MG TAB	90D; HRM	4		4	
ANGELIQ 0.5MG/1MG TAB	90D; HRM	4		4	
<i>apri 0.15mg/30mcg tab</i>	90D	4		4	
<i>aranelle 0.035mg/0.5mg tab</i>	90D	4		4	
<i>aubra 20mcg/0.1mg tab</i>	90D	4		4	
<i>aviane 20mcg/0.1mg tab</i>	90D	4		4	
<i>balziva 35mcg/0.4mg tab</i>	90D	4		4	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>briellyn 35mcg/0.4mg tab</i>	90D	4		4	
<i>cesia tab</i>	90D	1	G	1	
<i>chateal 0.03mg/0.15mg tab</i>	90D	4		4	
CLIMARA PRO 0.045MG/0.015MG PTWK QL-4 PATCHES 28 DY	90D; HRM; QL	4		4	
COMBIPATCH 0.05MG/0.14MG, 0.05MG/0.25MG PATCH QL-8 PATCHES 28 DY	90D; HRM; QL	4		4	
<i>cryselle-28 30mcg/0.3mg tab</i>	90D	4		4	
<i>dasetta 1mg/35mcg tab</i>	90D	4		4	
<i>dasetta 7/7/7 tab</i>	90D	4		4	
DEPO-ESTRADIOL 5MG/ML VIAL		4		4	
<i>desogestrel/ethinyl estradiol 0.15mg/30mcg tab</i>	90D	4		4	
DIVIGEL 1MG (0.1%) GEL QL- 30GM 30 DY	90D; HRM; QL	4	PA	4	PA
<i>drospirenone/ethinyl estradiol 3mg/0.03mg tab</i>	90D	4		4	
<i>elinest 0.3mg/30mcg tab</i>	90D	4		4	
<i>emoquette 0.15mg/30mcg tab</i>	90D	4		4	
<i>enpresse-28 tab</i>	90D	4		4	
ESTRACE 0.01% CREAM	90D	4		4	
ESTRACE 0.5MG, 1MG, 2MG TAB	90D; HRM	2	PA	2	PA
<i>estradiol 0.025mg/24hr; 0.0375mg/24hr; 0.05mg/24hr; 0.06mg/24hr; 0.075mg/24hr; 0.1mg/24hr patch</i>	90D; HRM	2	PA	2	PA
<i>estradiol 0.5mg, 1mg, 2mg tab</i>	90D; HRM	2	PA	2	PA
<i>estradiol/norethindrone 0.5mg/ 0.1mg tab</i>	90D; HRM	4		4	
<i>estradiol/norethindrone 1mg/0.5mg tab</i>	90D; HRM	4		4	
ESTRASORB 4.35MG/1.74GM	90D	4		4	
ESTRING 7.5MCG/24HR RING QL-1 RING 90 DY	90D; QL	4		4	
EVAMIST 1.53MG/ SPRAY QL-2 BOTTLES 30 DY	HRM; QL	4	PA	4	PA
<i>falmina 20mcg/0.1mg tab</i>	90D	4		4	
FEMHRT LOW DOSE 2.5MCG/0.5MG TAB	90D; HRM	4		4	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
FEMRING 0.05MG/24HR, 0.1MG/24HR RING QL-1 RING 84 DY	90D; QL	4		4	
<i>gianvi 3mg/0.02mg tab</i>	90D	4		4	
<i>gildagia 35mcg/0.4mg tab</i>	90D	4		4	
<i>gildess 1.5mg/30mcg tab</i>	90D	1	G	1	
<i>gildess 1mg/20mcg tab</i>	90D	1	G	1	
<i>jinteli 1mg/5mcg</i>	90D; HRM	4		4	
<i>junel 1mg/20mcg; 1.5mg/30mcg tab</i>	90D	1	G	1	
<i>junel fe 20mcg/1mg tab</i>	90D	1	G	1	
<i>junel fe 30mcg/1.5mg tab</i>	90D	1	G	1	
<i>kariva 21-5 tab</i>	90D	4		4	
<i>kelnor 1/35 1mg/35mcg tab</i>	90D	4		4	
<i>kurvelo 0.03mg/0.15mg tab</i>	90D	4		4	
<i>larin 1/20 20mcg/1mg tab</i>	90D	1	G	1	
<i>larin fe 1.5mg/30 30mcg/75mg/1.5mg tab</i>	90D	1	G	1	
<i>larin fe 1/20 20mcg/75mg/1mg tab</i>	90D	1	G	1	
<i>leena tab</i>	90D	4		4	
<i>lessina-28 20mcg/0.1mg tab</i>	90D	4		4	
<i>levonest tab</i>	90D	4		4	
<i>levora 0.15mg/30mcg tab</i>	90D	4		4	
LO LOESTRIN FE 10MCG/75MG/1MG TAB	90D	4		4	
LOESTRIN 24 FE 20MCG/75MG/1MG TAB	90D	4		4	
LOMEDIA 24 FE 20MCG/75MG/1MG TAB	90D	4		4	
<i>loryna 3mg/0.02mg tab</i>	90D	4		4	
<i>low-ogestrel 0.3mg/30mcg tab</i>	90D	4		4	
<i>lutera 20mcg/0.1mg tab</i>	90D	4		4	
MAKENA 250MG/ML VIAL		5	PA	5	PA
<i>marlissa 0.03mg/0.15mg tab</i>	90D	4		4	
MENOSTAR 14MCG/24HR PATCH QL-4 PATCHES 28 DY	90D; HRM; QL	4	PA	4	PA
<i>microgestin 1.5mg/30mcg tab</i>	90D	1	G	1	
<i>microgestin 1mg/20mcg tab</i>	90D	1	G	1	
<i>microgestin fe 20mcg/1mg tab</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>microgestin fe 30mcg/1.5mg tab</i>	90D	1	G	1	
MINIVELLE 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR PATCH QL-8 PATCHES 28 DY	90D; HRM; QL	4		4	
<i>mono-linyah 0.25mg/35mcg tab</i>	90D	4		4	
<i>mononessa 35mcg/0.25mg tab</i>	90D	4		4	
<i>necon 0.5/35-28 0.5mg/35mcg tab</i>	90D	4		4	
<i>necon 1/35-28 1mg/35mcg tab</i>	90D	4		4	
<i>necon 1/50-28 1mg/50mcg tab</i>	90D	4		4	
<i>necon 10/11-28 tab</i>	90D	4		4	
<i>necon 7/7/7 tab</i>	90D	4		4	
<i>nortrel 0.5mg/35mcg; 1mg/35mcg tab</i>	90D	4		4	
<i>nortrel tab</i>	90D	4		4	
<i>ocella 3mg/0.03mg tab</i>	90D	4		4	
<i>ogestrel 50mcg/0.5mg tab</i>	90D	4		4	
ORTHO EVRA 20MCG/24HR; 150MCG/24HR PATCH QL-3 PATCHES 28 DY	90D; QL	4		4	
<i>philith 35mcg/0.4mg tab</i>	90D	4		4	
<i>pimtrea tab</i>	90D	4		4	
<i>pirmella 1mg/35mcg tab</i>	90D	4		4	
<i>portia-28 tab</i>	90D	4		4	
PREFEST TAB	90D; HRM	4		4	
PREMARIN 0.625MG/GM CREAM	90D	3		3	
<i>previfem 35mcg/0.25mg tab</i>	90D	4		4	
<i>reclipsen 0.15mg/30mcg tab</i>	90D	4		4	
<i>solia 0.15mg/30mcg tab</i>	90D	4		4	
<i>sprintec 28 tab</i>	90D	4		4	
<i>sronyx 20mcg/0.1mg tab</i>	90D	4		4	
<i>tri-legest fe tab</i>	90D	4		4	
<i>tri-linyah tab</i>	90D	1	G	1	
<i>tri-previfem tab</i>	90D	1	G	1	
<i>tri-sprintec tab</i>	90D	1	G	1	
<i>trinessa tab</i>	90D	1	G	1	
<i>trivora-28 tab</i>	90D	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
VAGIFEM 10mcg TAB	90D	4		4	
<i>velivet tab</i>	90D	1	G	1	
<i>vestura 3mg/0.02mg tab</i>	90D	4		4	
VIVELLE-DOT 0.025MG/24HR, 0.0375MG/24HR, 0.075MG/24HR, 0.05MG/24HR, 0.1MG/24HR PATCH QL-8 PATCHES 28 DY	90D; HRM; QL	4	PA	4	PA
<i>vyfemla 35mcg/0.4mg tab</i>	90D	4		4	
<i>wera 0.5mg/35mcg tab</i>	90D	4		4	
<i>wymzya fe 35mcg/0.4mg tab</i>	90D	4		4	
<i>zenchent 35mcg/0.4mg tab</i>	90D	4		4	
<i>zenchet fe 35mcg/0.4mg tab</i>	90D	4		4	
<i>zovia 1mg/35mcg, 1mg/50mcg tab</i>	90D	4		4	
Progestins					
<i>amethia tab</i>	90D	4		4	
<i>camila 0.35mg tab</i>	90D	1	G	1	
<i>camrese lo tab</i>	90D	4		4	
<i>camrese tab</i>	90D	4		4	
CRINONE 8% GEL		4		4	
<i>errin 0.35mg tab</i>	90D	1	G	1	
<i>introvale 0.15mg/0.03mg tab</i>	90D	4		4	
<i>jolivette 0.35mg tab</i>	90D	1	G	1	
<i>levonorgestrel/ethinyl estradiol 0.15mg/0.03mg tab</i>	90D	4		4	
<i>lyza 0.35mg tab</i>	90D	1	G	1	
<i>medroxyprogesterone acet 150mg/ml vial QL-1ML 90 DY</i>	90D; QL	4		4	
<i>medroxyprogesterone acet 2.5mg, 5mg, 10mg tab</i>	90D	1	G	1	
<i>my way 1.5mg tab</i>		1	G	1	
<i>next choice 1.5mg tab</i>		1	G	1	
<i>nora-be 0.35mg tab</i>	90D	1	G	1	
<i>norethindrone 0.35mg tab</i>	90D	1	G	1	
<i>norethindrone acet 5mg tab</i>	90D	1	G	1	
<i>progesterone 100mg, 200mg cap</i>	90D	2		2	
<i>quasense 0.03mg/0.15mg tab</i>	90D	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
EVISTA 60MG TAB QL-30 QY 30 DY	90D; QL	3		3	
raloxifene hydrochloride 60mg tab QL-30 QY 30 DY	90D; QL	2		2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)					
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>					
levothroid 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg tab	90D	1	G	1	
levothyroxine 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg tab	90D	1	G	1	
levoxyl 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg tab	90D	3		3	
liothyronine 5mcg, 25mcg, 50mcg tab	90D	1	G	1	
SYNTHROID 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG TAB	90D	3		3	
THYROLAR 15MG, 30MG, 60MG, 120MG, 180MG TAB	90D	4		4	
unithroid 25mcg, 50mcg, 75mcg, 88mcg 100mcg, 112mcg, 125mg, 137mcg 150mcg, 175mcg, 200mcg, 300mcg tab	90D	1	G	1	
Hormonal Agents, Suppressant (Adrenal)					
<i>Hormonal Agents, Suppressant (Adrenal)</i>					
LYSODREN 500MG TAB		3		3	
Hormonal Agents, Suppressant (Parathyroid)					
<i>Hormonal Agents, Suppressant (Parathyroid)</i>					
paricalcitol 1mcg, 2mcg, 4mcg cap QL-30 QY 30 DY	QL	2	PA	2	PA
SENSIPAR 30MG, 60MG TAB QL-60 QY 30 DY	QL	3		3	
SENSIPAR 90MG TAB QL-120 QY 30 DY	QL	3		3	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>cabergoline 0.5mg tab</i>	90D	4		4	
FIRMAGON 120MG VIAL QL-2 VIALS 28 DY	QL	5	PA	5	PA
<i>leuprolide acet 1mg/0.2ml kit</i>		4	PA	4	PA
LUPRON DEPOT 3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG, 45MG KIT		5	PA	5	PA
LUPRON DEPOT-PED 11.25MG, 15MG, 30MG KIT		5	PA	5	PA
<i>octreotide 50mcg/ml; 100mcg/ml; 200mcg/ml; 500mcg/ml; 1000mcg/ml inj</i>		4	PA	4	PA
SANDOSTATIN LAR DEPOT 10MG, 20MG, 30MG KITS		5	PA	5	PA
SIGNIFOR 0.6MG/ML, 0.9MG/ML SOLN QL-60 ML 30 DY	QL	5	PA	5	PA
SOMATULINE DEPOT 120MG/0.5ML SOLN QL-1 INJ 28 DY	QL	5	PA	5	PA
SOMATULINE DEPOT 60MG/0.2ML SOLN QL-1 INJ 28 DY	QL	5	PA	5	PA
SOMATULINE DEPOT 90MG/0.3ML SOLN QL-1 INJ 28 DY	QL	5	PA	5	PA
SOMAVERT 10MG, 15MG, 20MG VIALS		5	PA	5	PA
SYNAREL AERO 2MG/ML		5	PA	5	PA
TRELSTAR DEPOT 3.75MG SUSR QL-1 VIAL 28 DY	QL	5		5	
TRELSTAR LA 11.25MG SUSR QL-1 VIAL 84 DY	QL	5		5	
TRELSTAR MIXJECT 22.5MG SUSR QL-1 VIAL 168 DY	QL	5		5	
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)					
<i>Antiandrogens</i>					
<i>bicalutamide 50mg tab QL-30 QY 30 DY</i>	90D; QL	1	G	1	
<i>flutamide 125mg cap</i>	90D	2		2	
NILANDRON 150MG TAB		3		3	
XTANDI 40MG CAP QL-120 QY 30 DY	QL	5	PA	5	PA

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
Antithyroid Agents					
<i>methimazole 5mg, 10mg tab</i>	90D	1	G	1	
<i>propylthiouracil 50mg tab</i>	90D	1	G	1	
Immunological Agents					
Immune Suppressants					
<i>azathioprine 100mg soln</i>		1	G	1	
<i>azathioprine 50mg tab</i>	90D	1	G	1	
BENLYSTA 120MG, 400MG SOLN		5	PA	5	PA
CELLCEPT 200MG/ML SUSPENSION	B v D	4	PA	4	PA
CIMZIA 400MG KIT QL- 6ML 28 DY	QL	5	PA	5	PA
CIMZIA 400MG/2ML KIT QL- 6ML 28 DY	QL	5	PA	5	PA
<i>cyclosporine 25mg, 100mg cap</i>	B v D	2	PA	2	PA
<i>cyclosporine modified 100mg/ml soln oral</i>	B v D	2	PA	2	PA
<i>cyclosporine modified 25mg, 50mg, 100mg cap</i>	B v D	2	PA	2	PA
ENBREL 25MG KIT QL-16 INJ 30 DY	QL	5	PA	5	PA
ENBREL 25MG/0.5ML SOLN QL- 16 SYRINGES 30 DY	QL	5	PA	5	PA
ENBREL 50MG/ML SOLN QL-8 SYRINGES 28 DY	QL	5	PA	5	PA
ENBREL PEN 50MG/ML SOLN QL- 8 SYRINGES 28 DY	QL	5	PA	5	PA
<i>gengraf 100mg/ml soln oral</i>	B v D	2	PA	2	PA
<i>gengraf 25mg, 100mg cap</i>	B v D	2	PA	2	PA
HUMIRA 20MG/0.4ML KIT QL-2 SYRINGES 30 DY	QL	5	PA	5	PA
HUMIRA 40MG/0.8ML KIT QL-6 SYRINGES 30 DY	QL	5	PA	5	PA
HUMIRA PEN 40MG/0.8ML QL-6 SYRINGES 30 DY	QL	5	PA	5	PA
KINERET SYRINGE 100MG/0.67ML QL-30 SYRINGES 30 DY	QL	5	PA	5	PA
<i>methotrexate 1g vial</i>		1	G	1	
<i>methotrexate 2.5mg tab</i>	90D	1	G	1	
<i>methotrexate 25mg/ml vial</i>		1	G	1	

G: We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>mycophenolate mofetil 250mg cap</i>	B v D	4	PA	4	PA
<i>mycophenolate mofetil 500mg tab</i>	B v D	4	PA	4	PA
NEORAL 100MG/ML SOLN ORAL	B v D	4	PA	4	PA
NEORAL 25MG, 100MG CAP	B v D	4	PA	4	PA
NULOJIX 250MG		5	PA	5	PA
ORENCIA 125MG/1ML SYRINGE QL-4 QY 28 DY	QL	5	PA	5	PA
ORENCIA 250MG VIAL		5	PA	5	PA
RAPAMUNE 0.5MG TAB	B v D	4	PA	4	PA
RAPAMUNE 1MG TAB	B v D	4	PA	4	PA
RAPAMUNE 1MG/ML ORAL SOLN	B v D	4	PA	4	PA
RAPAMUNE 2MG TAB	B v D	4	PA	4	PA
REMICADE 100MG VIAL		5	PA	5	PA
SANDIMMUNE 100MG/ML SOLN ORAL	B v D	4	PA	4	PA
SANDIMMUNE 25MG, 100MG CAP	B v D	4	PA	4	PA
SIMPONI 100MG/ML SYRINGE QL-3 ML 30 DY	QL	5	PA	5	PA
SIMPONI 50MG/0.5ML SYRINGE QL-1 SYRINGE 30 DY	QL	5	PA	5	PA
SIMPONI ARIA 50MG/4ML QL-1 ML 30 DY	QL	5	PA	5	PA
<i>sirolimus 0.5mg tab</i>	B v D	4	PA	4	PA
<i>tacrolimus 0.5mg cap</i>	B v D	4	PA	4	PA
<i>tacrolimus 1mg cap</i>	B v D	4	PA	4	PA
<i>tacrolimus 5mg cap</i>	B v D	4	PA	4	PA
ZORTRESS 0.25MG, 0.5MG, 0.75MG TAB	B v D	4	PA	4	PA
Immunizing Agents, Passive					
BIVIGAM 10% VIAL	B v D	5	PA	5	PA
CARIMUNE NAONFILTERED 3G VIAL	B v D	5	PA	5	PA
GAMMAGARD LIQUID 10% VIAL	B v D	5	PA	5	PA
GAMMAGARD S/D 2.5G, 5G, 10G VIAL	B v D	5	PA	5	PA
GAMMAPLEX 5% SOLN	B v D	5	PA	5	PA
GAMUNEX 10% VIAL	B v D	5	PA	5	PA
HIZENTRA 10GM/50ML SOLN		5	PA	5	PA
PRIVIGEN 10% VIAL	B v D	5	PA	5	PA
THYMOGLOBULIN 45MG SOLR	B v D	5	PA	5	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
ACTEMRA 162MG/0.9ML SYRINGE QL-4 SYR 28 QY	QL	5	PA	5	PA
ACTEMRA 200MG/10ML VIAL QL-2 VIALS 28 DY	QL	5	PA	5	PA
ACTIMMUNE 2MM/0.5ML VIAL		5		5	
ARCALYST 220MG VIAL QL-8 VIALS 30 DY	QL	5	PA	5	PA
AVONEX 30MCG QL-4 INJ 30 DY	QL	5	PA	5	PA
AVONEX 30MCG/0.5ML KIT QL-4 INJ 30 DY	QL	5	PA	5	PA
BETASERON 0.3MG KIT QL-15 SYRINGES 30 DY	QL	5	PA	5	PA
EXTAVIA 0.3MG KIT QL-15 SYRINGES 30 DY	QL	5	PA	5	PA
ILARIS 180MG VIAL QL-1 VIAL 28 DY	QL	5	PA	5	PA
<i>leflunomide 10mg, 20mg tab</i>	90D	2		2	
REBIF 22MCG/0.5ML, 44MCG/0.5ML SYRINGE QL-12 INJ 28 DY	QL	5	PA	5	PA
REBIF TITRATION PACK QL-12 INJ 28 DY	QL	5	PA	5	PA
RIDAURA 3MG CAP	90D	3		3	
TECFIDERA 120MG, 240MG CAP QL-60 QY 30 DY	QL	5	PA	5	PA
TECFIDERA STARTER PACK QL-60 QY 30 DY	QL	5	PA	5	PA
TYSABRI 300MG/15ML VIAL		5	PA	5	PA
XELJANZ 5MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
Vaccines					
ACTHIB 10MCG/0.5 VIAL		4		4	
ADACEL 2-2.5-5MGC/.5ML VIAL		4		4	
BOOSTRIX 18.5MCG-0.5ML/2.5LF-0.5ML/5LF-0.5ML SYRINGE		4		4	
BOOSTRIX 18.5MCG-0.5ML/2.5LF-0.5ML/5LF-0.5ML VIAL		4		4	
CERVARIX 0.5ML SYRINGE		4		4	
COMVAX 7.5MCG/0.5ML; 5MCG/0.5ML VIAL		4		4	
DAPTACEL 10MCG-15LF-5LF/0.5ML VIAL		4		4	
DECAVAC 5LFU/2LFU SYRINGE		3		3	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
DIPHTHERIA/TETANUS TOXOID ADSORBED PEDIATRIC 25LFU-5LFU/0.5ML INJ		3		3	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC 6.7LFU-5LFU/0.5ML INJ		3		3	
ENGERIX-B 10MCG/0.5ML INJ	B v D	3	PA	3	PA
ENGERIX-B 20MCG/ML INJ	B v D	3	PA	3	PA
GARDASIL 0.5ML VIAL		4		4	
HAVRIX 1440ELU/ML INJ		4		4	
HAVRIX 720ELU/0.5ML INJ		4		4	
HIBERIX 10MCG/0.5ML VIAL		4		4	
IMOVAX RABIES 2.5 UNIT INJ		4		4	
INFANRIX 25LFU-58MCG-10LFU/0.5ML VIAL		3		3	
IPOL INACTIVATED IPV 0 VIAL		3		3	
IXIARO 6MCG/0.5ML SUSP		4		4	
JE-VAX VIAL		4		4	
KINRIX SYRINGE QL-1 INJ 365 DY	QL	4		4	
M-M-R II 12500/0.5 VIAL		3		3	
MENACTRA 4MCG/0.5ML VIAL		4		4	
MENHIBRIX 2.5MCG/5MCG/5MCG VIAL		4		4	
MENOMUNE-A/C/Y/W-135 50MCG VIAL		3		3	
MENVEO 10-5/0.5ML VIAL		4		4	
PEDIARIX 58MCG-25LFU-10MCG-10LFU/0.5ML VIAL		4		4	
PEDVAX HIB 7.5MCG/0.5ML VIAL		4		4	
PENTACEL 48MCG-15LFU-5LFU/0.5ML KIT QL-3 INJ 30 DY	QL	4		4	
PROQUAD VIAL		4		4	
RABAVERT 2.5 UNIT KIT		4		4	
RECOMBIVAX HB 10MCG/ML, 40MCG/ML, 5MCG/0.5ML VIALS	B v D	4	PA	4	PA
ROTARIX SUSPENSION		3		3	
ROTATEQ SUSPENSION		3		3	
TENIVAC 2LFU/5LFU SYRINGE		3		3	
TENIVAC 2LFU/5LFU VIAL		3		3	
<i>tetanus toxoid adsorbed 5lf/0.5ml vial</i>		3		3	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
TETANUS/DIPHThERIA TOXOIDS-ADSORBED 2LF/0.5MLVIAL		3		3	
TWINRIX VIAL		4		4	
TYPHIM VI 25MCG/0.5ML VIAL		4		4	
VAQTA 25UNIT/0.5ML VIAL		4		4	
VARIVAX 1350UNIT VIAL		3		3	
YF-VAX VIAL		3		3	
ZOSTAVAX 19400UNIT VIAL QL-1 INJ 365 DY	QL	3		3	
Inflammatory Bowel Disease Agents					
<i>Aminosalicylates</i>					
APRISO 0.375G CAP QL-120 QY 30 DY	90D; QL	3		3	
ASACOL 400MG TAB	90D	4		4	
ASACOL HD 800MG TAB	90D	4		4	
<i>balsalazide 750mg cap</i>	90D	2		2	
CANASA 1000MG SUPP RECTAL	90D	3		3	
DELZICOL 400MG CAP	90D	4		4	
DIPENTUM 250MG CAP	90D	4		4	
LIALDA 1.2G TAB QL-120 QY 30 DY	90D; QL	4		4	
<i>mesalamine 4g/60ml enema</i>	90D	2		2	
PENTASA 250MG, 500MG CAP	90D	4		4	
<i>Glucocorticoids</i>					
<i>budesonide ec 3mg cap</i>	90D	4		4	
<i>hydrocortisone 100mg/60ml enema</i>		2		2	
<i>Sulfonamides</i>					
<i>sulfasalazine 500mg tab</i>	90D	1	G	1	
<i>sulfazine ec 500mg tab</i>	90D	1	G	1	
Metabolic Bone Disease Agents					
<i>Metabolic Bone Disease Agents</i>					
ACTONEL 150MG TAB QL-1 QY 30 DY	90D; QL	4	ST	4	ST
ACTONEL 35MG TAB QL-4 QY 28 DY	90D; QL	4	ST	4	ST
ACTONEL 5MG, 30MG TAB QL-30 QY 30 DY	QL	4	ST	4	ST

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>alendronate 5mg, 10mg, 35mg, 40mg, 70mg tab</i>	90D	1	G	1	
BONIVA 3MG/3ML SOLN QL-3ML 90 DY	QL	3		3	
<i>calcitonin-salmon 200 unit/dose aero</i>	90D	2		2	
<i>calcitriol 0.25mcg, 0.5mcg cap</i>	90D	2		2	
<i>calcitriol 1mcg/ml ampul</i>		2		2	
<i>calcitriol 1mcg/ml soln oral</i>	90D	2		2	
<i>doxercalciferol 0.5mcg, 1mcg, 2.5mcg cap</i>		4		4	
<i>etidronate 200mg, 400mg tab</i>	90D	4		4	
FORTEO 20MCG/DOSE QL-1 PEN 28 DY	QL	5	PA	5	PA
<i>fortical 200unit/dose nasal soln</i>	90D	2		2	
HECTOROL 0.5MCG, 1MCG, 2.5MCG CAP		4		4	
<i>ibandronate sodium 150mg tab QL-1 QY 30 DY</i>	90D; QL	2		2	
<i>pamidronate 30mg/10ml; 60mg/10ml; 90mg/10ml vial</i>		4		4	
PROLIA 60MG/ML SOLN QL-1 INJ 180 DY	QL	4		4	
SKELID 200MG TAB	90D	4		4	
XGEVA 120MG/1.7ML SOLN		5	PA	5	PA
ZEMPLAR 1MCG, 2MCG, 4MCG CAP QL-30 QY 30 DY	QL	3		3	
<i>zoledronic acid 4mg/5ml conc</i>		5	PA	5	PA
ZOMETA 4MG/100ML SOLN		5	PA	5	PA
ZOMETA 4MG/5ML VIAL		5	PA	5	PA
Miscellaneous Therapeutic Agents					
<i>Miscellaneous Therapeutic Agents</i>					
BOTOX 100 UNIT VIAL QL-4 VIALS 84 DY	QL	4	PA	4	PA
BOTOX 200 UNIT VIAL QL-2 VIALS 84 DY	QL	4	PA	4	PA
<i>formepizole 1g/ml vial</i>		5	PA	5	PA
INSULIN PEN NEEDLE	90D	3		3	
INSULIN SAFETY SYRINGE	90D	4		4	
INSULIN SYRINGE	90D	3		3	
<i>intralipid 20% emulsion</i>	B v D	4	PA	4	PA

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
INTRALIPID 30% EMULSION	B v D	4	PA	4	PA
levocarnitine 330mg tab	90D; B v D	4	PA	4	PA
LIPOSYN II 10%, 20% EMUL	B v D	4	PA	4	PA
LIPOSYN III 10%, 20% EMUL	B v D	4	PA	4	PA
LIPOSYN III 30% VIAL	B v D	4	PA	4	PA
MEGACE ES 625MG/5ML ORAL SUSP QL-150ML 30 DY	90D; HRM; QL	4		4	
megestrol acet 20mg, 40mg tab	90D; HRM	2		2	
megestrol acet 400mg/10ml suspension	90D; HRM	2		2	
methylergonovine maleate 0.2mg tab		4		4	
sodium chloride 0.9%irrigation		2		2	
V-GO 20, V-GO 30, V-GO 40	90D	4		4	
VORAXAZE 1000UNIT SOLR		5	PA	5	PA
Ophthalmic Agents					
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>					
latanoprost 0.005% QL-2.5ML 30 DY	90D; QL	1	G	1	
LUMIGAN 0.01%, 0.03% DROPS QL-5ML 30 DY	90D; QL	3		3	
TRAVATAN Z 0.004% QL-5ML 30 DY	90D; QL	4		4	
travoprost 0.004% soln QL-5ML 30 DY	90D; QL	4		4	
<i>Ophthalmic Agents, Other</i>					
AZASITE 1% DROPS QL-2.5ML 14 DY	QL	3		3	
bacitracin 500 unit/g oint		2		2	
bacitracin/polymyxin b 500unit/10k/g oint		2		2	
BESIVANCE 0.6% SUSP QL-5ML 30 DY	QL	4		4	
CILOXAN 0.3% OINT		3		3	
ciprofloxacin 0.3% drops		2		2	
erythromycin 5mg/g oint		2		2	
gentak 0.3% oint		2		2	
gentamicin sulfate 0.3% opht drops		2		2	
LACRISERT 5MG INSERT		4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>levofloxacin 0.5% drops</i>		1	G	1	
MOXEZA 0.5% DROPS QL-3ML 30 DY	QL	4		4	
NATACYN 5% SUSPENSION		3		3	
<i>neomycin /bacitracin /hydrocortisone 3.5-10k-1 oint</i>		2		2	
<i>neomycin /bacitracin /polymyxin 3.5mg-400 oint</i>		2		2	
<i>neomycin /polymyxin /gramicidin 1.75mg-10k drops</i>		2		2	
<i>ofloxacin 0.3% ophth soln</i>		2		2	
RESTASIS 0.05% QL-64 VIALS 30 DY	90D; QL	3		3	
<i>romycin 5mg/gm oint</i>		2		2	
<i>sodium sulfacetamide ophth 10% drops</i>		2		2	
<i>sodium sulfacetamide ophth 10% ointment</i>		4		4	
<i>tobramycin sulfate 0.3% ophth drops</i>		2		2	
TOBREX 0.3% OPHTH OINT		3		3	
<i>trifluridine 1% drops</i>		2		2	
<i>trimethoprim sulf/poly b sulfate 10000units-1ml/0.1%drops</i>		1	G	1	
<i>tropicamide 0.5%, 1% drops</i>	90D	2		2	
VIGAMOX 0.5% DROPS QL-3ML 30 DY	QL	4		4	
ZYMAXID 0.5% DROPS QL-2.5ML 30 DY	QL	4		4	
Ophthalmic Anti-allergy Agents					
<i>ak-con 0.1% drops</i>		2		2	
ALOCRIAL 2% DROPS QL-10ML 30 DY	QL	4		4	
ALOMIDE 0.1% DROPS		4		4	
<i>azelastine 0.05% drops</i>		2		2	
BEPREVE 1.5% DROPS QL-10ML 30 DY	90D; QL	4		4	
<i>cromolyn 4% drops</i>		2		2	
EMADINE 0.05% DROPS	90D	4		4	
<i>epinastine 0.05% drops</i>	90D	2		2	
LASTACAPT 0.25% DROPS QL-3ML 30 DY	90D; QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
PATADAY 0.2% DROPS QL-2.5ML 30 DY	90D; QL	4		4	
PATANOL 0.1% DROPS QL-5ML 30 DY	90D; QL	4		4	
<i>Ophthalmic Anti-inflammatories</i>					
ACUVAIL 0.45% OPHTH DROPS QL-60 VIALS 30 DY	QL	4		4	
ALREX 0.2% SUSP QL-15ML 30 DY	QL	3		3	
BLEPHAMIDE 0.2%/10% SUSPENSION		3		3	
BLEPHAMIDE S.O.P. 0.2%/10% OINT		3		3	
BROMDAY 0.09% OPHTHALMIC SOLN QL-1.7ML 30 DY	QL	4		4	
<i>bromfenac 0.09% ophthalmic soln QL-3ML 30 DY</i>	QL	4		4	
<i>dexamethasone sod phos 0.1% drops</i>		2		2	
<i>diclofenac 0.1% drops</i>		2		2	
DUREZOL 0.05% DROPS		4		4	
FLAREX 0.1% SUSPENSION		4		4	
<i>fluorometholone 0.1% suspension</i>		2		2	
<i>flurbiprofen 0.03% drops</i>		2		2	
FML 0.1% OINT		3		3	
FML FORTE 0.25% SUSPENSION		3		3	
ILEVRO 0.3% SUSPENSION QL-1.70ML 30 DY	QL	4		4	
<i>ketorolac trometh 0.4%, 0.5% ophth soln QL-10ML 30 DY</i>	QL	2		2	
LOTEMAX 0.5% GEL		3		3	
LOTEMAX 0.5% OINTMENT		3		3	
LOTEMAX 0.5% SUSPENSION		3		3	
MAXIDEX 0.1% SUSPENSION		3		3	
<i>neomycin /poly/hydrocort 3.5-10k-10 ophth susp</i>		2		2	
<i>neomycin /polymyxin /dexameth 0.1% suspension</i>		2		2	
<i>neomycin /polymyxin /dexameth 3.5-10k-.1 oint</i>		2		2	
NEVANAC 0.1% SUSP QL-3ML 30 DY	QL	4		4	
<i>poly-dex 0.1%/2.5mg-gm/1000unit-gm oint</i>		2		2	
PRED MILD 0.12% SUSPENSION		3		3	

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
PRED-G 0.3%/1% SUSPENSION		3		3	
PRED-G S.O.P. 0.3%/0.6% OINT		3		3	
<i>prednisolone acet 1% ophth susp</i>		2		2	
<i>prednisolone sod phos 1% ophth drops</i>		2		2	
PROLENSA 0.07% SOLN QL-3.4ML 30 DY	QL	4		4	
<i>sulfacetamide/predn sod phosp 10%/0.25% drops</i>		2		2	
TOBRADEX 0.1%/0.3% OINT		4		4	
TOBRADEX ST 0.05%/0.3% SUSP		4		4	
<i>tobramycin/dexamethasone 0.1%/0.3% susp</i>		2		2	
VEXOL 1% SUSPENSION		4		4	
ZYLET 0.5%/0.3% SUSPENSION		3		3	
Ophthalmic Antiglaucoma Agents					
ALPHAGAN P 0.1%, 0.15% OPTH DROPS	90D	3		3	
<i>apraclonidine 0.5% drops</i>	90D	2		2	
AZOPT 1% SUSPENSION	90D	4		4	
<i>betaxolol 0.5% drops</i>	90D	1	G	1	
BETIMOL 0.25%, 0.5% DROPS	90D	4		4	
BETOPTIC-S 0.25% SUSPENSION	90D	4		4	
<i>brimonidine tart 0.15% ophth drops</i>	90D	4		4	
<i>brimonidine tart 0.2% ophth drops</i>	90D	1	G	1	
<i>carteolol 1% drops</i>	90D	1	G	1	
COMBIGAN 0.2%/ 0.5% DROPS QL-10ML 30 DY	90D; QL	3		3	
<i>dorzolamide 2% drops</i>	90D	2		2	
<i>dorzolamide/timolol 2%/0.5% drops QL-10ML 30 DY</i>	90D; QL	2		2	
ISTALOL 0.5% DROPS	90D	3		3	
<i>levobunolol 0.25%, 0.5% drops</i>	90D	1	G	1	
<i>metipranolol 0.3% drops</i>	90D	1	G	1	
PHOSPHOLINE IODIDE 0.125% DROPS	90D	3		3	
PILOPINE HS 4% GEL	90D	3		3	
SIMBRINZA 0.2%/1% SUSP		4		4	
<i>timolol 0.25%, 0.5% drops</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>timolol drops 0.25%, 0.5% gel</i>	90D	1	G	1	
Otic Agents					
<i>Otic Agents</i>					
<i>acetic acid 2% soln</i>		2		2	
<i>acetic acid/hydrocort 2%/1% soln</i>		4		4	
CIPRO HC 0.2%-1% SUSPENSION		4		4	
CIPRODEX 0.3%-0.1% SUSPENSION		3		3	
COLY-MYCIN S 3MG/ML; 10MG/ML; 3.3MG/ML SUSPENSION		4		4	
CORTISPORIN-TC 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML DROPS		4		4	
<i>fluocinolone acetone 0.01% drops</i>		2		2	
<i>neomycin /poly/hydrocort 3.5-10k-1 otic susp</i>		2		2	
<i>neomycin /polymyxin /hc 3.5-10k-1 otic soln</i>		2		2	
<i>ofloxacin 0.3% otic soln</i>		2		2	
Respiratory Tract Agents					
<i>Anti-inflammatories, Inhaled Corticosteroids</i>					
ADVAIR 100/50MCG, 250/50MCG, 500/50MCG DISKUS QL-1 DISKUS 30 DY	90D; QL	3		3	
ADVAIR 45/21MCG, 115/21MCG, 230/21MCG HFA QL-1 INHALER 30 DY	90D; QL	3		3	
ALVESCO 80MCG, 160MCG HFA INHALER QL-2 INHALERS 30 DY	90D; QL	4		4	
ASMANEX 110MCG(30); 220MCG(30); 220MCG(60); 220MCG(120) INHALER QL-1 INHALER 30 DY	90D; QL	3		3	
BECONASE AQ 42MCG QL-2 BOTTLES 30 DY	90D; QL	4		4	
<i>budesonide 0.25mg/2ml, 0.5mg/2ml neb QL-60 VIALS 30 DY</i>	B v D; QL	4	PA	4	PA
DULERA HFA 5MCG/100MCG; 5MCG/200MCG INHALER QL-1 INHALER 30 DY	90D; QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
FLOVENT 50MCG, 100MCG, 250MCG DISKUS QL-1 DISKUS 30 DY	90D; QL	3		3	
FLOVENT HFA 44MCG, 110MCG, 220MCG INHALER QL-2 INHALERS 30 DY	90D; QL	3		3	
<i>flunisolide 25mcg aero</i>	90D	1	G	1	
<i>flunisolide 29mcg aero</i>	90D	1	G	1	
<i>fluticasone propionate 50mcg spray</i>	90D	1	G	1	
NASONEX 50MCG SPRAY QL-2 BOTTLES 30 DY	90D; QL	3		3	
OMNARIS 50MCG QL-1 INHALER 30 DY	90D; QL	4		4	
PULMICORT 90MCG, 180MCG FLEXHALER QL-2 INHALERS 30 DY	90D; QL	4		4	
QVAR 40MCG, 80MCG INHALER QL-2 INHALERS 30 DY	90D; QL	4		4	
RHINOCORT AQUA 32MCG SPRAY QL-2 BOTTLES 30 DY	90D; QL	4		4	
SYMBICORT 80MCG, 160MCG AERO QL-1 INHALER 30 DY	90D; QL	3		3	
<i>triamcinolone acetonide 55mcg/act inhaler QL-2 BOTTLES 30 DY</i>	90D; QL	4		4	
ZETONNA 37MCG/ACT INHALER QL-1 INHALER 30 DY	90D; QL	4		4	
Antihistamines					
<i>azelastine 137mcg nasal spray</i>	90D	2		2	
<i>carbinoxamine 4mg tab</i>	90D; HRM	2		2	
<i>carbinoxamine 4mg/5ml liquid</i>	90D; HRM	2		2	
<i>clemastine 0.67mg/5ml syrup</i>	90D; HRM	2		2	
<i>clemastine 2.68mg tab</i>	90D; HRM	2		2	
<i>cyproheptadine hcl 2mg/5ml syrup</i>	90D; HRM	4		4	
<i>dexchlorpheniramine 2mg/5ml syrup</i>	90D; HRM	2		2	
<i>hydroxyzine 25mg/ml, 50mg/ml vial</i>	HRM	1	G	1	
<i>levocetirizine dihydrochloride 5mg tab QL-30 QY 30 DY</i>	90D; QL	4	ST	4	ST

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
PATANASE 0.6% SPRAY QL-1 BOTTLE 25 DY	90D; QL	4		4	
SEMPREX-D 8MG/60MG CAP	90D	4		4	
Antileukotrienes					
montelukast sodium 10mg tab QL-30 QY 30 DY	90D; QL	2		2	
montelukast sodium 4mg, 5mg chewable tab QL-30 QY 30 DY	90D; QL	2		2	
SINGULAIR 4MG PACKET QL-30 QY 30 DY	90D; QL	3		3	
zafirlukast 10mg, 20mg tab QL-60 QY 30 DY	90D; QL	4		4	
ZYFLO 600MG TAB QL-120 QY 30 DY	90D; QL	4		4	
Bronchodilators, Anticholinergic					
ATROVENT HFA 17MCG INHALER QL-2 INHALERS 30 DY	90D; QL	3		3	
COMBIVENT 18MCG/103MCG INHALER QL-2 INHALERS 30 DY	90D; QL	3		3	
COMBIVENT RESPIMAT 20MCG/100MCG INHALER QL-2 INHALERS 30 DY	90D; QL	3		3	
ipratropium bromide 0.2mg/ml soln, neb	B v D	1	G; PA	1	PA
ipratropium bromide 21mcg, 42mcg nasal soln	90D	1	G	1	
ipratropium bromide/albuterol sulfate 0.5mg-3mg/3ml neb	B v D	4	PA	4	PA
SPIRIVA 18MCG HANDIHALER CAP QL-30 QY 30 DY	90D; QL	3		3	
TUDORZA PRESSAIR 400MCG INHALER QL-1 QY 30 DY	90D; QL	3		3	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)					
aminophylline 250mg/10ml vial		1	G	1	
ELIXOPHYLLIN 80MG/15ML ELIXIR	90D	3		3	
THEO-24 100MG, 200MG, 400MG CAP QL-30 QY 30 DY	90D; QL	4		4	
THEO-24 300MG CAP QL-60 QY 30 DY	90D; QL	4		4	
theochron 100mg, 200mg, 300mg tab	90D	1	G	1	
theophylline er 100mg, 200mg, 300mg, 450mg tab	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>theophylline er 400mg, 600mg tab, sr</i>	90D	1	G	1	
Bronchodilators, Sympathomimetic					
<i>albuterol sulf 0.083% neb</i>	B v D	1	G; PA	1	PA
<i>albuterol sulf 0.5% neb</i>	B v D	1	G; PA	1	PA
<i>albuterol sulf 0.63mg/3ml, 1.25mg/3ml neb</i>	B v D	1	G; PA	1	PA
<i>albuterol sulf 2mg, 4mg tab</i>	90D	1	G	1	
<i>albuterol sulf 2mg/5ml syrup</i>	90D	1	G	1	
<i>albuterol sulf 4mg, 8mg er tab</i>	90D	1	G	1	
ARCAPTA NEOHALER 75MCG QL-30 QY 30 DY	90D; QL	4		4	
BROVANA 15MCG/2ML NEB QL-60 VIALS 30 DY	B v D; QL	4	PA	4	PA
<i>epinephrine 0.1mg/ml syringe</i>		1	G	1	
EPIPEN 0.3MG/0.3ML QL-2 INJ 30 DY	QL	3		3	
EPIPEN-JR 0.15MG/0.3ML QL-2 INJ 30 DY	QL	3		3	
FORADIL 12MCG AERO CAP QL-60 QY 30 DY	90D; QL	3		3	
<i>levalbuterol 0.31mg/3ml neb QL-120 VIALS 30 DY</i>	B v D; QL	4	PA	4	PA
<i>levalbuterol 0.63mg/3ml neb</i>	B v D	4	PA	4	PA
<i>levalbuterol 1.25mg/0.5ml neb QL-90 VIALS 30 DY</i>	B v D; QL	4	PA	4	PA
<i>levalbuterol 1.25mg/3ml neb QL-96 VIALS 30 DY</i>	B v D; QL	4	PA	4	PA
<i>metaproterenol sulfate 10mg, 20mg tab</i>	90D	1	G	1	
<i>metaproterenol sulfate 10mg/5ml syrup</i>	90D	1	G	1	
PERFOROMIST 20MCG/2ML NEB QL-60 VIALS 30 DY	B v D; QL	4	PA	4	PA
PROAIR HFA 90MCG INHALER QL-2 INHALERS 30 DY	90D; QL	3		3	
PROVENTIL HFA 90MCG INHALER QL-2 INHALERS 30 DY	90D; QL	4		4	
SEREVENT DISKUS 50MCG QL-1 DISKUS 30 DY	90D; QL	4		4	
<i>terbutaline sulfate 2.5mg, 5mg tab</i>	90D	1	G	1	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
VENTOLIN HFA 90MCG INHALER QL-2 INHALERS 30 DY	90D; QL	3		3	
XOPENEX HFA 45MCG QL-2 INHALERS 30 DY	90D; QL	4		4	
Mast Cell Stabilizers					
<i>cromolyn 20mg/2ml neb</i>	B v D	2	PA	2	PA
Pulmonary Antihypertensives					
ADCIRCA 20MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
ADEMPAS 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG TAB QL-90 QY 30 DY	QL	5	PA	5	PA
LETAIRIS 5MG, 10MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
OPSUMIT 10MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
<i>sildenafil citrate 20mg tab QL-90 QY 30 DY</i>	QL	5	PA	5	PA
TRACLEER 62.5MG, 125MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
VENTAVIS 10MCG/ML, 20MCG/ML AMPUL		5	PA	5	PA
Respiratory Tract Agents, Other					
<i>acetylcysteine 100mg/ml, 200mg/ml vial</i>	B v D	1	G; PA	1	PA
ARALAST NP 500MG VIAL		5	PA	5	PA
DALIRESP 500MCG TAB QL-30 QY 30 DY	90D; QL	3		3	
KALYDECO 150MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
PROLASTIN-C 1000MG VIAL		5	PA	5	PA
PULMOZYME 1MG/ML SOLN NON-ORAL	B v D	5	PA	5	PA
TOBI 300MG/5ML VIAL, NEB QL-56 VIALS 28 DY	B v D; QL	5	PA	5	PA
TYZINE 0.1% DROPS		4		4	
TYZINE PEDIATRIC 0.05% NASAL DROPS		4		4	
XOLAIR 150MG VIAL		5	PA	5	PA
ZEMAIRA 1000MG VIAL		5	PA	5	PA
Sleep Disorder Agents					
GABA Receptor Modulators					
LUNESTA 1MG, 2MG, 3MG TAB QL-30 QY 30 DY	HRM; QL	4		4	

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
<i>temazepam 15mg, 30mg cap QL-30 QY 30 DY</i>	QL	2		2	
<i>triazolam 0.125mg, 0.25mg tab QL-60 QY 30 DY</i>	QL	2		2	
<i>zaleplon 5mg, 10mg cap QL-30 QY 30 DY</i>	HRM; QL	2		2	
<i>zolpidem tartrate 5mg, 10mg tab</i>	HRM	2		2	
<i>Sleep Disorders, Other</i>					
<i>modafinil 100mg, 200mg tab QL-30 QY 30 DY</i>	90D; QL	4	PA	4	PA
NUVIGIL 50MG, 150MG, 200MG, 250MG TAB QL-30 QY 30 DY	QL	4	PA	4	PA
XYREM 500MG/ML SOLN ORAL QL-540ML 30 DY	QL	5		5	
Therapeutic Nutrients/Minerals/Electrolytes					
<i>Electrolyte/Mineral Modifiers</i>					
CUPRIMINE 250MG CAP	90D	3		3	
DEPEN TITRATAB 250MG TAB	90D	3		3	
EXJADE 125MG, 250MG, 500MG TAB		5	PA	5	PA
<i>kionex powder</i>		2		2	
SAMSCA 15MG TAB QL-30 QY 30 DY	QL	5	PA	5	PA
SAMSCA 30MG TAB QL-60 QY 30 DY	QL	5	PA	5	PA
<i>sodium polystyrene sulfonate powder</i>		2		2	
SYPRINE 250MG CAP		4		4	
<i>Electrolyte/Mineral Replacement</i>					
AMINOSYN 10% IV	B v D	4	PA	4	PA
AMINOSYN 3.5% IV	B v D	4	PA	4	PA
AMINOSYN 7% IV	B v D	4	PA	4	PA
AMINOSYN 8.5% IV	B v D	4	PA	4	PA
AMINOSYN II 10% IV	B v D	4	PA	4	PA
AMINOSYN II 15% IV	B v D	4	PA	4	PA
AMINOSYN II 4.25% IV	B v D	4	PA	4	PA
AMINOSYN II 5% IV	B v D	4	PA	4	PA
AMINOSYN II 7% IV	B v D	4	PA	4	PA
AMINOSYN II 8.5% IV	B v D	4	PA	4	PA
AMINOSYN M 3.5% IV	B v D	4	PA	4	PA
AMINOSYN-HBC 7% IV	B v D	4	PA	4	PA
AMINOSYN-HF 8% IV	B v D	4	PA	4	PA
AMINOSYN-PF 10% IV	B v D	4	PA	4	PA

Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
AMINOSYN-PF 7% IV	B v D	4	PA	4	PA
CLINIMIX/DEXTROSE 2.75% IV	B v D	4	PA	4	PA
CLINISOL SF 15% IV	B v D	4	PA	4	PA
<i>dextrose 5%/electrolyte #48 viaflex</i>		2		2	
FREAMINE HBC 6.9% IV	B v D	4	PA	4	PA
FREAMINE III 3% IV	B v D	4	PA	4	PA
FREAMINE III 8.5% IV	B v D	4	PA	4	PA
HEPATAMINE 8% IV	B v D	4	PA	4	PA
HEPATASOL 8% IV	B v D	4	PA	4	PA
K-TAB 10MEQ, 20MEQ TAB, SR	90D	4		4	
<i>klor-con 20meq packet</i>	90D	1	G	1	
<i>klor-con 8meq, 10meq tab, sr</i>	90D	1	G	1	
<i>klor-con m 15meq, 20meq tab, sr</i>	90D	1	G	1	
<i>lactated ringers iv</i>		2		2	
<i>magnesium sulfate 4 meq/ml syringe</i>		2		2	
NEPHRAMINE 5.4% IV	B v D	4	PA	4	PA
<i>nutrilyte ii 1.475meq-0.225meq/1.75meq-0.25meq-1meq-1.75meq/ml vial</i>		4		4	
<i>potassium chloride 0.15%/d5w iv 20meq/l</i>		2		2	
<i>potassium chloride 2meq/ml vial</i>		2		2	
<i>potassium chloride er 8meq, 10meq cap, cr</i>	90D	1	G	1	
<i>potassium chloride er 8meq, 10meq, 20meq tab, sr</i>	90D	1	G	1	
<i>potassium chloride iv 10meq/0.1l, 10meq/50ml, 20meq/50ml, 20meq/0.1l, 30meq/0.1l, 40meq/0.1l</i>		2		2	
<i>potassium chloride iv 10meq/0.1l, 10meq/50ml, 20meq/50ml, 30meq/0.1l</i>		2		2	
<i>potassium chloride/ nacl iv 20meq/l, 40meq/l</i>		2		2	
<i>potassium chloride/d5w iv 30meq/l, 40meq/l</i>		2		2	
<i>potassium citrate er 5meq, 10meq tab</i>	90D	1	G	1	
<i>premasol iv 10%</i>	B v D	4	PA	4	PA
PREMASOL IV 6%	B v D	4	PA	4	PA

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Drug Name	Drug Notes	Advantra Gold (HMO) Advantra Gold (PPO)		Advantra Silver (HMO) Advantra Silver Plus (HMO) Advantra Silver (PPO) Advantra Silver Elite (PPO) Advantra Silver Plus (PPO)	
		Tier	Plan Notes	Tier	Plan Notes
PROCALAMINE 3% IV	B v D	4	PA	4	PA
PROSOL 20% IV	B v D	4	PA	4	PA
<i>ringers inj iv</i>		2		2	
<i>sodium chloride 0.45%, 0.9% iv</i>		2		2	
<i>sodium fluoride 1mg tab</i>	90D	2		2	
TPN ELECTROLYTE 35MEQ/20MEQ/5MEQ FTV		4		4	
<i>travasol 10% iv</i>	B v D	4	PA	4	PA
TROPHAMINE 6%, 10% IV	B v D	4	PA	4	PA
Glycemic Agents					
CLINIMIX E/DEXTROSE 5% IV	B v D	4	PA	4	PA
CLINIMIX/DEXTROSE 4.25% IV	B v D	4	PA	4	PA
CLINIMIX/DEXTROSE 5% IV	B v D	4	PA	4	PA
<i>kcl/d5w/lr 20MEQ/L; 40MEQ/L iv</i>		2		2	
Vitamins					
<i>niacin er 500mg tab QL-30 QY 30 DY</i>	90D; QL	2		2	
<i>niacin er 750mg, 1000mg tab QL-60 QY 30 DY</i>	90D; QL	2		2	
NIACOR 500MG TAB	90D	3		3	
<i>prenatab</i>	90D	1	G; PA	1	PA

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This formulary was updated on **05/29/2014**. For more recent information or other questions, please contact Advantra at 1-866-290-6660, (TTY/TDD 711), 24 hours a day, 7 days a week, or visit <http://PAFormulary.coventry-medicare.com>.

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