

First Health Part D Premier (PDP)
First Health Part D Premier Plus (PDP)

2012 Formulary

(List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A Medicare approved Part D sponsor

This document may be available for free in other alternative formats. Please call 1-866-823-5177 (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 1-866-823-5177 for additional information.

Este documento puede estar disponible para libre en otros formatos alternativos. Llame por favor 1-866-823-5177 (Usuarios de TTY/TDD sólo: 711 Relevé de la Telecomunicaciones Atiende a), las 24 horas del día, 7 días por semana si debe planear información en otro formato.

Eesta información está disponible para libre en otros idiomas. Contacte por favor nuestro número de servicio de atención al cliente en 1-866-823-5177 para la información adicional.



What is the First Health Part D Premier and Premier Plus Formulary?

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

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/10/2011. To get updated information about the drugs covered by First Health Part D Premier and Premier Plus, please visit our Web site at:

First Health Part D Premier and Premier Plus (PDP) - <http://www.FHDFormulary.coventry-medicare.com>

or call Customer Service at:

First Health Part D Premier and Premier Plus - 1-866-823-5177

24 hours a day, 7 days a week. TTY/TDD users should call 711 Telecommunications Relay Services.

In the event of a mid-year non-maintenance formulary change such as changing a preferred or non-preferred formulary drug, adding an additional requirement or limit to a drug, removing a dosage form, or exchanging therapeutic alternatives 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-maintenance 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 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 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 i1. 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?

First Health Part D Premier and Premier Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

Prior Authorization: First Health Part D Premier and Premier Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from First Health Part D Premier and Premier Plus before you fill your prescriptions. If you don't get approval, First Health Part D Premier and Premier Plus may not cover the drug.

Quantity Limits: For certain drugs, First Health Part D Premier and Premier Plus limits the amount of the drug that First Health Part D Premier and Premier Plus will cover. For example, First Health Part D Premier and Premier Plus provides not more than 2 inhalers per prescription for ProAir HFA per 30 days. This may be in addition to a standard one month or three month supply.

Step Therapy: In some cases, First Health Part D Premier and Premier Plus 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, First Health Part D Premier and Premier Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, First Health Part D Premier and Premier Plus 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site at:

First Health Part D Premier and Premier Plus (PDP) - <http://www.FHDFormulary.coventry-medicare.com>

You can ask First Health Part D Premier and Premier Plus to make an exception to these restrictions or limits. See the section, "How do I request an exception to the First Health Part D Premier and Premier Plus formulary?" on page iii for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. First Health Part D Premier and Premier Plus pays for certain OTC drugs. In addition, all 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

First Health Part D Premier and Premier Plus will provide these OTC drugs at no cost to you. The cost to First Health Part D Premier and Premier Plus of these OTC drugs will not count toward your total drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that First Health Part D Premier and Premier Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by First Health Part D Premier and Premier Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by First Health Part D Premier and Premier Plus.
- You can ask First Health Part D Premier and Premier Plus 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 First Health Part D Premier and Premier Plus's Formulary?

You can ask First Health Part D Premier and Premier Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, First Health Part D Premier and Premier Plus limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Drugs Tier, the highest tier subject to the tiering exceptions process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Tier, the lowest tier

subject to the tiering exceptions process instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost/unique drug tier.

Generally, First Health Part D Premier and Premier Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for less than 30 days, in which case, we will allow multiple fills 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.

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

For 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 First Health Part D Premier and Premier Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about First Health Part D Premier and Premier Plus, please call Customer Service at First Health Part D Premier and Premier Plus - 1-866-823-5177

24 hours a day, 7 days a week. TTY/TDD users should call 711 Telecommunications Relay Services.

Or visit

First Health Part D Premier and Premier Plus (PDP) - <http://www.FirstHealthPartD.com>

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

First Health Part D Premier and Premier Plus's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by First Health Part D Premier and Premier Plus ("the plan"). If you have trouble finding your drug in the list, turn to the Index that begins on page i1.

How to Read the Drug List

The formulary drug list that begins on page 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 Plan Name Appears Here	
		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 the requirements that apply to that drug in all cases where the drug is covered on the plan's formulary.

C. The remaining columns are specific to the plan you are enrolled in. The name of the plan 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 vii for an explanation of the cost-share tiers and the levels of coverage. In addition, please refer to Chapter 4, "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 defines the special requirements that apply to the drug on your plan's formulary where the note is listed. 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.

Medicare Part B v. Medicare Part D | B v D

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 and setting of the drug to make the determination.

90-day Long-Term Supply | 90D

The plan provides a long-term (extended day) supply up to 90 days of these drugs.

High Risk Medications | HRM

The plan recognizes that there are certain medications that are considered high risk medications. We encourage you to speak with your doctor if you are prescribed one of these medications to see if there may be other alternatives available to you.

Limited Distribution | LD

This prescription may be available only at certain pharmacies. For more information call Customer Service at the telephone numbers provided on the cover of this formulary.

Quantity Limits | QL

The plan will only cover a certain amount of these drugs for one copay/coinsurance or over a defined number of days. These limits may be in place to ensure safe and efficient use of a drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

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.

Prior Authorization | PA

You or your doctor 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.

Step Therapy | ST

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 thinks other drugs are not right for your situation, you or your doctor can ask the plan to cover these drugs.

Non-Formulary | NF

This drug is a non-formulary drug. The plan does not include this drug on its formulary. You or your doctor may request an exception. Your doctor will need to provide a supporting statement for an exception.

Excluded Part D Drugs | EXCL-D

The plan will provide limited coverage for these specific drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. The plan will not make any exceptions for coverage above the quantity limits listed in this formulary.

Drugs Covered in the GAP Phase | G

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.

Explanation of Cost-Sharing Tiers

Every drug on the formulary is in one of 4 or 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 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:

Four Tier Plans — First Health Part D Premier

Tier 1 - “Preferred Generic Drugs”

For the lowest out-of-pocket cost, you and your doctor should decide if Tier 1 medications are right for your treatment.

Tier 2 - “Preferred Brand Drugs”

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

Tier 3 - “Non-Preferred Brand Drugs”

Drugs in Tier 3, which include brand and some generic drugs, usually have lower-cost treatment options in Tier 1 or Tier 2. If you along with your prescribing physician 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 3 drug and you will be responsible for the cost-share of a Tier 3 drug.

Tier 4 - “Specialty Tier Drugs”

Includes very high-cost/unique drugs. Tier 4 includes both brand and generic drugs.

Five Tier Plans - First Health Part D Premier Plus

Tier 1 - “Preferred Generic Drugs”

For the lowest out-of-pocket cost, you and your doctor 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.

Tier 3 - “Preferred Brand Drugs”

Drugs in Tier 3 usually have lower-cost treatment options in Tier 1 or Tier 2.

Tier 4 - “Non-Preferred Brand Drugs”

Drugs in Tier 4, which include brand and some generic drugs, may have lower-cost treatment options in Tier 1, Tier 2, or Tier 3. If you along with your prescribing physician 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 the cost-share of a Tier 4 drug.

Tier 5 - “Specialty Tier Drugs”

Includes very high-cost/unique drugs. Tier 5 includes both brand and generic drugs.

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

Please refer to Chapter 4, “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.

Network Pharmacies

We have over 60,000 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. A listing of all our network pharmacies is provided in our Pharmacy Directory and on our website 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.)

The drug list provided identifies those drugs that will need to be purchased at specific specialty pharmacies within the network. If you have questions, please contact Customer Service at the telephone numbers provided on the cover of this formulary.

Mail Order

We are pleased to also 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 your prescription medications through mail order.

Please note that the actual quantity and/or days' supply may vary for each prescription. Your doctor'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.

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 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 the cover.

How Much Do I Pay For Mail Order?

The amount you pay for covered drugs through our Medco-By-Mail service may be lower than if you purchase them at a network pharmacy. Please refer to Chapter 4, "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

If you fill your prescription through our mail order service, please be advised that we do not notify you in advance to let you know when your order will be shipped to you. Should you change your mind about having your prescription filled through our mail order service, you must call us immediately at the Customer Service telephone number on the back of your member ID card and request that we cancel your order. If you do not request that we cancel your order, your medication will be shipped to you and if a copayment/coinsurance is required, you will be charged when your order is shipped.

Please note: If your cancellation request is received AFTER your order has been processed, you may still be charged for your order.

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?

Once an order has been properly dispensed and shipped, which means there was no error on the part of the plan, we will not accept the return of your medication for a refund or credit. This policy is based in part on certain federal and state laws which are designed to ensure the integrity of prescription medications that have been properly dispensed.

We do make an exception in cases where the plan has made an error, where in those cases, we may request that you return the medication to us (we will pay for the shipping), so we can destroy it and refund or credit you for any charges 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 3, "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.

Automatic credit card charge for mail order drugs

For your convenience, we have several different methods that you can use to pay for your prescriptions that are filled through our mail order service. You may pay by personal check, electronic funds transfer, money order or credit card. If you agree to pay by credit card, we will contact you by telephone and request your approval in situations where the total order exceeds \$350.00, before we charge your credit card. Please also note that the shipment of your order will be delayed until we get your approval.

If you have given us your approval in the past on orders exceeding \$350.00, we will use this previous approval as the basis for charging your credit card for any future orders that exceed \$350.00. Therefore, we will not contact you for your approval to charge your credit card each time your order exceeds \$350.00, so long as we have your previous approval and you have not withdrawn this approval.

Handling of mail order claims that are close to the end of the 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.

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.

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:

- a. The original prescription from your physician, including his/her instructions for dosage;
- b. Refills you have purchased of the same prescription drug previously; and
- c. How much of the prescription drug you still should have on-hand based on your previous refills and your physician'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.

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 the cover of this formulary. They can see if the vaccine is covered and send you a reimbursement form if you need one.

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.FirstHealthPartD.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.

Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Analgesics					
<i>Nonsteroidal Anti-inflammatory Drugs</i>					
PENNSAID DROPS QL-300ML 30 DAYS	QL	3		4	
VIMOVO TAB QL-60 QY 30 DY	90D; QL	2		3	
<i>Opioid Analgesics</i>					
<i>apap/caffeine/dihydrocodeine tab QL-150 QY 30 DY</i>	QL	3		4	
<i>apap/codeine elixir QL-4950 QY 30 DY</i>	QL	1		1	G
<i>apap/codeine tab QL-390 QY 30 DY</i>	QL	1		1	G
<i>ascomp/codeine cap</i>		3		4	
<i>butalbital/apap/caffeine/codeine cap QL-180 QY 30 DY</i>	QL	3		4	
<i>butorphanol tart aero</i>		3		4	
CAPITAL/CODEINE SUSP QL-4950 QY 30 DY	QL	3		3	
<i>codeine sulfate tab</i>		3		4	
<i>duramorph ampul</i>		1		2	
EMBEDA 100MG CAP		3		4	
EMBEDA 20MG CAP QL-60 QY 30 DY	QL	3		4	
EMBEDA 30MG CAP QL-60 QY 30 DY	QL	3		4	
EMBEDA 50MG CAP QL-60 QY 30 DY	QL	3		4	
EMBEDA 60MG CAP QL-60 QY 30 DY	QL	3		4	
EMBEDA 80MG CAP QL-60 QY 30 DY	QL	3		4	
<i>endocet 325;10mg tab QL-360 QY 30 DY</i>	QL	3		2	
<i>endocet 325;5mg tab QL-360 QY 30 DY</i>	QL	1		1	G
<i>endocet 325;7.5mg tab QL-360 QY 30 DY</i>	QL	3		2	
<i>endocet 500;7.5mg tab QL-240 QY 30 DY</i>	QL	3		2	
<i>endocet 650;10mg tab QL-180 QY 30 DY</i>	QL	3		2	
<i>endodan tab QL-360 QY 30 DY</i>	QL	3		2	
EXALGO 12MG TAB QL-150 QY 30 DY	QL	3		4	
EXALGO 16MG TAB QL-120 QY 30 DY	QL	3		4	
EXALGO 8MG TAB QL-240 QY 30 DY	QL	3		4	
<i>fentanyl cit oral buccal lpop QL-120 QY 30 DY</i>	QL	4	PA	5	PA
<i>fentanyl patch</i>		3		2	
<i>hydrocodone bit/apap 10/750mg tab QL-150 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap soln oral QL-3600 QY 30 DY</i>	QL	1		1	G

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	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Analgesics					
Opioid Analgesics					
<i>hydrocodone/apap tab 10/325mg QL-360 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 10/500mg QL-240 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 10/650mg QL-180 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 10/660mg QL-180 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 5/325mg QL-360 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 5/500mg QL-240 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 7.5/325mg QL-360 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 7.5/500mg QL-240 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 7.5/650mg QL-180 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap tab 7.5/750mg QL-150 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/apap-hs tab QL-240 QY 30 DY</i>	QL	1		1	G
<i>hydrocodone/ibuprofen tab</i>		3		4	
<i>hydromorphone 10mg/ml ampule</i>		1		1	G
<i>hydromorphone 1mg/ml syr</i>		1		1	G
<i>hydromorphone 2mg/ml syr</i>		1		1	G
<i>hydromorphone tab</i>		1		1	G
KADIAN CAP,24HR		2		3	
<i>levorphanol tartrate tab</i>		3		4	
<i>margesic-h cap QL-240 QY 30 DY</i>	QL	1		1	G
<i>meperidine inj</i>	HRM	3		4	
<i>meperidine soln oral</i>	HRM	3		4	
<i>meperidine tab</i>	HRM	3		4	
<i>meperidine vial</i>	HRM	3		4	
<i>methadone 10mg/ml conc oral</i>		1		1	G
METHADONE 10MG/ML VIAL		2		3	
METHADONE ORAL SOLN		2		3	
<i>methadone tab</i>		1		1	G
<i>methadose tab</i>		1		1	G
<i>morphine sulfate er tab, sr</i>		1		2	
<i>morphine sulfate soln oral</i>		1		1	G
<i>morphine sulfate supp rectal</i>		1		2	
<i>morphine sulfate tab</i>		1		1	G
<i>morphine sulfate vial</i>		1		2	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Analgesics					
<i>Opioid Analgesics</i>					
<i>nalbuphine vial</i>		3		4	
OPANA ER TAB 10MG QL-60 QY 30 DY	QL	2		3	
OPANA ER TAB 20MG QL-60 QY 30 DY	QL	2		3	
OPANA ER TAB 30MG QL-60 QY 30 DY	QL	2		3	
OPANA ER TAB 40MG		2		3	
OPANA ER TAB 5MG QL-60 QY 30 DY	QL	2		3	
ORAMORPH SR TAB		1		1	G
<i>oxycodone 10mg tab</i>		1		1	G
<i>oxycodone 15mg tab</i>		1		1	G
<i>oxycodone 20mg tab</i>		1		1	G
<i>oxycodone 20mg/ml conc oral</i>		1		1	G
<i>oxycodone 30mg tab</i>		1		1	G
<i>oxycodone 5mg tab</i>		1		1	G
<i>oxycodone-apap 325;10mg tab QL-360 QY 30 DY</i>	QL	3		2	
<i>oxycodone-apap 325;7.5mg tab QL-360 QY 30 DY</i>	QL	3		2	
<i>oxycodone/apap 325;2.5mg tab QL-360 QY 30 DY</i>	QL	3		2	
<i>oxycodone/apap 325;5mg tab QL-360 QY 30 DY</i>	QL	1		1	G
<i>oxycodone/apap 500;5mg cap QL-240 QY 30 DY</i>	QL	1		1	G
<i>oxycodone/apap 500;7.5mg tab QL-240 QY 30 DY</i>	QL	3		2	
<i>oxycodone/apap 650;10mg tab QL-180 QY 30 DY</i>	QL	3		2	
<i>oxycodone/aspirin tab QL-360 QY 30 DY</i>	QL	3		2	
<i>oxycodone/ibuprofen tab QL-28 QY 7 DY</i>	QL	3		4	
OXYCONTIN 10MG TAB12 QL-60 QY 30 DY	QL	3	PA	4	PA
OXYCONTIN 15MG TAB12 QL-60 QY 30 DY	QL	3	PA	4	PA
OXYCONTIN 20MG TAB12 QL-60 QY 30 DY	QL	3	PA	4	PA
OXYCONTIN 30MG TAB12 QL-60 QY 30 DY	QL	3	PA	4	PA
OXYCONTIN 40MG TAB12 QL-60 QY 30 DY	QL	3	PA	4	PA
OXYCONTIN 60MG TAB12 QL-60 QY 30 DY	QL	3	PA	4	PA
OXYCONTIN 80MG TAB12		4	PA	5	PA
<i>pentazocine/apap tab QL-180 QY 30 DY</i>	HRM; QL	3		4	
<i>pentazocine/naloxone tab</i>	HRM	3		4	
<i>roxicet 325;5mg tab QL-360 QY 30 DY</i>	QL	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Analgesics					
Opioid Analgesics					
<i>roxicet 325mg/5ml;5mg/5ml oral soln QL-1800 QY 30 DY</i>	QL	3		3	
<i>stagesic cap QL-240 QY 30 DY</i>	QL	1		1	G
<i>tramadol tab</i>	90D	1		1	G
<i>tramadol/apap tab QL-240 QY 30 DY</i>	90D; QL	3		4	
<i>zerlor tab QL-150 QY 30 DY</i>	QL	3		4	
Anesthetics					
Local Anesthetics					
<i>lidocaine jelly</i>		1		1	G
<i>lidocaine oint</i>	90D	1		1	G
<i>lidocaine soln</i>		1		1	G
<i>lidocaine vial</i>		1		1	G
<i>lidocaine viscous soln</i>		1		1	G
<i>lidocaine/prilocaine cream</i>		1		1	G
LIDODERM PTCH QL-90 PTCH 30 DY	90D; QL	2		3	
Anti-inflammatory Agents					
Nonsteroidal Anti-inflammatory Drugs					
ARTHROTEC TAB	90D		NF	4	ST
CELEBREX 100MG CAP QL-30 QY 30 DY	90D; QL	3	ST	4	ST
CELEBREX 200MG CAP QL-60 QY 30 DY	90D; QL	3	ST	4	ST
CELEBREX 400MG CAP QL-60 QY 30 DY	90D; QL	3	ST	4	ST
CELEBREX 50MG CAP QL-60 QY 30 DY	90D; QL	3	ST	4	ST
<i>diclofenac ec tab</i>	90D	1		1	G
<i>diclofenac potassium tab</i>	90D	1		1	G
<i>diclofenac tab</i>	90D	1		1	G
<i>diclofenac xr tab</i>	90D	3		2	
<i>diflunisal tab</i>	90D	3		2	
<i>etodolac cap</i>	90D	1		1	G
<i>etodolac er tab</i>	90D	3		4	
<i>etodolac tab</i>	90D	1		1	G
<i>fenoprofen calcium tab</i>	90D	1		1	G
<i>flurbiprofen tab</i>	90D	1		1	G
<i>ibuprofen tab</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Anti-inflammatory Agents					
Nonsteroidal Anti-inflammatory Drugs					
INDOCIN SUSPENSION	90D	3		3	
<i>indomethacin cap</i>	90D	1		1	G
<i>indomethacin er cap</i>	90D	3		4	
<i>ketoprofen cap</i>	90D	1		1	G
<i>ketoprofen er cap</i>	90D	3		4	
<i>ketorolac trometh 10mg tab QL-20 QY 5 DY</i>	HRM; QL	1		1	G
<i>ketorolac trometh vial 15mg QL-20 VIALS 5 DY</i>	HRM; QL	1		1	G
<i>meclofenamate cap</i>	90D	1		2	
<i>meloxicam suspension</i>	90D	1		1	G
<i>meloxicam tab</i>	90D	1		1	G
<i>nabumetone tab</i>	90D	1		2	
NALFON CAP	90D	3		4	
<i>naproxen 275mg tab</i>	90D	1		1	G
<i>naproxen 550mg tab</i>	90D	1		1	G
<i>naproxen dr tabec 375 & 500mg</i>	90D	1		1	G
<i>naproxen oral suspension</i>	90D	1		1	G
<i>naproxen tab 250 & 375mg tabs</i>	90D	1		1	G
<i>oxaprozin tab</i>	90D	1		1	G
<i>piroxicam cap</i>	90D	1		1	G
<i>sulindac tab</i>	90D	1		1	G
<i>tolmetin cap</i>	90D	3		4	
<i>tolmetin tab</i>	90D	3		4	
Antibacterials					
Aminoglycosides					
<i>amikacin sulfate vial</i>		3		2	
<i>gentamicin sulfate vial</i>		1		2	
<i>gentamicin/0.9% od chl iv</i>		1		2	
<i>isotonic gentamicin iv</i>		1		2	
<i>neomycin sulfate tab</i>		1		2	
<i>tobramycin sulfate 10mg/ml vial</i>		3		2	
<i>tobramycin sulfate 80mg/2ml vial</i>		3		2	
TOBRAMYCIN/SODIUM CHLORIDE IV		3		2	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antibacterials					
<i>Antibacterials, Other</i>					
<i>baciim vial</i>		3		4	
BACTROBAN NASAL OINT			NF	3	
<i>chloramphenicol succ vial</i>		1		1	G
CLEOCIN CAP		3		4	
<i>clindamycin cap</i>		1		1	G
<i>clindamycin pediatric granules</i>		3		4	
<i>clindamycin phos vial</i>		1		1	G
<i>colistimethate vial</i>	B v D	4	PA	5	PA
<i>methenamine hippurate tab</i>	90D	3		2	
<i>metronidazole cap</i>		1		1	G
<i>metronidazole iv</i>		1		1	G
<i>metronidazole tab</i>		1		1	G
MONUROL PACKET		3		4	
<i>nitrofurantoin macrocrystalline cap</i>	90D; HRM	1		1	G
<i>nitrofurantoin monohydrate cap</i>	90D; HRM	1		1	G
<i>nitrofurantoin suspension</i>	90D; HRM	3		4	
PRIMSOL SOLN ORAL	90D	3		4	G
<i>trimethoprim tab</i>		1		1	G
TYGACIL VIAL		3	PA	4	PA
VANCOGIN 125MG CAP QL-56 QY 14 DY	QL	3	PA	5	PA
VANCOGIN 250MG CAP QL-40 QY 10 DY	QL	3	PA	5	PA
VANCOMYCIN DEXTROSE IV	B v D	1	PA	2	PA
<i>vancomycin dextrose iv</i>	B v D	1	PA	2	PA
<i>vancomycin vial</i>	B v D	1	PA	2	PA
XIFAXAN 200MG TAB QL-120 QY 30 DY	QL	3		4	
ZYVOX IV		3	PA	5	PA
ZYVOX ORAL SUSR QL-900ML 14 DY	QL	3	PA	5	PA
ZYVOX TAB QL-28 QY 14 DY	QL	3	PA	5	PA
<i>Beta-lactam, Cephalosporins</i>					
CEDAX CAP		3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antibacterials					
<i>Beta-lactam, Cephalosporins</i>					
CEDAX SUSPENSION		3		4	
<i>cefaclor cap</i>		1		1	G
<i>cefaclor er tab</i>		1		1	G
<i>cefadroxil cap</i>		1		2	
<i>cefadroxil suspension</i>		1		2	
<i>cefadroxil tab</i>		1		2	
<i>cefazolin iv</i>		1		2	
<i>cefazolin vial</i>		1		2	
<i>cefdinir cap</i>		3		4	
<i>cefdinir suspension</i>		3		4	
<i>cefditoren pivoxil tab</i>		3		4	
CEFEPIME IV		3		4	
<i>cefepime vial</i>		3		4	
<i>cefotaxime vial</i>		3		4	
CEFOTETAN VIAL		3		4	G
CEFOTETAN/DEXTROSE IV		3		4	
CEFOXITIN IV		3		4	G
<i>cefoxitin vial</i>		3		4	
<i>cefpodoxime proxetil suspension</i>		3		4	
<i>cefpodoxime proxetil tab</i>		3		4	
<i>cefprozil suspension</i>		3		4	
<i>cefprozil tab</i>		3		4	
<i>ceftazidime vial</i>		3		4	
<i>ceftriaxone vial</i>		3		4	
<i>ceftriaxone/dextrose iv</i>		3		4	G
<i>cefuroxime axetil suspension</i>		1		2	
<i>cefuroxime axetil tab</i>		1		2	
<i>cefuroxime vial</i>		3		4	
CEFUROXIME/DEXTROSE IV		3		4	G
<i>cephalexin cap</i>		1		1	G
<i>cephalexin suspension</i>		1		1	G
<i>cephalexin tab</i>		1		1	G
SUPRAX SUSPENSION		3		3	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antibacterials					
<i>Beta-lactam, Cephalosporins</i>					
TEFLARO VIAL		3		4	
<i>Beta-lactam, Other</i>					
<i>aztreonam vial</i>		1		2	
INVANZ VIAL		3		4	
<i>meropenem vial</i>		3		4	
PRIMAXIN IM VIAL		3		4	
PRIMAXIN IV VIAL		3		4	
<i>Beta-lactam, Penicillins</i>					
<i>amoxicillin cap</i>		1		1	G
<i>amoxicillin chew</i>		1		1	G
<i>amoxicillin suspension</i>		1		1	G
<i>amoxicillin tab</i>		1		1	G
<i>amoxicillin/clav pota chew</i>		3		2	
<i>amoxicillin/clav pota er tab</i>		3		4	
<i>amoxicillin/clav pota susp</i>		3		2	
<i>amoxicillin/clav pota tab</i>		3		2	
<i>ampicillin cap</i>		1		1	G
<i>ampicillin suspension</i>		1		1	G
<i>ampicillin vial</i>		1		2	
<i>ampicillin-sulbactam vial</i>		3		4	
<i>dicloxacillin cap</i>		1		1	G
MOXATAG TAB QL-10 QY 10 DY	QL	3		4	
<i>nafcillin vial</i>		3		4	
OXACILLIN IV		3		4	G
OXACILLIN VIAL		3		4	G
<i>penicillin g potassium vial</i>		3		4	
PENICILLIN G PROCAINE SYRINGE		3		4	G
<i>penicillin g vial</i>		3		4	G
<i>penicillin v potassium suspension</i>		1		1	G
<i>penicillin v potassium tab</i>		1		1	G
<i>pfizerpen-g vial</i>		3		4	
PIPERACILLIN VIAL		3		4	G
<i>piperacillin/tazobactam vial</i>		3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antibacterials					
<i>Beta-lactam, Penicillins</i>					
TIMENTIN IV		3		4	
TIMENTIN VIAL		3		4	
<i>Macrolides</i>					
<i>azithromycin suspension</i>		1		1	G
<i>azithromycin tab</i>		1		1	G
<i>azithromycin vial</i>		1		1	G
<i>clarithromycin er tab QL-28 QY 14 DY</i>	QL	3		4	
<i>clarithromycin suspension</i>		1		2	
<i>clarithromycin tab</i>		1		2	
<i>e.e.s. 400 tab</i>		1		1	G
E.E.S. GRANULES		2		3	G
<i>ery-tab 500mg tbec</i>		2		3	G
<i>ery-tab tab</i>		2		3	
ERYPED SUSPENSION		2		3	G
ERYTHROCIN LACTOBIONATE VIAL		3		4	G
<i>erythrocine stearate tab</i>		1		1	G
<i>erythromycin base tab</i>		1		1	G
<i>erythromycin ethylsuccinate tab</i>		1		1	G
<i>erythromycin/sulfisoxazole suspension</i>		1		1	G
KETEK TAB QL-20 QY 10 DY	QL	3		4	
PCE TAB		2		3	G
<i>Quinolones</i>					
AVELOX ABC PACK QL-30 QY 30 DY	QL	3		4	
AVELOX IV		3		4	
AVELOX TAB QL-30 QY 30 DY	QL	3		4	
CIPRO SUSPENSION		3		3	
<i>ciprofloxacin er 1000mg tab QL-14 QY 30 DY</i>	QL	3		4	
<i>ciprofloxacin er 500mg tab QL-60 QY 30 DY</i>	QL	3		4	
<i>ciprofloxacin tab</i>		1		1	G
<i>ciprofloxacin vial</i>		3		2	
FACTIVE TAB QL-7 QY 30 DY	QL	2		3	
LEVAQUIN TAB QL-30 QY 30 DY	QL		NF	4	
<i>ofloxacin tab</i>		1		2	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antibacterials					
Sulfonamides					
<i>sulfadiazine tab</i>	90D	1		2	
<i>sulfamethoxazole/trimethoprim ds tab</i>	90D	1		1	G
<i>sulfamethoxazole/trimethoprim suspension</i>	90D	1		1	G
<i>sulfamethoxazole/trimethoprim tab</i>	90D	1		1	G
<i>sulfamethoxazole/trimethoprim vial</i>		1		1	G
Tetracyclines					
<i>demeclocycline tab</i>		3		4	
<i>doxycycline hyclate 100mg tabs</i>		1		1	G
<i>doxycycline hyclate caps</i>		1		1	G
<i>doxycycline hyclate vial</i>		1		1	G
<i>doxycycline monohydrate 150mg cap</i>		3		4	
<i>doxycycline monohydrate tab</i>		3		4	
<i>minocycline cap</i>		1		1	G
<i>tetracycline cap</i>		1		1	G
VIBRAMYCIN SYRUP		3		4	G
Anticonvulsants					
Anticonvulsants, Other					
BANZEL SUSP 40MG/ML QL-2400 QY 30 DY	90D; QL	3	PA	4	PA
BANZEL TAB 200MG QL-240 QY 30 DY	90D; QL	3	PA	4	PA
BANZEL TAB 400MG QL-240 QY 30 DY	QL	4	PA	5	PA
<i>levetiracetam 1000mg tab</i>	90D	1		2	
<i>levetiracetam 250mg tab QL-180 QY 30 DY</i>	90D; QL	1		2	
<i>levetiracetam 500mg tab QL-180 QY 30 DY</i>	90D; QL	1		2	
<i>levetiracetam 750mg tab</i>	90D	1		2	
<i>levetiracetam soln oral</i>	90D	1		2	
<i>levetiracetam vial</i>		4		5	
VIMPAT SOLN ORAL	90D	3	PA	4	PA
VIMPAT TAB QL-60 QY 30 DY	90D; QL	3	PA	4	PA
VIMPAT VIAL		3	PA	4	PA
Calcium Channel Modifying Agents					
CELONTIN CAP	90D	3		3	
<i>ethosuximide cap</i>	90D	1		2	
<i>ethosuximide syrup</i>	90D	1		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	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Anticonvulsants					
<i>Calcium Channel Modifying Agents</i>					
LYRICA 100MG CAP QL-90 QY 30 DY	QL	3	PA	4	PA
LYRICA 150MG CAP QL-90 QY 30 DY	QL	3	PA	4	PA
LYRICA 200MG CAP QL-90 QY 30 DY	QL	3	PA	4	PA
LYRICA 225MG CAP QL-60 QY 30 DY	QL	3	PA	4	PA
LYRICA 25MG CAP QL-90 QY 30 DY	QL	3	PA	4	PA
LYRICA 300MG CAP QL-60 QY 30 DY	QL	3	PA	4	PA
LYRICA 50MG CAP QL-90 QY 30 DY	QL	3	PA	4	PA
LYRICA 75MG CAP QL-90 QY 30 DY	QL	3	PA	4	PA
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>					
<i>divalproex 125mg sprink cap</i>	90D	3		2	
<i>divalproex er tab24</i>	90D	3		2	
<i>divalproex tabec</i>	90D	1		2	
<i>gabapentin cap</i>	90D	1		1	G
<i>gabapentin soln oral</i>	90D	1		1	G
<i>gabapentin tab</i>	90D	1		1	G
GABITRIL 12MG TAB QL-120 QY 30 DY	90D; QL	3		4	
GABITRIL 16MG TAB QL-90 QY 30 DY	90D; QL	3		4	
GABITRIL 2MG TAB QL-30 QY 30 DY	90D; QL	3		4	
GABITRIL 4MG TAB QL-240 QY 30 DY	90D; QL	3		4	
<i>primidone tab</i>	90D	1		1	G
SABRIL PACKET		4	PA	5	PA
SABRIL TAB		4	PA	5	PA
<i>valproate vial</i>		1		2	
<i>valproic acid cap</i>	90D	1		2	
<i>valproic acid syrup</i>	90D	1		1	G
<i>zonisamide cap</i>	90D	1		2	
<i>Glutamate Reducing Agents</i>					
FELBATOL SUSPENSION	90D	2		3	
FELBATOL TAB	90D	2		3	
<i>lamotrigine 100mg tab QL-90 QY 30 DY</i>	90D; QL	1		2	
<i>lamotrigine 150mg tab</i>	90D	1		2	
<i>lamotrigine 200mg tab</i>	90D	1		2	
<i>lamotrigine 25mg tab</i>	90D	1		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	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Anticonvulsants					
Glutamate Reducing Agents					
<i>lamotrigine chew tab</i>	90D	3		4	
<i>topiramate 100mg tab QL-90 QY 30 DY</i>	90D; QL	1		2	
<i>topiramate 200mg tab</i>	90D	1		2	
<i>topiramate 25mg tab</i>	90D	1		2	
<i>topiramate 50mg tab QL-90 QY 30 DY</i>	90D; QL	1		2	
<i>topiramate cap, sprinkle</i>	90D	3		4	
Sodium Channel Inhibitors					
<i>carbamazepine chew</i>	90D	1		1	G
<i>carbamazepine er cp12</i>	90D	3		4	
<i>carbamazepine er tab</i>	90D	3		2	
<i>carbamazepine suspension</i>	90D	1		1	G
<i>carbamazepine tab</i>	90D	1		1	G
CARBATROL CAP	90D	3		4	
DILANTIN CAP	90D	3		3	
DILANTIN INFATAB	90D	3		3	
DILANTIN SUSPENSION	90D	3		3	
<i>epitol tab</i>	90D	1		1	G
<i>oxcarbazepine oral susp</i>	90D	3	ST	4	ST
<i>oxcarbazepine tab</i>	90D	3	ST	4	ST
PEGANONE TAB	90D	3		4	
PHENYTEK CAP	90D	3		3	
<i>phenytoin ampul</i>		1		1	G
<i>phenytoin er cap</i>	90D	1		1	G
<i>phenytoin suspension</i>	90D	1		1	G
TEGRETOL CHEW	90D	3		3	
TEGRETOL SUSPENSION	90D	3		3	
TEGRETOL TAB	90D	3		3	
TEGRETOL-XR TAB	90D	3		3	
Antidementia Agents					
Antidementia Agents, Other					
<i>ergoloid mesylates tab</i>	90D; HRM	3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antidementia Agents					
<i>Cholinesterase Inhibitors</i>					
donepezil odt tab QL-30 QY 30 DY	90D; QL	1		2	
donepezil tab QL-30 QY 30 DY	90D; QL	1		2	
EXELON PATCH QL-30 QY 30 DY	90D; QL	2		3	
EXELON SOLN ORAL QL-180ML 30 DY	90D; QL	2		3	
galantamine cap,24hr QL-30 QY 30 DY	90D; QL	3		4	
galantamine soln oral QL-200ML 30 DY	90D; QL	3		4	
galantamine tab QL-60 QY 30 DY	90D; QL	3		4	
rivastigmine cap QL-60 QY 30 DY	90D; QL	1		2	
<i>Glutamate Pathway Modifiers</i>					
NAMENDA SOLN ORAL QL-360ML 30 DY	90D; QL	2		3	
NAMENDA TAB QL-60 QY 30 DY	90D; QL	2		3	
NAMENDA TITR PAK TAB QL-49 QY 28 DY	QL	2		3	
Antidepressants					
<i>Antidepressants, Other</i>					
budeprion sr tab	90D	1		2	
budeprion xl tab QL-30 QY 30 DY	90D; QL	3	ST	4	ST
buproban tab	90D	1		1	G
bupropion sr tab	90D	1		2	
bupropion tab	90D	1		1	G
mirtazapine odt tab QL-30 QY 30 DY	90D; QL	3		4	
mirtazapine tab	90D	1		1	G
nefazodone tab	90D	1		1	G
trazodone tab	90D	1		1	G
<i>Monoamine Oxidase Inhibitors</i>					
EMSAM PATCH QL-30 PTCH 30 DY	90D; QL	3	ST	4	ST
MARPLAN TAB	90D	3		4	
phenelzine tab	90D	1		2	
tranylcypromine sulfate tab	90D	1		2	
<i>Serotonin/ Norepinephrine Reuptake Inhibitors</i>					
citalopram soln oral	90D	1		1	G
citalopram tab	90D	1		1	G
CYMBALTA 20MG CAP QL-60 QY 30 DY	90D; QL	3	PA	4	PA
CYMBALTA 30MG CAP QL-90 QY 30 DY	90D; QL	3	PA	4	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antidepressants					
<i>Serotonin/ Norepinephrine Reuptake Inhibitors</i>					
CYMBALTA 60MG CAP QL-60 QY 30 DY	90D; QL	3	PA	4	PA
<i>fluoxetine cap</i>	90D	1		1	G
<i>fluoxetine soln oral</i>	90D	1		1	G
<i>fluoxetine tab</i>	90D	1		1	G
<i>fluoxetine wkly cap QL-4 QY 28 DY</i>	90D; QL	3	ST	4	ST
<i>fluvoxamine tab</i>	90D	1		1	G
LEXAPRO ORAL SOLN QL-600 ML 30 DY	90D; QL	2		3	
LEXAPRO TAB QL-45 QY 30 DY	90D; QL	2		3	
<i>paroxetine er 12.5mg tab QL-90 QY 30 DY</i>	90D; QL	3	ST	4	ST
<i>paroxetine er 25mg tab QL-90 QY 30 DY</i>	90D; QL	3	ST	4	ST
<i>paroxetine er 37.5mg tab QL-60 QY 30 DY</i>	90D; QL	3	ST	4	ST
<i>paroxetine suspension</i>	90D	1		1	G
<i>paroxetine tab</i>	90D	1		1	G
PRISTIQ TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
<i>selfemra cap</i>	90D	1		1	G
<i>sertraline conc oral</i>	90D	1		1	G
<i>sertraline tab</i>	90D	1		1	G
SYMBYAX CAP QL-30 QY 30 DY	90D; QL	3	PA	4	PA
<i>venlafaxine er 150mg cap QL-90 QY 30 DY</i>	90D; QL	1		2	
<i>venlafaxine er 150MG TAB QL-90 QY 30 DY</i>	90D; QL	3		4	
<i>venlafaxine er 225MG TAB QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>venlafaxine er 37.5mg cap QL-30 QY 30 DY</i>	90D; QL	1		2	
<i>venlafaxine er 37.5MG TAB QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>venlafaxine er 75mg cap QL-30 QY 30 DY</i>	90D; QL	1		2	
<i>venlafaxine er 75MG TAB QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>venlafaxine ir tab</i>	90D	1		2	
VIIBRYD TAB	90D	3	ST	4	ST
<i>Tricyclics</i>					
<i>amitriptyline tab</i>	90D	1		1	G
<i>amoxapine tab</i>	90D	1		2	
<i>clomipramine cap</i>	90D	1		1	G
<i>desipramine tab</i>	90D	1		1	G
<i>doxepin cap</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antidepressants					
<i>Tricyclics</i>					
<i>doxepin conc oral</i>	90D	1		1	G
<i>imipramine tab</i>	90D	1		1	G
<i>maprotiline tab</i>	90D	1		1	G
<i>nortriptyline cap</i>	90D	1		1	G
<i>nortriptyline soln oral</i>	90D	1		1	G
<i>perphenazine/amitriptyline tab</i>	90D	1		1	G
<i>protriptyline tab</i>	90D	3		4	
SURMONTIL CAP	90D	3		4	
Antidotes, Deterrents, and Toxicologic Agents					
<i>Antidotes</i>					
CUPRIMINE CAP	90D	2		3	
DEPEN TITRATAS TAB	90D	2		3	
EXJADE TAB		4	PA	5	PA
<i>fomepizole vial</i>		4	PA	5	PA
<i>kionex powder</i>		1		2	
<i>leucovorin calcium soln</i>		1		2	
<i>leucovorin calcium tab</i>		1		2	
RELISTOR SOLN		3	PA	4	PA
<i>sodium polystyrene sulfonate powder</i>		1		2	
SYPRINE CAP		3		4	
<i>Deterrents</i>					
ANTABUSE TAB		2		3	
CAMPRAL TAB QL-180 QY 30 DY	QL	3		4	
CHANTIX DOSE PACK QL-53 QY 30 DY	QL	3	PA	4	PA
CHANTIX TAB QL-60 QY 30 DY	QL	3	PA	4	PA
NICOTROL NS SPRAY QL-4 BOTTLES 30 DY	QL	2		3	
SUBOXONE FILM, SUBL QL-90 QY 30 DY	QL	3	PA	4	PA
<i>Toxicologic Agents</i>					
<i>depade tab</i>		1		2	
<i>naloxone syringe</i>		1		1	G
<i>naltrexone tab</i>	90D	1		2	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antiemetics					
<i>Antiemetics</i>					
<i>compro suppository</i>		1		1	G
<i>dronabinol cap 10mg QL-60 QY 30 DY</i>	B v D; QL	3	PA	5	PA
<i>dronabinol cap 2.5mg QL-60 QY 30 DY</i>	B v D; QL	3	PA	4	PA
<i>dronabinol cap 5mg QL-60 QY 30 DY</i>	B v D; QL	3	PA	4	PA
EMEND 125MG CAP QL-6 QY 30 DY	B v D; QL	3	PA	4	PA
EMEND 40MG CAP QL-1 QY 30 DY	QL	3		4	
EMEND 80MG CAP QL-6 QY 30 DY	B v D; QL	3	PA	4	PA
EMEND CAP TRIFLD QL-6 QY 30 DY	B v D; QL	3	PA	4	PA
<i>granisetron 1mg tab QL-30 QY 30 DY</i>	B v D; QL	3	PA	4	PA
<i>ondansetron 4mg/2ml vial</i>		3	PA	4	PA
<i>ondansetron ir tab</i>		1		1	G
<i>phenadoz suppository</i>	HRM	1		1	G
<i>prochlorperazine edisylate vial</i>		1		1	G
<i>prochlorperazine supp rectal</i>		1		1	G
<i>prochlorperazine tab</i>		1		1	G
<i>promethazine supp rectal</i>	HRM	1		1	G
<i>promethazine syringe</i>	HRM	1		1	G
<i>promethazine syrup</i>	90D; HRM	1		1	G
<i>promethazine tab</i>	90D; HRM	1		1	G
<i>promethazine vial</i>	HRM	1		1	G
<i>promethegan supp rectal</i>	HRM	1		1	G
SANCUSO PTCH QL-4 PTCH 28 DY	QL	3		4	
<i>trimethobenzamide cap</i>	90D; HRM	3		4	
Antifungals					
<i>Antifungals</i>					
AMPHOTERICIN B SOLN		1		2	
ANCOBON CAP		4		5	
CANCIDAS VIAL		4	PA	5	PA
<i>ciclopirox lotion</i>		3		4	
<i>ciclopirox nail lacquer soln</i>		3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antifungals					
<i>Antifungals</i>					
<i>ciclopirox olamine cream</i>		3		4	
<i>clotrimazole 1% topical soln</i>		1		1	G
<i>clotrimazole 10mg troche</i>		3		2	
<i>clotrimazole/betameth diprop cream</i>		3		2	
<i>clotrimazole/betameth diprop lotion</i>		3		2	
<i>econazole nitrate cream</i>		1		1	G
EXELDERM CREAM		3		4	
EXELDERM SOLN NON-ORAL		3		4	
<i>fluconazole in dextrose iv</i>		1		2	
FLUCONAZOLE IN NAACL		1		2	
<i>fluconazole suspension</i>		1		1	G
<i>fluconazole tab</i>		1		1	G
GRIFULVIN V TAB		2		3	
GRIS-PEG TAB		3		4	
<i>griseofulvin micro susp</i>		1		2	
<i>itraconazole cap</i>		3	PA	2	PA
<i>ketoconazole 200mg tab</i>		3		2	
<i>ketoconazole cream</i>		1		1	G
<i>ketoconazole shampoo</i>		1		1	G
MENTAX CREAM		3		4	
NAFTIN CREAM		3		4	
NAFTIN GEL		3		4	
NOXAFIL ORAL SUSP QL-630 ML 30 DY	QL	4	PA	5	PA
<i>nyamyc powder</i>		3		2	
<i>nystatin cream</i>		1		1	G
<i>nystatin oint</i>		1		1	G
<i>nystatin oral susp</i>		1		1	G
<i>nystatin powder</i>		3		2	
<i>nystatin tab</i>		1		1	G
<i>nystatin/triamcinolone cream</i>		1		1	G
<i>nystatin/triamcinolone oint</i>		1		1	G
<i>nystop powder</i>		3		2	
OXISTAT CREAM			NF	4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antifungals					
<i>Antifungals</i>					
OXISTAT LOTION			NF	4	
<i>pedi-dri powder</i>		3		2	
SPORANOX SOLN ORAL		3	PA	4	PA
<i>terbinafine tab QL-30 QY 30 DY</i>	QL	1		1	G
VFEND SUSPENSION		4	PA	5	PA
<i>voriconazole tab QL-60 QY 30 DY</i>	QL	4	PA	5	PA
Antigout Agents					
<i>Antigout Agents</i>					
<i>allopurinol tab</i>	90D	1		1	G
COLCRYS TAB QL-120 QY 30 DY	90D; QL	2		3	
<i>probenecid tab</i>	90D	1		1	G
<i>probenecid/colchicine tab</i>	90D	1		1	G
ULORIC TABS QL-30 QY 30 DY	90D; QL	2	ST	3	ST
Antimigraine Agents					
<i>Abortive</i>					
AXERT TAB QL-8 QY 30 DY	QL	3	ST	4	ST
<i>dihydroergotamine mesylate ampul</i>		3		4	
ERGOMAR TAB, SUBL		3		3	
<i>ergotamine tartrate/caffeine tab</i>		1		2	
FROVA TAB QL-12 QY 30 DY	QL	3	ST	4	ST
MAXALT TAB QL-12 QY 30 DY	QL	2		3	
MAXALT-MLT TAB QL-12 QY 30 DY	QL	2		3	
<i>migergot supp rectal</i>		3		4	
MIGRANAL QL-8 VIALS 28 DY	QL	3		4	
<i>naratriptan tab QL-9 QY 30 DY</i>	QL	3	ST	4	ST
RELPAK TAB QL-9 QY 30 DY	QL	3	ST	4	ST
<i>sumatriptan inj QL-8 INJ 30 DY</i>	QL	3		4	
<i>sumatriptan spray QL-8 SPRAY UNITS 30 DY</i>	QL	3		4	
<i>sumatriptan tab QL-9 QY 30 DY</i>	QL	3		4	
ZOMIG NASAL SPR QL-6 SPRAY UNITS 30 DY	QL	3	ST	4	ST
ZOMIG TAB QL-6 QY 30 DY	QL	3	ST	4	ST
ZOMIG ZMT TAB QL-6 QY 30 DY	QL	3	ST	4	ST

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antimyasthenic Agents					
<i>Parasympathomimetics</i>					
GUANIDINE TAB	90D	2		4	
MESTINON SYRUP	90D	3		3	
MESTINON TIMESPAN TAB, SR	90D	3		3	
MYTELASE TAB	90D	3		4	
<i>pyridostigmine bromide tab</i>	90D	1		2	
Antimycobacterials					
<i>Antimycobacterials, Other</i>					
DAPSONE TAB		2		3	
MYCOBUTIN CAP		3		4	
<i>Antituberculars</i>					
CAPASTAT SULFATE VIAL		3		4	
<i>ethambutol tab</i>	90D	1		2	
<i>isonarif cap</i>	90D	1		1	G
<i>isoniazid syrup</i>	90D	1		1	G
<i>isoniazid tab</i>	90D	1		1	G
PASER PACKET	90D	3		4	
PRIFTIN TAB	90D	3		4	
<i>pyrazinamide tab</i>	90D	1		1	G
<i>rifampin 600mg vial</i>		3		4	
<i>rifampin cap</i>	90D	1		2	
RIFATER TAB	90D	3		4	
SEROMYCIN CAP	90D	3		4	
TRECTOR TAB	90D	3		4	
Antineoplastics					
<i>Alkylating Agents</i>					
CEENU CAP		2		3	
<i>cisplatin inj</i>		1		1	G
<i>cyclophosphamide tab</i>	B v D	1	PA	2	PA
HEXALEN CAP		4		5	
LEUKERAN TAB		2		3	
MATULANE CAP		4		5	
<i>thiotepa vial</i>		3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antineoplastics					
<i>Antiangiogenic Agents</i>					
REVLIMID CAP QL-30 QY 30 DY	QL	4	PA	5	PA
THALOMID CAP QL-28 QY 28 DY	QL	4	PA	5	PA
VANDETANIB TAB 100MG QL-60 QY 30 DY	QL	4	PA	5	PA
VANDETANIB TAB 300MG QL-30 QY 30 DY	QL	4	PA	5	PA
VOTRIENT TAB QL-120 QY 30 DY	QL	4	PA	5	PA
<i>Antiestrogens/Modifiers</i>					
EMCYT CAP		2		3	
FARESTON TAB	90D	2		3	
FASLODEX SYRINGE		4	PA	5	PA
<i>tamoxifen citrate tab</i>	90D	1		1	G
<i>Antimetabolites</i>					
DACOGEN VIAL		4	PA	5	PA
DROXIA CAP		2		3	
ELITEK VIAL		4	PA	5	PA
<i>fluorouracil vial</i>		1		2	
<i>gemcitabine vial</i>		4	PA	5	PA
<i>hydroxyurea cap</i>		1		1	G
<i>mercaptopurine tab</i>	90D	1		2	
TABLOID TAB		2		3	
VIDAZA VIAL		4	PA	5	PA
<i>Antineoplastics, Other</i>					
ALIMTA VIAL		4	PA	5	PA
<i>amifostine vial</i>		4		5	
AVASTIN VIAL		4	PA	5	PA
<i>bleomycin sulfate vial</i>		3	PA	4	PA
DOCETAXEL VIAL		4	PA	5	PA
IXEMPRA KIT VIAL		4	PA	5	PA
<i>mesna vial</i>		1		1	G
MESNEX TAB		3	PA	4	PA
<i>mitoxantrone vial</i>		1		1	G
<i>paclitaxel vial</i>		3	PA	4	PA
TAXOTERE VIAL		4	PA	5	PA
TRISENOX AMPUL		3	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	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antineoplastics					
<i>Antineoplastics, Other</i>					
TYKERB TAB QL-180 QY 30 DY	QL	4	PA	5	PA
VELCADE VIAL		4	PA	5	PA
ZOLINZA CAP QL-120 QY 30 DY	QL	4	PA	5	PA
ZYTIGA TAB QL-120.00 QY 30 DY	QL	4	PA	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>					
<i>anastrozole tab QL-30 QY 30 DY</i>	90D; QL	1		2	
<i>exemestane tab</i>	90D	3		4	
<i>letrozole tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>Molecular Target Inhibitors</i>					
AFINITOR TAB QL-30 QY 30 DY	QL	4	PA	5	PA
GLEEVEC 100MG TAB QL-90 QY 30 DY	QL	4	PA	5	PA
GLEEVEC 400MG TAB QL-60 QY 30 DY	QL	4	PA	5	PA
IRESSA TAB QL-30 QY 30 DY	QL	4		5	
NEXAVAR TAB QL-120 QY 30 DY	QL	4	PA	5	PA
SPRYCEL 100MG TAB QL-30 QY 30 DY	QL	4	PA	5	PA
SPRYCEL 140MG TAB QL-30 QY 30 DY	QL	4	PA	5	PA
SPRYCEL 20MG TAB QL-60 QY 30 DY	QL	4	PA	5	PA
SPRYCEL 50MG TAB QL-60 QY 30 DY	QL	4	PA	5	PA
SPRYCEL 70MG TAB QL-60 QY 30 DY	QL	4	PA	5	PA
SPRYCEL 80MG TAB QL-60 QY 30 DY	QL	4	PA	5	PA
SUTENT CAP QL-30 QY 30 DY	QL	4	PA	5	PA
TARCEVA TAB QL-30 QY 30 DY	QL	4	PA	5	PA
TASIGNA CAP QL-120 QY 30 DY	QL	4	PA	5	PA
<i>Monoclonal Antibodies</i>					
CAMPATH VIAL	B v D	4	PA	5	PA
HERCEPTIN VIAL		4	PA	5	PA
RITUXAN VIAL		2	PA	5	PA
<i>Retinoids</i>					
TARGRETIN CAP		4	PA	5	PA
<i>tretinoin 10mg cap</i>		4	PA	5	PA
Antiparasitics					
<i>Anthelmintics</i>					
ALBENZA TAB		3		4	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antiparasitics					
<i>Anthelmintics</i>					
BILTRICIDE TAB		3		4	G
<i>mebendazole chew</i>		1		1	G
STROMEKTOL TAB		3		4	
<i>Antiprotozoals</i>					
ALINIA SUSPENSION		3		4	
ALINIA TAB		3		4	
<i>chloroquine tab</i>	90D	1		1	G
DARAPRIM TAB		2		3	
<i>hydroxychloroquine sulfate tab</i>	90D	1		1	G
<i>mefloquine tab</i>		1		2	
MEPRON SUSPENSION		3	PA	5	PA
NEBUPENT VIAL	B v D	2	PA	3	PA
<i>paromomycin sulfate cap</i>		1		1	G
PRIMAQUINE PHOSPHATE TAB		3		3	G
QUALAQUIN CAP QL-80 QY 365 DY	QL	3	PA	4	PA
<i>Pediculicides/ Scabicides</i>					
<i>acticin cream</i>		1		1	G
EURAX CREAM		3		4	G
EURAX LOTION		3		4	G
LINDANE LOTN QL-60 ML 30 DY	QL	3		4	G
<i>lindane shamp QL-60ML 30 DY</i>	QL	2		3	G
<i>malathion lotion</i>		3		4	
<i>permethrin cream</i>		1		1	G
ULESFIA LOTION		3		4	G
Antiparkinson Agents					
<i>Antiparkinson Agents</i>					
<i>amantadine cap</i>	90D	1		2	
<i>amantadine tab</i>	90D	1		2	
APOKYN CARTRIDGE		4	PA	5	PA
AZILECT TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
<i>benztropine tab</i>	90D	1		1	G
<i>bromocriptine cap</i>	90D	3		1	G
<i>bromocriptine tab</i>	90D	3		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antiparkinson Agents					
<i>Antiparkinson Agents</i>					
<i>carbidopa/levodopa cr tab</i>	90D	1		1	G
<i>carbidopa/levodopa odt tab</i>	90D	1		2	
<i>carbidopa/levodopa sr tab</i>	90D	1		1	G
<i>carbidopa/levodopa tab</i>	90D	1		1	G
COMTAN TAB	90D	2		3	
LODOSYN TAB	90D	3		4	
<i>pramipexole tab QL-90 QY 30 DY</i>	90D; QL	3		4	
<i>ropinirole tab</i>	90D	1		2	
<i>selegiline cap</i>	90D	1		1	G
<i>selegiline tab</i>	90D	1		1	G
STALEVO TAB	90D	3		3	
TASMAR TAB	90D	3		4	
<i>trihexyphenidyl elixir</i>	90D	1		1	G
<i>trihexyphenidyl tab</i>	90D	1		1	G
Antipsychotics					
<i>Atypicals</i>					
ABILIFY DISCMELT TAB QL-60 QY 30 DY	90D; QL	3	PA	4	PA
ABILIFY SOLN ORAL QL-900 ML QY 30 DY	90D; QL	3		4	
ABILIFY TAB QL-30 QY 30 DY	90D; QL	3		4	
ABILIFY VIAL		3		4	
<i>clozapine tab 100mg</i>	90D	3		2	
<i>clozapine tab 200mg</i>	90D	3		3	
<i>clozapine tab 25mg</i>	90D	3		2	
<i>clozapine tab 50mg</i>	90D	3		2	
FANAPT TAB QL-60 QY 30 DY	90D; QL	3	PA	4	PA
FANAPT TITR PACK QL-1 QY 365 DY	QL	3	PA	4	PA
FAZACLO ODT TAB	90D	3		4	
GEODON CAP QL-60 QY 30 DY	90D; QL	3	PA	4	PA
GEODON VIAL QL-60ML 30 DY	QL	3	PA	4	PA
INVEGA 1.5MG TAB24 QL-30 QY 30 DY	90D; QL	3	PA	4	PA
INVEGA 3MG TAB24 QL-30 QY 30 DY	90D; QL	3	PA	4	PA
INVEGA 6MG TAB24 QL-60 QY 30 DY	90D; QL	3	PA	4	PA
INVEGA 9MG TAB24 QL-30 QY 30 DY	90D; QL	3	PA	4	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antipsychotics					
<i>Atypicals</i>					
INVEGA SUST VIAL QL-1 INJ 28 DY	QL	3		4	
LATUDA TAB QL-30 QY 30 DY	90D; QL	3		4	
RISPERDAL CONSTA QL-2 INJ 28 DY	QL	3		4	
<i>risperidone 0.25mg tab QL-90 QY 30 DY</i>	90D; QL	1		2	
<i>risperidone 0.5mg tab QL-90 QY 30 DY</i>	90D; QL	1		2	
<i>risperidone 1mg tab QL-60 QY 30 DY</i>	90D; QL	1		2	
<i>risperidone 2mg tab QL-60 QY 30 DY</i>	90D; QL	1		2	
<i>risperidone 3mg tab QL-90 QY 30 DY</i>	90D; QL	1		2	
<i>risperidone 4mg tab QL-120 QY 30 DY</i>	90D; QL	1		2	
<i>risperidone odt 0.25mg QL-90 QY 30 DY</i>	90D; QL	3		4	
<i>risperidone odt 0.5mg QL-90 QY 30 DY</i>	90D; QL	3		4	
<i>risperidone odt 1mg QL-60 QY 30 DY</i>	90D; QL	3		4	
<i>risperidone odt 2mg QL-60 QY 30 DY</i>	90D; QL	3		4	
<i>risperidone odt 3mg QL-90 QY 30 DY</i>	90D; QL	3		4	
<i>risperidone odt 4mg QL-120 QY 30 DY</i>	90D; QL	3		4	
<i>risperidone soln oral</i>	90D	1		2	
SAPHRIS SUBL QL-60 QY 30 DY	QL	3		4	
SEROQUEL 100MG TAB QL-90 QY 30 DY	90D; QL	3		4	
SEROQUEL 200MG TAB QL-90 QY 30 DY	90D; QL	3		4	
SEROQUEL 25MG TAB QL-90 QY 30 DY	90D; QL	3		4	
SEROQUEL 300MG TAB QL-90 QY 30 DY	90D; QL	3		4	
SEROQUEL 400MG TAB QL-60 QY 30 DY	90D; QL	3		4	
SEROQUEL 50MG TAB QL-90 QY 30 DY	90D; QL	3		4	
SEROQUEL XR 150MG TAB QL-30 QY 30 DY	90D; QL	2		3	
SEROQUEL XR 200MG TAB QL-30 QY 30 DY	90D; QL	2		3	
SEROQUEL XR 300MG TAB QL-60 QY 30 DY	90D; QL	2		3	
SEROQUEL XR 400MG TAB QL-60 QY 30 DY	90D; QL	2		3	
SEROQUEL XR 50MG TAB QL-60 QY 30 DY	90D; QL	2		3	
ZYPREXA 10MG TABS QL-30 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA 15MG TABS QL-60 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA 2.5MG TABS QL-30 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA 20MG TABS QL-60 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA 5MG TABS QL-30 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA 7.5MG TABS QL-30 QY 30 DY	90D; QL	3	PA	4	PA

Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antipsychotics					
<i>Atypicals</i>					
ZYPREXA RELPREVV 210MG QL-2 INJ 28 DY	QL	3	PA	4	PA
ZYPREXA RELPREVV 300MG QL-2 INJ 28 DY	QL	3	PA	4	PA
ZYPREXA RELPREVV 405MG QL-1 INJ 28 DY	QL	3	PA	4	PA
ZYPREXA VIAL		3	PA	4	PA
ZYPREXA ZYDIS 10MG TBDP QL-30 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA ZYDIS 15MG TBDP QL-60 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA ZYDIS 20MG TBDP QL-60 QY 30 DY	90D; QL	3	PA	4	PA
ZYPREXA ZYDIS 5MG TBDP QL-30 QY 30 DY	90D; QL	3	PA	4	PA
<i>Conventional</i>					
<i>chlorpromazine ampul</i>		1		1	G
<i>chlorpromazine tab</i>	90D	1		1	G
<i>fluphenazine conc oral</i>	90D	1		1	G
<i>fluphenazine decanoate vial</i>		1		1	G
<i>fluphenazine elixir</i>	90D	1		1	G
<i>fluphenazine tab</i>	90D	1		1	G
<i>fluphenazine vial</i>		1		1	G
<i>haloperidol conc oral</i>		1		2	
<i>haloperidol decanoate vial</i>		3		2	
<i>haloperidol lactate vial</i>		1		2	
<i>haloperidol tab</i>	90D	1		1	G
<i>loxapine succinate cap</i>	90D	1		2	
NAVANE CAP	90D	3		4	
ORAP TAB	90D	3		4	
<i>perphenazine tab</i>	90D	1		2	
<i>thioridazine tab</i>	90D; HRM	1		1	G
<i>thiothixene cap</i>	90D	1		1	G
<i>trifluoperazine tab</i>	90D	1		1	G
Antispasticity Agents					
<i>Antispasticity Agents</i>					
<i>baclofen tab</i>	90D	1		1	G
<i>dantrolene cap</i>	90D	3		2	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antivirals					
<i>Anti-cytomegalovirus (CMV) Agents</i>					
<i>foscarnet inj</i>		3	PA	4	PA
<i>ganciclovir cap</i>		1		2	
VALCYTE TAB		4		5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</i>					
EDURANT TAB QL-30 QY 30 DY	QL	4		5	
RESCRIPTOR TAB		2		3	
SUSTIVA CAP		3		4	
SUSTIVA TAB		3		4	
VIRAMUNE SUSPENSION		3		4	
VIRAMUNE TAB		3		4	
VIRAMUNE XR TAB		3		4	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors</i>					
ATRIPLA TAB QL-30 QY 30 DY	QL	3		5	
COMBIVIR TAB		3		5	
<i>didanosine cap</i>		3		2	
EMTRIVA CAP		3		4	
EMTRIVA SOLN ORAL		3		4	
EPIVIR SOLN ORAL		3		4	
EPIVIR TAB		3		4	
EPZICOM TAB		3		5	
INTELENCE 100MG TAB QL-120 QY 30 DY	QL	3		5	
INTELENCE 200MG TAB QL-60 QY 30 DY	QL	3		5	
RETROVIR IV		3		4	
<i>stavudine cap</i>		1		2	
<i>stavudine soln oral</i>		1		2	
TRIZIVIR TAB		3		5	
TRUVADA TAB		3		5	
VIDEX PEDIATRIC SOLN ORAL		3		3	
VIREAD TAB		3		4	
ZIAGEN SOLN ORAL		3		3	
ZIAGEN TAB		3		3	
<i>zidovudine cap</i>		1		2	
<i>zidovudine syrup</i>		1		2	
<i>zidovudine tab</i>		1		2	

Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antivirals					
<i>Anti-HIV Agents, Other</i>					
FUZEON KIT QL-60 VIALS 30 DY	QL	3		5	
ISENTRESS TAB QL-60 QY 30 DY	QL	3		5	
SELZENTRY 150MG TAB QL-60 QY 30 DY	QL	2		5	
SELZENTRY 300MG TAB QL-120 QY 30 DY	QL	2		5	
<i>Anti-HIV Agents, Protease Inhibitors</i>					
APTIVUS CAP		3		5	
APTIVUS SOLN ORAL		3		5	
CRIXIVAN CAP		2		3	
INVIRASE CAP		3		4	
INVIRASE TAB		3		4	
KALETRA 100;25MG TAB		3		4	
KALETRA 200;50MG TAB		3		5	
KALETRA ORAL SOLN		3		5	
LEXIVA SUSPENSION		3		4	
LEXIVA TAB		3		5	
NORVIR CAP		3		3	
NORVIR SOLN ORAL		3		3	
NORVIR TAB		3		3	
PREZISTA 150MG TAB		3		5	
PREZISTA 400MG TAB		3		5	
PREZISTA 600MG TAB		3		5	
PREZISTA 75MG TAB		3		4	
REYATAZ 100MG CAP		3		4	
REYATAZ 150MG CAP		3		5	
REYATAZ 200MG CAP		3		5	
REYATAZ 300MG CAP		3		5	
VIRACEPT 50MG/GM POWDER		3		4	
VIRACEPT TAB		3		5	
<i>Anti-influenza Agents</i>					
RELENZA DISKHALER QL-120 DOSES 365 DY	QL	3		4	G
<i>rimantadine tab</i>		1		1	G
TAMIFLU CAP 30MG & 45MG		3		4	G
TAMIFLU CAP 75MG QL-56 QY 365 DY	QL	3		4	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Antivirals					
<i>Anti-influenza Agents</i>					
TAMIFLU SUSPENSION		3		4	G
<i>Antihepatitis Agents</i>					
BARACLUDE SOLN ORAL QL-630 ML 30 DY	QL	3		4	
BARACLUDE TAB QL-30 QY 30 DY	QL	3		4	
EPIVIR HBV SOLN ORAL		2		3	
EPIVIR HBV TAB		2		3	
HEPSERA TAB QL-30 QY 30 DY	QL	2		3	
<i>ribasphere cap 200mg</i>		3	PA	4	PA
<i>ribasphere tab 200mg</i>		3	PA	4	PA
<i>ribavirin cap 200mg</i>		3	PA	4	PA
<i>ribavirin tab 200mg</i>		3	PA	4	PA
TYZEKA TAB QL-30 QY 30 DY	QL	3		4	
<i>Antiherpetic Agents</i>					
<i>acyclovir cap</i>		1		1	G
<i>acyclovir sodium</i>		1		1	G
<i>acyclovir susp</i>		1		1	G
<i>acyclovir tab</i>		1		1	G
DENAVIR CREAM QL-2 GM 30 DY	QL	2		3	
<i>famciclovir tab QL-60 QY 30 DY</i>	QL	3		4	
<i>valacyclovir 1000mg tab QL-30 QY 30 DY</i>	QL	3	ST	4	
<i>valacyclovir 500mg tab QL-42 QY 30 DY</i>	QL	3	ST	4	
ZIRGAN GEL QL-5.00 QY 30 DY	QL	3		4	
ZOVIRAX 5% OINT QL-30 GM 30 DY	QL	3		4	
Anxiolytics					
<i>Anxiolytics, Other</i>					
<i>alprazolam tab QL-90 QY 30 DY</i>	QL		NF	1	EXCL-D; G
<i>buspirone tab</i>	90D	1		1	G
<i>chlordiazepoxide/amitriptyline tab</i>	HRM	3		4	

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EXCL-D: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Anxiolytics					
<i>Anxiolytics, Other</i>					
<i>clonazepam tab QL-90 QY 30 DY</i>	QL		NF	1	EXCL-D; G
<i>lorazepam tab QL-60 QY 30 DY</i>	QL		NF	1	EXCL-D; G
<i>meprobamate tab</i>	HRM	3		4	
Bipolar Agents					
<i>Bipolar Agents</i>					
EQUETRO CAP	90D	3		3	
<i>lithium carbonate cap</i>	90D	1		1	G
<i>lithium carbonate er tab</i>	90D	1		1	G
<i>lithium carbonate tab</i>	90D	1		1	G
<i>lithium citrate soln oral</i>	90D	1		1	G
LITHOBID TAB, SR	90D	3		4	
Blood Glucose Regulators					
<i>Antidiabetic Agents</i>					
<i>acarbose tab</i>	90D	1		2	
ACTOPLUS MET 500MG; 15MG TAB QL-90 QY 30 DY	90D; QL	2	ST	3	ST
ACTOPLUS MET 850MG; 15MG TAB QL-90 QY 30 DY	90D; QL	2	ST	3	ST
ACTOS TAB QL-30 QY 30 DY	90D; QL	2	ST	3	ST
AVANDAMET TAB QL-60 QY 30 DY	90D; QL		NF	4	ST
AVANDARYL 1;4MG TAB QL-60 QY 30 DY	90D; QL		NF	4	ST
AVANDARYL 2;4MG TAB QL-60 QY 30 DY	90D; QL		NF	4	ST
AVANDARYL 2;8MG TAB QL-30 QY 30 DY	90D; QL		NF	4	ST
AVANDARYL 4;4MG TAB QL-60 QY 30 DY	90D; QL		NF	4	ST
AVANDARYL 4;8MG TAB QL-30 QY 30 DY	90D; QL		NF	4	ST
AVANDIA 2MG TAB QL-60 QY 30 DY	90D; QL		NF	4	ST
AVANDIA 4MG TAB QL-60 QY 30 DY	90D; QL		NF	4	ST
AVANDIA 8MG TAB QL-30 QY 30 DY	90D; QL		NF	4	ST

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Blood Glucose Regulators					
<i>Antidiabetic Agents</i>					
BYETTA PEN QL-1 PEN 30 DY	90D; QL	3	PA	4	PA
<i>chlorpropamide tab</i>	90D; HRM	1		1	G
DUETACT TAB QL-30 QY 30 DY	90D; QL	2	ST	3	ST
<i>glimepiride tab</i>	90D	1		1	G
<i>glipizide er tab</i>	90D	1		1	G
<i>glipizide tab</i>	90D	1		1	G
<i>glipizide xl tab</i>	90D	1		1	G
<i>glipizide/metformin tab</i>	90D	1		1	G
<i>glyburide micronized tab</i>	90D	1		1	G
<i>glyburide tab</i>	90D	1		1	G
<i>glyburide/metformin tab</i>	90D	1		1	G
JANUMET TAB QL-60 QY 30 DY	90D; QL	2	ST	3	ST
JANUVIA TAB QL-30 QY 30 DY	90D; QL	2	ST	3	ST
KOMBIGLYZE XR 1000MG; 2.5MG TAB QL-60 QY 30 DY	90D; QL	2	ST	3	ST
KOMBIGLYZE XR 1000MG; 5MG TAB QL-30 QY 30 DY	90D; QL	2	ST	3	ST
KOMBIGLYZE XR 500MG; 5MG TAB QL-30 QY 30 DY	90D; QL	2	ST	3	ST
<i>metformin er tab</i>	90D	1		1	G
<i>metformin tab</i>	90D	1		1	G
<i>nateglinide tab QL-90 QY 30 DY</i>	90D; QL	3		4	
ONGLYZA TAB QL-30 QY 30 DY	90D; QL	2	ST	3	ST
PRANDIN TAB 0.5MG QL-120 QY 30 DY	90D; QL	3		4	
PRANDIN TAB 1MG QL-120 QY 30 DY	90D; QL	3		4	
PRANDIN TAB 2MG QL-240 QY 30 DY	90D; QL	3		4	
RIOMET SOLN ORAL	90D	3		4	
SYMLIN 600MCG/ML VIAL QL-4 VIALS 30 DY	90D; QL	3	PA	4	PA
SYMLINPEN 120 1000MCG/ML QL-4 PENS 30 DY	90D; QL	3	PA	4	PA
SYMLINPEN 60 1000MCG/ML QL-8 PENS 30 DY	90D; QL	3	PA	4	PA
<i>tolazamide tab</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Blood Glucose Regulators					
<i>Antidiabetic Agents</i>					
tolbutamide tab	90D	1		1	G
<i>Glycemic Agents</i>					
GLUCAGEN HYPOKIT QL-2 INJ 1 DY	QL	2		3	
GLUCAGON EMERG KIT QL-1 INJ 1 DY	QL	2		3	
PROGLYCEM SUSPENSION	90D	3		4	
<i>Insulins</i>					
APIDRA SOLOSTAR	90D	3	PA	4	PA
APIDRA VIAL	90D	3		4	
HUMALOG INSULIN PEN	90D	3	PA	4	PA
HUMALOG MIX 50/50 INSULIN PEN	90D	3	PA	4	PA
HUMALOG MIX 50/50 VIAL	90D	3		4	
HUMALOG MIX 75/25 INSULIN PEN	90D	3	PA	4	PA
HUMALOG MIX 75/25 VIAL	90D	3	PA	4	
HUMALOG VIAL	90D	3	PA	4	
HUMULIN 50/50 VIAL	90D	3		4	
HUMULIN 70/30 INSULIN PEN	90D	3	PA	4	PA
HUMULIN 70/30 VIAL	90D	3	PA	4	
HUMULIN N U-100 INSULIN PEN	90D	3	PA	4	PA
HUMULIN N VIAL	90D	3	PA	4	
HUMULIN R U-500 (CONC) VIAL	90D	3		4	
HUMULIN R VIAL	90D	3	PA	4	
LANTUS SOLOSTAR	90D	3	PA	3	PA
LANTUS VIAL	90D	3		3	
LEVEMIR FLEXPEN	90D	2	PA	3	PA
LEVEMIR VIAL	90D	2		3	
NOVOLIN 70/30 VIAL	90D	2		3	
NOVOLIN N VIAL	90D	2		3	
NOVOLIN R VIAL	90D	2		3	
NOVOLOG FLEXPEN	90D	2	ST	3	ST
NOVOLOG MIX 70/30 FLEXPEN	90D	2	PA	3	PA
NOVOLOG MIX 70/30 VIAL	90D	2		3	
NOVOLOG VIAL	90D	2		3	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Blood Products/Modifiers/ Volume Expanders					
Anticoagulants					
ARIXTRA 10MG SYRINGE		3	PA	5	PA
ARIXTRA 2.5MG SYRINGE		3	PA	4	PA
ARIXTRA 5MG SYRINGE		3	PA	5	PA
ARIXTRA 7.5MG SYRINGE		3	PA	5	PA
COUMADIN TAB	90D	3		3	
<i>enoxaparin 100mg/ml syringe</i>		4	PA	5	PA
<i>enoxaparin 120mg/0.8ml syringe</i>		4	PA	5	PA
<i>enoxaparin 150mg/ml syringe</i>		4	PA	5	PA
<i>enoxaparin 30mg/0.3ml syringe</i>		3	PA	4	PA
<i>enoxaparin 40mg/0.4ml syringe</i>		3	PA	4	PA
<i>enoxaparin 60mg/0.6ml syringe</i>		3	PA	4	PA
<i>enoxaparin 80mg/0.8ml syringe</i>		3	PA	4	PA
<i>heparin sod vial</i>		1		1	G
<i>heparin/d5w iv</i>		1		1	G
<i>heparin/nacl iv</i>		1		1	G
INNOHEP VIAL		4	PA	5	PA
<i>jantoven tab</i>	90D	1		1	G
PRADAXA CAPS QL-60 QY 30 DY	90D; QL	3		4	
<i>warfarin tab</i>	90D	1		1	G
Blood Formation Products					
LEUKINE VIAL		4	PA	5	PA
NEUMEGA VIAL		2	PA	3	PA
NEUPOGEN INJ		4	PA	5	PA
PROCRIT VIAL 10000U QL-12ML 28 DY	QL	3	PA	4	PA
PROCRIT VIAL 20000U QL-12ML 28 DY	QL	4	PA	5	PA
PROCRIT VIAL 2000U QL-12ML 28 DY	QL	3	PA	4	PA
PROCRIT VIAL 3000U QL-12ML 28 DY	QL	3	PA	4	PA
PROCRIT VIAL 40000U QL-8 ML 28 DY	QL	4	PA	5	PA
PROCRIT VIAL 4000U QL-12ML 28 DY	QL	3	PA	4	PA
Blood Products/Modifiers/ Volume Expanders					
CINRYZE VIAL QL-20 VIALS 30 DY	QL	4	PA	5	PA
PROMACTA TAB QL-30 QY 30 DY	QL	4	PA	5	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Blood Products/Modifiers/ Volume Expanders					
<i>Coagulants</i>					
CYKLOKAPRON AMPUL		2		3	
<i>Platelet Aggregation Inhibitors</i>					
AGGRENOX CAP QL-60 QY 30 DY	90D; QL	3		4	
<i>anagrelide cap</i>	90D	1		2	
<i>cilostazol tab</i>	90D	1		2	
<i>dipyridamole tab</i>	90D; HRM	1		1	G
EFFIENT TAB QL-30 QY 30 DY	90D; QL	3		4	
<i>pentoxifylline er tab, sr</i>	90D	1		1	G
PLAVIX 300MG TAB QL-1 QY 365 DY	QL	2		3	
PLAVIX 75MG TAB QL-30 QY 30 DY	90D; QL	2		3	
<i>ticlopidine tab</i>	90D	1		1	G
Cardiovascular Agents					
<i>Alpha-adrenergic Agonists</i>					
<i>clonidine patch QL-5 PTCH 30 DY</i>	90D; QL		NF	4	ST
<i>clonidine tab</i>	90D	1		1	G
CLORPRES TAB	90D	3		3	
<i>clorpres tab</i>	90D	3		3	
<i>guanabenz tab</i>	90D	1		1	G
<i>guanfacine tab</i>	90D	1		1	G
<i>methyldopa tab</i>	90D	1		1	G
<i>methyldopa/hctz tab</i>	90D	1		1	G
<i>Alpha-adrenergic Blocking Agents</i>					
DIBENZYLINE CAP	90D	3		3	
<i>prazosin cap</i>	90D	1		1	G
<i>reserpine tab</i>	90D	1		1	G
<i>Antiarrhythmics</i>					
<i>amiodarone tab</i>	90D	1		1	G
<i>disopyramide phosphate cap</i>	90D	1		2	
<i>flecainide tab</i>	90D	1		2	
<i>mexiletine cap</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Cardiovascular Agents					
Antiarrhythmics					
MULTAQ TAB QL-60 QY 30 DY	90D; QL	3		4	
NORPACE CR CAP	90D	3		3	
<i>pacerone 100mg tab</i>	90D	3		4	
<i>pacerone 200mg tab</i>	90D	1		1	G
<i>procainamide vial</i>		1		1	G
<i>propafenone hcl er cap</i>	90D	3		4	
<i>propafenone tab</i>	90D	1		2	
<i>quinidine gluconate cr tab</i>	90D	1		2	
<i>quinidine sulfate er tab</i>	90D	1		1	G
<i>quinidine sulfate tab</i>	90D	1		1	G
<i>sorine tab</i>	90D	1		2	
<i>sotalol tab</i>	90D	1		2	
TIKOSYN CAP	90D	3		3	
Beta-adrenergic Blocking Agents					
<i>acebutolol cap</i>	90D	1		1	G
<i>atenolol tab</i>	90D	1		1	G
<i>atenolol/chlorthalidone tab</i>	90D	1		1	G
<i>betaxolol tab</i>	90D	1		1	G
<i>bisoprolol tab</i>	90D	1		1	G
<i>bisoprolol/hctz tab</i>	90D	1		1	G
BYSTOLIC 10MG TAB QL-30 QY 30 DY	90D; QL	2		3	
BYSTOLIC 2.5MG TAB QL-30 QY 30 DY	90D; QL	2		3	
BYSTOLIC 20MG TAB QL-60 QY 30 DY	90D; QL	2		3	
BYSTOLIC 5MG TAB QL-30 QY 30 DY	90D; QL	2		3	
<i>carvedilol tab</i>	90D	1		1	G
COREG CR CAP QL-30 QY 30 DY	90D; QL	3		3	
INNOPRAN XL 120MG CAP24 QL-60 QY 30 DY	90D; QL	3		4	
INNOPRAN XL 80MG CAP24 QL-30 QY 30 DY	90D; QL	3		4	
<i>labetalol tab</i>	90D	1		1	G
<i>labetalol vial</i>		1		1	G
LEVATOL TAB	90D	3		4	
<i>metoprolol succinate er tab</i>	90D	1		1	G
<i>metoprolol tartrate tab</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Cardiovascular Agents					
Beta-adrenergic Blocking Agents					
<i>metoprolol tartrate vial</i>		1		1	G
<i>metoprolol/hctz tab</i>	90D	1		1	G
<i>nadolol tab</i>	90D	1		1	G
<i>nadolol/bendroflumethiazide tab</i>	90D	3		4	
<i>pindolol tab</i>	90D	1		1	G
<i>propranolol er 120mg cap QL-60 QY 30 DY</i>	90D; QL	3		2	
<i>propranolol er 160mg cap QL-30 QY 30 DY</i>	90D; QL	3		2	
<i>propranolol er 60mg cap QL-30 QY 30 DY</i>	90D; QL	3		2	
<i>propranolol er 80mg cap QL-30 QY 30 DY</i>	90D; QL	3		2	
<i>propranolol soln oral</i>	90D	1		1	G
<i>propranolol tab</i>	90D	1		1	G
<i>propranolol vial</i>		1		1	G
<i>propranolol/hctz tab</i>	90D	1		1	G
<i>timolol tab</i>	90D	1		1	G
Calcium Channel Blocking Agents					
<i>afeditab cr tab</i>	90D	1		1	G
<i>amlodipine tab</i>	90D	1		1	G
<i>cartia xt cap</i>	90D	1		1	G
COVERA-HS TAB	90D	3		4	
<i>dilt-cd cap</i>	90D	1		1	G
<i>dilt-xr cap</i>	90D	1		1	G
<i>diltiazem cd cap</i>	90D	1		1	G
<i>diltiazem er 180mg tab24 QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>diltiazem er 240mg tab24 QL-60 QY 30 DY</i>	90D; QL	3		4	
<i>diltiazem er 300mg tab24 QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>diltiazem er 360mg tab24 QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>diltiazem er 420mg tab24 QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>diltiazem er cap12</i>	90D	1		1	G
<i>diltiazem er cap24</i>	90D	1		1	G
<i>diltiazem tab</i>	90D	1		1	G
<i>diltiazem vial</i>		1		1	G
<i>diltzac cap</i>	90D	1		1	G
DYNACIRC CR TAB	90D	3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Cardiovascular Agents					
<i>Calcium Channel Blocking Agents</i>					
<i>felodipine er tab</i>	90D	3		2	
<i>isradipine cap</i>	90D	3		4	
<i>nicardipine cap</i>	90D	1		1	G
<i>nifediac cc tab, sr</i>	90D	1		1	G
<i>nifedical xl tab</i>	90D	1		1	G
<i>nifedipine cap</i>	90D; HRM	3		4	
<i>nifedipine er tab</i>	90D	1		1	G
<i>nimodipine cap</i>		3		2	
<i>nisoldipine 17mg tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>nisoldipine 20mg tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>nisoldipine 25.5mg tab QL-60 QY 30 DY</i>	90D; QL	3		4	
<i>nisoldipine 30mg tab QL-60 QY 30 DY</i>	90D; QL	3		4	
<i>nisoldipine 34mg tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>nisoldipine 40mg tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>nisoldipine 8.5mg tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>taztia xt cap</i>	90D	1		1	G
<i>verapamil ampul</i>		1		1	G
<i>verapamil hcl er cap,24hr</i>	90D	1		1	G
<i>verapamil hcl er tab</i>	90D	1		1	G
<i>verapamil hcl sr cap,24hr</i>	90D	1		1	G
<i>verapamil hcl tab</i>	90D	1		1	G
<i>Cardiovascular Agents, Other</i>					
DEMSER CAP		3		4	
<i>digoxin ampul</i>		1		1	G
<i>digoxin soln oral</i>	90D	1		1	G
<i>digoxin tab</i>	90D	1		1	G
LANOXIN TAB	90D	3		3	
<i>midodrine tab</i>	90D	3		2	
RANEXA TAB QL-60 QY 30 DY	90D; QL	3	ST	3	ST
SAMSCA 15MG TAB QL-30 QY 30 DY	QL	4	PA	5	PA
SAMSCA 30MG TAB QL-60 QY 30 DY	QL	4	PA	5	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Cardiovascular Agents					
Diuretics					
<i>acetazolamide cap</i>	90D	1		2	
<i>acetazolamide tab</i>	90D	1		1	G
<i>amiloride /hctz tab</i>	90D	1		1	G
<i>amiloride tab</i>	90D	1		2	
<i>bumetanide tab</i>	90D	1		1	G
<i>bumetanide vial</i>		1		1	G
<i>chlorothiazide tab</i>	90D	1		1	G
<i>chlorthalidone tab</i>	90D	1		1	G
DYRENIUM CAP	90D	3		4	
EDECRIIN TAB	90D	3		4	
<i>furosemide soln oral</i>	90D	1		1	G
<i>furosemide tab</i>	90D	1		1	G
<i>furosemide vial</i>		1		1	G
<i>hydrochlorothiazide cap</i>	90D	1		1	G
<i>hydrochlorothiazide tab</i>	90D	1		1	G
<i>indapamide tab</i>	90D	1		1	G
<i>methyclothiazide tab</i>	90D	1		1	G
<i>metolazone tab</i>	90D	1		1	G
THALITONE TAB	90D	3		3	
<i>toremide tab</i>	90D	1		1	G
<i>triamterene/hctz cap</i>	90D	1		1	G
<i>triamterene/hctz tab</i>	90D	1		1	G
Dyslipidemics					
ADVICOR 20;1000MG TAB QL-60 QY 30 DY	90D; QL	3		4	
ADVICOR 20;500MG TAB QL-30 QY 30 DY	90D; QL	3		4	
ADVICOR 20;750MG TAB QL-60 QY 30 DY	90D; QL	3		4	
ADVICOR 40;1000MG TAB QL-30 QY 30 DY	90D; QL	3		4	
ALTOPREV TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
ANTARA CAP QL-30 QY 30 DY	90D; QL	3		4	
<i>cholestyramine light packet</i>	90D	1		2	
<i>cholestyramine light powder</i>	90D	1		2	
<i>cholestyramine packet</i>	90D	1		2	
<i>cholestyramine powder</i>	90D	1		2	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Cardiovascular Agents					
<i>Dyslipidemics</i>					
<i>colestipol granules</i>	90D	3		2	
<i>colestipol packet</i>	90D	3		2	
<i>colestipol tab</i>	90D	3		2	
CRESTOR TAB QL-30 QY 30 DY	90D; QL	2		3	
<i>fenofibrate micronized cap</i>	90D	1		1	G
<i>fenofibrate tab</i>	90D	1		1	G
FENOGLIDE TAB QL-30 QY 30 DY	90D; QL	3		4	
<i>gemfibrozil tab</i>	90D	1		1	G
LESCOL 20MG CAP QL-30 QY 30 DY	90D; QL	3	ST	4	ST
LESCOL 40MG CAP QL-60 QY 30 DY	90D; QL	3	ST	4	ST
LESCOL XL TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
LIPOFEN 150MG CAP QL-30 QY 30 DY	90D; QL	3		4	
LIPOFEN 50MG CAP QL-90 QY 30 DY	90D; QL	3		4	
LIVALO TAB QL-30 QY 30 DY	90D; QL	3		4	
<i>lovastatin tab</i>	90D	1		1	G
LOVAZA CAP QL-120 QY 30 DY	90D; QL	2		3	
NIACOR TAB	90D	2		3	
NIASPAN 1000MG TABCR QL-60 QY 30 DY	90D; QL	2		3	
NIASPAN 500MG TABCR QL-30 QY 30 DY	90D; QL	2		3	
NIASPAN 750MG TABCR QL-60 QY 30 DY	90D; QL	2		3	
<i>pravastatin tab</i>	90D	1		1	G
<i>prevalite packet</i>	90D	1		2	
<i>prevalite powder</i>	90D	1		2	
<i>simvastatin tab 10mg</i>	90D	1		1	G
<i>simvastatin tab 20mg</i>	90D	1		1	G
<i>simvastatin tab 40mg</i>	90D	1		1	G
<i>simvastatin tab 5mg</i>	90D	1		1	G
<i>simvastatin tab 80mg</i>	90D	1	PA	1	G; PA
TRICOR TAB QL-30 QY 30 DY	90D; QL	3		4	
TRIGLIDE TAB QL-30 QY 30 DY	90D; QL	3		4	
TRILIPIX CAP QL-30 QY 30 DY	90D; QL	3		4	
VYTORIN TAB 10/10MG QL-30 QY 30 DY	90D; QL	2		3	
VYTORIN TAB 10/20MG QL-30 QY 30 DY	90D; QL	2		3	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Cardiovascular Agents					
<i>Dyslipidemics</i>					
VYTORIN TAB 10/40MG QL-30 QY 30 DY	90D; QL	2		3	
VYTORIN TAB 10/80MG QL-30 QY 30 DY	90D; QL	2	PA	3	PA
WELCHOL 3.75GM PACK QL-30 PACK 30 DY	90D; QL		NF	4	ST
WELCHOL 625MG TAB QL-180 QY 30 DY	90D; QL		NF	4	ST
ZETIA TAB QL-30 QY 30 DY	90D; QL	3		4	
<i>Renin-angiotensin-aldosterone System Inhibitors</i>					
<i>amlodipine/benazepril 10;20mg cap QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>amlodipine/benazepril 10;40mg cap QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>amlodipine/benazepril 2.5;10mg cap QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>amlodipine/benazepril 5;10mg cap QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>amlodipine/benazepril 5;20mg cap QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>amlodipine/benazepril 5;40mg cap QL-30 QY 30 DY</i>	90D; QL	3		4	
ATACAND HCT TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
ATACAND TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
AVALIDE TAB QL-30 QY 30 DY	90D; QL	2		3	
AVAPRO TAB QL-30 QY 30 DY	90D; QL	2		3	
<i>benazepril tab</i>	90D	1		1	G
<i>benazepril/hctz tab</i>	90D	1		1	G
BENICAR HCT TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
BENICAR TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
<i>captopril tab</i>	90D	1		1	G
<i>captopril/hctz tab</i>	90D	1		1	G
DIOVAN HCT TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
DIOVAN TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
<i>enalapril tab</i>	90D	1		1	G
<i>enalapril/hctz tab</i>	90D	1		1	G
<i>eplerenone tab</i>	90D	3		4	
<i>fosinopril tab</i>	90D	1		1	G
<i>fosinopril/hctz tab</i>	90D	1		1	G
<i>lisinopril tab</i>	90D	1		1	G
<i>lisinopril/hctz tab</i>	90D	1		1	G
<i>losartan pot/hctz tab QL-30 QY 30 DY</i>	90D; QL	1		2	
<i>losartan potassium 100mg tab QL-30 QY 30 DY</i>	90D; QL	1		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	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Cardiovascular Agents					
<i>Renin-angiotensin-aldosterone System Inhibitors</i>					
<i>losartan potassium 25mg tab QL-30 QY 30 DY</i>	90D; QL	1		2	
<i>losartan potassium 50mg tab QL-30 QY 30 DY</i>	90D; QL	1		2	
MICARDIS HCT TAB QL-30 QY 30 DY	90D; QL	2		3	
MICARDIS TAB QL-30 QY 30 DY	90D; QL	2		3	
<i>moexipril tab</i>	90D	1		1	G
<i>moexipril/hctz tab</i>	90D	1		1	G
<i>perindopril 2mg tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>perindopril 4mg tab QL-30 QY 30 DY</i>	90D; QL	3		4	
<i>perindopril 8mg tab QL-60 QY 30 DY</i>	90D; QL	3		4	
<i>quinapril tab</i>	90D	1		1	G
<i>quinapril/hydrochlorothiazide tab</i>	90D	1		1	G
<i>ramipril cap</i>	90D	1		1	G
<i>spironolactone /hctz tab</i>	90D	1		1	G
<i>spironolactone tab</i>	90D	1		1	G
<i>trandolapril tab</i>	90D	1		1	G
TWYNSTA TAB QL-30 QY 30 DY	90D; QL	3		4	
<i>Vasodilators</i>					
DILATRATE SR CAP, CR	90D	3		3	
<i>hydralazine tab</i>	90D	1		1	G
<i>hydralazine vial</i>		1		1	G
<i>isosorbide dinitrate er tab</i>	90D	1		1	G
<i>isosorbide dinitrate tab</i>	90D	1		1	G
<i>isosorbide dinitrate tab, subl</i>	90D	1		1	G
<i>isosorbide mononitrate er tab</i>	90D	1		1	G
<i>isosorbide mononitrate tab</i>	90D	1		1	G
<i>minoxidil tab</i>	90D	1		1	G
NITRO-BID OINT	90D	2		3	
NITRO-DUR PATCH QL-30 PTCH 30 DY	90D; QL	1		1	G
<i>nitroglycerin pumpspray</i>	90D	3		4	
<i>nitroglycerin vial</i>		1		1	G
NITROMIST SPRAY	90D	3		4	
NITROSTAT TAB, SUBL	90D	2		3	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Central Nervous System Agents					
Amphetamines, ADHD					
<i>amphetamine salt combo 1.25mg tab</i>	HRM	1		2	
<i>amphetamine salt combo 1.875mg tab</i>	HRM	1		2	
<i>amphetamine salt combo 2.5mg tab</i>	HRM	1		2	
<i>amphetamine salt combo 3.125mg tab</i>	HRM	1		2	
<i>amphetamine salt combo 3.75mg tab</i>	HRM	1		2	
<i>amphetamine salt combo 5mg tab</i>	HRM	1		2	
<i>amphetamine salt combo 7.5mg tab</i>	HRM	1		2	
<i>amphetamine/dextroamphetamine er 10mg cap QL-30 QY 30 DY</i>	HRM; QL	3	ST	4	ST
<i>amphetamine/dextroamphetamine er 15mg cap QL-30 QY 30 DY</i>	HRM; QL	3	ST	4	ST
<i>amphetamine/dextroamphetamine er 20mg cap QL-30 QY 30 DY</i>	HRM; QL	3	ST	4	ST
<i>amphetamine/dextroamphetamine er 25mg cap QL-30 QY 30 DY</i>	HRM; QL	3	ST	4	ST
<i>amphetamine/dextroamphetamine er 30mg cap QL-60 QY 30 DY</i>	HRM; QL	3	ST	4	ST
<i>amphetamine/dextroamphetamine er 5mg cap QL-30 QY 30 DY</i>	HRM; QL	3	ST	4	ST
<i>dextroamphetamine sulfate er cap,24hr</i>	HRM	3	ST	4	
<i>dextroamphetamine sulfate tab</i>	HRM	1		1	G
Non-amphetamines, ADHD					
CONCERTA TAB 18MG QL-30 QY 30 DY	HRM; QL	3	ST	4	ST
CONCERTA TAB 27MG QL-30 QY 30 DY	HRM; QL	3	ST	4	ST
CONCERTA TAB 36MG QL-60 QY 30 DY	HRM; QL	3	ST	4	ST
CONCERTA TAB 54MG QL-30 QY 30 DY	HRM; QL	3	ST	4	ST
<i>dexmethylphenidate tab</i>	HRM	1		2	
METADATE CD CAP QL-30 QY 30 DY	HRM; QL	3	ST	4	ST
<i>metadate er tab</i>	HRM	1		1	G
<i>methylin er tab</i>	HRM	1		1	G
<i>methylin tab</i>	HRM	1		1	G
<i>methylphenidate sr tab</i>	HRM	1		1	G
<i>methylphenidate tab</i>	HRM	1		1	G
RITALIN LA 10MG CAP QL-30 QY 30 DY	HRM; QL	3	ST	4	ST

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Central Nervous System Agents					
<i>Non-amphetamines, ADHD</i>					
RITALIN LA 20MG CAP QL-30 QY 30 DY	HRM; QL	3	ST	4	ST
RITALIN LA 30MG CAP QL-60 QY 30 DY	HRM; QL	3	ST	4	ST
RITALIN LA 40MG CAP QL-30 QY 30 DY	HRM; QL	3	ST	4	ST
<i>Non-amphetamines, Other</i>					
NUVIGIL TAB QL-30 QY 30 DY	QL	3	PA	4	PA
RILUTEK TAB		2	PA	3	PA
XYREM SOLN ORAL QL-540ML 30 DY	QL	4		5	
Dental and Oral Agents					
<i>Dental and Oral Agents</i>					
<i>chlorhexidine gluconate oral rinse</i>		1		1	G
<i>doxycycline hyclate 20mg tabs</i>		3		4	
EVOXAC CAP	90D	2		3	
<i>periogard mouthwash</i>		1		1	G
<i>pilocarpine tab</i>	90D	3		2	
<i>triamcinolone in orabase paste</i>		1		1	G
Dermatological Agents					
<i>Dermatological Agents</i>					
8-MOP CAP	90D	2		3	
AKNE-MYCIN OINT		3		4	
<i>alclometasone dipropionate cream</i>	90D	1		1	G
<i>alclometasone dipropionate oint</i>	90D	1		1	G
ALTABAX OINT QL-15 GM 30 DY	QL	3		4	
<i>amcinonide cream</i>	90D	1		1	G
<i>amcinonide lotion</i>	90D	1		1	G
<i>amcinonide oint</i>	90D	1		1	G
<i>ammonium lactate cream</i>	90D	1		1	G
<i>ammonium lactate lotion</i>	90D	1		1	G
<i>amnestem cap</i>		3		4	
<i>apexicon e cream</i>	90D	3		4	
<i>augmented betameth dip cream</i>	90D	1		1	G
<i>augmented betameth dip gel</i>	90D	1		1	G
<i>augmented betameth dip lotion</i>	90D	1		1	G
<i>augmented betameth dip oint</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Dermatological Agents					
<i>Dermatological Agents</i>					
AZELEX CREAM	90D	3		4	
BACTROBAN CREAM			NF	4	
<i>beta-val cream</i>	90D	1		1	G
<i>beta-val lotion</i>	90D	1		1	G
<i>beta-val oint</i>	90D	1		1	G
<i>betamethasone diprop cream</i>	90D	1		1	G
<i>betamethasone diprop lotion</i>	90D	1		1	G
<i>betamethasone diprop oint</i>	90D	1		1	G
<i>calcipotriene soln non-oral</i>	90D	3		4	
CAPEX SHAMPOO	90D	3		3	
CARAC CREAM	90D	3		4	
<i>claravis cap</i>		3		4	
<i>clindamycin phos gel</i>		1		1	G
<i>clindamycin phos lotion</i>		1		1	G
<i>clindamycin phos soln</i>		1		1	G
<i>clindamycin phos swab</i>		1		1	G
<i>clindamycin/benzoyl peroxide gel</i>	90D	3		4	
<i>clobetasol propionate e cream</i>	90D	1		1	G
<i>clobetasol propionate gel</i>	90D	1		1	G
<i>clobetasol propionate oint</i>	90D	1		1	G
<i>clobetasol propionate soln</i>	90D	1		1	G
CLOBEX LOTION	90D		NF	4	
CLOBEX SHAMPOO	90D		NF	4	
CLOBEX SPRAY,TOPICAL	90D		NF	4	
CLODERM CREAM	90D	3		4	
CONDYLOX GEL		3		4	
CORDRAN LOTION	90D	3		4	
CORDRAN SP CREAM	90D	3		4	
CORDRAN TAPE	90D	3		4	
DERMA-SMOOTH/FS BODY OIL OIL	90D	3		3	
<i>desonide cream</i>	90D	1		1	G
<i>desonide lotion</i>	90D	1		1	G
<i>desonide oint</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Dermatological Agents					
<i>Dermatological Agents</i>					
<i>desoximetasone cream</i>	90D	3		2	
<i>desoximetasone gel</i>	90D	3		2	
<i>desoximetasone oint</i>	90D	3		2	
<i>diflorasone diacet cream</i>	90D	3		2	
<i>diflorasone diacet oint</i>	90D	3		2	
DOVONEX CREAM	90D	3		4	
ELIDEL CREAM QL-30 GM 30 DY	90D; QL	3	ST	4	ST
<i>ery swab</i>		1		1	G
<i>erythromycin gel</i>		1		1	G
<i>erythromycin soln</i>		1		1	G
<i>erythromycin/benzoyl peroxide gel</i>		3		4	
FINACEA GEL	90D	3		4	
FINACEA PLUS KIT		3		4	
FLECTOR PTCH QL-60 PTCH 30 DY	90D; QL	3		4	
<i>fluocinolone acetonide cream</i>	90D	1		1	G
<i>fluocinolone acetonide oint</i>	90D	1		1	G
<i>fluocinolone acetonide soln</i>	90D	1		1	G
<i>fluocinonide emollient base cream</i>	90D	1		1	G
<i>fluocinonide gel</i>	90D	1		1	G
<i>fluocinonide oint</i>	90D	1		1	G
<i>fluocinonide soln non-oral</i>	90D	1		1	G
FLUOROPLEX CREAM	90D	3		3	
<i>fluorouracil cream</i>	90D	1		2	
<i>fluorouracil soln</i>	90D	1		2	
<i>fluticasone propionate cream</i>	90D	1		1	G
<i>fluticasone propionate oint</i>	90D	1		1	G
<i>gentamicin sulfate cream</i>		1		1	G
<i>gentamicin sulfate oint</i>		1		1	G
<i>halobetasol propionate cream</i>	90D	3		2	
<i>halobetasol propionate oint</i>	90D	3		2	
HALOG CREAM	90D	3		4	
HALOG OINT	90D	3		4	
<i>hydrocortisone butyrate cream</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Dermatological Agents					
<i>Dermatological Agents</i>					
<i>hydrocortisone butyrate oint</i>	90D	1		1	G
<i>hydrocortisone butyrate soln</i>	90D	1		1	G
<i>hydrocortisone cream</i>	90D	1		1	G
<i>hydrocortisone in absorbase oint</i>	90D	1		1	G
<i>hydrocortisone lotion</i>	90D	1		1	G
<i>hydrocortisone oint</i>	90D	1		1	G
<i>hydrocortisone valerate cream</i>	90D	1		1	G
<i>hydrocortisone valerate oint</i>	90D	1		1	G
<i>imiquimod cream QL-12 PACK 30 DY</i>	QL	3		4	
KENALOG AERO	90D	3		4	
<i>laclotion lotion</i>	90D	1		1	G
METROGEL	90D		NF	4	
<i>metronidazole cream</i>	90D	1		1	G
<i>metronidazole gel</i>	90D	1		1	G
<i>metronidazole lotion</i>	90D	1		1	G
<i>mometasone furoate cream</i>	90D	1		1	G
<i>mometasone furoate oint</i>	90D	1		1	G
<i>mometasone furoate soln</i>	90D	1		1	G
<i>mupirocin oint</i>		1		1	G
NORITATE CREAM	90D	3		4	
OXSORALEN LOTION		2		3	
OXSORALEN ULTRA CAP		4		5	
PANRETIN GEL		2		3	
<i>podofilox soln</i>		1		2	
<i>prednicarbate cream</i>	90D	1		1	G
<i>prednicarbate oint</i>	90D	1		1	G
PROTOPIC OINT QL-30 GM 30 DY	90D; QL	3	ST	4	ST
REGRANEX GEL QL-15 GM 30 DY	QL	4	PA	5	PA
SANTYL OINT		3		4	
<i>scalacort lotion</i>	90D	1		1	G
<i>silver sulfadiazine cream</i>		1		1	G
<i>sodium chloride irrigation</i>		1		1	G
<i>sodium sulfacet lotion</i>		3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Dermatological Agents					
<i>Dermatological Agents</i>					
SOLARAZE GEL QL-100 GM 30 DY	QL	3		3	
SORIATANE CAP QL-60 QY 30 DY	QL	3		4	
<i>sotret cap</i>		3		4	
<i>ssd cream</i>		1		1	G
SULFAMYLON CREAM		3		4	
SULFAMYLON PACKET		3		4	
TARGRETIN GEL QL-60 GM 30 DY	QL	4	PA	5	PA
TAZORAC CREAM QL-30 GM 30 DY	QL	3		4	
TAZORAC GEL QL-30 GM 30 DY	QL	3		4	
TEXACORT SOLN NON-ORAL	90D	3		4	
<i>thermazene cream</i>		1		1	G
<i>tretinoin cream</i>	90D	1		2	
<i>tretinoin gel</i>	90D	1		2	
<i>triamcinolone acetonide cream</i>	90D	1		1	G
<i>triamcinolone acetonide in absorbase oint</i>	90D	1		1	G
<i>triamcinolone acetonide lotion</i>	90D	1		1	G
<i>triamcinolone acetonide oint</i>	90D	1		1	G
<i>triderm cream</i>	90D	1		1	G
VANOS CREAM	90D	3		4	
VECTICAL OINT			NF	4	
VEREGEN OINT QL-15 GM 30 DY	QL	3		4	
VOLTAREN GEL QL-1000 GM 30 DY	QL	3		4	
ZONALON CREAM QL-45 GM 30 DY	QL	3		4	
ZYCLARA 3.75% CREAM QL-28 PACK 30 DY	QL	3		4	
Enzyme Replacements/ Modifiers					
<i>Enzyme Replacements/ Modifiers</i>					
ADAGEN VIAL		4	PA	5	PA
ALDURAZYME VIAL		4	PA	5	PA
BUPHENYL TAB		4	PA	5	PA
CEREDASE VIAL		4	PA	5	PA
CEREZYME VIAL		4	PA	5	PA
CYSTADANE POWDER		3	PA	4	PA
CYSTAGON CAP	90D	3	PA	4	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Enzyme Replacements/ Modifiers					
<i>Enzyme Replacements/ Modifiers</i>					
ELAPRASE VIAL		4	PA	5	PA
FABRAZYME VIAL		4	PA	5	PA
NAGLAZYME VIAL		4	PA	5	PA
ORFADIN CAP		4	PA	5	PA
ZAVESCA CAP		4	PA	5	PA
ZENPEP CAP	90D	2		3	
Gastrointestinal Agents					
<i>Antispasmodics, Gastrointestinal</i>					
CANTIL TAB	90D	3		4	
<i>dicyclomine cap</i>	90D; HRM	1		1	G
<i>dicyclomine syrup</i>	90D; HRM	1		1	G
<i>dicyclomine tab</i>	90D; HRM	1		1	G
<i>dicyclomine vial</i>	HRM	1		1	G
<i>diphenoxylate/atropine liquid</i>	HRM	1		1	G
<i>diphenoxylate/atropine tab</i>	HRM	1		1	G
<i>glycopyrrolate tab</i>	90D	3		4	
<i>glycopyrrolate vial</i>		3		4	
<i>loperamide caps</i>	90D	1		1	G
<i>methscopolamine bromide tab</i>	90D	3		4	
MOTOFEN TAB	HRM	3		4	
<i>propantheline bromide tab</i>	90D; HRM	3		4	
<i>Gastrointestinal Agents, Other</i>					
AMITIZA CAP QL-60 QY 30 DY	90D; QL	2		3	
<i>constulose soln oral</i>	90D	1		1	G
CORTIFOAM		2		3	
<i>enulose soln oral</i>	90D	1		1	G
GASTROCROM SOLN ORAL	90D	2		3	
<i>gavilyte-c soln oral QL-1 KIT QY 30 DY</i>	QL	1		1	G
<i>gavilyte-g soln oral QL-1 KIT QY 30 DY</i>	QL	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Gastrointestinal Agents					
<i>Gastrointestinal Agents, Other</i>					
<i>gavilyte-n QL-1 KIT QY 30 DY</i>	QL	1		1	G
<i>generlac soln oral</i>	90D	1		1	G
GOLYTELY QL-1 KIT QY 30 DY	QL	3		4	
HALFLYTELY BOWEL PREP KIT/FLAVOR PACKS QL-1 KIT QY 30 DY	QL	3		4	
KRISTALOSE PACKET	90D		NF	4	
<i>lactulose soln oral</i>	90D	1		1	G
<i>metoclopramide soln oral</i>	90D	1		1	G
<i>metoclopramide tab</i>	90D	1		1	G
<i>metoclopramide vial</i>		1		1	G
MOVIPREP QL-1 KIT QY 30 DY	QL	3		4	G
NULYTELY QL-1 KIT QY 30 DY	QL	2		3	G
OSMOPREP TAB		3		4	G
<i>peg 3350 QL-1 KIT QY 30 DY</i>	QL	1		1	G
<i>polyethylene glycol 3350 powder</i>		1		1	G
<i>proctosol hc cream</i>		1		1	G
<i>proctozone-hc cream</i>		1		1	G
SUPREP BOWL PREP QL-1 KIT QY 30 DY	QL	3		4	G
<i>trilyte soln oral QL-1 KIT QY 30 DY</i>	QL	1		1	G
<i>ursodiol cap 300mg</i>	90D	1		2	
<i>ursodiol tab 250mg</i>	90D	3		4	
<i>ursodiol tab 500mg</i>	90D	3		4	
VISICOL TAB		3		4	
<i>Histamine2 (H2) Blocking Agents</i>					
<i>cimetidine soln oral</i>	90D	1		1	G
<i>cimetidine tab</i>	90D	1		1	G
<i>cimetidine vial</i>		1		1	G
<i>famotidine iv</i>		3		4	
<i>famotidine suspension</i>	90D	3		4	
<i>famotidine tab</i>	90D	1		1	G
<i>famotidine vial</i>		1		1	G
<i>nizatadine oral soln</i>	90D	3		4	
<i>nizatidine cap</i>	90D	3		2	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Gastrointestinal Agents					
<i>Histamine2 (H2) Blocking Agents</i>					
<i>ranitidine cap</i>	90D	1		1	G
<i>ranitidine syrup</i>	90D	3		4	
<i>ranitidine tab</i>	90D	1		1	G
<i>ranitidine vial</i>		1		1	G
<i>Irritable Bowel Syndrome Agents</i>					
LOTRONEX TAB QL-60 QY 30 DY	QL	2	PA	3	PA
<i>Protectants</i>					
<i>misoprostol tab</i>	90D	1		2	
<i>sucralfate tab</i>	90D	1		1	G
<i>Proton Pump Inhibitors</i>					
ACIPHEX TAB QL-30 QY 30 DY	90D; QL		NF	4	ST
DEXILANT CAPS QL-30 QY 30 DY	90D; QL	3	ST	4	ST
<i>lansoprazole capr QL-30 QY 30 DY</i>	90D; QL	3		4	
NEXIUM CAP QL-30 QY 30 DY	90D; QL	2		3	
NEXIUM IV		2		3	
NEXIUM PACK QL-30 PACK 30 DY	90D; QL	2		3	
<i>omeprazole 10mg cap QL-30 QY 30 DY</i>	90D; QL	1		1	G
<i>omeprazole 20mg cap</i>	90D	1		1	G
<i>omeprazole 40mg cap QL-60 QY 30 DY</i>	90D; QL	1		1	G
<i>pantoprazole tab QL-30 QY 30 DY</i>	90D; QL	1		1	G
Genitourinary Agents					
<i>Antispasmodics, Urinary</i>					
DETROL LA CAP QL-30 QY 30 DY	90D; QL		NF	4	
DETROL TAB	90D		NF	4	
ENABLEX TAB QL-30 QY 30 DY	90D; QL	3	ST	4	
<i>flavoxate tab</i>	90D	3		2	
GELNIQUE GEL QL-30 PACK 30 DY	90D; QL	3		4	
<i>oxybutynin er 10mg tab QL-30 QY 30 DY</i>	90D; QL	3	ST	4	
<i>oxybutynin er 15mg tab QL-60 QY 30 DY</i>	90D; QL	3	ST	4	
<i>oxybutynin er 5mg tab QL-30 QY 30 DY</i>	90D; QL	3	ST	4	
<i>oxybutynin syrup</i>	90D	1		1	G
<i>oxybutynin tab</i>	90D	1		1	G
OXYTROL PATCH QL-8 PTCH 28 DY	90D; QL	3	ST	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	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Genitourinary Agents					
<i>Antispasmodics, Urinary</i>					
SANCTURA XR CAP QL-30 QY 30 DY	90D; QL	2		3	
<i>trospium tab QL-60 QY 30 DY</i>	90D; QL	1		2	
VESICARE TAB QL-30 QY 30 DY	90D; QL	2		3	
<i>Benign Prostatic Hypertrophy Agents</i>					
AVODART CAP QL-30 QY 30 DY	90D; QL	2		3	
<i>doxazosin mesylate tab</i>	90D	1		1	G
<i>finasteride tab</i>	90D	1		1	G
JALYN CAP QL-30 QY 30 DY	90D; QL	2		3	
RAPAFLO CAP QL-30 QY 30 DY	90D; QL	3		4	
<i>tamsulosin cap QL-60 QY 30 DY</i>	90D; QL	1		1	G
<i>terazosin cap</i>	90D	1		1	G
<i>Genitourinary Agents, Other</i>					
<i>bethanechol tab</i>	90D	3		2	
CLEOCIN VAGINAL SUPP		3		3	
<i>clindamycin phos cream</i>		1		1	G
CLINDESSE CREAM		3		4	
ELMIRON CAP		2		3	
GYNAZOLE-1 CREAM		3		4	
LEVITRA TAB QL-4 QY 30 DY	QL		NF	3	EXCL-D
<i>metronidazole vaginal gel</i>		1		1	G
<i>terconazole cream</i>		1		1	G
<i>terconazole vaginal supp</i>		3		4	
<i>vandazole gel</i>		1		1	G
<i>zazole cream</i>		1		1	G
<i>Phosphate Binders</i>					
<i>calcium acet cap</i>	90D	3		4	
<i>eliphos tab</i>	90D	1		2	
FOSRENOL CHEW QL-90 QY 30 DY	90D; QL	3		4	
RENVELA 2.4GM PACK QL-90 QY 30 DY	90D; QL	2		3	

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EXCL-D: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Genitourinary Agents					
<i>Phosphate Binders</i>					
RENVELA 800MG TABS	90D	2		3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)					
<i>Glucocorticoids/ Mineralocorticoids</i>					
<i>a-hydrocort solr</i>		1		1	G
<i>a-methapred vial</i>		3		2	
CELESTONE SOLN ORAL	90D	3		3	
<i>cortisone acet tab</i>	90D	1		1	G
<i>dexamethasone elixir</i>	90D	1		1	G
<i>dexamethasone intensol drops</i>	90D	1		1	G
<i>dexamethasone sod phos vial</i>		1		1	G
<i>dexamethasone tab</i>	90D	1		1	G
<i>fludrocortisone tab</i>	90D	1		1	G
<i>hydrocortisone tab</i>	90D	1		1	G
<i>methylprednisolone acet vial</i>		1		2	
<i>methylprednisolone sod succ vial</i>		3		2	
<i>methylprednisolone tab</i>	90D	1		1	G
<i>millipred tab</i>	90D	3		4	
<i>prednisolone sod phos soln oral</i>	90D	1		1	G
<i>prednisolone syrup</i>	90D	1		1	G
<i>prednisone intensol conc oral</i>	90D	1		1	G
<i>prednisone soln oral</i>	90D	1		1	G
<i>prednisone tab</i>	90D	1		1	G
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)					
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>					
<i>chorionic gonadotropin vial</i>		1		1	G
<i>desmopressin acet nasal aerosol</i>	90D	3		2	
<i>desmopressin acet nasal soln</i>	90D	3		2	
<i>desmopressin acet tab</i>	90D	3		2	
<i>desmopressin acet vial</i>		3		2	
INCRELEX VIAL		3	PA	4	PA
METHERGINE TAB		3		4	
OMNITROPE CARTRIDGE 10MG/1.5ML		4	PA	5	PA
OMNITROPE VIAL 5.8MG		4	PA	5	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)					
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>					
OMNITROPE VIAL 5MG/1.5ML		3	PA	4	PA
SEROSTIM VIAL		4	PA	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)					
<i>Anabolic Steroids</i>					
ANADROL-50 TAB		2	PA	3	PA
<i>oxandrolone tab 10mg QL-60 QY 30 DY</i>	QL	4	PA	5	PA
<i>oxandrolone tab 2.5mg QL-120 QY 30 DY</i>	QL	3	PA	4	PA
<i>Androgens</i>					
ANDROGEL GEL		2	PA	3	PA
ANDROGEL PUMP 1% GEL		2	PA	3	PA
ANDROGEL PUMP 1.62% GEL		2	PA	3	PA
<i>androxy tab</i>		1	PA	2	PA
<i>danazol cap</i>		3		2	
<i>testosterone cypionate vial</i>		3		2	
<i>testosterone enanthate vial</i>		3		2	
TESTRED CAP	HRM	3	PA	4	PA
<i>Estrogens</i>					
ACTIVELLA 0.5;0.1MG TAB	90D	3		4	
ALORA PATCH QL-8 PTCH 28 DY	90D; QL	3		4	
ANGELIQ TAB QL-30 QY 30 DY	90D; QL	3		4	
CENESTIN TAB QL-30 QY 30 DY	90D; HRM; QL	3		4	
CLIMARA PRO PATCH QL-4 PTCH 28 DY	90D; QL	3		4	
COMBIPATCH PATCH QL-8 PTCH 28 DY	90D; QL	3		4	
DEPO-ESTRADIOL VIAL		3		4	
DIVIGEL GEL QL-30 GM 30 DY	90D; QL	3		4	
ENJUVIA TAB QL-30 QY 30 DY	90D; HRM; QL	3		4	
ESTRACE CREAM	90D	3		4	
ESTRADERM PATCH QL-8 PTCH 28 DY	90D; QL	3		4	
<i>estradiol patch</i>	90D	1		1	G
<i>estradiol tab</i>	90D	1		1	G
<i>estradiol/norethindrone 0.5; 0.1mg tab</i>	90D	3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)					
<i>Estrogens</i>					
<i>estradiol/norethindrone 1;0.5mg tab</i>	90D	3		4	
ESTRASORB EMUL QL-56 POUCHES 28 DY	90D; QL	3		4	
ESTRING RING QL-1 RING 90 DY	90D; QL	3		4	
<i>estropipate tab</i>	90D; HRM	1		1	G
EVAMIST SPRAY QL-2 BOTTLES 30 DY	QL	3		4	
FEMHRT LOW DOSE TAB	90D	3		4	
FEMRING RING QL-1 RING 84 DY	90D; QL	3		4	
FEMTRACE TAB	90D	3		4	
<i>jinteli QL-30 QY 30 DY</i>	90D; QL	3		4	
MENEST TAB QL-30 QY 30 DY	90D; HRM; QL	3		4	
MENOSTAR PATCH QL-4 QY 28 DY	90D; QL	3		4	
<i>ortho-est tab</i>	90D; HRM	1		1	G
PREFEST TAB	90D	3		4	
PREMARIN CREAM	90D; HRM	2		3	
PREMARIN TAB QL-30 QY 30 DY	90D; HRM; QL	2		3	
PREMPHASE TAB QL-30 QY 30 DY	90D; HRM; QL	2		3	
PREMPRO TAB QL-30 QY 30 DY	90D; HRM; QL	2		3	
VAGIFEM TAB	90D	3		4	
VIVELLE-DOT PATCH QL-8 PTCH 28 DY	90D; QL	3		3	
<i>Progestins</i>					
<i>amethyst tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>apri tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>aranelle tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>aviane tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>balziva tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>camila tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>cesia tab QL-28 QY 28 DY</i>	90D; QL	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)					
Progestins					
CRINONE GEL		3		4	
<i>cryselle-28 tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>enpresse-28 tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>errin tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>gianvi tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>jolivette tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>junel fe tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>junel tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>kariva tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>kelnor 1/35 tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>leena tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>lessina-28 tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>levora tab QL-28 QY 28 DY</i>	90D; QL	3		4	
LO LOESTRIN FE TAB QL-28 QY 28 DY	90D; QL	3		4	
LOESTRIN 24 FE TAB QL-28 QY 28 DY	90D; QL	3		4	
LOSEASONIQUE TAB QL-91 QY 90 DY	90D; QL	3		4	
<i>low-ogestrel tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>lutura tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>medroxyprogesterone acet tab</i>	90D	1		1	G
<i>medroxyprogesterone acet vial QL-1ML 90 DY</i>	90D; QL	3		4	
<i>microgestin fe tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>microgestin tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>mononessa tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>necon 0.5/35-28 tabs QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>necon 1/35-28 tabs QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>necon 1/50-28 tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>necon 10/11-28 tabs QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>necon 7/7/7 tabs QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>next choice tab</i>		1		1	G
<i>nora-be tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>norethindrone acet tab</i>	90D	1		1	G
<i>nortrel tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>ocella tab QL-28 QY 28 DY</i>	90D; QL	3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)					
Progestins					
<i>ogestrel tab QL-28 QY 28 DY</i>	90D; QL	3		4	
ORTHO EVRA PATCH QL-3 PTCH 28 DY	90D; QL	3		4	
<i>portia-28 tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>previfem tab QL-28 QY 28 DY</i>	90D; QL	3		4	
PROMETRIUM CAP	90D	3		3	
<i>quasense tab QL-91 QY 90 DY</i>	90D; QL	3		4	
<i>reclipsen tab QL-28 QY 28 DY</i>	90D; QL	3		4	
SEASONIQUE TAB QL-91 QY 90 DY	90D; QL	3		4	
<i>solia tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>sprintec 28 tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>sronyx tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>tri-legest fe tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>tri-previfem tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>tri-sprintec tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>trinessa tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>trivora-28 tab QL-28 QY 28 DY</i>	90D; QL	3		4	
<i>velivet tab QL-28 QY 28 DY</i>	90D; QL	1		1	G
<i>zeosa QL-28.00 QTY 28 DY</i>	90D; QL	3		4	
<i>zovia tab QL-28 QY 28 DY</i>	90D; QL	3		4	
Selective Estrogen Receptor Modifying Agents					
EVISTA TAB QL-30 QY 30 DY	90D; QL	2		3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)					
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)					
<i>levothroid tab</i>	90D	1		1	G
<i>levothyroxine tab</i>	90D	1		1	G
<i>levoxyl tab</i>	90D	1		1	G
<i>liothyronine tab</i>	90D	1		1	G
SYNTHROID TAB	90D	3		4	
THYROLAR TAB	90D	3		4	
TIROSINT CAP QL-30 QY 30 DY	90D; QL	3		4	
<i>unithroid tab</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Hormonal Agents, Suppressant (Adrenal)					
<i>Hormonal Agents, Suppressant (Adrenal)</i>					
LYSODREN TAB		2		3	
Hormonal Agents, Suppressant (Parathyroid)					
<i>Hormonal Agents, Suppressant (Parathyroid)</i>					
SENSIPAR 30MG TAB QL-60 QY 30 DY	QL	3	PA	4	PA
SENSIPAR 60MG TAB QL-60 QY 30 DY	QL	4	PA	5	PA
SENSIPAR 90MG TAB QL-120 QY 30 DY	QL	4	PA	5	PA
Hormonal Agents, Suppressant (Pituitary)					
<i>Hormonal Agents, Suppressant (Pituitary)</i>					
<i>cabergoline tab</i>	90D	3		4	
<i>leuprolide acet 1mg kit</i>		3	PA	4	PA
LUPRON DEPOT KIT		4	PA	5	PA
LUPRON DEPOT-PED KIT		4	PA	5	PA
<i>octreotide inj</i>		3	PA	4	PA
SOMATULINE DEPOT QL-1 INJ 28 DY	QL	4	PA	5	PA
SOMAVERT VIAL		3	PA	5	PA
SYNAREL AERO		2	PA	5	PA
TRELSTAR DEPOT 3.75MG SUSR QL-1 VIAL 30 DY	QL	4		5	
TRELSTAR LA 11.25MG SUSR QL-1 VIAL 90 DY	QL	4		5	
TRELSTAR MIXJECT 22.5MG QL-1 VIAL 180 DY	QL	4		5	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)					
<i>Antiandrogens</i>					
<i>bicalutamide tab QL-30 QY 30 DY</i>	90D; QL	1		2	
<i>flutamide cap</i>	90D	1		2	
NILANDRON TAB		3		3	
Hormonal Agents, Suppressant (Thyroid)					
<i>Antithyroid Agents</i>					
<i>methimazole tab</i>	90D	1		1	G
<i>propylthiouracil tab</i>	90D	1		1	G
Immunological Agents					
<i>Immune Suppressants</i>					
<i>azathioprine soln</i>		1		1	G
<i>azathioprine tab</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Immunological Agents					
<i>Immune Suppressants</i>					
CELLCEPT SUSPENSION	B v D	3	PA	4	PA
<i>cyclosporine cap</i>	B v D	3	PA	2	PA
<i>cyclosporine modified cap</i>	B v D	3	PA	2	PA
<i>cyclosporine modified soln oral</i>	B v D	3	PA	2	PA
<i>gengraf cap</i>	B v D	3	PA	2	PA
<i>gengraf soln oral</i>	B v D	3	PA	2	PA
<i>methotrexate tab</i>	90D	1		1	G
<i>methotrexate vial</i>		1		1	G
<i>mycophenolate mofetil cap</i>	B v D	3	PA	4	PA
<i>mycophenolate mofetil tab</i>	B v D	3	PA	4	PA
NEORAL CAP	B v D	3	PA	4	PA
NEORAL SOLN ORAL	B v D	3	PA	4	PA
RAPAMUNE ORAL SOLN	B v D	3	PA	4	PA
RAPAMUNE TAB	B v D	4	PA	5	PA
SANDIMMUNE CAP	B v D	3	PA	4	PA
SANDIMMUNE SOLN ORAL	B v D	3	PA	4	PA
<i>tacrolimus 0.5mg cap</i>	B v D	3	PA	4	PA
<i>tacrolimus 1mg cap</i>	B v D	3	PA	4	PA
<i>tacrolimus 5mg cap</i>	B v D	4	PA	5	PA
ZORTRESS 0.25MG TABS	B v D	3	PA	4	PA
ZORTRESS 0.5MG TABS	B v D	4	PA	5	PA
ZORTRESS 0.75MG TABS	B v D	4	PA	5	PA
<i>Immunizing Agents, Passive</i>					
GAMMAPLEX SOLN	B v D	4	PA	5	PA
VIVAGLOBIN VIAL		4	PA	5	PA
<i>Immunomodulators</i>					
ACTIMMUNE VIAL		4		5	
ARCALYST VIAL QL-8 VIALS 30 DY	QL	4	PA	5	PA
AVONEX QL-4 INJ 30 DY	QL	4	PA	5	PA
BETASERON KIT QL-15 SYR 30 DY	QL	4	PA	5	PA
COPAXONE KIT QL-30 INJ 30 DY	QL	4	PA	5	PA
ENBREL 25MG KIT QL-16 INJ 30 DY	QL	4	PA	5	PA
ENBREL 25MG SOLN QL-16 SYR 30 DY	QL	4	PA	5	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Immunological Agents					
<i>Immunomodulators</i>					
ENBREL 50MG/ML SOLN QL-8 SYR 28 DY	QL	4	PA	5	PA
ENBREL PEN 50MG/ML SOLN QL-8 SYR 28 DY	QL	4	PA	5	PA
EXTAVIA KIT QL-15 SYR 30 DY	QL	4	PA	5	PA
HUMIRA 20MG/0.4ML KIT QL-2 SYR 30 DY	QL	4	PA	5	PA
HUMIRA 40MG/0.8ML KIT QL-6 SYR 30 DY	QL	4	PA	5	PA
HUMIRA PEN 40MG/0.8ML QL-6 SYR 30 DY	QL	4	PA	5	PA
ILARIS VIAL QL-1 VIAL QY 56 DY	QL	4	PA	5	PA
INTRON-A INJ 10MU		4	PA	5	PA
INTRON-A INJ 3MU		3	PA	4	PA
INTRON-A INJ 5MU		4	PA	5	PA
INTRON-A INJ 6000000U		4	PA	5	PA
<i>leflunomide tab</i>	90D	1		2	
ORENCIA VIAL		4	PA	5	PA
PEGASYS KIT QL-1 KIT 28 DY	QL	4	PA	5	PA
REBIF SYRINGE QL-12 INJ 28 DY	QL	4	PA	5	PA
REMICADE VIAL		4	PA	5	PA
RIDAURA CAP	90D	3		3	
<i>Vaccines</i>					
ACTHIB VIAL		3		4	G
ADACEL VIAL		3		4	G
BOOSTRIX SYRINGE		3		4	G
CERVARIX SYRINGE		3	PA	4	G; PA
CERVARIX VIAL		3	PA	4	G; PA
COMVAX VIAL		3		4	G
DAPTACEL VIAL		3		4	G
DECAVAC SYRINGE		2		3	G
DIPHTHERIA/TETANUS TOXOID PEDIATRIC INJ		2		3	G
ENGERIX-B INJ	B v D	2	PA	3	G; PA
GARDASIL VIAL		3	PA	4	G; PA
HAVRIX INJ		3		4	G
IMOVAX RABIES INJ		3		4	G
INFANRIX VIAL		2		3	G
IPOL VIAL		2		3	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Immunological Agents					
<i>Vaccines</i>					
IXIARO SUSP		3		4	
JE-VAX VIAL		3		4	G
KINRIX SYR QL-1 INJ 365 DY	QL	3		4	
M-M-R II VIAL		2		3	G
MENACTRA SYRINGE		3		4	G
MENOMUNE-A/C/Y/W-135 VIAL		2		3	G
MENVEO VIAL		3		4	
PEDIARIX VIAL		3		4	G
PEDVAX HIB VIAL		3		4	G
PENTACEL KIT QL-3 INJ 30 DY	QL	3		4	
PROQUAD VIAL		3		4	G
RABAVERT KIT		3		4	G
RECOMBIVAX HB VIAL	B v D	3	PA	4	G; PA
ROTARIX SUSPENSION		2		3	
ROTATEQ SUSPENSION		2		3	G
TETANUS TOXOID ADSORBED VIAL		2		3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED VIAL		2		3	
TRIHIBIT KIT		3		4	G
TRIPEDIA VIAL		3		4	G
TWINRIX VIAL		3		4	G
TYPHIM VI VIAL		3		4	G
VAQTA VIAL		3		4	G
VARIVAX VIAL		2		3	G
YF-VAX VIAL		2		3	G
ZOSTAVAX VIAL QL-1 INJ 365 DY	QL	3	PA	4	G; PA
Inflammatory Bowel Disease Agents					
<i>Glucocorticoids</i>					
<i>budesonide ec cap</i>	90D	3		4	
ENTOCORT EC CAP	90D	3		4	
<i>hydrocortisone enema</i>		3		2	
<i>Salicylates</i>					
APRISO CAP QL-120 QY 30 DY	90D; QL	2		3	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Inflammatory Bowel Disease Agents					
<i>Salicylates</i>					
ASACOL 400MG TAB	90D	2		3	
<i>balsalazide cap</i>	90D	3		2	
CANASA SUPP RECTAL	90D	2		3	
DIPENTUM CAP	90D	3		4	
LIALDA TAB QL-120 QY 30 DY	90D; QL	3		4	
<i>mesalamine enema</i>	90D	1		2	
PENTASA CAP, CR	90D	3		4	
<i>Sulfonamides</i>					
<i>sulfasalazine tab</i>	90D	1		1	G
<i>sulfazine ec tab</i>	90D	1		1	G
Metabolic Bone Disease Agents					
<i>Metabolic Bone Disease Agents</i>					
ACTONEL 150MG TAB QL-1 QY 30 DY	90D; QL	3	ST	4	ST
ACTONEL 30MG TAB QL-30 QY 30 DY	QL	3	ST	4	ST
ACTONEL 35MG TAB QL-4 QY 28 DY	90D; QL	3	ST	4	ST
ACTONEL 5MG TAB QL-30 QY 30 DY	90D; QL	3	ST	4	ST
<i>alendronate tab</i>	90D	1		1	G
BONIVA TAB QL-1 QY 30 DY	90D; B v D; QL	3	PA	3	PA
<i>calcitonin-salmon aero</i>	90D	1		2	
<i>calcitriol ampul</i>	B v D	1	PA	2	PA
<i>calcitriol cap</i>	90D; B v D	1	PA	2	PA
<i>calcitriol soln oral</i>	90D; B v D	1	PA	2	PA
<i>etidronate tab</i>	90D	3		4	
FORTEO QL-1 PEN 28 DY	QL	4	PA	5	PA
<i>fortical nasal soln</i>	90D	1		2	
FOSAMAX SOLN ORAL QL-300ML 28 DY	90D; QL	3		4	
HECTOROL CAP	B v D	3	PA	4	PA
<i>pamidronate vial</i>	B v D	3	PA	4	PA
SKELID TAB	90D	3		4	
ZEMPLAR CAP QL-30 QY 30 DY	B v D; QL	2	PA	3	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Metabolic Bone Disease Agents					
<i>Metabolic Bone Disease Agents</i>					
ZOMETA VIAL		4	PA	5	PA
Miscellaneous Therapeutic Agents					
<i>Miscellaneous Therapeutic Agents</i>					
<i>alcohol preps pads</i>	90D	1		1	G
<i>gauze pads 2"x2" bandage</i>	90D	1		1	G
INSULIN PEN NEEDLE	90D	2		3	
INSULIN SAFETY SYRINGE	90D	3		4	
INSULIN SYRINGE	90D	2		3	
KUVAN TAB		4	PA	5	PA
<i>levocarnitine tab</i>	90D	3		4	
Miscellaneous Therapeutic Agents					
<i>Miscellaneous Therapeutic Agents</i>					
MEGACE ES ORAL SUSP QL-150ML 30 DY	90D; QL	3		4	
<i>megestrol acet suspension</i>	90D	1		2	
<i>megestrol acet tab</i>	90D	1		2	
Miscellaneous Therapeutic Agents					
<i>Miscellaneous Therapeutic Agents</i>					
XENAZINE 12.5MG TAB QL-90 QY 30 DY	QL	4	PA	5	PA
XENAZINE 25MG TAB QL-120 QY 30 DY	QL	4	PA	5	PA
Ophthalmic Agents					
<i>Ophthalmic Agents, Other</i>					
<i>ak-tob 0.3% ophth drops</i>		1		1	G
AZASITE DROPS QL-2.5ML 14 DY	QL	3		3	
<i>bacitracin oint</i>		1		1	G
<i>bacitracin/polymyxin b oint</i>		1		1	G
BESIVANCE SUSP QL-5ML 30 DY	QL	3		4	
CILOXAN OINT		3		3	
<i>ciprofloxacin drops</i>		1		1	G
<i>erythromycin oint</i>		1		1	G
<i>gentak oint</i>		1		1	G
<i>gentamicin sulfate opht drops</i>		1		1	G
<i>gentasol drops</i>		1		1	G
LACRISERT INSERT		3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Ophthalmic Agents					
<i>Ophthalmic Agents, Other</i>					
<i>levofloxacin drops</i>		3		3	
MOXEZA DROPS QL-3ML 30 DY	QL	3		4	
NATACYN SUSPENSION		2		3	
<i>neomycin /bacitracin /hydrocortisone oint</i>		1		1	G
<i>neomycin /bacitracin /polymyxin oint</i>		1		1	G
<i>neomycin /polymyxin /gramicidin drops</i>		1		1	G
<i>ofloxacin 0.3% opht soln</i>		3		1	G
RESTASIS QL-64 VIALS 30 DY	90D; QL	3		3	
<i>romycin oint</i>		1		1	G
<i>sodium sulfacet ophth drops</i>		1		1	G
<i>tobramycin sulfate 0.3% ophth drops</i>		1		1	G
<i>tobrasol 0.3% ophth drops</i>		1		1	G
TOBREX 0.3% OPHTH OINT		3		3	
<i>trifluridine drops</i>		3		2	
<i>trimethoprim sulf/poly b sulfate drops</i>		1		1	G
<i>tropicamide drops</i>	90D	1		1	G
VIGAMOX DROPS QL-3ML 30 DY	QL	3		4	
ZYMAR DROPS QL-5ML 30 DY	QL	3		4	
ZYMAXID DROPS QL-2.5ML 30 DY	QL	3		4	
<i>Ophthalmic Anti-allergy Agents</i>					
<i>ak-con drops</i>		1		1	G
ALAMAST DROPS QL-20ML 30 DY	QL	3		4	G
ALOCRIAL DROPS QL-10ML 30 DY	QL	3		4	G
ALOMIDE DROPS		3		4	G
<i>azelastine drops</i>		3		4	
BEPREVE DROPS QL-10ML 30 DY	90D; QL	3		4	G
<i>cromolyn drops</i>		1		1	G
EMADINE DROPS	90D	3		4	G
<i>epinastine drops</i>	90D	3		4	
LASTACFT DROPS QL-3ML 30 DY	90D; QL	3		4	G
PATADAY DROPS QL-2.5ML 30 DY	90D; QL	3		4	G
PATANOL DROPS QL-5ML QY 30 DY	90D; QL	3		4	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Ophthalmic Agents					
<i>Ophthalmic Anti-inflammatories</i>					
ACUVAIL OPTH DROPS QL-60 VIALS 30 DY	QL	3		4	
ALREX SUSP QL-15ML 30 DY	QL	2		3	
BLEPHAMIDE S.O.P. OINT		3		3	
BLEPHAMIDE SUSPENSION		3		3	
BROMDAY OPHTHALMIC SOLN QL-1.7ML QY 30 DY	QL	3		4	
<i>bromfenac ophthalmic soln QL-3ML QY 30 DY</i>	QL	3		4	
<i>dexamethasone sod phos drops</i>		1		1	G
<i>diclofenac drops</i>		1		1	G
DUREZOL DROPS		3		4	
FLAREX SUSPENSION		3		4	
<i>fluorometholone suspension</i>		1		1	G
<i>flurbiprofen drops</i>		1		1	G
FML FORTE SUSPENSION		3		3	
FML OINT		3		3	
<i>ketorolac trometh 0.4% ophth soln QL-10ML 30 DY</i>	QL	3		2	
<i>ketorolac trometh 0.5% ophth soln QL-10ML 30 DY</i>	QL	3		2	
LOTEMAX SUSPENSION		2		3	
MAXIDEX SUSPENSION		2		3	
<i>neomycin /poly/hydrocort opht susp</i>		1		1	G
<i>neomycin /polymyxin /dexameth oint</i>		1		1	G
<i>neomycin /polymyxin /dexameth suspension</i>		1		1	G
NEVANAC SUSP QL-3ML 30 DY	QL	3		4	
<i>poly-dex oint</i>		1		1	G
<i>poly-dex suspension</i>		1		1	G
POLY-PRED SUSPENSION		2		3	
PRED MILD SUSPENSION		2		3	
PRED-G S.O.P. OINT		2		3	
PRED-G SUSPENSION		2		3	
<i>prednisolone acet ophth susp</i>		1		1	G
<i>prednisolone sod phos ophth drops</i>		1		1	G
<i>sulfacetamide/predn sod phosp drops</i>		1		1	G
TOBRADEX OINT		3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Ophthalmic Agents					
<i>Ophthalmic Anti-inflammatories</i>					
TOBRADEX ST SUSP		3		4	
<i>tobramycin /dexamethasone susp</i>		3		2	
VEXOL SUSPENSION		3		4	
ZYLET SUSPENSION		2		3	
<i>Ophthalmic Antiglaucoma Agents</i>					
ALPHAGAN P OPHTH DROPS QL-10ML 30 DY	90D; QL	2		3	
<i>apraclonidine drops</i>	90D	3		2	
AZOPT SUSPENSION	90D	3		4	
<i>betaxolol drops</i>	90D	1		1	G
BETIMOL DROPS	90D	3		4	
BETOPTIC-S SUSPENSION	90D	3		4	
<i>brimonidine tart 0.15% ophth drops QL-10ML 30 DY</i>	90D; QL	3		4	
<i>brimonidine tart 0.2% ophth drops</i>	90D	1		1	G
<i>carteolol drops</i>	90D	1		1	G
COMBIGAN DROPS QL-10ML 30 DY	90D; QL	2		3	
<i>dorzolamide drops</i>	90D	1		2	
<i>dorzolamide/timolol drops QL-10ML 30 DY</i>	90D; QL	3		2	
ISTALOL DROPS QL-5ML 30 DY	90D; QL	3		3	
<i>levobunolol drops</i>	90D	1		1	G
<i>methazolamide tab</i>	90D	1		1	G
<i>metipranolol drops</i>	90D	1		1	G
PHOSPHOLINE IODIDE DROPS	90D	2		3	
PILOPINE HS GEL	90D	2		3	
<i>timolol drops</i>	90D	1		1	G
<i>timolol drops gel</i>	90D	3		1	G
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>					
<i>latanoprost QL-2.5ML 30 DY</i>	90D; QL	1		1	G
LUMIGAN 0.01% QL-5ML QY 30 DY	90D; QL	2		3	
LUMIGAN 0.03% QL-5ML QY 30 DY	90D; QL	2		3	
TRAVATAN Z QL-5ML 30 DY	90D; QL	3		4	
Otic Agents					
<i>Otic Agents</i>					
<i>acetic acid soln</i>		1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Otic Agents					
<i>Otic Agents</i>					
<i>acetic acid/hydrocort</i>			NF	4	
CIPRO HC SUSPENSION		3		4	
CIPRODEX SUSPENSION		2		3	
COLY-MYCIN S SUSPENSION		2		4	
CORTISPORIN-TC DROPS		2		4	
<i>cortomycin otic soln</i>		1		1	G
<i>cortomycin otic susp</i>		1		1	G
DERMOTIC DROPS		2		3	
<i>neomycin /poly/hydrocort otic susp</i>		1		1	G
<i>neomycin /polymyxin /hc otic soln</i>		1		1	G
<i>ofloxacin 0.3% otic soln</i>		3		2	
Respiratory Tract Agents					
<i>Anti-inflammatories, Inhaled Corticosteroids</i>					
ADVAIR DISKUS QL-1 DISKUS 30 DY	90D; QL	2		3	
ADVAIR HFA QL-1 INHALER 30 DY	90D; QL	2		3	
ALVESCO HFA QL-2 INHALERS 30 DY	90D; QL	3		4	
ASMANEX INHALER QL-1 INHALER 30 DY	90D; QL	2		3	
<i>budesonide neb QL-60 VIALS 30 DY</i>	QL	3	PA	4	PA
DULERA HFA INHALER QL-1 INHALER 30 DY	90D; QL	3		4	
FLOVENT DISKUS QL-1 DISKUS 30 DY	90D; QL	2		3	
FLOVENT HFA INHALER QL-2 INHALERS 30 DY	90D; QL	2		3	
PULMICORT FLEXHALER QL-2 INHALERS 30 DY	90D; QL		NF	4	
QVAR INHALER	90D	3		4	
SYMBICORT AERO QL-1 INHALER 30 DY	90D; QL	2		3	
<i>Antihistamines</i>					
ASTEPRO QL-1 BOTTLE 25 DY	90D; QL	3		3	
<i>azelastine nasal spray</i>	90D	3		4	
<i>carbinoxamine liquid</i>	90D	1		1	G
<i>carbinoxamine tab</i>	90D	1		1	G
<i>clemastine syrup</i>	90D	1		1	G
<i>clemastine tab</i>	90D	1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Respiratory Tract Agents					
Antihistamines					
<i>cyproheptadine syrup</i>	90D; HRM	1		1	G
<i>cyproheptadine tab</i>	90D; HRM	1		1	G
<i>dexchlorpheniramine syrup</i>	90D; HRM	1		1	G
<i>diphenhydramine cap</i>	90D; HRM	1		1	G
<i>hydroxyzine pamoate cap</i>	90D; HRM	1		1	G
<i>hydroxyzine syrup</i>	90D; HRM	1		1	G
<i>hydroxyzine tab</i>	90D; HRM	1		1	G
<i>hydroxyzine vial</i>	HRM	1		1	G
<i>levocetirizine dihydrochloride tabs QL-30 QY 30 DY</i>	90D; QL	3	ST	4	ST
<i>meclizine tab</i>	90D	1		2	
PATANASE QL-1 BOTTLE 25 DY	90D; QL	3		4	
<i>promethazine vc syrup</i>	HRM	1		1	G
SEMPREX-D CAP	90D	3		4	
Antileukotrienes					
SINGULAIR QL-30 QY 30 DY	90D; QL	2		3	
<i>zafirlukast tab QL-60 QY 30 DY</i>	90D; QL	3		4	
ZYFLO 600MG TAB12 QL-120 QY 30 DY	90D; QL	3		4	
Bronchodilators, Anticholinergic					
ATROVENT HFA QL-2 INHALERS 30 DY	90D; QL	2		3	
COMBIVENT INHALER QL-2 INHALERS 30 DY	90D; QL	3		3	
<i>ipratropium bromide nasal soln</i>	90D	1		1	G
<i>ipratropium bromide soln, neb</i>	B v D	1	PA	1	G; PA
<i>ipratropium bromide/albuterol sulfate, neb</i>	B v D	3	PA	4	PA
SPIRIVA HANDIHALER CAP QL-30 QY 30 DY	90D; QL	2		3	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)					
<i>aminophylline tab</i>	90D	1		1	G
<i>aminophylline vial</i>		1		1	G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Respiratory Tract Agents					
<i>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</i>					
ELIXOPHYLLIN ELIXIR	90D	2		3	
THEO-24 100MG CAP QL-30 QY 30 DY	90D; QL	3		4	
THEO-24 200MG CAP QL-30 QY 30 DY	90D; QL	3		4	
THEO-24 300MG CAP QL-60 QY 30 DY	90D; QL	3		4	
THEO-24 400MG CAP QL-30 QY 30 DY	90D; QL	3		4	
<i>theochron tab</i>	90D	1		1	G
<i>theophylline er tab</i>	90D	1		1	G
<i>theophylline er tab, sr</i>	90D	1		1	G
<i>Bronchodilators, Sympathomimetic</i>					
<i>albuterol sulf 0.083% neb</i>	B v D	1	PA	1	G; PA
<i>albuterol sulf 0.5% neb</i>	B v D	1	PA	1	G; PA
<i>albuterol sulf 0.63mg/3ml neb</i>	B v D	3	PA	4	PA
<i>albuterol sulf 1.25mg/3ml neb</i>	B v D	3	PA	4	PA
<i>albuterol sulf er tab</i>	90D	1		2	
<i>albuterol sulf syrup</i>	90D	1		1	G
<i>albuterol sulf tab</i>	90D	1		1	G
BROVANA NEB QL-60 VIALS 30 DY	QL	3	PA	4	PA
<i>epinephrine syringe</i>		1		1	G
EPIPEN QL-2 INJ 30 DY	QL	3		3	
EPIPEN-JR QL-2 INJ 30 DY	QL	3		3	
FORADIL AERO CAP QL-60 QY 30 DY	90D; QL	2		3	
<i>levalbuterol neb QL-90 VIALS 30 DY</i>	QL	3	PA	4	PA
<i>metaproterenol sulfate syrup</i>	90D	1		1	G
<i>metaproterenol sulfate tab</i>	90D	1		1	G
PERFOROMIST NEB QL-60 VIALS 30 DY	QL	3	PA	4	PA
PROAIR HFA INHALER QL-2 INHALERS 30 DY	90D; QL	2		3	
PROVENTIL HFA QL-2 INHALERS 30 DY	90D; QL	3	ST	4	
SEREVENT DISKUS QL-1 DISKUS 30 DY	90D; QL	3		4	
<i>terbutaline sulfate tab</i>	90D	1		1	G
TWINJECT QL-2 INJ 30 DY	QL	2		3	
VENTOLIN HFA QL-2 INHALERS 30 DY	90D; QL	2		3	
XOPENEX HFA QL-2 INHALERS 30 DY	90D; QL	3		4	

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Respiratory Tract Agents					
<i>Mast Cell Stabilizers</i>					
<i>cromolyn neb</i>	B v D	1	PA	1	G; PA
<i>Pulmonary Antihypertensives</i>					
ADCIRCA TAB QL-60 QY 30 DY	QL	4	PA	5	PA
TRACLEER TAB QL-60 QY 30 DY	QL	4	PA	5	PA
VENTAVIS AMPUL		4	PA	5	PA
<i>Respiratory Tract Agents, Other</i>					
<i>acetylcysteine vial</i>	B v D	1	PA	1	G; PA
ARALAST NP VIAL		4	PA	5	PA
BECONASE AQ QL-2 BOTTLES 30 DY	90D; QL	3	ST	4	
DALIRESP QL-30 QY 30 DY	90D; QL	3	PA	4	PA
<i>flunisolide aero</i>	90D	1		1	G
<i>fluticasone propionate spray</i>	90D	1		1	G
NASACORT AQ QL-2 BOTTLES 30 DY	90D; QL		NF	4	
NASONEX QL-2 BOTTLES 30 DY	90D; QL	2		3	
OMNARIS QL-1 BOTTLE 30 DY	90D; QL	3		4	
PROLASTIN VIAL		4	PA	5	PA
PROLASTIN-C VIAL		4	PA	5	PA
PULMOZYME SOLN NON-ORAL	B v D	4	PA	5	PA
RHINOCORT AQUA QL-2 BOTTLES 30 DY	90D; QL	3	ST	4	
TOBI VIAL, NEB QL-56 VIALS 28 DY	B v D; QL	4	PA	5	PA
TYZINE DROPS		3		4	
TYZINE PEDIATRIC NASAL DROPS		3		4	
XOLAIR VIAL		4	PA	5	PA
Sedatives/Hypnotics					
<i>Sedatives/Hypnotics</i>					
LUNESTA TAB QL-30 QY 30 DY	QL	3		4	
<i>phenobarbital tab 100mg QL-60 QY 30 DY</i>	HRM; QL		NF	1	EXCL-D; G

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Sedatives/Hypnotics					
<i>Sedatives/Hypnotics</i>					
<i>phenobarbital tab 15mg QL-120 QY 30 DY</i>	HRM; QL		NF	1	EXCL-D; G
<i>phenobarbital tab 16.2mg QL-120 QY 30 DY</i>	HRM; QL		NF	1	EXCL-D; G
<i>phenobarbital tab 30mg QL-120 QY 30 DY</i>	HRM; QL		NF	1	EXCL-D; G
<i>phenobarbital tab 32.4mg QL-120 QY 30 DY</i>	HRM; QL		NF	1	EXCL-D; G
<i>phenobarbital tab 60mg QL-120 QY 30 DY</i>	HRM; QL		NF	1	EXCL-D; G
SILENOR TABS QL-30 QY 30 DY	QL	3		4	
<i>temazepam 15mg cap QL-30 QY 30 DY</i>	QL		NF	1	EXCL-D; G
<i>temazepam 30mg cap QL-30 QY 30 DY</i>	QL		NF	1	EXCL-D; G
<i>zaleplon cap QL-30 QY 30 DY</i>	QL	3		4	
<i>zolpidem tartrate tab</i>		1		1	G
Skeletal Muscle Relaxants					
<i>Skeletal Muscle Relaxants</i>					
<i>carisoprodol tab</i>	90D; HRM	1		1	G
<i>carisoprodol/aspirin tab</i>	90D; HRM	3		4	
<i>carisoprodol/aspirin/codeine tab</i>	HRM	3		4	
<i>chlorzoxazone tab</i>	90D; HRM	1		1	G
<i>cyclobenzaprine tab</i>	90D; HRM	1		1	G
<i>metaxalone tab QL-120 QY 30 DY</i>	90D; HRM; QL		NF	4	ST

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Skeletal Muscle Relaxants					
<i>Skeletal Muscle Relaxants</i>					
<i>methocarbamol tab</i>	90D; HRM	1		1	G
<i>orphenadrine citrate er tab, sr</i>	90D; HRM	3		2	
<i>orphenadrine compound ds tab</i>	90D; HRM	3		4	
<i>orphenadrine/asa/caffeine tab</i>	90D; HRM	3		4	
<i>tizanidine tab</i>	90D	1		1	G
Therapeutic Nutrients/Minerals/ Electrolytes					
<i>Electrolytes/Minerals</i>					
AMINOSYN II IV	B v D	3	PA	4	PA
AMINOSYN IV	B v D	3	PA	4	G; PA
AMINOSYN M IV	B v D	3	PA	4	G; PA
AMINOSYN-HBC IV	B v D	3	PA	4	G; PA
AMINOSYN-HF IV	B v D	3	PA	4	G; PA
AMINOSYN-PF IV	B v D	3	PA	4	G; PA
CLINIMIX E/DEXTROSE IV	B v D	3	PA	4	G; PA
CLINIMIX/DEXTROSE IV	B v D	3	PA	4	G; PA
CLINISOL SF 15% IV	B v D	3	PA	4	G; PA
<i>dextrose 10% flex container</i>		1		1	G
DEXTROSE 10/NACL 0.2% IV		1		1	G
DEXTROSE 10/NACL 0.45% IV		1		1	G
<i>dextrose 2.5/nacl 0.45% iv</i>		1		1	G
<i>dextrose 5% iv</i>		1		1	G
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX		1		1	G
<i>dextrose 5%/nacl iv</i>		1		1	G
FREAMINE HBC IV	B v D	3	PA	4	G; PA
FREAMINE III IV	B v D	3	PA	4	G; PA
HEPATAMINE IV	B v D	3	PA	4	G; PA
HEPATASOL IV	B v D	3	PA	4	G; PA
INTRALIPID EMULSION	B v D	3	PA	4	G; PA
<i>intralipid emulsion</i>	B v D	3	PA	4	PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Therapeutic Nutrients/Minerals/ Electrolytes					
<i>Electrolytes/Minerals</i>					
K-TAB TAB, SR	90D	3		4	
<i>kcl/d10w/nacl iv</i>		1		1	G
<i>kcl/d5w/lr iv</i>		1		1	G
<i>kcl/d5w/nacl iv</i>		1		1	G
<i>klor-con m tab, sr</i>	90D	1		1	G
<i>klor-con packet</i>	90D	1		1	G
<i>klor-con tab, sr</i>	90D	1		1	G
LACTATED RINGERS IV		1		1	G
LIPOSYN II	B v D	3	PA	4	G; PA
LIPOSYN III	B v D	3	PA	4	G; PA
LIPOSYN III VIAL	B v D	3	PA	4	G; PA
<i>magnesium sulfate syringe</i>		1		1	G
NEPHRAMINE IV	B v D	3	PA	4	G; PA
<i>potassium chloride 0.15%/d5w iv</i>		1		1	G
<i>potassium chloride er cap, cr</i>	90D	1		1	G
<i>potassium chloride er tab, sr</i>	90D	1		1	G
<i>potassium chloride iv</i>		1		1	G
<i>potassium chloride sr tab</i>	90D	1		1	G
<i>potassium chloride tab, sr</i>	90D	1		1	G
<i>potassium chloride vial</i>		1		1	G
<i>potassium chloride/ nacl iv</i>		1		1	G
<i>potassium chloride/d5w iv</i>		1		1	G
<i>potassium chloride/d5w/nacl iv</i>		1		1	G
<i>potassium citrate er tab</i>	90D	1		1	G
<i>premasol iv</i>	B v D	3	PA	4	PA
PROCALAMINE IV	B v D	3	PA	4	G; PA
PROSOL IV	B v D	3	PA	4	G; PA
<i>ringers inj iv</i>		1		1	G
<i>sodium chloride iv</i>		1		1	G
<i>sodium fluoride 1mg tab</i>	90D	1		1	G
TPN ELECTROLYTE FTV		3		4	G
<i>travasol iv</i>	B v D	3	PA	4	PA
TROPHAMINE IV	B v D	3	PA	4	G; PA

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Drug Name	Drug Notes	First Health Part D Premier		First Health Part D Premier Plus	
		Tier	Plan Notes	Tier	Plan Notes
Therapeutic Nutrients/Minerals/ Electrolytes					
<i>Vitamins</i>					
<i>folic acid tab IMG QL-30 QY 30 DY</i>	QL		NF	1	EXCL-D; G
MEPHYTON TAB QL-10 QY 30 DY	QL		NF	3	EXCL-D
<i>prenatab</i>	90D	1	PA	1	G; PA
<i>vitamin d 50000unit caps</i>			NF	1	EXCL-D; G

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