

Drug Name	Tier	Covered Uses	Age Restrictions	Other Criteria	Prior Authorization Group Description
AMRIX	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CARISOPRODOL	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CARISOPRODOL/ASA	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CDP/AMITRIPTYLINE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CENESTIN	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CHLORPROPAMIDE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CHLORZOXAZONE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CIALIS	3	All FDA approved indications not otherwise excluded from Part D like Benign Prostatic Hyperplasia		Not covered for the treatment of Erectile Dysfunction	BPH vs ED
CYCLOBENZAPRINE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
CYPROHEPTADINE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
DEMEROL	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
DIPYRIDAMOLE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
ENJUVIA	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
ESTROPIPATE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
FEXMID	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
FURADANTIN	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
HYDROXYZINE HCL	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
HYDROXYZINE PAMOATE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1

Drug Name	Tier	Covered Uses	Age Restrictions	Other Criteria	Prior Authorization Group Description
KALYDECO	4	All FDA approved indications not otherwise excluded from Part D like Cystic Fibrosis		Not covered unless diagnosed with gene mutation G551D	KALYDECO
KETOROLAC	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
KORLYM	3	All FDA approved indications not otherwise excluded from Part D like Cushing's syndrome with hyperglycemia		Not covered if patient is pregnant. Maximum dose: 1200mg daily, not to exceed 20mg/kg/day.	KORLYM
MACROBID	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
MACRODANTIN	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
MENEST	2	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
MEPERIDINE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
MEPROBAMATE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
METHOCARBAMOL	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
NIFEDIPINE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
NITROFURANTOIN	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
NITROFURANTOIN MACRO	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PARAFON FORT	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PENTAZOCINE/NALOXONE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PERSANTINE	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PREMARIN	2	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PREMPHASE	2	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1

Drug Name	Tier	Covered Uses	Age Restrictions	Other Criteria	Prior Authorization Group Description
PREMPRO	2	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PROCARDIA	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PROMETHAZINE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
PROMETHAZINE VC	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
SKELAXIN	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
SOMA	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
TALWIN	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
TIGAN	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
TRIMETHOBENZAMIDE	1	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1
VISTARIL	3	All FDA approved indications not otherwise excluded from Part D	Not covered for those who are 65 years or older		HRM1