



2023 Formulary List of Covered Drugs

**Health Partners Medicare
Platinum and Silver (HMO-POS)**

Health Partners 
Medicare

The plan you **need**.
The care you **deserve**.

Health Partners Medicare Platinum and Silver (HMO-POS) 2023 Formulary (List of Covered Drugs)

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

Formulary ID 00023466, Version 19

This formulary was updated on 12/1/2023. For more recent information or other questions, please contact Health Partners Medicare Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit www.HPPMedicare.com. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Relations for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

When this drug list (formulary) refers to "we," "us," or "our," it means Health Partners Medicare. When it refers to "plan" or "our plan," it means Health Partners Medicare Platinum and Health Partners Medicare Silver.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the first and last pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Health Partners Medicare Platinum and Silver Formulary?

A formulary is a list of covered drugs selected by Health Partners Medicare 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. Health Partners Medicare will

generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Partners Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Health Partners Medicare Platinum and Silver Formulary?”
- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 30 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 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Health Partners Medicare Platinum and Silver Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/1/2023. To get updated information about the drugs covered by Health Partners Medicare Platinum and Silver, please contact us. Our contact information appears on the first and last pages.

Our print formulary will be updated by reprinting in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 109. 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 116. The Index provides an alphabetical list of all 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?

Health Partners Medicare Platinum and Silver cover 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:** Health Partners Medicare Platinum and Silver require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Health Partners Medicare Platinum and Silver limit the amount of the drug that our plan will cover. For example, our plan provides 360 tablets per prescription for Endocet, 5-325 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Health Partners Medicare Platinum and Silver require 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.HPPMedicare.com. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the first and last pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Health Partners Medicare Platinum and Silver Formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact us at 1-866-901-8000 (TTY 1-877-454-8477) and ask if your drug is covered.

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

- You can ask Member Relations for a list of similar drugs that are covered by Health Partners Medicare Platinum and Silver. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Health Partners Medicare Platinum and Silver Formulary?

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

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

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it

is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 while you pursue a formulary exception.

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require, you can ask us to make a formulary exception. Examples of level of care changes might include:

- Discharge from a hospital to home
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage
- Ending a long-term care stay and returning to the community
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens

For these unplanned transitions, you can ask us to make a formulary exception or appeal for continued coverage of your drug. In addition, we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered are known to have risks.

For more information

For more detailed information about your Health Partners Medicare Platinum or Silver prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Health Partners Medicare Platinum or Silver, please contact us. Our contact information, along with the date we last updated the formulary, appears on the first and last pages.

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

Health Partners Medicare Platinum and Silver’s Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by Health Partners Medicare Platinum and Silver. If you have trouble finding your drug in the list, turn to the Index that begins on page 116.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lowercase italics (e.g., *valsartan*).

The information in the Requirements/Limits column tells you if Health Partners Medicare Platinum or Silver has any special requirements for coverage of your drug.

The table below shows the cost-sharing for each drug tier shown in this formulary.

| Health Partners Medicare Platinum and Silver | | |
|---------------------------------------------------------------|----------------------------------------|--------------------------------------------|
| Drug Tier | Retail Cost-Sharing (30-day supply) | Mail-Order Cost-Sharing (90-day supply) |
| 1 – Preferred Generics | \$0 | \$0 |
| 2 – Generic | \$10 | \$20 |
| 3 – Preferred Brand Select Insulins* Other Drugs | \$10 \$47 | \$20 \$94 |
| 4 – Non-Preferred Drug | \$100 | \$200 |
| 5 – Specialty | 33% | Not offered |

* These copays for Select Insulins apply to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”).

LEGEND

| TIER | NAME | |
|------|--------------------|--|
| 1 | Preferred Generics | |
| 2 | Generic | |
| 3 | Preferred Brands | |
| 4 | Non-Preferred Drug | |
| 5 | Specialty | |

| SYMBOL | NAME | DESCRIPTION |
|--------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QL | Quantity Limit | There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame. |
| PA | Prior Authorization | You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. |
| ST | Step Therapy | In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. |
| SI | Select Insulin | This insulin is included in the Senior Savings Model. With this program, your copay will be the same in all phases until you reach the catastrophic coverage phase. For more information, please refer to Chapter 6 of your Evidence of Coverage (EOC). |

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------|----------------------|--------------------------|
| ANALGESICS | | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | |
| <i>butalbital-aspirin-caffeine 50-325-40 mg cap</i> | 2-Generic | PA, QL (180 PER 30 DAYS) |
| <i>cataflam</i> | 2-Generic | |
| <i>celecoxib</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>diclofenac potassium 50 mg tab</i> | 2-Generic | |
| <i>diclofenac sodium 1 % gel</i> | 3-Preferred Brands | QL (1000 PER 30 DAYS) |
| <i>diclofenac sodium 1.5 % solution</i> | 4-Non-Preferred Drug | QL (300 PER 28 DAYS) |
| <i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i> | 2-Generic | |
| <i>diclofenac sodium er</i> | 2-Generic | |
| <i>diclofenac-misoprostol</i> | 4-Non-Preferred Drug | |
| <i>diflunisal</i> | 2-Generic | |
| <i>ec-naproxen</i> | 2-Generic | |
| <i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i> | 2-Generic | |
| <i>etodolac er</i> | 4-Non-Preferred Drug | |
| <i>flurbiprofen</i> | 2-Generic | |
| <i>ibu</i> | 1-Preferred Generics | |
| <i>ibuprofen 100 mg/5ml suspension</i> | 2-Generic | |
| <i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i> | 1-Preferred Generics | |
| <i>indomethacin (25 mg cap, 50 mg cap)</i> | 2-Generic | PA |
| <i>indomethacin er</i> | 2-Generic | PA |
| <i>meloxicam (7.5 mg tab, 15 mg tab)</i> | 1-Preferred Generics | |
| <i>nabumetone</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------|----------------------|----------------------------|
| <i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i> | 1-Preferred Generics | |
| <i>naproxen (375 mg tab dr, 500 mg tab dr)</i> | 2-Generic | |
| <i>naproxen dr</i> | 2-Generic | |
| <i>naproxen sodium (275 mg tab, 550 mg tab)</i> | 2-Generic | |
| <i>oxaprozin</i> | 4-Non-Preferred Drug | |
| <i>piroxicam (10 mg cap, 20 mg cap)</i> | 2-Generic | |
| <i>relafen</i> | 2-Generic | |
| <i>sulindac</i> | 2-Generic | |

OPIOID ANALGESICS, LONG-ACTING

| | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| <i>buprenorphine</i> | 4-Non-Preferred Drug | QL (4 PER 28 DAYS) |
| <i>fentanyl</i> | 4-Non-Preferred Drug | QL (10 PER 30 DAYS) |
| <i>methadone hcl 10 mg/5ml solution</i> | 3-Preferred Brands | QL (1800 PER 30 DAYS) |
| <i>methadone hcl 5 mg/5ml solution</i> | 3-Preferred Brands | QL (3600 PER 30 DAYS) |
| <i>methadone hcl 10 mg tab</i> | 3-Preferred Brands | QL (240 PER 30 DAYS) |
| <i>methadone hcl 5 mg tab</i> | 3-Preferred Brands | QL (480 PER 30 DAYS) |
| <i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i> | 3-Preferred Brands | QL (90 PER 30 DAYS) |
| <i>tramadol hcl (er biphasic)</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| XTAMPZA ER | 3-Preferred Brands | QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------|----------------------|--------------------------|
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen-codeine 120-12 mg/5ml solution</i> | 2-Generic | QL (2700 PER 30 DAYS) |
| <i>acetaminophen-codeine 300-15 mg tab</i> | 2-Generic | QL (390 PER 30 DAYS) |
| <i>acetaminophen-codeine 300-30 mg tab</i> | 2-Generic | QL (360 PER 30 DAYS) |
| <i>acetaminophen-codeine 300-60 mg tab</i> | 2-Generic | QL (180 PER 30 DAYS) |
| <i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i> | 4-Non-Preferred Drug | PA, QL (180 PER 30 DAYS) |
| <i>butorphanol tartrate 10 mg/ml solution</i> | 4-Non-Preferred Drug | QL (5 PER 30 DAYS) |
| <i>endocet 10-325 mg tab</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>endocet 2.5-325 mg tab</i> | 3-Preferred Brands | QL (360 PER 30 DAYS) |
| <i>endocet 5-325 mg tab</i> | 3-Preferred Brands | QL (360 PER 30 DAYS) |
| <i>endocet 7.5-325 mg tab</i> | 3-Preferred Brands | QL (240 PER 30 DAYS) |
| <i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)</i> | 5-Specialty | PA, QL (120 PER 30 DAYS) |
| <i>fentanyl citrate 200 mcg loz handle</i> | 4-Non-Preferred Drug | PA, QL (120 PER 30 DAYS) |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i> | 4-Non-Preferred Drug | QL (2700 PER 30 DAYS) |
| <i>hydrocodone-acetaminophen 10-325 mg tab</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i> | 3-Preferred Brands | QL (360 PER 30 DAYS) |
| <i>hydrocodone-acetaminophen 7.5-325 mg tab</i> | 3-Preferred Brands | QL (240 PER 30 DAYS) |
| <i>hydrocodone-ibuprofen (5-200 mg tab, 10-200 mg tab)</i> | 3-Preferred Brands | QL (150 PER 30 DAYS) |
| <i>hydrocodone-ibuprofen 7.5-200 mg tab</i> | 3-Preferred Brands | QL (150 PER 30 DAYS) |
| <i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------|----------------------|----------------------------|
| <i>morphine sulfate (10 mg/5ml, 20 mg/5ml)</i> | 3-Preferred Brands | QL (900 PER 30 DAYS) |
| <i>morphine sulfate (15 mg tab, 30 mg tab)</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>morphine sulfate (concentrate) ((concentrate) 20 mg/ml, (concentrate) 100 mg/5ml)</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>oxycodone hcl 100 mg/5ml conc</i> | 4-Non-Preferred Drug | QL (180 PER 30 DAYS) |
| <i>oxycodone hcl 5 mg/5ml solution</i> | 3-Preferred Brands | QL (900 PER 30 DAYS) |
| <i>oxycodone hcl (5 mg tab, 5 mg cap, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i> | 3-Preferred Brands | QL (360 PER 30 DAYS) |
| <i>oxycodone-acetaminophen 10-325 mg tab</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i> | 3-Preferred Brands | QL (240 PER 30 DAYS) |
| <i>oxymorphone hcl</i> | 4-Non-Preferred Drug | QL (180 PER 30 DAYS) |
| <i>tramadol hcl 50 mg tab</i> | 2-Generic | QL (240 PER 30 DAYS) |
| <i>tramadol-acetaminophen</i> | 2-Generic | QL (240 PER 30 DAYS) |

ANESTHETICS

LOCAL ANESTHETICS

| | | |
|-------------------------------|----------------------|-------------------------|
| <i>lidocaine 5 % patch</i> | 2-Generic | PA, QL (90 PER 30 DAYS) |
| <i>lidocaine 5 % ointment</i> | 4-Non-Preferred Drug | QL (50 PER 30 DAYS) |
| <i>lidocaine viscous hcl</i> | 2-Generic | |
| <i>lidocaine-prilocaine</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>lidocan</i> | 2-Generic | PA, QL (90 PER 30 DAYS) |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS | | |
| ALCOHOL DETERRENTS/ANTI-CRAVING | | |
| <i>acamprosate calcium</i> | 2-Generic | |
| <i>disulfiram</i> | 2-Generic | |
| <i>naltrexone hcl 50 mg tab</i> | 2-Generic | |
| VIVITROL | 5-Specialty | |
| OPIOID DEPENDENCE | | |
| <i>buprenorphine hcl 2 mg sl tab</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>buprenorphine hcl 8 mg sl tab</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>buprenorphine hcl-naloxone hcl (2-0.5 mg, 4-1 mg, 8-2 mg)</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i> | 2-Generic | QL (90 PER 30 DAYS) |
| LUCEMYRA | 4-Non-Preferred Drug | PA, QL (16 PER DAY) |
| OPIOID REVERSAL AGENTS | | |
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i> | 1-Preferred Generics | |
| <i>naloxone hcl 4 mg/0.1ml nasal spray</i> | 2-Generic | |
| SMOKING CESSATION AGENTS | | |
| <i>bupropion hcl er (smoking det)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| NICOTROL | 4-Non-Preferred Drug | |
| NICOTROL NS | 4-Non-Preferred Drug | |
| <i>varenicline tartrate</i> | 3-Preferred Brands | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------|--------------------|---------------------|
| <i>varenicline tartrate (starter)</i> | 3-Preferred Brands | |
| <i>varenicline tartrate(continue)</i> | 3-Preferred Brands | |

ANTIBACTERIALS

AMINOGLYCOSIDES

| | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| <i>amikacin sulfate</i> | 2-Generic | |
| <i>gentamicin in saline</i> | 1-Preferred Generics | |
| <i>gentamicin sulfate (0.1 % ointment, 0.1 % cream)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>gentamicin sulfate (10 mg/ml, 40 mg/ml)</i> | 1-Preferred Generics | |
| <i>neomycin sulfate</i> | 2-Generic | |
| <i>paromomycin sulfate</i> | 1-Preferred Generics | |
| <i>streptomycin sulfate</i> | 1-Preferred Generics | |
| <i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i> | 4-Non-Preferred Drug | |

ANTIBACTERIALS, OTHER

| | | |
|--------------------------------------------------------------------------------------------|----------------------|--|
| <i>acetic acid 2 % solution</i> | 2-Generic | |
| <i>aztreonam</i> | 4-Non-Preferred Drug | |
| <i>clindamycin hcl</i> | 2-Generic | |
| <i>clindamycin palmitate hcl</i> | 2-Generic | |
| <i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml)</i> | 1-Preferred Generics | |
| <i>clindamycin phosphate (1 % swab, 2 % cream)</i> | 2-Generic | |
| <i>clindamycin phosphate in d5w</i> | 1-Preferred Generics | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| <i>colistimethate sodium (cba)</i> | 1-Preferred Generics | |
| <i>daptomycin (350 mg recon soln)</i> | 5-Specialty | |
| <i>fosfomycin tromethamine</i> | 4-Non-Preferred Drug | |
| <i>linezolid 100 mg/5ml recon susp</i> | 5-Specialty | QL (1800 PER 30 DAYS) |
| <i>linezolid 600 mg/300ml solution</i> | 4-Non-Preferred Drug | |
| <i>linezolid 600 mg tab</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| LINEZOLID IN SODIUM CHLORIDE | 4-Non-Preferred Drug | |
| <i>methenamine hippurate</i> | 2-Generic | |
| <i>metronidazole (0.75 % gel, 0.75 % cream, 0.75 % lotion, 1 % gel, 250 mg tab, 500 mg tab)</i> | 2-Generic | |
| <i>metronidazole 500 mg/100ml solution</i> | 4-Non-Preferred Drug | |
| <i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i> | 3-Preferred Brands | |
| <i>nitrofurantoin monohyd macro</i> | 3-Preferred Brands | |
| <i>polymyxin b sulfate</i> | 1-Preferred Generics | |
| TIGECYCLINE | 5-Specialty | |
| <i>trimethoprim</i> | 1-Preferred Generics | |
| <i>vancomycin hcl 125 mg cap</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>vancomycin hcl 250 mg cap</i> | 4-Non-Preferred Drug | QL (240 PER 30 DAYS) |
| <i>vancomycin hcl (1 gm soln, 5 gm soln, 10 gm soln, 100 gm soln, 500 mg soln, 750 mg soln)</i> | 4-Non-Preferred Drug | |
| XIFAXAN 200 MG TAB | 4-Non-Preferred Drug | PA |
| XIFAXAN 550 MG TAB | 5-Specialty | PA |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| BETA-LACTAM, CEPHALOSPORINS | | |
| <i>cefaclor (250 mg cap, 500 mg cap)</i> | 2-Generic | |
| CEFACTOR ER | 2-Generic | |
| <i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp, 500 mg cap)</i> | 1-Preferred Generics | |
| <i>cefazolin sodium (1 gm soln, 10 gm soln, 100 gm soln, 300 gm soln, 500 mg soln)</i> | 4-Non-Preferred Drug | |
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i> | 2-Generic | |
| <i>cefepime hcl (1 gm soln, 2 gm soln)</i> | 4-Non-Preferred Drug | |
| <i>cefepime hcl for iv soln 2 gm</i> | 4-Non-Preferred Drug | |
| <i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i> | 2-Generic | |
| <i>cefotetan disodium</i> | 4-Non-Preferred Drug | |
| <i>cefoxitin sodium</i> | 4-Non-Preferred Drug | |
| <i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg/5ml recon susp, 100 mg tab, 200 mg tab)</i> | 2-Generic | |
| <i>cefprozil (125 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg tab, 500 mg tab)</i> | 2-Generic | |
| <i>ceftazidime</i> | 4-Non-Preferred Drug | |
| <i>ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 100 gm soln, 250 mg soln, 500 mg soln)</i> | 4-Non-Preferred Drug | |
| <i>ceftriaxone sodium in dextrose</i> | 4-Non-Preferred Drug | |
| <i>cefuroxime axetil</i> | 2-Generic | |
| <i>cefuroxime sodium</i> | 4-Non-Preferred Drug | |
| <i>cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg cap, 500 mg cap)</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| <i>tazicef</i> | 4-Non-Preferred Drug | |
| TEFLARO | 5-Specialty | |
| BETA-LACTAM, PENICILLINS | | |
| <i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 400 mg/5ml recon susp, 500 mg tab, 500 mg cap, 875 mg tab)</i> | 1-Preferred Generics | |
| <i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 200-28.5 mg chew tab, 250-62.5 mg/5ml recon susp, 250-125 mg tab, 400-57 mg/5ml recon susp, 400-57 mg chew tab, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i> | 2-Generic | |
| <i>amoxicillin-pot clavulanate er</i> | 2-Generic | |
| <i>ampicillin</i> | 2-Generic | |
| <i>ampicillin sodium</i> | 1-Preferred Generics | |
| <i>ampicillin-sulbactam sodium</i> | 2-Generic | |
| BICILLIN L-A | 3-Preferred Brands | |
| <i>dicloxacillin sodium</i> | 1-Preferred Generics | |
| <i>nafcillin sodium</i> | 2-Generic | |
| <i>oxacillin sodium</i> | 1-Preferred Generics | |
| OXACILLIN SODIUM IN DEXTROSE | 1-Preferred Generics | |
| PENICILLIN G POT IN DEXTROSE | 4-Non-Preferred Drug | |
| <i>penicillin g potassium</i> | 4-Non-Preferred Drug | |
| PENICILLIN G PROCAINE | 4-Non-Preferred Drug | |
| <i>penicillin g sodium</i> | 4-Non-Preferred Drug | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, 250 mg tab, 500 mg tab)</i> | 1-Preferred Generics | |
| <i>pfizerpen</i> | 4-Non-Preferred Drug | |
| <i>piperacillin sod-tazobactam so</i> | 2-Generic | |
| CARBAPENEMS | | |
| <i>ertapenem sodium</i> | 4-Non-Preferred Drug | |
| <i>imipenem-cilastatin</i> | 2-Generic | |
| <i>meropenem</i> | 2-Generic | |
| MACROLIDES | | |
| <i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i> | 1-Preferred Generics | |
| <i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i> | 2-Generic | |
| <i>clarithromycin er</i> | 2-Generic | |
| DIFICID (40 MG/ML RECON SUSP, 200 MG TAB) | 5-Specialty | |
| <i>e.e.s. 400</i> | 2-Generic | |
| <i>ery-tab</i> | 2-Generic | |
| ERYTHROCIN LACTOBIONATE | 4-Non-Preferred Drug | |
| <i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i> | 2-Generic | |
| <i>erythromycin base (250 mg tab, 250 mg cp dr part, 500 mg tab)</i> | 4-Non-Preferred Drug | |
| <i>erythromycin base (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i> | 2-Generic | |
| <i>erythromycin ethylsuccinate 400 mg tab</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------|----------------------|----------------------|
| QUINOLONES | | |
| BESIVANCE | 3-Preferred Brands | |
| CILOXAN | 4-Non-Preferred Drug | |
| <i>ciprofloxacin hcl 0.3 % solution</i> | 2-Generic | |
| <i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i> | 1-Preferred Generics | |
| <i>ciprofloxacin in d5w</i> | 2-Generic | |
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i> | 2-Generic | |
| <i>levofloxacin 25 mg/ml oral solution</i> | 2-Generic | |
| <i>levofloxacin in d5w</i> | 2-Generic | |
| <i>levofloxacin iv soln 25 mg/ml</i> | 2-Generic | |
| <i>moxifloxacin hcl 400 mg tab</i> | 2-Generic | |
| <i>moxifloxacin hcl in nacl</i> | 2-Generic | |
| <i>ofloxacin (300 mg tab, 400 mg tab)</i> | 2-Generic | |
| SULFONAMIDES | | |
| <i>sulfacetamide sodium (acne)</i> | 2-Generic | QL (118 PER 30 DAYS) |
| <i>sulfadiazine</i> | 4-Non-Preferred Drug | |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i> | 1-Preferred Generics | |
| TETRACYCLINES | | |
| <i>demeclocycline hcl</i> | 1-Preferred Generics | |
| <i>doxy 100</i> | 4-Non-Preferred Drug | |
| <i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg tab, 100 mg cap)</i> | 2-Generic | |
| <i>doxycycline hyclate 100 mg recon soln</i> | 4-Non-Preferred Drug | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg tab, 50 mg cap, 75 mg tab, 100 mg tab, 100 mg cap, 150 mg tab)</i> | 2-Generic | |
| <i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i> | 2-Generic | |
| <i>mondoxyne nl</i> | 2-Generic | |
| <i>tetracycline hcl (250 mg cap, 500 mg cap)</i> | 2-Generic | |

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

| | | |
|---------------------------------------------------------------------------------------|----------------------|------------------------------------------------|
| BRIVIACT 10 MG/ML SOLUTION | 5-Specialty | QL (600 PER 30 DAYS) |
| BRIVIACT 50 MG/5ML SOLUTION | 5-Specialty | |
| BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| DIACOMIT (250 MG CAP, 250 MG PACKET) | 5-Specialty | QL (360 PER 30 DAYS) |
| DIACOMIT (500 MG PACKET, 500 MG CAP) | 5-Specialty | QL (180 PER 30 DAYS) |
| <i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i> | 2-Generic | |
| <i>divalproex sodium er</i> | 2-Generic | |
| EPIDIOLEX | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (600 PER 30 DAYS) |
| EPRONTIA | 4-Non-Preferred Drug | |
| <i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i> | 4-Non-Preferred Drug | |
| FINTEPLA | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (360 PER 30 DAYS) |
| FYCOMPA 0.5 MG/ML SUSPENSION | 5-Specialty | QL (720 PER 30 DAYS) |
| FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| FYCOMPA 2 MG TAB | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------|
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i> | 2-Generic | |
| <i>levetiracetam er</i> | 2-Generic | |
| <i>levetiracetam in nacl</i> | 4-Non-Preferred Drug | |
| <i>roweepra</i> | 2-Generic | |
| <i>roweepra xr</i> | 2-Generic | |
| SPRITAM 1000 MG TAB | 4-Non-Preferred Drug | QL (90 PER 30 DAYS) |
| SPRITAM 250 MG TAB | 4-Non-Preferred Drug | QL (360 PER 30 DAYS) |
| SPRITAM 500 MG TAB | 4-Non-Preferred Drug | QL (180 PER 30 DAYS) |
| SPRITAM 750 MG TAB | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i> | 2-Generic | |
| <i>valproate sodium</i> | 2-Generic | |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution)</i> | 2-Generic | |
| XCOPRI (150 MG TAB, 200 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| XCOPRI (50 MG TAB, 100 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| XCOPRI (14 50 MG 14 100 MG TAB, 14 150 MG 14 200 MG TAB) | 5-Specialty | QL (28 PER 28 DAYS) |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK | 4-Non-Preferred Drug | QL (28 PER 28 DAYS) |
| XCOPRI (250 MG DAILY DOSE) | 5-Specialty | QL (56 PER 28 DAYS) |
| XCOPRI (350 MG DAILY DOSE) | 5-Specialty | QL (56 PER 28 DAYS) |
| ZTALMY | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (1100 PER 30 DAYS) |

CALCIUM CHANNEL MODIFYING AGENTS

| | |
|----------|--------------------|
| CELONTIN | 3-Preferred Brands |
|----------|--------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|
| <i>ethosuximide (250 mg/5ml solution, 250 mg cap)</i> | 2-Generic | |
| <i>methsuximide</i> | 3-Preferred Brands | |
| GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS | | |
| <i>clobazam 2.5 mg/ml suspension</i> | 4-Non-Preferred Drug | QL (480 PER 30 DAYS) |
| <i>clobazam (10 mg tab, 20 mg tab)</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i> | 4-Non-Preferred Drug | |
| <i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i> | 2-Generic | |
| NAYZILAM | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS) |
| <i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i> | 2-Generic | |
| <i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i> | 2-Generic | |
| SYMPAZAN (10 MG, 20 MG) | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS) |
| SYMPAZAN 5 MG FILM | 4-Non-Preferred Drug | PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS) |
| <i>tiagabine hcl</i> | 4-Non-Preferred Drug | |
| VALTOCO 10 MG DOSE | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS) |
| VALTOCO 15 MG DOSE | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS) |
| VALTOCO 20 MG DOSE | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS) |
| VALTOCO 5 MG DOSE | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| <i>vigabatrin (500 mg tab, 500 mg packet)</i> | 5-Specialty | QL (180 PER 30 DAYS) |
| <i>vigadrone (500 mg packet, 500 mg tab)</i> | 5-Specialty | QL (180 PER 30 DAYS) |
| SODIUM CHANNEL AGENTS | | |
| APTIOM (200 MG TAB, 400 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| APTIOM (600 MG TAB, 800 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i> | 2-Generic | |
| <i>carbamazepine er (er 100 mg tab er, er 100 mg cap er, er 200 mg tab er, er 200 mg cap er, er 300 mg cap er, er 400 mg tab er)</i> | 2-Generic | |
| DILANTIN 30 MG CAP | 3-Preferred Brands | |
| <i>epitol</i> | 2-Generic | |
| <i>fosphenytoin sodium</i> | 4-Non-Preferred Drug | |
| <i>lacosamide 10 mg/ml solution</i> | 4-Non-Preferred Drug | QL (1200 PER 30 DAYS) |
| <i>lacosamide 200 mg/20ml solution</i> | 4-Non-Preferred Drug | |
| <i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>lacosamide 50 mg tab</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>oxcarbazepine (150 mg tab, 300 mg/5ml suspension, 300 mg tab, 600 mg tab)</i> | 2-Generic | |
| <i>phenytek</i> | 1-Preferred Generics | |
| <i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i> | 1-Preferred Generics | |
| <i>phenytoin infatabs</i> | 1-Preferred Generics | |
| <i>phenytoin sodium 50 mg/ml solution</i> | 1-Preferred Generics | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------|-------------------------|-----------------------|
| <i>phenytoin sodium extended</i> | 1-Preferred Generics | |
| <i>rufinamide 40 mg/ml suspension</i> | 5-Specialty | QL (2760 PER 30 DAYS) |
| <i>rufinamide 200 mg tab</i> | 4-Non-Preferred Drug | QL (480 PER 30 DAYS) |
| <i>rufinamide 400 mg tab</i> | 5-Specialty | QL (240 PER 30 DAYS) |
| ZONISADE | 4-Non-Preferred Drug | |
| <i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i> | 2-Generic | |

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----|
| <i>ergoloid mesylates</i> | 2-Generic | PA |
| NAMZARIC (7 & 14 & 21 & 28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H, 14- 10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H) | 4-Non-Preferred Drug | |

CHOLINESTERASE INHIBITORS

| | | |
|---------------------------------------------------------------------|-------------------------|----------------------|
| <i>donepezil hcl (5 mg tab, 10 mg tab)</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>donepezil hcl 23 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>galantamine hydrobromide 4 mg/ml solution</i> | 2-Generic | QL (360 PER 30 DAYS) |
| <i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>galantamine hydrobromide er</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>rivastigmine</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>rivastigmine tartrate</i> | 2-Generic | QL (60 PER 30 DAYS) |

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

| | | |
|-------------------------------------------------------------------------|-----------|--|
| <i>memantine hcl (2 mg/ml solution, 28 5 mg & 21 10 mg tab)</i> | 2-Generic | |
|-------------------------------------------------------------------------|-----------|--|

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------|-----------|---------------------|
| <i>memantine hcl (5 mg tab, 10 mg tab)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>memantine hcl er</i> | 2-Generic | QL (30 PER 30 DAYS) |

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

| | | |
|------------------------------------------------------------|----------------------|----------------------|
| AUVELITY | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>bupropion hcl</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>bupropion hcl er (sr)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>bupropion hcl er (xl) 150 mg tab er 24h</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>bupropion hcl er (xl) 300 mg tab er 24h</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>chlordiazepoxide-amitriptyline</i> | 4-Non-Preferred Drug | |
| LYBALVI | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>mirtazapine (15 mg tab, 15 mg tab disp)</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>mirtazapine (30 mg tab disp, 30 mg tab)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>mirtazapine (7.5 mg tab, 45 mg tab disp, 45 mg tab)</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>olanzapine-fluoxetine hcl</i> | 4-Non-Preferred Drug | |
| <i>perphenazine-amitriptyline</i> | 4-Non-Preferred Drug | |

MONOAMINE OXIDASE INHIBITORS

| | | |
|--------------------------------|----------------------|---------------------|
| EMSAM | 5-Specialty | QL (30 PER 30 DAYS) |
| MARPLAN | 3-Preferred Brands | |
| <i>phenelzine sulfate</i> | 1-Preferred Generics | |
| <i>tranylcypromine sulfate</i> | 2-Generic | |

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

| | | |
|---------------------------------------------------|-----------|----------------------|
| <i>citalopram hydrobromide 10 mg/5ml solution</i> | 2-Generic | QL (600 PER 30 DAYS) |
|---------------------------------------------------|-----------|----------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------|----------------------|----------------------------|
| <i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i> | 1-Preferred Generics | QL (45 PER 30 DAYS) |
| <i>citalopram hydrobromide 10 mg tab</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>desvenlafaxine succinate er</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>escitalopram oxalate 5 mg/5ml solution</i> | 2-Generic | QL (600 PER 30 DAYS) |
| <i>escitalopram oxalate 10 mg tab</i> | 1-Preferred Generics | QL (45 PER 30 DAYS) |
| <i>escitalopram oxalate 20 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>escitalopram oxalate 5 mg tab</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| FETZIMA | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| FETZIMA TITRATION | 4-Non-Preferred Drug | |
| <i>fluoxetine hcl 10 mg cap</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>fluoxetine hcl 20 mg cap</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>fluoxetine hcl 40 mg cap</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>fluoxetine hcl 90 mg cap dr</i> | 4-Non-Preferred Drug | QL (4 PER 28 DAYS) |
| <i>fluoxetine hcl 20 mg/5ml solution</i> | 2-Generic | |
| <i>fluoxetine hcl 10 mg tab</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>fluoxetine hcl 20 mg tab</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>fluvoxamine maleate</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>fluvoxamine maleate er</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>nefazodone hcl (50 mg tab, 100 mg tab, 250 mg tab)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>nefazodone hcl 150 mg tab</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>nefazodone hcl 200 mg tab</i> | 2-Generic | QL (90 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------|----------------------|----------------------|
| <i>paroxetine hcl 10 mg/5ml suspension</i> | 4-Non-Preferred Drug | |
| <i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i> | 2-Generic | |
| <i>paroxetine hcl er</i> | 4-Non-Preferred Drug | |
| <i>sertraline hcl 20 mg/ml conc</i> | 2-Generic | QL (300 PER 30 DAYS) |
| <i>sertraline hcl (25 mg tab, 50 mg tab)</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>sertraline hcl 100 mg tab</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>trazodone hcl</i> | 1-Preferred Generics | |
| TRINTELLIX | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| VENLAFAXINE BESYLATE ER | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>venlafaxine hcl</i> | 2-Generic | |
| <i>venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er)</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>venlafaxine hcl er 150 mg cap er 24h</i> | 2-Generic | QL (60 PER 30 DAYS) |
| VIIBRYD STARTER PACK | 4-Non-Preferred Drug | |
| <i>vilazodone hcl</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |

TRICYCLICS

| | | |
|--------------------------------------------------------------------------------------------------------|----------------------|--|
| <i>amitriptyline hcl</i> | 2-Generic | |
| <i>amoxapine</i> | 3-Preferred Brands | |
| <i>clomipramine hcl</i> | 4-Non-Preferred Drug | |
| <i>desipramine hcl</i> | 3-Preferred Brands | |
| <i>doxepin hcl (10 mg/ml conc, 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------|----------------------|---------------------|
| <i>imipramine hcl</i> | 2-Generic | |
| <i>imipramine pamoate</i> | 4-Non-Preferred Drug | |
| <i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i> | 2-Generic | |
| <i>nortriptyline hcl 10 mg/5ml solution</i> | 4-Non-Preferred Drug | |
| <i>protriptyline hcl</i> | 4-Non-Preferred Drug | |
| <i>trimipramine maleate</i> | 4-Non-Preferred Drug | |

ANTIEMETICS

ANTIEMETICS, OTHER

| | | |
|-----------------------------------------------------------------------------------------|----------------------|---------------------|
| <i>compro</i> | 2-Generic | |
| <i>meclizine hcl (12.5 mg tab, 25 mg tab)</i> | 2-Generic | |
| <i>metoclopramide hcl (5 mg/5ml solution, 5 mg tab, 10 mg/10ml solution, 10 mg tab)</i> | 1-Preferred Generics | |
| <i>perphenazine</i> | 2-Generic | |
| <i>phenadoz</i> | 2-Generic | |
| <i>prochlorperazine</i> | 2-Generic | |
| <i>prochlorperazine edisylate</i> | 4-Non-Preferred Drug | |
| <i>prochlorperazine maleate</i> | 2-Generic | |
| <i>promethazine hcl (12.5 mg, 25 mg)</i> | 2-Generic | |
| <i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i> | 1-Preferred Generics | PA |
| <i>promethegan</i> | 2-Generic | |
| <i>scopolamine</i> | 4-Non-Preferred Drug | QL (10 PER 30 DAYS) |

EMETOGENIC THERAPY ADJUNCTS

| | | |
|-------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| <i>aprepitant (40 mg cap, 80 & 125 mg misc, 80 & 125 mg cap, 80 mg cap, 125 mg cap)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
|-------------------------------------------------------------------------------------------------|-----------|---------------------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|----------------------|-------------------------------------------------------|
| <i>dronabinol</i> | 4-Non-Preferred Drug | PA, QL (60 PER 30 DAYS) |
| EMEND 125 MG/5ML RECON SUSP | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| <i>granisetron hcl 1 mg tab</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS) |
| <i>ondansetron 4 mg tab disp</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS) |
| <i>ondansetron 8 mg tab disp</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS) |
| <i>ondansetron hcl (4 mg/2ml soln prsyr, 40 mg/20ml solution)</i> | 2-Generic | |
| <i>ondansetron hcl 4 mg/5ml solution</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>ondansetron hcl 4 mg tab</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE, QL (180 PER 30 DAYS) |
| <i>ondansetron hcl 8 mg tab</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE, QL (90 PER 30 DAYS) |
| <i>ondansetron hcl inj 4 mg/2ml</i> | 2-Generic | |
| SANCUSO | 5-Specialty | ST, QL (4 PER 28 DAYS) |

ANTIFUNGALS

| | | |
|---------------------------------------------|----------------------|---------------------------------|
| ABELCET | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| AMBISOME | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>amphotericin b</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>amphotericin b liposome</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>caspofungin acetate</i> | 4-Non-Preferred Drug | |
| <i>ciclopirox olamine 0.77 % cream</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>ciclopirox olamine 0.77 % suspension</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>clotrimazole 1 % cream</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>clotrimazole 1 % solution</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>clotrimazole 10 mg troche</i> | 2-Generic | |
| <i>econazole nitrate</i> | 4-Non-Preferred Drug | QL (85 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|
| <i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | 2-Generic | |
| <i>fluconazole in sodium chloride (200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%)</i> | 2-Generic | |
| <i>flucytosine</i> | 5-Specialty | |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i> | 2-Generic | |
| <i>griseofulvin ultramicrosize</i> | 2-Generic | |
| <i>itraconazole (10 mg/ml solution, 100 mg cap)</i> | 4-Non-Preferred Drug | |
| <i>ketoconazole 2 % cream</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>ketoconazole 2 % shampoo</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>ketoconazole 200 mg tab</i> | 2-Generic | |
| <i>micafungin sodium</i> | 5-Specialty | |
| <i>naftifine hcl 1 % cream</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>naftifine hcl 2 % cream</i> | 2-Generic | QL (60 PER 30 DAYS) |
| NOXAFIL 300 MG PACKET | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| NOXAFIL 40 MG/ML SUSPENSION | 5-Specialty | PA, QL (630 PER 30 DAYS) |
| <i>nyamyc</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>nystatin (100000 unit/gm ointment, 100000 unit/gm cream, 100000 unit/gm powder)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i> | 2-Generic | |
| <i>nystop</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>posaconazole 40 mg/ml suspension</i> | 5-Specialty | PA, QL (630 PER 30 DAYS) |
| <i>posaconazole 100 mg tab dr</i> | 5-Specialty | PA, QL (93 PER 30 DAYS) |
| <i>terbinafine hcl 250 mg tab</i> | 2-Generic | |
| <i>terconazole (0.4 %, 0.8 %)</i> | 2-Generic | |
| <i>terconazole 80 mg suppos</i> | 1-Preferred Generics | |
| <i>voriconazole 200 mg recon soln</i> | 5-Specialty | PA |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------|----------------------|--------------------------|
| <i>voriconazole 40 mg/ml recon susp</i> | 5-Specialty | |
| <i>voriconazole (50 mg tab, 200 mg tab)</i> | 4-Non-Preferred Drug | |
| ANTIGOUT AGENTS | | |
| <i>allopurinol (100 mg tab, 300 mg tab)</i> | 1-Preferred Generics | |
| <i>colchicine 0.6 mg tab</i> | 3-Preferred Brands | |
| <i>colchicine-probenecid</i> | 2-Generic | |
| <i>febuxostat</i> | 2-Generic | ST |
| MITIGARE | 3-Preferred Brands | |
| <i>probenecid</i> | 2-Generic | |
| ANTIMIGRAINE AGENTS | | |
| ANTIMIGRAINE AGENTS, OTHER | | |
| AIMOVIG | 4-Non-Preferred Drug | PA, QL (1 PER 28 DAYS) |
| AJOVY 225 MG/1.5ML SOLN A-INJ | 4-Non-Preferred Drug | PA, QL (1.5 PER 28 DAYS) |
| AJOVY 225 MG/1.5ML SOLN PRSYR | 4-Non-Preferred Drug | PA, QL (1.5 PER 28 DAYS) |
| EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR) | 4-Non-Preferred Drug | PA, QL (2 PER 28 DAYS) |
| EMGALITY (300 MG DOSE) | 4-Non-Preferred Drug | PA, QL (3 PER 28 DAYS) |
| NURTEC | 5-Specialty | ST, QL (16 PER 30 DAYS) |
| ERGOT ALKALOIDS | | |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | 5-Specialty | PA, QL (8 PER 30 DAYS) |
| <i>ergotamine-caffeine</i> | 2-Generic | |
| SEROTONIN (5-HT) RECEPTOR AGONIST | | |
| <i>naratriptan hcl</i> | 2-Generic | QL (9 PER 30 DAYS) |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------|----------------------|---------------------|
| <i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab disp, 10 mg tab)</i> | 2-Generic | QL (12 PER 30 DAYS) |
| <i>sumatriptan (5 mg/act, 20 mg/act)</i> | 4-Non-Preferred Drug | QL (12 PER 28 DAYS) |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i> | 4-Non-Preferred Drug | QL (6 PER 30 DAYS) |
| <i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i> | 2-Generic | QL (9 PER 30 DAYS) |
| <i>sumatriptan succinate refill</i> | 4-Non-Preferred Drug | QL (6 PER 30 DAYS) |
| <i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i> | 2-Generic | QL (9 PER 30 DAYS) |

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

| | | |
|-----------------------------------------|----------------------|--|
| <i>pyridostigmine bromide 60 mg tab</i> | 3-Preferred Brands | |
| <i>pyridostigmine bromide er</i> | 4-Non-Preferred Drug | |

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

| | | |
|----------------------------------------|----------------------|--|
| <i>dapsone (25 mg tab, 100 mg tab)</i> | 2-Generic | |
| <i>rifabutin</i> | 1-Preferred Generics | |

ANTITUBERCULARS

| | | |
|------------------------------------------------------------|----------------------|---------------------|
| <i>ethambutol hcl</i> | 2-Generic | |
| <i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i> | 1-Preferred Generics | |
| PRETOMANID | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| PRIFTIN | 3-Preferred Brands | |
| <i>pyrazinamide</i> | 2-Generic | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------|----------------------|---------------------|
| <i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i> | 2-Generic | |
| SIRTURO | 5-Specialty | |
| TRECTOR | 4-Non-Preferred Drug | |

ANTINEOPLASTICS

ALKYLATING AGENTS

| | | |
|-----------------------------------------------------------------------------|----------------------|---------------------------------|
| <i>bendamustine hcl (25 mg soln, 100 mg soln)</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>busulfan</i> | 5-Specialty | |
| <i>cyclophosphamide (25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| GLEOSTINE (10 MG CAP, 40 MG CAP) | 4-Non-Preferred Drug | |
| GLEOSTINE 100 MG CAP | 5-Specialty | |
| <i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i> | 4-Non-Preferred Drug | |
| LEUKERAN | 3-Preferred Brands | |
| MATULANE | 5-Specialty | |
| <i>melphalan</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>melphalan hcl</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| TREANDA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| VALCHLOR | 5-Specialty | QL (60 PER 30 DAYS) |
| YONDELIS | 5-Specialty | |

ANTIANDROGENS

| | | |
|----------------------------|-------------|--------------------------|
| <i>abiraterone acetate</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>bicalutamide</i> | 2-Generic | |
| ERLEADA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>flutamide</i> | 2-Generic | |
| <i>nilutamide</i> | 5-Specialty | |
| NUBEQA | 5-Specialty | PA - FOR NEW STARTS ONLY |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------|-------------|-----------------------------------------------|
| ORSERDU 345 MG TAB | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS) |
| ORSERDU 86 MG TAB | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS) |
| XTANDI (40 MG TAB, 40 MG CAP, 80 MG TAB) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| YONSA | 5-Specialty | PA - FOR NEW STARTS ONLY |

ANTIANGIOGENIC AGENTS

| | | |
|-----------------------------------|-------------|-----------------------------------------------|
| <i>lenalidomide</i> | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (28 PER 28 DAYS) |
| POMALYST | 5-Specialty | PA - FOR NEW STARTS ONLY |
| REVLIMID | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (28 PER 28 DAYS) |
| THALOMID (150 MG CAP, 200 MG CAP) | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS) |
| THALOMID (50 MG CAP, 100 MG CAP) | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS) |

ANTIESTROGENS/MODIFIERS

| | | |
|---------------------------|-------------|---------------------------------|
| EMCYT | 5-Specialty | |
| <i>fulvestrant</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| SOLTAMOX | 5-Specialty | |
| <i>tamoxifen citrate</i> | 2-Generic | |
| <i>toremifene citrate</i> | 5-Specialty | |

ANTIMETABOLITES

| | | |
|------------------------|----------------------|---------------------------------|
| <i>adrucil</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>cladribine</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>clofarabine</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>cytarabine</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>cytarabine (pf)</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| DROXIA | 3-Preferred Brands | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------|----------------------|---------------------------------|
| <i>fluorouracil (1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| FOLOTYN 40 MG/2ML SOLUTION | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>gemcitabine hcl 1 gm recon soln</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>hydroxyurea</i> | 2-Generic | |
| INQOVI | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>mercaptopurine</i> | 2-Generic | |
| NIPENT | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>pemetrexed disodium (100 mg soln, 500 mg soln, 750 mg soln, 1000 mg soln)</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| PURIXAN | 5-Specialty | |
| TABLOID | 3-Preferred Brands | |

ANTINEOPLASTICS, OTHER

| | | |
|---------------------------------------------|----------------------|---------------------------------|
| <i>adriamycin 2 mg/ml solution</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>arsenic trioxide 10 mg/10ml solution</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| AYVAKIT | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>azacitidine</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| BESREMI | 5-Specialty | |
| <i>bleomycin sulfate</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>bortezomib 3.5 mg recon soln</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| BRUKINSA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>carboplatin</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>cisplatin</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>dacarbazine 200 mg recon soln</i> | 4-Non-Preferred Drug | |
| <i>dactinomycin</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| DAUNORUBICIN HCL 20 MG/4ML SOLUTION | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| DAUNORUBICIN HCL 50 MG/10ML SOLUTION | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>decitabine</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>docetaxel (20 mg/ml conc, 20 mg/2ml solution, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc)</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>doxorubicin hcl 2 mg/ml solution</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>doxorubicin hcl liposomal</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>epirubicin hcl</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| EXKIVITY | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>fludarabine phosphate 50 mg recon soln</i> | 4-Non-Preferred Drug | |
| FOTIVDA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| HALAVEN | 5-Specialty | |
| <i>idarubicin hcl</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| IDHIFA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>irinotecan hcl</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| KISQALI FEMARA (400 MG DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (600 MG DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA(200 MG DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| KRAZATI | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LONSURF | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LUMAKRAS | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>mitomycin (5 mg soln, 20 mg soln, 40 mg soln)</i> | 4-Non-Preferred Drug | |
| <i>mitoxantrone hcl</i> | 4-Non-Preferred Drug | |
| <i>mutamycin</i> | 4-Non-Preferred Drug | |
| NINLARO | 5-Specialty | PA - FOR NEW STARTS ONLY |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| ONUREG | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>oxaliplatin (50 mg/10ml solution, 50 mg recon soln, 100 mg/20ml solution, 100 mg recon soln)</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>paclitaxel</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>paclitaxel protein-bound part</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>paraplatin</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| QINLOCK | 5-Specialty | PA - FOR NEW STARTS ONLY |
| RETEVMO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>romidepsin 10 mg recon soln</i> | 5-Specialty | |
| SYNRIBO | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| TABRECTA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TAZVERIK | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VANFLYTA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>vinblastine sulfate</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>vincristine sulfate</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>vinorelbine tartrate 50 mg/5ml solution</i> | 4-Non-Preferred Drug | |
| VYXEOS | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| WELIREG | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG TWICE WEEKLY) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | 5-Specialty | PA - FOR NEW STARTS ONLY |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------|----------------------|---------------------------------|
| XPOVIO (80 MG TWICE WEEKLY) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ZALTRAP 100 MG/4ML SOLUTION | 5-Specialty | |
| ZANOSAR | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| ZOLINZA | 5-Specialty | PA - FOR NEW STARTS ONLY |

AROMATASE INHIBITORS, 3RD GENERATION

| | | |
|--------------------|-----------|--|
| <i>anastrozole</i> | 2-Generic | |
| <i>exemestane</i> | 2-Generic | |
| <i>letrozole</i> | 2-Generic | |

ENZYME INHIBITORS

| | | |
|--------------------------------------|-------------|-----------------------------------------------|
| <i>etoposide</i> | 2-Generic | |
| JAYPIRCA 100 MG TAB | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS) |
| JAYPIRCA 50 MG TAB | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS) |
| OJJAARA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>toposar</i> | 2-Generic | |
| <i>topotecan hcl 4 mg recon soln</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

MOLECULAR TARGET INHIBITORS

| | | |
|-------------------------------------------------------------------|-------------|---------------------------------|
| ALECENSA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ALIQOPA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| ALUNBRIG (30 MG TAB, 90 MG TAB, 90 & 180 MG TAB THPK, 180 MG TAB) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| BALVERSA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| BOSULIF | 5-Specialty | PA - FOR NEW STARTS ONLY |
| BRAFTOVI | 5-Specialty | PA - FOR NEW STARTS ONLY |
| CABOMETYX | 5-Specialty | PA - FOR NEW STARTS ONLY |
| CALQUENCE (100 MG CAP, 100 MG TAB) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| CAPRELSA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| COMETRIQ (100 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------|-------------|---------------------------------|
| COMETRIQ (140 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| COMETRIQ (60 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| COPIKTRA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| COTELLIC | 5-Specialty | PA - FOR NEW STARTS ONLY |
| CYRAMZA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| DAURISMO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ERIVEDGE | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>erlotinib hcl</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab sol, 5 mg tab, 7.5 mg tab, 10 mg tab)</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| GAVRETO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>gefitinib</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| GILOTRIF | 5-Specialty | PA - FOR NEW STARTS ONLY |
| IBRANCE (75 MG TAB, 75 MG CAP, 100 MG CAP, 100 MG TAB, 125 MG TAB, 125 MG CAP) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ICLUSIG | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>imatinib mesylate</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| IMBRUVICA (70 MG/ML SUSPENSION, 70 MG CAP, 140 MG TAB, 140 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| INLYTA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| INREBIC | 5-Specialty | PA - FOR NEW STARTS ONLY |
| IRESSA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| JAKAFI | 5-Specialty | PA - FOR NEW STARTS ONLY |
| JEVTANA | 5-Specialty | |
| KISQALI (200 MG DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| KISQALI (400 MG DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| KISQALI (600 MG DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| KOSELUGO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| KYPROLIS | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------|------------------|----------------------------|
| <i>lapatinib ditosylate</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LENVIMA (4, 8, 10, 12, 14, 18, 20, 24 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LORBRENA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LYNPARZA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LYTGOBI (12 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LYTGOBI (16 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| LYTGOBI (20 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| MEKTOVI | 5-Specialty | PA - FOR NEW STARTS ONLY |
| NERLYNX | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ODOMZO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>pazopanib hcl</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| PEMAZYRE | 5-Specialty | PA - FOR NEW STARTS ONLY |
| PIQRAY (200, 250, 300 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| REZLIDHIA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ROZLYTREK (100 MG CAP, 200 MG CAP) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| RUBRACA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| RYDAPT | 5-Specialty | PA - FOR NEW STARTS ONLY |
| SCSEMBLIX | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>sorafenib tosylate</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| SPRYCEL | 5-Specialty | PA - FOR NEW STARTS ONLY |
| STIVARGA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>sunitinib malate</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TAFINLAR (10 MG TAB SOL, 50 MG CAP, 75 MG CAP) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TAGRISSO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TALZENNA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TASIGNA | 5-Specialty | PA - FOR NEW STARTS ONLY |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------|----------------------|----------------------------|
| TEPMETKO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TIBSOVO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TRUSELTIQ (50, 75, 100, 125 MG DAILY DOSE) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TUKYSA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| TURALIO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VENCLEXTA (50 MG TAB, 100 MG TAB) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VENCLEXTA 10 MG TAB | 4-Non-Preferred Drug | PA - FOR NEW STARTS ONLY |
| VENCLEXTA STARTING PACK | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VERZENIO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VIZIMPRO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VONJO | 5-Specialty | PA - FOR NEW STARTS ONLY |
| VOTRIENT | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XALKORI (200 MG CAP, 250 MG CAP) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| XOSPATA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ZEJULA (100 MG CAP, 100 MG TAB, 200 MG TAB, 300 MG TAB) | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ZELBORAF | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ZYDELIG | 5-Specialty | PA - FOR NEW STARTS ONLY |
| ZYKADIA | 5-Specialty | PA - FOR NEW STARTS ONLY |

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

| | | |
|------------------------------|-------------|---------------------------------|
| ALYMSYS | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| AVASTIN | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| BAVENCIO | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| DARZALEX | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| EMPLICITI | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| ERBITUX 100 MG/50ML SOLUTION | 5-Specialty | |
| HERCEPTIN HYLECTA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------|-------------|---------------------------------|
| HERZUMA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| IMFINZI | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| KADCYLA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| KANJINTI | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| KEYTRUDA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| MVASI | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| MYLOTARG | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| OGIVRI | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| ONTRUZANT | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| OPDIVO | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| PERJETA | 5-Specialty | |
| RIABNI | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| RITUXAN HYCELA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| RUXIENCE | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| TECENTRIQ | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| TRAZIMERA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| TRUXIMA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| VECTIBIX 100 MG/5ML SOLUTION | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| YERVOY 50 MG/10ML SOLUTION | 5-Specialty | |
| ZIRABEV | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

RETINOIDS

| | | |
|-----------------------------|-------------|-----------------------------------------------|
| <i>bexarotene 75 mg cap</i> | 5-Specialty | PA - FOR NEW STARTS ONLY |
| <i>bexarotene 1 % gel</i> | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS) |
| PANRETIN | 5-Specialty | PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS) |
| <i>tretinoin 10 mg cap</i> | 5-Specialty | |

TREATMENT ADJUNCTS

| | | |
|--------------------------------------------------------------------------------------------|----------------------|--|
| <i>leucovorin calcium (50 mg soln, 100 mg soln, 200 mg soln, 350 mg soln, 500 mg soln)</i> | 4-Non-Preferred Drug | |
|--------------------------------------------------------------------------------------------|----------------------|--|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------|----------------------|---------------------|
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> | 2-Generic | |
| <i>levoleucovorin calcium</i> | 5-Specialty | |
| <i>levoleucovorin calcium pf</i> | 5-Specialty | |
| <i>mesna</i> | 4-Non-Preferred Drug | |
| MESNEX 400 MG TAB | 5-Specialty | |

ANTIPARASITICS

ANTHELMINTHICS

| | | |
|----------------------------|--------------------|--|
| <i>albendazole</i> | 5-Specialty | |
| <i>ivermectin 3 mg tab</i> | 3-Preferred Brands | |
| <i>praziquantel</i> | 2-Generic | |

ANTIPROTOZOALS

| | | |
|-------------------------------------------------------------|----------------------|---------------------------------|
| <i>atovaquone</i> | 4-Non-Preferred Drug | |
| <i>atovaquone-proguanil hcl</i> | 2-Generic | |
| BENZNIDAZOLE | 4-Non-Preferred Drug | |
| <i>chloroquine phosphate</i> | 2-Generic | |
| COARTEM | 3-Preferred Brands | |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | 2-Generic | |
| <i>mefloquine hcl</i> | 2-Generic | |
| <i>nitazoxanide</i> | 5-Specialty | |
| <i>pentamidine isethionate</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>pentamidine isethionate 300 mg inject soln</i> | 2-Generic | |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>primaquine phosphate</i> | 2-Generic | |
| <i>pyrimethamine</i> | 5-Specialty | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| <i>quinine sulfate</i> | 4-Non-Preferred Drug | |
| ANTIPARKINSON AGENTS | | |
| ANTICHOLINERGICS | | |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | 1-Preferred Generics | |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i> | 1-Preferred Generics | |
| ANTIPARKINSON AGENTS, OTHER | | |
| <i>amantadine hcl (50 mg/5ml solution, 100 mg tab, 100 mg cap)</i> | 2-Generic | |
| <i>carbidopa-levodopa-entacapone</i> | 2-Generic | |
| <i>entacapone</i> | 4-Non-Preferred Drug | |
| <i>tolcapone</i> | 5-Specialty | |
| DOPAMINE AGONISTS | | |
| APOKYN | 5-Specialty | |
| <i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i> | 2-Generic | |
| NEUPRO | 4-Non-Preferred Drug | |
| <i>pramipexole dihydrochloride</i> | 1-Preferred Generics | |
| <i>pramipexole dihydrochloride er</i> | 2-Generic | |
| <i>ropinirole hcl</i> | 2-Generic | |
| <i>ropinirole hcl er</i> | 4-Non-Preferred Drug | |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa</i> | 4-Non-Preferred Drug | |
| <i>carbidopa-levodopa (10-100 mg tab disp, 10-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp, 25-100 mg tab)</i> | 2-Generic | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <i>carbidopa-levodopa er</i> | 2-Generic | |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | | |
| <i>rasagiline mesylate</i> | 4-Non-Preferred Drug | |
| <i>selegiline hcl (5 mg cap, 5 mg tab)</i> | 2-Generic | |
| ANTIPSYCHOTICS | | |
| 1ST GENERATION/TYPICAL | | |
| <i>chlorpromazine hcl (25 mg/ml, 50 mg/2ml)</i> | 4-Non-Preferred Drug | |
| <i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i> | 2-Generic | |
| <i>fluphenazine decanoate</i> | 4-Non-Preferred Drug | |
| <i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc, 5 mg tab, 10 mg tab)</i> | 2-Generic | |
| <i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | 2-Generic | |
| <i>haloperidol decanoate</i> | 2-Generic | |
| <i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i> | 2-Generic | |
| <i>loxapine succinate</i> | 2-Generic | |
| <i>molindone hcl</i> | 2-Generic | |
| <i>pimozide</i> | 2-Generic | |
| <i>thioridazine hcl</i> | 2-Generic | |
| <i>thiothixene</i> | 2-Generic | |
| <i>trifluoperazine hcl</i> | 2-Generic | |
| 2ND GENERATION/ATYPICAL | | |
| ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR | 5-Specialty | QL (2.4 PER 56 DAYS) |
| ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR | 5-Specialty | QL (3.2 PER 56 DAYS) |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG SRER, 400 MG PRSYR) | 5-Specialty | QL (1 PER 28 DAYS) |
| <i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i> | 2-Generic | |
| <i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i> | 4-Non-Preferred Drug | |
| ARISTADA 1064 MG/3.9ML PRSYR | 5-Specialty | QL (3.9 PER 56 DAYS) |
| ARISTADA 441 MG/1.6ML PRSYR | 5-Specialty | QL (1.6 PER 28 DAYS) |
| ARISTADA 662 MG/2.4ML PRSYR | 5-Specialty | QL (2.4 PER 28 DAYS) |
| ARISTADA 882 MG/3.2ML PRSYR | 5-Specialty | QL (3.2 PER 28 DAYS) |
| ARISTADA INITIO | 5-Specialty | |
| <i>asenapine maleate</i> | 4-Non-Preferred Drug | |
| CAPLYTA | 5-Specialty | QL (30 PER 30 DAYS) |
| FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB) | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| FANAPT TITRATION PACK | 4-Non-Preferred Drug | |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR | 5-Specialty | QL (3.5 PER 180 DAYS) |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR | 5-Specialty | QL (5 PER 180 DAYS) |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR | 5-Specialty | QL (0.75 PER 28 DAYS) |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | 5-Specialty | QL (1 PER 28 DAYS) |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | 5-Specialty | QL (1.5 PER 28 DAYS) |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | 4-Non-Preferred Drug | QL (0.25 PER 28 DAYS) |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | 5-Specialty | QL (0.5 PER 28 DAYS) |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------|----------------------|-----------------------|
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | 5-Specialty | QL (0.88 PER 84 DAYS) |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | 5-Specialty | QL (1.32 PER 84 DAYS) |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | 5-Specialty | QL (1.75 PER 84 DAYS) |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | 5-Specialty | QL (2.63 PER 84 DAYS) |
| LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| LATUDA 80 MG TAB | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>lurasidone hcl 80 mg tab</i> | 5-Specialty | QL (60 PER 30 DAYS) |
| NUPLAZID (10 MG TAB, 34 MG CAP) | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>olanzapine 10 mg recon soln</i> | 4-Non-Preferred Drug | |
| <i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i> | 1-Preferred Generics | |
| <i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i> | 2-Generic | |
| <i>paliperidone er 1.5 mg tab er 24h</i> | 4-Non-Preferred Drug | QL (240 PER 30 DAYS) |
| <i>paliperidone er 3 mg tab er 24h</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>paliperidone er 6 mg tab er 24h</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>paliperidone er 9 mg tab er 24h</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| PERSERIS | 5-Specialty | QL (1 PER 28 DAYS) |
| <i>quetiapine fumarate</i> | 2-Generic | |
| <i>quetiapine fumarate er</i> | 2-Generic | |
| REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------|----------------------|-----------------------|
| RISPERDAL CONSTA (12.5 MG, 25 MG) | 4-Non-Preferred Drug | QL (2 PER 28 DAYS) |
| RISPERDAL CONSTA (37.5 MG, 50 MG) | 5-Specialty | QL (2 PER 28 DAYS) |
| <i>risperidone 1 mg/ml solution</i> | 2-Generic | |
| <i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>risperidone (0.25 mg tab disp, 2 mg tab disp, 4 mg tab disp)</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>risperidone 0.5 mg tab disp</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>risperidone 1 mg tab disp</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>risperidone 3 mg tab disp</i> | 4-Non-Preferred Drug | QL (90 PER 30 DAYS) |
| SECUADO | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| UZEDY 100 MG/0.28ML SUSP PRSYR | 5-Specialty | QL (0.28 PER 28 DAYS) |
| UZEDY 125 MG/0.35ML SUSP PRSYR | 5-Specialty | QL (0.35 PER 28 DAYS) |
| UZEDY 150 MG/0.42ML SUSP PRSYR | 5-Specialty | QL (0.42 PER 28 DAYS) |
| UZEDY 200 MG/0.56ML SUSP PRSYR | 5-Specialty | QL (0.56 PER 56 DAYS) |
| UZEDY 250 MG/0.7ML SUSP PRSYR | 5-Specialty | QL (0.7 PER 56 DAYS) |
| UZEDY 50 MG/0.14ML SUSP PRSYR | 5-Specialty | QL (0.14 PER 28 DAYS) |
| UZEDY 75 MG/0.21ML SUSP PRSYR | 5-Specialty | QL (0.21 PER 28 DAYS) |
| VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP) | 5-Specialty | QL (30 PER 30 DAYS) |
| VRAYLAR 1.5 & 3 MG CAP THPK | 4-Non-Preferred Drug | |
| <i>ziprasidone hcl</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>ziprasidone mesylate</i> | 2-Generic | |
| ZYPREXA RELPREVV | 4-Non-Preferred Drug | |
| TREATMENT-RESISTANT | | |
| <i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| <i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i> | 4-Non-Preferred Drug | |
| VERSACLOZ | 5-Specialty | |
| ANTISPASTICITY AGENTS | | |
| <i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i> | 2-Generic | |
| <i>dantrolene sodium</i> | 4-Non-Preferred Drug | |
| <i>tizanidine hcl (2 mg tab, 4 mg tab)</i> | 2-Generic | |
| ANTIVIRALS | | |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS | | |
| PREVYMIS (240 MG TAB, 480 MG TAB) | 5-Specialty | QL (28 PER 28 DAYS) |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | 5-Specialty | |
| <i>valganciclovir hcl 450 mg tab</i> | 2-Generic | |
| ANTI-HEPATITIS B (HBV) AGENTS | | |
| <i>adefovir dipivoxil</i> | 5-Specialty | |
| BARACLUDE 0.05 MG/ML SOLUTION | 5-Specialty | |
| <i>entecavir</i> | 4-Non-Preferred Drug | |
| EPIVIR HBV 5 MG/ML SOLUTION | 3-Preferred Brands | |
| <i>lamivudine 100 mg tab</i> | 2-Generic | |
| VEMLIDY | 5-Specialty | |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB) | 5-Specialty | PA, QL (28 PER 28 DAYS) |
| EPCLUSA (200-50 MG TAB, 200-50 MG PACKET) | 5-Specialty | PA, QL (56 PER 28 DAYS) |
| HARVONI (33.75-150 MG PACKET, 90-400 MG TAB) | 5-Specialty | PA, QL (28 PER 28 DAYS) |
| HARVONI (45-200 MG PACKET, 45-200 MG TAB) | 5-Specialty | PA, QL (56 PER 28 DAYS) |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------|-------------|--------------------------|
| MAVYRET 50-20 MG PACKET | 5-Specialty | PA, QL (140 PER 28 DAYS) |
| MAVYRET 100-40 MG TAB | 5-Specialty | PA, QL (84 PER 28 DAYS) |
| <i>ribavirin (200 mg cap, 200 mg tab)</i> | 2-Generic | |
| SOFOSBUVIR-VELPATASVIR | 5-Specialty | PA, QL (28 PER 28 DAYS) |

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

| | | |
|------------------------------------------------------------|--------------------|----------------------|
| BIKTARVY 30-120-15 MG TAB | 5-Specialty | QL (30 PER 30 DAYS) |
| BIKTARVY 50-200-25 MG TAB | 5-Specialty | QL (30 PER 30 DAYS) |
| DOVATO | 5-Specialty | QL (30 PER 30 DAYS) |
| GENVOYA | 5-Specialty | QL (30 PER 30 DAYS) |
| ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET) | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| ISENTRESS 400 MG TAB | 5-Specialty | QL (60 PER 30 DAYS) |
| ISENTRESS HD | 5-Specialty | QL (60 PER 30 DAYS) |
| JULUCA | 5-Specialty | QL (30 PER 30 DAYS) |
| STRIBILD | 5-Specialty | QL (30 PER 30 DAYS) |
| TIVICAY (25 MG TAB, 50 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| TIVICAY 10 MG TAB | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| TIVICAY PD | 5-Specialty | QL (180 PER 30 DAYS) |

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

| | | |
|---------------------------------------|----------------------|----------------------|
| COMPLERA | 5-Specialty | QL (30 PER 30 DAYS) |
| DELSTRIGO | 5-Specialty | QL (30 PER 30 DAYS) |
| EDURANT | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>efavirenz 200 mg cap</i> | 4-Non-Preferred Drug | QL (90 PER 30 DAYS) |
| <i>efavirenz 50 mg cap</i> | 4-Non-Preferred Drug | QL (240 PER 30 DAYS) |
| <i>efavirenz 600 mg tab</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>efavirenz-emtricitab-tenofo df</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>efavirenz-lamivudine-tenofovir</i> | 5-Specialty | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------|----------------------|----------------------|
| <i>etravirine</i> | 5-Specialty | |
| INTELENCE 25 MG TAB | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>nevirapine 50 mg/5ml suspension</i> | 4-Non-Preferred Drug | |
| <i>nevirapine 200 mg tab</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>nevirapine er 100 mg tab er 24h</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>nevirapine er 400 mg tab er 24h</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| ODEFSEY | 5-Specialty | QL (30 PER 30 DAYS) |
| PIFELTRO | 5-Specialty | QL (60 PER 30 DAYS) |

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

| | | |
|-------------------------------------------|----------------------|---------------------|
| <i>abacavir sulfate 20 mg/ml solution</i> | 3-Preferred Brands | |
| <i>abacavir sulfate 300 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>abacavir sulfate-lamivudine</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>abacavir-lamivudine-zidovudine</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| CIMDUO | 5-Specialty | QL (30 PER 30 DAYS) |
| DESCOVY 120-15 MG TAB | 5-Specialty | QL (30 PER 30 DAYS) |
| DESCOVY 200-25 MG TAB | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>emtricitabine</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>emtricitabine-tenofovir df</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| EMTRIVA 10 MG/ML SOLUTION | 4-Non-Preferred Drug | |
| <i>lamivudine 10 mg/ml solution</i> | 3-Preferred Brands | |
| <i>lamivudine 150 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>lamivudine 300 mg tab</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------|----------------------|----------------------|
| <i>lamivudine-zidovudine</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| TEMIXYS | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>tenofovir disoproxil fumarate</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| TRIUMEQ | 5-Specialty | QL (30 PER 30 DAYS) |
| TRIUMEQ PD | 5-Specialty | QL (180 PER 30 DAYS) |
| TRIZIVIR | 5-Specialty | QL (60 PER 30 DAYS) |
| VIREAD 40 MG/GM POWDER | 5-Specialty | |
| VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>zidovudine 100 mg cap</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>zidovudine 50 mg/5ml syrup</i> | 3-Preferred Brands | |
| <i>zidovudine 300 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |

ANTI-HIV AGENTS, OTHER

| | | |
|------------------------------------------------------------------------------|--------------------|---------------------|
| APRETUDE | 5-Specialty | |
| CABENUVA | 5-Specialty | |
| FUZEON | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>maraviroc</i> | 5-Specialty | |
| RUKOBIA | 5-Specialty | QL (60 PER 30 DAYS) |
| SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB) | 5-Specialty | |
| SELZENTRY 25 MG TAB | 3-Preferred Brands | |
| SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 463.5 MG/1.5ML SOLUTION) | 5-Specialty | |
| TROGARZO | 5-Specialty | |
| TYBOST | 3-Preferred Brands | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------|----------------------|----------------------|
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI) | | |
| APTIVUS | 5-Specialty | QL (120 PER 30 DAYS) |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap)</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>atazanavir sulfate 300 mg cap</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>darunavir</i> | 5-Specialty | |
| EVOTAZ | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>fosamprenavir calcium</i> | 5-Specialty | |
| LEXIVA 50 MG/ML SUSPENSION | 4-Non-Preferred Drug | |
| <i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i> | 4-Non-Preferred Drug | |
| NORVIR 100 MG PACKET | 4-Non-Preferred Drug | |
| PREZCOBIX | 5-Specialty | |
| PREZISTA (100 MG/ML SUSPENSION, 600 MG TAB, 800 MG TAB) | 5-Specialty | |
| PREZISTA (75 MG TAB, 150 MG TAB) | 4-Non-Preferred Drug | |
| REYATAZ 50 MG PACKET | 4-Non-Preferred Drug | |
| <i>ritonavir</i> | 3-Preferred Brands | |
| SYM TUZA | 5-Specialty | QL (30 PER 30 DAYS) |
| VIRACEPT 250 MG TAB | 5-Specialty | QL (270 PER 30 DAYS) |
| VIRACEPT 625 MG TAB | 5-Specialty | QL (120 PER 30 DAYS) |
| ANTI-INFLUENZA AGENTS | | |
| <i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i> | 2-Generic | |
| RELENZA DISKHALER | 3-Preferred Brands | |
| <i>rimantadine hcl</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| ANTIHERPETIC AGENTS | | |
| <i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i> | 2-Generic | |
| <i>acyclovir sodium</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>famciclovir</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>trifluridine</i> | 2-Generic | |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i> | 2-Generic | QL (120 PER 30 DAYS) |
| ANXIOLYTICS | | |
| ANXIOLYTICS, OTHER | | |
| <i>bupirone hcl</i> | 2-Generic | |
| <i>hydroxyzine pamoate</i> | 2-Generic | |
| BENZODIAZEPINES | | |
| <i>alprazolam (0.25 mg tab, 0.5 mg tab)</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>alprazolam (1 mg tab, 2 mg tab)</i> | 2-Generic | QL (150 PER 30 DAYS) |
| <i>chlordiazepoxide hcl 10 mg cap</i> | 4-Non-Preferred Drug | QL (300 PER 30 DAYS) |
| <i>chlordiazepoxide hcl 25 mg cap</i> | 4-Non-Preferred Drug | QL (360 PER 30 DAYS) |
| <i>chlordiazepoxide hcl 5 mg cap</i> | 4-Non-Preferred Drug | QL (240 PER 30 DAYS) |
| <i>clonazepam (2 mg tab, 2 mg tab disp)</i> | 2-Generic | QL (300 PER 30 DAYS) |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 0.5 mg tab, 1 mg tab disp, 1 mg tab)</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i> | 2-Generic | QL (90 PER 30 DAYS) |
| <i>clorazepate dipotassium 15 mg tab</i> | 2-Generic | QL (180 PER 30 DAYS) |
| <i>diazepam 5 mg/ml conc</i> | 2-Generic | QL (240 PER 30 DAYS) |
| <i>diazepam 5 mg/5ml solution</i> | 2-Generic | QL (1200 PER 30 DAYS) |
| <i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>diazepam intensol</i> | 2-Generic | QL (240 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------|-----------|----------------------|
| <i>lorazepam (2 mg tab, 2 mg/ml conc)</i> | 2-Generic | QL (150 PER 30 DAYS) |
| <i>lorazepam 0.5 mg tab</i> | 2-Generic | QL (600 PER 30 DAYS) |
| <i>lorazepam 1 mg tab</i> | 2-Generic | QL (300 PER 30 DAYS) |
| <i>lorazepam intensol</i> | 2-Generic | QL (150 PER 30 DAYS) |
| <i>oxazepam</i> | 2-Generic | QL (120 PER 30 DAYS) |

BIPOLAR AGENTS

MOOD STABILIZERS

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| <i>lamotrigine (5 mg chew tab, 25 mg tab, 25 mg chew tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 100 mg tab, 150 mg tab, 200 mg tab, 200 mg tab disp)</i> | 1-Preferred Generics | |
| <i>lamotrigine er</i> | 4-Non-Preferred Drug | |
| LITHIUM | 2-Generic | |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i> | 1-Preferred Generics | |
| <i>lithium carbonate 300 mg tab</i> | 2-Generic | |
| <i>lithium carbonate er</i> | 2-Generic | |
| <i>subvenite</i> | 1-Preferred Generics | |

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

| | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------|----------------------|
| <i>acarbose</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>alogliptin benzoate</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>alogliptin-metformin hcl</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>alogliptin-pioglitazone (12.5-45 mg tab, 12.5-30 mg tab, 25-45 mg tab, 25-15 mg tab, 25-30 mg tab)</i> | 2-Generic | QL (30 PER 30 DAYS) |
| BYDUREON BCISE | 3-Preferred Brands | QL (3.4 PER 28 DAYS) |
| BYETTA 10 MCG PEN | 3-Preferred Brands | QL (2.4 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------|----------------------|----------------------------|
| BYETTA 5 MCG PEN | 3-Preferred Brands | QL (1.2 PER 30 DAYS) |
| CYCLOSET | 3-Preferred Brands | |
| FARXIGA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>glimepiride (1 mg tab, 2 mg tab)</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>glimepiride 4 mg tab</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>glipizide (5 mg tab, 10 mg tab)</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>glipizide er 10 mg tab er 24h</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>glipizide er 2.5 mg tab er 24h</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>glipizide er 5 mg tab er 24h</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>glipizide xl 10 mg tab er 24h</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>glipizide xl 2.5 mg tab er 24h</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>glipizide xl 5 mg tab er 24h</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>glipizide-metformin hcl</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>glyburide</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>glyburide micronized</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>glyburide-metformin</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| GLYXAMBI | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| JANUMET | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| JANUMET XR (50-1000 MG TAB ER, 50-500 MG TAB ER) | 3-Preferred Brands | QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------|----------------------|-------------------------|
| JANUMET XR 100-1000 MG TAB ER 24H | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| JANUVIA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| JARDIANCE | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| JENTADUETO | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| JENTADUETO XR 5-1000 MG TAB ER 24H | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| KERENDIA | 4-Non-Preferred Drug | PA, QL (30 PER 30 DAYS) |
| <i>metformin hcl 1000 mg tab</i> | 1-Preferred Generics | QL (75 PER 30 DAYS) |
| <i>metformin hcl 500 mg tab</i> | 1-Preferred Generics | QL (150 PER 30 DAYS) |
| <i>metformin hcl 850 mg tab</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>metformin hcl er 500 mg tab er 24h</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>metformin hcl er 750 mg tab er 24h</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| MIGLITOL | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>nateglinide 120 mg tab</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>nateglinide 60 mg tab</i> | 1-Preferred Generics | QL (180 PER 30 DAYS) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | 3-Preferred Brands | QL (1.5 PER 28 DAYS) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | 3-Preferred Brands | QL (3 PER 28 DAYS) |
| OZEMPIC (1 MG/DOSE) | 3-Preferred Brands | QL (3 PER 28 DAYS) |
| OZEMPIC (2 MG/DOSE) | 3-Preferred Brands | QL (3 PER 28 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------|----------------------|------------------------------------------|
| <i>pioglitazone hcl</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>pioglitazone hcl-glimepiride</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>pioglitazone hcl-metformin hcl</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>repaglinide (0.5 mg tab, 1 mg tab)</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>repaglinide 2 mg tab</i> | 1-Preferred Generics | QL (240 PER 30 DAYS) |
| RYBELSUS | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| SOLIQUA | 3-Preferred Brands | QL (18 PER 30 DAYS), SI (Select Insulin) |
| SYMLINPEN 120 | 5-Specialty | QL (10.8 PER 30 DAYS) |
| SYMLINPEN 60 | 5-Specialty | QL (6 PER 30 DAYS) |
| SYNJARDY (5-1000 MG TAB, 12.5-500 MG TAB, 12.5-1000 MG TAB) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| SYNJARDY 5-500 MG TAB | 3-Preferred Brands | QL (120 PER 30 DAYS) |
| SYNJARDY XR (5-1000 MG TAB ER, 10-1000 MG TAB ER, 12.5-1000 MG TAB ER) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| SYNJARDY XR 25-1000 MG TAB ER 24H | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| TRADJENTA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| TRIJARDY XR (10-5-1000 MG TAB ER, 25-5-1000 MG TAB ER) | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| TRIJARDY XR (5-2.5-1000 MG TAB ER, 12.5-2.5-1000 MG TAB ER) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| TRULICITY (0.75 MG/0.5ML SOLN, 1.5 MG/0.5ML SOLN) | 3-Preferred Brands | QL (2 PER 28 DAYS) |
| TRULICITY (3 MG/0.5ML SOLN, 4.5 MG/0.5ML SOLN) | 3-Preferred Brands | QL (2 PER 28 DAYS) |
| VICTOZA | 3-Preferred Brands | QL (9 PER 30 DAYS) |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|----------------------|---------------------|
| XIGDUO XR (10-500 MG TAB ER, 10-1000 MG TAB ER) | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| XIGDUO XR (2.5-1000 MG TAB ER, 5-500 MG TAB ER, 5-1000 MG TAB ER) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| GLYCEMIC AGENTS | | |
| <i>diazoxide</i> | 4-Non-Preferred Drug | |
| GLUCAGEN HYPOKIT | 3-Preferred Brands | |
| GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN) | 3-Preferred Brands | |
| <i>glucagon emergency 1 mg kit (generic)</i> | 3-Preferred Brands | |
| GVOKE HYPOPEN 1-PACK | 3-Preferred Brands | |
| GVOKE HYPOPEN 2-PACK | 3-Preferred Brands | |
| GVOKE KIT | 3-Preferred Brands | |
| GVOKE PFS | 3-Preferred Brands | |
| INSULINS | | |
| BASAGLAR KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| HUMALOG (100 UNIT/ML SOLUTION, 100 UNIT/ML SOLN CART) | 3-Preferred Brands | SI (Select Insulin) |
| HUMALOG JUNIOR KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| HUMALOG KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| HUMALOG MIX 50/50 | 3-Preferred Brands | SI (Select Insulin) |
| HUMALOG MIX 50/50 KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| HUMALOG MIX 75/25 | 3-Preferred Brands | SI (Select Insulin) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|--------------------|----------------------------|
| HUMALOG MIX 75/25 KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| HUMULIN 70/30 | 3-Preferred Brands | SI (Select Insulin) |
| HUMULIN 70/30 KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| HUMULIN N | 3-Preferred Brands | SI (Select Insulin) |
| HUMULIN N KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| HUMULIN R | 3-Preferred Brands | SI (Select Insulin) |
| HUMULIN R U-500 (CONCENTRATED) | 3-Preferred Brands | SI (Select Insulin) |
| HUMULIN R U-500 KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| INSULIN LISPRO | 3-Preferred Brands | SI (Select Insulin) |
| INSULIN LISPRO (1 UNIT DIAL) | 3-Preferred Brands | SI (Select Insulin) |
| INSULIN LISPRO JUNIOR KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |
| INSULIN LISPRO PROT & LISPRO | 3-Preferred Brands | SI (Select Insulin) |
| LANTUS | 3-Preferred Brands | SI (Select Insulin) |
| LANTUS SOLOSTAR | 3-Preferred Brands | SI (Select Insulin) |
| LEVEMIR | 3-Preferred Brands | SI (Select Insulin) |
| LEVEMIR FLEXPEN | 3-Preferred Brands | SI (Select Insulin) |
| LEVEMIR FLEXTOUCH | 3-Preferred Brands | SI (Select Insulin) |
| LYUMJEV | 3-Preferred Brands | SI (Select Insulin) |
| LYUMJEV KWIKPEN | 3-Preferred Brands | SI (Select Insulin) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------|--------------------|---------------------|
| TOUJEO MAX SOLOSTAR | 3-Preferred Brands | SI (Select Insulin) |
| TOUJEO SOLOSTAR | 3-Preferred Brands | SI (Select Insulin) |
| TRESIBA | 3-Preferred Brands | SI (Select Insulin) |
| TRESIBA FLEXTOUCH | 3-Preferred Brands | SI (Select Insulin) |

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| ELIQUIS | 3-Preferred Brands | |
| ELIQUIS DVT/PE STARTER PACK | 3-Preferred Brands | |
| <i>enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)</i> | 2-Generic | |
| <i>fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)</i> | 5-Specialty | |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i> | 4-Non-Preferred Drug | |
| <i>heparin sodium (porcine) ((porcine) 1000 unit/ml, (porcine) 5000 unit/ml, (porcine) 10000 unit/ml, (porcine) 20000 unit/ml)</i> | 1-Preferred Generics | |
| <i>jantoven</i> | 1-Preferred Generics | |
| <i>warfarin sodium</i> | 1-Preferred Generics | |
| XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) | 3-Preferred Brands | |
| XARELTO STARTER PACK | 3-Preferred Brands | |
| ZONTIVITY | 4-Non-Preferred Drug | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|----------------------|---------------------------------|
| BLOOD PRODUCTS AND MODIFIERS, OTHER | | |
| <i>anagrelide hcl</i> | 2-Generic | |
| LEUKINE | 5-Specialty | |
| NYVEPRIA | 5-Specialty | PA |
| PROCRIT (2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML) | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| PROCRIT (20000 UNIT/ML, 40000 UNIT/ML) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| PROMACTA 12.5 MG PACKET | 5-Specialty | PA, QL (360 PER 30 DAYS) |
| PROMACTA 25 MG PACKET | 5-Specialty | PA, QL (180 PER 30 DAYS) |
| PROMACTA (12.5 MG TAB, 25 MG TAB) | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| PROMACTA (50 MG TAB, 75 MG TAB) | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| RETACRIT | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| ZARXIO | 5-Specialty | PA |
| ZIEXTENZO | 5-Specialty | PA |
| HEMOSTASIS AGENTS | | |
| <i>tranexamic acid 650 mg tab</i> | 2-Generic | |
| PLATELET MODIFYING AGENTS | | |
| <i>aspirin-dipyridamole er</i> | 2-Generic | |
| BRILINTA | 3-Preferred Brands | |
| <i>cilostazol</i> | 2-Generic | |
| <i>clopidogrel bisulfate 300 mg tab</i> | 2-Generic | |
| <i>clopidogrel bisulfate 75 mg tab</i> | 1-Preferred Generics | |
| <i>dipyridamole</i> | 1-Preferred Generics | PA |
| <i>prasugrel hcl</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------|-------------------------|----------------------|
| CARDIOVASCULAR AGENTS | | |
| ALPHA-ADRENERGIC AGONISTS | | |
| <i>clonidine</i> | 2-Generic | QL (4 PER 28 DAYS) |
| <i>clonidine hcl</i> | 1-Preferred Generics | |
| <i>droxidopa (200 mg cap, 300 mg cap)</i> | 5-Specialty | QL (180 PER 30 DAYS) |
| <i>droxidopa 100 mg cap</i> | 5-Specialty | QL (90 PER 30 DAYS) |
| <i>guanfacine hcl</i> | 1-Preferred Generics | PA |
| <i>midodrine hcl</i> | 2-Generic | |
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| <i>doxazosin mesylate</i> | 2-Generic | |
| <i>phenoxybenzamine hcl</i> | 5-Specialty | |
| <i>prazosin hcl</i> | 2-Generic | |
| <i>terazosin hcl</i> | 1-Preferred Generics | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil</i> | 1-Preferred Generics | |
| <i>irbesartan</i> | 1-Preferred Generics | |
| <i>losartan potassium</i> | 1-Preferred Generics | |
| <i>olmesartan medoxomil</i> | 1-Preferred Generics | |
| <i>telmisartan</i> | 1-Preferred Generics | |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i> | 1-Preferred Generics | |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| <i>benazepril hcl</i> | 1-Preferred Generics | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------|-------------------------|---------------------|
| <i>captopril</i> | 1-Preferred Generics | |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | 1-Preferred Generics | |
| <i>fosinopril sodium</i> | 1-Preferred Generics | |
| <i>lisinopril</i> | 1-Preferred Generics | |
| <i>moexipril hcl</i> | 1-Preferred Generics | |
| <i>perindopril erbumine</i> | 1-Preferred Generics | |
| <i>quinapril hcl</i> | 1-Preferred Generics | |
| <i>ramipril</i> | 1-Preferred Generics | |
| <i>trandolapril</i> | 1-Preferred Generics | |

ANTIARRHYTHMICS

| | | |
|------------------------------------------------------------|-------------------------|----|
| <i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i> | 2-Generic | |
| <i>disopyramide phosphate</i> | 1-Preferred Generics | PA |
| <i>dofetilide</i> | 2-Generic | |
| <i>flecainide acetate</i> | 2-Generic | |
| <i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i> | 1-Preferred Generics | |
| MULTAQ | 3-Preferred Brands | |
| <i>pacerone</i> | 2-Generic | |
| <i>propafenone hcl</i> | 2-Generic | |
| <i>propafenone hcl er</i> | 4-Non-Preferred Drug | |
| <i>quinidine sulfate</i> | 2-Generic | |
| <i>sorine</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>sotalol hcl</i> | 2-Generic | |
| <i>sotalol hcl (af)</i> | 2-Generic | |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol hcl</i> | 1-Preferred Generics | |
| <i>atenolol</i> | 1-Preferred Generics | |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i> | 1-Preferred Generics | |
| <i>bisoprolol fumarate</i> | 2-Generic | |
| <i>carvedilol</i> | 1-Preferred Generics | |
| <i>carvedilol phosphate er</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i> | 2-Generic | |
| <i>metoprolol succinate er</i> | 2-Generic | |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i> | 1-Preferred Generics | |
| <i>nadolol</i> | 2-Generic | |
| <i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>nebivolol hcl 20 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>pindolol</i> | 2-Generic | |
| <i>propranolol hcl (10 mg tab, 20 mg/5ml solution, 20 mg tab, 40 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)</i> | 2-Generic | |
| <i>propranolol hcl er</i> | 2-Generic | |
| <i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i> | 1-Preferred Generics | |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES | | |
| <i>amlodipine besylate</i> | 1-Preferred Generics | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------|-----------|---------------------|
| <i>felodipine er</i> | 2-Generic | |
| <i>isradipine</i> | 2-Generic | |
| <i>nicardipine hcl (20 mg cap, 30 mg cap)</i> | 2-Generic | |
| <i>nifedipine er</i> | 2-Generic | |
| <i>nifedipine er osmotic release</i> | 2-Generic | |
| <i>nimodipine</i> | 2-Generic | |

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| <i>cartia xt</i> | 2-Generic | |
| <i>dilt-xr</i> | 2-Generic | |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i> | 2-Generic | |
| <i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 120 mg cap er 12h, er 180 mg tab er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i> | 2-Generic | |
| <i>diltiazem hcl er beads</i> | 2-Generic | |
| <i>diltiazem hcl er coated beads</i> | 2-Generic | |
| <i>matzim la</i> | 2-Generic | |
| <i>taztia xt</i> | 2-Generic | |
| <i>tiadylt er</i> | 2-Generic | |
| <i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i> | 1-Preferred Generics | |
| <i>verapamil hcl er (er 100 mg cap er 24h, er 120 mg tab er, er 120 mg cap er 24h, er 180 mg cap er 24h, er 180 mg tab er, er 200 mg cap er 24h, er 240 mg tab er, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h)</i> | 2-Generic | |

CARDIOVASCULAR AGENTS, OTHER

| | | |
|----------------------|-----------|--|
| <i>acetazolamide</i> | 2-Generic | |
|----------------------|-----------|--|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------|----------------------|----------------------|
| <i>aliskiren fumarate</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>amiloride-hydrochlorothiazide</i> | 2-Generic | |
| <i>amlodipine besy-benazepril hcl</i> | 1-Preferred Generics | |
| <i>amlodipine besylate-valsartan</i> | 1-Preferred Generics | |
| <i>amlodipine-atorvastatin</i> | 1-Preferred Generics | |
| <i>amlodipine-olmesartan</i> | 1-Preferred Generics | |
| <i>amlodipine-valsartan-hctz</i> | 1-Preferred Generics | |
| <i>atenolol-chlorthalidone</i> | 1-Preferred Generics | |
| <i>benazepril-hydrochlorothiazide</i> | 1-Preferred Generics | |
| <i>bisoprolol-hydrochlorothiazide</i> | 1-Preferred Generics | |
| <i>candesartan cilexetil-hctz</i> | 1-Preferred Generics | |
| CORLANOR 5 MG/5ML SOLUTION | 4-Non-Preferred Drug | QL (450 PER 30 DAYS) |
| CORLANOR (5 MG TAB, 7.5 MG TAB) | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>digoxin 0.05 mg/ml solution</i> | 2-Generic | |
| <i>digoxin (125 mcg tab, 250 mcg tab)</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>enalapril-hydrochlorothiazide</i> | 1-Preferred Generics | |
| ENTRESTO | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>fosinopril sodium-hctz</i> | 1-Preferred Generics | |
| <i>irbesartan-hydrochlorothiazide</i> | 1-Preferred Generics | |
| <i>lisinopril-hydrochlorothiazide</i> | 1-Preferred Generics | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>losartan potassium-hctz</i> | 1-Preferred Generics | |
| <i>metoprolol-hydrochlorothiazide</i> | 1-Preferred Generics | |
| <i>metirosine</i> | 5-Specialty | |
| <i>olmesartan medoxomil-hctz</i> | 1-Preferred Generics | |
| <i>olmesartan-amlodipine-hctz</i> | 1-Preferred Generics | |
| <i>pentoxifylline er</i> | 2-Generic | |
| <i>quinapril-hydrochlorothiazide</i> | 1-Preferred Generics | |
| <i>ranolazine er</i> | 2-Generic | |
| <i>spironolactone-hctz</i> | 2-Generic | |
| <i>telmisartan-amlodipine</i> | 1-Preferred Generics | |
| <i>telmisartan-hctz</i> | 1-Preferred Generics | |
| <i>trandolapril-verapamil hcl er</i> | 1-Preferred Generics | |
| <i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i> | 1-Preferred Generics | |
| <i>valsartan-hydrochlorothiazide</i> | 1-Preferred Generics | |
| DIURETICS, LOOP | | |
| <i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i> | 2-Generic | |
| <i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i> | 1-Preferred Generics | |
| <i>torseamide</i> | 1-Preferred Generics | |
| DIURETICS, POTASSIUM-SPARING | | |
| <i>amiloride hcl</i> | 2-Generic | |
| <i>eplerenone</i> | 4-Non-Preferred Drug | |

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i> | 1-Preferred Generics | |
| DIURETICS, THIAZIDE | | |
| <i>chlorthalidone</i> | 2-Generic | |
| <i>hydrochlorothiazide (12.5 mg tab, 12.5 mg cap, 25 mg tab, 50 mg tab)</i> | 1-Preferred Generics | |
| <i>indapamide</i> | 1-Preferred Generics | |
| <i>metolazone</i> | 2-Generic | |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | | |
| <i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i> | 2-Generic | |
| <i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i> | 2-Generic | |
| <i>fenofibric acid</i> | 2-Generic | |
| <i>gemfibrozil</i> | 1-Preferred Generics | |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium (10 mg tab, 40 mg tab)</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>atorvastatin calcium 20 mg tab</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>atorvastatin calcium 80 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| LIVALO | 3-Preferred Brands | ST, QL (30 PER 30 DAYS) |
| <i>lovastatin (10 mg tab, 20 mg tab)</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>lovastatin 40 mg tab</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>pravastatin sodium</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------|-------------------------|--------------------------|
| <i>rosuvastatin calcium 40 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>simvastatin</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| DYSLIPIDEMICS, OTHER | | |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i> | 2-Generic | |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | 2-Generic | |
| <i>colesevelam hcl 3.75 gm packet</i> | 4-Non-Preferred Drug | |
| <i>colesevelam hcl 625 mg tab</i> | 2-Generic | |
| <i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i> | 2-Generic | |
| <i>ezetimibe</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>ezetimibe-simvastatin</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>niacin er (antihyperlipidemic)</i> | 4-Non-Preferred Drug | |
| <i>omega-3-acid ethyl esters</i> | 3-Preferred Brands | |
| <i>prevalite (4 gm packet, 4 gm/dose powder)</i> | 2-Generic | |
| REPATHA | 3-Preferred Brands | PA, QL (3 PER 28 DAYS) |
| REPATHA PUSHTRONEX SYSTEM | 3-Preferred Brands | PA, QL (3.5 PER 28 DAYS) |
| REPATHA SURECLICK | 3-Preferred Brands | PA, QL (3 PER 28 DAYS) |
| VASCEPA | 3-Preferred Brands | |
| VASODILATORS, DIRECT-ACTING ARTERIAL | | |
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | 2-Generic | |
| <i>minoxidil (2.5 mg tab, 10 mg tab)</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | | |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i> | 2-Generic | |
| <i>isosorbide mononitrate</i> | 1-Preferred Generics | |
| <i>isosorbide mononitrate er</i> | 2-Generic | |
| NITRO-BID | 3-Preferred Brands | |
| <i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg sl tab, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i> | 2-Generic | |
| <i>nitroglycerin 0.4 mg/spray solution</i> | 4-Non-Preferred Drug | |
| RECTIV | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

| | | |
|-------------------------------------------------------------------------------------|----------------------|----------------------|
| <i>amphetamine-dextroamphet er</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i> | 3-Preferred Brands | QL (90 PER 30 DAYS) |
| <i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i> | 3-Preferred Brands | QL (120 PER 30 DAYS) |
| <i>amphetamine-dextroamphetamine 30 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i> | 4-Non-Preferred Drug | QL (180 PER 30 DAYS) |
| <i>dextroamphetamine sulfate er</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

| | | |
|-----------------------------------------------------------|----------------------|---------------------|
| <i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------|----------------------|----------------------------|
| <i>atomoxetine hcl 18 mg cap</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>dexmethylphenidate hcl</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>guanfacine hcl er</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>methylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | 4-Non-Preferred Drug | QL (180 PER 30 DAYS) |
| <i>methylphenidate hcl 10 mg/5ml solution</i> | 4-Non-Preferred Drug | QL (900 PER 30 DAYS) |
| <i>methylphenidate hcl 5 mg/5ml solution</i> | 4-Non-Preferred Drug | QL (1800 PER 30 DAYS) |
| <i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i> | 3-Preferred Brands | QL (90 PER 30 DAYS) |
| <i>methylphenidate hcl er (er 10 mg tab er, er 20 mg tab er)</i> | 4-Non-Preferred Drug | QL (90 PER 30 DAYS) |

CENTRAL NERVOUS SYSTEM, OTHER

| | | |
|--------------------------------------------------|-------------|--------------------------|
| AUSTEDO (9 MG TAB, 12 MG TAB) | 5-Specialty | PA, QL (120 PER 30 DAYS) |
| AUSTEDO 6 MG TAB | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| AUSTEDO XR (6 MG TAB ER, 12 MG TAB ER) | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| AUSTEDO XR 24 MG TAB ER 24H | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| AUSTEDO XR PATIENT TITRATION | 5-Specialty | PA, QL (42 PER 28 DAYS) |
| <i>bac</i> | 2-Generic | PA, QL (180 PER 30 DAYS) |
| <i>butalbital-apap-caffeine 50-325-40 mg tab</i> | 2-Generic | PA, QL (180 PER 30 DAYS) |
| INGREZZA (40 MG CAP, 80 MG CAP) | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| INGREZZA 60 MG CAP | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| INGREZZA 40 & 80 MG CAP THPK | 5-Specialty | PA, QL (28 PER 28 DAYS) |
| NUEDEXTA | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| <i>riluzole</i> | 2-Generic | |
| <i>tetrabenazine 12.5 mg tab</i> | 5-Specialty | PA, QL (90 PER 30 DAYS) |
| <i>tetrabenazine 25 mg tab</i> | 5-Specialty | PA, QL (120 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|
| FIBROMYALGIA AGENTS | | |
| DRIZALMA SPRINKLE | 4-Non-Preferred Drug | PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS) |
| <i>duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>pregabalin (225 mg cap, 300 mg cap)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i> | 3-Preferred Brands | QL (90 PER 30 DAYS) |
| <i>pregabalin 20 mg/ml solution</i> | 4-Non-Preferred Drug | QL (900 PER 30 DAYS) |
| <i>pregabalin er (er 82.5 mg tab er, er 165 mg tab er)</i> | 3-Preferred Brands | PA, QL (90 PER 30 DAYS) |
| <i>pregabalin er 330 mg tab er 24h</i> | 3-Preferred Brands | PA, QL (60 PER 30 DAYS) |
| SAVELLA | 4-Non-Preferred Drug | |
| SAVELLA TITRATION PACK | 4-Non-Preferred Drug | |
| MULTIPLE SCLEROSIS AGENTS | | |
| AVONEX PEN | 5-Specialty | |
| AVONEX PREFILLED | 5-Specialty | |
| BAFIERTAM | 5-Specialty | |
| BETASERON | 5-Specialty | |
| COPAXONE 20 MG/ML SOLN PRSYR | 5-Specialty | QL (30 PER 30 DAYS) |
| COPAXONE 40 MG/ML SOLN PRSYR | 5-Specialty | QL (12 PER 28 DAYS) |
| <i>dalfampridine er</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>fingolimod hcl</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| GILENYA 0.5 MG CAP | 5-Specialty | QL (30 PER 30 DAYS) |
| KESIMPTA | 5-Specialty | PA |
| PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR) | 5-Specialty | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------|-------------|----------------------|
| PLEGRIDY STARTER PACK (63 94 MCG/0.5ML SOLN PRSYR, 63 94 MCG/0.5ML SOLN PEN) | 5-Specialty | |
| TECFIDERA (120 MG CAP DR, 240 MG CAP DR) | 5-Specialty | QL (60 PER 30 DAYS) |
| TECFIDERA 120 & 240 MG CPDR THPK | 5-Specialty | |
| VUMERITY | 5-Specialty | QL (120 PER 30 DAYS) |

DENTAL AND ORAL AGENTS

| | | |
|-----------------------------------------------|----------------------|--|
| <i>cevimeline hcl</i> | 2-Generic | |
| <i>chlorhexidine gluconate</i> | 1-Preferred Generics | |
| <i>kourzeq</i> | 2-Generic | |
| <i>oralone</i> | 2-Generic | |
| <i>paroex</i> | 1-Preferred Generics | |
| <i>periogard</i> | 1-Preferred Generics | |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i> | 2-Generic | |
| <i>triamcinolone acetonide 0.1 % paste</i> | 2-Generic | |

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

| | | |
|--------------------------------------|----------------------|--------------------------|
| <i>accutane</i> | 4-Non-Preferred Drug | |
| <i>acitretin</i> | 4-Non-Preferred Drug | PA - FOR NEW STARTS ONLY |
| <i>amnesteam</i> | 4-Non-Preferred Drug | |
| <i>avita</i> | 4-Non-Preferred Drug | PA, QL (45 PER 30 DAYS) |
| <i>benzoyl peroxide-erythromycin</i> | 4-Non-Preferred Drug | QL (46.6 PER 30 DAYS) |
| <i>claravis</i> | 4-Non-Preferred Drug | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------|----------------------|-------------------------|
| <i>clindamycin phos-benzoyl perox 1-5 % gel</i> | 2-Generic | QL (50 PER 30 DAYS) |
| <i>clindamycin phos-benzoyl perox 1.2-5 % gel</i> | 2-Generic | QL (45 PER 30 DAYS) |
| <i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | 4-Non-Preferred Drug | |
| <i>myorisan</i> | 4-Non-Preferred Drug | |
| <i>tazarotene 0.1 % cream</i> | 2-Generic | QL (60 PER 30 DAYS) |
| TAZORAC 0.05 % CREAM | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>tretinoin (0.01 % gel, 0.025 % gel, 0.025 % cream, 0.05 % cream, 0.1 % cream)</i> | 4-Non-Preferred Drug | PA, QL (45 PER 30 DAYS) |
| <i>zenatane</i> | 4-Non-Preferred Drug | |

DERMATITIS AND PRURITUS AGENTS

| | | |
|-----------------------------------------------------------------------------------|----------------------|----------------------|
| <i>ala-cort</i> | 1-Preferred Generics | |
| <i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i> | 2-Generic | |
| <i>ammonium lactate (12 % lotion, 12 % cream)</i> | 2-Generic | |
| <i>betamethasone dipropionate (0.05 % lotion, 0.05 % ointment, 0.05 % cream)</i> | 2-Generic | |
| <i>betamethasone dipropionate aug (0.05 % cream, 0.05 % ointment, 0.05 % gel)</i> | 2-Generic | |
| <i>betamethasone valerate (0.1 % cream, 0.1 % ointment, 0.1 % lotion)</i> | 2-Generic | |
| <i>clobetasol prop emollient base</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>clobetasol propionate 0.05 % foam</i> | 4-Non-Preferred Drug | QL (100 PER 30 DAYS) |
| <i>clobetasol propionate 0.05 % liquid</i> | 4-Non-Preferred Drug | QL (125 PER 30 DAYS) |
| <i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i> | 4-Non-Preferred Drug | QL (118 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <i>clobetasol propionate (0.05 % ointment, 0.05 % gel, 0.05 % cream)</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>clobetasol propionate 0.05 % solution</i> | 2-Generic | QL (100 PER 30 DAYS) |
| <i>clobetasol propionate e</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>clobetasol propionate emulsion</i> | 4-Non-Preferred Drug | QL (100 PER 30 DAYS) |
| <i>clodan</i> | 4-Non-Preferred Drug | QL (118 PER 30 DAYS) |
| <i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i> | 2-Generic | |
| <i>desoximetasone (0.05 % ointment, 0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % ointment)</i> | 2-Generic | |
| <i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % ointment, 0.025 % cream)</i> | 2-Generic | |
| <i>fluocinolone acetonide body</i> | 2-Generic | |
| <i>fluocinolone acetonide scalp</i> | 2-Generic | |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>fluocinonide 0.05 % solution</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>fluocinonide emulsified base</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i> | 2-Generic | |
| <i>halobetasol propionate (0.05 % ointment, 0.05 % cream)</i> | 4-Non-Preferred Drug | QL (50 PER 30 DAYS) |
| <i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % ointment, 2.5 % cream)</i> | 1-Preferred Generics | |
| <i>hydrocortisone 2.5 % lotion</i> | 2-Generic | |
| <i>hydrocortisone (perianal)</i> | 2-Generic | |
| <i>hydrocortisone butyrate (0.1 % ointment, 0.1 % solution)</i> | 2-Generic | |
| <i>hydrocortisone valerate (0.2 % ointment, 0.2 % cream)</i> | 2-Generic | |
| <i>mometasone furoate (0.1 % solution, 0.1 % ointment, 0.1 % cream)</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| <i>procto-med hc</i> | 2-Generic | |
| <i>procto-pak</i> | 2-Generic | |
| <i>proctosol hc</i> | 2-Generic | |
| <i>proctozone-hc</i> | 2-Generic | |
| <i>selenium sulfide 2.5 % lotion</i> | 2-Generic | |
| <i>tacrolimus (0.03 %, 0.1 %)</i> | 4-Non-Preferred Drug | QL (100 PER 30 DAYS) |
| <i>tovet</i> | 4-Non-Preferred Drug | QL (100 PER 30 DAYS) |
| <i>triamcinolone acetonide (0.025 % ointment, 0.025 % cream, 0.025 % lotion, 0.1 % lotion, 0.1 % cream, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i> | 2-Generic | |
| <i>triderm</i> | 2-Generic | |
| DERMATOLOGICAL AGENTS, OTHER | | |
| <i>calcipotriene (0.005 % cream, 0.005 % ointment)</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>calcipotriene 0.005 % solution</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>calcitrene</i> | 4-Non-Preferred Drug | QL (120 PER 30 DAYS) |
| <i>clotrimazole-betamethasone 1-0.05 % cream</i> | 2-Generic | QL (45 PER 30 DAYS) |
| <i>clotrimazole-betamethasone 1-0.05 % lotion</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>fluorouracil 0.5 % cream</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>fluorouracil 5 % cream</i> | 2-Generic | QL (80 PER 30 DAYS) |
| <i>fluorouracil (2 %, 5 %)</i> | 2-Generic | QL (20 PER 30 DAYS) |
| <i>imiquimod 5 % cream</i> | 2-Generic | QL (24 PER 30 DAYS) |
| <i>nystatin-triamcinolone (100000-0.1 unit/gm-% ointment, 100000-0.1 unit/gm-% cream)</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| PODOFILOX | 2-Generic | |
| REGRANEX | 5-Specialty | PA, QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------|----------------------|---------------------------------|
| SANTYL | 4-Non-Preferred Drug | QL (90 PER 30 DAYS) |
| <i>silver sulfadiazine</i> | 2-Generic | |
| <i>ssd</i> | 2-Generic | |
| PEDICULICIDES/SCABICIDES | | |
| <i>lindane</i> | 2-Generic | |
| <i>malathion</i> | 4-Non-Preferred Drug | |
| <i>permethrin</i> | 2-Generic | |
| TOPICAL ANTI-INFECTIVES | | |
| <i>acyclovir 5 % ointment</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>ciclodan</i> | 2-Generic | QL (13.2 PER 30 DAYS) |
| <i>ciclopirox 0.77 % gel</i> | 2-Generic | QL (100 PER 30 DAYS) |
| <i>ciclopirox 1 % shampoo</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>ciclopirox 8 % solution</i> | 2-Generic | QL (13.2 PER 30 DAYS) |
| <i>clindamycin phosphate 1 % gel</i> | 2-Generic | QL (75 PER 30 DAYS) |
| <i>clindamycin phosphate (1 % lotion, 1 % solution)</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>ery</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>erythromycin 2 % gel</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>erythromycin 2 % solution</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>mupirocin 2 % ointment</i> | 2-Generic | QL (66 PER 30 DAYS) |
| ELECTROLYTES/MINERALS/METALS/VITAMINS | | |
| ELECTROLYTE/MINERAL REPLACEMENT | | |
| <i>carglumic acid</i> | 5-Specialty | |
| CLINIMIX E/DEXTROSE (2.75/5) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINIMIX E/DEXTROSE (4.25/10) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINIMIX E/DEXTROSE (4.25/5) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| CLINIMIX E/DEXTROSE (5/15) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINIMIX E/DEXTROSE (5/20) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINIMIX/DEXTROSE (4.25/10) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINIMIX/DEXTROSE (4.25/5) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINIMIX/DEXTROSE (5/15) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINIMIX/DEXTROSE (5/20) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>clinisol sf</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| CLINOLIPID | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>dextrose</i> | 2-Generic | |
| <i>dextrose-nacl (2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.9 %, 5-0.45 %, 10-0.45 %, 10-0.2 %)</i> | 2-Generic | |
| <i>dextrose-sodium chloride (2.5-0.45 %, 5-0.45 %, 5-0.9 %)</i> | 2-Generic | |
| FREAMINE III | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| INTRALIPID | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| ISOLYTE-P IN D5W | 4-Non-Preferred Drug | |
| ISOLYTE-S | 4-Non-Preferred Drug | |
| ISOLYTE-S PH 7.4 | 4-Non-Preferred Drug | |
| KCL (0.149%) IN NACL | 4-Non-Preferred Drug | |
| <i>kcl in dextrose-nacl (40-5-0.9 meq/l-% solution)</i> | 2-Generic | |
| KCL-LACTATED RINGERS-D5W | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| <i>klor-con (8 tab er, 20 packet)</i> | 2-Generic | |
| <i>klor-con 10</i> | 2-Generic | |
| <i>klor-con m10</i> | 2-Generic | |
| <i>klor-con m15</i> | 2-Generic | |
| <i>klor-con m20</i> | 2-Generic | |
| <i>klor-con sprinkle</i> | 2-Generic | |
| <i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i> | 2-Generic | |
| <i>levocarnitine sf</i> | 2-Generic | |
| <i>magnesium sulfate 50 % solution</i> | 1-Preferred Generics | |
| <i>multiple electro type 1 ph 5.5</i> | 4-Non-Preferred Drug | |
| <i>multiple electro type 1 ph 7.4</i> | 4-Non-Preferred Drug | |
| NUTRILIPID | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| PLASMA-LYTE 148 | 4-Non-Preferred Drug | |
| PLASMA-LYTE A | 4-Non-Preferred Drug | |
| <i>plenamine</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/50ml solution, 10 meq/100ml solution, 20 meq packet, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 20 meq/50ml solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i> | 2-Generic | |
| <i>potassium chloride crys er</i> | 2-Generic | |
| <i>potassium chloride er (er 8 tab er, er 8 cap er, er 10 tab er, er 10 cap er, er 15 tab er, er 20 tab er)</i> | 2-Generic | |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| <i>potassium citrate er</i> | 2-Generic | |
| PREMASOL | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| PROSOL | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>sodium chloride (0.45 %, 0.9 %, 3 %, 5 %)</i> | 2-Generic | |
| <i>sodium chloride (pf)</i> | 2-Generic | |
| <i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i> | 1-Preferred Generics | |
| TPN ELECTROLYTES | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| TRAVASOL | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| TROPHAMINE | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |

ELECTROLYTE/MINERAL/METAL MODIFIERS

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| CHEMET | 3-Preferred Brands | |
| <i>deferasirox (90 mg packet, 125 mg tab sol, 180 mg tab, 180 mg packet, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)</i> | 5-Specialty | PA |
| <i>deferasirox 90 mg tab</i> | 4-Non-Preferred Drug | PA |
| <i>deferasirox granules</i> | 5-Specialty | PA |
| <i>deferiprone</i> | 5-Specialty | |
| FERRIPROX 100 MG/ML SOLUTION | 5-Specialty | |
| FERRIPROX TWICE-A-DAY | 5-Specialty | |
| <i>trientine hcl 250 mg cap</i> | 5-Specialty | QL (240 PER 30 DAYS) |
| <i>trientine hcl 500 mg cap</i> | 5-Specialty | QL (120 PER 30 DAYS) |

PHOSPHATE BINDERS

| | | |
|-------------------------------------------------------------------------------|-----------|--|
| <i>calcium acetate</i> | 2-Generic | |
| <i>calcium acetate (phos binder) (binder) 667 mg tab, binder) 667 mg cap)</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------|----------------------|---------------------|
| <i>sevelamer carbonate (0.8 gm, 2.4 gm)</i> | 4-Non-Preferred Drug | |
| <i>sevelamer carbonate 800 mg tab</i> | 2-Generic | |
| POTASSIUM BINDERS | | |
| LOKELMA | 3-Preferred Brands | |
| <i>sodium polystyrene sulfonate</i> | 3-Preferred Brands | |
| <i>sps</i> | 3-Preferred Brands | |
| VELTASSA | 3-Preferred Brands | |
| VITAMINS | | |
| <i>prenatal vitamin oral tablet</i> | 3-Preferred Brands | |
| GASTROINTESTINAL AGENTS | | |
| ANTI-CONSTIPATION AGENTS | | |
| <i>constulose</i> | 2-Generic | |
| <i>enulose</i> | 2-Generic | |
| <i>generlac</i> | 2-Generic | |
| <i>lactulose (10 gm/15ml, 20 gm/30ml)</i> | 2-Generic | |
| <i>lactulose encephalopathy</i> | 2-Generic | |
| LINZESS | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>lubiprostone</i> | 2-Generic | QL (60 PER 30 DAYS) |
| MOVANTIK | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB) | 5-Specialty | |
| ANTI-DIARRHEAL AGENTS | | |
| <i>alosetron hcl</i> | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|----------------------|-------------------------|
| <i>loperamide hcl 2 mg cap</i> | 2-Generic | |
| VIBERZI | 5-Specialty | QL (60 PER 30 DAYS) |
| XERMELO | 5-Specialty | PA, QL (84 PER 28 DAYS) |
| ANTISPASMODICS, GASTROINTESTINAL | | |
| <i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i> | 2-Generic | |
| <i>glycopyrrolate (1 mg tab, 2 mg tab)</i> | 2-Generic | |
| <i>methscopolamine bromide</i> | 2-Generic | |
| GASTROINTESTINAL AGENTS, OTHER | | |
| GATTEX | 5-Specialty | PA |
| <i>gavilyte-c</i> | 1-Preferred Generics | |
| <i>gavilyte-g</i> | 1-Preferred Generics | |
| <i>gavilyte-n with flavor pack</i> | 1-Preferred Generics | |
| MYALEPT | 5-Specialty | PA |
| <i>na sulfate-k sulfate-mg sulf</i> | 4-Non-Preferred Drug | |
| OICALIVA | 5-Specialty | PA |
| <i>peg 3350-kcl-na bicarb-nacl</i> | 1-Preferred Generics | |
| <i>peg-3350/electrolytes</i> | 1-Preferred Generics | |
| <i>peg-3350/electrolytes/ascorbat</i> | 2-Generic | |
| <i>peg-kcl-nacl-nasulf-na asc-c</i> | 2-Generic | |
| SUPREP BOWEL PREP KIT | 4-Non-Preferred Drug | |
| <i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i> | 2-Generic | |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | | |
| <i>cimetidine</i> | 2-Generic | |
| <i>cimetidine hcl</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------|----------------------|--------------------------|
| <i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i> | 2-Generic | |
| <i>nizatidine (150 mg cap, 300 mg cap)</i> | 3-Preferred Brands | |
| PROTECTANTS | | |
| <i>misoprostol</i> | 2-Generic | |
| <i>sucralfate 1 gm/10ml suspension</i> | 4-Non-Preferred Drug | |
| <i>sucralfate 1 gm tab</i> | 2-Generic | |
| PROTON PUMP INHIBITORS | | |
| <i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i> | 4-Non-Preferred Drug | QL (60 PER 30 DAYS) |
| <i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>rabeprazole sodium</i> | 2-Generic | QL (30 PER 30 DAYS) |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | | |
| ARALAST NP | 5-Specialty | PA |
| <i>betaine</i> | 5-Specialty | |
| CREON | 3-Preferred Brands | |
| <i>cromolyn sodium 100 mg/5ml conc</i> | 1-Preferred Generics | |
| CYSTAGON | 3-Preferred Brands | |
| CYSTARAN | 5-Specialty | PA |
| ENDARI | 5-Specialty | PA, QL (180 PER 30 DAYS) |
| GLASSIA | 5-Specialty | PA |
| <i>javygtor (100 mg tab, 100 mg packet, 500 mg packet)</i> | 5-Specialty | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------|--------------------|--------------------------|
| <i>miglustat</i> | 5-Specialty | QL (90 PER 30 DAYS) |
| <i>nitisinone</i> | 5-Specialty | |
| NITYR | 5-Specialty | |
| PANCREAZE | 3-Preferred Brands | |
| PROLASTIN-C (1000 MG/20ML SOLUTION, 1000 MG RECON SOLN) | 5-Specialty | PA |
| RAVICTI | 5-Specialty | PA, QL (525 PER 30 DAYS) |
| <i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i> | 5-Specialty | |
| <i>sodium phenylbutyrate 500 mg tab</i> | 5-Specialty | |
| <i>yargesa</i> | 5-Specialty | QL (90 PER 30 DAYS) |
| ZEMAIRA | 5-Specialty | PA |

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

| | | |
|--------------------------------------------------------------|----------------------|---------------------|
| <i>darifenacin hydrobromide er</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>fesoterodine fumarate er</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>flavoxate hcl</i> | 2-Generic | |
| GEMTESA | 3-Preferred Brands | |
| MYRBETRIQ (8 MG/ML SRER, 25 MG TAB ER 24H, 50 MG TAB ER 24H) | 3-Preferred Brands | |
| <i>oxybutynin chloride (5 mg/5ml solution, 5 mg tab)</i> | 2-Generic | |
| <i>oxybutynin chloride er</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>solifenacin succinate</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>tolterodine tartrate</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>tolterodine tartrate er</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>trospium chloride</i> | 2-Generic | QL (60 PER 30 DAYS) |
| <i>trospium chloride er</i> | 2-Generic | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| BENIGN PROSTATIC HYPERTROPHY AGENTS | | |
| <i>alfuzosin hcl er</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>dutasteride</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>dutasteride-tamsulosin hcl</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>finasteride</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>silodosin</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>tamsulosin hcl</i> | 2-Generic | QL (60 PER 30 DAYS) |
| GENITOURINARY AGENTS, OTHER | | |
| <i>bethanechol chloride</i> | 2-Generic | |
| ELMIRON | 3-Preferred Brands | |
| <i>penicillamine 250 mg tab</i> | 5-Specialty | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| ACTHAR | 5-Specialty | PA |
| <i>betamethasone dipropionate aug 0.05 % lotion</i> | 2-Generic | |
| CORTROPHIN | 5-Specialty | PA |
| <i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i> | 2-Generic | |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i> | 4-Non-Preferred Drug | |
| <i>dexamethasone sodium phosphate (4 mg/ml, 10 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml)</i> | 4-Non-Preferred Drug | |
| <i>fludrocortisone acetate</i> | 2-Generic | |
| KORLYM | 5-Specialty | PA |
| <i>methylprednisolone (4 mg tab thpk, 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i> | 2-Generic | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| <i>methylprednisolone acetate</i> | 2-Generic | |
| <i>methylprednisolone sodium succ</i> | 4-Non-Preferred Drug | |
| <i>prednisolone 15 mg/5ml solution</i> | 2-Generic | |
| <i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml, 15 mg/5ml, 25 mg/5ml)</i> | 2-Generic | |
| <i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i> | 1-Preferred Generics | |
| <i>prednisone (5 mg/5ml solution, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (48) tab thpk, 10 mg (21) tab thpk)</i> | 2-Generic | |
| PREDNISONE INTENSOL | 4-Non-Preferred Drug | |
| SOLU-MEDROL 2 GM RECON SOLN | 4-Non-Preferred Drug | |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| | | |
|------------------------------------------------------|----------------------|----|
| <i>desmopressin ace spray refrig</i> | 4-Non-Preferred Drug | |
| <i>desmopressin acetate 4 mcg/ml solution</i> | 4-Non-Preferred Drug | |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i> | 2-Generic | |
| <i>desmopressin acetate pf</i> | 4-Non-Preferred Drug | |
| <i>desmopressin acetate spray</i> | 4-Non-Preferred Drug | |
| INCRELEX | 5-Specialty | |
| NORDITROPIN FLEXPRO | 5-Specialty | PA |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANABOLIC STEROIDS

| | | |
|-------------------------------|-----------|--------------------------|
| <i>oxandrolone 10 mg tab</i> | 2-Generic | PA, QL (60 PER 30 DAYS) |
| <i>oxandrolone 2.5 mg tab</i> | 2-Generic | PA, QL (240 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------|----------------------|--------------------------|
| ANDROGENS | | |
| <i>danazol</i> | 4-Non-Preferred Drug | |
| <i>depo-testosterone</i> | 2-Generic | PA - FOR NEW STARTS ONLY |
| <i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i> | 4-Non-Preferred Drug | PA, QL (300 PER 30 DAYS) |
| <i>testosterone cypionate</i> | 2-Generic | PA - FOR NEW STARTS ONLY |
| <i>testosterone enanthate</i> | 2-Generic | PA - FOR NEW STARTS ONLY |
| <i>testosterone td gel pump 20.25 mg/act (1.62%)</i> | 4-Non-Preferred Drug | PA, QL (150 PER 30 DAYS) |
| ESTROGENS | | |
| <i>afirmelle</i> | 2-Generic | |
| <i>altavera</i> | 2-Generic | |
| <i>alyacen 1/35</i> | 2-Generic | |
| <i>alyacen 7/7/7</i> | 2-Generic | |
| <i>amabelz</i> | 2-Generic | |
| <i>apri</i> | 2-Generic | |
| <i>aranelle</i> | 2-Generic | |
| <i>aubra eq</i> | 2-Generic | |
| <i>aurovela 1.5/30</i> | 2-Generic | |
| <i>aurovela 1/20</i> | 2-Generic | |
| <i>aurovela fe 1.5/30</i> | 2-Generic | |
| <i>aurovela fe 1/20</i> | 2-Generic | |
| <i>aviane</i> | 2-Generic | |
| <i>ayuna</i> | 2-Generic | |
| <i>azurette</i> | 2-Generic | |
| <i>balziva</i> | 2-Generic | |
| <i>bekyree</i> | 2-Generic | |
| <i>blisovi fe 1.5/30</i> | 2-Generic | |
| <i>blisovi fe 1/20</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>briellyn</i> | 2-Generic | |
| <i>camrese lo</i> | 2-Generic | |
| <i>chateal eq</i> | 2-Generic | |
| <i>cryselle-28</i> | 2-Generic | |
| <i>cyred eq</i> | 2-Generic | |
| <i>dasetta 1/35</i> | 2-Generic | |
| <i>dasetta 7/7/7</i> | 2-Generic | |
| <i>delyla</i> | 2-Generic | |
| <i>desogestrel-ethinyl estradiol</i> | 2-Generic | |
| <i>dotti</i> | 2-Generic | |
| <i>drospirenone-ethinyl estradiol</i> | 2-Generic | |
| <i>elinest</i> | 2-Generic | |
| <i>eluryng</i> | 2-Generic | |
| <i>emoquette</i> | 2-Generic | |
| <i>enilloring</i> | 2-Generic | |
| <i>enpresse-28</i> | 2-Generic | |
| <i>enskyce</i> | 2-Generic | |
| <i>estarylla</i> | 2-Generic | |
| <i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/gm cream, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i> | 2-Generic | |
| <i>estradiol valerate</i> | 2-Generic | |
| <i>estradiol-norethindrone acet</i> | 2-Generic | |
| <i>ethynodiol diac-eth estradiol</i> | 2-Generic | |
| <i>etonogestrel-ethinyl estradiol</i> | 2-Generic | |
| <i>falmina</i> | 2-Generic | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------|-----------|---------------------|
| <i>femynor</i> | 2-Generic | |
| <i>hailey 1.5/30</i> | 2-Generic | |
| <i>hailey fe 1.5/30</i> | 2-Generic | |
| <i>hailey fe 1/20</i> | 2-Generic | |
| <i>haloette</i> | 2-Generic | |
| <i>iclevia</i> | 2-Generic | |
| <i>introvale</i> | 2-Generic | |
| <i>isibloom</i> | 2-Generic | |
| <i>jasmiel</i> | 2-Generic | |
| <i>jolessa</i> | 2-Generic | |
| <i>juleber</i> | 2-Generic | |
| <i>junel 1.5/30</i> | 2-Generic | |
| <i>junel 1/20</i> | 2-Generic | |
| <i>junel fe 1.5/30</i> | 2-Generic | |
| <i>junel fe 1/20</i> | 2-Generic | |
| <i>kalliga</i> | 2-Generic | |
| <i>kariva</i> | 2-Generic | |
| <i>kelnor 1/35</i> | 2-Generic | |
| <i>kelnor 1/50</i> | 2-Generic | |
| <i>kurvelo</i> | 2-Generic | |
| <i>larin 1.5/30</i> | 2-Generic | |
| <i>larin 1/20</i> | 2-Generic | |
| <i>larin fe 1.5/30</i> | 2-Generic | |
| <i>larin fe 1/20</i> | 2-Generic | |
| <i>larissia</i> | 2-Generic | |
| <i>leena</i> | 2-Generic | |
| <i>lessina</i> | 2-Generic | |
| <i>levonest</i> | 2-Generic | |
| <i>levonorg-eth estrad triphasic</i> | 2-Generic | |
| <i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i> | 2-Generic | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------|-----------|---------------------|
| <i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i> | 2-Generic | |
| <i>levora 0.15/30 (28)</i> | 2-Generic | |
| <i>lillow</i> | 2-Generic | |
| <i>lo-zumandimine</i> | 2-Generic | |
| <i>loestrin 1.5/30 (21)</i> | 2-Generic | |
| <i>loestrin 1/20 (21)</i> | 2-Generic | |
| <i>loestrin fe 1.5/30</i> | 2-Generic | |
| <i>loestrin fe 1/20</i> | 2-Generic | |
| <i>lojaimiess</i> | 2-Generic | |
| <i>lopreeza</i> | 2-Generic | |
| <i>loryna</i> | 2-Generic | |
| <i>low-ogestrel</i> | 2-Generic | |
| <i>lutra</i> | 2-Generic | |
| <i>lyllana</i> | 2-Generic | |
| <i>marlissa</i> | 2-Generic | |
| <i>microgestin 1.5/30</i> | 2-Generic | |
| <i>microgestin 1/20</i> | 2-Generic | |
| <i>microgestin fe 1.5/30</i> | 2-Generic | |
| <i>microgestin fe 1/20</i> | 2-Generic | |
| <i>mili</i> | 2-Generic | |
| <i>mimvey</i> | 2-Generic | |
| <i>mono-linyah</i> | 2-Generic | |
| <i>necon 0.5/35 (28)</i> | 2-Generic | |
| <i>nikki</i> | 2-Generic | |
| <i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i> | 2-Generic | |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i> | 2-Generic | |
| <i>norethindron-ethinyl estrad-fe</i> | 2-Generic | |
| <i>norethindrone acet-ethinyl est</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------|--------------------|---------------------|
| <i>norgestim-eth estrad triphasic</i> | 2-Generic | |
| <i>norgestimate-eth estradiol</i> | 2-Generic | |
| <i>nortrel 0.5/35 (28)</i> | 2-Generic | |
| <i>nortrel 1/35 (21)</i> | 2-Generic | |
| <i>nortrel 1/35 (28)</i> | 2-Generic | |
| <i>nortrel 7/7/7</i> | 2-Generic | |
| <i>nylia 1/35</i> | 2-Generic | |
| <i>nylia 7/7/7</i> | 2-Generic | |
| <i>nymyo</i> | 2-Generic | |
| <i>ocella</i> | 2-Generic | |
| <i>orsythia</i> | 2-Generic | |
| <i>philith</i> | 2-Generic | |
| <i>pimtrea</i> | 2-Generic | |
| <i>pirmella 1/35</i> | 2-Generic | |
| <i>pirmella 7/7/7</i> | 2-Generic | |
| <i>portia-28</i> | 2-Generic | |
| PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG/GM CREAM, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) | 3-Preferred Brands | |
| PREMPHASE | 3-Preferred Brands | |
| PREMPRO | 3-Preferred Brands | |
| <i>previfem</i> | 2-Generic | |
| <i>reclipsen</i> | 2-Generic | |
| <i>setlakin</i> | 2-Generic | |
| <i>simliya</i> | 2-Generic | |
| <i>sprintec 28</i> | 2-Generic | |
| <i>sronyx</i> | 2-Generic | |
| <i>syeda</i> | 2-Generic | |
| <i>tarina fe 1/20 eq</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------|-----------|---------------------|
| <i>tilia fe</i> | 2-Generic | |
| <i>tri femynor</i> | 2-Generic | |
| <i>tri-estarylla</i> | 2-Generic | |
| <i>tri-legest fe</i> | 2-Generic | |
| <i>tri-linyah</i> | 2-Generic | |
| <i>tri-lo-estarylla</i> | 2-Generic | |
| <i>tri-lo-marzia</i> | 2-Generic | |
| <i>tri-lo-mili</i> | 2-Generic | |
| <i>tri-lo-sprintec</i> | 2-Generic | |
| <i>tri-mili</i> | 2-Generic | |
| <i>tri-nymyo</i> | 2-Generic | |
| <i>tri-previfem</i> | 2-Generic | |
| <i>tri-sprintec</i> | 2-Generic | |
| <i>tri-vylibra</i> | 2-Generic | |
| <i>tri-vylibra lo</i> | 2-Generic | |
| <i>trivora (28)</i> | 2-Generic | |
| <i>turqoz</i> | 2-Generic | |
| <i>velivet</i> | 2-Generic | |
| <i>vestura</i> | 2-Generic | |
| <i>vienva</i> | 2-Generic | |
| <i>viorele</i> | 2-Generic | |
| <i>volnea</i> | 2-Generic | |
| <i>vyfemla</i> | 2-Generic | |
| <i>vylibra</i> | 2-Generic | |
| <i>wera</i> | 2-Generic | |
| <i>wymzya fe</i> | 2-Generic | |
| <i>xulane</i> | 2-Generic | |
| <i>yuvafem</i> | 2-Generic | |
| <i>zafemy</i> | 2-Generic | |
| <i>zarah</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| <i>zovia 1/35 (28)</i> | 2-Generic | |
| <i>zumandimine</i> | 2-Generic | |
| PROGESTINS | | |
| <i>camila</i> | 2-Generic | |
| <i>deblitane</i> | 2-Generic | |
| DEPO-SUBQ PROVERA 104 | 4-Non-Preferred Drug | |
| <i>errin</i> | 2-Generic | |
| <i>heather</i> | 2-Generic | |
| <i>incassia</i> | 2-Generic | |
| <i>jencycla</i> | 2-Generic | |
| <i>lyleq</i> | 2-Generic | |
| <i>lyza</i> | 2-Generic | |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml suspension, 150 mg/ml susp prsyr)</i> | 2-Generic | |
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i> | 2-Generic | |
| <i>nora-be</i> | 2-Generic | |
| <i>norethindrone</i> | 2-Generic | |
| <i>norethindrone acetate</i> | 2-Generic | |
| <i>norlyda</i> | 2-Generic | |
| <i>norlyroc</i> | 2-Generic | |
| <i>progesterone (100 mg cap, 200 mg cap)</i> | 2-Generic | |
| <i>sharobel</i> | 2-Generic | |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | | |
| DUAVEE | 3-Preferred Brands | |
| <i>raloxifene hcl</i> | 2-Generic | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | | |
| <i>euthyrox</i> | 1-Preferred Generics | |
| <i>levo-t</i> | 1-Preferred Generics | |
| <i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | 1-Preferred Generics | |
| <i>levoxyl</i> | 1-Preferred Generics | |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i> | 2-Generic | |
| SYNTHROID | 3-Preferred Brands | |
| <i>unithroid</i> | 1-Preferred Generics | |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL) | | |
| LYSODREN | 5-Specialty | |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | | |
| <i>cabergoline</i> | 2-Generic | |
| ELIGARD | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| FIRMAGON | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| FIRMAGON (240 MG DOSE) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>leuprolide acetate</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| LEUPROLIDE ACETATE (3 MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| LUPRON DEPOT (1-MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| LUPRON DEPOT (3-MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| LUPRON DEPOT (4-MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| LUPRON DEPOT (6-MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| LUPRON DEPOT-PED (1-MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| LUPRON DEPOT-PED (3-MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| LUPRON DEPOT-PED (6-MONTH) | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>octreotide acetate (50 mcg/ml solution, 50 mcg/ml soln prsyr, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 500 mcg/ml soln prsyr, 1000 mcg/ml solution)</i> | 4-Non-Preferred Drug | |
| ORGOVYX | 5-Specialty | PA - FOR NEW STARTS ONLY |
| SIGNIFOR | 5-Specialty | |
| SOMATULINE DEPOT | 5-Specialty | |
| SOMAVERT | 5-Specialty | |
| SYNAREL | 5-Specialty | |
| TRELSTAR MIXJECT | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

| | | |
|------------------------------------------|----------------------|--|
| <i>methimazole (5 mg tab, 10 mg tab)</i> | 1-Preferred Generics | |
| <i>propylthiouracil</i> | 2-Generic | |

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

| | | |
|--------------------------|-------------|-------------------------|
| CINRYZE | 5-Specialty | PA |
| <i>icatibant acetate</i> | 5-Specialty | PA, QL (27 PER 30 DAYS) |
| <i>sajazir</i> | 5-Specialty | PA, QL (27 PER 30 DAYS) |

IMMUNOGLOBULINS

| | | |
|----------------|-------------|---------------------------------|
| ATGAM | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| BIVIGAM | 5-Specialty | PA |
| FLEBOGAMMA DIF | 5-Specialty | PA |
| GAMMAGARD | 5-Specialty | PA |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------|------------------|---------------------------------|
| GAMMAGARD S/D LESS IGA | 5-Specialty | PA |
| GAMMAKED | 5-Specialty | PA |
| GAMMAPLEX | 5-Specialty | PA |
| GAMUNEX-C | 5-Specialty | PA |
| OCTAGAM | 5-Specialty | PA |
| PANZYGA | 5-Specialty | PA |
| PRIVIGEN | 5-Specialty | PA |
| THYMOGLOBULIN | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

IMMUNOLOGICAL AGENTS, OTHER

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------|
| ARCALYST | 5-Specialty | |
| BENLYSTA (120 MG SOLN, 400 MG SOLN) | 5-Specialty | PA |
| BENLYSTA (200 MG/ML SOLN PRSYR, 200 MG/ML SOLN A-INJ) | 5-Specialty | PA, QL (8 PER 28 DAYS) |
| DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR) | 5-Specialty | PA |
| OTEZLA (10 20 30 MG TAB THPK, 30 MG TAB) | 5-Specialty | PA |
| RIDAURA | 5-Specialty | |
| SIMULECT 20 MG RECON SOLN | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION) | 5-Specialty | PA |
| SKYRIZI PEN | 5-Specialty | PA |
| TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR) | 5-Specialty | PA |
| XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB) | 5-Specialty | PA |
| XELJANZ XR | 5-Specialty | PA |
| XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR, 150 MG RECON SOLN) | 5-Specialty | PA |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| IMMUNOSTIMULANTS | | |
| ACTIMMUNE | 5-Specialty | PA |
| INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN) | 5-Specialty | |
| PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION) | 5-Specialty | |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| AVSOLA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>azathioprine 50 mg tab</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| AZATHIOPRINE SODIUM | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR) | 5-Specialty | PA |
| ENBREL MINI | 5-Specialty | PA |
| ENBREL SURECLICK | 5-Specialty | PA |
| ENVARSUS XR | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>everolimus 0.25 mg tab</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>gengraf (25 mg cap, 100 mg/ml solution, 100 mg cap)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| HUMIRA | 5-Specialty | PA |
| HUMIRA PEDIATRIC CROHNS START | 5-Specialty | PA |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| HUMIRA PEN | 5-Specialty | PA |
| HUMIRA PEN-CD/UC/HS STARTER | 5-Specialty | PA |
| HUMIRA PEN-PEDIATRIC UC START | 5-Specialty | PA |
| HUMIRA PEN-PS/UV/ADOL HS START | 5-Specialty | PA |
| HUMIRA PEN-PSOR/UEIT STARTER | 5-Specialty | PA |
| INFLECTRA | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>leflunomide 10 mg tab</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>leflunomide 20 mg tab</i> | 2-Generic | QL (150 PER 30 DAYS) |
| <i>methotrexate sodium 1 gm recon soln</i> | 4-Non-Preferred Drug | |
| <i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i> | 2-Generic | |
| <i>methotrexate sodium (pf)</i> | 2-Generic | |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>mycophenolate mofetil (250 mg cap, 500 mg recon soln, 500 mg tab)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>mycophenolate mofetil hcl</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>mycophenolate sodium</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| NULOJIX | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| OTREXUP | 4-Non-Preferred Drug | |
| PROGRAF (0.2 MG, 1 MG) | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| RASUVO | 4-Non-Preferred Drug | |
| RENFLEXIS | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| REZUROCK | 5-Specialty | PA |
| RINVOQ | 5-Specialty | PA |
| SANDIMMUNE 100 MG/ML SOLUTION | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| <i>sirolimus 1 mg/ml solution</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------|----------------------|---------------------------------|
| <i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| <i>temsirolimus</i> | 5-Specialty | |
| TREXALL | 4-Non-Preferred Drug | |
| XATMEP | 4-Non-Preferred Drug | |

VACCINES

| | | |
|---------------------------------------------------------------------------------|----------------------|---------------------------------|
| ABRYSCO | 1-Preferred Generics | |
| ACTHIB | 3-Preferred Brands | |
| ADACEL | 1-Preferred Generics | |
| AREXVY | 1-Preferred Generics | |
| BCG VACCINE | 3-Preferred Brands | |
| BEXSERO | 3-Preferred Brands | |
| BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION) | 1-Preferred Generics | |
| DAPTACEL | 1-Preferred Generics | |
| DIPHThERIA-TETANUS TOXOIDS DT | 1-Preferred Generics | |
| ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| GARDASIL 9 (9SUSPPRSYR, 9SUSPENSION) | 1-Preferred Generics | |
| HAVRIX | 1-Preferred Generics | |
| HEPLISAV-B | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------|----------------------|---------------------------------|
| HIBERIX | 3-Preferred Brands | |
| IMOVAX RABIES | 3-Preferred Brands | |
| INFANRIX | 1-Preferred Generics | |
| IPOL | 3-Preferred Brands | |
| IXIARO | 3-Preferred Brands | |
| JYNNEOS | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| KINRIX | 1-Preferred Generics | |
| M-M-R II | 1-Preferred Generics | |
| MENACTRA | 3-Preferred Brands | |
| MENQUADFI | 3-Preferred Brands | |
| MENVEO (RECONSOLN, SOLUTION) | 3-Preferred Brands | |
| PEDIARIX | 3-Preferred Brands | |
| PEDVAX HIB | 3-Preferred Brands | |
| PENTACEL | 1-Preferred Generics | |
| PREHEVBRIO | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| PRIORIX | 1-Preferred Generics | |
| PROQUAD | 1-Preferred Generics | |
| QUADRACEL (0.5MLSUSPPRSYR, SUSPENSION) | 1-Preferred Generics | |
| RABAVERT | 3-Preferred Brands | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) | 3-Preferred Brands | PA - TO CONFIRM PART D COVERAGE |
| ROTARIX (RECONSUSP, SUSPENSION) | 3-Preferred Brands | |
| ROTATEQ | 3-Preferred Brands | |
| SHINGRIX | 1-Preferred Generics | |
| TDVAX | 1-Preferred Generics | |
| TENIVAC | 1-Preferred Generics | |
| TICOVAC | 3-Preferred Brands | |
| TRUMENBA | 3-Preferred Brands | |
| TWINRIX | 1-Preferred Generics | |
| TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION) | 3-Preferred Brands | |
| VAQTA | 1-Preferred Generics | |
| VARIVAX | 3-Preferred Brands | |
| YF-VAX | 3-Preferred Brands | |

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

| | |
|-----------------------------------------------------------------|----------------------|
| <i>balsalazide disodium</i> | 2-Generic |
| <i>mesalamine (4 gm enema, 1000 mg suppos)</i> | 4-Non-Preferred Drug |
| <i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i> | 2-Generic |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------|----------------------|-------------------------------------------------------|
| <i>mesalamine er 0.375 gm cap er 24h</i> | 2-Generic | |
| <i>mesalamine-cleanser</i> | 4-Non-Preferred Drug | |
| <i>sulfasalazine (500 mg tab dr, 500 mg tab)</i> | 2-Generic | |
| GLUCOCORTICOIDS | | |
| <i>budesonide 3 mg cp dr part</i> | 4-Non-Preferred Drug | |
| <i>budesonide er</i> | 5-Specialty | |
| <i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i> | 2-Generic | |
| METABOLIC BONE DISEASE AGENTS | | |
| <i>alendronate sodium 70 mg/75ml solution</i> | 1-Preferred Generics | |
| <i>alendronate sodium (35 mg tab, 70 mg tab)</i> | 1-Preferred Generics | QL (4 PER 28 DAYS) |
| <i>alendronate sodium 10 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>calcitonin (salmon) 200 unit/act solution</i> | 2-Generic | |
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i> | 2-Generic | |
| <i>cinacalcet hcl 30 mg tab</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS) |
| <i>cinacalcet hcl 60 mg tab</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS) |
| <i>cinacalcet hcl 90 mg tab</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE, QL (120 PER 30 DAYS) |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i> | 2-Generic | |
| FORTEO | 5-Specialty | PA |
| <i>ibandronate sodium 150 mg tab</i> | 2-Generic | QL (1 PER 30 DAYS) |
| NATPARA | 5-Specialty | PA |
| <i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i> | 4-Non-Preferred Drug | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------|----------------------|---------------------------------|
| PROLIA | 4-Non-Preferred Drug | |
| RAYALDEE | 5-Specialty | |
| <i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab dr, 35 mg tab, 150 mg tab)</i> | 4-Non-Preferred Drug | |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN | 5-Specialty | PA |
| XGEVA | 5-Specialty | PA |
| <i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |

MISCELLANEOUS THERAPEUTIC AGENTS

| | | |
|-----------------------------------------------------------------------|----------------------|--------------------------|
| AKEEGA | 5-Specialty | PA - FOR NEW STARTS ONLY |
| BD ALCOHOL PADS | 2-Generic | |
| GAUZE PADS & DRESSINGS - PADS 2 X 2 | 2-Generic | |
| INSULIN PEN NEEDLE (Novo/BD/Ultimed/Owen/Trividia) | 2-Generic | |
| INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/Ultimed/Allison/Trividia/MHC) | 2-Generic | |
| INSULIN SYRINGE (DISP) U-100 1 ML (BD/Ultimed/Allison/Trividia/MHC) | 2-Generic | |
| INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/Ultimed/Allison/Trividia/MHC) | 2-Generic | |
| NEEDLES, INSULIN DISP., SAFETY | 2-Generic | |
| <i>sterile water for irrigation</i> | 4-Non-Preferred Drug | |

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

| | |
|--------------------------------------|-----------|
| <i>ak-poly-bac</i> | 2-Generic |
| ATROPINE SULFATE 1 % SOLUTION | 2-Generic |
| <i>bacitra-neomycin-polymyxin-hc</i> | 2-Generic |
| <i>bacitracin-polymyxin b</i> | 2-Generic |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------|----------------------|----------------------|
| COMBIGAN | 3-Preferred Brands | |
| <i>cyclopentolate hcl</i> | 2-Generic | |
| <i>dorzolamide hcl-timolol mal</i> | 2-Generic | |
| <i>dorzolamide hcl-timolol mal pf</i> | 2-Generic | |
| ISOPTO ATROPINE | 2-Generic | |
| <i>neo-polycin</i> | 2-Generic | |
| <i>neo-polycin hc</i> | 2-Generic | |
| <i>neomycin-bacitracin zn-polymyx</i> | 2-Generic | |
| <i>neomycin-polymyxin-dexameth (3.5-10000-0.1suspension, 3.5-10000-0.1ointment)</i> | 2-Generic | |
| <i>neomycin-polymyxin-gramicidin</i> | 2-Generic | |
| <i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i> | 2-Generic | |
| OXERVATE | 5-Specialty | PA |
| <i>polycin</i> | 2-Generic | |
| <i>proparacaine hcl</i> | 2-Generic | |
| RESTASIS | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| RESTASIS MULTIDOSE | 3-Preferred Brands | QL (5.5 PER 28 DAYS) |
| <i>sulfacetamide-prednisolone</i> | 2-Generic | |
| TOBRADEX 0.3-0.1 % OINTMENT | 3-Preferred Brands | |
| <i>tobramycin-dexamethasone</i> | 4-Non-Preferred Drug | |
| XIIDRA | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| ZYLET | 4-Non-Preferred Drug | |
| OPHTHALMIC ANTI-ALLERGY AGENTS | | |
| ALOCRIL | 3-Preferred Brands | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------|----------------------|---------------------|
| ALOMIDE | 3-Preferred Brands | |
| <i>azelastine hcl 0.05 % solution</i> | 2-Generic | |
| <i>bepotastine besilate</i> | 4-Non-Preferred Drug | |
| <i>cromolyn sodium 4 % solution</i> | 1-Preferred Generics | |
| <i>epinastine hcl</i> | 2-Generic | |
| <i>olopatadine hcl (0.1 %, 0.2 %)</i> | 2-Generic | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| AZASITE | 3-Preferred Brands | |
| <i>bacitracin 500 unit/gm ointment</i> | 2-Generic | |
| <i>erythromycin 5 mg/gm ointment</i> | 2-Generic | |
| <i>gatifloxacin</i> | 2-Generic | |
| <i>gentak</i> | 2-Generic | |
| <i>gentamicin sulfate 0.3 % solution</i> | 2-Generic | |
| <i>levofloxacin 0.5 % solution</i> | 2-Generic | |
| <i>moxifloxacin hcl 0.5 % solution</i> | 2-Generic | |
| <i>moxifloxacin hcl (2x day)</i> | 4-Non-Preferred Drug | |
| NATACYN | 3-Preferred Brands | |
| <i>ofloxacin 0.3 % solution</i> | 2-Generic | |
| <i>polymyxin b-trimethoprim</i> | 1-Preferred Generics | |
| <i>sulfacetamide sodium 10 % ointment</i> | 1-Preferred Generics | |
| <i>sulfacetamide sodium 10 % solution</i> | 2-Generic | |
| <i>tobramycin 0.3 % solution</i> | 1-Preferred Generics | |
| ZIRGAN | 3-Preferred Brands | |

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Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------|----------------------|---------------------|
| OPHTHALMIC ANTI-INFLAMMATORIES | | |
| <i>bromfenac sodium (once-daily)</i> | 4-Non-Preferred Drug | |
| <i>dexamethasone sodium phosphate 0.1 % solution</i> | 2-Generic | |
| <i>diclofenac sodium 0.1 % solution</i> | 2-Generic | |
| <i>difluprednate</i> | 3-Preferred Brands | |
| FLAREX | 3-Preferred Brands | |
| <i>fluorometholone</i> | 2-Generic | |
| <i>flurbiprofen sodium</i> | 2-Generic | |
| ILEVRO | 3-Preferred Brands | |
| <i>ketorolac tromethamine (0.4 %, 0.5 %)</i> | 2-Generic | |
| LOTEMAX 0.5 % OINTMENT | 4-Non-Preferred Drug | |
| <i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i> | 4-Non-Preferred Drug | |
| <i>prednisolone acetate</i> | 2-Generic | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 2-Generic | |
| PROLENSA | 4-Non-Preferred Drug | |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>betaxolol hcl 0.5 % solution</i> | 2-Generic | |
| <i>carteolol hcl</i> | 2-Generic | |
| <i>levobunolol hcl</i> | 2-Generic | |
| <i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln, 0.5 % (daily) solution)</i> | 2-Generic | |
| <i>timolol maleate (0.25 %, 0.5 %)</i> | 1-Preferred Generics | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------|----------------------|---------------------|
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | | |
| <i>acetazolamide er</i> | 2-Generic | |
| ALPHAGAN P 0.1 % SOLUTION | 3-Preferred Brands | |
| <i>apraclonidine hcl</i> | 2-Generic | |
| AZOPT | 3-Preferred Brands | |
| <i>brimonidine tartrate (0.15 %, 0.2 %)</i> | 2-Generic | |
| <i>dorzolamide hcl</i> | 2-Generic | |
| <i>methazolamide</i> | 4-Non-Preferred Drug | |
| <i>pilocarpine hcl (1 %, 2 %, 4 %)</i> | 2-Generic | |
| RHOPRESSA | 3-Preferred Brands | |
| SIMBRINZA | 3-Preferred Brands | |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | | |
| <i>bimatoprost 0.03% ophth solution</i> | 2-Generic | |
| <i>latanoprost</i> | 1-Preferred Generics | |
| LUMIGAN | 3-Preferred Brands | |
| <i>travoprost (bak free)</i> | 2-Generic | |
| OTIC AGENTS | | |
| CIPRODEX | 3-Preferred Brands | |
| <i>ciprofloxacin hcl 0.2 % solution</i> | 2-Generic | |
| <i>ciprofloxacin-dexamethasone</i> | 3-Preferred Brands | |
| <i>flac</i> | 2-Generic | |
| <i>fluocinolone acetonide 0.01 % oil</i> | 2-Generic | |
| <i>hydrocortisone-acetic acid</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------|-----------|---------------------|
| <i>neomycin-polymyxin-hc (1 %, 3.5-10000-1)</i> | 2-Generic | |

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

| | | |
|--------------------------------------------------------------|----------------------|---------------------------------|
| ARNUITY ELLIPTA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>budesonide (0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml)</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| FLOVENT DISKUS | 3-Preferred Brands | QL (80 PER 30 DAYS) |
| FLOVENT HFA (110 MCG/ACT, 220 MCG/ACT) | 3-Preferred Brands | QL (24 PER 30 DAYS) |
| FLOVENT HFA 44 MCG/ACT AEROSOL | 3-Preferred Brands | QL (22 PER 30 DAYS) |
| <i>flunisolide</i> | 2-Generic | QL (50 PER 30 DAYS) |
| <i>fluticasone propionate 50 mcg/act suspension</i> | 1-Preferred Generics | QL (16 PER 30 DAYS) |
| <i>fluticasone propionate hfa (110 mcg/act, 220 mcg/act)</i> | 3-Preferred Brands | QL (24 PER 30 DAYS) |
| <i>fluticasone propionate hfa 44 mcg/act aerosol</i> | 3-Preferred Brands | QL (22 PER 30 DAYS) |
| <i>mometasone furoate 50 mcg/act suspension</i> | 4-Non-Preferred Drug | QL (34 PER 30 DAYS) |
| PULMICORT FLEXHALER | 3-Preferred Brands | QL (2 PER 30 DAYS) |

ANTI-HISTAMINES

| | | |
|------------------------------------------------------|-----------|--|
| <i>azelastine hcl (0.1 %, 0.15 %, 137 mcg/spray)</i> | 2-Generic | |
| <i>cetirizine hcl 1 mg/ml solution</i> | 2-Generic | |
| <i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i> | 2-Generic | |
| <i>desloratadine 5 mg tab</i> | 2-Generic | |
| <i>diphenhydramine hcl 50 mg/ml solution</i> | 2-Generic | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|----------------------|---------------------|
| <i>hydroxyzine hcl 10 mg/5ml syrup</i> | 3-Preferred Brands | |
| <i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i> | 2-Generic | |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i> | 4-Non-Preferred Drug | |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | 1-Preferred Generics | |
| <i>olopatadine hcl 0.6 % solution</i> | 2-Generic | |
| <i>promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup)</i> | 1-Preferred Generics | PA |

ANTILEUKOTRIENES

| | | |
|-----------------------------------------------------------------------|----------------------|----------------------|
| <i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>montelukast sodium 10 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>zafirlukast 10 mg tab</i> | 2-Generic | QL (120 PER 30 DAYS) |
| <i>zafirlukast 20 mg tab</i> | 2-Generic | QL (60 PER 30 DAYS) |

BRONCHODILATORS, ANTICHOLINERGIC

| | | |
|---------------------------------------------|----------------------|---------------------------------|
| ATROVENT HFA | 4-Non-Preferred Drug | QL (25.8 PER 30 DAYS) |
| INCRUSE ELLIPTA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>ipratropium bromide (0.03 %, 0.06 %)</i> | 2-Generic | |
| <i>ipratropium bromide 0.02 % solution</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| SPIRIVA HANDIHALER | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| SPIRIVA RESPIMAT | 3-Preferred Brands | QL (4 PER 30 DAYS) |
| YUPELRI | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |

BRONCHODILATORS, SYMPATHOMIMETIC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| <i>albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, 2.5 mg/0.5ml soln, (2.5 mg/3ml) 0.083% soln, (5 mg/ml) 0.5% soln)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| <i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i> | 2-Generic | |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i> | 1-Preferred Generics | QL (17 PER 30 DAYS) |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i> | 1-Preferred Generics | QL (13.4 PER 30 DAYS) |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i> | 1-Preferred Generics | QL (36 PER 30 DAYS) |
| <i>arformoterol tartrate</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>epinephrine (0.15 mg/0.15ml soln, 0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln)</i> | 2-Generic | |
| <i>formoterol fumarate</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| <i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/3ml soln, 1.25 mg/0.5ml soln)</i> | 4-Non-Preferred Drug | PA - TO CONFIRM PART D COVERAGE |
| <i>levalbuterol tartrate</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| SEREVENT DISKUS | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| STRIVERDI RESPIMAT | 3-Preferred Brands | QL (4 PER 30 DAYS) |
| <i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i> | 2-Generic | |

CYSTIC FIBROSIS AGENTS

| | | |
|--------------------------------------------|-------------|---------------------------------|
| CAYSTON | 5-Specialty | |
| KALYDECO (5.8 MG, 13.4 MG, 25 MG, 50 MG) | 5-Specialty | PA, QL (56 PER 28 DAYS) |
| KALYDECO (75 MG PACKET, 150 MG TAB) | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| ORKAMBI (75-94 MG, 100-125 MG, 150-188 MG) | 5-Specialty | PA, QL (56 PER 28 DAYS) |
| ORKAMBI 100-125 MG TAB | 5-Specialty | PA, QL (112 PER 28 DAYS) |
| ORKAMBI 200-125 MG TAB | 5-Specialty | PA, QL (120 PER 30 DAYS) |
| PULMOZYME | 5-Specialty | PA - TO CONFIRM PART D COVERAGE |
| TOBI PODHALER | 5-Specialty | QL (240 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------|
| <i>tobramycin 300 mg/5ml nebu soln</i> | 5-Specialty | PA - TO CONFIRM PART D COVERAGE, QL (300 PER 30 DAYS) |
| MAST CELL STABILIZERS | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | 1-Preferred Generics | PA - TO CONFIRM PART D COVERAGE |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | |
| DALIRESP | 4-Non-Preferred Drug | |
| <i>elixophyllin</i> | 2-Generic | |
| <i>roflumilast</i> | 4-Non-Preferred Drug | |
| THEO-24 | 4-Non-Preferred Drug | |
| <i>theophylline (80 mg/15ml solution, 80 mg/15ml elixir)</i> | 2-Generic | |
| <i>theophylline er (er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i> | 2-Generic | |
| PULMONARY ANTIHYPERTENSIVES | | |
| ADEMPAS | 5-Specialty | PA, QL (90 PER 30 DAYS) |
| <i>alyq</i> | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| <i>ambrisentan</i> | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| <i>bosentan</i> | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| OPSUMIT | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| <i>sildenafil citrate 20 mg tab</i> | 2-Generic | PA, QL (90 PER 30 DAYS) |
| <i>tadalafil (pah)</i> | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| TRACLEER 32 MG TAB SOL | 5-Specialty | PA, QL (120 PER 30 DAYS) |
| UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) | 5-Specialty | PA |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------|--------------------|---------------------------------|
| PULMONARY FIBROSIS AGENTS | | |
| OFEV | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| <i>pirfenidone (267 mg tab, 267 mg cap)</i> | 5-Specialty | PA, QL (270 PER 30 DAYS) |
| <i>pirfenidone (534 mg tab, 801 mg tab)</i> | 5-Specialty | PA, QL (90 PER 30 DAYS) |
| RESPIRATORY TRACT AGENTS, OTHER | | |
| <i>acetylcysteine (10 %, 20 %)</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| ADVAIR DISKUS | 2-Generic | QL (60 PER 30 DAYS) |
| ADVAIR HFA | 3-Preferred Brands | QL (12 PER 30 DAYS) |
| ANORO ELLIPTA | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| BEVESPI AEROSPHERE | 3-Preferred Brands | QL (10.7 PER 30 DAYS) |
| BREO ELLIPTA (50-25 MCG/INH, 100-25 MCG/ACT) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| BREO ELLIPTA 200-25 MCG/ACT AER POW BA | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| BREZTRI AEROSPHERE | 3-Preferred Brands | QL (10.7 PER 30 DAYS) |
| COMBIVENT RESPIMAT | 3-Preferred Brands | QL (4 PER 30 DAYS) |
| FASENRA | 5-Specialty | PA |
| FASENRA PEN | 5-Specialty | PA |
| <i>fluticasone furoate-vilanterol</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>ipratropium-albuterol</i> | 2-Generic | PA - TO CONFIRM PART D COVERAGE |
| NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | 5-Specialty | PA |
| SYMBICORT | 3-Preferred Brands | QL (10.2 PER 30 DAYS) |
| TRELEGY ELLIPTA | 3-Preferred Brands | QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-----------------------------------------------|----------------------|--------------------------|
| SKELETAL MUSCLE RELAXANTS | | |
| BOTOX | 4-Non-Preferred Drug | PA |
| <i>carisoprodol 350 mg tab</i> | 2-Generic | PA, QL (120 PER 30 DAYS) |
| <i>cyclobenzaprine hcl 10 mg tab</i> | 2-Generic | PA, QL (90 PER 30 DAYS) |
| <i>cyclobenzaprine hcl 5 mg tab</i> | 2-Generic | PA, QL (180 PER 30 DAYS) |
| <i>methocarbamol (500 mg tab, 750 mg tab)</i> | 2-Generic | PA |
| <i>vanadom</i> | 2-Generic | PA, QL (120 PER 30 DAYS) |
| XEOMIN | 4-Non-Preferred Drug | PA |
| SLEEP DISORDER AGENTS | | |
| SLEEP PROMOTING AGENTS | | |
| <i>doxepin hcl (3 mg tab, 6 mg tab)</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>eszopiclone</i> | 2-Generic | PA, QL (30 PER 30 DAYS) |
| HETLIOZ | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| HETLIOZ LQ | 5-Specialty | PA, QL (158 PER 30 DAYS) |
| <i>ramelteon</i> | 4-Non-Preferred Drug | QL (30 PER 30 DAYS) |
| <i>tasimelteon</i> | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| <i>temazepam (15 mg cap, 30 mg cap)</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>zaleplon</i> | 2-Generic | PA, QL (30 PER 30 DAYS) |
| <i>zolpidem tartrate 10 mg tab</i> | 2-Generic | PA, QL (30 PER 30 DAYS) |
| <i>zolpidem tartrate 5 mg tab</i> | 2-Generic | QL (30 PER 30 DAYS) |
| <i>zolpidem tartrate er</i> | 2-Generic | PA, QL (30 PER 30 DAYS) |
| WAKEFULNESS PROMOTING AGENTS | | |
| <i>armodafinil</i> | 3-Preferred Brands | PA, QL (30 PER 30 DAYS) |
| <i>modafinil 100 mg tab</i> | 4-Non-Preferred Drug | PA, QL (30 PER 30 DAYS) |
| <i>modafinil 200 mg tab</i> | 4-Non-Preferred Drug | PA, QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Health Partners Medicare Silver and Platinum 2023 (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------|------------------|----------------------------|
| XYREM | 5-Specialty | PA, QL (540 PER 30 DAYS) |
| XYWAV | 5-Specialty | PA, QL (540 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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