ENHANCED FORMULARY for Medicare Plus Group Members

H2150_EG_14_20

DRUG NAME	DRUG TIER	REQUIRE-MENTS/ LIMITS
ANTI-INFLAMMATORY AGENTS		
TOPICAL CORTICOSTEROIDS		
hydrocortisone acetate suppositories	Generic	
ANTICHOLINERGICS		
ANTIMUSCARINICS/ANTISPASMODICS		
hyoscyamine	Generic	
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
salsalate	Generic	
HORMONE AND SYNTHETIC SUBSTITUTES		
ESTROGEN		
esterified estrogens & methlytestosterone	Generic	
GONADOTROPINS		
GANIRELIX ACETATE	Brand HC	
BRAVELLE	Brand HC	
clomiphene	Generic	
FOLLISTIM	Brand HC	
GONAL-F	Brand HC	
MENOPUR	Brand HC	
RESPIRATORY TRACT AGENTS		
ANTITUSSIVES		
benzonatate	Generic	
guaifenesin/codeine	Generic	
hydrocodone/ homatropine	Generic	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
hydrocortisone/ iodoquinol	Generic	
VASODILATING AGENTS		
NITRATES		
nitroglycerin	Generic	
PHOSPHODIESTERASE INHIBITORS		
CAVERJECT	Brand HC	
EDEX	Brand HC	
MUSE	Brand HC	
Sildenafil	Generic	
MISCELLANEOUS		
yohimbine	Generic	
VITAMINS		
iron polysaccharide complex-vit B-12-folic acid	Generic	
folic acid	Generic	
phytonadione (Vitamin K)	Brand/ Generic†	
POTABA	Brand	
vitamin B-12 injectable	Generic	

† Certain strengths or forms of the drug (e.g., tablet, gel capsule, liquid) are only available as brand drugs and are subject to the brand cost share.

HC Drugs with this designation may be subject to a higher cost share.

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