



## Additional Drugs Included in your Employer Group Retiree Plan Benefits

The Centers for Medicare and Medicaid Services (CMS) has excluded certain drugs and therapeutic drug categories from coverage under Medicare Part D. Some common excluded drug classes include: benzodiazepines, barbiturates, over the counter (OTC) medications, cough and cold preparations, appetite suppressants, vitamins, medications for sexual or erectile dysfunction and drugs for cosmetic purposes. Because your Part D prescription benefits are enhanced by your participation in an employer group plan, you have access to additional medications that have been excluded from Medicare Part D. The list below details examples of these medications.

### Additional Drug List for the Part D Open Formulary

Drug Name	Drug Tier*	NOTES
<b>Antihistamines</b>		
<i>cetirizine</i> (Zyrtec)	1	
<i>loratadine</i> (Claritin OTC)	1	
<i>loratadine/pseudoephed</i> (Claritin D)	1	
<b>Benzodiazepines</b>		
<i>alprazolam</i> (Xanax)	1	
<i>alprazolam XR</i> (Xanax XR)	1	
<i>chlordiazepoxide</i> (Librium)	1	
<i>chlorazepate</i> (Tranxene)	1	
<i>clonazepam</i> (Klonopin)	1	
<i>diazepam</i> (Valium)	1	
<i>diazepam rectal</i> (Diastat)	1	QL
<i>estazolam</i> (Prosom)	1	
<i>flurazepam</i> (Dalmane)	1	
<i>lorazepam</i> (Ativan)	1	
<i>midazolam</i> (Versed)	1	
<i>oxazepam</i> (Serax)	1	
<i>temazepam</i> (Restoril)	1	
<i>triazolam</i> (Halcion)	1	
<b>Barbiturates</b>		

Drug Name	Drug Tier*	NOTES
<i>mephobarbital</i> (Mebaral)	1	
<i>phenobarbital</i>	1	
<i>Phenobarbital/hyoscyamine/</i> (Donnatal Extentabs) <i>atropine/scopolamine</i>	1	
<i>secobarbital</i> (Seconal)	1	
<b>Cough and Cold*</b>		
<i>benzonatate</i> (Tessalon Pearles)	1	
<i>guaifenesin/codeine</i> (Robitussin AC)	1	
<i>guaifenesin/phenylephrine</i>	1	
<i>guaifenesin/pseudoephedrine</i>	1	
<i>hydrocodone/homatropine</i> (Hycodan)	1	
<i>promethazine/codeine</i> (Phenergan w/ Codeine)	1	
<i>promethazine/PE/codeine</i> (Phenergan VC)	1	
<i>promethazine/dextromethorphan</i> (Phenergan DM)	1	
*most single entity and 2-entity combination generic cough and cold preparations are Tier 1		
<b>Erectile Dysfunction</b>		
CAVERJECT	2	QL
CIALIS	3	QL
EDEX	2	QL
LEVITRA	3	QL
MUSE	2	QL
VIAGRA	3	QL
<b>Gastrointestinal (Miscellaneous)</b>		
<i>anucort-hc (hydrocortisone supp)</i>	1	
<i>anusol-hc (hydrocortisone cream)</i>	1	
<i>belladonna/phenobarbital</i> (Donnatal)	1	
<i>clindinium/chlordiazepoxide</i> (Librax)	1	
<i>hc pramoxine</i>	1	
<i>trimethobenzamide capsule</i> (Tigan)	1	
<i>trimethobenzamide suppositories</i>	1	
<b>Gastrointestinal-Acid Suppression</b>		
omeprazole OTC	1	
<b>Hormones</b>		
<i>estrogen/methyltestosterone</i> (Estratest)	1	
<i>estrogen/methyltestosterone HS</i> (Estratest HS)	1	
<b>Oncology</b>		

Drug Name	Drug Tier*	NOTES
ALKERAN	B	Part B only Drug
<i>etoposide</i> (Vepesid)	B	Part B only Drug
MYLERAN	B	Part B only Drug
TEMODAR	B	Part B only Drug
XELODA	B	Part B only Drug
<b>Pain Relievers (Miscellaneous)</b>		
<i>butalbital/acetaminophen/caffeine</i>	1	
<i>butalbital/aspirin/caffeine</i>	1	
<i>butalbital/acetaminophen/codeine</i>	1	
<i>isometheptene/caffeine/-acetaminophen</i> (Prodrin)	1	
<i>isomethahepatane/dichlorphen/acetamin</i> (Midrin)	1	QL
<b>Respiratory</b>		
<i>albuteol nebs</i> (Accuneb)	B	Part B only Drug
<i>albuterol nebs</i> (ProventilNebs)	B	Part B only Drug
<i>albuterol nebs</i> (Ventolin Nebs)	B	Part B only Drug
BROVANA	B	Part B only Drug
<i>cromolyn sodium</i> (Intal Nebs)	B	Part B only Drug
<i>ipratropium</i> (Atrovent Nebs)	B	Part B only Drug
<i>ipratropium/albuterol</i> (Duoneb)	B	Part B only Drug
<i>metaproterenol</i> (Alupent nebs)	B	Part B only Drug
PERFOROMIST	B	Part B only Drug
PULMICORT RESPULES	B	Part B only Drug
PULMOZYME NEBS		
TOBI NEBS	B	Part B only Drug
XOPENEX	B	Part B only Drug
NEBS		
<b>Vitamins/Minerals</b>		
<i>cyanocobalamin</i> (Vit B12 injections)	1	
<i>ergocalciferol</i> (Calcipherol)	2	
<i>folic acid</i>	1	
MEPHYTON	2	
NEPHROCAPS	2	
Renalcaps	1	

\* If you request the brand name for any generic, it will be covered under Tier 3. Example: diazepam is Tier 1, its reference brand name, Valium, is covered as Tier 3.

Abbreviations	Description
ST	Step Therapy Required
PA	Prior Authorization Required

QL	Quantity Limits Apply
Tier B	Covered Under your Part B benefits as described in your Evidence of Coverage (EOC)

Medications on this list are only covered for Medica members who have enhanced formulary coverage as part of their employer group benefits. For more information, or if you have questions about Medica Part D, please call Customer Service at 1-800-575-2330 or 952-992-2330, 8 a.m. to 8 p.m., CST, seven days a week. TTY/TDD users should call 1-800-234-8819 or 952-992-3650.

Or, visit <https://www.medicare.com/C12/DrugFormularyPartD/default.aspx>.

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