



GlobalHealth

GlobalHealth 2018 Formulary

(List of
Covered Drugs)

For State of
Oklahoma Group
Retirees (HMO)



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

This formulary was updated
on 04/01/2018. For more
recent information or other
questions, please contact
GlobalHealth Customer Care at
1-866-494-3927 or,
for TTY users, 711
24 hours a day, seven days a week
www.GlobalHealth.com/medicare

HPMS Formulary File Submission ID: 00018202
Version 8

GlobalHealth is an HMO plan with
a Medicare contract. Enrollment in
GlobalHealth depends on contract
renewal.

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GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth is dependent on contract renewal.

The formulary may change at any time, you will receive notice when necessary.

H3706_COMPFORMULARY_OSR_2018

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 GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means State of Oklahoma Group Retirees (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 04/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover 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, 2018, and from time to time during the year.

What is the State of Oklahoma Group Retirees (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 04/01/2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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 7. 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 66. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GlobalHealth before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides a cap of 20 mg per prescription for Nexium. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain 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 front and back cover pages.

You can ask our plan 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 Generations State Group Retirees (HMO) formulary?” on page 4 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 Customer Care and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. 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 GlobalHealth 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 State of Oklahoma Group Retirees (HMO) Formulary?

You can ask our plan 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 pre-determined 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 if this drug is not 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, our plan 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, or utilization restriction exception. **When you request a formulary 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

For more information

For more detailed information about your State of Oklahoma Group Retirees (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover 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 <http://www.medicare.gov>.

State of Oklahoma Group Retirees (HMO) Formulary

The formulary that begins on 7 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COUMADIN) and generic drugs are listed in lower-case italics (e.g., warfarin).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

- LA – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Provider & Pharmacy Directory or call Customer Care, at 1-866-494-3927 (toll-free) 24 hours a day, seven days a week. TTY users should call 711.
- PA - Prior Authorization drugs are designated with the abbreviation PA;
- QL - Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug;
- ST - Step Therapy drugs are designated with the abbreviation ST;
- NM – Drugs that are not available by mail-order are designated with the abbreviation NM;
- B/D – Drugs that require coverage determination for Medicare Part B or Part D are designated with the abbreviation B/D;
- GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	2	GC
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib CAPS 50mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	GC
<i>diflunisal</i>	3	
<i>etodolac CAPS; TABS</i>	3	
<i>etodolac TB24</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	GC
<i>ketoprofen cap 50mg</i>	3	
<i>ketoprofen cap 75mg</i>	3	
<i>meloxicam TABS</i>	1	GC
<i>nabumetone TABS</i>	2	GC
<i>naproxen SUSP</i>	4	
<i>naproxen TABS</i>	1	GC
<i>naproxen dr</i>	2	GC
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	GC
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine SOLN</i>	2	GC, QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	GC, QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl TABS</i>	2	GC, QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>endocet</i>	3	QL (360 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
 B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription
 drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	GC, QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	4	
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	3	QL (270 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	GC, QL (360 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days)
<i>methadone hcl 5mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl intensol</i>	3	QL (120 mL / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> TABS	3	QL (180 tabs / 30 days)
<i>morphine sulfate oral sol</i>	3	
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
<i>oxycodone hcl</i> CAPS	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC; SOLN	4	
<i>oxycodone hcl</i> TABS	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	3	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine inj 0.5%</i>	2	GC, B/D
<i>lidocaine inj 0.5% preservative free (pf)</i>	2	GC, B/D
<i>lidocaine inj 1%</i>	2	GC, B/D
<i>lidocaine inj 1% preservative free (pf)</i>	2	GC, B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	GC, B/D
<i>lidocaine inj 2%</i>	2	GC, B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	3	
<i>gentamicin in saline</i>	2	GC
<i>gentamicin sulfate</i> SOLN	2	GC
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	4	
SULFADIAZINE TABS	4	
<i>tobramycin</i> NEBU	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	3	
<i>tobramycin inj 40mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	GC
<i>clindamycin cap 300 mg</i>	1	GC
<i>clindamycin hcl cap 150 mg</i>	1	GC
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
<i>daptomycin</i>	5	
EMVERM	5	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid</i>	5	
<i>linezolid in sodium chloride</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	GC
<i>metronidazole in nacl</i>	2	GC
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim SUSP</i>	4	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
<i>tigecycline 50mg</i>	5	
TIGECYCLINE 50mg	5	
<i>trimethoprim TABS</i>	2	GC
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg</i>	4	
VANCOMYCIN IN NAACL	4	

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Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	
<i>caspofungin acetate</i> 50mg	5	
CASPOFUNGIN ACETATE 50mg, 70mg	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	GC
<i>fluconazole in dextrose</i>	4	
FLUCONAZOLE INJ NACL 100	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	GC, QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz</i> CAPS 50mg	4	
<i>efavirenz</i> CAPS 200mg	5	
EMTRIVA	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	5	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tb24</i>	4	
NORVIR	3	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
SUSTIVA CAPS 50mg	4	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD	5	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine cap 100mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

CAPASTAT SULFATE	4	
<i>cycloserine CAPS</i>	5	
<i>ethambutol hcl TABS</i>	3	
<i>isoniazid TABS</i>	1	GC
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide TABS</i>	4	
<i>rifabutin</i>	4	
<i>rifampin CAPS</i>	3	
<i>rifampin SOLR</i>	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

ANTIVIRALS

<i>acyclovir CAPS; TABS</i>	2	GC
<i>acyclovir SUSP</i>	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	
MAVYRET	5	NM, PA
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	3	
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	GC
<i>cefadroxil</i> SUSR; TABS	3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefixime</i>	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	GC
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	

FLUOROQUINOLONES

<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	GC
<i>ciprofloxacin in d5w</i>	3	
<i>ciprofloxacin inj</i>	3	
<i>levofloxacin</i> TABS	1	GC
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	

PENICILLINS

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin</i> CAPS; SUSR; TABS	1	GC
<i>amoxicillin</i> CHEW	2	GC
<i>amoxicillin & pot clavulanate</i> CHEW; TB12	4	
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	GC
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 250mg</i>	1	GC
<i>ampicillin cap 500mg</i>	1	GC
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin susp</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium for inj</i> 1gm, 2gm	4	
<i>nafcillin sodium for inj</i> 10gm	5	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i> SOLR	2	GC
<i>penicillin v potassium</i> TABS	1	GC
<i>penicillin gk inj</i> 5mu	4	
<i>penicillin gk inj</i> 20mu	4	
<i>pfizerpen-g inj</i> 5mu	4	
<i>pfizerpen-g inj</i> 20mu	4	
<i>piper/tazoba inj</i> 2-0.25gm	4	
<i>piper/tazoba inj</i> 3-0.375gm	4	
<i>piper/tazoba inj</i> 4-0.5gm	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj</i> 36-4.5gm	4	

TETRACYCLINES

<i>doxy 100</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC
<i>doxycycline (monohydrate)</i> TABS	3	
<i>doxycycline hyclate</i> CAPS	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> 20 mg	3	
<i>doxycycline hyclate</i> 100 mg	3	
<i>minocycline hcl</i> CAPS	3	
<i>morgidox cap</i> 1x50mg	3	

ANTINEOPLASTIC AGENTS

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Drug Name	Drug Tier	Requirements/Limits
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
<i>busulfan</i>	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	3	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	4	B/D
<i>epirubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	5	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	GC, B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
DOCETAXEL SOLN	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate</i>	2	GC, B/D
<i>vincasar pfs</i>	2	GC, B/D
<i>vincristine sulfate</i>	2	GC, B/D
<i>vinorelbine tartrate</i>	3	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
BORTEZOMIB	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	2	GC
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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	5	B/D
<i>letrozole</i> TABS	2	GC
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

MISCELLANEOUS

<i>bexarotene</i>	5	NM, PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D, NM
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	3	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D

PROTECTIVE AGENTS

<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
<i>levoleucovorin calcium</i> 175mg/17.5ml	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 250mg/25ml	5	B/D, NM
<i>levoleucovorin calcium</i> 50mg	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 175MG	5	B/D, NM
<i>mesna</i>	4	B/D
MESNEX TABS	5	

TOPOISOMERASE INHIBITORS

<i>etoposide</i> SOLN	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan inj 4mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

CARDIOVASCULAR

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Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide</i>	1	GC
<i>captopril & hydrochlorothiazide</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	1	GC
<i>lisinopril & hydrochlorothiazide</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril TABS</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	
<i>spironolactone TABS</i>	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil</i> TABS	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	GC
<i>amiodarone hcl</i> TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	GC
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	1	GC
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hcl (afib/af)</i>	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	1	GC
<i>lovastatin</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>simvastatin</i> TABS 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	GC
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	5	NM, PA
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	3	
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS	2	GC
<i>atenolol</i> TABS	1	GC
<i>bisoprolol fumarate</i>	2	GC
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	GC
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	3	
<i>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> SOLN; TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	
<i>amlodipine besylate TABS</i>	1	GC
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	GC
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	GC
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedical xl</i>	3	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl TBCR</i>	2	GC
<i>verapamil tab er</i>	2	GC
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	3	PA; PA if 65 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	

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<i>digoxin sol 50mcg/ml</i>	3	PA; PA if 65 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA	4	
TEKTURNA HCT	4	
<i>DIURETICS</i>		
<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride & hydrochlorothiazide</i>	2	GC
<i>amiloride hcl TABS</i>	3	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide SOLN</i>	2	GC
<i>furosemide TABS</i>	1	GC
<i>furosemide inj</i>	2	GC
<i>hydrochlorothiazide CAPS; TABS</i>	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide TABS</i>	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torseamide tabs</i>	2	GC
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tabs</i>	1	GC
<i>MISCELLANEOUS</i>		
<i>clonidine hcl PTWK</i>	4	
<i>clonidine hcl TABS</i>	1	GC
CORLANOR	4	
DEMSER	5	
<i>hydralazine hcl SOLN</i>	4	
<i>hydralazine hcl TABS</i>	2	GC
<i>midodrine hcl</i>	3	
<i>minoxidil TABS</i>	2	GC
NORTHERA	5	NM, LA, PA
RANEXA	3	
<i>NITRATES</i>		
<i>isosorb mononitrate tab</i>	2	GC
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	GC
<i>minitran</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	GC, QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	GC, QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	GC
<i>bupirone hcl</i> TABS 30mg	4	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	2	GC, QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	2	GC
<i>lorazepam</i> SOLN	2	GC
<i>lorazepam</i> TABS	1	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	GC, QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	GC, QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	3	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	3	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	3	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	3	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 1mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	5	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	GC
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
<i>primidone</i> TABS	2	GC
<i>roweepra</i>	3	
<i>roweepra xr</i>	3	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	GC
<i>valproate sodium oral soln</i>	3	
<i>valproate sodium soln 100mg/ml</i>	4	
<i>valproic acid</i>	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	GC, QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	GC
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	2	GC, QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	GC
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>galantamine hydrobromide er</i> 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	4	
<i>memantine hcl</i> SOLN	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS	3	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl TABS</i>	4	PA; PA if 65 years and older
<i>amoxapine</i>	3	
<i>bupropion hcl TABS</i>	3	
<i>bupropion hcl TB12</i>	2	GC
<i>bupropion hcl TB24 150mg</i>	3	QL (90 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN</i>	3	
<i>citalopram hydrobromide TABS 10mg, 20mg</i>	1	GC, QL (45 tabs / 30 days)
<i>citalopram hydrobromide TABS 40mg</i>	1	GC, QL (30 tabs / 30 days)
<i>clomipramine hcl CAPS</i>	4	PA; PA if 65 years and older
<i>desipramine hcl TABS</i>	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl CAPS; CONC</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl CPEP 20mg</i>	3	QL (180 caps / 30 days)
<i>duloxetine hcl CPEP 30mg</i>	3	QL (120 caps / 30 days)
<i>duloxetine hcl CPEP 60mg</i>	3	QL (60 caps / 30 days)
<i>EMSAM</i>	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN</i>	4	QL (600 mL / 30 days)
<i>escitalopram oxalate TABS 5mg, 10mg</i>	2	GC, QL (45 tabs / 30 days)
<i>escitalopram oxalate TABS 20mg</i>	2	GC, QL (60 tabs / 30 days)
<i>FETZIMA 20mg</i>	4	QL (180 caps / 30 days)
<i>FETZIMA 40mg</i>	4	QL (90 caps / 30 days)
<i>FETZIMA 80mg, 120mg</i>	4	QL (30 caps / 30 days)
<i>FETZIMA TITRATION PACK</i>	4	
<i>fluoxetine cap 10mg</i>	1	GC, QL (30 caps / 30 days)
<i>fluoxetine cap 20mg</i>	1	GC, QL (120 caps / 30 days)
<i>fluoxetine cap 40mg</i>	1	GC
<i>fluoxetine hcl SOLN</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	GC, QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	GC
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	GC
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	GC, QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	3	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	GC
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	GC, QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	GC, QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
 B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription
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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	GC
<i>amantadine hcl</i> TABS	4	
APOKYN	5	NM, LA, PA
<i>benztropine mesylate</i> SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	GC
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	GC
<i>pramipexole tab 0.25mg</i>	2	GC
<i>pramipexole tab 0.75mg</i>	2	GC
<i>pramipexole tab 0.125mg</i>	2	GC
<i>pramipexole tab 1.5mg</i>	2	GC
<i>pramipexole tab 1mg</i>	2	GC
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab 0.5mg</i>	2	GC
<i>ropinirole tab 0.25mg</i>	2	GC
<i>ropinirole tab 1mg</i>	2	GC
<i>ropinirole tab 2mg</i>	2	GC
<i>ropinirole tab 3mg</i>	2	GC
<i>ropinirole tab 4mg</i>	2	GC
<i>ropinirole tab 5mg</i>	2	GC
<i>selegiline hcl</i> CAPS	4	
<i>selegiline hcl</i> TABS	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
<i>chlorpromazine hcl</i> TABS	4	
CHLORPROMAZINE INJ	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt</i> 12.5mg, 25mg	4	PA
<i>clozapine odt</i> 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	3	
<i>clozapine tab</i> 50mg	3	
<i>clozapine tab</i> 100mg	4	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol con lactate</i>	2	GC
<i>haloperidol decanoate</i> SOLN	4	
<i>haloperidol lactate inj</i> 5 mg/ml	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg, 20mg	4	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	GC, QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	4	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	GC, QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days), PA
VRAYLAR 3mg	5	QL (60 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate tab 10mg er</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	4	QL (90 tabs / 30 days)

HYPNOTICS

<i>HETLIOZ</i>	5	NM, LA, PA
<i>SILENOR 3mg</i>	3	QL (60 tabs / 30 days)
<i>SILENOR 6mg</i>	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	GC, QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	2	GC, QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate TABS</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate 1mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i>	4	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>RELPAX</i>	4	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	GC, QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)

MISCELLANEOUS

<i>AUSTEDO 6mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS	1	GC
<i>lithium carbonate</i> TABS	2	GC
<i>lithium carbonate er</i>	2	GC
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS	2	GC
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	GC

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	4	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> 200mg, 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	4	
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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SUBL	3	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	3	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
VIVITROL	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 1.62%	3	QL (150 grams / 30 days), PA
ANDROGEL PUMP	3	QL (150 grams / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	GC
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	

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Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	GC
INSULIN SAFETY NEEDLES	3	GC
INSULIN SYRINGE	3	GC
LEVEMIR	3	GC
LEVEMIR FLEXTOUCH	3	GC
NOVOLIN 70/30	3	GC; (brand RELION not covered)
NOVOLIN N	3	GC; (brand RELION not covered)
NOVOLIN R	3	GC; (brand RELION not covered)
NOVOLOG	3	GC
NOVOLOG 70/30 FLEXPEN	3	GC
NOVOLOG FLEXPEN	3	GC
NOVOLOG MIX 70/30	3	GC
NOVOLOG PENFILL	3	GC
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	GC
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	GC, QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TB24 2.5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	GC, QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	GC, QL (240 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000 MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)

BISPHOSPHONATES

<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	GC
<i>alendronate sodium</i> TABS 35mg, 70mg	1	GC, QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj</i> 30mg	3	B/D
<i>pamidronate inj</i> 90mg	3	B/D
<i>zoledronic acid</i> 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM

CALCIUM RECEPTOR AGONISTS

SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM

CHELATING AGENTS

CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus</i> 15gm/60ml	4	
<i>sodium polystyrene sulfonate</i>	3	
<i>sodium polystyrene sulfonate oral susp</i>	3	
<i>sps susp</i> 15gm/60ml	3	
SYPRINE	5	
<i>trientine hcl</i>	5	

CONTRACEPTIVES

<i>altavera tab</i>	2	GC
<i>alyacen</i> 1/35	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	3	
<i>aubra</i>	2	GC
<i>aviane</i>	2	GC
<i>balziva</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	3	
<i>camila</i>	2	GC
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	GC
<i>cyclafem 1/35</i>	2	GC
<i>cyclafem 7/7/7</i>	2	GC
<i>cyred tab</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>deblitane</i>	2	GC
<i>delyla</i>	2	GC
<i>desogestrel & ethinyl estradiol</i>	2	GC
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin</i>	2	GC
<i>estarylla tab 0.25-35</i>	2	GC
<i>ethynodiol diacet & eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	GC
<i>femynor</i>	2	GC
<i>gianvi tab 3-0.02mg</i>	3	
<i>gildagia</i>	3	
<i>heather</i>	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	2	GC
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	GC
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC

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<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia tab</i>	2	GC
<i>leena tab</i>	3	
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonor/ethi tab</i>	2	GC
<i>levonorgestrel & eth estradiol</i>	2	GC
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	GC
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	GC
<i>lutera</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive)</i>	2	GC
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>microgestin fe 1/20</i>	2	GC
<i>mono-linyah tab 0.25-35</i>	2	GC
<i>mononessa</i>	2	GC
<i>myzilra</i>	2	GC
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	GC
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	GC
<i>norethindrone (contraceptive)</i>	2	GC
<i>norethindrone acet & eth estra</i>	2	GC
<i>norgest/ethi tab 0.25/35</i>	2	GC
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	GC
<i>norlyroc</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	GC
<i>philith</i>	3	

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<i>pimtrex</i>	3	
<i>pirmella 1/35</i>	2	GC
<i>portia-28</i>	2	GC
<i>previfem</i>	2	GC
<i>quasense</i>	3	
<i>reclipsen</i>	2	GC
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	GC
<i>tilia fe</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	GC
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>trinessa</i>	2	GC
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	GC
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	GC
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	

ENDOMETRIOSIS

<i>danazol CAPS</i>	4	
SYNAREL	5	

ENZYME REPLACEMENTS

ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA

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CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ZAVESCA	5	NM, LA, PA

ESTROGENS

DELESTROGEN 10mg/ml	4	
ESTRACE CREA	4	
<i>estradiol PTWK; TABS</i>	4	PA; PA if 65 years and older
<i>estradiol vaginal cream</i>	4	
<i>estradiol vaginal tab</i>	3	
<i>estradiol valerate inj</i>	3	
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
<i>yuvafem vaginal tablet 10 mcg</i>	3	

GLUCOCORTICOIDS

<i>cortisone acetate TABS</i>	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	3	
<i>dexamethasone TABS</i>	2	GC
<i>dexamethasone sodium phosphate</i>	2	GC
<i>fludrocortisone acetate TABS</i>	2	GC
<i>hydrocortisone TABS</i>	3	
<i>methylpr ace inj 40mg/ml</i>	2	GC, B/D
<i>methylpr ace inj 80mg/ml</i>	2	GC, B/D
<i>methylpr ss inj 1gm</i>	3	B/D
<i>methylpr ss inj 40mg</i>	3	B/D
<i>methylpr ss inj 125mg</i>	3	B/D
<i>methylpred pak 4mg</i>	2	GC
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate SOLN</i> 15mg/5ml	2	GC, B/D
<i>prednisolone sol 15mg/5ml</i>	2	GC, B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	GC
<i>prednisone pak 10mg</i>	2	GC
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	GC, B/D
<i>prednisone tab 2.5mg</i>	1	GC, B/D
<i>prednisone tab 5mg</i>	1	GC, B/D
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
MIACALCIN	5	B/D
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA

PHOSPHATE BINDER AGENTS

AURYXIA	5	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder) CAPS</i>	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS</i>	3	QL (360 tabs / 30 days)
RENVELA PAK 2.4gm	3	QL (180 paks / 30 days)
RENVELA PAK .8gm	3	QL (540 paks / 30 days)
RENVELA TAB 800MG	3	QL (540 tabs / 30 days)
<i>sevelamer carbonate PACK 2.4gm</i>	3	QL (180 packs / 30 days)
<i>sevelamer carbonate PACK .8gm</i>	3	QL (540 packs / 30 days)
<i>sevelamer carbonate TABS</i>	3	QL (540 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate tab</i>	1	GC
<i>norethindrone acetate TABS</i>	3	

THYROID AGENTS

<i>levo-t</i>	2	GC
<i>levothyroxine sodium TABS</i>	2	GC
<i>levoxyl</i>	2	GC
<i>liothyronine sodium TABS</i>	3	
<i>methimazole TABS</i>	2	GC
<i>propylthiouracil TABS</i>	3	
SYNTHROID	4	
<i>unithroid</i>	2	GC

VASOPRESSINS

<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
<i>desmopressin sol 0.01%</i>	4	
STIMATE	5	NM

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl</i> SOLN	2	GC
<i>metoclopramide hcl</i> TABS	1	GC
<i>metoclopramide inj</i>	2	GC
<i>ondansetron hcl</i> TABS	3	B/D
<i>ondansetron hcl inj</i>	2	GC
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	GC, B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> TABS	2	GC
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS	1	GC
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS	1	GC
<i>glycopyrrolate</i> TABS	3	
<i>glycopyrrolate inj</i>	4	

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	GC
<i>famotidine inj</i>	2	GC
<i>ranitidine hcl</i> TABS	1	GC
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	

INFLAMMATORY BOWEL DISEASE

APRISO	3	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine</i> ENEM	4	
<i>mesalamine</i> TBEC 800mg	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine</i> TABS	3	
<i>sulfasalazine ec</i>	3	

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LAXATIVES		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>gavilyte-n/ flavor pack</i>	2	GC
<i>generlac</i>	2	GC
GOLYTELY	3	
<i>lactulose</i>	2	GC
<i>lactulose (encephalopathy)</i>	2	GC
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	GC
<i>peg 3350/electrolytes</i>	2	GC
<i>polyethylene glycol 3350 PACK</i>	3	
<i>polyethylene glycol 3350 POWD</i>	2	GC
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	GC
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	3	
GATTEX	5	NM, LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)
LINZESS 145mcg	3	QL (60 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	GC
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucrafate TABS</i>	3	
<i>ursodiol CAPS</i>	3	
<i>ursodiol TABS</i>	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>omeprazole cap 10mg</i>	1	GC, QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	GC, QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	GC, QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	GC, QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	GC, QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	2	GC
<i>tamsulosin hcl</i>	3	

MISCELLANEOUS

<i>bethanechol chloride TABS</i>	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	

URINARY ANTISPASMODICS

<i>MYRBETRIQ 25mg</i>	4	QL (60 tabs / 30 days)
<i>MYRBETRIQ 50mg</i>	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	1	GC
<i>oxybutynin chloride TABS</i>	3	
<i>oxybutynin chloride TB24 5mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate CP24</i>	4	QL (30 caps / 30 days)
<i>tolterodine tartrate TABS</i>	4	
<i>TOVIAZ</i>	3	QL (30 tabs / 30 days)
<i>tropium chloride TABS</i>	4	QL (60 tabs / 30 days)
<i>VESICARE</i>	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	

HEMATOLOGIC

ANTICOAGULANTS

<i>COUMADIN</i>	4	
<i>ELIQUIS</i>	3	
<i>ELIQUIS STARTER PACK</i>	3	
<i>enoxaparin sodium</i>	4	

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<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
<i>heparin sodium/d5w</i>	3	
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	5	NM, PA
MOZOBIL	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	GC
CINRYZE	5	QL (20 vials / 30 days), NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	GC
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	3	
<i>tranexamic acid</i> TABS	4	

PLATELET AGGREGATION INHIBITORS

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PRIVIGEN	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM

IMMUNOSUPPRESSANTS

AZATHIOPRINE SOLR	4	B/D
<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D

VACCINES

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	

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Drug Name	Drug Tier	Requirements/Limits
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	GC
<i>klor-con 10</i>	2	GC
<i>klor-con m10</i>	2	GC
KLOR-CON M15	3	
<i>klor-con m20</i>	2	GC
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR	2	GC
<i>potassium chloride microencapsulated crystals er</i>	2	GC
<i>potassium chloride tab cr 10 meq</i>	2	GC
<i>sodium chloride</i> SOLN 2.5meq/ml	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
<i>tpn electrolytes</i>	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	GC, B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	2	GC
<i>dextrose 5%</i>	2	GC
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/lactated ring</i>	2	GC
<i>dextrose 5%/nacl 0.2%</i>	2	GC
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/nacl 0.33%</i>	2	GC
<i>dextrose 5%/nacl 0.45%</i>	2	GC
<i>dextrose 5%/nacl 0.225%</i>	2	GC
<i>dextrose 5%/potassium chl</i>	2	GC
<i>dextrose 10% flex contain</i>	2	GC
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	GC
<i>dextrose 50%</i>	2	GC
<i>dextrose inj 70%</i>	2	GC
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	GC
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	GC
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	GC
<i>kcl/d5w inj 0.3%</i>	2	GC
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	GC
<i>kcl/d5w/nacl inj .15/.33%</i>	2	GC
<i>kcl/d5w/nacl inj .15/.45%</i>	2	GC
<i>kcl/nacl inj 0.3-0.9</i>	2	GC
<i>kcl/nacl inj 0.15%-0.9%</i>	2	GC
<i>lactated ringer's inj</i>	2	GC
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	GC
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	GC
<i>potassium chloride in nacl</i>	2	GC
<i>ringer's</i>	2	GC
<i>sodium chloride SOLN 3%, 5%</i>	2	GC
<i>sodium chloride 0.45%</i>	2	GC
<i>sodium chloride inj 0.9%</i>	2	GC
VITAMINS		
<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol CAPS</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	GC
RAYALDEE	5	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	GC
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	GC
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	GC
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	GC
<i>erythromycin (ophth)</i>	2	GC
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	GC
<i>gentamicin sulfate soln (ophth)</i>	2	GC
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	GC
<i>polymyxin b-trimethoprim</i>	2	GC
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	GC
<i>trifluridine SOLN</i>	3	
VIGAMOX	3	
ZIRGAN	4	

ANTI-INFLAMMATORIES

ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	2	GC
DUREZOL	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	GC
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACAFT	4	
<i>olopatadine hcl 0.2%</i>	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	GC
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	GC
<i>levobunolol hcl</i>	2	GC
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS	3	QL (64 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	GC, B/D
<i>ipratropium bromide (nasal)</i>	3	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	GC
<i>cyproheptadine hcl SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	GC
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	GC

BETA AGONISTS

<i>albuterol sulfate NEBU</i>	2	GC, B/D
<i>albuterol sulfate SYRP</i>	1	GC
<i>albuterol sulfate TABS; TB12</i>	4	
<i>levalbuterol hcl NEBU 1.25mg/3ml</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW	3	
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	2	GC
<i>zafirlukast</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb</i> 20mg/2ml	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP 500mcg	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	GC, QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	3	
THEO-24	4	
<i>theophylline SOLN</i>	4	
<i>theophylline TB12; TB24</i>	3	

TOPICAL

DERMATOLOGY, ACNE

<i>amnesteam</i>	4	PA
<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	
<i>clindamycin phosphate (topical) GEL; SOLN; SWAB</i>	3	
<i>clindamycin phosphate (topical) LOTN</i>	4	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid) GEL</i>	4	
<i>erythromycin (acne aid) SOLN</i>	3	
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin CREA</i>	4	PA
<i>tretinoin GEL .01%, .025%</i>	4	PA
<i>zenatane</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	3	
<i>mafenide acetate PACK</i>	4	
<i>mupirocin OINT</i>	2	GC
<i>silver sulfadiazine CREA</i>	2	GC
<i>ssd</i>	2	GC
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	

DERMATOLOGY, ANTIPSORIATICS

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Drug Name	Drug Tier	Requirements/Limits
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; SOLN	4	
<i>tazarotene</i> CREA	4	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	2	GC
<i>selenium sulfide</i> LOTN	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i>	3	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>desoximetasone</i> CREA; GEL; OINT	4	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA	1	GC
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT	2	GC
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	GC
<i>mometasone furoate</i> OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA

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drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	GC, QL (50 mL / 30 days), PA
<i>lidocaine oint</i> 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine-prilocaine</i>	4	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	3	
<i>diclofenac sodium (topical)</i> 1% gel	3	PA
<i>doxepin hcl (antipruritic)</i>	4	
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> CREA	4	
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel</i> 0.75%	4	
PANRETIN	5	
PICATO	3	
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre</i> 2.5%	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre</i> 0.75%	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i>	4	
<i>permethrin cre</i> 5%	3	

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid</i> .25%	2	GC
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol</i> 0.9% irr	2	GC
<i>sterile water irrigation</i>	2	GC

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
<i>clotrimazole</i> LOZG	4	
<i>lidocaine hcl (mouth-throat)</i>	2	GC
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol</i> 0.12%	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>periogard</i>	1	GC
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	

OTIC

<i>acetic acid (otic)</i>	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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 drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Index of Drugs

<i>abacavir sulfate</i>	11	<i>alfuzosin hcl</i>	51
<i>abacavir sulfate-lamivudine</i>	13	ALIMTA	17
<i>abacavir sulfate-lamivudine-zidovudine</i>	13	ALINIA	9
ABELCET	11	<i>allopurinol tab</i>	7
ABILIFY MAINTENA.....	33	<i>alosetron hcl</i>	50
ABRAXANE	17	ALPHAGAN P SOL 0.1%.....	59
<i>acamprosate calcium</i>	38	<i>alprazolam tab 0.25mg</i>	27
<i>acarbose</i>	40	<i>alprazolam tab 0.5mg</i>	27
<i>acebutolol hcl</i>	24	<i>alprazolam tab 1mg</i>	27
<i>acetaminophen w/ codeine</i>	7	<i>alprazolam tab 2 mg</i>	27
<i>acetazolamide</i>	26	ALREX	58
<i>acetic acid</i>	64	<i>altavera tab</i>	42
<i>acetic acid (otic)</i>	65	ALUNBRIG	20
<i>acetic acid-aluminum acetate</i>	65	<i>alyacen 1/35</i>	42
<i>acetylcysteine</i>	61	<i>amantadine hcl</i>	33
<i>acitretin</i>	63	AMBISOME	11
ACTHIB.....	54	<i>amikacin sulfate</i>	9
ACTIMMUNE	53	<i>amiloride & hydrochlorothiazide</i>	26
<i>acyclovir</i>	13	<i>amiloride hcl</i>	26
<i>acyclovir sodium</i>	13	<i>aminophylline inj</i>	62
ADACEL	54	AMINOSYN	56
ADAGEN.....	45	AMINOSYN 7%/ELECTROLYTES	56
ADCIRCA.....	27	<i>aminosyn 8.5%/electrolyte</i>	56
<i>adefovir dipivoxil</i>	13	<i>aminosyn ii 8.5%/electrol</i>	56
ADEMPAS	27	AMINOSYN II INJ 10%.....	56
<i>adriamycin</i>	17	AMINOSYN II INJ 8.5%	56
<i>adrucil</i>	17	AMINOSYN M	56
<i>adrucil inj</i>	17	AMINOSYN-HBC	56
ADVAIR DISKUS.....	61	AMINOSYN-PF 7%	56
ADVAIR HFA	61	AMINOSYN-PF INJ 10%.....	56
<i>afeditab cr</i>	25	AMINOSYN-RF	56
AFINITOR.....	19	<i>amiodarone hcl</i>	23
AFINITOR DISPERZ	19	AMITIZA CAP 24MCG	50
<i>ala-cort</i>	63	AMITIZA CAP 8MCG.....	50
ALBENZA.....	9	<i>amitriptyline hcl</i>	31
<i>albuterol sulfate</i>	60	<i>amlodipine besylate</i>	25
<i>alclometasone dipropionate</i>	63	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	22
ALCOHOL SWABS.....	39	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	22
ALDURAZYME	45	<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	22
ALECENSA.....	19		
<i>alendronate sodium</i>	42		

<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	22	<i>ampicillin sodium</i>	16
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22	<i>ampicillin susp</i>	16
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	22	AMPYRA	38
<i>amlodipine besylate-olmesartan medoxomil</i>	22	ANADROL-50	39
<i>amlodipine besylate-valsartan tab</i>	22	<i>anagrelide hcl</i>	52
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	22	<i>anastrozole</i>	18
<i>ammonium lactate</i>	64	ANDRODERM	39
<i>amnestem</i>	62	ANDROGEL 1.62%.....	39
<i>amoxapine</i>	31	ANDROGEL PUMP	39
<i>amoxicillin</i>	16	ANORO ELLIPTA	60
<i>amoxicillin & pot clavulanate</i>	16	APOKYN	33
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	36	<i>aprepitant</i>	48
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	36	<i>aprepitant pak 80mg & 125mg</i>	48
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	36	<i>apri</i>	42
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	36	APRISO	49
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	36	APTIOM.....	27, 28
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	36	APTIVUS	11
<i>amphetamine-dextroamphetamine tab 10 mg</i>	36	ARALAST NP	61
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	36	<i>aranelle</i>	42
<i>amphetamine-dextroamphetamine tab 15 mg</i>	36	ARCALYST	53
<i>amphetamine-dextroamphetamine tab 20 mg</i>	36	<i>aripiprazole odt</i>	33
<i>amphetamine-dextroamphetamine tab 30 mg</i>	36	<i>aripiprazole oral solution 1 mg/ml</i>	33
<i>amphetamine-dextroamphetamine tab 5 mg</i>	36	<i>aripiprazole tab</i>	33
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	36	ARISTADA	33
<i>amphotericin b</i>	11	<i>armodafinil</i>	38
<i>ampicillin & sulbactam sodium</i>	16	ARNUITY ELLIPTA.....	61
<i>ampicillin cap 250mg</i>	16	<i>aspirin-dipyridamole</i>	53
<i>ampicillin cap 500mg</i>	16	<i>atazanavir sulfate</i>	11
<i>ampicillin inj</i>	16	<i>atenolol</i>	24
		<i>atenolol & chlorthalidone</i>	24
		<i>atomoxetine hcl</i>	36
		<i>atorvastatin calcium</i>	23
		<i>atovaquone</i>	9
		<i>atovaquone-proguanil hcl</i>	11
		ATRIPLA.....	13
		ATROVENT HFA.....	60
		<i>abra</i>	42
		AURYXIA	48
		AUSTEDO	37, 38
		AVASTIN	18
		<i>aviane</i>	42
		<i>avita</i>	62
		<i>azacitidine</i>	17
		AZACTAM IN ISO-OSMOTIC DE	9
		AZACTAM/DEX INJ	9
		<i>azathioprine</i>	54
		AZATHIOPRINE	54

<i>azelastine drop 0.05%</i>	59	<i>blisovi fe 1.5/30</i>	43
<i>azelastine spr 0.1%</i>	60	<i>blisovi fe 1/20</i>	43
<i>azelastine spr 0.15%</i>	60	BOOSTRIX	54
<i>azithromycin</i>	15	BORTEZOMIB	18
AZOPT	59	BOSULIF	20
<i>aztreonam</i>	9	BREO ELLIPTA	62
<i>bacitracin (ophthalmic)</i>	58	<i>briellyn</i>	43
<i>bacitracin-polymyxin b (ophth)</i>	58	BRILINTA	53
<i>bacitracin-poly-neomycin-hc</i>	58	<i>brimonidine sol 0.15%</i>	59
<i>baclofen</i>	38	<i>brimonidine sol 0.2%</i>	59
<i>balsalazide disodium</i>	49	BRIVIACT	28
<i>balziva</i>	42	<i>bromfenac sodium (ophth)</i>	58
BANZEL SUS 40MG/ML	28	<i>bromocriptine mesylate</i>	33
BANZEL TAB 200MG	28	BROMSITE	58
BANZEL TAB 400MG	28	<i>budesonide (inhalation)</i>	61
BARACLUDE	14	<i>budesonide ec</i>	49
BASAGLAR KWIKPEN	39	<i>bumetanide inj 0.25/ml</i>	26
BCG VACCINE	54	<i>bumetanide tab</i>	26
<i>bekyree</i>	43	BUPHENYL	45
BELEODAQ	18	<i>buprenorphine hcl</i>	39
<i>benazepril & hydrochlorothiazide</i>	22	<i>buprenorphine hcl-naloxone hcl sl</i>	39
<i>benazepril hcl</i>	22	<i>bupropion hcl</i>	31
BENDEKA	17	<i>bupropion hcl (smoking deterrent)</i>	39
BENLYSTA	54	<i>buspirone hcl</i>	27
<i>benzoyl peroxide-erythromycin</i>	62	<i>busulfan</i>	17
<i>benztropine mesylate</i>	33	<i>butorphanol tartrate</i>	7
BEPREVE	59	BYDUREON BCISE	39
BESIVANCE	58	BYDUREON INJ	39
<i>betamethasone dipropionate (topical)</i> 63		BYDUREON PEN	39
<i>betamethasone dipropionate</i>		BYETTA	39
<i>augmented</i>	63	BYSTOLIC	24
<i>betamethasone valerate</i>	63	<i>cabergoline</i>	47
BETASERON	38	CABOMETYX	20
<i>betaxolol hcl (ophth)</i>	59	<i>calcipotriene</i>	63
<i>bethanechol chloride</i>	51	<i>calcitonin (salmon)</i>	47
BETOPTIC-S	59	<i>calcitriol</i>	57
BEVESPI AEROSPHERE	60	<i>calcitriol inj</i>	57
<i>bexarotene</i>	21	<i>calcitriol oral soln 1 mcg/ml</i>	57
BEXSERO	54	<i>calcium acetate (phosphate binder)</i> ...	48
<i>bicalutamide</i>	19	CALQUENCE	20
BICILLIN L-A	16	<i>camila</i>	43
BILTRICIDE	10	CANASA	49
<i>bisoprolol & hydrochlorothiazide</i>	24	CANCIDAS	11
<i>bisoprolol fumarate</i>	24	CAPASTAT SULFATE	13
BIVIGAM	53	CAPRELSA	20
<i>bleomycin sulfate</i>	17	<i>captopril</i>	22
BLEPHAMIDE	58	<i>captopril & hydrochlorothiazide</i>	22

CARBAGLU	45	<i>chlorothiazide tabs</i>	26
<i>carbamazepine</i>	28	<i>chlorpromazine hcl</i>	33
<i>carbidopa/levodopa/entacapone</i>	33	CHLORPROMAZINE INJ	33
<i>carbidopa-levodopa</i>	33	<i>chlorthalidone</i>	26
<i>carboplatin</i>	21	<i>cholestyramine</i>	24
CARIMUNE NANOFILTERED.....	53	<i>cholestyramine light</i>	24
<i>carteolol hcl (ophth)</i>	59	<i>ciclopirox</i>	62
<i>cartia xt</i>	25	<i>ciclopirox shampoo 1%</i>	62
<i>carvedilol</i>	24	<i>cilostazol</i>	52
<i>caspofungin acetate</i>	11	CILOXAN	58
CASPOFUNGIN ACETATE	11	CINRYZE	52
CAYSTON	10	CIPRODEX	65
<i>caziant pak</i>	43	<i>ciprofloxacin</i>	15
<i>cefaclor</i>	14	<i>ciprofloxacin hcl (ophth)</i>	58
CEFACLOR ER TAB 500MG	14	<i>ciprofloxacin hcl tab</i>	15
<i>cefadroxil</i>	14	<i>ciprofloxacin in d5w</i>	15
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%	14	<i>ciprofloxacin inj</i>	15
<i>cefazolin inj</i>	14	<i>cisplatin</i>	21
<i>cefazolin sodium</i>	14	<i>citalopram hydrobromide</i>	31
CEFAZOLIN SODIUM 1 GM/50ML.....	14	<i>cladribine</i>	17
<i>cefdinir</i>	14	<i>claravis</i>	62
<i>cefepime for inj</i>	14	<i>clarithromycin</i>	15
<i>cefixime</i>	15	<i>clarithromycin er</i>	15
<i>cefotaxime sodium</i>	15	<i>clarithromycin for susp</i>	15
<i>cefoxitin for inj</i>	15	<i>clindacin-p</i>	62
<i>cefpodoxime proxetil</i>	15	<i>clindamycin cap 300 mg</i>	10
<i>cefprozil</i>	15	<i>clindamycin cap 75mg</i>	10
<i>ceftazidime</i>	15	<i>clindamycin hcl cap 150 mg</i>	10
CEFTAZIDIME/DEXTROSE.....	15	<i>clindamycin phosphate (topical)</i>	62
<i>ceftriaxone sodium</i>	15	<i>clindamycin phosphate in d5w</i>	10
<i>cefuroxime axetil</i>	15	CLINDAMYCIN PHOSPHATE IN NAACL..	10
<i>cefuroxime sodium</i>	15	<i>clindamycin phosphate inj</i>	10
<i>celecoxib</i>	7	<i>clindamycin phosphate vaginal</i>	51
CELONTIN	28	<i>clindamycin soln 75mg/5ml</i>	10
<i>cephalexin</i>	15	CLINIMIX 2.75%/DEXTROSE 5%.....	56
CERDELGA	45	CLINIMIX 4.25%/DEXTROSE 25%	56
CEREZYME	45	CLINIMIX 4.25%/DEXTROSE 5%.....	56
<i>cetirizine syrup</i>	60	CLINIMIX 5%/DEXTROSE 15%	56
<i>cevimeline hcl</i>	64	CLINIMIX 5%/DEXTROSE 20%	56
CHANTIX.....	39	CLINIMIX 5%/DEXTROSE 25%	56
CHANTIX CONTINUING MONTH.....	39	CLINIMIX INJ 4.25/D10	56
CHANTIX STARTER PACK	39	CLINIMIX INJ 4.25/D20	56
CHEMET	42	<i>clomipramine hcl</i>	31
<i>chlorhexidine gluconate (mouth-throat)</i>	64	<i>clonazepam</i>	28
<i>chloroquine phosphate</i>	11	<i>clonidine hcl</i>	26
		<i>clopidogrel tab 75mg</i>	53
		<i>clorazepate dipotassium</i>	28

<i>clotrimazole</i>	64	<i>dacarbazine</i>	17
<i>clotrimazole (topical)</i>	62	DAKLINZA.....	14
<i>clozapine odt</i>	34	DALIRESP.....	61
<i>clozapine tab 100mg</i>	34	<i>danazol</i>	45
<i>clozapine tab 200mg</i>	34	<i>dantrolene sodium</i>	38
<i>clozapine tab 25mg</i>	34	<i>dapsone</i>	10
<i>clozapine tab 50mg</i>	34	DAPTACEL.....	54
COARTEM.....	11	<i>daptomycin</i>	10
<i>colchicine w/ probenecid</i>	7	<i>dasetta 1/35</i>	43
COLCRYS.....	7	<i>dasetta 7/7/7</i>	43
<i>colestipol hcl gran</i>	24	<i>deblitane</i>	43
<i>colestipol hcl pack</i>	24	DELESTROGEN.....	46
<i>colestipol hcl tabs</i>	24	<i>delyla</i>	43
<i>colistimethate sodium</i>	10	DELZICOL.....	49
<i>colocort</i>	49	DEMSEER.....	26
COMBIGAN.....	59	DEPEN TITRATABS.....	42
COMBIVENT RESPIMAT.....	60	DEPO-PROVERA INJ 400/ML.....	19
COMETRIQ.....	20	DESCOVY.....	13
COMPLERA.....	13	<i>desipramine hcl</i>	31
<i>compro supp</i>	48	<i>desmopressin acetate spray</i>	48
<i>constulose</i>	50	<i>desmopressin acetate spray refrigerated</i>	48
COPAXONE INJ 40MG/ML.....	38	<i>desmopressin acetate tabs</i>	48
CORLANOR.....	26	<i>desmopressin inj 4mcg/ml</i>	48
<i>cortisone acetate</i>	46	<i>desmopressin sol 0.01%</i>	48
COTELLIC.....	20	<i>desogestrel & ethinyl estradiol</i>	43
COUMADIN.....	51	<i>desogestrel-ethinyl estradiol (biphasic)</i>	43
CREON.....	50	<i>desoximetasone</i>	63
CRIXIVAN.....	11	<i>desvenlafaxine succinate</i>	31
<i>cromolyn sod neb 20mg/2ml</i>	61	<i>dexamethasone</i>	46
<i>cromolyn sodium (mastocytosis)</i>	50	DEXAMETHASONE.....	46
<i>cromolyn sodium (ophth)</i>	59	<i>dexamethasone sodium phosphate</i>	46
<i>cryselle-28</i>	43	<i>dexamethasone sodium phosphate</i> (<i>ophth</i>).....	58
<i>cyclafem 1/35</i>	43	DEXILANT.....	50
<i>cyclafem 7/7/7</i>	43	<i>dexrazoxane</i>	21
<i>cyclobenzaprine hcl</i>	38	<i>dextrose 10% flex contain</i>	57
<i>cyclophosphamide</i>	17	DEXTROSE 10%/NACL 0.2%.....	57
CYCLOPHOSPHAMIDE.....	17	<i>dextrose 10%/nacl 0.45%</i>	57
<i>cycloserine</i>	13	<i>dextrose 2.5%/nacl 0.45%</i>	56
<i>cyclosporine</i>	54	<i>dextrose 5%</i>	56
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	54	DEXTROSE 5% /ELECTROLYTE.....	56
<i>cyproheptadine hcl</i>	60	<i>dextrose 5%/lactated ring</i>	56
<i>cyred tab</i>	43	<i>dextrose 5%/nacl 0.2%</i>	56
CYSTADANE.....	45	<i>dextrose 5%/nacl 0.225%</i>	57
CYSTAGON.....	46	DEXTROSE 5%/NACL 0.3%.....	56
CYSTARAN.....	59		
<i>cytarabine</i>	17		

<i>dextrose 5%/nacl 0.33%</i>	57	<i>disulfiram</i>	39
<i>dextrose 5%/nacl 0.45%</i>	57	<i>divalproex sodium</i>	28
<i>dextrose 5%/nacl 0.9%</i>	56	<i>docetaxel</i>	18
<i>dextrose 5%/potassium chl</i>	57	DOCETAXEL.....	18
<i>dextrose 50%</i>	57	<i>dofetilide</i>	23
<i>dextrose inj 70%</i>	57	<i>donepezil hydrochloride</i>	30
DIASTAT ACUDIAL	28	<i>dorzolamide hcl</i>	59
DIASTAT PEDIATRIC.....	28	<i>dorzolamide hcl-timolol maleate</i>	59
<i>diazepam</i>	28	<i>doxazosin mesylate</i>	22
<i>diazepam gel</i>	28	<i>doxepin hcl</i>	31
<i>diazepam intensol</i>	28	<i>doxepin hcl (antipruritic)</i>	64
<i>diclofenac potassium</i>	7	<i>doxorubicin hcl</i>	17
<i>diclofenac sodium</i>	7	<i>doxorubicin hcl liposomal inj 2mg/ml</i> .	17
<i>diclofenac sodium (ophth)</i>	58	<i>doxorubicin hcl soln 2mg/ml</i>	17
<i>diclofenac sodium (topical) 1% gel</i>	64	<i>doxy 100</i>	16
<i>dicloxacillin sodium</i>	16	<i>doxycycline (monohydrate)</i>	16
<i>dicyclomine hcl</i>	49	<i>doxycycline hyclate</i>	16
<i>didanosine</i>	11	<i>doxycycline hyclate 100 mg</i>	16
DIFICID	15	<i>doxycycline hyclate 20 mg</i>	16
<i>diflunisal</i>	7	<i>dronabinol</i>	48
<i>digitek</i>	25	<i>drospirenone-ethinyl estradiol</i>	43
<i>digox</i>	25	DROXIA	21
<i>digoxin</i>	25	<i>duloxetine hcl</i>	31
<i>digoxin inj</i>	25	DUREZOL.....	58
<i>digoxin sol 50mcg/ml</i>	26	<i>dutasteride</i>	51
<i>dihydroergotamine mesylate 1mg/ml</i> .	37	<i>dutasteride-tamsulosin hcl</i>	51
<i>dihydroergotamine mesylate nasal</i>	37	<i>e.e.s. 400</i>	15
DILANTIN.....	28	EDURANT	11
DILANTIN-125 SUS 125/5ML	28	<i>efavirenz</i>	11
<i>diltiazem cap 120mg cd</i>	25	<i>eletriptan hydrobromide</i>	37
<i>diltiazem cap 180mg cd</i>	25	ELIQUIS.....	51
<i>diltiazem cap 240mg cd</i>	25	ELIQUIS STARTER PACK.....	51
<i>diltiazem cap 300mg cd</i>	25	ELITEK.....	21
<i>diltiazem cap 360mg cd</i>	25	ELLA.....	43
<i>diltiazem cap er/12hr</i>	25	EMCYT	17
<i>diltiazem hcl</i>	25	EMEND	48
<i>diltiazem hcl cap sr 24hr</i>	25	<i>emoquette</i>	43
<i>diltiazem hcl coated beads cap sr 24hr</i>	25	EMSAM	31
<i>diltiazem hcl extended release beads</i> <i>cap sr</i>	25	EMTRIVA.....	11
<i>diltiazem inj</i>	25	EMVERM	10
<i>dilt-xr cap</i>	25	<i>enalapril maleate</i>	22
<i>diphenhydramine hcl inj</i>	60	<i>enalapril maleate & hydrochlorothiazide</i>	22
<i>diphenoxylate w/ atropine</i>	50	<i>endocet</i>	7
DIPHThERIA/TETANUS TOXOID	54	ENGERIX-B.....	54
<i>disopyramide phosphate</i>	23	<i>enoxaparin sodium</i>	51
		<i>enpresse-28</i>	43

<i>enskyce</i>	43	FANAPT	34
<i>entacapone</i>	33	FANAPT TITRATION PACK	34
<i>entecavir</i>	14	FARESTON	19
ENTRESTO	23	FARXIGA	40
<i>enulose</i>	50	FARYDAK	18
EPCLUSA	14	FASLODEX	19
<i>epinephrine (anaphylaxis)</i>	61	<i>felbamate</i>	29
<i>epirubicin hcl</i>	17	<i>felodipine</i>	25
<i>epitol</i>	28	<i>femynor</i>	43
EPIVIR HBV	14	<i>fenofibrate</i>	24
<i>eplerenone</i>	22	<i>fenofibrate micronized</i>	24
<i>ergotamine w/ caffeine</i>	37	<i>fentanyl citrate</i>	8
ERIVEDGE	18	<i>fentanyl patch 100 mcg/hr</i>	8
<i>errin</i>	43	<i>fentanyl patch 12 mcg/hr</i>	8
<i>ery pad 2%</i>	62	<i>fentanyl patch 25 mcg/hr</i>	8
<i>ery-tab</i>	15	<i>fentanyl patch 50 mcg/hr</i>	8
ERYTHROCIN LACTOBIONATE	15	<i>fentanyl patch 75 mcg/hr</i>	8
<i>erythrocine stearate</i>	15	FENTORA	8
<i>erythromycin (acne aid)</i>	62	FETZIMA	31
<i>erythromycin (ophth)</i>	58	FETZIMA TITRATION PACK	31
<i>erythromycin base</i>	15	FIASP	39
<i>erythromycin cap 250mg ec</i>	15	FIASP FLEXTOUCH	40
<i>erythromycin ethylsuccinate</i>	15	<i>finasteride</i>	51
ESBRIET	61	FIRAZYR	52
<i>escitalopram oxalate</i>	31	FLEBOGAMMA DIF	53
<i>esomeprazole magnesium</i>	51	<i>flecainide acetate</i>	23
<i>esomeprazole sodium inj</i>	51	FLOVENT DISKUS	61
<i>estarylla tab 0.25-35</i>	43	FLOVENT HFA	61
ESTRACE	46	<i>fluconazole</i>	11
<i>estradiol</i>	46	<i>fluconazole in dextrose</i>	11
<i>estradiol vaginal cream</i>	46	FLUCONAZOLE INJ NACL 100	11
<i>estradiol vaginal tab</i>	46	<i>fluconazole inj nacl 200</i>	11
<i>estradiol valerate inj</i>	46	<i>fluconazole inj nacl 400</i>	11
<i>ethambutol hcl</i>	13	<i>flucytosine</i>	11
<i>ethosuximide</i>	28	<i>fludarabine phosphate</i>	17
<i>ethynodiol diacet & eth estrad</i>	43	<i>fludrocortisone acetate</i>	46
<i>ethynodiol tab 1-50</i>	43	<i>flunisolide (nasal)</i>	61
<i>etodolac</i>	7	<i>fluocinolone acetonide</i>	63
<i>etoposide</i>	21	<i>fluocinolone acetonide (otic)</i>	65
EVOTAZ	13	<i>fluocinolone acetonide oil body</i>	63
<i>exemestane</i>	19	<i>fluocinonide</i>	63
<i>ezetimibe</i>	24	<i>fluocinonide emulsified base</i>	63
FABRAZYME	46	<i>fluorometholone</i>	59
<i>falmina</i>	43	<i>fluorouracil</i>	17
<i>famciclovir</i>	14	<i>fluorouracil (topical)</i>	64
<i>famotidine</i>	49	<i>fluoxetine cap 10mg</i>	31
<i>famotidine inj</i>	49	<i>fluoxetine cap 20mg</i>	31

<i>fluoxetine cap 40mg</i>	31	<i>gentak</i>	58
<i>fluoxetine hcl</i>	31	<i>gentamicin in saline</i>	9
<i>fluphenazine decanoate</i>	34	<i>gentamicin sulfate</i>	9
<i>fluphenazine hcl</i>	34	<i>gentamicin sulfate (topical)</i>	62
<i>flurbiprofen</i>	7	<i>gentamicin sulfate soln (ophth)</i>	58
<i>flurbiprofen sodium</i>	59	GENVOYA	13
<i>flutamide</i>	19	GEODON	34
<i>fluticasone propionate</i>	63	<i>gianvi tab 3-0.02mg</i>	43
<i>fluticasone propionate (nasal)</i>	61	<i>gildagia</i>	43
<i>fluvoxamine maleate</i>	27	GILENYA	38
<i>fondaparinux sodium</i>	52	GILOTRIF TAB 20MG	20
FORTEO	47	GILOTRIF TAB 30MG	20
<i>fosamprenavir tab 700 mg</i>	12	GILOTRIF TAB 40MG	20
<i>fosinopril sodium</i>	22	<i>glatiramer acetate 20mg/ml</i>	38
<i>fosinopril sodium & hydrochlorothiazide</i>	22	<i>glatiramer acetate 40mg/ml</i>	38
FREAMINE HBC 6.9%	56	<i>glatopa</i>	38
FREAMINE III	56	GLEOSTINE	17
<i>furosemide</i>	26	<i>glimepiride</i>	40
<i>furosemide inj.</i>	26	<i>glip/metform tab 2.5-250mg</i>	40
FUZEON	12	<i>glip/metform tab 2.5-500mg</i>	40
<i>fyavolv tab 1-5mg</i>	46	<i>glip/metform tab 5-500mg</i>	40
FYCOMPA	29	<i>glipizide</i>	40, 41
<i>gabapentin</i>	29	<i>glipizide xl</i>	41
GABITRIL	29	GLUCAGEN HYPOKIT	47
<i>galantamine hydrobromide</i>	30	GLUCAGON EMERGENCY KIT	47
<i>galantamine hydrobromide er</i>	30	<i>glycopyrrolate</i>	49
GAMASTAN S/D	53	<i>glycopyrrolate inj</i>	49
GAMMAGARD LIQUID	53	<i>glydo</i>	63
GAMMAGARD S/D	53	GOLYTELY	50
GAMMAKED	53	<i>granisetron hcl</i>	48
GAMMAPLEX	53	GRANIX	52
GAMMAPLEX 10GM/100ML	53	<i>griseofulvin microsize</i>	11
GAMUNEX-C	53	<i>griseofulvin ultramicrosize</i>	11
<i>ganciclovir inj 500mg</i>	14	<i>guanfacine er (adhd)</i>	36
GARDASIL 9	54	HAEGARDA	52
<i>gatifloxacin (ophth)</i>	58	<i>halobetasol propionate</i>	63
GATTEX	50	<i>haloperidol</i>	34
GAUZE PADS 2	40	<i>haloperidol con lactate</i>	34
<i>gavilyte-c</i>	50	<i>haloperidol decanoate</i>	34
<i>gavilyte-g</i>	50	<i>haloperidol lactate inj 5 mg/ml</i>	34
<i>gavilyte-n/flavor pack</i>	50	HARVONI	14
<i>gemcitabine inj soln</i>	17	HAVRIX	54
<i>gemcitabine inj solr</i>	17	<i>heather</i>	43
<i>gemfibrozil</i>	24	<i>heparin sod (porcine) in d5w</i>	52
<i>generlac</i>	50	<i>heparin sod inj 1000/ml</i>	52
<i>gengraf</i>	54	<i>heparin sod inj 10000/ml</i>	52
		<i>heparin sod inj 20000/ml</i>	52

<i>heparin sod inj 5000/ml</i>	52	<i>ifosfamide inj 1gm</i>	17
<i>heparin sodium/d5w</i>	52	<i>ifosfamide inj 1gm/20ml</i>	17
HEPARIN SODIUM/NACL 0.45%	52	IFOSFAMIDE INJ 3GM	17
<i>hepatamine</i>	56	<i>ifosfamide inj 3gm/60ml</i>	17
HERCEPTIN	18	ILEVRO	59
HETLIOZ	37	<i>imatinib mesylate</i>	20
HEXALEN	17	IMBRUVICA CAP 140MG	20
HIBERIX.....	54	<i>imipenem-cilastatin</i>	10
HUMIRA INJ 10MG/0.2ML.....	53	<i>imipramine hcl</i>	32
HUMIRA KIT 20MG/0.4ML.....	53	<i>imiquimod</i>	64
HUMIRA KIT 40MG/0.8ML.....	53	IMOVAX RABIES (H.D.C.V.)	54
HUMIRA PEDIATRIC CROHNS DISEASE	53	INCRELEX	47
HUMIRA PEN.....	53	INCRUSE ELLIPTA	60
HUMIRA PEN-CROHNS DISEASE.....	53	<i>indapamide</i>	26
HUMIRA PEN-PSORIASIS.....	53	INFANRIX.....	54
HUMULIN R INJ U-500	40	INLYTA	20
HUMULIN R U-500 KWIKPEN	40	INSULIN PEN NEEDLE	40
<i>hydralazine hcl</i>	26	INSULIN SAFETY NEEDLES	40
<i>hydrochlorothiazide</i>	26	INSULIN SYRINGE	40
<i>hydroco/apap tab 10-325mg</i>	8	INTELENCE.....	12
<i>hydroco/apap tab 5-325mg</i>	8	INTRALIPID 30%.....	56
<i>hydroco/apap tab 7.5-325</i>	8	<i>intralipid inj 20%</i>	56
<i>hydrocodone-acetaminophen 7.5-325</i> <i>mg/15ml</i>	8	INTRON-A INJ 10MU	53
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8	INTRON-A INJ 18MU.....	54
<i>hydrocortisone</i>	46	INTRON-A INJ 25MU	54
<i>hydrocortisone (enema)</i>	49	INTRON-A INJ 50MU.....	54
<i>hydrocortisone (topical)</i>	63	<i>introvale</i>	43
<i>hydrocortisone butyrate cream 0.1%</i> ..63		INVANZ	10
<i>hydrocortisone butyrate oint 0.1%</i>63		INVEGA SUST INJ 117 MG/0.75 ML ...34	
<i>hydrocortisone butyrate soln 0.1%</i>63		INVEGA SUST INJ 156MG/ML.....	34
<i>hydrocortisone valerate</i>	63	INVEGA SUST INJ 234 MG/1.5 ML34	
<i>hydromorphone hcl</i>	8	INVEGA SUST INJ 39 MG/0.25 ML34	
<i>hydroxychloroquine sulfate</i>	53	INVEGA SUST INJ 78 MG/0.5 ML.....	34
<i>hydroxyprogesterone caproate</i> <i>(antineoplastic)</i>	19	INVEGA TRINZA.....	34
<i>hydroxyurea</i>	21	INVIRASE.....	12
<i>hydroxyzine hcl</i>	60	INVOKAMET TAB 150-1000MG.....	41
<i>hydroxyzine pamoate</i>	60	INVOKAMET TAB 150-500MG.....	41
HYSINGLA ER	8	INVOKAMET TAB 50-1000MG.....	41
IBRANCE.....	18	INVOKAMET TAB 50-500MG	41
<i>ibuprofen</i>	7	INVOKAMET XR TAB 150-1000MG41	
ICLUSIG.....	20	INVOKAMET XR TAB 150-500MG.....	41
IDHIFA	18	INVOKAMET XR TAB 50-1000MG.....	41
IFEX INJ 3GM	17	INVOKAMET XR TAB 50-500MG.....	41
		INVOKANA	41
		IONOSOL-MB/DEXTROSE 5%	57
		IPOL INACTIVATED IPV	54
		<i>ipratropium bromide</i>	60

<i>ipratropium bromide (nasal)</i>	60	KALETRA TAB 200-50MG	13
<i>ipratropium-albuterol nebu</i>	60	KALYDECO	61
<i>irbesartan</i>	23	<i>kariva</i>	43
<i>irbesartan-hydrochlorothiazide</i>	23	<i>kcl 0.075%/d5w/nacl 0.45%</i>	57
IRESSA	20	KCL 0.15%/D5W/NACL 0.225%	57
<i>irinotecan hcl</i>	21	<i>kcl 0.15%/d5w/nacl 0.9%</i>	57
ISENTRESS	12	<i>kcl 0.3%/d5w/nacl 0.45%</i>	57
ISENTRESS HD	12	KCL 0.3%/D5W/NACL 0.9%	57
<i>isibloom</i>	43	<i>kcl/d5w inj 0.3%</i>	57
ISOLYTE P	57	<i>kcl/d5w/nacl inj .15/.33%</i>	57
ISOLYTE S	57	<i>kcl/d5w/nacl inj .15/.45%</i>	57
<i>isoniazid</i>	13	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	57
<i>isoniazid inj 100 mg/ml</i>	13	<i>kcl/nacl inj 0.15%-0.9%</i>	57
<i>isoniazid syp 50mg/5ml</i>	13	<i>kcl/nacl inj 0.3-0.9</i>	57
<i>isosorb mononitrate tab</i>	26	<i>kcl0.15%/d5w/nacl0.2%</i>	57
<i>isosorbide dinitrate</i>	26	<i>kelnor 1/35</i>	43
<i>isosorbide dinitrate er</i>	26	<i>ketoconazole</i>	11
<i>isosorbide mononitrate er</i>	26	<i>ketoconazole cream</i>	62
<i>isradipine</i>	25	<i>ketoconazole shampoo</i>	63
ISTALOL	59	<i>ketoprofen cap 50mg</i>	7
<i>itraconazole</i>	11	<i>ketoprofen cap 75mg</i>	7
<i>ivermectin</i>	10	<i>ketorolac tromethamine (ophth)</i>	59
IXIARO	54	KEYTRUDA	18
JADENU	42	<i>kimidess</i>	43
JADENU SPRINKLE	42	KINRIX	54
JAKAFI	20	<i>kionex sus 15gm/60ml</i>	42
<i>jantoven</i>	52	KISQALI	18
JANUMET	41	KISQALI FEMARA 200 DOSE	18
JANUMET XR TAB 100-1000	41	KISQALI FEMARA 400 DOSE	18
JANUMET XR TAB 50-1000	41	KISQALI FEMARA 600 DOSE	18
JANUMET XR TAB 50-500MG	41	<i>klor-con 10</i>	55
JANUVIA	41	<i>klor-con 8</i>	55
JENTADUETO	41	<i>klor-con m10</i>	55
JENTADUETO TAB XR 2.5-1000 MG	41	KLOR-CON M15	55
JENTADUETO TAB XR 5-1000 MG	41	<i>klor-con m20</i>	55
<i>jinteli</i>	46	<i>klor-con pak 20meq</i>	55
<i>jolessa tab 0.15-0.03 mg</i>	43	<i>klor-con spr cap 10meq</i>	55
<i>jolivette</i>	43	<i>klor-con spr cap 8meq</i>	55
<i>juleber</i>	43	KORLYM	47
JULUCA	13	<i>kurvelo</i>	43
<i>junel 1.5/30</i>	43	KUVAN	46
<i>junel 1/20</i>	43	KYNAMRO	24
<i>junel fe 1.5/30</i>	43	<i>labetalol hcl</i>	24
<i>junel fe 1/20</i>	43	<i>lactated ringer's inj</i>	57
JUXTAPID	24	<i>lactulose</i>	50
KADCYLA	18	<i>lactulose (encephalopathy)</i>	50
KALETRA TAB 100-25MG	13	<i>lamivudine</i>	12

<i>lamivudine (hbv)</i>	14	<i>levonor/ethi tab</i>	44
<i>lamivudine-zidovudine</i>	13	<i>levonorgestrel & eth estradiol</i>	44
<i>lamotrigine</i>	29	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	44
<i>larin 1.5/30</i>	43	<i>levora 0.15/30-28</i>	44
<i>larin 1/20</i>	44	<i>levo-t</i>	48
<i>larin fe 1.5/30</i>	44	<i>levothyroxine sodium</i>	48
<i>larin fe 1/20</i>	44	<i>levoxyl</i>	48
<i>larissia tab</i>	44	LEXIVA	12
LASTACAFT	59	<i>lidocaine</i>	63
<i>latanoprost</i>	59	<i>lidocaine hcl</i>	64
LATUDA	34	<i>lidocaine hcl (mouth-throat)</i>	64
<i>leena tab</i>	44	<i>lidocaine inj 0.5%</i>	9
<i>leflunomide</i>	53	<i>lidocaine inj 0.5% preservative free (pf)</i>	9
LENVIMA 10 MG DAILY DOSE	20	<i>lidocaine inj 1%</i>	9
LENVIMA 14 MG DAILY DOSE	20	<i>lidocaine inj 1% preservative free (pf)</i>	9
LENVIMA 18 MG DAILY DOSE	20	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
LENVIMA 20 MG DAILY DOSE	20	<i>lidocaine inj 2%</i>	9
LENVIMA 24 MG DAILY DOSE	20	<i>lidocaine oint 5%</i>	64
LENVIMA 8 MG DAILY DOSE	20	<i>lidocaine-prilocaine</i>	64
<i>lessina</i>	44	<i>linezolid</i>	10
LETAIRIS	27	<i>linezolid in sodium chloride</i>	10
<i>letrozole</i>	19	LINZESS	50
<i>leucovorin calcium</i>	21	<i>liothyronine sodium</i>	48
LEUKERAN.....	17	<i>lisinopril</i>	22
<i>leuprolide inj 1mg/0.2</i>	19	<i>lisinopril & hydrochlorothiazide</i>	22
<i>levabuterol hcl</i>	60	<i>lithium carbonate</i>	38
<i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	60	<i>lithium carbonate er</i>	38
<i>levabuterol tartrate hfa</i>	60	LITHIUM SOLN 8MEQ/5ML.....	38
LEVEMIR	40	LONSURF	21
LEVEMIR FLEXTOUCH	40	<i>loperamide hcl</i>	50
<i>levetiracetam</i>	29	<i>lopinavir-ritonavir</i>	13
<i>levetiracetam in sodium chloride</i>	29	<i>lorazepam</i>	27
<i>levetiracetam inj</i>	29	<i>lorazepam intensol</i>	27
<i>levetiracetam oral soln 100 mg/ml</i>	29	<i>lorcet hd tab 10-325mg</i>	8
<i>levobunolol hcl</i>	59	<i>lorcet plus tab 7.5-325</i>	8
<i>levocarnitine (metabolic modifiers)</i> ...	46	<i>loryna</i>	44
<i>levocetirizine dihydrochloride</i>	60	<i>losartan potassium</i>	23
<i>levofloxacin</i>	15	<i>losartan-hydrochlorothiazide</i>	23
<i>levofloxacin in d5w</i>	15	LOTEMAX	59
<i>levofloxacin inj 25mg/ml</i>	15	<i>lovastatin</i>	23
<i>levofloxacin oral soln 25 mg/ml</i>	15	<i>low-ogestrel</i>	44
<i>levoleucovorin calcium</i>	21	<i>loxapine succinate</i>	34
LEVOLEUCOVORIN CALCIUM.....	21	LUMIGAN	59
LEVOLEUCOVORIN CALCIUM 175MG ..	21	LUMIZYME.....	46
<i>levoleucovorin calcium 50mg</i>	21		
<i>levonest</i>	44		

LUPRON DEPOT (1-MONTH).....	19	<i>metadate er tab 20mg</i>	36
LUPRON DEPOT INJ 11.25MG (3-MONTH).....	19	<i>metformin er</i>	41
LUPRON DEP-PED INJ 11.25MG.....	47	<i>metformin hcl</i>	41
LUPRON DEP-PED INJ 11.25MG (3-MONTH).....	47	<i>methadone hcl</i>	8
LUPRON DEP-PED INJ 15MG	47	<i>methadone hcl 10mg</i>	8
LUPRON DEP-PED INJ 30MG (3-MONTH).....	47	<i>methadone hcl 5mg</i>	8
.....	47	<i>methadone hcl intensol</i>	8
LUPRON DEP-PED INJ 7.5MG	47	<i>methazolamide</i>	26
<i>lutea</i>	44	<i>methenamine hippurate</i>	10
LYNPARZA.....	18	<i>methimazole</i>	48
LYRICA	29	<i>methotrexate sodium inj</i>	17
LYSODREN	19	<i>methotrexate sodium tabs</i>	53
<i>lyza</i>	44	<i>methyclothiazide</i>	26
<i>mafenide acetate</i>	62	<i>methylphenidate hcl</i>	36
<i>magnesium sulfate</i>	55	<i>methylphenidate hcl oral soln</i>	36
MAGNESIUM SULFATE	55	<i>methylphenidate tab 10mg er</i>	37
MAGNESIUM SULFATE IN D5W.....	55	<i>methylphenidate tab 20mg er</i>	37
<i>magnesium sulfate in dextrose</i>	55	<i>methylpr ace inj 40mg/ml</i>	46
<i>malathion</i>	64	<i>methylpr ace inj 80mg/ml</i>	46
<i>maprotiline hcl</i>	32	<i>methylpr ss inj 125mg</i>	46
<i>marlissa</i>	44	<i>methylpr ss inj 1gm</i>	46
MARPLAN TAB 10MG.....	32	<i>methylpr ss inj 40mg</i>	46
MATULANE	21	<i>methylpred pak 4mg</i>	46
MAVYRET	14	<i>methylpred tab 16mg</i>	46
<i>meclizine hcl</i>	48	<i>methylpred tab 32mg</i>	46
<i>medroxyprogesterone acetate (contraceptive)</i>	44	<i>methylpred tab 4mg</i>	46
<i>medroxyprogesterone acetate tab</i>	48	<i>methylpred tab 8mg</i>	46
<i>mefloquine hcl</i>	11	<i>metipranolol</i>	59
<i>megestrol ac sus 40mg/ml</i>	19	<i>metoclopramide hcl</i>	49
<i>megestrol ac tab 20mg</i>	19	<i>metoclopramide inj</i>	49
<i>megestrol ac tab 40mg</i>	19	<i>metolazone</i>	26
<i>megestrol sus 625mg/5ml</i>	19	<i>metoprolol & hydrochlorothiazide</i>	24
MEKINIST	20	<i>metoprolol succinate</i>	24
<i>meloxicam</i>	7	<i>metoprolol tartrate</i>	24
<i>melphalan hcl</i>	17	<i>metronidazole</i>	10
<i>memantine hcl</i>	30	<i>metronidazole (topical)</i>	64
MENACTRA	54	<i>metronidazole gel 0.75%</i>	64
MENVEO	54	<i>metronidazole in nacl</i>	10
<i>mercaptopurine</i>	17	<i>metronidazole vaginal</i>	51
<i>meropenem</i>	10	<i>mexiletine hcl</i>	23
<i>mesalamine</i>	49	MIACALCIN.....	47
<i>mesalamine w/ cleanser</i>	49	<i>microgestin 1.5/30</i>	44
<i>mesna</i>	21	<i>microgestin 1/20</i>	44
MESNEX.....	21	<i>microgestin fe 1.5/30</i>	44
		<i>microgestin fe 1/20</i>	44
		<i>midodrine hcl</i>	26
		<i>migergot</i>	37

<i>minitrans</i>	26	NAMENDA XR.....	30
<i>minocycline hcl</i>	16	NAMENDA XR TITRATION PACK.....	30
<i>minoxidil</i>	26	NAMZARIC	30
<i>mirtazapine</i>	32	<i>naproxen</i>	7
<i>misoprostol</i>	50	<i>naproxen dr</i>	7
MITIGARE	7	<i>naproxen sodium</i>	7
<i>mitomycin</i>	17	<i>naratriptan hcl</i>	37
<i>mitoxantrone hcl</i>	21	NATACYN	58
M-M-R II	54	<i>nateglinide</i>	41
<i>moderiba tab 200mg</i>	14	NATPARA	47
<i>moexipril hcl</i>	22	NEBUPENT.....	10
<i>moexipril-hydrochlorothiazide</i>	22	<i>necon 0.5/35-28</i>	44
<i>mometasone furoate</i>	63	<i>necon 1/50-28</i>	44
<i>mono-lynyah tab 0.25-35</i>	44	<i>necon 7/7/7</i>	44
<i>mononessa</i>	44	<i>nefazodone hcl</i>	32
<i>montelukast sodium</i>	61	<i>neomycin sulfate</i>	9
<i>morgidox cap 1x50mg</i>	16	<i>neomycin-bacitracin zn-polymyxin</i>	58
<i>morphine ext-rel tab</i>	8	<i>neomycin-polymy-dexameth</i>	58
<i>morphine sul inj 10mg/ml</i>	8	<i>neomycin-polymyxin-gramicidin</i>	58
<i>morphine sul inj 1mg/ml</i>	8	<i>neomycin-polymyxin-hc (ophth)</i>	58
MORPHINE SUL INJ 4MG/ML.....	8	<i>neomycin-polymyxin-hc (otic)</i>	65
<i>morphine sulfate</i>	9	NEPHRAMINE	56
MORPHINE SULFATE	8	NERLYNX.....	20
<i>morphine sulfate oral sol</i>	9	NEUPOGEN.....	52
MOVANTIK	50	NEUPRO	33
MOVIPREP.....	50	<i>nevirapine susp 50 mg/5ml</i>	12
MOXEZA.....	58	<i>nevirapine tab 200mg</i>	12
<i>moxifloxacin hcl (ophth)</i>	58	<i>nevirapine tb24</i>	12
MOZOBIL	52	NEXAVAR	20
MULTAQ.....	23	<i>niacin er (antihyperlipidemic)</i>	24
<i>mupirocin</i>	62	<i>niacor</i>	24
MUSTARGEN.....	17	<i>nicardipine hcl</i>	25
MYCAMINE	11	NICOTROL INHALER	39
<i>mycophenolate mofetil</i>	54	NICOTROL NS.....	39
<i>mycophenolate sodium</i>	54	<i>nifedical xl</i>	25
MYLOTARG	18	<i>nifedipine</i>	25
<i>myorisan</i>	62	<i>nifedipine er</i>	25
MYRBETRIQ.....	51	<i>nikki</i>	44
<i>myzilra</i>	44	<i>nilutamide</i>	19
<i>nabumetone</i>	7	<i>nimodipine</i>	25
<i>nadolol</i>	24	NINLARO.....	18
<i>naftillin sodium for inj</i>	16	NIPENT	17
NAGLAZYME	46	NITRO-BID	27
<i>nalbuphine hcl</i>	7	NITRO-DUR DIS 0.3MG/HR.....	27
<i>naloxone inj 0.4mg/ml</i>	39	NITRO-DUR DIS 0.8MG/HR.....	27
<i>naloxone inj 1mg/ml</i>	39	<i>nitrofurantoin macrocrystal</i>	10
<i>naltrexone hcl</i>	39	<i>nitrofurantoin monohyd macro</i>	10

<i>nitroglycerin</i>	27	<i>nystatin (topical)</i>	62
<i>nitroglycerin td patch</i>	27	<i>nystop</i>	62
<i>nora-be tab 0.35mg</i>	44	<i>ocella tab 3-0.03mg</i>	44
NORDITROPIN FLEXPEN	47	OCTAGAM	53
<i>norethindrone (contraceptive)</i>	44	<i>octreotide acetate</i>	47
<i>norethindrone acet & eth estra</i>	44	ODEFSEY	13
<i>norethindrone acetate</i>	48	ODOMZO.....	18
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	46	OFEV	61
<i>norgest/ethi tab 0.25/35</i>	44	<i>ofloxacin (ophth)</i>	58
<i>norgestimate-ethinyl estradiol</i> <i>(triphasic) 0.18-25/0.215-25/0.25-25</i> <i>mg-mcg</i>	44	<i>ofloxacin (otic)</i>	65
<i>norgestimate-ethinyl estradiol</i> <i>(triphasic) 0.18-35/0.215-35/0.25-35</i> <i>mg-mcg</i>	44	<i>olanzapine</i>	34
<i>norlyroc</i>	44	<i>olmesartan medoxomil</i>	23
NORMOSOL-M IN D5W	57	<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i>	23
NORMOSOL-R	57	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	23
NORMOSOL-R IN D5W	57	<i>olopatadine hcl 0.2%</i>	59
NORPACE CR	23	<i>omega-3-acid ethyl esters</i>	24
NORTHERA	26	<i>omeprazole cap 10mg</i>	51
<i>nortrel 0.5/35 (28)</i>	44	<i>omeprazole cap 20mg</i>	51
<i>nortrel 1/35</i>	44	<i>omeprazole cap 40mg</i>	51
<i>nortrel 7/7/7</i>	44	<i>ondansetron hcl</i>	49
<i>nortriptyline hcl</i>	32	<i>ondansetron hcl inj</i>	49
NORVIR	12	<i>ondansetron hcl oral soln</i>	49
NOVOLIN 70/30	40	<i>ondansetron odt</i>	49
NOVOLIN N	40	ONFI	29
NOVOLIN R	40	OPSUMIT	27
NOVOLOG	40	ORFADIN.....	46
NOVOLOG 70/30 FLEXPEN	40	ORKAMBI	61
NOVOLOG FLEXPEN	40	<i>orsythia</i>	44
NOVOLOG MIX 70/30.....	40	<i>oseltamivir phosphate</i>	14
NOVOLOG PENFILL	40	<i>oxacillin sodium</i>	16
NOXAFIL	11	<i>oxaliplatin inj 100mg</i>	21
NUCYNTA ER	9	<i>oxaliplatin inj 100mg/20ml</i>	21
NUEDEXTA	38	<i>oxaliplatin inj 50mg</i>	21
NULOJIX	54	<i>oxaliplatin inj 50mg/10ml</i>	21
NULYTELY/FLAVOR PACKS.....	50	<i>oxandrolone tab 10mg</i>	39
NUPLAZID	34	<i>oxandrolone tab 2.5mg</i>	39
<i>nutrilipid inj 20%</i>	56	<i>oxcarbazepine</i>	29
NUVARING	44	<i>oxybutynin chloride</i>	51
<i>nyamyc</i>	62	<i>oxycodone hcl</i>	9
NYMALIZE	25	<i>oxycodone w/ acetaminophen 10-</i> <i>325mg</i>	9
<i>nystatin</i>	11	<i>oxycodone w/ acetaminophen 2.5-</i> <i>325mg</i>	9
<i>nystatin (mouth-throat)</i>	64	<i>oxycodone w/ acetaminophen 5-325mg</i>	9

<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9	<i>phenelzine sulfate</i>	32
<i>oxycodone w/ acetaminophen soln</i>	9	<i>phenobarbital</i>	29
<i>pacerone</i>	23	<i>phenobarbital sodium</i>	29
<i>paclitaxel</i>	18	PHENOBARBITAL SODIUM	29
<i>paliperidone</i>	35	PHENYTEK	29
<i>pamidronate disodium</i>	42	<i>phenytoin</i>	29
PAMIDRONATE DISODIUM	42	<i>phenytoin sodium</i>	30
<i>pamidronate inj 30mg</i>	42	<i>phenytoin sodium extended</i>	30
<i>pamidronate inj 90mg</i>	42	<i>philith</i>	44
PANRETIN	64	PHOSPHOLINE IODIDE	59
<i>pantoprazole sodium tbec</i>	51	PICATO	64
<i>paricalcitol</i>	57	<i>pilocarpine hcl</i>	59
<i>paroex sol 0.12%</i>	64	<i>pilocarpine hcl (oral)</i>	65
<i>paromomycin sulfate</i>	9	<i>pimozide</i>	35
<i>paroxetine hcl tabs</i>	32	<i>pimtrea</i>	45
PASER D/R	13	<i>pindolol</i>	24
PAXIL	32	<i>pioglitazone hcl</i>	41
PAZEO	59	PIPER/TAZOBA INJ 12-1.5GM	16
PEDIARIX	54	<i>piper/tazoba inj 2-0.25gm</i>	16
PEDVAX HIB	54	<i>piper/tazoba inj 3-0.375gm</i>	16
<i>peg 3350/electrolytes</i>	50	<i>piper/tazoba inj 36-4.5gm</i>	16
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	50	<i>piper/tazoba inj 4-0.5gm</i>	16
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	50	<i>pirmella 1/35</i>	45
PEGANONE	29	<i>piroxicam</i>	7
PEGASYS	14	PLASMA-LYTE A	57
PEGASYS PROCLICK	14	PLASMA-LYTE-148	57
PENICILLIN G POT IN DEXTROSE 2MU	16	<i>podofilox</i>	64
PENICILLIN G POT IN DEXTROSE 3MU	16	<i>polyethylene glycol 3350</i>	50
PENICILLIN G PROCAINE	16	<i>polymyxin b-trimethoprim</i>	58
<i>penicillin g sodium</i>	16	POMALYST	19
<i>penicillin v potassium</i>	16	<i>portia-28</i>	45
<i>penicillin gk inj 20mu</i>	16	<i>pot chloride inj 2meq/ml</i>	57
<i>penicillin gk inj 5mu</i>	16	<i>potassium chloride</i>	55, 57
PENTACEL	55	<i>potassium chloride in nacl</i>	57
PENTAM 300	10	<i>potassium chloride microencapsulated crystals er</i>	55
<i>pentoxifylline</i>	52	<i>potassium chloride tab cr 10 meq</i>	55
<i>perindopril erbumine</i>	22	<i>potassium citrate (alkalinizer) er tabs</i>	51
<i>periogard</i>	65	PRADAXA	52
<i>permethrin cre 5%</i>	64	PRALUENT	24
<i>perphenazine</i>	35	<i>pramipexole tab 0.125mg</i>	33
<i>pfizerpen-g inj 20mu</i>	16	<i>pramipexole tab 0.25mg</i>	33
<i>pfizerpen-g inj 5mu</i>	16	<i>pramipexole tab 0.5mg</i>	33
		<i>pramipexole tab 0.75mg</i>	33
		<i>pramipexole tab 1.5mg</i>	33
		<i>pramipexole tab 1mg</i>	33
		<i>prasugrel hcl</i>	53

<i>pravastatin sodium</i>	23	<i>propafenone hcl</i>	23
<i>prazosin hcl</i>	22	<i>propafenone hcl 12hr</i>	23
<i>pred sod pho sol 5mg/5ml</i>	46	<i>proparacaine hcl</i>	59
<i>prednisolone acetate (ophth)</i>	59	<i>propranolol & hydrochlorothiazide</i>	24
<i>prednisolone sodium phosphate</i>	47	<i>propranolol cap er</i>	24
PREDNISOLONE SODIUM PHOSPHATE (OPHTH).....	59	<i>propranolol hcl</i>	24
<i>prednisolone sol 15mg/5ml</i>	47	<i>propranolol oral sol</i>	25
<i>prednisolone sol 25mg/5ml</i>	47	<i>propylthiouracil</i>	48
PREDNISON CON 5MG/ML.....	47	PROQUAD.....	55
<i>prednisone pak 10mg</i>	47	PROSOL.....	56
<i>prednisone pak 5mg</i>	47	<i>protriptyline hcl</i>	32
<i>prednisone sol 5mg/5ml</i>	47	PULMICORT FLEXHALER.....	61
<i>prednisone tab 10mg</i>	47	PULMOZYME.....	61
<i>prednisone tab 1mg</i>	47	PURIXAN.....	17
<i>prednisone tab 2.5mg</i>	47	<i>pyrazinamide</i>	13
<i>prednisone tab 20mg</i>	47	<i>pyridostigmine tab 60mg</i>	38
<i>prednisone tab 50mg</i>	47	QUADRACEL.....	55
<i>prednisone tab 5mg</i>	47	<i>quasense</i>	45
PREMASOL 10%.....	56	<i>quetiapine fumarate</i>	35
<i>premasol 6%</i>	56	<i>quinapril hcl</i>	22
<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic).....	58	<i>quinapril-hydrochlorothiazide</i>	22
<i>prevalite</i>	24	<i>quinidine gluconate</i>	23
<i>previfem</i>	45	<i>quinidine sulfate</i>	23
PREZCOBIX.....	13	<i>quinine sulfate</i>	11
PREZISTA.....	12	RABAVERT.....	55
PRIFTIN.....	13	<i>raloxifene tab 60mg</i>	47
PRIMAQUINE PHOSPHATE.....	11	<i>ramipril</i>	22
<i>primidone</i>	30	RANEXA.....	26
PRIVIGEN.....	53	<i>ranitidine hcl</i>	49
<i>probenecid</i>	7	<i>ranitidine hcl inj</i>	49
PROCALAMINE.....	56	<i>ranitidine syrup</i>	49
<i>prochlorperazine inj</i>	49	RAPAMUNE.....	54
<i>prochlorperazine maleate</i>	49	<i>rasagiline mesylate</i>	33
<i>prochlorperazine supp</i>	49	RAYALDEE.....	58
PROCRIT.....	52	REBETOL SOLN.....	14
<i>procto-med hc</i>	64	<i>reclipsen</i>	45
<i>procto-pak</i>	64	RECOMBIVAX HB.....	55
<i>proctosol hc cre 2.5%</i>	64	REGRANEX.....	64
<i>proctozone-hc</i>	64	RELENZA DISKHALER.....	14
PROGLYCEM SUS 50MG/ML.....	47	RELISTOR.....	50
PROLASTIN-C.....	61	RELPAX.....	37
PROLENSA.....	59	REMICADE.....	53
PROLIA.....	47	REMODULIN.....	27
PROMACTA.....	52	RENVELA PAK.....	48
<i>promethazine hcl</i>	49	RENVELA TAB 800MG.....	48
		<i>repaglinide</i>	41, 42
		RESCRIPTOR.....	12

RESTASIS	60	SANDIMMUNE.....	54
RESTASIS MULTIDOSE.....	60	SANDOSTATIN LAR DEPOT	47
RETROVIR IV INFUSION.....	12	SANTYL.....	64
REVLIMID.....	19	SAPHRIS	35
REXULTI	35	<i>scopolamine patch</i>	49
REYATAZ.....	12	<i>selegiline hcl</i>	33
<i>ribasphere</i>	14	<i>selenium sulfide</i>	63
<i>ribavirin cap 200mg</i>	14	SELZENTRY	12
<i>ribavirin tab 200mg</i>	14	SENSIPAR	42
<i>rifabutin</i>	13	SEREVENT DISKUS.....	60
<i>rifampin</i>	13	<i>sertraline hcl</i>	32
RIFATER.....	13	<i>setlakin tab</i>	45
<i>riluzole</i>	38	<i>sevelamer carbonate</i>	48
<i>rimantadine hydrochloride</i>	14	<i>sharobel</i>	45
<i>ringer's</i>	57	SHINGRIX	55
RISPERDAL INJ 12.5MG	35	SIGNIFOR	47
RISPERDAL INJ 25MG	35	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	27
RISPERDAL INJ 37.5MG	35	SILENOR.....	37
RISPERDAL INJ 50MG	35	<i>silver sulfadiazine</i>	62
<i>risperidone</i>	35	SIMBRINZA	59
RITUXAN.....	18	<i>simvastatin</i>	23
RITUXAN HYCELA.....	18	<i>sirolimus</i>	54
<i>rivastigmine tartrate</i>	30	SIRTURO.....	13
<i>rivastigmine td patch 24hr 13.3</i> <i>mg/24hr</i>	31	SIVEXTRO	10
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	31	<i>sodium chlor sol 0.9% irr</i>	64
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	31	<i>sodium chloride</i>	55, 57
<i>rizatriptan benzoate</i>	37	<i>sodium chloride 0.45%</i>	57
<i>rizatriptan benzoate odt</i>	37	<i>sodium chloride inj 0.9%</i>	57
<i>ropinirole tab 0.25mg</i>	33	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	56
<i>ropinirole tab 0.5mg</i>	33	<i>sodium phenylbutyrate</i>	46
<i>ropinirole tab 1mg</i>	33	<i>sodium polystyrene sulfonate</i>	42
<i>ropinirole tab 2mg</i>	33	<i>sodium polystyrene sulfonate oral susp</i>	42
<i>ropinirole tab 3mg</i>	33	SOLIQUA 100/33.....	40
<i>ropinirole tab 4mg</i>	33	SOLTAMOX.....	19
<i>ropinirole tab 5mg</i>	33	SOLU-CORTEF	47
<i>rosadan cre 0.75%</i>	64	SOMATULINE DEPOT	47
<i>rosuvastatin calcium</i>	23	SOMAVERT.....	48
ROTARIX.....	55	<i>sorine</i>	23
ROTATEQ	55	<i>sotalol hcl</i>	23
<i>roweepra</i>	30	<i>sotalol hcl (afib/afl)</i>	23
<i>roweepra xr</i>	30	SOVALDI.....	14
RUBRACA	18	<i>spironolactone</i>	22
RYDAPT	20	<i>spironolactone & hydrochlorothiazide</i>	26
SABRIL	30	<i>sprintec 28</i>	45

SPRITAM	30	TABLOID	17
SPRYCEL	20	<i>tacrolimus</i>	54
<i>sps susp 15gm/60ml</i>	42	<i>tacrolimus (topical)</i>	64
<i>sronyx</i>	45	TAFINLAR.....	20
<i>ssd</i>	62	TAGRISSE.....	20
<i>stavudine</i>	12	TAMIFLU	14
<i>sterile water irrigation</i>	64	<i>tamoxifen citrate</i>	19
STIMATE	48	<i>tamsulosin hcl</i>	51
STIVARGA.....	20	TARCEVA	20
<i>streptomycin sulfate</i>	9	TARGRETIN	64
STRIBILD	13	<i>tarina fe 1/20</i>	45
SUBOXONE MIS 12-3MG	39	TASIGNA.....	20
SUBOXONE MIS 2-0.5MG	39	TAXOTERE.....	18
SUBOXONE MIS 4-1MG	39	<i>tazarotene</i>	63
SUBOXONE MIS 8-2MG	39	<i>tazicef</i>	15
<i>sucralfate</i>	50	TAZORAC	63
<i>sulfacet sod oin 10% op</i>	58	<i>taztia xt</i>	25
<i>sulfacetamide sodium (acne)</i>	62	TECENTRIQ	18
<i>sulfacetamide sodium (ophth)</i>	58	TEFLARO	15
<i>sulfacetamide sod-prednisolone</i>	58	TEGRETOL.....	30
SULFADIAZINE	9	TEGRETOL-XR.....	30
<i>sulfamethoxazole-trimethop ds</i>	10	TEKURNA	26
<i>sulfamethoxazole-trimethoprim</i>	10	TEKURNA HCT	26
<i>sulfamethoxazole-trimethoprim inj</i>	10	<i>temazepam</i>	37
SULFAMYLON.....	62	TENIVAC	55
<i>sulfasalazine</i>	49	<i>tenofovir disoproxil fumarate</i>	12
<i>sulfasalazine ec</i>	49	<i>terazosin hcl</i>	22
<i>sulindac</i>	7	<i>terbinafine hcl</i>	11
<i>sumatriptan</i>	37	<i>terbutaline sulfate</i>	60
<i>sumatriptan inj 4mg/0.5ml</i>	37	<i>terconazole vaginal</i>	51
<i>sumatriptan inj 6mg/0.5ml</i>	37	<i>testosterone</i>	39
<i>sumatriptan succinate</i>	37	<i>testosterone cypionate</i>	39
SUPRAX	15	<i>testosterone enanthate</i>	39
SUPREP BOWEL PREP KIT.....	50	TETANUS/DIPHThERIA TOXOID	55
SUSTIVA	12	<i>tetrabenazine</i>	38
SUTENT	20	TEXACORT SOLN 2.5%	63
<i>syeda</i>	45	THALOMID	19
SYLATRON KIT 200MCG	21	THEO-24	62
SYLATRON KIT 300MCG	21	<i>theophylline</i>	62
SYLATRON KIT 600MCG	21	<i>thioridazine hcl</i>	35
SYMBICORT.....	62	<i>thiothixene</i>	35
SYNAGIS.....	55	<i>tiagabine hcl</i>	30
SYNAREL.....	45	<i>tigecycline</i>	10
SYNERCID.....	10	TIGECYCLINE.....	10
SYNRIBO.....	21	<i>tilia fe</i>	45
SYNTHROID.....	48	<i>timolol maleate</i>	25
SYPRINE	42	<i>timolol maleate (ophth) soln</i>	59

<i>timolol maleate gel</i>	59	<i>trientine hcl</i>	42
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	59	<i>trifluoperazine hcl</i>	35
TIVICAY	12	<i>trifluridine</i>	58
<i>tizanidine hcl</i>	38	<i>trihexyphenidyl hcl</i>	33
TOBRADEX	58	<i>tri-legest fe</i>	45
TOBRADEX ST	58	<i>tri-linyah</i>	45
<i>tobramycin</i>	9	<i>tri-lo marzia</i>	45
<i>tobramycin (ophth)</i>	58	<i>tri-lo-estarylla</i>	45
<i>tobramycin inj 1.2 gm/30ml</i>	9	<i>tri-lo-sprintec</i>	45
<i>tobramycin inj 1.2gm</i>	9	<i>trilyte</i>	50
<i>tobramycin inj 10mg/ml</i>	9	<i>trimethoprim</i>	10
<i>tobramycin inj 40mg/ml</i>	9	<i>trimipramine maleate</i>	32
<i>tobramycin inj 80mg/2ml</i>	9	<i>trinessa</i>	45
<i>tobramycin-dexamethasone</i>	58	<i>trinessa lo</i>	45
<i>tolterodine tartrate</i>	51	TRINTELLIX.....	32
<i>topiramate</i>	30	<i>tri-previfem</i>	45
<i>toposar</i>	21	TRISENOX.....	21
<i>topotecan inj 4mg</i>	21	<i>tri-sprintec</i>	45
TOPOTECAN INJ 4MG/4ML.....	21	TRIUMEQ	13
<i>torse mide tabs</i>	26	<i>trivora-28</i>	45
TOVIAZ.....	51	TROPHAMINE INJ 10%.....	56
<i>tpn electrolytes</i>	56	<i>tropium chloride</i>	51
TRACLEER	27	TRULICITY.....	40
TRADJENTA	42	TRUMENBA.....	55
<i>tramadol hcl</i>	7	TRUVADA TAB 100-150.....	13
<i>tramadol-acetaminophen</i>	7	TRUVADA TAB 133-200.....	13
<i>trandolapril</i>	22	TRUVADA TAB 167-250.....	13
<i>tranexamic acid</i>	52	TRUVADA TAB 200-300.....	13
TRANSDERM-SCOP.....	49	TWINRIX INJ	55
<i>tranylcyromine sulfate</i>	32	TYBOST	12
TRAVASOL.....	56	TYKERB.....	20
TRAVATAN Z.....	59	TYPHIM VI	55
<i>trazodone hcl</i>	32	TYSABRI	38
TRECTOR	13	ULORIC.....	7
TRELEGY ELLIPTA.....	60	<i>unithroid</i>	48
TRELSTAR DEP INJ 3.75MG	19	<i>ursodiol</i>	50
TRELSTAR LA INJ 11.25MG.....	19	<i>valacyclovir hcl</i>	14
TRESIBA FLEXTOUCH.....	40	VALCHLOR	64
<i>tretinoin</i>	62	<i>valganciclovir hcl</i>	14
<i>tretinoin (chemotherapy)</i>	21	<i>valproate sodium oral soln</i>	30
<i>triamcinolone acetonide (mouth)</i>	65	<i>valproate sodium soln 100mg/ml</i>	30
<i>triamcinolone acetonide (topical)</i>	63	<i>valproic acid</i>	30
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	26	<i>valsartan</i>	23
<i>triamterene & hydrochlorothiazide tabs</i>	26	<i>valsartan-hydrochlorothiazide</i>	23
		<i>vancomycin hcl</i>	10
		VANCOMYCIN IN NAACL.....	10
		<i>vandazole</i>	51

VAQTA	55	XATMEP	53
VARIVAX	55	XELJANZ	53
VASCEPA.....	24	XELJANZ XR	53
VELCADE.....	18	XGEVA.....	48
<i>velivet</i>	45	XIFAXAN	50
VEMLIDY	14	XIGDUO XR TAB 10-1000MG	42
VENCLEXTA	18	XIGDUO XR TAB 10-500MG	42
VENCLEXTA STARTING PACK	18	XIGDUO XR TAB 2.5-1000 MG	42
<i>venlafaxine hcl</i>	32	XIGDUO XR TAB 5-1000MG	42
VENTAVIS	27	XIGDUO XR TAB 5-500MG	42
VENTOLIN HFA.....	61	XOLAIR.....	61
<i>verapamil cap er</i>	25	XTANDI.....	19
<i>verapamil hcl</i>	25	<i>xulane dis 150-35</i>	45
<i>verapamil tab er</i>	25	XULTOPHY 100/3.6.....	40
VERSACLOZ.....	35	XYREM.....	38
VERZENIO.....	18	YERVOY	18
VESICARE	51	YF-VAX	55
<i>vestura</i>	45	<i>yuvafem vaginal tablet 10 mcg</i>	46
VICTOZA.....	40	<i>zafirlukast</i>	61
VIDEX EC	12	<i>zarah</i>	45
VIDEX PEDIATRIC	12	ZAVESCA	46
<i>vienna</i>	45	ZEJULA	18
<i>vigabatrin powd pack 500mg</i>	30	ZELBORAF	21
VIGAMOX	58	ZEMAIRA.....	61
VIIBRYD STARTER PACK	32	<i>zenatane</i>	62
VIIBRYD TAB	32	<i>zenchent</i>	45
VIMPAT	30	ZENPEP.....	50
<i>vinblastine sulfate</i>	18	ZEPATIER.....	14
<i>vincasar pfs</i>	18	ZERIT	12
<i>vincristine sulfate</i>	18	ZIAGEN.....	12
<i>vinorelbine tartrate</i>	18	<i>zidovudine cap 100mg</i>	12
<i>viorele</i>	45	<i>zidovudine syp 50mg/5ml</i>	13
VIRACEPT.....	12	<i>zidovudine tab 300mg</i>	13
VIRAMUNE	12	<i>ziprasidone hcl</i>	36
VIREAD.....	12	ZIRGAN	58
VIVITROL	39	<i>zoledronic acid</i>	42
<i>voriconazole</i>	11	<i>zoledronic inj 4mg/5ml</i>	42
VOSEVI.....	14	ZOLINZA.....	18
VOTRIENT	21	<i>zolmitriptan</i>	37
VRAYLAR.....	35, 36	<i>zolmitriptan odt</i>	37
VRAYLAR THERAPY PACK.....	36	<i>zolpidem tartrate</i>	37
<i>vyfemla</i>	45	<i>zonisamide</i>	30
<i>warfarin sodium</i>	52	ZONTIVITY.....	53
WELCHOL.....	24	ZORTRESS TAB 0.25MG	54
XALKORI	21	ZORTRESS TAB 0.5MG.....	54
XARELTO.....	52	ZORTRESS TAB 0.75MG	54
XARELTO STARTER PACK	52	ZOSTAVAX	55

zovia 1/35e45
zovia 1/50e45
ZYDELIG21
ZYKADIA21

ZYLET58
ZYPREXA RELPREVV36
ZYPREXA RELPREVV INJ 210MG36
ZYTIGA19

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