



# GlobalHealth

## GlobalHealth 2019 Formulary

(List of  
Covered Drugs)

For Generations  
Classic (HMO)

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



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

This formulary was updated on 04/01/2019. 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](http://www.GlobalHealth.com/medicare)

HPMS Formulary File Submission ID: 00019290  
Version 10

# **GlobalHealth**

## **2019 Formulary**

### **(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00019290, Version Number 10.

This formulary was updated on 04/01/2019. For more recent information or other questions, please contact us, GlobalHealth Customer Care at 1-866-494-3927 (toll-free) or, for TTY users, 711, 24 hours a day, seven days a week or visit [www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare).

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\_CLASSIC\_2019\_C

**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 Generations Classic (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 04/01/2019. 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, 2019, and from time to time during the year.

## **What is the Generations Classic (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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations Classic (HMO) Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 04/01/2019. 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 on page 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 71. 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 30 tablets per prescription for Januvia. 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 website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the 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 Classic (HMO) formulary?" on page 5 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 Generations Classic (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 31-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 Generations Classic (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>.

## Generations Classic (HMO) Formulary

The formulary that begins on the next page 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 71.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><u>ANALGESICS</u></b>		
<b><u>GOUT</u></b>		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
<i>COLCRYS</i>	3	QL (120 tabs / 30 days)
<i>MITIGARE</i>	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
<i>ULORIC</i>	3	ST
<b><u>NSAIDS</u></b>		
<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	1	
<b><u>OPIOID ANALGESICS</u></b>		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPIOID ANALGESICS, CII</b>		
<i>endocet 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<b>FENTORA</b>	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	2	QL (180 tabs / 30 days)
<b>HYSINGLA ER</b>	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	2	QL (90 tabs / 30 days), PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl intensol</i>	2	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 2 100mg</i>		QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab 200mg</i>	2	QL (60 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
<b>MORPHINE SUL INJ 4MG/ML</b>	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
<b>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml</b>	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS 15mg</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate TABS 30mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL (180 mL / 30 days)
<b>NUCYNTA ER 50mg, 100mg, 200mg, 250mg</b>	3	QL (60 tabs / 30 days), PA
<b>NUCYNTA ER 150mg</b>	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	2	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	2	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (180 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D

## **ANTI-INFECTIVES**

### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate SOLN</i>	2
------------------------------	---

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>gentamicin in saline</i>	2
<i>gentamicin sulfate SOLN</i>	2
<i>neomycin sulfate TABS</i>	2
<i>paromomycin sulfate CAPS</i>	2
<i>streptomycin sulfate SOLR</i>	5
<i>SULFADIAZINE TABS</i>	4
<i>tobramycin NEBU</i>	5
<i>tobramycin inj 1.2 gm/30ml</i>	2
<i>tobramycin inj 1.2gm</i>	5
<i>tobramycin inj 10mg/ml</i>	2
<i>tobramycin inj 40mg/ml</i>	2
<i>tobramycin inj 80mg/2ml</i>	2

#### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole TABS</i>	5
<i>ALBENZA</i>	5
<i>ALINIA</i>	5
<i>atovaquone SUSP</i>	5
<i>AZACTAM IN ISO-OSMOTIC DE</i>	4
<i>AZACTAM/DEX INJ</i>	4
<i>aztreonam</i>	2
<i>BILTRICIDE</i>	3
<i>CAYSTON</i>	5
<i>clindamycin cap 75mg</i>	2
<i>clindamycin cap 300mg</i>	2
<i>clindamycin hcl cap 150 mg</i>	2
<i>clindamycin phosphate in d5w</i>	2
<i>CLINDAMYCIN PHOSPHATE IN NACL</i>	4
<i>clindamycin phosphate inj</i>	2
<i>clindamycin soln 75mg/5ml</i>	2
<i>colistimethate sodium SOLR</i>	2
<i>dapsone TABS</i>	2
<i>DAPTOMYCIN 350mg</i>	5
<i>daptomycin 500mg</i>	5
<i>EMVERM</i>	5
<i>ertapenem sodium</i>	2
<i>imipenem-cilastatin</i>	2
<i>INVANZ</i>	4
<i>ivermectin TABS</i>	2
<i>linezolid in sodium chloride</i>	4
<i>linezolid inj</i>	2

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole TABS</i>	1	
<i>metronidazole in nacl</i>	2	
<b>NEBUPENT</b>	<b>4</b>	<b>B/D</b>
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<b>PENTAM 300</b>	<b>4</b>	
<i>praziquantel TABS</i>	2	
<b>SIVEXTRO</b>	<b>5</b>	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
<i>sulfamethoxazole-trimethoprim susp</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
<b>SYNERCID</b>	<b>5</b>	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	2	
<i>vancomycin hcl CAPS 250mg</i>	5	
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	
<b>VANCOMYCIN IN NACL</b>	<b>4</b>	
<b>ANTIFUNGALS</b>		
<b>ABELCET</b>	<b>5</b>	<b>B/D</b>
<b>AMBISOME</b>	<b>5</b>	<b>B/D</b>
<i>amphotericin b SOLR</i>	2	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole SUSR</i>	2	
<i>fluconazole TABS 50mg, 100mg, 200mg</i>	2	
<i>fluconazole TABS 150mg</i>	1	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole inj nacl 200</i>	2	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>fluconazole inj nacl 400</i>	2
<i>flucytosine CAPS</i>	5
<i>griseofulvin microsize</i>	2
<i>griseofulvin ultramicrosize</i>	2
<i>itraconazole CAPS</i>	2 PA
<i>ketoconazole TABS</i>	2 PA
<i>MYCAMINE</i>	5
<i>NOXAFIL SUSP</i>	5 QL (630 mL / 30 days)
<i>NOXAFIL TBEC</i>	5 QL (93 tabs / 30 days)
<i>nystatin TABS</i>	2
<i>terbinafine hcl TABS</i>	1 QL (90 tabs / year)
<i>voriconazole SOLR</i>	2
<i>voriconazole SUSR; TABS</i>	5

#### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl</i>	2
<i>chloroquine phosphate TABS</i>	2
<i>COARTEM</i>	4
<i>mefloquine hcl</i>	2
<i>PRIMAQUINE PHOSPHATE</i>	3
<i>quinine sulfate CAPS</i>	2 PA

#### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate</i>	2
<i>APTIVUS</i>	5
<i>atazanavir sulfate</i>	5
<i>CRIVAN</i>	4
<i>didanosine</i>	2
<i>EDURANT</i>	5
<i>efavirenz CAPS 50mg</i>	2
<i>efavirenz CAPS 200mg</i>	5
<i>efavirenz TABS</i>	5
<i>EMTRIVA</i>	3
<i>fosamprenavir tab 700 mg</i>	5
<i>FUZEON</i>	5 NM
<i>INTELENCE 25mg</i>	4
<i>INTELENCE 100mg, 200mg</i>	5
<i>INVIRASE</i>	5
<i>ISENTRESS CHEW 25mg</i>	3
<i>ISENTRESS CHEW 100mg</i>	5
<i>ISENTRESS PACK</i>	3
<i>ISENTRESS TABS</i>	5

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>	
ISENTRESS HD	5	
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i>	2	
<i>nevirapine tab 100mg er</i>	2	
<i>nevirapine tab 200mg</i>	2	
<i>nevirapine tab 400mg er</i>	2	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	
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	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
<i>zidovudine cap 100mg</i>	2	
<i>zidovudine syrup 50mg/5ml</i>	2	
<i>zidovudine tab 300mg</i>	2	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	2	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DELSTRIGO	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	2	
<i>lopinavir-ritonavir</i>	2	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	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**

cycloserine CAPS	5	
ethambutol hcl TABS	2	
isoniazid TABS	1	
isoniazid syrup 50mg/5ml	2	
PASER D/R	4	
PRIFTIN	4	
pyrazinamide TABS	2	
rifabutin	2	
rifampin CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	

#### **ANTIVIRALS**

acyclovir CAPS; TABS	1	
acyclovir SUSP	2	
acyclovir sodium	2	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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>adefovir dipivoxil</i>	5
BARACLUDE SOLN	5
<i>entecavir</i>	5
EPCLUSA	5 NM, PA
EPIVIR HBV SOLN	4
<i>famciclovir</i>	2
<i>ganciclovir sodium</i>	2 B/D
HARVONI	5 NM, PA
<i>lamivudine (hbv)</i>	2
MAVYRET	5 NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2 QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2 QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	2 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	2 NM
<i>ribasphere</i> TABS 200mg	2 NM
RIBASPHERE TABS 400mg	5 NM
<i>ribasphere</i> TABS 600mg	5 NM
<i>ribavirin</i> 200mg	2 NM
<i>rimantadine hydrochloride</i>	2
<i>valacyclovir hcl</i> TABS	2
<i>valganciclovir hcl</i>	5
VEMLIDY	5
VOSEVI	5 NM, PA
ZEPATIER	5 NM, PA

### ***CEPHALOSPORINS***

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

**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.

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

#### ***ERYTHROMYCINS/MACROLIDES***

<i>azithromycin PACK; SOLR; SUSR</i>	2
<i>azithromycin TABS</i>	1
<i>clarithromycin TABS</i>	2
<i>clarithromycin er</i>	2
<i>clarithromycin for susp</i>	2
<b>DIFICID</b>	5
<i>e.e.s 400</i>	2
<i>ery-tab</i>	2
<b>ERYTHROCIN LACTOBIONATE</b>	4
<i>erythrocin stearate</i>	2
<i>erythromycin base</i>	2
<i>erythromycin cap 250mg ec</i>	2
<i>erythromycin ethylsuccinate TABS</i>	2

#### ***FLUOROQUINOLONES***

<i>ciprofloxacin SUSR</i>	2
<i>ciprofloxacin hcl tab 100mg</i>	2
<i>ciprofloxacin hcl tab 250mg, 500mg, 750mg</i>	1
<i>ciprofloxacin in d5w</i>	2
<i>levofloxacin TABS</i>	1
<i>levofloxacin in d5w</i>	2
<i>levofloxacin inj 25mg/ml</i>	2

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>levofloxacin oral soln 25 mg/ml</i>	2
<b>PENICILLINS</b>	
<i>amoxicillin CAPS; SUSR; TABS</i>	1
<i>amoxicillin CHEW</i>	2
<i>amoxicillin &amp; pot clavulanate</i>	2
<i>ampicillin &amp; sulbactam sodium</i>	2
<i>ampicillin cap 500mg</i>	2
<i>ampicillin inj</i>	2
<i>ampicillin sodium</i>	2
<i>BICILLIN L-A</i>	4
<i>dicloxacillin sodium</i>	2
<i>nafcillin sodium 1gm, 2gm</i>	2
<i>nafcillin sodium 10gm</i>	5
<i>NAFCILLIN SODIUM FOR INJ 10GM</i>	4
<i>oxacillin sodium 1gm, 2gm</i>	2
<i>oxacillin sodium 10gm</i>	5
<i>PENICILLIN G POT IN DEXTROSE 2MU</i>	4
<i>PENICILLIN G POT IN DEXTROSE 3MU</i>	4
<i>PENICILLIN G PROCAINE</i>	4
<i>penicillin g sodium</i>	2
<i>penicillin v potassium SOLR</i>	2
<i>penicillin v potassium TABS</i>	1
<i>penicilln gk inj 5mu</i>	2
<i>penicilln gk inj 20mu</i>	2
<i>pfiberpen-g inj 5mu</i>	2
<i>pfiberpen-g inj 20mu</i>	2
<i>piper/tazoba inj 2-0.25gm</i>	2
<i>piper/tazoba inj 3-0.375gm</i>	2
<i>piper/tazoba inj 4-0.5gm</i>	2
<i>PIPER/TAZOBIA INJ 12-1.5GM</i>	4
<i>piper/tazoba inj 36-4.5gm</i>	2
<b>TETRACYCLINES</b>	
<i>doxy 100</i>	2
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2
<i>doxycycline (monohydrate) TABS</i>	2
<i>doxycycline hyclate CAPS</i>	2
<i>doxycycline hyclate SOLR</i>	2
<i>doxycycline hyclate TABS 20mg, 100mg</i>	2
<i>minocycline hcl CAPS</i>	2

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>monodoxine nl cap 100mg</i>	2	
<i>morgidox cap 1x50mg</i>	2	
<i>tetracycline hcl CAPS</i>	2	

## **ANTINEOPLASTIC AGENTS**

### **ALKYLATING AGENTS**

<i>BENDEKA</i>	5	B/D, NM
<i>cyclophosphamide CAPS</i>	2	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine 100mg</i>	2	B/D
<i>EMCYT</i>	4	
<i>GLEOSTINE</i>	4	
<i>IFEX INJ 3GM</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	2	B/D
<i>IFOSFAMIDE INJ 3GM</i>	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	B/D
<i>LEUKERAN</i>	5	

### **ANTHRACYCLINES**

<i>adriamycin</i>	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	2	B/D

### **ANTIBIOTICS**

<i>bleomycin sulfate</i>	2	B/D
<i>mitomycin SOLR</i>	5	B/D

### **ANTIMETABOLITES**

<i>adrucil</i>	2	B/D
<i>ALIMTA</i>	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine 20mg/ml</i>	2	B/D
<i>fluorouracil SOLN</i>	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	2	B/D
<i>mercaptopurine TABS</i>	2	
<i>methotrexate sodium inj</i>	2	B/D
<i>PURIXAN</i>	5	NM
<i>TABLOID</i>	4	

### **ANTIMITOTIC, TAXOIDS**

<i>ABRAXANE</i>	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 5 160mg/16ml	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE 80mg/4ml	5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
DAURISMO	5	NM, LA, 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
TALZENNA	5	NM, LA, PA
TECENTRIQ 1200mg/20ml	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

#### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole TABS</i>	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>letrozole TABS</i>	2	
<i>leuprolide inj 1mg/0.2</i>	2	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	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate TABS</i>	1	
<i>toremifene citrate</i>	5	
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 CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
<b>KINASE INHIBITORS</b>		
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
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, 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
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTTRIF TAB 20MG	5	NM, LA, PA
GILOTTRIF TAB 30MG	5	NM, LA, PA
GILOTTRIF 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	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 4 MG DAILY DOSE	5	NM, LA, PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG 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
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	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
TAGRISSO	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
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

#### **MISCELLANEOUS**

bexarotene	5	NM, PA
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	2	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	2	B/D
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane 500mg</i>	5	B/D
<i>leucovorin calcium SOLR</i>	2	B/D
<i>leucovorin calcium TABS</i>	2	
MESNEX TABS	5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide SOLN</i>	2	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i>	2	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	6	GC
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl TABS</i>	6	GC
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosinopril sodium</i>	6	GC
<i>lisinopril TABS</i>	6	GC
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	6	GC
<i>ramipril</i>	6	GC
<i>trandolapril</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	2	
<i>spironolactone TABS</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil 1 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
<i>ENTRESTO</i>	3	
<i>irbesartan-hydrochlorothiazide</i>	6	GC
<i>losartan-hydrochlorothiazide</i>	6	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	6	GC

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i>	6	GC
<i>losartan potassium</i>	6	GC
<i>olmesartan medoxomil TABS</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
<i>MULTAQ</i>	4	
<i>NORPACE CR</i>	4	
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine gluconate</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium TABS</i>	6	GC
<i>lovastatin</i>	6	GC
<i>pravastatin sodium</i>	6	GC
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	6	GC
<i>simvastatin TABS 80mg</i>	6	GC, QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	2	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS</i>	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic) 500mg</i>	2	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	2	
<i>niacor</i>	2	
PRALUENT	5	PA
<i>prevalite</i>	2	
VASCEPA	4	
WELCHOL PAK	3	

#### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hctz tab 50-25mg</i>	2	
<i>metoprolol &amp; hctz tab 100-25mg</i>	2	
<i>metoprolol &amp; hctz tab 100-50mg</i>	2	
<i>propranolol &amp; hydrochlorothiazide</i>	2	

#### **BETA-BLOCKERS**

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

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol cap er</i>	2	
<i>propranolol hcl TABS</i>	2	
<i>propranolol oral sol</i>	2	
<i>timolol maleate TABS</i>	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg cd</i>	2	
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	5	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	2	
<i>verapamil cap er</i>	2	
<i>verapamil hcl SOLN</i>	2	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl tab er</i>	1	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>digox</i> 250mcg	2	PA; PA if 70 years and older
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	PA; PA if 70 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol</i> 50mcg/ml	2	PA; PA if 70 years and older

#### **DIRECT RENIN INHIBITORS/COMBINATIONS**

TEKTURN	4
TEKTURN HCT	4

#### **DIURETICS**

<i>acetazolamide</i> CP12; TABS	2
<i>amiloride &amp; hydrochlorothiazide</i>	2
<i>amiloride hcl</i> TABS	2
<i>bumetanide</i>	2
<i>chlorothiazide tabs</i>	2
<i>chlorthalidone</i>	2
<i>furosemide</i> SOLN; TABS	1
<i>furosemide inj</i>	2
<i>hydrochlorothiazide</i> CAPS; TABS	1
<i>indapamide</i>	2
<i>methazolamide</i> TABS	2
<i>methyclothiazide</i>	2
<i>metolazone</i>	2
<i>spironolactone &amp; hydrochlorothiazide</i>	2
<i>torsemide tabs</i>	2
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	1
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1

#### **MISCELLANEOUS**

<i>clonidine hcl</i> TABS	1
<i>clonidine hcl ptwk</i>	2
CORLANOR	4
DEMSER	5
<i>hydralazine hcl</i> SOLN; TABS	2
<i>midodrine hcl</i>	2
<i>minoxidil</i> TABS	2
NORTHERA	5
RANEXA	3

**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.

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NITRATES</b>			
<i>isosorb mononitrate tab</i>		1	
<i>isosorbide dinitrate</i>		2	
<i>isosorbide dinitrate er</i>		2	
<i>isosorbide mononitrate er</i>		2	
<i>minitran</i>		2	
<b>NITRO-BID</b>		3	
<b>NITRO-DUR DIS 0.3MG/HR</b>		4	
<b>NITRO-DUR DIS 0.8MG/HR</b>		4	
<i>nitroglycerin SUBL</i>		2	
<i>nitroglycerin td patch</i>		2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>			
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 tab 20 mg (pulmonary hypertension)</i>	2	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	
<b>CENTRAL NERVOUS SYSTEM</b>			
<b>ANTIANXIETY</b>			
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)	
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)	
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)	
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)	
<i>buspirone hcl TABS</i>	2		
<i>fluvoxamine maleate TABS</i>	2		
<i>lorazepam SOLN</i>	2		
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)	
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)	
<b>ANTICONVULSANTS</b>			
APTIOM 200mg	5	QL (180 tabs / 30 days)	
APTIOM 400mg	5	QL (90 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
<i>clobazam</i>	2	PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	
<i>diazepam inj</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24; TBEC	2	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 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	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW; TB24	2	
<i>lamotrigine</i> TABS	1	
<i>levetiracetam</i> SOLN; TABS; TB24	2	
<i>levetiracetam</i> in sodium chloride	2	
<i>levetiracetam</i> oral soln 100 mg/ml	2	
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>	2	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i> 50mg/ml	2	
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	1	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> TABS	1	
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i> CAPS	2	
<i>vigabatrin powd pack</i> 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab</i> 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	2	

#### **ANTIDEMENTIA**

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	2	
<i>galantamine hydrobromide</i> TABS	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	2	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	2	PA; PA if < 30 yrs
<i>memantine soln</i>	2	PA; PA if < 30 yrs
<i>memantine tabs</i>	2	PA; PA if < 30 yrs

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	2	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr	2	QL (30 patches / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine tab</i> 25mg	3	
<i>amoxapine tab</i> 50mg	3	
<i>amoxapine tab</i> 100mg	3	
<i>amoxapine tab</i> 150mg	3	
<i>bupropion hcl</i> TABS	2	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine hcl</i> CPEP 20mg	2	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	2	
<i>escitalopram oxalate</i> TABS	1	
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap</i> 10mg	1	
<i>fluoxetine cap</i> 20mg	1	

**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.

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

#### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl CAPS</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl SYRP; TABS</i>	2	
<i>APOKYN</i>	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
bromocriptine mesylate CAPS; TABS	2	
carbidopa-levodopa	2	
carbidopa/levodopa/entacapone	2	
entacapone	2	
NEUPRO	4	
pramipexole tab 0.5mg	2	
pramipexole tab 0.25mg	2	
pramipexole tab 0.75mg	2	
pramipexole tab 0.125mg	2	
pramipexole tab 1.5mg	2	
pramipexole tab 1mg	2	
rasagiline mesylate TABS	2	
ropinirole tab 0.5mg	2	
ropinirole tab 0.25mg	2	
ropinirole tab 1mg	2	
ropinirole tab 2mg	2	
ropinirole tab 3mg	2	
ropinirole tab 4mg	2	
ropinirole tab 5mg	2	
selegiline hcl CAPS; TABS	2	
trihexyphenidyl hcl	3	PA; PA if 70 years and older

#### **ANTIPSYCHOTICS**

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
ariPIPRAZOLE odt	5	QL (60 tabs / 30 days)
ariPIPRAZOLE oral solution 1 mg/ml	5	QL (900 mL / 30 days)
ariPIPRAZOLE tab	2	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)
ARISTADA INITIO	5	
chlorpromazine hcl TABS	2	
CHLORPROMAZINE INJ	4	
clozapine odt 12.5mg, 25mg	2	PA
clozapine odt 100mg	2	QL (270 tabs / 30 days), PA
clozapine odt 150mg	2	QL (180 tabs / 30 days), PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate SOLN</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
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, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxpipamine succinate</i>	2	
<i>molindone hcl</i>	2	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TABS 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	2	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	2	QL (30 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine</i> TABS 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days)
<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	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
<i>REXULTI</i> 1mg	5	QL (90 tabs / 30 days)
<i>REXULTI</i> 2mg	5	QL (60 tabs / 30 days)
<i>REXULTI</i> 3mg, 4mg	5	QL (30 tabs / 30 days)
<i>REXULTI</i> .5mg	5	QL (180 tabs / 30 days)
<i>REXULTI</i> .25mg	5	QL (360 tabs / 30 days)
<i>RISPERDAL</i> INJ 12.5MG	4	QL (2 injections / 28 days)
<i>RISPERDAL</i> INJ 25MG	4	QL (2 injections / 28 days)
<i>RISPERDAL</i> INJ 37.5MG	5	QL (2 injections / 28 days)
<i>RISPERDAL</i> INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	2	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 2.4mg	2	QL (60 tabs / 30 days)
<i>SAPHRIS</i> 2.5mg	4	QL (240 tabs / 30 days)
<i>SAPHRIS</i> 5mg	4	QL (120 tabs / 30 days)
<i>SAPHRIS</i> 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
<i>VERSACLOZ</i>	5	QL (600 mL / 30 days), PA
<i>VRAYLAR</i> 1.5mg	5	QL (60 caps / 30 days), PA
<i>VRAYLAR</i> 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR THERAPY PACK	4	PA
ziprasidone hcl	2	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**

amphetamine-dextroamphetamine cap sr 24hr 5 mg	2	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	2	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 15 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	2	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	2	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	2	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	2	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
atomoxetine hcl 40mg	2	QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days)
dexmethylphenidate hcl TABS 10mg	2	QL (60 tabs / 30 days)
guanfacine er (adhd)	3	PA; PA if 70 years and older
metadate er tab 20mg	2	QL (90 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.

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2		QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	2		QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	2		QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	2		QL (900 mL / 30 days)
<i>methylphenidate tab</i> 10mg er	2		QL (90 tabs / 30 days)
<i>methylphenidate tab</i> 20mg er	2		QL (90 tabs / 30 days)

## **HYPNOTICS**

<i>HETLIOZ</i>	5	NM, LA, PA
<i>SILENOR</i> 3mg	3	QL (60 tabs / 30 days)
<i>SILENOR</i> 6mg	3	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	2	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</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

## **MIGRAINE**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab</i> 60mg	2	
<i>riluzole</i>	2	
tetrabenazine 12.5mg	5	QL (240 tabs / 30 days), NM, PA
tetrabenazine 25mg	5	QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	2	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine hcl</i> TABS	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl</i> SUBL	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	2	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN	2	PA
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
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	
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	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>	2	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	6	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	6	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	6	GC, QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	6	GC, QL (60 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)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	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)

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	6	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	6	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	6	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	GC, QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	6	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	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	1	
<i>ibandronate sodium</i> TABS	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	2	B/D
<i>pamidronate inj</i> 30mg	2	B/D
<i>pamidronate inj</i> 90mg	2	B/D
<i>zoledronic acid inj</i> 5mg/100ml	2	B/D, NM

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl 30mg, 90mg</i>	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl 60mg</i>	5	B/D, QL (60 tabs / 30 days), NM
<i>SENSIPAR 30mg, 90mg</i>	5	B/D, QL (120 tabs / 30 days), NM
<i>SENSIPAR 60mg</i>	5	B/D, QL (60 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
<i>CHEMET</i>	4	
<i>DEPEN TITRATABS</i>	5	
<i>JADENU</i>	5	NM, LA, PA
<i>JADENU SPRINKLE</i>	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp</i>	2	
<i>sps susp 15gm/60ml</i>	2	
<i>trientine hcl</i>	5	PA
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>brielllyn</i>	2	
<i>camila</i>	2	
<i>caziant pak</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyled tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>deblitane</i>	2
<i>delyla</i>	2
<i>desogestrel &amp; ethinyl estradiol</i>	2
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2
<i>drospirenone-ethinyl estradiol</i>	2
<i>ELLA</i>	4
<i>emoquette</i>	2
<i>enpresse-28</i>	2
<i>enskyce</i>	2
<i>errin</i>	2
<i>estarrylla tab 0.25-35</i>	2
<i>ethynodiol diacet &amp; eth estrad</i>	2
<i>ethynodiol tab 1-50</i>	2
<i>falmina</i>	2
<i>femynor</i>	2
<i>gianvi</i>	2
<i>heather</i>	2
<i>incassia</i>	2
<i>introvale</i>	2
<i>isibloom</i>	2
<i>jolessa tab 0.15-0.03 mg</i>	2
<i>jolivette</i>	2
<i>juleber</i>	2
<i>junel 1.5/30</i>	2
<i>junel 1/20</i>	2
<i>junel fe 1.5/30</i>	2
<i>junel fe 1/20</i>	2
<i>kariva</i>	2
<i>kelnor 1/35</i>	2
<i>kelnor 1/50</i>	2
<i>kurvelo</i>	2
<i>larin 1.5/30</i>	2
<i>larin 1/20</i>	2
<i>larin fe 1.5/30</i>	2
<i>larin fe 1/20</i>	2
<i>larissia tab</i>	2
<i>leena</i>	2
<i>lessina</i>	2
<i>levonest</i>	2
<i>levonor/ethi tab</i>	2

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>levonorgestrel &amp; eth estradiol</i>	2
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2
<i>levora 0.15/30-28</i>	2
<i>loryna</i>	2
<i>low-ogestrel</i>	2
<i>ltera</i>	2
<i>lyza</i>	2
<i>marlissa</i>	2
<i>medroxyprogesterone acetate (contraceptive)</i>	2
<i>microgestin 1.5/30</i>	2
<i>microgestin 1/20</i>	2
<i>microgestin fe 1.5/30</i>	2
<i>microgestin fe 1/20</i>	2
<i>mili</i>	2
<i>mono-linyah tab 0.25-35</i>	2
<i>mononessa</i>	2
<i>myzilra</i>	2
<i>necon 0.5/35-28</i>	2
<i>necon 1/50-28</i>	2
<i>necon 7/7/7</i>	2
<i>nikki</i>	2
<i>nora-be tab</i>	2
<i>norethindrone (contraceptive)</i>	2
<i>norethindrone acet &amp; eth estra</i>	2
<i>norgest/ethi tab 0.25/35</i>	2
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2
<i>norlyroc</i>	2
<i>nortrel 0.5/35 (28)</i>	2
<i>nortrel 1/35</i>	2
<i>nortrel 7/7/7</i>	2
<i>NUVARING</i>	4
<i>ocella tab 3-0.03mg</i>	2
<i>orsythia</i>	2
<i>philith</i>	2
<i>pimtrea</i>	2
<i>pirmella 1/35</i>	2

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>portia-28</i>	2
<i>previfem</i>	2
<i>quasense</i>	2
<i>reclipsen</i>	2
<i>setlakin tab</i>	2
<i>sharobel</i>	2
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	2
<i>tarina fe 1/20</i>	2
<i>tilia fe</i>	2
<i>tri-estarrylla</i>	2
<i>tri-legest fe</i>	2
<i>tri-linyah</i>	2
<i>tri-lo marzia</i>	2
<i>tri-lo-estarrylla</i>	2
<i>tri-lo-sprintec</i>	2
<i>tri-mili</i>	2
<i>tri-previfem</i>	2
<i>tri-sprintec</i>	2
<i>tri-vylibra</i>	2
<i>tri-vylibra lo</i>	2
<i>trinessa</i>	2
<i>trinessa lo</i>	2
<i>trivora-28</i>	2
<i>tulana</i>	2
<i>velivet</i>	2
<i>vienva</i>	2
<i>viorele</i>	2
<i>vyfemla</i>	2
<i>vylibra</i>	2
<i>xulane</i>	2
<i>zarah</i>	2
<i>zovia 1/35e</i>	2
<i>zovia 1/50e</i>	2

#### ***ENDOMETRIOSIS***

<i>danazol CAPS</i>	2
<i>SYNAREL</i>	5

#### ***ENZYME REPLACEMENTS***

<i>ADAGEN</i>	5	NM, LA, PA
---------------	---	------------

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA

### **ESTROGENS**

DELESTROGEN 10mg/ml	4
<i>estradiol</i> PTWK	3
<i>estradiol</i> TABS	2
<i>estradiol vaginal cream</i>	2
<i>estradiol vaginal tab</i>	2
<i>estradiol valerate</i> OIL	2
<i>fyavolv</i>	3
<i>jinteli</i>	3
<i>norethindrone acetate-ethinyl estradiol</i>	3
<i>yuvafem vaginal tablet 10 mcg</i>	2

### **GLUCOCORTICOIDS**

cortisone acetate TABS	2
DEXAMETHASONE CONC	4
<i>dexamethasone</i> ELIX; SOLN	2
<i>dexamethasone</i> TABS	1
<i>dexamethasone sodium phosphate</i>	2
<i>fludrocortisone acetate</i> TABS	2
<i>hydrocortisone</i> TABS	2
<i>methylpr ss inj</i>	2
<i>methylpred pak 4mg</i>	2
<i>methylpred tab 4mg</i>	2
<i>methylpred tab 8mg</i>	2
<i>methylpred tab 16mg</i>	2
<i>methylpred tab 32mg</i>	2

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF	4	

### ***GLUCOSE ELEVATING AGENTS***

GLUCAGEN HYPOKIT	3
GLUCAGON EMERGENCY KIT	3
PROGLYCEM SUS 50MG/ML	4

### ***MISCELLANEOUS***

<i>cabergoline</i>	2
<i>calcitonin (salmon)</i>	2
FORTEO	5
GENOTROPIN	5
GENOTROPIN MINIQUICK .2mg	3
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5
INCRELEX	5
KORLYM	5
LUPRON DEP-PED INJ 7.5MG	5
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5
LUPRON DEPOT-PED (1-MONTH	5
LUPRON DEPOT-PED (3-MONTH	5
NATPARA	5
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	2	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	2	QL (540 tabs / 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> tab	1	
<i>norethindrone acetate</i> TABS	2	
<b>THYROID AGENTS</b>		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>unithroid</i>	2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj</i> 4mcg/ml	2	
STIMATE	5	NM

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
<i>EMEND SUSR</i>	4	B/D
<i>gransetron hcl SOLN</i>	2	
<i>gransetron hcl TABS</i>	2	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS</i>	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>TRANSDERM-SCOP</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	2	
<i>glycopyrrolate tab 2mg</i>	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine SUSR</i>	2	
<i>famotidine TABS 20mg, 40mg</i>	1	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>famotidine in nacl</i>	2
<i>famotidine inj</i>	2
<i>ranitidine hcl TABS 150mg, 300mg</i>	1
<i>ranitidine hcl inj</i>	2
<i>ranitidine inj</i>	2
<i>ranitidine syrup</i>	2

### **INFLAMMATORY BOWEL DISEASE**

<i>APRISO</i>	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	5	
<i>CANASA</i>	4	
<i>colocort enema 100mg</i>	2	
<i>DELZICOL</i>	4	
<i>hydrocortisone (enema)</i>	2	
<i>mesalamine ENEM</i>	2	
<i>mesalamine SUPP</i>	2	
<i>mesalamine TBEC 800mg</i>	2	
<i>mesalamine w/ cleanser</i>	2	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	2	

### **LAXATIVES**

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
<i>GOLYTELY</i>	3	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
<i>MOVIPREP</i>	4	
<i>NULYTELY/FLAVOR PACKS</i>	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>SUPREP BOWEL PREP KIT</i>	4	
<i>trilyte</i>	2	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate TABS</i>	2	
SYMPROIC	3	
<i>ursodiol CAPS; TABS</i>	2	
XIFAXAN 550mg	5	PA
<b>PANCREATIC ENZYMEs</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORs</b>		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole CPDR</i>	2	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium SOLR</i>	2	
<i>pantoprazole sodium tbec</i>	1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	
<i>tamsulosin hcl</i>	2	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride TABS</i>	2	
<i>potassium citrate (alkalinizer) er tabs</i>	2	
<b>URINARY ANTISPASMODICS</b>		
<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>	2	
<i>oxybutynin chloride TABS</i>	2	
<i>oxybutynin chloride TB24 5mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
<i>TOVIAZ</i>	3	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	2	QL (60 tabs / 30 days)
<i>VESICARE</i>	4	QL (30 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>COUMADIN</i>	3	
<i>ELIQUIS</i>	3	
<i>ELIQUIS STARTER PACK</i>	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
<i>HEPARIN SODIUM/NACL 0.45%</i>	3	
<i>jantoven</i>	1	
<i>PRADAXA</i>	4	
<i>warfarin sodium</i>	1	
<i>XARELTO</i>	3	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XARELTO STARTER PACK	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	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
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i>	2	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	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 TBCR</i>	2	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TABS 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TABS 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid SOLN; TABS</i>	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	2	
ZONTIVITY	4	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>			
<b><u>IMMUNOLOGIC AGENTS</u></b>				
<b><u>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</u></b>				
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA		
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA		
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 CD/UC/HS STARTER	5	NM, PA		
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA		
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA		
HUMIRA PEN-PS/UV STARTER	5	NM, PA		
<i>hydroxychloroquine sulfate</i>	2			
<i>leflunomide TABS</i>	2			
<i>methotrexate sodium tabs</i>	2			
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		
<b><u>IMMUNOGLOBULINS</u></b>				
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		
PANZYGA	5	NM, PA		

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRIVIGEN	5	NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
azathioprine TABS	2	B/D
BENLYSTA	5	NM, PA
cyclosporine CAPS; SOLN	2	B/D
cyclosporine modified (for microemulsion)	2	B/D
gengraf	2	B/D
mycophenolate mofetil CAPS; TABS	2	B/D
mycophenolate mofetil SUSR	5	B/D
mycophenolate sodium tbec	2	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN	5	B/D
sirolimus TABS 2mg	5	B/D
sirolimus TABS .5mg, 1mg	2	B/D
tacrolimus CAPS	2	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
ZORTRESS TAB 1MG	5	B/D
<b>VACCINES</b>		
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	

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAQUE	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	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**

klor-con 8	2
klor-con 10	2
klor-con m10	2
klor-con m15	3
klor-con m20	2
klor-con pak 20meq	2
klor-con spr cap 8meq	2
klor-con spr cap 10meq	2
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<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>magnesium sulfate inj 50%</i>	3
<i>potassium chloride</i> CPCR	2
<i>potassium chloride</i> PACK	2
<i>potassium chloride</i> SOLN 10%, 20%	2
<i>potassium chloride</i> TBCR	2
<i>potassium chloride microencapsulated crystals er</i>	2
<i>potassium chloride tab cr 10 meq</i>	2
<i>sodium chloride</i> SOLN 2.5meq/ml	2
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2
<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 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
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

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol sol 6%</i>	2	B/D
PREMASOL SOL 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	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>lactated ringer's</i>	2
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
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2
<i>potassium chloride in nacl</i>	2
<i>sodium chloride SOLN 3%, 5%</i>	2
<i>sodium chloride 0.45%</i>	2
<i>sodium chloride inj 0.9%</i>	2

## **VITAMINS**

<i>calcitriol CAPS</i>	2	B/D
<i>calcitriol inj</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
M-NATAL PLUS	3	
NIVA-PLUS	3	
O-CAL FA	3	
<i>paricalcitol CAPS</i>	2	B/D
PNV FOLIC ACID + IRON MUL	3	
PNV PRENATAL PLUS	3	
PNV PRENATAL TAB PLUS	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
PREPLUS	3	
RAYALDEE	5	
TRICARE	3	
VOL-PLUS	3	

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
TOBRADEX ST	3
<i>tobramycin-dexamethasone</i>	2
ZYLET	3

#### **ANTI-INFECTIVES**

AZASITE	4
<i>bacitracin (ophthalmic)</i>	2
<i>bacitracin-polymyxin b (ophth)</i>	2
BESIVANCE	3
CILOXAN OINT	3
<i>ciprofloxacin hcl (ophth)</i>	1
<i>erythromycin (ophth)</i>	1
<i>gatifloxacin (ophth)</i>	2
<i>gentak</i>	2
<i>gentamicin sulfate soln (ophth)</i>	1
MOXEZA	3
<i>moxifloxacin hcl (ophth)</i>	2
NATACYN	4
<i>neomycin-bacitracin zn-polymyxin</i>	2
<i>neomycin-polymyxin-gramicidin</i>	2
<i>ofloxacin (ophth)</i>	2
<i>polymyxin b-trimethoprim</i>	1
<i>sulfacetamide sodium (ophth)</i>	2
<i>tobramycin (ophth)</i>	1
<i>trifluridine</i>	2
ZIRGAN	4

#### **ANTI-INFLAMMATORIES**

ALREX	3
<i>bromfenac sodium (ophth)</i>	2
BROMSITE	4
<i>dexamethasone sodium phosphate (ophth)</i>	2
<i>diclofenac sodium (ophth)</i>	2
DUREZOL	3
<i>fluorometholone</i>	2
<i>flurbiprofen sodium</i>	2
ILEVRO	3
<i>ketorolac tromethamine (ophth)</i>	2
LOTEMAX	3
<i>prednisolone acetate (ophth)</i>	2
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLENZA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAFT	4	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	2	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
TRAVATAN Z	3	
<b>MISCELLANEOUS</b>		
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	QL (60 blisters / 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	2	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	B/D
<i>ipratropium bromide (nasal)</i>	2	

### **ANTIHISTAMINES**

<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i>	2	

### **BETA AGONISTS**

<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP</i>	2	
<i>albuterol sulfate TABS</i>	2	
<i>albuterol sulfate TB12</i>	2	
<i>levalbuterol hcl NEBU 1.25mg/3ml</i>	2	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	2	B/D
<i>levalbuterol tartrate hfa</i>	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium CHEW; PACK; TABS</i>	2	
<i>zafirlukast</i>	2	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium nebu</i>	2	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine SOLN 10%, 20%</i>	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml</i>	2	(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
SYMDEKO	5	NM, LA, PA
THEO-24	4	
<i>theophylline</i>	2	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) .25mg/2ml, .5mg/2ml</i>	2	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	4	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)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

### **TOPICAL**

#### ***DERMATOLOGY, ACNE***

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

#### ***DERMATOLOGY, ANTIBIOTICS***

<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin OINT</i>	1	
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLYON CREA</i>	4	

#### ***DERMATOLOGY, ANTIFUNGALS***

<i>ciclopirox CREA; GEL; SUSP</i>	2	
-----------------------------------	---	--

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ciclopirox shampoo 1%	2	
clotrimazole (topical)	2	
clotrimazole w/ betamethasone CREA	2	
ketoconazole cream	2	
nyamyc	2	
nystatin (topical)	2	
nystatin pow 100000	2	
nystop	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
acitretin	5	PA
calcipotriene CREA; OINT	2	QL (120 gm / 30 days), PA
calcipotriene SOLN	2	QL (120 mL / 30 days), PA
calcitrene	2	QL (120 gm / 30 days), PA
tazarotene CREA	2	PA
TAZORAC CREA .05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole shampoo	1	
selenium sulfide LOTN	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ala-cort	1	
alclometasone dipropionate	2	
betamethasone dipropionate (topical)	2	
betamethasone dipropionate augmented	2	
betamethasone valerate CREA; LOTN; OINT	2	
ENSTILAR	4	PA
fluocinolone acetonide CREA; OIL; OINT; SOLN	2	
fluocinolone acetonide oil body	2	
fluocinonide CREA .05%	2	
fluocinonide GEL	2	
fluocinonide SOLN	2	
fluocinonide emulsified base	2	
fluticasone propionate CREA; OINT	2	
halobetasol propionate CREA; OINT	2	
hydrocortisone (topical) CREA	1	
hydrocortisone (topical) LOTN	2	

**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.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>hydrocortisone (topical)</i> OINT 2.5%	1
<i>hydrocortisone butyrate cream</i> 0.1%	2
<i>hydrocortisone butyrate oint</i> 0.1%	2
<i>hydrocortisone valerate</i>	2
<i>mometasone furoate</i> CREA; OINT; SOLN	2
TEXACORT SOLN 2.5%	4
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1
<i>triamcinolone acetonide (topical)</i> LOTN	2

#### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint</i> 5%	2	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	2	QL (30 grams / 30 days), PA

#### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>ammonium lactate</i> CREA; LOTN	2	
<i>diclofenac sodium (topical)</i> 1% gel	2	PA
<i>fluorouracil (topical)</i> CREA 5%	2	
<i>fluorouracil (topical)</i> SOLN	2	
<i>imiquimod</i> CREA 5%	2	
<i>metronidazole (topical)</i> CREA; LOTN	2	
<i>metronidazole gel</i> 0.75%	2	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre</i> 2.5%	2	
<i>proctozone-hc</i>	2	
<i>rosadan</i>	2	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALCHLOR	5	NM, LA, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	2	
<i>permethrin cre 5%</i>	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	2	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	2	
CIPRODEX	3	
<i>flac</i>	2	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

**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.

## Index of Drugs

<i>abacavir sulfate</i> .....	12	<i>ALECENSA</i> .....	21
<i>abacavir sulfate-lamivudine</i> .....	13	<i>alendronate sodium</i> .....	44
<i>abacavir sulfate-lamivudine-zidovudine</i> .....	13	<i>alfuzosin hcl</i> .....	54
<i>ABELCET</i> .....	11	<i>ALIMTA</i> .....	18
<i>ABILIFY MAINTENA</i> .....	35	<i>ALINIA</i> .....	10
<i>abiraterone acetate</i> .....	20	<i>allopurinol tab</i> .....	7
<i>ABRAXANE</i> .....	18	<i>alosetron hcl</i> .....	54
<i>acamprosate calcium</i> .....	41	<i>ALPHAGAN P SOL 0.1%</i> .....	64
<i>acarbose</i> .....	43	<i>alprazolam tab 0.25mg</i> .....	29
<i>acebutolol hcl</i> .....	26	<i>alprazolam tab 0.5mg</i> .....	29
<i>acetaminophen w/ codeine 300-15mg</i> .....	7	<i>alprazolam tab 1mg</i> .....	29
<i>acetaminophen w/ codeine 300-30mg</i> .....	7	<i>alprazolam tab 2mg</i> .....	29
<i>acetaminophen w/ codeine 300-60mg</i> .....	7	<i>ALREX</i> .....	63
<i>acetaminophen w/ codeine soln</i> .....	7	<i>altavera tab</i> .....	45
<i>acetazolamide</i> .....	28	<i>ALUNBRIG</i> .....	21
<i>acetic acid</i> .....	70	<i>alyacen 1/35</i> .....	45
<i>acetic acid (otic)</i> .....	70	<i>amantadine hcl</i> .....	34
<i>acetylcysteine</i> .....	66	<i>AMBISOME</i> .....	11
<i>acitretin</i> .....	68	<i>amikacin sulfate</i> .....	9
<i>ACTHIB</i> .....	58	<i>amiloride &amp; hydrochlorothiazide</i> .....	28
<i>ACTIMMUNE</i> .....	58	<i>amiloride hcl</i> .....	28
<i>acyclovir</i> .....	14	<i>AMINOSYN</i> .....	60
<i>acyclovir sodium</i> .....	14	<i>AMINOSYN 7%/ELECTROLYTES</i> .....	60
<i>ADACEL</i> .....	58	<i>aminosyn 8.5%/electrolyte</i> .....	60
<i>ADAGEN</i> .....	48	<i>aminosyn ii 8.5%/electrol</i> .....	60
<i>adefovir dipivoxil</i> .....	15	<i>AMINOSYN II INJ 10%</i> .....	60
<i>ADEMPAS</i> .....	29	<i>AMINOSYN II INJ 8.5%</i> .....	60
<i>adriamycin</i> .....	18	<i>AMINOSYN M</i> .....	60
<i>adrucil</i> .....	18	<i>AMINOSYN-HBC</i> .....	60
<i>ADVAIR DISKUS</i> .....	67	<i>AMINOSYN-PF 7%</i> .....	60
<i>ADVAIR HFA</i> .....	67	<i>AMINOSYN-PF INJ 10%</i> .....	60
<i>AFINITOR</i> .....	21	<i>AMINOSYN-RF</i> .....	60
<i>AFINITOR DISPERZ</i> .....	21	<i>amiodarone hcl soln</i> .....	25
<i>ala-cort</i> .....	68	<i>amiodarone tab 100mg</i> .....	25
<i>albendazole</i> .....	10	<i>amiodarone tab 200mg</i> .....	25
<i>ALBENZA</i> .....	10	<i>amiodarone tab 400mg</i> .....	25
<i>albuterol sulfate</i> .....	65	<i>AMITIZA CAP 24MCG</i> .....	54
<i>alclometasone dipropionate</i> .....	68	<i>AMITIZA CAP 8MCG</i> .....	54
<i>ALCOHOL SWABS</i> .....	42	<i>amitriptyline hcl</i> .....	33
<i>ALDURAZYME</i> .....	49	<i>amlodipine besylate</i> .....	27
		<i>amlodipine besylate-olmesartan</i>	

<i>medoxomil</i> .....	24	<i>sr 24hr 20 mg</i> .....	38
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> .....	38
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> .....	38
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> .....	38
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	38
<i>amlodipine--benazepril hcl cap 10-20 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 10-40mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 5-10 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 5-20 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 5-40 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	38
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> .....	24	<i>amphotericin b</i> .....	11
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> .....	24	<i>ampicillin &amp; sulbactam sodium</i> .....	17
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> .....	24	<i>ampicillin cap 500mg</i> .....	17
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> .....	24	<i>ampicillin inj</i> .....	17
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> .....	24	<i>ampicillin sodium</i> .....	17
<i>ammonium lactate</i> .....	69	<i>AMPYRA</i> .....	40
<i>amnesteem</i> .....	67	<i>ANADROL-50</i> .....	41
<i>amoxapine tab 100mg</i> .....	33	<i>anagrelide hcl</i> .....	56
<i>amoxapine tab 150mg</i> .....	33	<i>anastrozole</i> .....	20
<i>amoxapine tab 25mg</i> .....	33	<i>ANDRODERM</i> .....	41
<i>amoxapine tab 50mg</i> .....	33	<i>ANORO ELLIPTA</i> .....	64
<i>amoxicillin</i> .....	17	<i>APOKYN</i> .....	34
<i>amoxicillin &amp; pot clavulanate</i> .....	17	<i>aprepitant</i> .....	52
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> .....	38	<i>aprepitant pak 80mg &amp; 125mg</i> .....	52
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> .....	38	<i>apri</i> .....	45
<i>amphetamine-dextroamphetamine cap</i>		<i>APRISO</i> .....	53

<i>aripiprazole tab</i>	35
ARISTADA	35
ARISTADA INITIO	35
<i>armodafinil</i>	41
ARNUITY ELLIPTA	66
<i>aspirin-dipyridamole</i>	56
<i>atazanavir sulfate</i>	12
<i>atenolol</i>	26
<i>atenolol &amp; chlorthalidone</i>	26
<i>atomoxetine hcl</i>	38
<i>atorvastatin calcium</i>	25
<i>atovaquone</i>	10
<i>atovaquone-proguanil hcl</i>	12
ATRIPLA	13
ATROVENT HFA	65
<i>aura</i>	45
AURYXIA	51
AUSTEDO	40
AVASTIN	19
<i>aviane</i>	45
<i>avita</i>	67
<i>azacitidine</i>	18
AZACTAM IN ISO-OSMOTIC DE	10
AZACTAM/DEX INJ	10
AZASITE	63
<i>azathioprine</i>	58
<i>azelastine drop 0.05%</i>	64
<i>azelastine spr 0.1%</i>	65
<i>azelastine spr 0.15%</i>	65
<i>azithromycin</i>	16
AZOPT	64
<i>aztreonam</i>	10
<i>bacitracin (ophthalmic)</i>	63
<i>bacitracin-polymyxin b (ophth)</i>	63
<i>bacitracin-poly-neomycin-hc</i>	62
<i>baclofen</i>	40
<i>balsalazide disodium</i>	53
<i>balziva</i>	45
BANZEL SUS 40MG/ML	30
BANZEL TAB 200MG	30
BANZEL TAB 400MG	30
BARACLUDE	15
BASAGLAR KWIKPEN	42
BCG VACCINE	58
BD ULTRAFINE INSULIN SYRINGE	42
BD ULTRAFINE/NANO PEN NEEDLES	42
<i>bekyree</i>	45
<i>benazepril &amp; hydrochlorothiazide</i>	23
<i>benazepril hcl</i>	23
BENDEKA	18
BENLYSTA	58
<i>benzoyl peroxide-erythromycin</i>	67
<i>benztropine mesylate inj</i>	34
<i>benztropine mesylate tab 0.5mg</i>	34
<i>benztropine mesylate tab 1mg</i>	34
<i>benztropine mesylate tab 2mg</i>	34
BEPREVE	64
BERINERT	56
BESIVANCE	63
<i>betamethasone dipropionate (topical)</i>	68
<i>betamethasone dipropionate augmented</i>	68
<i>betamethasone valerate</i>	68
BETASERON	40
<i>betaxolol hcl (ophth)</i>	64
<i>bethanechol chloride</i>	55
BETOPTIC-S	64
BEVESPI AEROSPHERE	65
<i>bexarotene</i>	22
BEXSERO	58
<i>bicalutamide</i>	20
BICILLIN L-A	17
BIKTARVY	14
BILTRICIDE	10
<i>bisoprolol &amp; hydrochlorothiazide</i>	26
<i>bisoprolol fumarate</i>	26
BIVIGAM	57
<i>bleomycin sulfate</i>	18
BLEPHAMIDE	62
<i>blisovi fe 1.5/30</i>	45
<i>blisovi fe 1/20</i>	45
BOOSTRIX	58
BORTEZOMIB	19
BOSULIF	21
BRAFTOVI	21
BREO ELLIPTA	67
<i>briellyn</i>	45
BRILINTA	56

<i>brimonidine sol 0.15%</i>	64	<i>carbidopa-levodopa</i>	35
<i>brimonidine sol 0.2%</i>	64	<i>carboplatin</i>	23
BRIVIACT INJ 50MG/5ML	30	CARIMUNE NANOFILTERED	57
BRIVIACT SOL 10MG/ML	30	<i>carteolol hcl (ophth)</i>	64
BRIVIACT TAB 100MG	30	<i>cartia xt cap 120/24hr</i>	27
BRIVIACT TAB 10MG	30	<i>cartia xt cap 180/24hr</i>	27
BRIVIACT TAB 25MG	30	<i>cartia xt cap 240/24hr</i>	27
BRIVIACT TAB 50MG	30	<i>cartia xt cap 300/24hr</i>	27
BRIVIACT TAB 75MG	30	<i>carvedilol</i>	26
<i>bromfenac sodium (ophth)</i>	63	<i>caspofungin acetate</i>	11
<i>bromocriptine mesylate</i>	35	CAYSTON	10
BROMSITE	63	<i>caziant pak</i>	45
<i>budesonide (inhalation)</i>	66	<i>cefaclor</i>	15
<i>budesonide ec</i>	53	CEFACLOR MONOHYDRATE ER	15
<i>bumetanide</i>	28	<i>cefadroxil</i>	15
<i>buprenorphine hcl</i>	41	CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	15
<i>buprenorphine hcl-naloxone hcl sl</i>	41	<i>cefaezolin inj</i>	15
<i>bupropion hcl</i>	33	<i>cefaezolin sodium</i>	15
<i>bupropion hcl (smoking deterrent)</i>	41	CEFAZOLIN SODIUM 1 GM/50ML	15
<i>buspirone hcl</i>	29	<i>cefdinir</i>	15
<i>butorphanol tartrate</i>	7	<i>cefepime hcl</i>	15
BYDUREON BCISE	42	<i>cefixime</i>	15
BYDUREON INJ	42	<i>cefotaxime sodium</i>	16
BYDUREON PEN	42	<i>cefoxitin sodium</i>	16
BYETTA	42	<i>cefpodoxime proxetil</i>	16
BYSTOLIC	26	<i>cefprozil</i>	16
<i>cabergoline</i>	50	<i>ceftazidime</i>	16
CABOMETYX	21	CEFTAZIDIME/DEXTROSE	16
<i>calcipotriene</i>	68	<i>ceftriaxone sodium</i>	16
<i>calcitonin (salmon)</i>	50	<i>cefuroxime axetil</i>	16
<i>calcitrene</i>	68	<i>cefuroxime sodium</i>	16
<i>calcitriol</i>	62	<i>celecoxib</i>	7
<i>calcitriol inj</i>	62	CELONTIN	30
<i>calcitriol oral soln 1 mcg/ml</i>	62	<i>cephalexin</i>	16
<i>calcium acetate (phosphate binder)</i>	51	CERDELGA	49
CALQUENCE	21	CEREZYME	49
<i>camila</i>	45	<i>cetirizine syrup</i>	65
CANASA	53	<i>cevimeline hcl</i>	70
CAPRELSA	21	CHANTIX	41
<i>captopril</i>	23	CHANTIX CONTINUING MONTH	41
<i>captopril &amp; hydrochlorothiazide</i>	23	CHANTIX STARTER PACK	41
CARBAGLU	49	CHEMET	45
<i>carbamazepine</i>	30	<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>carbidopa/levodopa/entacapone</i>	35		

.....	70
<i>chloroquine phosphate</i>	12
<i>chlorothiazide tabs</i>	28
<i>chlorpromazine hcl</i>	35
<b>CHLORPROMAZINE INJ</b>	35
<i>chlorthalidone</i>	28
<i>cholestyramine</i>	25
<i>cholestyramine light</i>	25
<i>ciclopirox</i>	67
<i>ciclopirox shampoo 1%</i>	68
<i>cilostazol</i>	56
<b>CILOXAN</b>	63
<b>CIMDUO</b>	14
<i>cinacalcet hcl</i>	45
<b>CIPRODEX</b>	70
<i>ciprofloxacin</i>	16
<i>ciprofloxacin hcl (ophth)</i>	63
<i>ciprofloxacin hcl tab</i>	16
<i>ciprofloxacin in d5w</i>	16
<i>cisplatin</i>	23
<i>citalopram hydrobromide</i>	33
<i>claravis</i>	67
<i>clarithromycin</i>	16
<i>clarithromycin er</i>	16
<i>clarithromycin for susp</i>	16
<i>clindacin-p</i>	67
<i>clindamycin cap 300mg</i>	10
<i>clindamycin cap 75mg</i>	10
<i>clindamycin hcl cap 150 mg</i>	10
<i>clindamycin phosphate (topical)</i>	67
<i>clindamycin phosphate in d5w</i>	10
<b>CLINDAMYCIN PHOSPHATE IN NACL</b>	10
<i>clindamycin phosphate inj</i>	10
<i>clindamycin phosphate vaginal</i>	55
<i>clindamycin soln 75mg/5ml</i>	10
<b>CLINIMIX 4.25%/DEXTROSE 25%</b>	60
<b>CLINIMIX 4.25%/DEXTROSE 5%</b>	60
<b>CLINIMIX 5%/DEXTROSE 15%</b>	60
<b>CLINIMIX 5%/DEXTROSE 20%</b>	60
<b>CLINIMIX 5%/DEXTROSE 25%</b>	60
<b>CLINIMIX INJ 4.25/D10</b>	60
<i>clobazam</i>	30
<i>clomipramine hcl</i>	33
<i>clonazepam</i>	30
<i>clonidine hcl</i>	28
<i>clonidine hcl ptwk</i>	28
<i>clopidogrel tab 75mg</i>	56
<i>clorazepate dipotassium</i>	30
<i>clotrimazole</i>	70
<i>clotrimazole (topical)</i>	68
<i>clotrimazole w/ betamethasone</i>	68
<i>clozapine odt</i>	35, 36
<i>clozapine tab 100mg</i>	36
<i>clozapine tab 200mg</i>	36
<i>clozapine tab 25mg</i>	36
<i>clozapine tab 50mg</i>	36
<b>COARTEM</b>	12
<i>colchicine w/ probenecid</i>	7
<b>COLCRYS</b>	7
<i>colesevelam hcl</i>	25
<i>colestipol hcl gran</i>	25
<i>colestipol hcl pack</i>	26
<i>colestipol hcl tabs</i>	26
<i>colistimethate sodium</i>	10
<i>colocort enema 100mg</i>	53
<b>COMBIGAN</b>	64
<b>COMBIVENT RESPIMAT</b>	65
<b>COMETRIQ</b>	21
<b>COMPLERA</b>	14
<i>compro</i>	52
<i>constulose</i>	53
<b>COPIKTRA</b>	21
<b>CORLANOR</b>	28
<i>cortisone acetate</i>	49
<b>COTELLIC</b>	21
<b>COUMADIN</b>	55
<b>CREON</b>	54
<b>CRIXIVAN</b>	12
<i>cromolyn sodium (mastocytosis)</i>	54
<i>cromolyn sodium (ophth)</i>	64
<i>cromolyn sodium nebu</i>	66
<i>cryselle-28</i>	45
<i>cyclafem 1/35</i>	45
<i>cyclafem 7/7/7</i>	45
<i>cyclobenzaprine hcl</i>	41
<i>cyclophosphamide</i>	18
<i>cycloserine</i>	14
<i>cyclosporine</i>	58

cyclosporine modified (for microemulsion) .....	58
cyproheptadine hcl .....	65
cyred tab .....	45
CYSTADANE .....	49
CYSTAGON .....	49
CYSTARAN .....	64
cytarabine .....	18
dacarbazine .....	18
dalfampridine .....	40
DALIRESP .....	66
danazol.....	48
dantrolene sodium .....	41
dapsone .....	10
DAPTACEL .....	58
daptomycin .....	10
DAPTO MYCIN .....	10
dasetta 1/35.....	45
dasetta 7/7/7 .....	45
DAURISMO .....	19
deblitane.....	46
DELESTROGEN.....	49
DELSTRIGO .....	14
delyla .....	46
DELZICOL .....	53
DEM SER.....	28
DEPEN TITRATABS .....	45
DEPO-PROVERA INJ 400/ML .....	20
DESCO VY .....	14
desipramine hcl.....	33
desmopressin acetate spray .....	51
desmopressin acetate spray refrigerated .....	51
desmopressin acetate tabs .....	51
desmopressin inj 4mcg/ml .....	51
desogestrel & ethinyl estradiol .....	46
desogestrel-ethinyl estradiol (biphasic) .....	46
desvenlafaxine succinate.....	33
dexamethasone .....	49
DEXAMETHASONE .....	49
dexamethasone sodium phosphate....	49
dexamethasone sodium phosphate (ophth) .....	63
DEXILANT .....	54
dexamethylphenidate hcl .....	38
dexrazoxane .....	23
dextrose 10% flex contain .....	61
DEXTROSE 10%/NACL 0.2% .....	61
dextrose 10%/nacl 0.45%.....	61
dextrose 2.5%/nacl 0.45%.....	61
dextrose 5%.....	61
DEXTROSE 5% /ELECTROLYTE .....	61
dextrose 5%/nacl 0.2% .....	61
dextrose 5%/nacl 0.225%.....	61
DEXTROSE 5%/NACL 0.3% .....	61
dextrose 5%/nacl 0.33%.....	61
dextrose 5%/nacl 0.45%.....	61
dextrose 5%/nacl 0.9% .....	61
dextrose 5%/potassium chl .....	61
dextrose 50% .....	61
dextrose in lactated ringers .....	61
dextrose inj 70% .....	61
DIASTAT ACUDIAL .....	30
DIASTAT PEDIATRIC.....	30
diazepam .....	30
diazepam gel .....	30
diazepam inj .....	30
diazepam intensol .....	30
diazepam oral soln 1 mg/ml .....	30
diclofenac potassium .....	7
diclofenac sodium.....	7
diclofenac sodium (ophth) .....	63
diclofenac sodium (topical) 1% gel .....	69
dicloxacillin sodium .....	17
dicyclomine hcl cap 10mg .....	52
dicyclomine hcl soln 10mg/5ml .....	52
dicyclomine hcl tab 20mg .....	52
didanosine.....	12
DIFICID .....	16
diflunisal .....	7
digitek .....	27
digox .....	27, 28
digoxin .....	28
digoxin inj .....	28
digoxin sol 50mcg/ml .....	28
dihydroergotamine mesylate inj 1 mg/ml .....	39

dihydroergotamine mesylate nasal	39
DILANTIN CAP 100MG	30
DILANTIN CAP 30MG	30
DILANTIN CHEW TAB 50MG	30
DILANTIN-125 SUSP	30
<i>diltiazem cap 120mg cd</i>	27
<i>diltiazem cap 180mg cd</i>	27
<i>diltiazem cap 240mg cd</i>	27
<i>diltiazem cap 360mg cd</i>	27
<i>diltiazem cap er/12hr</i>	27
<i>diltiazem hcl</i>	27
<i>diltiazem hcl cap sr 24hr</i>	27
<i>diltiazem hcl coated beads cap sr 24hr</i>	27
<i>diltiazem hcl extended release beads cap sr</i>	27
<i>diltiazem inj</i>	27
<i>dilt-xr cap</i>	27
diphenhydramine hcl inj 50mg/ml	65
diphenoxylate w/ atropine	54
DIPHTHERIA/TETANUS TOXOID	58
disopyramide phosphate	25
disulfiram	41
divalproex sodium	30
docetaxel	18, 19
DOCETAXEL	19
dofetilide	25
donepezil hydrochloride	32
dorzolamide hcl	64
dorzolamide hcl-timolol maleate	64
doxazosin mesylate	24
doxepin hcl	33
doxorubicin hcl	18
doxorubicin hcl liposomal	18
doxy 100	17
doxycycline (monohydrate)	17
doxycycline hyclate	17
dronabinol	52
drospirenone-ethynodiol estradiol	46
DROXIA	56
duloxetine hcl	33
DUREZOL	63
dutasteride	54
dutasteride-tamsulosin hcl	54
e.e.s 400	16
EDURANT	12
efavirenz	12
<i>eletriptan hydrobromide</i>	39
ELIQUIS	55
ELIQUIS STARTER PACK	55
ELLA	46
EMCYT	18
EMEND	52
emoquette	46
EMSAM	33
EMTRIVA	12
EMVERM	10
<i>enalapril maleate</i>	23
<i>enalapril maleate &amp; hydrochlorothiazide</i>	23
ENDARI	56
<i>endocet 10-325mg</i>	8
<i>endocet 2.5-325mg</i>	8
<i>endocet 5-325mg</i>	8
<i>endocet 7.5-325mg</i>	8
ENGERIX-B	58
enoxaparin sodium	55
enpresse-28	46
enskyce	46
ENSTILAR	68
entacapone	35
entecavir	15
ENTRESTO	24
enulose	53
EPCLUSIA	15
EPIDIOLEX	31
<i>epinephrine (anaphylaxis)</i>	66
<i>epirubicin hcl</i>	18
<i>epitol</i>	31
EPIVIR HBV	15
<i>elplerenone</i>	24
<i>ergotamine w/ caffeine</i>	39
ERIVEDGE	19
ERLEADA	20
<i>errin</i>	46
<i>ertapenem sodium</i>	10
<i>ery pad 2%</i>	67
<i>ery-tab</i>	16

ERYTHROCIN LACTOBIONATE .....	16
<i>erythrocin stearate</i> .....	16
<i>erythromycin (acne aid)</i> .....	67
<i>erythromycin (ophth)</i> .....	63
<i>erythromycin base</i> .....	16
<i>erythromycin cap 250mg ec</i> .....	16
<i>erythromycin ethylsuccinate</i> .....	16
ESBRIET .....	66
<i>escitalopram oxalate</i> .....	33
<i>esomeprazole magnesium</i> .....	54
<i>esomeprazole sodium inj</i> .....	54
<i>estarrylla tab 0.25-35</i> .....	46
<i>estradiol</i> .....	49
<i>estradiol vaginal cream</i> .....	49
<i>estradiol vaginal tab</i> .....	49
<i>estradiol valerate</i> .....	49
<i>ethambutol hcl</i> .....	14
<i>ethosuximide</i> .....	31
<i>ethynodiol diacet &amp; eth estrad</i> .....	46
<i>ethynodiol tab 1-50</i> .....	46
<i>etodolac</i> .....	7
<i>etodolac er</i> .....	7
<i>etoposide</i> .....	23
EVOTAZ .....	14
exemestane .....	20
ezetimibe .....	26
FABRAZYME .....	49
<i>falmina</i> .....	46
<i>famciclovir</i> .....	15
<i>famotidine</i> .....	52
<i>famotidine in nacl</i> .....	53
<i>famotidine inj</i> .....	53
FANAPT .....	36
FANAPT TITRATION PACK .....	36
FARESTON .....	20
FARXIGA .....	43
FARYDAK .....	19
FASLODEX .....	20
<i>felbamate</i> .....	31
<i>felodipine</i> .....	27
<i>femynor</i> .....	46
<i>fenofibrate</i> .....	26
<i>fenofibrate micronized</i> .....	26
<i>fentanyl citrate</i> .....	8
<i>fentanyl patch 100 mcg/hr</i> .....	8
<i>fentanyl patch 12 mcg/hr</i> .....	8
<i>fentanyl patch 25 mcg/hr</i> .....	8
<i>fentanyl patch 50 mcg/hr</i> .....	8
<i>fentanyl patch 75 mcg/hr</i> .....	8
FENTORA .....	8
FETZIMA .....	33
FETZIMA TITRATION PACK .....	33
FIASP .....	42
FIASP FLEXTOUCH .....	42
<i>finasteride</i> .....	54
FIRAZYR .....	56
<i>flac</i> .....	70
FLEBOGAMMA DIF .....	57
<i>flecainide acetate</i> .....	25
FLOVENT DISKUS .....	67
FLOVENT HFA .....	67
<i>fluconazole</i> .....	11
<i>fluconazole in dextrose</i> .....	11
<i>fluconazole inj nacl 200</i> .....	11
<i>fluconazole inj nacl 400</i> .....	12
<i>flucytosine</i> .....	12
<i>fludrocortisone acetate</i> .....	49
<i>flunisolide (nasal)</i> .....	66
<i>fluocinolone acetonide</i> .....	68
<i>fluocinolone acetonide (otic)</i> .....	70
<i>fluocinolone acetonide oil body</i> .....	68
<i>fluocinonide</i> .....	68
<i>fluocinonide emulsified base</i> .....	68
<i>fluorometholone</i> .....	63
<i>fluorouracil</i> .....	18
<i>fluorouracil (topical)</i> .....	69
<i>fluoxetine cap 10mg</i> .....	33
<i>fluoxetine cap 20mg</i> .....	33
<i>fluoxetine cap 40mg</i> .....	34
<i>fluoxetine hcl</i> .....	34
<i>fluphenazine decanoate</i> .....	36
<i>fluphenazine hcl</i> .....	36
<i>flurbiprofen</i> .....	7
<i>flurbiprofen sodium</i> .....	63
<i>flutamide</i> .....	20
<i>fluticasone propionate</i> .....	68
<i>fluticasone propionate (nasal)</i> .....	66
<i>fluvoxamine maleate</i> .....	29

<i>fondaparinux sodium</i>	55	GEODON	36
FORTEO	50	<i>gianvi</i>	46
<i>fosamprenavir tab 700 mg</i>	12	GILENYA CAP 0.5MG	40
<i>fosinopril sodium</i>	24	GILOTrif TAB 20MG	21
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	23	GILOTrif TAB 30MG	21
FREAMINE HBC 6.9%	60	GILOTrif TAB 40MG	21
FREAMINE III	60	<i>glatiramer acetate 20mg/ml</i>	40
<i>furosemide</i>	28	<i>glatiramer acetate 40mg/ml</i>	40
<i>furosemide inj.</i>	28	<i>glatopa</i>	40
FUZEON	12	GLEOSTINE	18
<i>fyavolv</i>	49	<i>glimepiride</i>	43
FYCOMPA	31	<i>glip/metform tab 2.5-250mg</i>	43
<i> gabapentin</i>	31	<i>glip/metform tab 2.5-500mg</i>	43
<i> galantamine hydrobromide</i>	32	<i>glip/metform tab 5-500mg</i>	43
<i> galantamine hydrobromide er</i>	32	<i>glipizide</i>	43
GAMASTAN S/D	57	<i>glipizide xl</i>	43
GAMMAGARD LIQUID	57	GLUCAGEN HYPOKIT	50
GAMMAGARD S/D	57	GLUCAGON EMERGENCY KIT	50
GAMMAKED	57	<i>glycopyrrolate tab 1mg</i>	52
GAMMAPLEX	57	<i>glycopyrrolate tab 2mg</i>	52
GAMMAPLEX 10GM/100ML	57	<i>glydo</i>	69
GAMUNEX-C	57	GOLYTELY	53
<i> ganciclovir sodium</i>	15	<i>granisetron hcl</i>	52
GARDASIL 9	58	GRANIX	56
<i> gatifloxacin (ophth)</i>	63	<i>griseofulvin microsize</i>	12
GATTEX	54	<i>griseofulvin ultramicrosize</i>	12
GAUZE PADS 2	42	<i>guanfacine er (adhd)</i>	38
<i> gavilyte-c</i>	53	HAEGARDA	56
<i> gavilyte-g</i>	53	<i>halobetasol propionate</i>	68
<i> gavilyte-n/flavor pack</i>	53	<i>haloperidol</i>	36
<i> gemcitabine inj soln</i>	18	<i>haloperidol conc 2mg/ml</i>	36
<i> gemcitabine inj solr</i>	18	<i>haloperidol decanoate</i>	36
<i> gemfibrozil</i>	26	<i>haloperidol lactate inj 5mg/ml</i>	36
<i> generlac</i>	53	HARVONI	15
<i> gengraf</i>	58	HAVRIX	58
GENOTROPIN	50	<i>heather</i>	46
GENOTROPIN MINIQUICK	50	<i>heparin sod (porcine) in d5w</i>	55
<i> gentak</i>	63	<i>heparin sod inj 1000/ml</i>	55
<i> gentamicin in saline</i>	10	<i>heparin sod inj 10000/ml</i>	55
<i> gentamicin sulfate</i>	10	<i>heparin sod inj 20000/ml</i>	55
<i> gentamicin sulfate (topical)</i>	67	<i>heparin sod inj 5000/ml</i>	55
<i> gentamicin sulfate soln (ophth)</i>	63	HEPARIN SODIUM/NAACL 0.45%	55
GENVOYA	14	<i>hepatamine</i>	60
		HERCEPTIN	19

HETLIOZ .....	39
HIBERIX.....	58
HUMIRA .....	57
HUMIRA INJ 10MG/0.2ML.....	57
HUMIRA KIT 20MG/0.4ML.....	57
HUMIRA KIT 40MG/0.8ML.....	57
HUMIRA PEDIATRIC CROHNS DISEASE .....	57
HUMIRA PEN.....	57
HUMIRA PEN CD/UC/HS STARTER .....	57
HUMIRA PEN INJ CD/UC/HS STARTER.....	57
HUMIRA PEN INJ PS/UV STARTER.....	57
HUMIRA PEN-PS/UV STARTER.....	57
HUMULIN R INJ U-500 .....	42
HUMULIN R U-500 KWIKPEN .....	42
<i>hydralazine hcl</i> .....	28
<i>hydrochlorothiazide</i> .....	28
<i>hydroco/apap tab 10-325mg</i> .....	8
<i>hydroco/apap tab 5-325mg</i> .....	8
<i>hydroco/apap tab 7.5-325</i> .....	8
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> .....	8
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	8
<i>hydrocortisone</i> .....	49
<i>hydrocortisone (enema)</i> .....	53
<i>hydrocortisone (topical)</i> .....	68, 69
<i>hydrocortisone butyrate cream 0.1%</i> .....	69
<i>hydrocortisone butyrate oint 0.1%</i> .....	69
<i>hydrocortisone valerate</i> .....	69
<i>hydromorphone hcl</i> .....	8
<i>hydroxychloroquine sulfate</i> .....	57
<i>hydroxyurea</i> .....	22
<i>hydroxyzine hcl</i> .....	65
<i>hydroxyzine hcl inj</i> .....	65
<i>hydroxyzine pamoate</i> .....	65
HYSINGLA ER .....	8
<i>ibandronate sodium</i> .....	44
IBRANCE.....	19
<i>ibu tab 600mg</i> .....	7
<i>ibu tab 800mg</i> .....	7
<i>ibuprofen</i> .....	7
ICLUSIG.....	21
IDHIFA .....	19
IFEX INJ 3GM .....	18
<i>ifosfamide inj 1gm/20ml</i> .....	18
IFOSFAMIDE INJ 3GM .....	18
<i>ifosfamide inj 3gm/60ml</i> .....	18
ILEVRO .....	63
<i>imatinib mesylate</i> .....	21
IMBRUVICA .....	21
<i>imipenem-cilastatin</i> .....	10
<i>imipramine hcl</i> .....	34
<i>imiquimod</i> .....	69
IMOVAZ RABIES (H.D.C.V.) .....	59
<i>incassia</i> .....	46
INCRELEX .....	50
INCRUSE ELLIPTA .....	65
<i>indapamide</i> .....	28
INFANRIX.....	59
INLYTA .....	21
INSULIN PEN NEEDLE .....	42
INSULIN SAFETY NEEDLES .....	42
INSULIN SYRINGE .....	42
INTELENCE.....	12
INTRALIPID 30%.....	60
<i>intralipid inj 20%</i> .....	60
INTRON-A INJ 10MU .....	58
INTRON-A INJ 18MU .....	58
INTRON-A INJ 25MU .....	58
INTRON-A INJ 50MU .....	58
<i>introvale</i> .....	46
INVANZ .....	10
INVEGA SUST INJ 117 MG/0.75 ML .....	36
INVEGA SUST INJ 156MG/ML.....	36
INVEGA SUST INJ 234 MG/1.5 ML .....	36
INVEGA SUST INJ 39 MG/0.25 ML .....	36
INVEGA SUST INJ 78 MG/0.5 ML .....	36
INVEGA TRINZA .....	36
INVIRASE.....	12
IONOSOL-MB/DEXTROSE 5% .....	61
IPOL INACTIVATED IPV .....	59
<i>ipratropium bromide</i> .....	65
<i>ipratropium bromide (nasal)</i> .....	65
<i>ipratropium-albuterol nebu</i> .....	65
<i>irbesartan</i> .....	25
<i>irbesartan-hydrochlorothiazide</i> .....	24
IRESSA .....	21

<i>irinotecan hcl</i>	23	<i>kariva</i>	46
ISENTRESS	12	<i>kcl 0.075%/d5w/nacl 0.45%</i>	61
ISENTRESS HD	13	KCL 0.15%/D5W/NACL 0.225%	61
<i>isibloom</i>	46	<i>kcl 0.15%/d5w/nacl 0.9%</i>	61
ISOLYTE P	61	<i>kcl 0.3%/d5w/nacl 0.45%</i>	61
ISOLYTE S	61	KCL 0.3%/D5W/NACL 0.9%	61
<i>isoniazid</i>	14	<i>kcl/d5w inj 0.3%</i>	61
<i>isoniazid syrup 50mg/5ml</i>	14	<i>kcl/d5w/nacl inj .15/.33%</i>	61
<i>isosorb mononitrate tab</i>	29	<i>kcl/d5w/nacl inj .15/.45%</i>	61
<i>isosorbide dinitrate</i>	29	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	61
<i>isosorbide dinitrate er</i>	29	<i>kcl/nacl inj 0.15%-0.9%</i>	61
<i>isosorbide mononitrate er</i>	29	<i>kcl/nacl inj 0.3-0.9</i>	61
<i>isotretinoin</i>	67	<i>kcl0.15%/d5w/nacl0.2%</i>	61
<i>isradipine</i>	27	<i>kelnor 1/35</i>	46
<i>itraconazole</i>	12	<i>kelnor 1/50</i>	46
<i>ivermectin</i>	10	<i>ketoconazole</i>	12
IXIARO	59	<i>ketoconazole cream</i>	68
JADENU	45	<i>ketoconazole shampoo</i>	68
JADENU SPRINKLE	45	<i>ketorolac tromethamine (ophth)</i>	63
JAKAFI	21	KEYTRUDA	19
<i>jantoven</i>	55	KINRIX	59
JANUMET	43	<i>kionex sus 15gm/60ml</i>	45
JANUMET XR TAB 100-1000	43	KISQALI	19
JANUMET XR TAB 50-1000	43	KISQALI FEMARA 200 DOSE	19
JANUMET XR TAB 50-500MG	43	KISQALI FEMARA 400 DOSE	19
JANUVIA	43	KISQALI FEMARA 600 DOSE	19
JARDIANCE	43	<i>klor-con 10</i>	59
JENTADUETO	43	<i>klor-con 8</i>	59
JENTADUETO TAB XR 2.5-1000 MG	43	<i>klor-con m10</i>	59
JENTADUETO TAB XR 5-1000 MG	44	<i>klor-con m15</i>	59
<i>jinteli</i>	49	<i>klor-con m20</i>	59
<i>jolessa tab 0.15-0.03 mg</i>	46	<i>klor-con pak 20meq</i>	59
<i>jolivette</i>	46	<i>klor-con spr cap 10meq</i>	59
<i>juleber</i>	46	<i>klor-con spr cap 8meq</i>	59
JULUCA	14	KORLYM	50
<i>junel 1.5/30</i>	46	<i>kurvelo</i>	46
<i>junel 1/20</i>	46	KUVAN	49
<i>junel fe 1.5/30</i>	46	KYNAMRO	26
<i>junel fe 1/20</i>	46	<i>labetalol hcl</i>	26
JUXTAPID	26	<i>lactated ringer's</i>	62
KADCYLA	19	<i>lactulose</i>	53
KALETRA TAB 100-25MG	14	<i>lactulose (encephalopathy)</i>	53
KALETRA TAB 200-50MG	14	<i>lamivudine</i>	13
KALYDECO	66	<i>lamivudine (hbv)</i>	15

<i>lamivudine-zidovudine</i>	14	<i>levonor/ethi tab</i>	46
<i>lamotrigine</i>	31	<i>levonorgestrel &amp; eth estradiol</i>	47
<i>lansoprazole</i>	54	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	47
<i>larin 1.5/30</i>	46	<i>levora 0.15/30-28</i>	47
<i>larin 1/20</i>	46	<i>levo-t</i>	51
<i>larin fe 1.5/30</i>	46	<i>levothyroxine sodium</i>	51
<i>larin fe 1/20</i>	46	<i>levoxyl</i>	51
<i>larissa tab</i>	46	<i>LEXIVA</i>	13
<i>LASTACRAFT</i>	64	<i>lidocaine</i>	69
<i>latanoprost</i>	64	<i>lidocaine hcl</i>	69
<i>LATUDA</i>	36	<i>lidocaine hcl (local anesth.)</i>	9
<i>leena</i>	46	<i>lidocaine hcl (mouth-throat)</i>	70
<i>leflunomide</i>	57	<i>lidocaine inj 0.5%</i>	9
<i>LENVIMA 10 MG DAILY DOSE</i>	22	<i>lidocaine inj 1%</i>	9
<i>LENVIMA 12MG DAILY DOSE</i>	22	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
<i>LENVIMA 14 MG DAILY DOSE</i>	22	<i>lidocaine oint 5%</i>	69
<i>LENVIMA 18 MG DAILY DOSE</i>	22	<i>lidocaine-prilocaine</i>	69
<i>LENVIMA 20 MG DAILY DOSE</i>	22	<i>linezolid in sodium chloride</i>	10
<i>LENVIMA 24 MG DAILY DOSE</i>	22	<i>linezolid inj</i>	10
<i>LENVIMA 4 MG DAILY DOSE</i>	21	<i>linezolid susp</i>	11
<i>LENVIMA 8 MG DAILY DOSE</i>	22	<i>linezolid tab 600mg</i>	11
<i>lessina</i>	46	<i>LINZESS</i>	54
<i>LETAIRIS</i>	29	<i>liothyronine sodium</i>	51
<i>letrozole</i>	20	<i>lisinopril</i>	24
<i>leucovorin calcium</i>	23	<i>lisinopril &amp; hydrochlorothiazide</i>	23
<i>LEUKERAN</i>	18	<i>lithium carbonate</i>	40
<i>leuprolide inj 1mg/0.2</i>	20	<i>lithium carbonate er</i>	40
<i>levalbuterol hcl</i>	65	<i>LITHIUM SOLN 8MEQ/5ML</i>	40
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	66	<i>LONSURF</i>	22
<i>levalbuterol tartrate hfa</i>	66	<i>loperamide hcl</i>	54
<i>LEVEMIR</i>	42	<i>lopinavir-ritonavir</i>	14
<i>LEVEMIR FLEXTOUCH</i>	42	<i>lorazepam</i>	29
<i>levetiracetam</i>	31	<i>lorazepam intensol</i>	29
<i>levetiracetam in sodium chloride</i>	31	<i>LORBRENA</i>	22
<i>levetiracetam oral soln 100 mg/ml</i>	31	<i>lorcet hd tab 10-325mg</i>	8
<i>levobunolol hcl</i>	64	<i>lorcet plus tab 7.5-325</i>	8
<i>levocarnitine (metabolic modifiers)</i>	49	<i>lorcet tab 5-325mg</i>	8
<i>levocetirizine dihydrochloride</i>	65	<i>loryna</i>	47
<i>levofloxacin</i>	16	<i>losartan potassium</i>	25
<i>levofloxacin in d5w</i>	16	<i>losartan-hydrochlorothiazide</i>	24
<i>levofloxacin inj 25mg/ml</i>	16	<i>LOTEMAX</i>	63
<i>levofloxacin oral soln 25 mg/ml</i>	17	<i>lovastatin</i>	25
<i>levonest</i>	46		

<i>low-ogestrel</i>	47	MENACTRA	59
<i>loxapine succinate</i>	36	MENVEO	59
LUMIGAN	64	<i>mercaptopurine</i>	18
LUMIZYME	49	meropenem	11
LUPRON DEPOT (1-MONTH)	20	<i>mesalamine</i>	53
LUPRON DEPOT INJ 11.25MG (3-MONTH)	20	<i>mesalamine w/ cleanser</i>	53
LUPRON DEPOT-PED (1-MONTH)	50	MESNEX	23
LUPRON DEPOT-PED (3-MONTH)	50	<i>metadate er tab 20mg</i>	38
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	50	<i>metformin er</i>	44
LUPRON DEP-PED INJ 7.5MG	50	<i>metformin hcl</i>	44
<i>lutera</i>	47	<i>methadone hcl</i>	8
LYNPARZA	19	<i>methadone hcl 10mg</i>	8
LYRICA	31	<i>methadone hcl 5mg</i>	8
LYRICA CR	40	<i>methadone hcl intensol</i>	9
LYSODREN	20	<i>methazolamide</i>	28
<i>lyza</i>	47	<i>methenamine hippurate</i>	11
<i>magnesium sulfate</i>	60	<i>methimazole</i>	51
MAGNESIUM SULFATE	59	<i>methotrexate sodium inj</i>	18
MAGNESIUM SULFATE IN D5W	60	<i>methotrexate sodium tabs</i>	57
<i>magnesium sulfate in dextrose</i>	60	<i>methyclothiazide</i>	28
<i>magnesium sulfate inj 50%</i>	60	<i>methylphenidate hcl</i>	39
<i>malathion</i>	70	<i>methylphenidate hcl oral soln</i>	39
<i>maprotiline hcl</i>	34	<i>methylphenidate tab 10mg er</i>	39
<i>marlissa</i>	47	<i>methylphenidate tab 20mg er</i>	39
MARPLAN TAB 10MG	34	<i>methylpr ss inj</i>	49
MATULANE	22	<i>methylpred pak 4mg</i>	49
MAVYRET	15	<i>methylpred tab 16mg</i>	49
<i>meclizine hcl</i>	52	<i>methylpred tab 32mg</i>	49
<i>medroxyprogesterone acetate (contraceptive)</i>	47	<i>methylpred tab 4mg</i>	49
<i>medroxyprogesterone acetate tab</i>	51	<i>methylpred tab 8mg</i>	49
<i>mefloquine hcl</i>	12	<i>methylprednisolone acetate</i>	50
<i>megestrol ac sus 40mg/ml</i>	20	<i>metoclopramide hcl</i>	52
<i>megestrol ac tab 20mg</i>	20	<i>metoclopramide hcl inj</i>	52
<i>megestrol ac tab 40mg</i>	20	<i>metolazone</i>	28
<i>megestrol sus 625mg/5ml</i>	20	<i>metoprolol &amp; hctz tab 100-25mg</i>	26
MEKINIST	22	<i>metoprolol &amp; hctz tab 100-50mg</i>	26
MEKTOVI	22	<i>metoprolol &amp; hctz tab 50-25mg</i>	26
<i>meloxicam</i>	7	<i>metoprolol succinate</i>	26
<i>memantine hcl cp24</i>	32	<i>metoprolol tartrate</i>	26
<i>memantine soln</i>	32	<i>metronidazole</i>	11
<i>memantine tabs</i>	32	<i>metronidazole (topical)</i>	69
		<i>metronidazole gel 0.75%</i>	69
		<i>metronidazole in nacl</i>	11
		<i>metronidazole vaginal</i>	55

<i>mexiletine hcl</i>	25	MYLOTARG	19
<i>microgestin 1.5/30</i>	47	<i>myorisan</i>	67
<i>microgestin 1/20</i>	47	MYRBETRIQ	55
<i>microgestin fe 1.5/30</i>	47	<i>myzilra</i>	47
<i>microgestin fe 1/20</i>	47	<i>nabumetone</i>	7
<i>midodrine hcl</i>	28	<i>nadolol</i>	26
<i>miglustat</i>	49	<i>nafcillin sodium</i>	17
<i>mili</i>	47	NAFCILLIN SODIUM FOR INJ 10GM	17
<i>minitran</i>	29	NAGLAZYME	49
<i>minocycline hcl</i>	17	<i>nalbuphine hcl</i>	7
<i>minoxidil</i>	28	<i>naloxone inj 0.4mg/ml</i>	41
<i>mirtazapine</i>	34	<i>naloxone inj 1mg/ml</i>	41
<i>misoprostol</i>	54	<i>naltrexone hcl</i>	41
MITIGARE	7	NAMZARIC	33
<i>mitomycin</i>	18	<i>naproxen</i>	7
M-M-R II	59	<i>naproxen dr</i>	7
M-NATAL PLUS	62	<i>naproxen sodium</i>	7
<i>moexipril hcl</i>	24	<i>naratriptan hcl</i>	39
<i>moexipril-hydrochlorothiazide</i>	23	NARCAN	41
<i>molindone hcl</i>	36	NATACYN	63
<i>mometasone furoate</i>	69	<i>nateglinide</i>	44
<i>monodoxine nl cap 100mg</i>	18	NATPARA	50
<i>mono-linyah tab 0.25-35</i>	47	NEBUPENT	11
<i>mononessa</i>	47	<i>necon 0.5/35-28</i>	47
<i>montelukast sodium</i>	66	<i>necon 1/50-28</i>	47
<i>morgidox cap 1x50mg</i>	18	<i>necon 7/7/7</i>	47
<i>morphine ext-rel tab</i>	9	<i>nefazodone hcl</i>	34
<i>morphine sul inj 10mg/ml</i>	9	<i>neomycin sulfate</i>	10
<i>morphine sul inj 1mg/ml</i>	9	<i>neomycin-bacitracin zn-polymyxin</i>	63
MORPHINE SUL INJ 4MG/ML	9	<i>neomycin-polomy-dexameth</i>	62
<i>morphine sulfate</i>	9	<i>neomycin-polomyxin-gramicidin</i>	63
MORPHINE SULFATE	9	<i>neomycin-polomyxin-hc (ophth)</i>	62
<i>morphine sulfate oral soln 100mg/5ml</i>	9	<i>neomycin-polomyxin-hc (otic)</i>	70
<i>morphine sulfate oral soln 10mg/5ml..</i>	9	NEPHRAMINE	61
<i>morphine sulfate oral soln 20mg/5ml..</i>	9	NERLYNX	22
MOVANTIK	54	NEUPOGEN	56
MOVIPREP	53	NEUPRO	35
MOXEZA	63	<i>nevirapine susp 50 mg/5ml</i>	13
<i>moxifloxacin hcl (ophth)</i>	63	<i>nevirapine tab 100mg er</i>	13
MULTAQ	25	<i>nevirapine tab 200mg</i>	13
<i>mupirocin</i>	67	<i>nevirapine tab 400mg er</i>	13
MYCAMINE	12	NEXAVAR	22
<i>mycophenolate mofetil</i>	58	<i>niacin er (antihyperlipidemic)</i>	26
<i>mycophenolate sodium tbec</i>	58	<i>niacor</i>	26

<i>nicardipine hcl</i>	27	NOVOLIN 70/30 FLEXPEN	42
NICOTROL INHALER	41	NOVOLIN N	42
NICOTROL NS	41	NOVOLIN R	42
<i>nifedipine</i>	27	NOVOLOG	42
<i>nifedipine er</i>	27	NOVOLOG 70/30 FLEXPEN	42
<i>nikki</i>	47	NOVOLOG FLEXPEN	42
<i>nilutamide</i>	20	NOVOLOG MIX 70/30	42
<i>nimodipine</i>	27	NOVOLOG PENFILL	42
NINLARO	19	NOXAFILE	12
NITRO-BID	29	NUCYNTA ER	9
NITRO-DUR DIS 0.3MG/HR	29	NUEDEXTA	40
NITRO-DUR DIS 0.8MG/HR	29	NULOJIX	58
<i>nitrofurantoin macrocrystal</i>	11	NULYTELY/FLAVOR PACKS	53
<i>nitrofurantoin monohyd macro</i>	11	NUPLAZID CAPS	36
<i>nitroglycerin</i>	29	NUPLAZID TABS 10MG	36
<i>nitroglycerin td patch</i>	29	NUPLAZID TABS 17MG	36
NITYR	49	<i>nutrilipid inj 20%</i>	61
NIVA-PLUS	62	NUVARING	47
<i>nora-be tab</i>	47	<i>nyamyc</i>	68
<i>norethindrone (contraceptive)</i>	47	NYMALIZE	27
<i>norethindrone acet &amp; eth estra</i>	47	<i>nystatin</i>	12
<i>norethindrone acetate</i>	51	<i>nystatin (mouth-throat)</i>	70
<i>norethindrone acetate-ethynodiol</i>	49	<i>nystatin (topical)</i>	68
<i>norgest/ethi tab 0.25/35</i>	47	<i>nystatin pow 100000</i>	68
<i>norgestimate-ethynodiol</i>		<i>nystop</i>	68
<i>(triphasic) 0.18-25/0.215-25/0.25-25</i>		O-CAL FA	62
<i>mg-mcg</i>	47	<i>ocella tab 3-0.03mg</i>	47
<i>norgestimate-ethynodiol</i>		OCTAGAM	57
<i>(triphasic) 0.18-35/0.215-35/0.25-35</i>		<i>octreotide acetate</i>	50, 51
<i>mg-mcg</i>	47	ODEFSEY	14
<i>norlyroc</i>	47	ODOMZO	19
NORMOSOL-M IN D5W	62	OFEV	66
NORMOSOL-R	62	<i>ofloxacin (ophth)</i>	63
NORMOSOL-R IN D5W	62	<i>ofloxacin (otic)</i>	70
NORPACE CR	25	<i>olanzapine</i>	36, 37
NORTHERA	28	<i>olmesartan medoxomil</i>	25
<i>nortrel 0.5/35 (28)</i>	47	<i>olmesartan medoxomil-amiodipine-hydrochlorothiazide</i>	24
<i>nortrel 1/35</i>	47	<i>olmesartan medoxomil-hydrochlorothiazide</i>	24
<i>nortrel 7/7/7</i>	47	<i>olopatadine hcl 0.2%</i>	64
<i>nortriptyline hcl</i>	34	<i>omeprazole cap 10mg</i>	54
NORVIR PACK	13	<i>omeprazole cap 20mg</i>	54
NORVIR SOLN	13	<i>omeprazole cap 40mg</i>	54
NOVOLIN 70/30	42		

<i>ondansetron hcl</i>	52	PASER D/R	14
<i>ondansetron hcl inj</i>	52	PAXIL	34
<i>ondansetron hcl oral soln</i>	52	PAZEO	64
<i>ondansetron odt</i>	52	PEDIARIX	59
ONFI	31	PEDVAX HIB	59
OPSUMIT	29	<i>peg 3350/electrolytes</i>	53
ORFADIN	49	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	53
ORKAMBI	66	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	53
<i>orsythia</i>	47	PEGANONE	31
<i>oseltamivir phosphate</i>	15	PEGASYS	15
<i>oxacillin sodium</i>	17	PEGASYS PROCLICK	15
<i>oxaliplatin inj 100mg</i>	23	PENICILLIN G POT IN DEXTROSE 2MU	17
<i>oxaliplatin inj 100mg/20ml</i>	23	PENICILLIN G POT IN DEXTROSE 3MU	17
<i>oxaliplatin inj 50mg</i>	23	PENICILLIN G PROCAINE	17
<i>oxaliplatin inj 50mg/10ml</i>	23	<i>penicillin g sodium</i>	17
<i>oxandrolone</i>	41	<i>penicillin v potassium</i>	17
<i>oxcarbazepine</i>	31	<i>penicilln gk inj 20mu</i>	17
<i>oxybutynin chloride</i>	55	<i>penicilln gk inj 5mu</i>	17
<i>oxycodone hcl</i>	9	PENTACEL	59
<i>oxycodone w/ acetaminophen 10-325mg</i>	9	PENTAM 300	11
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	9	<i>pentoxifylline</i>	56
<i>oxycodone w/ acetaminophen 5-325mg</i>	9	<i>perindopril erbumine</i>	24
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9	periogard	70
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	42	permethrin cre 5%	70
OZEMPIC INJ 1MG/DOSE	42	perphenazine	37
pacerone	25	<i>pfiberpen-g inj 20mu</i>	17
paclitaxel	19	<i>pfiberpen-g inj 5mu</i>	17
paliperidone	37	phenelzine sulfate	34
pamidronate disodium	44	phenobarbital	31
PAMIDRONATE DISODIUM	44	phenobarbital sodium	32
pamidronate inj 30mg	44	PHENOBARBITAL SODIUM	31
pamidronate inj 90mg	44	PHENYTEK	32
PANRETIN	69	<i>phenytoin</i>	32
pantoprazole sodium	54	<i>phenytoin sodium extended</i>	32
pantoprazole sodium tbec	54	<i>phenytoin sodium inj 50mg/ml</i>	32
PANZYGA	57	philith	47
paricalcitol	62	PHOSPHOLINE IODIDE	64
paroex sol 0.12%	70	PICATO	69
paramomycin sulfate	10	PIFELTRO	13
paroxetine hcl tabs	34	<i>pilocarpine hcl</i>	64

pilocarpine hcl (oral).....	70
pimozide .....	37
pimtreia .....	47
pindolol.....	26
pioglitazone hcl .....	44
PIPER/TAZOBIA INJ 12-1.5GM .....	17
piper/tazoba inj 2-0.25gm.....	17
piper/tazoba inj 3-0.375gm .....	17
piper/tazoba inj 36-4.5gm.....	17
piper/tazoba inj 4-0.5gm .....	17
pirmella 1/35.....	47
piroxicam .....	7
PLASMA-LYTE A .....	62
PLASMA-LYTE-148.....	62
PNV FOLIC ACID + IRON MUL.....	62
PNV PRENATAL PLUS .....	62
PNV PRENATAL TAB PLUS.....	62
podofilox .....	69
polymyxin b-trimethoprim .....	63
POMALYST CAP 1MG.....	20
POMALYST CAP 2MG.....	20
POMALYST CAP 3MG.....	20
POMALYST CAP 4MG.....	20
portia-28.....	48
pot chloride inj 2meq/ml .....	62
potassium chloride .....	60, 62
potassium chloride in nacl .....	62
potassium chloride microencapsulated crystals er .....	60
potassium chloride tab cr 10 meq.....	60
potassium citrate (alkalinizer) er tabs	55
PRADAXA .....	55
PRALUENT .....	26
pramipexole tab 0.125mg .....	35
pramipexole tab 0.25mg .....	35
pramipexole tab 0.5mg .....	35
pramipexole tab 0.75mg .....	35
pramipexole tab 1.5mg .....	35
pramipexole tab 1mg .....	35
prasugrel hcl .....	56
pravastatin sodium.....	25
praziquantel .....	11
prazosin hcl .....	24
pred sod pho sol 5mg/5ml.....	50
prednisolone acetate (ophth) .....	63
prednisolone sodium phosphate .....	50
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) .....	63
prednisolone sol 15mg/5ml .....	50
prednisolone sol 25mg/5ml .....	50
PREDNISONE CON 5MG/ML .....	50
prednisone pak 10mg .....	50
prednisone pak 5mg .....	50
prednisone sol 5mg/5ml.....	50
prednisone tab 10mg .....	50
prednisone tab 1mg.....	50
prednisone tab 2.5mg.....	50
prednisone tab 20mg .....	50
prednisone tab 50mg .....	50
prednisone tab 5mg.....	50
PREMASOL SOL 10% .....	61
premasol sol 6% .....	61
PRENATAL .....	62
PRENATAL PLUS .....	62
PRENATAL PLUS LOW IRON .....	62
PREPLUS .....	62
prevalite .....	26
previfem .....	48
PREZCOBIX .....	14
PREZISTA.....	13
PRIFTIN .....	14
PRIMAQUINE PHOSPHATE .....	12
primidone.....	32
PRIVIGEN.....	58
probenecid .....	7
PROCALAMINE .....	61
prochlorperazine inj .....	52
prochlorperazine maleate .....	52
prochlorperazine supp.....	52
PROCIT .....	56
procto-med hc .....	69
procto-pak .....	69
proctosol hc cre 2.5%.....	69
protozone-hc.....	69
PROGLYCEM SUS 50MG/ML .....	50
PROLASTIN-C .....	66
PROLENSA.....	64
PROLIA .....	51

PROMACTA .....	56
<i>promethazine hcl</i> .....	52
<i>promethazine hcl inj</i> .....	52
<i>propafenone hcl</i> .....	25
<i>propafenone hcl 12hr</i> .....	25
<i>proparacaine hcl</i> .....	64
<i>propranolol &amp; hydrochlorothiazide</i> .....	26
<i>propranolol cap er</i> .....	27
<i>propranolol hcl</i> .....	27
<i>propranolol oral sol.</i> .....	27
<i>propylthiouracil</i> .....	51
PROQUAD .....	59
PROSOL .....	61
<i>protriptyline hcl</i> .....	34
PULMICORT FLEXHALER .....	67
PULMOZYME .....	66
PURIXAN .....	18
<i>pyrazinamide</i> .....	14
<i>pyridostigmine tab 60mg</i> .....	40
QUADRACEL .....	59
<i>quasense</i> .....	48
<i>quetiapine fumarate</i> .....	37
<i>quinapril hcl</i> .....	24
<i>quinapril-hydrochlorothiazide</i> .....	23
<i>quinidine gluconate</i> .....	25
<i>quinidine sulfate</i> .....	25
<i>quinine sulfate</i> .....	12
RABAVERT.....	59
<i>raloxifene hcl</i> .....	51
<i>ramipril</i> .....	24
RANEXA .....	28
<i>ranitidine hcl</i> .....	53
<i>ranitidine hcl inj</i> .....	53
<i>ranitidine inj</i> .....	53
<i>ranitidine syrup</i> .....	53
RAPAMUNE .....	58
<i>rasagiline mesylate</i> .....	35
RAYALDEE .....	62
REBETOL SOLN .....	15
<i>reclipsen</i> .....	48
RECOMBIVAX HB.....	59
REGRANEX .....	70
RELENZA DISKHALER .....	15
RELISTOR .....	54
REMICADE .....	57
REMODULIN .....	29
<i>repaglinide</i> .....	44
SCRIPTOR .....	13
RESTASIS .....	64
RESTASIS MULTIDOSE.....	64
REVLIMID.....	20
REXULTI .....	37
REYATAZ .....	13
<i>ribasphere</i> .....	15
RIBASPHERE .....	15
<i>ribavirin 200mg</i> .....	15
<i>rifabutin</i> .....	14
<i>rifampin</i> .....	14
RIFATER .....	14
<i>riluzole</i> .....	40
<i>rimantadine hydrochloride</i> .....	15
RISPERDAL INJ 12.5MG .....	37
RISPERDAL INJ 25MG .....	37
RISPERDAL INJ 37.5MG .....	37
RISPERDAL INJ 50MG .....	37
<i>risperidone</i> .....	37
<i>ritonavir</i> .....	13
RITUXAN .....	19
RITUXAN HYCELA .....	19
<i>rivastigmine tartrate</i> .....	33
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	33
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	33
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	33
<i>rizatriptan benzoate</i> .....	39
<i>rizatriptan benzoate odt</i> .....	39
<i>ropinirole tab 0.25mg</i> .....	35
<i>ropinirole tab 0.5mg</i> .....	35
<i>ropinirole tab 1mg</i> .....	35
<i>ropinirole tab 2mg</i> .....	35
<i>ropinirole tab 3mg</i> .....	35
<i>ropinirole tab 4mg</i> .....	35
<i>ropinirole tab 5mg</i> .....	35
<i>rosadan</i> .....	69
<i>rosuvastatin calcium</i> .....	25
ROTARIX .....	59

ROTATEQ .....	59
roweepra .....	32
roweepra xr.....	32
RUBRACA .....	19
RYDAPT .....	22
SABRIL .....	32
SANDIMMUNE.....	58
SANTYL.....	70
SAPHRIS .....	37
<i>scopolamine patch</i> .....	52
<i>selegiline hcl</i> .....	35
<i>selenium sulfide</i> .....	68
SELZENTRY .....	13
SENSIPAR .....	45
SEREVENT DISKUS.....	66
<i>sertraline hcl</i> .....	34
<i>setlakin tab</i> .....	48
<i>sevelamer carbonate</i> .....	51
<i>sharobel</i> .....	48
SHINGRIX .....	59
SIGNIFOR .....	51
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i> .....	29
SILENOR .....	39
<i>silver sulfadiazine</i> .....	67
SIMBRINZA .....	64
<i>simvastatin</i> .....	25
<i>sirolimus</i> .....	58
SIRTURO.....	14
SIVEXTRO .....	11
<i>sodium chlor sol 0.9% irr</i> .....	70
<i>sodium chloride</i> .....	60, 62
<i>sodium chloride 0.45%</i> .....	62
<i>sodium chloride inj 0.9%</i> .....	62
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	60
<i>sodium phenylbutyrate</i> .....	49
<i>sodium polystyrene sulfonate powder</i> .....	45
<i>sodium polystyrene sulfonate susp</i> .....	45
SOLIQUA 100/33.....	42
SOLTAMOX.....	20
SOLU-CORTEF .....	50
SOMATULINE DEPOT .....	51
SOMAVERT .....	51
<i>sorine</i> .....	25
<i>sotalol hcl</i> .....	25
<i>sotalol hcl (afib/afl)</i> .....	25
<i>spironolactone</i> .....	24
<i>spironolactone &amp; hydrochlorothiazide</i> .....	28
<i>sprintec 28</i> .....	48
SPRITAM .....	32
SPRYCEL .....	22
<i>sps susp 15gm/60ml</i> .....	45
<i>sronyx</i> .....	48
<i>ssd</i> .....	67
<i>stavudine</i> .....	13
STIMATE .....	51
STIVARGA .....	22
<i>streptomycin sulfate</i> .....	10
STRIBILD .....	14
SUBOXONE MIS 12-3MG .....	41
SUBOXONE MIS 2-0.5MG .....	41
SUBOXONE MIS 4-1MG .....	41
SUBOXONE MIS 8-2MG .....	41
<i>subvenite tab</i> .....	32
<i>sucralfate</i> .....	54
<i>sulfacetamide sodium (acne)</i> .....	67
<i>sulfacetamide sodium (ophth)</i> .....	63
<i>sulfacetamide sod-prednisolone</i> .....	62
SULFADIAZINE .....	10
<i>sulfamethoxazole-trimethop ds</i> .....	11
<i>sulfamethoxazole-trimethoprim inj</i> .....	11
<i>sulfamethoxazole-trimethoprim susp</i> .....	11
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> .....	11
SULFAMYLYON.....	67
<i>sulfasalazine</i> .....	53
<i>sulfasalazine ec</i> .....	53
<i>sulindac</i> .....	7
<i>sumatriptan</i> .....	39
<i>sumatriptan inj 4mg/0.5ml</i> .....	39
<i>sumatriptan inj 6mg/0.5ml</i> .....	39
<i>sumatriptan succinate</i> .....	40
SUPRAX .....	16
SUPREP BOWEL PREP KIT.....	53
SUTENT .....	22
<i>syeda</i> .....	48
SYLATRON KIT 200MCG .....	22

SYLATRON KIT 300MCG .....	22
SYLATRON KIT 600MCG .....	22
SYMBICORT.....	67
SYMDEKO.....	66
SYMF1.....	14
SYMF1 LO .....	14
SYMPAZAN .....	32
SYMPROIC.....	54
SYMTUZA .....	14
SYNAREL.....	48
SYNERCID .....	11
SYNJARDY TAB 12.5-1000MG .....	44
SYNJARDY TAB 12.5-500MG .....	44
SYNJARDY TAB 5-1000MG.....	44
SYNJARDY TAB 5-500MG.....	44
SYNJARDY XR TAB 10-1000MG .....	44
SYNJARDY XR TAB 12.5-1000MG .....	44
SYNJARDY XR TAB 25-1000MG .....	44
SYNJARDY XR TAB 5-1000MG .....	44
SYNRIBO.....	23
SYNTHROID.....	51
TABLOID .....	18
<i>tacrolimus</i> .....	58
<i>tacrolimus (topical)</i> .....	69
TAFINLAR.....	22
TAGRISSO.....	22
TALZENNA.....	19
<i>tamoxifen citrate</i> .....	20
<i>tamsulosin hcl</i> .....	54
TARCEVA .....	22
TARGETIN .....	69
<i>tarina fe 1/20</i> .....	48
TASIGNA.....	22
TAXOTERE.....	19
<i>tazarotene</i> .....	68
<i>tazicef</i> .....	16
TAZORAC .....	68
<i>taztia xt</i> .....	27
TDVAX .....	59
TECENTRIQ .....	19
TEFLARO .....	16
TEKTURNA .....	28
TEKTURNA HCT.....	28
<i>telmisartan</i> .....	25
<i>temazepam</i> .....	39
TENIVAC .....	59
<i>tenofovir disoproxil fumarate</i> .....	13
<i>terazosin hcl</i> .....	24
<i>terbinafine hcl</i> .....	12
<i>terbutaline sulfate</i> .....	66
<i>terconazole vaginal</i> .....	55
<i>testosterone</i> .....	41
<i>testosterone cypionate</i> .....	42
<i>testosterone enanthate</i> .....	42
<i>tetrabenazine</i> .....	40
<i>tetracycline hcl</i> .....	18
TEXACORT SOLN 2.5% .....	69
THALOMID .....	21
THEO-24 .....	66
<i>theophylline</i> .....	66
<i>thioridazine hcl</i> .....	37
<i>thiothixene</i> .....	37
<i>tiagabine hcl</i> .....	32
TIBSOVO.....	19
<i>tigecycline</i> .....	11
<i>tilia fe</i> .....	48
<i>timolol maleate</i> .....	27
<i>timolol maleate (ophth) soln</i> .....	64
<i>timolol maleate gel</i> .....	64
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	64
TIVICAY .....	13
<i>tizanidine hcl</i> .....	41
TOBRADEX .....	62
TOBRADEX ST .....	63
<i>tobramycin</i> .....	10
<i>tobramycin (ophth)</i> .....	63
<i>tobramycin inj 1.2 gm/30ml</i> .....	10
<i>tobramycin inj 1.2gm</i> .....	10
<i>tobramycin inj 10mg/ml</i> .....	10
<i>tobramycin inj 40mg/ml</i> .....	10
<i>tobramycin inj 80mg/2ml</i> .....	10
<i>tobramycin-dexamethasone</i> .....	63
<i>tolterodine tartrate cap er</i> .....	55
<i>tolterodine tartrate tabs</i> .....	55
<i>topiramate</i> .....	32
<i>toposar</i> .....	23
<i>topotecan hcl</i> .....	23

TOPOTECAN INJ 4MG/4ML.....	23
<i>toremifene citrate</i> .....	20
<i>torsemide tabs</i> .....	28
TOVIAZ.....	55
<i>tpn electrolytes</i> .....	60
TRACLEER .....	29
TRADJENTA .....	44
<i>tramadol hcl tab 50 mg</i> .....	7
<i>tramadol-acetaminophen</i> .....	7
<i>trandolapril</i> .....	24
<i>tranexamic acid</i> .....	56
TRANSDERM-SCOP.....	52
<i>tranylcypromine sulfate</i> .....	34
TRAVASOL.....	61
TRAVATAN Z.....	64
<i>trazodone hcl</i> .....	34
TRECATOR .....	14
TRELEGY ELLIPTA.....	65
TRELSTAR DEP INJ 3.75MG .....	20
TRELSTAR LA INJ 11.25MG.....	20
TRESIBA FLEXTOUCH.....	42
TRESIBA INJ.....	42
<i>tretinoin</i> .....	67
<i>tretinoin (chemotherapy)</i> .....	23
<i>triamcinolone acetonide (mouth)</i> .....	70
<i>triamcinolone acetonide (topical)</i> .....	69
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	28
<i>triamterene &amp; hydrochlorothiazide tabs</i> .....	28
TRICARE .....	62
<i>trientine hcl</i> .....	45
<i>tri-estarrylla</i> .....	48
<i>trifluoperazine hcl</i> .....	37
<i>trifluridine</i> .....	63
<i>trihexyphenidyl hcl</i> .....	35
<i>tri-legest fe</i> .....	48
<i>tri-linyah</i> .....	48
<i>tri-lo marzia</i> .....	48
<i>tri-lo-estarrylla</i> .....	48
<i>tri-lo-sprintec</i> .....	48
<i>trilyte</i> .....	53
<i>trimethoprim</i> .....	11
<i>tri-mili</i> .....	48
<i>trimipramine maleate</i> .....	34
<i>trinessa</i> .....	48
<i>trinessa lo</i> .....	48
TRINTELLIX .....	34
<i>tri-previfem</i> .....	48
<i>tri-sprintec</i> .....	48
TRIUMEQ .....	14
<i>trivora-28</i> .....	48
<i>tri-vylibra</i> .....	48
<i>tri-vylibra lo</i> .....	48
TROGARZO.....	13
TROPHAMINE INJ 10%.....	61
<i>trospium chloride</i> .....	55
TRULICITY .....	43
TRUMENBA .....	59
TRUVADA TAB 100-150.....	14
TRUVADA TAB 133-200.....	14
TRUVADA TAB 167-250.....	14
TRUVADA TAB 200-300.....	14
<i>tulana</i> .....	48
TWINRIX INJ .....	59
TYBOST .....	13
TYKERB.....	22
TYMLOS .....	51
TYPHIM VI .....	59
ULORIC.....	7
<i>unithroid</i> .....	51
<i>ursodiol</i> .....	54
<i>valacyclovir hcl</i> .....	15
VALCHLOR .....	70
<i>valganciclovir hcl</i> .....	15
<i>valproate sodium</i> .....	32
<i>valproic acid</i> .....	32
<i>valsartan</i> .....	25
<i>valsartan-hydrochlorothiazide</i> .....	24
<i>vancomycin hcl</i> .....	11
VANCOMYCIN IN NACL.....	11
<i>vandazole</i> .....	55
VAQTA .....	59
VARIVAX .....	59
VASCEPA .....	26
VELCADE .....	19
<i>velivet</i> .....	48
VEMLIDY .....	15

VENCLEXTA .....	19, 20
VENCLEXTA STARTING PACK .....	20
<i>venlafaxine hcl</i> .....	34
VENTAVIS .....	29
VENTOLIN HFA.....	66
<i>verapamil cap er</i> .....	27
<i>verapamil hcl</i> .....	27
<i>verapamil hcl tab er</i> .....	27
VERSACLOZ.....	37
VERZENIO .....	20
VESICARE .....	55
VICTOZA.....	43
VIDEX EC .....	13
VIDEX PEDIATRIC .....	13
<i>vienna</i> .....	48
<i>vigabatrin powd pack 500mg</i> .....	32
<i>vigabatrin tab 500mg</i> .....	32
VIIBRYD STARTER PACK .....	34
VIIBRYD TAB .....	34
VIMPAT .....	32
VIMPAT INJ 200MG/20ML.....	32
VIMPAT SOL 10MG/ML .....	32
<i>vinblastine sulfate</i> .....	19
<i>vincasar pfs</i> .....	19
<i>vincristine sulfate</i> .....	19
<i>vinorelbine tartrate</i> .....	19
<i>viorele</i> .....	48
VIRACEPT.....	13
VIRAMUNE .....	13
VIREAD .....	13
VITRAKVI .....	22
VIVITROL .....	41
VIZIMPRO .....	22
VOL-PLUS .....	62
<i>voriconazole</i> .....	12
VOSEVI.....	15
VOTRIENT .....	22
VRAYLAR.....	37
VRAYLAR THERAPY PACK.....	38
<i>vyfemla</i> .....	48
<i>vylibra</i> .....	48
<i>warfarin sodium</i> .....	55
<i>water for irrigation, sterile</i> .....	70
WELCHOL PAK .....	26
XALKORI .....	22
XARELTO .....	55
XARELTO STARTER PACK .....	56
XATMEP .....	57
XELJANZ .....	57
XELJANZ XR .....	57
XGEVA .....	51
XIFAXAN .....	54
XIGDUO XR TAB 10-1000MG .....	44
XIGDUO XR TAB 10-500MG .....	44
XIGDUO XR TAB 2.5-1000MG .....	44
XIGDUO XR TAB 5-1000MG .....	44
XIGDUO XR TAB 5-500MG.....	44
XOLAIR .....	66
XOSPATA .....	22
XTANDI.....	20
<i>xulane</i> .....	48
XULTOPHY 100/3.6.....	43
XYREM .....	41
YF-VAX .....	59
<i>yuvafem vaginal tablet 10 mcg</i> .....	49
<i>zafirlukast</i> .....	66
<i>zarah</i> .....	48
ZEJULA .....	20
ZELBORAF.....	22
ZEMAIRA.....	66
<i>zenatane</i> .....	67
ZENPEP .....	54
ZEPATIER.....	15
<i>zidovudine cap 100mg</i> .....	13
<i>zidovudine syrup 50mg/5ml</i> .....	13
<i>zidovudine tab 300mg</i> .....	13
<i>ziprasidone hcl</i> .....	38
ZIRGAN .....	63
<i>zoledronic acid inj 5mg/100ml</i> .....	44
<i>zoledronic acid inj 4mg/5ml</i> .....	45
ZOLINZA.....	20
<i>zolmitriptan</i> .....	40
<i>zolmitriptan odt</i> .....	40
<i>zolpidem tartrate</i> .....	39
<i>zonisamide</i> .....	32
ZONTIVITY .....	56
ZORTRESS TAB 0.25MG .....	58
ZORTRESS TAB 0.5MG .....	58

ZORTRESS TAB 0.75MG .....	58	ZYKADIA .....	22
ZORTRESS TAB 1MG.....	58	ZYLET .....	63
ZOSTAVAX .....	59	ZYPREXA RELPREVV .....	38
<i>zovia</i> 1/35e .....	48	ZYPREXA RELPREVV INJ 210MG .....	38
<i>zovia</i> 1/50e .....	48	ZYTIGA .....	20
ZYDELIG .....	22		

## **Multi-Language & Non-Discrimination Notice**

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GlobalHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **Customer Care at 1-844-280-5555 (toll-free)**.

If you believe that GlobalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Attn: Director of Compliance and Legal Services, 210 Park Avenue, Ste 2800, Oklahoma City, OK 73102-5621, Fax: (405) 280-5894, or E-mail: [compliance@globalhealth.com](mailto:compliance@globalhealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Care is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-844-280-5555 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-280-5555 (TTY: 711)번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-280-5555 (TTY: 711).

والبكم الصم هاتف 711). اتصل بالجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا :ملحوظة 1-5555-280-844 (برقم)

သတိမပြန်။ ။ ခင္္ခာ ၂၇၁ကား ၆၇ဟာတ္ထုံး ဘာသာစကား လှိုအပ္း အကူအညီမဲ့ားကျို အခမဲ့၊  
၆၂၉၌၍၈၀၈၅၆၅၁၂၅၁။ ဖုန်းနံပါတ္တ 1-844-280-5555 (TTY: 711) ကျို ၆၀၄၄၅၀၅၅၂၁၂၅၁။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-280-5555 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-280-5555 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-280-5555 (ATS: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຂ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສັງຄ່າ, ເມນມີຜົນໃຫ້ທ່ານ. ໂທ 1-844-280-5555 (TTY: 711).

ເຮືອນ: ຄ້າຄຸນພຸດກາຈາໄທຢຸດສາມາຮຣໃຫ້ບໍລິກາຮ່າຍເຫຼືອທາງກາຈາໄດ້ຝຣີ ໂທ 1-844-280-5555 (TTY: 711).  
1-844-280-5555 (TTY: 711).  
کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-844-280-5555 (TTY: 711).

شما برای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر: **توجه**

1-844-280-5555 (TTY: 711) 1-844-280-5555 (TTY: 711).  
بگیرید تماس با باشد می فراهم

This formulary was updated on 04/01/2019

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 or visit [www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare).



This formulary was updated on 04/01/2019  
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  
or visit [www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare)