



GlobalHealth

GlobalHealth 2019 Formulary

(List of
Covered Drugs)

For Generations
Classic (HMO)



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

This formulary was updated
on 05/01/2019. 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

HPMS Formulary File Submission ID: 00019290
Version 11

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

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

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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 05/01/2019. 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 05/01/2019. 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

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

GOUT

<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST

NSAIDS

<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	

OPIOID ANALGESICS

<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.

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, CII		
<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</i> LPOP	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
FENTORA	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</i> LIQD	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	2	QL (180 tabs / 30 days)
HYSINGLA ER	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</i> SOLN 5mg/5ml, 10mg/5ml	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

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl intensol</i>	2	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	2	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
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<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)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	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	
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Drug Name	Drug Tier	Requirements/Limits
<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	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NM, PA
<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	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	2	
CAYSTON	5	NM, LA, PA
<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	
CLINDAMYCIN PHOSPHATE IN NACL	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	
DAPTOMYCIN 350mg	5	
<i>daptomycin 500mg</i>	5	
EMVERM	5	
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
<i>ivermectin TABS</i>	2	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	2	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	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
PENTAM 300	4	
<i>pentamidine isethionate</i>	2	
<i>praziquantel</i> TABS	2	
SIVEXTRO	5	
<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	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim</i> TABS	1	
<i>vancomycin hcl</i> CAPS 125mg	2	
<i>vancomycin hcl</i> CAPS 250mg	5	
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	2	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole</i> SUSR	2	
<i>fluconazole</i> TABS 50mg, 100mg, 200mg	2	
<i>fluconazole</i> TABS 150mg	1	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine</i> CAPS	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.

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

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
<i>primaquine phosphate</i> 26.3mg	2	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>quinine sulfate</i> CAPS	2	PA

ANTIRETROVIRAL AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
<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 syp 50mg/5ml</i>	2	
<i>zidovudine tab 300mg</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	2	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	

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Drug Name	Drug Tier	Requirements/Limits
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		
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	2	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
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 200mg</i>	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	
<i>cefotaxime sodium</i>	2	

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

ERYTHROMYCINS/MACROLIDES

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

FLUOROQUINOLONES

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>morgidox cap 1x50mg</i>	2	
<i>tetracycline hcl CAPS</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	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
EMCYT	4	
GLEOSTINE	4	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	B/D
LEUKERAN	5	
ANTHRACYCLINES		
<i>adriamycin SOLN</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
ALIMTA	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
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
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, 160mg/16ml	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE 80mg/4ml	5	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<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

BIOLOGIC RESPONSE MODIFIERS

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	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>letrozole</i> TABS	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</i> TABS	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 500mg	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
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA

KINASE INHIBITORS

AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
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
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	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
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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
TAGRISSE	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		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> 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
SYNRIBO	5	NM, PA
<i>tratinoin (chemotherapy)</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
PLATINUM-BASED AGENTS		
<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
PROTECTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D
<i>leucovorin calcium SOLR</i>	2	B/D
<i>leucovorin calcium TABS</i>	2	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<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 & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	6	GC
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS</i>	6	GC
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	6	GC
<i>lisinopril TABS</i>	6	GC

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Drug Name	Drug Tier	Requirements/Limits
<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	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	2	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</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	
ENTRESTO	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
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	6	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	6	GC
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<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	
MULTAQ	4	
NORPACE CR	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	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	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</i> TABS 5mg, 10mg, 20mg, 40mg	6	GC
<i>simvastatin</i> TABS 80mg	6	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe</i>	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic)</i> 500mg	2	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	2	
<i>niacor</i>	2	
PRALUENT	5	PA
<i>prevalite</i>	2	
VASCEPA	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hctz tab 50-25mg</i>	2	
<i>metoprolol & hctz tab 100-25mg</i>	2	
<i>metoprolol & hctz tab 100-50mg</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol cap er</i>	2	
<i>propranolol hcl</i> TABS	2	
<i>propranolol oral sol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate</i> TABS	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS	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 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</i> TABS	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</i> CAPS	2	
<i>nifedipine</i> TB24	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil cap er</i>	2	
<i>verapamil hcl</i> SOLN	2	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl tab er</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	2	PA; PA if 70 years and older
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	2	QL (30 tabs / 30 days)
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	4	
TEKTURNA HCT	4	
DIURETICS		
<i>acetazolamide CP12; TABS</i>	2	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
<i>furosemide SOLN; TABS</i>	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
MISCELLANEOUS		
<i>clonidine hcl TABS</i>	1	
<i>clonidine hcl ptwk</i>	2	
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl SOLN; TABS</i>	2	
<i>midodrine hcl</i>	2	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
<i>ranolazine</i>	2	
NITRATES		
<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin SUBL</i>	2	
<i>nitroglycerin td patch</i>	2	

PULMONARY ARTERIAL HYPERTENSION

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

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<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>bupirone 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)

ANTICONVULSANTS

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

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Drug Name	Drug Tier	Requirements/Limits
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	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 in sodium chloride</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	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)
<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
<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 50mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
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 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i>	5	QL (180 packets / 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
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 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	QL (30 patches / 30 days)

ANTIDEPRESSANTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TABS	1	
<i>mirtazapine</i> TBDP	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	2	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	1	
<i>venlafaxine hcl</i> TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	
APOKYN	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
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
NEUPRO	4	

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

ANTIPSYCHOTICS

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

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Drug Name	Drug Tier	Requirements/Limits
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate</i> SOLN	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>loxapine 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</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	2	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<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	

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS	5	QL (1 injection / 30 days)
<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)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	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, 4mg	2	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	2	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate tab 10mg er</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	2	QL (90 tabs / 30 days)

HYPNOTICS

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

MIGRAINE

AIMOVIG	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	2	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), PA
EMGALITY SOSY	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine TABS</i>	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 SOLN 5mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	2	QL (18 injections / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (12 injections / 30 days)
<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)
MISCELLANEOUS		
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 60mg</i>	2	
<i>riluzole</i>	2	
<i>tetrabenazine 12.5mg</i>	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine 25mg</i>	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
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 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
NARCOLEPSY/CATAPLEXY		
<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
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl</i> SUBL	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 2-0.5mg	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 4-1mg	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 8-2mg	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 12-3mg	2	QL (60 films / 30 days)
<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</i> 0.4mg/ml	2	
<i>naloxone inj</i> 1mg/ml	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	

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Drug Name	Drug Tier	Requirements/Limits
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ENDOCRINE AND METABOLIC

ANDROGENS

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
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN	2	PA

ANTIDIABETICS, INJECTABLE

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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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
<i>zoledronic inj</i> 4mg/5ml	2	B/D, NM
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl</i> 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> 60mg	5	B/D, QL (60 tabs / 30 days), NM
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus</i> 15gm/60ml	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp</i>	2	
<i>sps susp</i> 15gm/60ml	2	
<i>trientine hcl</i>	5	PA
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen</i> 1/35	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</i> 1.5/30	2	
<i>blisovi fe</i> 1/20	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</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>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet & 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>jasmiel</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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>levonorgestrel & 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>lutra</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-lynyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</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 & 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	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	
<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-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	2	
<i>tri-lo-estarylla</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	

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Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	2	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
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>yuvaferm vaginal tablet 10 mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	2	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	2	
<i>dexamethasone</i> TABS	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	2	
<i>methylpr ss inj</i>	2	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
PREDNISON 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	B/D
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
<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
PHOSPHATE BINDER AGENTS		
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)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	2	
THYROID AGENTS		
<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	

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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSINS		
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj 4mcg/ml</i>	2	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg & 125mg</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	2	
<i>granisetron 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
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	2	
<i>glycopyrrolate tab 2mg</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine SUSR</i>	2	
<i>famotidine TABS 20mg, 40mg</i>	1	
<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		
APRISO	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	5	
<i>colocort enema 100mg</i>	2	
DELZICOL	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	
GOLYTELY	3	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	

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<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<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
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
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	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride</i> CAPS	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i>	2	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	2	
<i>potassium citrate (alkalinizer) er tabs</i>	2	

URINARY ANTISPASMODICS

MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	2	
<i>oxybutynin chloride</i> TABS	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	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
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	2	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	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
HEPARIN SODIUM/NACL 0.45%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
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
MISCELLANEOUS		
<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</i> TBCR	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</i> SOLN; TABS	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

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

IMMUNOGLOBULINS

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

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PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	2	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
<i>gengraf</i>	2	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	2	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium tbec</i>	2	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN	5	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D
<i>tacrolimus</i> 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
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	

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Drug Name	Drug Tier	Requirements/Limits
HIBERIX	3	
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	
ROTATEQ	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

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	2	
<i>klor-con spr cap 8meq</i>	2	
<i>klor-con spr cap 10meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>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</i> chew; tab; 1.1 (0.5 f) mg/ml soln	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

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Drug Name	Drug Tier	Requirements/Limits
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<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	
<i>paricalcitol CAPS</i>	2	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	
TRICARE	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	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAPT	4	
<i>olopatadine hcl 0.2%</i>	2	
PAZEO	3	

ANTIGLAUCOMA

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	
RHOPRESSA	3	
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	

MISCELLANEOUS

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)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	

ANTI-HISTAMINES

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

BETA AGONISTS

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

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Drug Name	Drug Tier	Requirements/Limits
<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</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; PACK; TABS	2	
<i>zafirlukast</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	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
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
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>amnestem</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)</i> GEL; LOTN; SOLN; SWAB	2	
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin</i> CAPS	2	PA
<i>myorisan</i>	2	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i> CREA	2	PA
<i>tretinoin</i> GEL .01%, .025%	2	PA
<i>zenatane</i>	2	PA

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

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

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

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine PTCH</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl GEL</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl SOLN 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	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 CREA; LOTN</i>	2	
<i>diclofenac sodium (topical) 1% gel</i>	2	PA
<i>fluorouracil (topical) CREA 5%</i>	2	
<i>fluorouracil (topical) SOLN</i>	2	
<i>imiquimod CREA 5%</i>	2	
<i>metronidazole (topical) CREA; LOTN</i>	2	
<i>metronidazole gel 0.75%</i>	2	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podofilox SOLN</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone-hc</i>	2	
<i>rosadan</i>	2	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
VALCHLOR	5	NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	2	
<i>permethrin cre 5%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<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	
MOUTH/THROAT/DENTAL AGENTS		
<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	
OTIC		
<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	

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Index of Drugs

<i>abacavir sulfate</i>	12	ALECENSA	21
<i>abacavir sulfate-lamivudine</i>	13	<i>alendronate sodium</i>	45
<i>abacavir sulfate-lamivudine-zidovudine</i>	13	<i>alfuzosin hcl</i>	54
ABELCET	11	ALIMTA	18
ABILIFY MAINTENA.....	35	ALINIA.....	10
<i>abiraterone acetate</i>	20	<i>allopurinol tab</i>	7
ABRAXANE	18	<i>alose tron hcl</i>	54
<i>acamprosate calcium</i>	41	ALPHAGAN P SOL 0.1%.....	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		ALREX	63
<i>acetaminophen w/ codeine soln</i>	7	<i>altavera tab</i>	45
<i>acetazolamide</i>	28	ALUNBRIG.....	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	AMBISOME	11
<i>acitretin</i>	68	<i>amikacin sulfate</i>	9
ACTHIB.....	58	<i>amiloride & hydrochlorothiazide</i>	28
ACTIMMUNE	58	<i>amiloride hcl</i>	28
<i>acyclovir</i>	14	AMINOSYN	60
<i>acyclovir sodium</i>	14	AMINOSYN 7%/ELECTROLYTES	60
ADACEL	58	<i>aminosyn 8.5%/electrolyte</i>	60
ADAGEN.....	49	<i>aminosyn ii 8.5%/electrol</i>	60
<i>adefovir dipivoxil</i>	14	AMINOSYN II INJ 10%.....	60
ADEMPAS	29	AMINOSYN II INJ 8.5%	60
<i>adriamycin</i>	18	AMINOSYN M.....	60
<i>adrucil</i>	18	AMINOSYN-HBC	60
ADVAIR DISKUS.....	67	AMINOSYN-PF 7%	60
ADVAIR HFA.....	67	AMINOSYN-PF INJ 10%.....	60
AFINITOR.....	21	AMINOSYN-RF	60
AFINITOR DISPERZ	21	<i>amiodarone hcl soln</i>	25
AIMOVIG.....	39	<i>amiodarone tab 100mg</i>	25
<i>ala-cort</i>	68	<i>amiodarone tab 200mg</i>	25
<i>albendazole</i>	10	<i>amiodarone tab 400mg</i>	25
<i>albuterol sulfate</i>	65	AMITIZA CAP 24MCG	54
<i>alclometasone dipropionate</i>	68	AMITIZA CAP 8MCG.....	54
ALCOHOL SWABS.....	42	<i>amitriptyline hcl</i>	33
ALDURAZYME	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 & 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>ANADROL-50</i>	42
<i>amnestem</i>	67	<i>anagrelide hcl</i>	56
<i>amoxapine tab 100mg</i>	33	<i>anastrozole</i>	20
<i>amoxapine tab 150mg</i>	33	<i>ANDRODERM</i>	42
<i>amoxapine tab 25mg</i>	33	<i>ANORO ELLIPTA</i>	64
<i>amoxapine tab 50mg</i>	33	<i>APOKYN</i>	34
<i>amoxicillin</i>	17	<i>aprepitant</i>	52
<i>amoxicillin & pot clavulanate</i>	17	<i>aprepitant pak 80mg & 125mg</i>	52
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	38	<i>apri</i>	45
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	38	<i>APRISO</i>	53
<i>amphetamine-dextroamphetamine cap</i>		<i>APTIOM</i>	29
		<i>APTIVUS</i>	12
		<i>ARALAST NP</i>	66
		<i>aranelle</i>	45
		<i>ARCALYST</i>	58
		<i>aripiprazole odt</i>	35
		<i>aripiprazole oral solution 1 mg/ml</i>	35
		<i>aripiprazole tab</i>	35

ARISTADA	35	BD ULTRAFINE/NANO PEN NEEDLES ..	42
ARISTADA INITIO.....	35	<i>bekyree</i>	45
<i>armodafinil</i>	41	<i>benazepril & hydrochlorothiazide</i>	23
ARNUITY ELLIPTA.....	66	<i>benazepril hcl</i>	23
<i>aspirin-dipyridamole</i>	56	BENDEKA	18
<i>atazanavir sulfate</i>	12	BENLYSTA	58
<i>atenolol</i>	26	<i>benzoyl peroxide-erythromycin</i>	67
<i>atenolol & chlorthalidone</i>	26	<i>benztropine mesylate inj</i>	34
<i>atomoxetine hcl</i>	38	<i>benztropine mesylate tab 0.5mg</i>	34
<i>atorvastatin calcium</i>	25	<i>benztropine mesylate tab 1mg</i>	34
<i>atovaquone</i>	10	<i>benztropine mesylate tab 2mg</i>	34
<i>atovaquone-proguanil hcl</i>	12	BEPREVE.....	64
ATRIPLA.....	13	BERINERT	56
ATROVENT HFA.....	65	BESIVANCE	63
<i>aubra</i>	45	<i>betamethasone dipropionate (topical)</i> 68	
AURYXIA	51	<i>betamethasone dipropionate</i>	
AUSTEDO	40	<i>augmented</i>	68
AVASTIN	19	<i>betamethasone valerate</i>	68
<i>aviane</i>	45	BETASERON	40
<i>avita</i>	67	<i>betaxolol hcl (ophth)</i>	64
<i>azacitidine</i>	18	<i>bethanechol chloride</i>	55
AZACTAM IN ISO-OSMOTIC DE	10	BETOPTIC-S	64
AZACTAM/DEX INJ	10	BEVESPI AEROSPHERE.....	64
AZASITE	63	<i>bexarotene</i>	22
<i>azathioprine</i>	58	BEXSERO	58
<i>azelastine drop 0.05%</i>	63	<i>bicalutamide</i>	20
<i>azelastine spr 0.1%</i>	65	BICILLIN L-A	17
<i>azelastine spr 0.15%</i>	65	BIKTARVY	13
<i>azithromycin</i>	16	<i>bisoprolol & hydrochlorothiazide</i>	26
AZOPT	64	<i>bisoprolol fumarate</i>	26
<i>aztreonam</i>	10	BIVIGAM	57
<i>bacitracin (ophthalmic)</i>	63	<i>bleomycin sulfate</i>	18
<i>bacitracin-polymyxin b (ophth)</i>	63	BLEPHAMIDE	62
<i>bacitracin-poly-neomycin-hc</i>	62	<i>blisovi fe 1.5/30</i>	45
<i>baclofen</i>	40	<i>blisovi fe 1/20</i>	45
<i>balsalazide disodium</i>	53	BOOSTRIX.....	58
<i>balziva</i>	45	BORTEZOMIB.....	19
BANZEL SUS 40MG/ML	29	BOSULIF	21
BANZEL TAB 200MG	29	BRAFTOVI	21
BANZEL TAB 400MG	29	BREO ELLIPTA	67
BARACLUDE	15	<i>briellyn</i>	46
BASAGLAR KWIKPEN	42	BRILINTA	56
BCG VACCINE.....	58	<i>brimonidine sol 0.15%</i>	64
BD ULTRAFINE INSULIN SYRINGE	42	<i>brimonidine sol 0.2%</i>	64

BRIVIACT INJ 50MG/5ML	30	<i>captopril</i>	23
BRIVIACT SOL 10MG/ML	30	<i>captopril & hydrochlorothiazide</i>	23
BRIVIACT TAB 100MG.....	30	CARBAGLU	49
BRIVIACT TAB 10MG	30	<i>carbamazepine</i>	30
BRIVIACT TAB 25MG	30	<i>carbidopa/levodopa/entacapone</i>	34
BRIVIACT TAB 50MG	30	<i>carbidopa-levodopa</i>	34
BRIVIACT TAB 75MG	30	<i>carboplatin</i>	23
<i>bromfenac sodium (ophth)</i>	63	CARIMUNE NANOFILTERED.....	57
<i>bromocriptine mesylate</i>	34	<i>carteolol hcl (ophth)</i>	64
BROMSITE.....	63	<i>cartia xt cap 120/24hr</i>	27
<i>budesonide (inhalation)</i>	66	<i>cartia xt cap 180/24hr</i>	27
<i>budesonide ec</i>	53	<i>cartia xt cap 240/24hr</i>	27
<i>bumetanide</i>	28	<i>cartia xt cap 300/24hr</i>	27
<i>buprenorphine hcl</i>	41	<i>carvedilol</i>	26
<i>buprenorphine hcl-naloxone hcl</i>		<i>casprofungin acetate</i>	11
<i>dihydrate 12-3mg</i>	41	CAYSTON	10
<i>buprenorphine hcl-naloxone hcl</i>		<i>caziant pak</i>	46
<i>dihydrate 2-0.5mg</i>	41	<i>cefaclor</i>	15
<i>buprenorphine hcl-naloxone hcl</i>		CEFACLOR MONOHYDRATE ER.....	15
<i>dihydrate 4-1mg</i>	41	<i>cefadroxil</i>	15
<i>buprenorphine hcl-naloxone hcl</i>		CEFAZOLIN IN DEXTROSE 2GM/100ML-	
<i>dihydrate 8-2mg</i>	41	4%	15
<i>buprenorphine hcl-naloxone hcl sl</i>	41	<i>cefazolin inj</i>	15
<i>bupropion hcl</i>	33	<i>cefazolin 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>	15
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>	46	<i>cetirizine syrup</i>	65
CAPRELSA	21	<i>cevimeline hcl</i>	70

CHANTIX.....	41	CLINIMIX 5%/DEXTROSE 25%	60
CHANTIX CONTINUING MONTH.....	41	CLINIMIX INJ 4.25/D10	60
CHANTIX STARTER PACK	41	<i>clobazam</i>	30
CHEMET	45	<i>clomipramine hcl</i>	33
<i>chlorhexidine gluconate (mouth-throat)</i>		<i>clonazepam</i>	30
.....	70	<i>clonidine hcl</i>	28
<i>chloroquine phosphate</i>	12	<i>clonidine hcl ptwk</i>	28
<i>chlorothiazide tabs</i>	28	<i>clopidogrel tab 75mg</i>	56
<i>chlorpromazine hcl</i>	35	<i>clorazepate dipotassium</i>	30
CHLORPROMAZINE INJ	35	<i>clotrimazole</i>	70
<i>chlorthalidone</i>	28	<i>clotrimazole (topical)</i>	68
<i>cholestyramine</i>	25	<i>clotrimazole w/ betamethasone</i>	68
<i>cholestyramine light</i>	25	<i>clozapine odt</i>	35
<i>ciclopirox</i>	67	<i>clozapine tab 100mg</i>	35
<i>ciclopirox shampoo 1%</i>	68	<i>clozapine tab 200mg</i>	35
<i>cilostazol</i>	56	<i>clozapine tab 25mg</i>	35
CILOXAN.....	63	<i>clozapine tab 50mg</i>	35
<i>cinacalcet hcl</i>	45	COARTEM.....	12
CIPRODEX.....	70	<i>colchicine w/ probenecid</i>	7
<i>ciprofloxacin</i>	16	COLCRYS	7
<i>ciprofloxacin hcl (ophth)</i>	63	<i>colesevelam hcl</i>	25
<i>ciprofloxacin hcl tab</i>	16	<i>colestipol hcl gran</i>	25
<i>ciprofloxacin in d5w</i>	16	<i>colestipol hcl pack</i>	25
<i>cisplatin</i>	23	<i>colestipol hcl tabs</i>	25
<i>citalopram hydrobromide</i>	33	<i>colistimethate sodium</i>	10
<i>claravis</i>	67	<i>colocort enema 100mg</i>	53
<i>clarithromycin</i>	16	COMBIGAN.....	64
<i>clarithromycin er</i>	16	COMBIVENT RESPIMAT	65
<i>clarithromycin for susp</i>	16	COMETRIQ	21
<i>clindacin-p</i>	67	COMPLERA	14
<i>clindamycin cap 300mg</i>	10	<i>compro</i>	52
<i>clindamycin cap 75mg</i>	10	<i>constulose</i>	53
<i>clindamycin hcl cap 150 mg</i>	10	COPIKTRA	21
<i>clindamycin phosphate (topical)</i>	67	CORLANOR.....	28
<i>clindamycin phosphate in d5w</i>	10	<i>cortisone acetate</i>	49
CLINDAMYCIN PHOSPHATE IN NAACL..	10	COTELLIC.....	21
<i>clindamycin phosphate inj</i>	10	COUMADIN.....	55
<i>clindamycin phosphate vaginal</i>	55	CREON.....	54
<i>clindamycin soln 75mg/5ml</i>	10	CRIXIVAN.....	12
CLINIMIX 4.25%/DEXTROSE 25%	60	<i>cromolyn sodium (mastocytosis)</i>	54
CLINIMIX 4.25%/DEXTROSE 5%.....	60	<i>cromolyn sodium (ophth)</i>	64
CLINIMIX 5%/DEXTROSE 15%	60	<i>cromolyn sodium nebu</i>	66
CLINIMIX 5%/DEXTROSE 20%	60	<i>cryselle-28</i>	46
		<i>cyclafem 1/35</i>	46

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

<i>digoxin</i>	27	<i>duloxetine hcl</i>	33
<i>digoxin inj</i>	28	DUREZOL	63
<i>digoxin sol 50mcg/ml</i>	28	<i>dutasteride</i>	55
<i>dihydroergotamine mesylate inj 1</i> <i>mg/ml</i>	39	<i>dutasteride-tamsulosin hcl</i>	55
<i>dihydroergotamine mesylate nasal</i>	39	<i>e.e.s 400</i>	16
DILANTIN CAP 100MG	30	EDURANT	12
DILANTIN CAP 30MG	30	<i>efavirenz</i>	12
DILANTIN CHEW TAB 50MG	30	<i>eletriptan hydrobromide</i>	39
DILANTIN-125 SUSP	30	ELIQUIS	55
<i>diltiazem cap 180mg cd</i>	27	ELIQUIS STARTER PACK	55
<i>diltiazem cap 240mg cd</i>	27	ELLA	46
<i>diltiazem cap 360mg cd</i>	27	EMCYT	18
<i>diltiazem cap er/12hr</i>	27	EMEND	52
<i>diltiazem hcl</i>	27	EMGALITY	39
<i>diltiazem hcl cap sr 24hr</i>	27	<i>emoquette</i>	46
<i>diltiazem hcl coated beads cap sr 24hr</i>	27	EMSAM	33
<i>diltiazem hcl extended release beads</i> <i>cap sr</i>	27	EMTRIVA	12
<i>diltiazem inj</i>	27	EMVERM	10
<i>dilt-xr cap</i>	27	<i>enalapril maleate</i>	23
<i>diphenhydramine hcl inj 50mg/ml</i>	65	<i>enalapril maleate & hydrochlorothiazide</i>	23
<i>diphenoxylate w/ atropine</i>	54	ENDARI	56
DIPHThERIA/TETANUS TOXOID	58	<i>endocet 10-325mg</i>	8
<i>disopyramide phosphate</i>	25	<i>endocet 2.5-325mg</i>	8
<i>disulfiram</i>	41	<i>endocet 5-325mg</i>	8
<i>divalproex sodium</i>	30	<i>endocet 7.5-325mg</i>	8
<i>docetaxel</i>	18, 19	ENGERIX-B	58
DOCETAXEL	19	<i>enoxaparin sodium</i>	55
<i>dofetilide</i>	25	<i>enpresse-28</i>	46
<i>donepezil hydrochloride</i>	32	<i>enskyce</i>	46
<i>dorzolamide hcl</i>	64	ENSTILAR	68
<i>dorzolamide hcl-timolol maleate</i>	64	<i>entacapone</i>	34
<i>doxazosin mesylate</i>	24	<i>entecavir</i>	15
<i>doxepin hcl</i>	33	ENTRESTO	24
<i>doxorubicin hcl</i>	18	<i>enulose</i>	53
<i>doxorubicin hcl liposomal</i>	18	EPCLUSA	15
<i>doxy 100</i>	17	EPIDIOLEX	30
<i>doxycycline (monohydrate)</i>	17	<i>epinephrine (anaphylaxis)</i>	66
<i>doxycycline hyclate</i>	17	<i>epirubicin hcl</i>	18
<i>dronabinol</i>	52	<i>epitol</i>	30
<i>drospirenone-ethinyl estradiol</i>	46	EPIVIR HBV	15
DROXIA	56	<i>eplerenone</i>	24
		<i>ergotamine w/ caffeine</i>	39
		ERIVEDGE	19

ERLEADA.....	20	<i>femynor</i>	46
<i>errin</i>	46	<i>fenofibrate</i>	26
<i>ertapenem sodium</i>	10	<i>fenofibrate micronized</i>	26
<i>ery pad 2%</i>	67	<i>fentanyl citrate</i>	8
<i>ery-tab</i>	16	<i>fentanyl patch 100 mcg/hr</i>	8
ERYTHROCIN LACTOBIONATE	16	<i>fentanyl patch 12 mcg/hr</i>	8
<i>erythrocine stearate</i>	16	<i>fentanyl patch 25 mcg/hr</i>	8
<i>erythromycin (acne aid)</i>	67	<i>fentanyl patch 50 mcg/hr</i>	8
<i>erythromycin (ophth)</i>	63	<i>fentanyl patch 75 mcg/hr</i>	8
<i>erythromycin base</i>	16	FENTORA	8
<i>erythromycin cap 250mg ec</i>	16	FETZIMA	33
<i>erythromycin ethylsuccinate</i>	16	FETZIMA TITRATION PACK	33
ESBRIET	66	FIASP	42
<i>escitalopram oxalate</i>	33	FIASP FLEXTOUCH.....	42
<i>esomeprazole magnesium</i>	54	<i>finasteride</i>	55
<i>esomeprazole sodium inj</i>	54	FIRAZYR	56
<i>estarylla tab 0.25-35</i>	46	<i>flac</i>	70
<i>estradiol</i>	49	FLEBOGAMMA DIF	57
<i>estradiol vaginal cream</i>	49	<i>flecainide acetate</i>	25
<i>estradiol vaginal tab</i>	49	FLOVENT DISKUS.....	67
<i>estradiol valerate</i>	49	FLOVENT HFA	67
<i>ethambutol hcl</i>	14	<i>fluconazole</i>	11
<i>ethosuximide</i>	30	<i>fluconazole in dextrose</i>	11
<i>ethynodiol diacet & eth estrad</i>	46	<i>fluconazole inj nacl 200</i>	11
<i>ethynodiol tab 1-50</i>	46	<i>fluconazole inj nacl 400</i>	11
<i>etodolac</i>	7	<i>flucytosine</i>	11
<i>etodolac er</i>	7	<i>fludrocortisone acetate</i>	50
<i>etoposide</i>	23	<i>flunisolide (nasal)</i>	66
EVOTAZ	14	<i>fluocinolone acetonide</i>	68
<i>exemestane</i>	20	<i>fluocinolone acetonide (otic)</i>	70
<i>ezetimibe</i>	26	<i>fluocinolone acetonide oil body</i>	68
FABRAZYME.....	49	<i>fluocinonide</i>	68
<i>falmina</i>	46	<i>fluocinonide emulsified base</i>	68
<i>famciclovir</i>	15	<i>fluorometholone</i>	63
<i>famotidine</i>	53	<i>fluorouracil</i>	18
<i>famotidine in nacl</i>	53	<i>fluorouracil (topical)</i>	69
<i>famotidine inj</i>	53	<i>fluoxetine cap 10mg</i>	33
FANAPT.....	36	<i>fluoxetine cap 20mg</i>	33
FANAPT TITRATION PACK.....	36	<i>fluoxetine cap 40mg</i>	33
FARXIGA	43	<i>fluoxetine hcl</i>	33
FARYDAK	19	<i>fluphenazine decanoate</i>	36
FASLODEX.....	20	<i>fluphenazine hcl</i>	36
<i>felbamate</i>	31	<i>flurbiprofen</i>	7
<i>felodipine</i>	27	<i>flurbiprofen sodium</i>	63

<i>flutamide</i>	20	<i>gentamicin sulfate</i>	10
<i>fluticasone propionate</i>	68	<i>gentamicin sulfate (topical)</i>	67
<i>fluticasone propionate (nasal)</i>	66	<i>gentamicin sulfate soln (ophth)</i>	63
<i>fluvoxamine maleate</i>	29	GENVOYA.....	14
<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>	23	GILOTRIF TAB 20MG.....	21
<i>fosinopril sodium & 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>	53
GAMMAPLEX	57	<i>glycopyrrolate tab 2mg</i>	53
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>heparin sod inj 20000/ml</i>	55

<i>heparin sod inj 5000/ml</i>	55	<i>ibu tab 800mg</i>	7
HEPARIN SODIUM/NACL 0.45%	55	<i>ibuprofen</i>	7
<i>hepatamine</i>	60	ICLUSIG.....	21
HERCEPTIN	19	IDHIFA	19
HETLIOZ	39	IFEX INJ 3GM	18
HIBERIX.....	59	<i>ifosfamide inj 1gm/20ml</i>	18
HUMIRA	57	IFOSFAMIDE INJ 3GM	18
HUMIRA INJ 10MG/0.2ML.....	57	<i>ifosfamide inj 3gm/60ml</i>	18
HUMIRA KIT 20MG/0.4ML.....	57	ILEVRO	63
HUMIRA KIT 40MG/0.8ML.....	57	<i>imatinib mesylate</i>	21
HUMIRA PEDIATRIC CROHNS DISEASE		IMBRUVICA	21
.....	57	<i>imipenem-cilastatin</i>	10
HUMIRA PEN.....	57	<i>imipramine hcl</i>	33
HUMIRA PEN CD/UC/HS STARTER	57	<i>imiquimod</i>	69
HUMIRA PEN INJ CD/UC/HS STARTER.....	57	IMOVAX RABIES (H.D.C.V.)	59
HUMIRA PEN INJ PS/UV STARTER.....	57	<i>incassia</i>	46
HUMIRA PEN-PS/UV STARTER.....	57	INCRELEX	50
HUMULIN R INJ U-500	42	INCRUSE ELLIPTA	65
HUMULIN R U-500 KWIKPEN	42	<i>indapamide</i>	28
<i>hydralazine hcl</i>	28	INFANRIX.....	59
<i>hydrochlorothiazide</i>	28	INLYTA	21
<i>hydroco/apap tab 10-325mg</i>	8	INSULIN PEN NEEDLE	42
<i>hydroco/apap tab 5-325mg</i>	8	INSULIN SAFETY NEEDLES	42
<i>hydroco/apap tab 7.5-325</i>	8	INSULIN SYRINGE	42
<i>hydrocodone-acetaminophen 7.5-325</i>		INTELENCE.....	12
<i>mg/15ml</i>	8	INTRALIPID 30%.....	61
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		<i>intralipid inj 20%</i>	61
.....	8	INTRON-A INJ 10MU.....	58
<i>hydrocortisone</i>	50	INTRON-A INJ 18MU.....	58
<i>hydrocortisone (enema)</i>	53	INTRON-A INJ 25MU.....	58
<i>hydrocortisone (topical)</i>	68, 69	INTRON-A INJ 50MU.....	58
<i>hydrocortisone butyrate cream 0.1%</i>	69	<i>introvale</i>	46
<i>hydrocortisone butyrate oint 0.1%</i>	69	INVEGA SUST INJ 117 MG/0.75 ML ...	36
<i>hydrocortisone valerate</i>	69	INVEGA SUST INJ 156MG/ML.....	36
<i>hydromorphone hcl</i>	8	INVEGA SUST INJ 234 MG/1.5 ML	36
<i>hydroxychloroquine sulfate</i>	57	INVEGA SUST INJ 39 MG/0.25 ML	36
<i>hydroxyurea</i>	22	INVEGA SUST INJ 78 MG/0.5 ML.....	36
<i>hydroxyzine hcl</i>	65	INVEGA TRINZA.....	36
<i>hydroxyzine hcl inj</i>	65	INVIRASE.....	12
<i>hydroxyzine pamoate</i>	65	IONOSOL-MB/DEXTROSE 5%	61
HYSINGLA ER	8	IPOL INACTIVATED IPV	59
<i>ibandronate sodium</i>	45	<i>ipratropium bromide</i>	65
IBRANCE.....	19	<i>ipratropium bromide (nasal)</i>	65
<i>ibu tab 600mg</i>	7	<i>ipratropium-albuterol nebu</i>	65

<i>irbesartan</i>	24	KADCYLA	19
<i>irbesartan-hydrochlorothiazide</i>	24	KALETRA TAB 100-25MG	14
IRESSA	21	KALETRA TAB 200-50MG	14
<i>irinotecan hcl</i>	23	KALYDECO	66
ISENTRESS	12	<i>kariva</i>	46
ISENTRESS HD	12	<i>kcl 0.075%/d5w/nacl 0.45%</i>	61
<i>isibloom</i>	46	KCL 0.15%/D5W/NACL 0.225%	61
ISOLYTE P	61	<i>kcl 0.15%/d5w/nacl 0.9%</i>	61
ISOLYTE S	61	<i>kcl 0.3%/d5w/nacl 0.45%</i>	61
<i>isoniazid</i>	14	KCL 0.3%/D5W/NACL 0.9%	61
<i>isoniazid syp 50mg/5ml</i>	14	<i>kcl/d5w inj 0.3%</i>	61
<i>isosorb mononitrate tab</i>	28	<i>kcl/d5w/nacl inj .15/.33%</i>	61
<i>isosorbide dinitrate</i>	28	<i>kcl/d5w/nacl inj .15/.45%</i>	61
<i>isosorbide dinitrate er</i>	28	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	61
<i>isosorbide mononitrate er</i>	29	<i>kcl/nacl inj 0.15%-0.9%</i>	62
<i>isotretinoin</i>	67	<i>kcl/nacl inj 0.3-0.9</i>	62
<i>isradipine</i>	27	<i>kcl0.15%/d5w/nacl0.2%</i>	61
<i>itraconazole</i>	12	<i>kelnor 1/35</i>	46
<i>ivermectin</i>	10	<i>kelnor 1/50</i>	46
IXIARO	59	<i>ketoconazole</i>	12
JADENU	45	<i>ketoconazole cream</i>	68
JADENU SPRINKLE	45	<i>ketoconazole shampoo</i>	68
JAKAFI	21	<i>ketorolac tromethamine (ophth)</i>	63
<i>jantoven</i>	56	KEYTRUDA	19
JANUMET	43	KINRIX	59
JANUMET XR TAB 100-1000	44	<i>kionex sus 15gm/60ml</i>	45
JANUMET XR TAB 50-1000	44	KISQALI	19
JANUMET XR TAB 50-500MG	44	KISQALI FEMARA 200 DOSE	19
JANUVIA	44	KISQALI FEMARA 400 DOSE	19
JARDIANCE	44	KISQALI FEMARA 600 DOSE	19
<i>jasmiel</i>	46	<i>klor-con 10</i>	59
JENTADUETO	44	<i>klor-con 8</i>	59
JENTADUETO TAB XR 2.5-1000 MG	44	<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	51
<i>junel 1.5/30</i>	46	<i>kurvelo</i>	47
<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

<i>lactulose</i>	53	<i>levofloxacin in d5w</i>	16
<i>lactulose (encephalopathy)</i>	53	<i>levofloxacin inj 25mg/ml</i>	16
<i>lamivudine</i>	13	<i>levofloxacin oral soln 25 mg/ml</i>	16
<i>lamivudine (hbv)</i>	15	<i>levonest</i>	47
<i>lamivudine-zidovudine</i>	14	<i>levonor/ethi tab</i>	47
<i>lamotrigine</i>	31	<i>levonorgestrel & eth estradiol</i>	47
<i>lansoprazole</i>	54	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	47
<i>larin 1.5/30</i>	47	<i>levora 0.15/30-28</i>	47
<i>larin 1/20</i>	47	<i>levo-t</i>	51
<i>larin fe 1.5/30</i>	47	<i>levothyroxine sodium</i>	51
<i>larin fe 1/20</i>	47	<i>levoxyl</i>	51
<i>larissia tab</i>	47	LEXIVA	13
LASTACAFT	64	<i>lidocaine</i>	69
<i>latanoprost</i>	64	<i>lidocaine hcl</i>	69
LATUDA	36	<i>lidocaine hcl (local anesth.)</i>	9
<i>leena</i>	47	<i>lidocaine hcl (mouth-throat)</i>	70
<i>leflunomide</i>	57	<i>lidocaine inj 0.5%</i>	9
LENVIMA 10 MG DAILY DOSE	21	<i>lidocaine inj 1%</i>	9
LENVIMA 12MG DAILY DOSE	22	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
LENVIMA 14 MG DAILY DOSE	22	<i>lidocaine oint 5%</i>	69
LENVIMA 18 MG DAILY DOSE	22	<i>lidocaine-prilocaine</i>	69
LENVIMA 20 MG DAILY DOSE	22	<i>linezolid in sodium chloride</i>	10
LENVIMA 24 MG DAILY DOSE	22	<i>linezolid inj</i>	10
LENVIMA 4 MG DAILY DOSE	21	<i>linezolid susp</i>	10
LENVIMA 8 MG DAILY DOSE	21	<i>linezolid tab 600mg</i>	10
<i>lessina</i>	47	LINZESS	54
LETAIRIS	29	<i>liothyronine sodium</i>	51
<i>letrozole</i>	20	<i>lisinopril</i>	23
<i>leucovorin calcium</i>	23	<i>lisinopril & hydrochlorothiazide</i>	23
LEUKERAN	18	<i>lithium carbonate</i>	40
<i>leuprolide inj 1mg/0.2</i>	20	<i>lithium carbonate er</i>	40
<i>levabuterol hcl</i>	65	LITHIUM SOLN 8MEQ/5ML	40
<i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	66	LONSURF	22
<i>levabuterol tartrate hfa</i>	66	<i>loperamide hcl</i>	54
LEVEMIR	42	<i>lopinavir-ritonavir</i>	14
LEVEMIR FLEXTOUCH	42	<i>lorazepam</i>	29
<i>levetiracetam</i>	31	<i>lorazepam intensol</i>	29
<i>levetiracetam in sodium chloride</i>	31	LORBRENA	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>meloxicam</i>	7
<i>losartan-hydrochlorothiazide</i>	24	<i>memantine hcl cp24</i>	32
LOTEMAX	63	<i>memantine soln</i>	32
<i>lovastatin</i>	25	<i>memantine tabs</i>	32
<i>low-ogestrel</i>	47	MENACTRA	59
<i>loxapine succinate</i>	36	MENVEO	59
LUMIGAN	64	<i>mercaptapurine</i>	18
LUMIZYME.....	49	<i>meropenem</i>	10
LUPRON DEPOT (1-MONTH).....	20	<i>mesalamine</i>	53
LUPRON DEPOT INJ 11.25MG (3-		<i>mesalamine w/ cleanser</i>	53
MONTH).....	20	MESNEX	23
LUPRON DEPOT-PED (1-MONTH	51	<i>metadate er tab 20mg</i>	38
LUPRON DEPOT-PED (3-MONTH	51	<i>metformin er</i>	44
LUPRON DEP-PED INJ 11.25MG (3-		<i>metformin hcl</i>	44
MONTH).....	51	<i>methadone hcl</i>	8
LUPRON DEP-PED INJ 7.5MG	51	<i>methadone hcl 10mg</i>	8
<i>lutea</i>	47	<i>methadone hcl 5mg</i>	8
LYNPARZA.....	19	<i>methadone hcl intensol</i>	9
LYRICA	31	<i>methazolamide</i>	28
LYRICA CR	40	<i>methenamine hippurate</i>	11
LYSODREN	20	<i>methimazole</i>	51
<i>lyza</i>	47	<i>methotrexate sodium inj</i>	18
<i>magnesium sulfate</i>	60	<i>methotrexate sodium tabs</i>	57
MAGNESIUM SULFATE	60	<i>methyclothiazide</i>	28
MAGNESIUM SULFATE IN D5W.....	60	<i>methylphenidate hcl</i>	38
<i>magnesium sulfate in dextrose</i>	60	<i>methylphenidate hcl oral soln</i>	38
<i>magnesium sulfate inj 50%</i>	60	<i>methylphenidate tab 10mg er</i>	39
<i>malathion</i>	70	<i>methylphenidate tab 20mg er</i>	39
<i>maprotiline hcl</i>	33	<i>methylpr ss inj</i>	50
<i>marlissa</i>	47	<i>methylpred pak 4mg</i>	50
MARPLAN TAB 10MG.....	33	<i>methylpred tab 16mg</i>	50
MATULANE	22	<i>methylpred tab 32mg</i>	50
MAVYRET	15	<i>methylpred tab 4mg</i>	50
<i>meclizine hcl</i>	52	<i>methylpred tab 8mg</i>	50
<i>medroxyprogesterone acetate</i>		<i>methylprednisolone acetate</i>	50
(<i>contraceptive</i>)	47	<i>metoclopramide hcl</i>	52
<i>medroxyprogesterone acetate tab</i>	51	<i>metoclopramide hcl inj</i>	52
<i>mefloquine hcl</i>	12	<i>metolazone</i>	28
<i>megestrol ac sus 40mg/ml</i>	20	<i>metoprolol & hctz tab 100-25mg</i>	26
<i>megestrol ac tab 20mg</i>	20	<i>metoprolol & hctz tab 100-50mg</i>	26
<i>megestrol ac tab 40mg</i>	20	<i>metoprolol & hctz tab 50-25mg</i>	26
<i>megestrol sus 625mg/5ml</i>	20	<i>metoprolol succinate</i>	26
MEKINIST	22	<i>metoprolol tartrate</i>	26
MEKTOVI.....	22	<i>metronidazole</i>	11

<i>metronidazole (topical)</i>	69	<i>mupirocin</i>	67
<i>metronidazole gel 0.75%</i>	69	MYCAMINE	12
<i>metronidazole in nacl</i>	11	<i>mycophenolate mofetil</i>	58
<i>metronidazole vaginal</i>	55	<i>mycophenolate sodium tbec</i>	58
<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	N AFCILLIN 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	32
<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>mondoxyne nl cap 100mg</i>	17	NATPARA	51
<i>mono-lynyah 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 7/7/7</i>	47
<i>morgidox cap 1x50mg</i>	18	<i>nefazodone hcl</i>	34
<i>morphine ext-rel tab</i>	9	<i>neomycin sulfate</i>	10
<i>morphine sul inj 10mg/ml</i>	9	<i>neomycin-bacitracin zn-polymyxin</i>	63
<i>morphine sul inj 1mg/ml</i>	9	<i>neomycin-polymy-dexameth</i>	62
MORPHINE SUL INJ 4MG/ML	9	<i>neomycin-polymyxin-gramicidin</i>	63
<i>morphine sulfate</i>	9	<i>neomycin-polymyxin-hc (ophth)</i>	62
MORPHINE SULFATE	9	<i>neomycin-polymyxin-hc (otic)</i>	70
<i>morphine sulfate oral soln 100mg/5ml</i> 9		NEPHRAMINE	61
<i>morphine sulfate oral soln 10mg/5ml</i> .. 9		NERLYNX	22
<i>morphine sulfate oral soln 20mg/5ml</i> .. 9		NEUPOGEN	56
MOVANTIK	54	NEUPRO	34
MOVIPREP	53	<i>nevirapine susp 50 mg/5ml</i>	13
MOXEZA	63	<i>nevirapine tab 100mg er</i>	13
<i>moxifloxacin hcl (ophth)</i>	63	<i>nevirapine tab 200mg</i>	13
MULTAQ	25	<i>nevirapine tab 400mg er</i>	13

NEXAVAR	22	NORVIR SOLN.....	13
<i>niacin er (antihyperlipidemic)</i>	26	NOVOLIN 70/30	42
<i>niacor</i>	26	NOVOLIN 70/30 FLEXPEN.....	42
<i>nicardipine hcl</i>	27	NOVOLIN N	42
NICOTROL INHALER	41	NOVOLIN R	42
NICOTROL NS.....	41	NOVOLOG	42
<i>nifedipine</i>	27	NOVOLOG 70/30 FLEXPEN.....	42
<i>nifedipine er</i>	27	NOVOLOG FLEXPEN	43
<i>nikki</i>	47	NOVOLOG MIX 70/30.....	43
<i>nilutamide</i>	20	NOVOLOG PENFILL	43
<i>nimodipine</i>	27	NOXAFIL	12
NINLARO.....	19	NUCYNTA ER	9
NITRO-BID	29	NUEDEXTA	40
NITRO-DUR DIS 0.3MG/HR.....	29	NULOJIX	58
NITRO-DUR DIS 0.8MG/HR.....	29	NULYTELY/FLAVOR PACKS	53
<i>nitrofurantoin macrocrystal</i>	11	NUPLAZID CAPS.....	36
<i>nitrofurantoin monohyd macro</i>	11	NUPLAZID TABS 10MG.....	36
<i>nitroglycerin</i>	29	NUPLAZID TABS 17MG.....	36
<i>nitroglycerin td patch</i>	29	<i>nutrilipid inj 20%</i>	61
NITYR	49	NUVARING	48
<i>nora-be tab</i>	47	<i>nyamyc</i>	68
<i>norethindrone (contraceptive)</i>	47	NYMALIZE	27
<i>norethindrone acet & eth estra</i>	47	<i>nystatin</i>	12
<i>norethindrone acetate</i>	51	<i>nystatin (mouth-throat)</i>	70
<i>norethindrone acetate-ethinyl estradiol</i>	49	<i>nystatin (topical)</i>	68
<i>norgest/ethi tab 0.25/35</i>	47	<i>nystatin pow 100000</i>	68
<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-25/0.215-25/0.25-25 <i>mg-mcg</i>	47	<i>nystop</i>	68
<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-35/0.215-35/0.25-35 <i>mg-mcg</i>	47	<i>ocella tab 3-0.03mg</i>	48
<i>norlyroc</i>	47	OCTAGAM	57
NORMOSOL-M IN D5W.....	62	<i>octreotide acetate</i>	51
NORMOSOL-R	62	ODEFSEY	14
NORMOSOL-R IN D5W	62	ODOMZO.....	19
NORPACE CR	25	OFEV	66
NORTHERA	28	<i>ofloxacin (ophth)</i>	63
<i>nortrel 0.5/35 (28)</i>	48	<i>ofloxacin (otic)</i>	70
<i>nortrel 1/35</i>	48	<i>olanzapine</i>	36
<i>nortrel 7/7/7</i>	48	<i>olmesartan medoxomil</i>	25
<i>nortriptyline hcl</i>	34	<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i>	24
NORVIR PACK.....	13	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	24
		<i>olopatadine hcl 0.2%</i>	64
		<i>omeprazole cap 10mg</i>	54
		<i>omeprazole cap 20mg</i>	54

<i>omeprazole cap 40mg</i>	54	PASER D/R	14
<i>ondansetron hcl</i>	52	PAXIL	34
<i>ondansetron hcl inj</i>	52	PAZEO	64
<i>ondansetron hcl oral soln</i>	52	PEDIARIX.....	59
<i>ondansetron odt</i>	52	PEDVAX HIB.....	59
OPSUMIT	29	<i>peg 3350/electrolytes</i>	54
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>	54
<i>orsythia</i>	48	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>	42	<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>pentamidine isethionate</i>	11
<i>oxycodone w/ acetaminophen 5-325mg</i>	9	<i>pentoxifylline</i>	56
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9	<i>perindopril erbumine</i>	24
OZEMPIC INJ 0.25 OR 0.5MG/DOSE ..	43	<i>periogard</i>	70
OZEMPIC INJ 1MG/DOSE.....	43	<i>permethrin cre 5%</i>	70
<i>pacerone</i>	25	<i>perphenazine</i>	36
<i>paclitaxel</i>	19	PERSERIS	37
<i>paliperidone</i>	36	<i>pfizerpen-g inj 20mu</i>	17
<i>pamidronate disodium</i>	45	<i>pfizerpen-g inj 5mu</i>	17
PAMIDRONATE DISODIUM.....	45	<i>phenelzine sulfate</i>	34
<i>pamidronate inj 30mg</i>	45	<i>phenobarbital</i>	31
<i>pamidronate inj 90mg</i>	45	<i>phenobarbital sodium</i>	31
PANRETIN	69	PHENOBARBITAL SODIUM	31
<i>pantoprazole sodium</i>	54	PHENYTEK.....	31
<i>pantoprazole sodium tbec</i>	54	<i>phenytoin</i>	31
PANZYGA	58	<i>phenytoin sodium extended</i>	31
<i>paricalcitol</i>	62	<i>phenytoin sodium inj 50mg/ml</i>	31
<i>paroex sol 0.12%</i>	70	<i>philith</i>	48
<i>paromomycin sulfate</i>	10	PHOSPHOLINE IODIDE.....	64
<i>paroxetine hcl tabs</i>	34	PICATO	69

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

PROMACTA	56	RELISTOR	54
<i>promethazine hcl</i>	52	REMICADE.....	57
<i>promethazine hcl inj</i>	52	REMODULIN	29
<i>propafenone hcl</i>	25	<i>repaglinide</i>	44
<i>propafenone hcl 12hr</i>	25	RESCRIPTOR	13
<i>propracaine hcl</i>	64	RESTASIS	64
<i>propranolol & hydrochlorothiazide</i>	26	RESTASIS MULTIDOSE.....	64
<i>propranolol cap er</i>	26	REVLIMID.....	20
<i>propranolol hcl</i>	26	REXULTI	37
<i>propranolol oral sol</i>	26	REYATAZ.....	13
<i>propylthiouracil</i>	51	RHOPRESSA	64
PROQUAD	59	<i>ribasphere</i>	15
PROSOL	61	RIBASPHERE.....	15
<i>protriptyline hcl</i>	34	<i>ribavirin 200mg</i>	15
PULMICORT FLEXHALER	67	<i>rifabutin</i>	14
PULMOZYME	66	<i>rifampin</i>	14
PURIXAN	18	RIFATER.....	14
<i>pyrazinamide</i>	14	<i>riluzole</i>	40
<i>pyridostigmine tab 60mg</i>	40	<i>rimantadine hydrochloride</i>	15
QUADRACEL	59	RISPERDAL INJ 12.5MG	37
<i>quasense</i>	48	RISPERDAL INJ 25MG	37
<i>quetiapine fumarate</i>	37	RISPERDAL INJ 37.5MG	37
<i>quinapril hcl</i>	24	RISPERDAL INJ 50MG	37
<i>quinapril-hydrochlorothiazide</i>	23	<i>risperidone</i>	37
<i>quinidine gluconate</i>	25	<i>ritonavir</i>	13
<i>quinidine sulfate</i>	25	RITUXAN.....	19
<i>quinine sulfate</i>	12	RITUXAN HYCELA.....	19
RABAVERT.....	59	<i>rivastigmine tartrate</i>	32
<i>raloxifene hcl</i>	51	<i>rivastigmine td patch 24hr 13.3</i> <i>mg/24hr</i>	33
<i>ramipril</i>	24	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	32
RANEXA	28	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	33
<i>ranitidine hcl</i>	53	<i>rizatriptan benzoate</i>	39
<i>ranitidine hcl inj</i>	53	<i>rizatriptan benzoate odt</i>	39
<i>ranitidine inj</i>	53	<i>ropinirole tab 0.25mg</i>	35
<i>ranitidine syrup</i>	53	<i>ropinirole tab 0.5mg</i>	35
<i>ranolazine</i>	28	<i>ropinirole tab 1mg</i>	35
RAPAMUNE	58	<i>ropinirole tab 2mg</i>	35
<i>rasagiline mesylate</i>	35	<i>ropinirole tab 3mg</i>	35
RAYALDEE.....	62	<i>ropinirole tab 4mg</i>	35
REBETOL SOLN	15	<i>ropinirole tab 5mg</i>	35
<i>reclipsen</i>	48	<i>rosadan</i>	69
RECOMBIVAX HB.....	59		
REGRANEX	70		
RELENZA DISKHALER	15		

<i>rosuvastatin calcium</i>	25	SOMAVERT	51
ROTARIX	59	<i>sorine</i>	25
ROTATEQ	59	<i>sotalol hcl</i>	25
<i>roweepra</i>	32	<i>sotalol hcl (afib/afl)</i>	25
<i>roweepra xr</i>	32	<i>spironolactone</i>	24
RUBRACA	19	<i>spironolactone & hydrochlorothiazide</i> ..	28
RYDAPT	22	<i>sprintec 28</i>	48
SANDIMMUNE.....	58	SPRITAM	32
SANTYL.....	70	SPRYCEL	22
SAPHRIS	37	<i>sps susp 15gm/60ml</i>	45
<i>scopolamine patch</i>	52	<i>sronyx</i>	48
<i>selegiline hcl</i>	35	<i>ssd</i>	67
<i>selenium sulfide</i>	68	<i>stavudine</i>	13
SELZENTRY	13	STIMATE	52
SENSIPAR	45	STIVARGA	22
SEREVENT DISKUS.....	66	<i>streptomycin sulfate</i>	10
<i>sertraline hcl</i>	34	STRIBILD	14
<i>setlakin tab</i>	48	SUBOXONE MIS 12-3MG	41
<i>sevelamer carbonate</i>	51	SUBOXONE MIS 2-0.5MG	41
<i>sharobel</i>	48	SUBOXONE MIS 4-1MG	41
SHINGRIX	59	SUBOXONE MIS 8-2MG	41
SIGNIFOR	51	<i>subvenite tab</i>	32
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	29	<i>sucralfate</i>	54
SILENOR	39	<i>sulfacetamide sodium (acne)</i>	67
<i>silver sulfadiazine</i>	67	<i>sulfacetamide sodium (ophth)</i>	63
SIMBRINZA	64	<i>sulfacetamide sod-prednisolone</i>	62
<i>simvastatin</i>	25	SULFADIAZINE	10
<i>sirolimus</i>	58	<i>sulfamethoxazole-trimethop ds</i>	11
SIRTURO.....	14	<i>sulfamethoxazole-trimethoprim inj</i>	11
SIVEXTRO	11	<i>sulfamethoxazole-trimethoprim susp</i> ..	11
<i>sodium chlor sol 0.9% irr</i>	70	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sodium chloride</i>	60, 62	<i>400-80mg</i>	11
<i>sodium chloride 0.45%</i>	62	SULFAMYLON.....	67
<i>sodium chloride inj 0.9%</i>	62	<i>sulfasalazine</i>	53
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	60	<i>sulfasalazine ec</i>	53
<i>sodium phenylbutyrate</i>	49	<i>sulindac</i>	7
<i>sodium polystyrene sulfonate powder</i> ..	45	<i>sumatriptan</i>	39
<i>sodium polystyrene sulfonate susp</i>	45	<i>sumatriptan inj 4mg/0.5ml</i>	39
SOLIQUA 100/33.....	43	<i>sumatriptan inj 6mg/0.5ml</i>	40
SOLTAMOX	20	<i>sumatriptan succinate</i>	40
SOLU-CORTEF	50	SUPRAX	16
SOMATULINE DEPOT	51	SUPREP BOWEL PREP KIT.....	54
		SUTENT	22
		<i>syeda</i>	48

SYLATRON KIT 200MCG	22	<i>telmisartan</i>	25
SYLATRON KIT 300MCG	22	<i>temazepam</i>	39
SYLATRON KIT 600MCG	22	TENIVAC	59
SYMBICORT	67	<i>tenofovir disoproxil fumarate</i>	13
SYMDEKO.....	66	<i>terazosin hcl</i>	24
SYMFI	14	<i>terbinafine hcl</i>	12
SYMFI LO	14	<i>terbutaline sulfate</i>	66
SYMPAZAN	32	<i>terconazole vaginal</i>	55
SYMPROIC.....	54	<i>testosterone</i>	42
SYMTUZA	14	<i>testosterone cypionate</i>	42
SYNAREL.....	49	<i>testosterone enanthate</i>	42
SYNERCID.....	11	<i>tetrabenazine</i>	40
SYNJARDY TAB 12.5-1000MG	44	<i>tetracycline hcl</i>	18
SYNJARDY TAB 12.5-500MG	44	TEXACORT SOLN 2.5%	69
SYNJARDY TAB 5-1000MG.....	44	THALOMID	20, 21
SYNJARDY TAB 5-500MG.....	44	THEO-24	66
SYNJARDY XR TAB 10-1000MG	44	<i>theophylline</i>	66
SYNJARDY XR TAB 12.5-1000MG	44	<i>thioridazine hcl</i>	37
SYNJARDY XR TAB 25-1000MG	44	<i>thiothixene</i>	37
SYNJARDY XR TAB 5-1000MG	44	<i>tiagabine hcl</i>	32
SYNRIBO.....	22	TIBSOVO.....	19
SYNTHROID.....	51	<i>tigecycline</i>	11
TABLOID	18	<i>tilia fe</i>	48
<i>tacrolimus</i>	58	<i>timolol maleate</i>	27
<i>tacrolimus (topical)</i>	69	<i>timolol maleate (ophth) soln</i>	64
TAFINLAR.....	22	<i>timolol maleate gel</i>	64
TAGRISSE.....	22	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	64
TALZENNA.....	19	TIVICAY	13
<i>tamoxifen citrate</i>	20	<i>tizanidine hcl</i>	41
<i>tamsulosin hcl</i>	55	TOBRADEX	62
TARCEVA	22	TOBRADEX ST	62
TARGRETIN	69	<i>tobramycin</i>	10
<i>tarina fe 1/20</i>	48	<i>tobramycin (ophth)</i>	63
TASIGNA.....	22	<i>tobramycin inj 1.2 gm/30ml</i>	10
TAXOTERE.....	19	<i>tobramycin inj 1.2gm</i>	10
<i>tazarotene</i>	68	<i>tobramycin inj 10mg/ml</i>	10
<i>tazicef</i>	16	<i>tobramycin inj 40mg/ml</i>	10
TAZORAC	68	<i>tobramycin inj 80mg/2ml</i>	10
<i>taztia xt</i>	27	<i>tobramycin-dexamethasone</i>	62
TDVAX	59	<i>tolterodine tartrate cap er</i>	55
TECENTRIQ	19	<i>tolterodine tartrate tabs</i>	55
TEFLARO	16	<i>topiramate</i>	32
TEKTURNA	28	<i>toposar</i>	23
TEKTURNA HCT.....	28		

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

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

ZORTRESS TAB 0.75MG	58	ZYKADIA	22
ZORTRESS TAB 1MG.....	58	ZYLET	62
ZOSTAVAX	59	ZYPREXA RELPREVV	37, 38
<i>zovia 1/35e</i>	49	ZYPREXA RELPREVV INJ 210MG	38
ZYDELIG	22	ZYTIGA.....	20

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