



GlobalHealth

GlobalHealth 2019 Formulary

(List of
Covered Drugs)

For State of
Oklahoma Group
Retirees (HMO)

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



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

This formulary was updated
on 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

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

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

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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 State of Oklahoma Group Retirees (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 State of Oklahoma Group Retirees (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 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 State of Oklahoma Group Retirees (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 72. 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 online 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 State of Oklahoma Group Retirees (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 State of Oklahoma Group Retirees (HMO) Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 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 State of Oklahoma Group Retirees (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

State of Oklahoma Group Retirees (HMO) Formulary

The formulary that begins on 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 72.

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
<u>ANALGESICS</u>		
<u>GOUT</u>		
<i>allopurinol tab</i>	1	GC
<i>colchicine w/ probenecid</i>	2	
<i>COLCRYS</i>	3	QL (120 tabs / 30 days)
<i>MITIGARE</i>	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	
<i>ULORIC</i>	3	ST
<u>NSAIDS</u>		
<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	GC
<i>ibu tab 800mg</i>	1	GC
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	GC
<i>meloxicam TABS</i>	1	GC
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	1	GC
<u>OPIOID ANALGESICS</u>		
<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	

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>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)
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 LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
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 LIQD</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	2	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>loracet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>loracet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>loracet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	2	QL (90 tabs / 30 days), PA

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>methadone hcl 10mg</i>	2	QL (90 tabs / 30 days), PA
<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

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Drug Name	Drug Tier Requirements/Limits
ANTI-INFECTIVES	
ANTI-BACTERIALS - MISCELLANEOUS	
<i>amikacin sulfate</i> SOLN	2
<i>gentamicin in saline</i>	2
<i>gentamicin sulfate</i> SOLN	2
<i>neomycin sulfate</i> TABS	2
<i>paromomycin sulfate</i> CAPS	2
<i>streptomycin sulfate</i> SOLR	5
SULFADIAZINE TABS	4
<i>tobramycin</i> NEBU	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</i> TABS	5
ALINIA	5
<i>atovaquone</i> SUSP	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</i> SOLR	2
<i>dapsone</i> TABS	2
DAPTOMYCIN 350mg	5
<i>daptomycin</i> 500mg	5
EMVERM	5
<i>ertapenem sodium</i>	2
<i>imipenem-cilastatin</i>	2
<i>ivermectin</i> TABS	2
<i>linezolid in sodium chloride</i>	4
<i>linezolid inj</i>	2

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole CAPS</i>	2	PA
<i>ketoconazole TABS</i>	2	PA
<i>MYCAMINE</i>	5	
<i>NOXAFL SUSP</i>	5	QL (630 mL / 30 days)
<i>NOXAFL TBEC</i>	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	2	
<i>terbinafine hcl TABS</i>	1	GC, QL (90 tabs / year)
<i>voriconazole SOLR</i>	2	
<i>voriconazole SUSR; TABS</i>	5	

ANTIMALARIALS

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

ANTIRETROVIRAL AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i>	2	
<i>nevirapine tab 100mg er</i>	2	
<i>nevirapine tab 200mg</i>	2	
<i>nevirapine tab 400mg er</i>	2	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
<i>zidovudine cap 100mg</i>	2	
<i>zidovudine syrup 50mg/5ml</i>	2	
<i>zidovudine tab 300mg</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DELSTRIGO	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	2	
<i>lopinavir-ritonavir</i>	2	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

<i>acyclovir CAPS; TABS</i>	1	GC
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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i>	2	
<i>ganciclovir sodium</i>	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	
MAVYRET	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	2	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg	2	NM
RIBASPHERE TABS 400mg	5	NM
<i>ribasphere</i> TABS 600mg	5	NM
<i>ribavirin</i> 200mg	2	NM
<i>rimantadine hydrochloride</i>	2	
<i>valacyclovir hcl</i> TABS	2	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i>	2	
CEFACLOR MONOHYDRATE ER	4	
<i>cefadroxil</i> CAPS	1	GC
<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	

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

ERYTHROMYCINS/MACROLIDES

<i>azithromycin PACK; SOLR; SUSR</i>	2	
<i>azithromycin TABS</i>	1	GC
<i>clarithromycin TABS</i>	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 TABS</i>	2	

FLUOROQUINOLONES

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

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Drug Name	Drug Tier Requirements/Limits
<i>levofloxacin in d5w</i>	2
<i>levofloxacin inj 25mg/ml</i>	2
<i>levofloxacin oral soln 25 mg/ml</i>	2

PENICILLINS

<i>amoxicillin CAPS; SUSR; TABS</i>	1	GC
<i>amoxicillin CHEW</i>	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	
<i>BICILLIN L-A</i>	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 1gm, 2gm</i>	2	
<i>nafcillin sodium 10gm</i>	5	
<i>NAFCILLIN SODIUM FOR INJ 10GM</i>	4	
<i>oxacillin sodium 1gm, 2gm</i>	2	
<i>oxacillin sodium 10gm</i>	5	
<i>PENICILLIN G POT IN DEXTROSE 2MU</i>	4	
<i>PENICILLIN G POT IN DEXTROSE 3MU</i>	4	
<i>PENICILLIN G PROCAINE</i>	4	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium SOLR</i>	2	
<i>penicillin v potassium TABS</i>	1	GC
<i>penicilln gk inj 5mu</i>	2	
<i>penicilln 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	
<i>PIPER/TAZOBIA INJ 12-1.5GM</i>	4	
<i>piper/tazoba inj 36-4.5gm</i>	2	

TETRACYCLINES

<i>doxy 100</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	2	
<i>doxycycline hyclate CAPS</i>	2	
<i>doxycycline hyclate SOLR</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS</i>	2	
<i>monodoxe nl cap 100mg</i>	2	
<i>morgodox 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	

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Drug Name	Drug Tier	Requirements/Limits
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
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

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Drug Name	Drug Tier	Requirements/Limits
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole TABS</i>	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>letrozole TABS</i>	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate TABS</i>	1	GC
<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

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA

KINASE INHIBITORS

AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECensa	5	NM, LA, PA
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

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Drug Name	Drug Tier	Requirements/Limits
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
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
bexarotene	5	NM, PA
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA

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Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
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	
<i>MESNEX TABS</i>	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
<i>TOPOTECAN INJ 4MG/4ML</i>	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	GC
<i>benazepril & hydrochlorothiazide</i>	1	GC
<i>captopril & hydrochlorothiazide</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	1	GC
<i>lisinopril & hydrochlorothiazide</i>	6	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide</i>	6	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	6	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	6	GC
<i>losartan potassium</i>	6	GC
<i>olmesartan medoxomil TABS</i>	1	GC
<i>telmisartan</i>	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	1	GC
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
<i>MULTAQ</i>	4	
<i>NORPACE CR</i>	4	
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinididine gluconate</i>	2	
<i>quinididine 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 TABS</i>	6	GC
<i>lovastatin</i>	6	GC
<i>pravastatin sodium</i>	6	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	6	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin TABS 80mg</i>	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	
<i>ezetimibe</i>	2	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS</i>	1	GC
<i>JUXTAPID</i>	5	NM, LA, PA
<i>KYNAMRO</i>	5	PA
<i>niacin er (antihyperlipidemic) 500mg</i>	2	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	2	
<i>niacor</i>	2	
<i>PRALUENT</i>	5	PA
<i>prevalite</i>	2	
<i>VASCEPA</i>	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
<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 CAPS</i>	2	
<i>atenolol TABS</i>	1	GC
<i>bisoprolol fumarate</i>	2	
<i>BYSTOLIC 2.5mg, 5mg, 10mg</i>	4	QL (30 tabs / 30 days)
<i>BYSTOLIC 20mg</i>	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	GC
<i>labetalol hcl TABS</i>	2	
<i>metoprolol succinate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate</i> SOCT	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<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	
<i>timolol maleate</i> TABS	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS	1	GC
<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	GC
<i>verapamil hcl tab er</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
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
<i>digoxin</i> inj	2	
<i>digoxin</i> sol 50mcg/ml	2	PA; PA if 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURN A	4	
TEKTURN A HCT	4	
DIURETICS		
<i>acetazolamide</i> CP12; TABS	2	
<i>amiloride</i> & <i>hydrochlorothiazide</i>	2	
<i>amiloride</i> hcl TABS	2	
<i>bumetanide</i>	2	
<i>chlorothiazide</i> tabs	2	
<i>chlorthalidone</i>	2	
<i>furosemide</i> SOLN; TABS	1	GC
<i>furosemide</i> inj	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone</i> & <i>hydrochlorothiazide</i>	2	
<i>torsemide</i> tabs	2	
<i>triamterene</i> & <i>hydrochlorothiazide</i> cap 37.5-25 mg	1	GC
<i>triamterene</i> & <i>hydrochlorothiazide</i> tabs	1	GC
MISCELLANEOUS		
<i>clonidine</i> hcl TABS	1	GC
<i>clonidine</i> hcl ptwk	2	
CORLANOR	4	
DEMSER	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
<i>ranolazine</i>	2	

NITRATES

<i>isosorb mononitrate tab</i>	1	GC
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<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</i> SUBL	2	
<i>nitroglycerin</i> td patch	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

ANTIANXIETY

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)

ANTICONVULSANTS

<i>APTIOM</i> 200mg	5	QL (180 tabs / 30 days)
<i>APTIOM</i> 400mg	5	QL (90 tabs / 30 days)
<i>APTIOM</i> 600mg, 800mg	5	QL (60 tabs / 30 days)
<i>BANZEL</i> SUS 40MG/ML	5	PA
<i>BANZEL</i> TAB 200MG	5	PA
<i>BANZEL</i> TAB 400MG	5	PA
<i>BRIVIACT</i> INJ 50MG/5ML	4	PA
<i>BRIVIACT</i> SOL 10MG/ML	5	PA
<i>BRIVIACT</i> TAB 10MG	5	PA
<i>BRIVIACT</i> TAB 25MG	5	PA
<i>BRIVIACT</i> TAB 50MG	5	PA
<i>BRIVIACT</i> TAB 75MG	5	PA
<i>BRIVIACT</i> TAB 100MG	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
<i>CELONTIN</i>	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
<i>DIASTAT</i> ACUDIAL	4	
<i>DIASTAT</i> 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

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Drug Name	Drug Tier	Requirements/Limits
<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 CSDR; TB24; TBEC</i>	2	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	2	
<i>ethosuximide CAPS; SOLN</i>	2	
<i>felbamate SUSP</i>	5	
<i>felbamate TABS</i>	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 CAPS 100mg</i>	1	GC, QL (1080 caps / 30 days)
<i>gabapentin CAPS 300mg</i>	1	GC, QL (360 caps / 30 days)
<i>gabapentin CAPS 400mg</i>	1	GC, QL (270 caps / 30 days)
<i>gabapentin SOLN</i>	2	QL (2160 mL / 30 days)
<i>gabapentin TABS 600mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin TABS 800mg</i>	2	QL (120 tabs / 30 days)
<i>lamotrigine CHEW; TB24</i>	2	
<i>lamotrigine TABS</i>	1	GC
<i>levetiracetam SOLN; TABS; TB24</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine</i>	2	
<i>PEGANONE</i>	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</i> 50mg/ml	2	
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SPRITAM	4	
<i>subvenite tab</i>	1	GC
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	2	
<i>topiramate</i> CPSP	2	
<i>topiramate</i> TABS	1	GC
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i> CAPS	2	
<i>vigabatrin powd pack</i> 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab</i> 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadron</i> e	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)

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Drug Name	Drug Tier	Requirements/Limits
<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</i> er	2	QL (30 caps / 30 days)
<i>memantine hcl</i> cp24	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</i> 24hr 4.6 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 9.5 mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 13.3 mg/24hr	2	QL (30 patches / 30 days)

ANTIDEPRESSANTS

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

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

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl CAPS</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl SYRP; TABS</i>	2	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<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 CAPS; TABS</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
<i>NEUPRO</i>	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	2	PA
<i>clozapine odt</i> 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	2	
<i>clozapine tab</i> 50mg	2	
<i>clozapine tab</i> 100mg	2	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	2	QL (135 tabs / 30 days)
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</i> conc 2mg/ml	2	
<i>haloperidol</i> decanoate SOLN	2	
<i>haloperidol</i> lactate inj 5mg/ml	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

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl</i> TABS 10mg	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</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	2	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	2	QL (90 tabs / 30 days)

HYPNOTICS

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

MIGRAINE

<i>AIMOVIG</i>	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj</i> 1 mg/ml	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	2	QL (12 tabs / 30 days)
<i>EMGALITY SOAJ</i>	3	QL (2 pens / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	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 CAPS; TABS</i>	1	GC
<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

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Drug Name	Drug Tier	Requirements/Limits
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 TABS 10mg, 20mg</i>	2	
<i>cyclobenzaprine hcl TABS 5mg, 10mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium CAPS</i>	2	
<i>tizanidine hcl TABS</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil 50mg</i>	2	QL (90 tabs / 30 days), PA
<i>armodafinil 150mg, 200mg, 250mg</i>	2	QL (30 tabs / 30 days), PA
<i>XYREM</i>	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl SUBL</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	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	
<i>CHANTIX</i>	4	PA
<i>CHANTIX CONTINUING MONTH</i>	4	PA
<i>CHANTIX STARTER PACK</i>	4	PA
<i>disulfiram TABS</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl TABS</i>	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	

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone TABS</i>	2	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	2	QL (300 grams / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate SOLN</i>	2	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	GC
BD ULTRAFINE INSULIN SYRINGE	3	GC
BD ULTRAFINE/NANO PEN NEEDLES	3	GC
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	GC
FIASP FLEXTOUCH	3	GC
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	GC
INSULIN SAFETY NEEDLES	3	GC
INSULIN SYRINGE	3	GC
LEVEMIR	3	GC

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH	3	GC
NOVOLIN 70/30	3	GC; (brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	GC; (brand RELION not covered)
NOVOLIN R	3	GC; (brand RELION not covered)
NOVOLOG	3	GC
NOVOLOG 70/30 FLEXPEN	3	GC
NOVOLOG FLEXPEN	3	GC
NOVOLOG MIX 70/30	3	GC
NOVOLOG PENFILL	3	GC
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	GC
TRESIBA INJ	3	GC
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

acarbose	2	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
glimepiride 1mg	6	GC, QL (240 tabs / 30 days)
glimepiride 2mg	6	GC, QL (120 tabs / 30 days)
glimepiride 4mg	6	GC, QL (60 tabs / 30 days)
glip/metform tab 2.5-250mg	1	GC, QL (240 tabs / 30 days)
glip/metform tab 2.5-500mg	1	GC, QL (120 tabs / 30 days)
glip/metform tab 5-500mg	1	GC, QL (120 tabs / 30 days)
glipizide TABS 5mg	6	GC, QL (240 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide TABS 10mg	6	GC, QL (120 tabs / 30 days)
glipizide TB24 2.5mg	6	GC, QL (240 tabs / 30 days)
glipizide TB24 5mg	6	GC, QL (120 tabs / 30 days)
glipizide TB24 10mg	6	GC, QL (60 tabs / 30 days)
glipizide xl 2.5mg	6	GC, QL (240 tabs / 30 days)
glipizide xl 5mg	6	GC, QL (120 tabs / 30 days)
glipizide xl 10mg	6	GC, QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
metformin er 500mg	6	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin er 750mg	6	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TABS 500mg	6	GC, QL (150 tabs / 30 days)
metformin hcl TABS 850mg	6	GC, QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	6	GC, QL (75 tabs / 30 days)
nateglinide	1	GC, QL (90 tabs / 30 days)
pioglitazone hcl	6	GC, QL (30 tabs / 30 days)
repaglinide 2mg	1	GC, QL (240 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS	1	GC
<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

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Drug Name	Drug Tier Requirements/Limits
<i>kionex sus 15gm/60ml</i>	2
<i>sodium polystyrene sulfonate powder</i>	2
<i>sodium polystyrene sulfonate susp</i>	2
<i>sps susp 15gm/60ml</i>	2
<i>trientine hcl</i>	5 PA
CONTRACEPTIVES	
<i>altavera tab</i>	2
<i>alyacen 1/35</i>	2
<i>apri</i>	2
<i>aranelle</i>	2
<i>aubra</i>	2
<i>aviane</i>	2
<i>balziva</i>	2
<i>bekyree</i>	2
<i>blisovi fe 1.5/30</i>	2
<i>blisovi fe 1/20</i>	2
<i>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
<i>ELLA</i>	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

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Drug Name	Drug Tier Requirements/Limits
<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
<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-ethynodiol (91-day)</i>	2
<i>levora 0.15/30-28</i>	2
<i>loryna</i>	2
<i>low-ogestrel</i>	2
<i>lutera</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

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Drug Name	Drug Tier Requirements/Limits
<i>mili</i>	2
<i>mono-linyah tab 0.25-35</i>	2
<i>mononessa</i>	2
<i>myzilra</i>	2
<i>necon 0.5/35-28</i>	2
<i>necon 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
<i>nortrel 0.5/35 (28)</i>	2
<i>nortrel 1/35</i>	2
<i>nortrel 7/7/7</i>	2
<i>NUVARING</i>	4
<i>ocella tab 3-0.03mg</i>	2
<i>orsythia</i>	2
<i>philith</i>	2
<i>pimtrea</i>	2
<i>pirmella 1/35</i>	2
<i>portia-28</i>	2
<i>previfem</i>	2
<i>quasense</i>	2
<i>reclipsen</i>	2
<i>setlakin tab</i>	2
<i>sharobel</i>	2
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	2
<i>tarina fe 1/20</i>	2
<i>tilia fe</i>	2
<i>tri-estarrylla</i>	2
<i>tri-legest fe</i>	2
<i>tri-linyah</i>	2
<i>tri-lo marzia</i>	2

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	
<i>SYNAREL</i>	5	
ENZYME REPLACEMENTS		
<i>ADAGEN</i>	5	NM, LA, PA
<i>ALDURAZYME</i>	5	NM, LA, PA
<i>CARBAGLU</i>	5	NM, LA, PA
<i>CERDELGA</i>	5	NM, PA
<i>CEREZYME</i>	5	NM, LA, PA
<i>CYSTADANE</i>	5	NM, LA
<i>CYSTAGON</i>	4	NM, LA, PA
<i>FABRAZYME</i>	5	NM, LA, PA
<i>KUVAN</i>	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
<i>LUMIZYME</i>	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
<i>NAGLAZYME</i>	5	NM, LA, PA
<i>NITYR</i>	5	NM, LA, PA
<i>ORFADIN</i>	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA

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Drug Name	Drug Tier Requirements/Limits
ESTROGENS	
DELESTROGEN 10mg/ml	4
estradiol PTWK	3
estradiol TABS	2
estradiol vaginal cream	2
estradiol vaginal tab	2
estradiol valerate OIL	2
fyavolv	3
jinteli	3
norethindrone acetate-ethinyl estradiol	3
yuvafem vaginal tablet 10 mcg	2
GLUCOCORTICOIDS	
cortisone acetate TABS	2
DEXAMETHASONE CONC	4
dexamethasone ELIX; SOLN	2
dexamethasone TABS	1 GC
dexamethasone sodium phosphate	2
fludrocortisone acetate TABS	2
hydrocortisone TABS	2
methylpr ss inj	2 B/D
methylpred pak 4mg	2
methylpred tab 4mg	2 B/D
methylpred tab 8mg	2 B/D
methylpred tab 16mg	2 B/D
methylpred tab 32mg	2 B/D
methylprednisolone acetate	2 B/D
pred sod pho sol 5mg/5ml	2 B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2 B/D
prednisolone sol 15mg/5ml	2 B/D
prednisolone sol 25mg/5ml	2 B/D
PREDNISONE CON 5MG/ML	4 B/D
prednisone pak 5mg	2
prednisone pak 10mg	2
prednisone sol 5mg/5ml	2 B/D
prednisone tab 1mg	1 GC, B/D
prednisone tab 2.5mg	1 GC, B/D
prednisone tab 5mg	1 GC, B/D
prednisone tab 10mg	1 GC, B/D
prednisone tab 20mg	1 GC, B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 50mg</i>	1	GC, 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
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)

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Drug Name		Drug Tier	Requirements/Limits
sevelamer carbonate	PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate	PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate	TABS	2	QL (540 tabs / 30 days)
PROGESTINS			
medroxyprogesterone acetate tab		1	GC
norethindrone acetate	TABS	2	
THYROID AGENTS			
levo-t		2	
levothyroxine sodium	TABS	2	
levoxyl		2	
liothyronine sodium	TABS	2	
methimazole	TABS	1	GC
propylthiouracil	TABS	2	
SYNTHROID		4	
unithroid		2	
VASOPRESSINS			
desmopressin acetate spray		2	
desmopressin acetate spray refrigerated		2	
desmopressin acetate tabs		2	
desmopressin inj 4mcg/ml		2	
STIMATE		5	NM
GASTROINTESTINAL			
ANTIEMETICS			
aprepitant		2	B/D
aprepitant pak 80mg & 125mg		2	B/D
compro		2	
dronabinol		2	B/D, QL (60 caps / 30 days)
EMEND SUSR		4	B/D
gransetron hcl SOLN		2	
gransetron hcl TABS		2	B/D
meclizine hcl TABS		2	
metoclopramide hcl SOLN		2	
metoclopramide hcl TABS		1	GC
metoclopramide hcl inj		2	
ondansetron hcl TABS		2	B/D
ondansetron hcl inj		2	
ondansetron hcl oral soln		2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate TABS</i>	1	GC
<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	
<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	GC
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	GC
<i>ranitidine hcl inj</i>	2	
<i>ranitidine inj</i>	2	
<i>ranitidine syrup</i>	2	

INFLAMMATORY BOWEL DISEASE

<i>APRISO</i>	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	2	
<i>budesonide ec</i>	5	
<i>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	

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Drug Name	Drug Tier	Requirements/Limits
sulfasalazine TABS	2	
sulfasalazine ec	2	
LAXATIVES		
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac	2	
GOLYTELY	3	
lactulose SOLN	2	
lactulose (encephalopathy)	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	2	
peg 3350/electrolytes	2	
SUPREP BOWEL PREP KIT	4	
trilyte	2	
MISCELLANEOUS		
alosetron hcl	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
cromolyn sodium (mastocytosis)	5	
diphenoxylate w/ atropine LIQD	4	
diphenoxylate w/ atropine TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
loperamide hcl CAPS	2	
misoprostol TABS	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
sucralfate TABS	2	
SYMPROIC	3	
ursodiol CAPS; TABS	2	
XIFAXAN 550mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<i>omeprazole cap 20mg</i>	1	GC
<i>omeprazole cap 40mg</i>	1	GC
<i>pantoprazole sodium SOLR</i>	2	
<i>pantoprazole sodium tbec</i>	1	GC
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	GC
<i>tamsulosin hcl</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride TABS</i>	2	
<i>potassium citrate (alkalinizer) er tabs</i>	2	
URINARY ANTISPASMODICS		
<i>MYRBETRIQ 25mg</i>	4	QL (60 tabs / 30 days)
<i>MYRBETRIQ 50mg</i>	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	2	
<i>oxybutynin chloride TABS</i>	2	
<i>oxybutynin chloride TB24 5mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
<i>TOVIAZ</i>	3	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	2	QL (60 tabs / 30 days)
<i>VESICARE</i>	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal</i>	2	
<i>vandazole</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>COUMADIN</i>	3	
<i>ELIQUIS</i>	3	
<i>ELIQUIS STARTER PACK</i>	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
<i>HEPARIN SODIUM/NACL 0.45%</i>	3	
<i>jantoven</i>	1	GC
<i>PRADAXA</i>	4	
<i>warfarin sodium</i>	1	GC
<i>XARELTO</i>	3	
<i>XARELTO STARTER PACK</i>	3	
HEMATOPOIETIC GROWTH FACTORS		
<i>GRANIX</i>	5	NM, PA
<i>NEUPOGEN</i>	5	NM, PA
<i>PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml</i>	3	NM, PA
<i>PROCRIT 20000unit/ml, 40000unit/ml</i>	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	2	
<i>BERINERT</i>	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
<i>DROXIA</i>	3	
<i>ENDARI</i>	5	NM, LA, PA
<i>FIRAZYR</i>	5	QL (9 syringes / 30 days), NM, PA
<i>HAEGARDA 2000unit</i>	5	QL (30 vials / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<i>prasugrel hcl</i>	2	
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</i> TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
<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
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 TABS</i>	2	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine CAPS; SOLN</i>	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
<i>gengraf</i>	2	B/D
<i>mycophenolate mofetil CAPS; TABS</i>	2	B/D
<i>mycophenolate mofetil SUSR</i>	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

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Drug Name	Drug Tier	Requirements/Limits
<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	
HIBERIX	3	
IMOVA X 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	
ROTA TEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D

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

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
aminosyn 8.5%/electrolyte	4	B/D
aminosyn ii 8.5%/electrol	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
premasol sol 6%	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

dextrose 2.5%/nacl 0.45%	2
dextrose 5%	2
DEXTROSE 5% /ELECTROLYTE	3
dextrose 5%/nacl 0.2%	2
DEXTROSE 5%/NACL 0.3%	4
dextrose 5%/nacl 0.9%	2
dextrose 5%/nacl 0.33%	2
dextrose 5%/nacl 0.45%	2
dextrose 5%/nacl 0.225%	2
dextrose 5%/potassium chl	2
dextrose 10% flex contain	2

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Drug Name	Drug Tier	Requirements/Limits
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>kcl 0.15%/d5w/nacl 0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<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

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Drug Name	Drug Tier Requirements/Limits
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

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	GC
<i>moxifloxacin hcl (ophth)</i>	2
NATACYN	3
<i>neomycin-bacitracin zn-polymyxin</i>	4
<i>neomycin-polymyxin-gramicidin</i>	2
<i>ofloxacin (ophth)</i>	2
<i>polymyxin b-trimethoprim</i>	1
<i>sulfacetamide sodium (ophth)</i>	GC
<i>tobramycin (ophth)</i>	2
<i>trifluridine</i>	1
ZIRGAN	4

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Drug Name	Drug Tier Requirements/Limits
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
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1 GC
LASTACAFT	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 GC
<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 GC
<i>levobunolol hcl</i>	2
LUMIGAN	3
PHOSPHOLINE IODIDE	4
<i>pilocarpine hcl SOLN</i>	2
RHOPRESSA	3

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Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
<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)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	2	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	2	
ANTIHISTAMINES		
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	1	GC
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl inj	4	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride	2	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU	2	B/D
albuterol sulfate SYRP	2	
albuterol sulfate TABS	2	
albuterol sulfate TB12	2	
levalbuterol hcl NEBU 1.25mg/3ml	2	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	2	B/D
levalbuterol tartrate hfa	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW; PACK; TABS	2	
zafirlukast	2	
MAST CELL STABILIZERS		
cromolyn sodium nebu	2	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
epinephrine (anaphylaxis) .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

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Drug Name	Drug Tier	Requirements/Limits
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) .25mg/2ml, .5mg/2ml</i>	2	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>amnesteem</i>	2	PA
<i>avita</i>	2	PA
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
<i>clindacin-p</i>	2	
<i>clindamycin phosphate (topical) GEL; LOTN; SOLN; SWAB</i>	2	
<i>ery pad 2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin CAPS</i>	2	PA
<i>myorisan</i>	2	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoiN CREA</i>	2	PA
<i>tretinoiN GEL .01%, .025%</i>	2	PA
<i>zenatane</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin OINT</i>	1	GC
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLYON CREA</i>	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA; GEL; SUSP</i>	2	
<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, ANTI-PSORIATICS		
<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	GC
<i>selenium sulfide LOTN</i>	1	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (topical)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>hydrocortisone (topical) LOTN</i>	2	
<i>hydrocortisone (topical) OINT 2.5%</i>	1	GC
<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	
<i>TEXACORT SOLN 2.5%</i>	4	
<i>triamcinolone acetonide (topical) CREA; OINT</i>	1	GC
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> SOLN	2	
<i>imiquimod</i> CREA 5%	2	
<i>metronidazole (topical)</i> CREA; LOTN	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</i> SOLN	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	
TARGETIN GEL	5	NM, PA
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	GC
<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	GC
<i>periogard</i>	1	GC
<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	

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Drug Name	Drug Tier Requirements/Limits
<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
<i>abacavir sulfate-lamivudine</i>	13
<i>abacavir sulfate-lamivudine-zidovudine</i>	14
<i>ABELCET</i>	11
<i>ABILIFY MAINTENA</i>	35
<i>abiraterone acetate</i>	20
<i>ABRAXANE</i>	19
<i>acamprosate calcium</i>	41
<i>acarbose</i>	43
<i>acebutolol hcl</i>	26
<i>acetaminophen w/ codeine 300-15mg</i>	7
<i>acetaminophen w/ codeine 300-30mg</i>	7
<i>acetaminophen w/ codeine 300-60mg</i>	7
<i>acetaminophen w/ codeine soln</i>	7
<i>acetazolamide</i>	28
<i>acetic acid</i>	70
<i>acetic acid (otic)</i>	70
<i>acetylcysteine</i>	66
<i>acitretin</i>	68
<i>ACTHIB</i>	59
<i>ACTIMMUNE</i>	58
<i>acyclovir</i>	14, 15
<i>acyclovir sodium</i>	15
<i>ADACEL</i>	59
<i>ADAGEN</i>	49
<i>adefovir dipivoxil</i>	15
<i>ADEMPAS</i>	29
<i>adriamycin</i>	18
<i>adrucil</i>	18
<i>ADVAIR DISKUS</i>	67
<i>ADVAIR HFA</i>	67
<i>AFINITOR</i>	21
<i>AFINITOR DISPERZ</i>	21
<i>AIMOVIG</i>	39
<i>ala-cort</i>	68
<i>albendazole</i>	10
<i>albuterol sulfate</i>	66
<i>alclometasone dipropionate</i>	68
<i>ALCOHOL SWABS</i>	42
<i>ALDURAZYME</i>	49

<i>ALECENSA</i>	21
<i>alendronate sodium</i>	45
<i>alfuzosin hcl</i>	55
<i>ALIMTA</i>	18
<i>ALINIA</i>	10
<i>allopurinol tab</i>	7
<i>alosetron hcl</i>	54
<i>ALPHAGAN P SOL 0.1%</i>	64
<i>alprazolam tab 0.25mg</i>	29
<i>alprazolam tab 0.5mg</i>	29
<i>alprazolam tab 1mg</i>	29
<i>alprazolam tab 2mg</i>	29
<i>ALREX</i>	64
<i>altavera tab</i>	46
<i>ALUNBRIG</i>	21
<i>alyacen 1/35</i>	46
<i>amantadine hcl</i>	34
<i>AMBISOME</i>	11
<i>amikacin sulfate</i>	10
<i>amiloride & hydrochlorothiazide</i>	28
<i>amiloride hcl</i>	28
<i>AMINOSYN</i>	60
<i>AMINOSYN 7%/ELECTROLYTES</i>	60
<i>aminosyn 8.5%/electrolyte</i>	61
<i>aminosyn ii 8.5%/electrol</i>	61
<i>AMINOSYN II INJ 10%</i>	61
<i>AMINOSYN II INJ 8.5%</i>	61
<i>AMINOSYN M</i>	61
<i>AMINOSYN-HBC</i>	61
<i>AMINOSYN-PF 7%</i>	61
<i>AMINOSYN-PF INJ 10%</i>	61
<i>AMINOSYN-RF</i>	61
<i>amiodarone hcl soln</i>	25
<i>amiodarone tab 100mg</i>	25
<i>amiodarone tab 200mg</i>	25
<i>amiodarone tab 400mg</i>	25
<i>AMITIZA CAP 24MCG</i>	54
<i>AMITIZA CAP 8MCG</i>	54
<i>amitriptyline hcl</i>	33
<i>amlodipine besylate</i>	27
<i>amlodipine besylate-olmesartan</i>	

<i>medoxomil</i>	24
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	24
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	24
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	24
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	24
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	23
<i>amlodipine-benazepril hcl cap 10-40mg</i>	23
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	23
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	23
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	23
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	23
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> ..	24
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> ..	24
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> ..	24
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> ..	24
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> ..	24
<i>ammonium lactate</i>	69
<i>amnesteem</i>	67
<i>amoxapine tab 100mg</i>	33
<i>amoxapine tab 150mg</i>	33
<i>amoxapine tab 25mg</i>	33
<i>amoxapine tab 50mg</i>	33
<i>amoxicillin</i>	17
<i>amoxicillin & pot clavulanate</i>	17
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	38
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	38
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	38
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	38
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	38
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	38
<i>amphetamine-dextroamphetamine tab 10 mg</i>	38
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	38
<i>amphetamine-dextroamphetamine tab 15 mg</i>	38
<i>amphetamine-dextroamphetamine tab 20 mg</i>	38
<i>amphetamine-dextroamphetamine tab 30 mg</i>	38
<i>amphetamine-dextroamphetamine tab 5 mg</i>	38
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	38
<i>amphotericin b</i>	11
<i>ampicillin & sulbactam sodium</i>	17
<i>ampicillin cap 500mg</i>	17
<i>ampicillin inj</i>	17
<i>ampicillin sodium</i>	17
<i>ANADROL-50</i>	42
<i>anagrelide hcl</i>	56
<i>anastrozole</i>	20
<i>ANDRODERM</i>	42
<i>ANORO ELLIPTA</i>	65
<i>APOKYN</i>	34
<i>aprepitant</i>	52
<i>aprepitant pak 80mg & 125mg</i>	52
<i>apri</i>	46
<i>APRISO</i>	53
<i>APTIOM</i>	30
<i>APTIVUS</i>	12
<i>ARALAST NP</i>	66
<i>aranelle</i>	46
<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
ARISTADA INITIO.....	35
armodafinil	41
ARNUITY ELLIPTA.....	67
aspirin-dipyridamole	57
atazanavir sulfate.....	12
atenolol	26
atenolol & chlorthalidone	26
atomoxetine hcl	39
atorvastatin calcium	25
atovaquone	10
atovaquone-proguanil hcl	12
ATRIPLA.....	14
ATROVENT HFA.....	65
aubra.....	46
AURYXIA.....	51
AUSTEDO	40
AVASTIN	19
aviane	46
avita.....	67
azacitidine	18
AZACTAM IN ISO-OSMOTIC DE	10
AZACTAM/DEX INJ	10
AZASITE	63
azathioprine	58
azelastine drop 0.05%	64
azelastine spr 0.1%.....	65
azelastine spr 0.15%	65
azithromycin.....	16
AZOPT	64
aztreonam.....	10
bacitracin (ophthalmic)	63
bacitracin-polymyxin b (ophth)	63
bacitracin-poly-neomycin-hc.....	63
baclofen	41
balsalazide disodium	53
balziva	46
BANZEL SUS 40MG/ML	30
BANZEL TAB 200MG	30
BANZEL TAB 400MG	30
BARACLUDE	15
BASAGLAR KWIKPEN	42
BCG VACCINE.....	59
BD ULTRAFINE INSULIN SYRINGE	42
BD ULTRAFINE/NANO PEN NEEDLES ..	42
bekyree	46
benazepril & hydrochlorothiazide	23
benazepril hcl	24
BENDEKA	18
BENLYSTA	58
benzoyl peroxide-erythromycin	67
benztropine mesylate inj	35
benztropine mesylate tab 0.5mg	35
benztropine mesylate tab 1mg	35
benztropine mesylate tab 2mg	35
BEPREVE	64
BERINERT	56
BESIVANCE	63
betamethasone dipropionate (topical)	68
betamethasone dipropionate augmented	69
betamethasone valerate.....	69
BETASERON	40
betaxolol hcl (ophth)	64
bethanechol chloride.....	55
BETOPTIC-S	64
BEVESPI AEROSPHERE.....	65
bexarotene	22
BEXSERO	59
bicalutamide	20
BICILLIN L-A	17
BIKTARVY	14
bisoprolol & hydrochlorothiazide	26
bisoprolol fumarate	26
BIVIGAM	58
bleomycin sulfate	18
BLEPHAMIDE	63
blisovi fe 1.5/30	46
blisovi fe 1/20.....	46
BOOSTRIX	59
BORTEZOMIB.....	19
BOSULIF	21
BRAFTOVI	21
BREO ELLIPTA	67
briellyn	46
BRILINTA	57
brimonidine sol 0.15%	64
brimonidine sol 0.2%.....	64

BRIVIACT INJ 50MG/5ML	30	captopril	24
BRIVIACT SOL 10MG/ML	30	captopril & hydrochlorothiazide	23
BRIVIACT TAB 100MG.....	30	CARBAGLU	49
BRIVIACT TAB 10MG	30	carbamazepine	30
BRIVIACT TAB 25MG	30	carbidopa/levodopa/entacapone.....	35
BRIVIACT TAB 50MG	30	carbidopa-levodopa	35
BRIVIACT TAB 75MG	30	carboplatin	23
<i>bromfenac sodium (ophth)</i>	64	CARIMUNE NANOFILTERED.....	58
<i>bromocriptine mesylate</i>	35	carteolol hcl (ophth)	64
BROMSITE.....	64	cartia xt cap 120/24hr	27
<i>budesonide (inhalation)</i>	67	cartia xt cap 180/24hr	27
<i>budesonide ec</i>	53	cartia xt cap 240/24hr	27
<i>bumetanide</i>	28	cartia xt cap 300/24hr	27
<i>buprenorphine hcl</i>	41	carvedilol	26
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	41	caspofungin acetate.....	11
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	41	CAYSTON	10
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	41	caziant pak.....	46
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	41	cefaclor.....	15
<i>buprenorphine hcl-naloxone hcl sl</i>	41	CEFACLOR MONOHYDRATE ER	15
<i>bupropion hcl</i>	33	cefadroxil	15
<i>bupropion hcl (smoking deterrent)</i>	41	CEFAZOLIN IN DEXTROSE 2GM/100ML-4%.....	15
<i>buspirone hcl</i>	29	cefazolin inj	15
<i>butorphanol tartrate</i>	7	cefazolin sodium	15
BYDUREON BCISE	42	CEFAZOLIN SODIUM 1 GM/50ML.....	15
BYDUREON INJ	42	cefdinir	15
BYDUREON PEN	42	cefepime hcl	16
BYETTA.....	42	cefixime	16
BYSTOLIC	26	cefotaxime sodium	16
<i>cabergoline</i>	51	cefoxitin sodium.....	16
CABOMETYX	21	cefpodoxime proxetil	16
<i>calcipotriene</i>	68	cefprozil	16
<i>calcitonin (salmon)</i>	51	ceftazidime.....	16
<i>calcitrene</i>	68	CEFTAZIDIME/DEXTROSE.....	16
<i>calcitriol</i>	62	ceftriaxone sodium	16
<i>calcitriol inj</i>	62	cefuroxime axetil	16
<i>calcitriol oral soln 1 mcg/ml</i>	62	cefuroxime sodium	16
<i>calcium acetate (phosphate binder)</i>	51	celecoxib.....	7
CALQUENCE	21	CELONTIN	30
<i>camila</i>	46	cephalexin	16
CAPRELSA	21	CERDELGA	49
		CEREZYME	49
		<i>cetirizine syrup</i>	65
		<i>cevimeline hcl</i>	70

CHANTIX	41
CHANTIX CONTINUING MONTH	41
CHANTIX STARTER PACK	41
CHEMET	45
chlorhexidine gluconate (mouth-throat)	70
chloroquine phosphate	12
chlorothiazide tabs	28
chlorpromazine hcl	35
CHLORPROMAZINE INJ	36
chlorthalidone	28
cholestyramine	26
cholestyramine light	26
ciclopirox	68
ciclopirox shampoo 1%	68
cilostazol	56
CILOXAN	63
CIMDUO	14
cinacalcet hcl	45
CIPRODEX	70
ciprofloxacin	16
ciprofloxacin hcl (ophth)	63
ciprofloxacin hcl tab	16
ciprofloxacin in d5w	16
cisplatin	23
citalopram hydrobromide	33
claravis	67
clarithromycin	16
clarithromycin er	16
clarithromycin for susp	16
clindacin-p	67
clindamycin cap 300mg	10
clindamycin cap 75mg	10
clindamycin hcl cap 150 mg	10
clindamycin phosphate (topical)	67
clindamycin phosphate in d5w	10
CLINDAMYCIN PHOSPHATE IN NACL ..	10
clindamycin phosphate inj	10
clindamycin phosphate vaginal	55
clindamycin soln 75mg/5ml	10
CLINIMIX 4.25%/DEXTROSE 25%	61
CLINIMIX 4.25%/DEXTROSE 5%	61
CLINIMIX 5%/DEXTROSE 15%	61
CLINIMIX 5%/DEXTROSE 20%	61
CLINIMIX 5%/DEXTROSE 25%	61
CLINIMIX INJ 4.25/D10	61
clobazam	30
clomipramine hcl	33
clonazepam	30
clonidine hcl	28
clonidine hcl ptwk	28
clopidogrel tab 75mg	57
clorazepate dipotassium	30
clotrimazole	70
clotrimazole (topical)	68
clotrimazole w/ betamethasone	68
clozapine odt	36
clozapine tab 100mg	36
clozapine tab 200mg	36
clozapine tab 25mg	36
clozapine tab 50mg	36
COARTEM	12
colchicine w/ probenecid	7
COLCRYS	7
colesevelam hcl	26
colestipol hcl gran	26
colestipol hcl pack	26
colestipol hcl tabs	26
colistimethate sodium	10
colocort enema 100mg	53
COMBIGAN	64
COMBIVENT RESPIMAT	65
COMETRIQ	21
COMPLERA	14
compro	52
constulose	54
COPIKTRA	21
CORLANOR	28
cortisone acetate	50
COTELLIC	21
COUMADIN	56
CREON	55
CRIXIVAN	12
cromolyn sodium (mastocytosis)	54
cromolyn sodium (ophth)	64
cromolyn sodium nebu	66
cryselle-28	46
cyclafem 1/35	46

<i>cyclafem 7/7/7</i>	46	<i>dexamethasone</i>	50
<i>cyclobenzaprine hcl</i>	41	DEXAMETHASONE	50
<i>cyclophosphamide</i>	18	<i>dexamethasone sodium phosphate</i>	50
<i>cycloserine</i>	14	<i>dexamethasone sodium phosphate (ophth)</i>	64
<i>cyclosporine</i>	58	DEXILANT	55
<i>cyclosporine modified (for microemulsion)</i>	58	<i>dexamethylphenidate hcl</i>	39
<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%/NACL 0.2%	62
CYSTAGON	49	<i>dextrose 10%/nacl 0.45%</i>	62
CYSTARAN	65	<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%/NACL 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	59	<i>dextrose 5%/nacl 0.9%</i>	61
<i>daptomycin</i>	10	<i>dextrose 5%/potassium chl</i>	61
DAPTO MYCIN	10	<i>dextrose 50%</i>	62
<i>dasetta 1/35</i>	46	<i>dextrose in lactated ringers</i>	62
<i>dasetta 7/7/7</i>	46	<i>dextrose inj 70%</i>	62
DAURISMO	19	DIASTAT ACUDIAL	30
<i>deblitane</i>	46	DIASTAT PEDIATRIC	30
DELESTROGEN	50	<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
DEM SER	28	<i>diazepam oral soln 1 mg/ml</i>	31
DEPEN TITRATABS	45	<i>diclofenac potassium</i>	7
DEPO-PROVERA INJ 400/ML	20	<i>diclofenac sodium</i>	7
DESCO VY	14	<i>diclofenac sodium (ophth)</i>	64
<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>	53
<i>desmopressin acetate tabs</i>	52	<i>dicyclomine hcl soln 10mg/5ml</i>	53
<i>desmopressin inj 4mcg/ml</i>	52	<i>dicyclomine hcl tab 20mg</i>	53
<i>desogestrel & ethynodiol estradiol</i>	46	<i>didanosine</i>	12
<i>desogestrel-ethynodiol estradiol (biphasic)</i>	46	DIFICID	16
<i>desvenlafaxine succinate</i>	33	<i>diflunisal</i>	7
		<i>digitek</i>	28
		<i>digox</i>	28

<i>digoxin</i>	28	<i>duloxetine hcl</i>	33
<i>digoxin inj</i>	28	DUREZOL	64
<i>digoxin sol 50mcg/ml</i>	28	<i>dutasteride</i>	55
<i>dihydroergotamine mesylate inj 1 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	31	EDURANT	12
DILANTIN CAP 30MG	31	<i>efavirenz</i>	12
DILANTIN CHEW TAB 50MG.....	31	<i>eletriptan hydrobromide</i>	39
DILANTIN-125 SUSP.....	31	ELIQUIS.....	56
<i>diltiazem cap 180mg cd</i>	27	ELIQUIS STARTER PACK.....	56
<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, 40
<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 cap sr</i>	27	EMTRIVA.....	12
<i>diltiazem inj</i>	27	EMVERM	10
<i>dilt-xr cap</i>	27	<i>enalapril maleate</i>	24
<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	59	<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>	31	<i>endocet 7.5-325mg</i>	8
<i>docetaxel</i>	19	ENGERIX-B.....	59
DOCETAXEL.....	19	<i>enoxaparin sodium</i>	56
<i>dofetilide</i>	25	<i>enpresse-28</i>	46
<i>donepezil hydrochloride</i>	32, 33	<i>enskyce</i>	46
<i>dorzolamide hcl</i>	64	ENSTILAR.....	69
<i>dorzolamide hcl-timolol maleate</i>	64	<i>entacapone</i>	35
<i>doxazosin mesylate</i>	24	<i>entecavir</i>	15
<i>doxepin hcl</i>	33	ENTRESTO	24
<i>doxorubicin hcl</i>	18	<i>enulose</i>	54
<i>doxorubicin hcl liposomal</i>	18	EPCLUSA.....	15
<i>doxy 100</i>	17	EPIDIOLEX	31
<i>doxycycline (monohydrate)</i>	17	<i>epinephrine (anaphylaxis)</i>	66
<i>doxycycline hyclate</i>	17, 18	<i>epirubicin hcl</i>	18
<i>dronabinol</i>	52	<i>epitol</i>	31
<i>drospirenone-ethinyl estradiol</i>	46	EPIVIR HBV	15
DROXIA	56	<i>eplerenone</i>	24
		<i>ergotamine w/ caffeine</i>	40
		ERIVEDGE	19

ERLEADA.....	20
errin	46
ertapenem sodium	10
ery pad 2%	67
ery-tab	16
ERYTHROCIN LACTOBIONATE	16
erythrocin stearate	16
erythromycin (acne aid)	68
erythromycin (ophth)	63
erythromycin base.....	16
erythromycin cap 250mg ec	16
erythromycin ethylsuccinate	16
ESBRIET	66
escitalopram oxalate.....	33
esomeprazole magnesium	55
esomeprazole sodium inj.....	55
estarrylla tab 0.25-35	46
estradiol.....	50
estradiol vaginal cream	50
estradiol vaginal tab	50
estradiol valerate	50
ethambutol hcl.....	14
ethosuximide	31
ethynodiol diacet & eth estrad	46
ethynodiol tab 1-50	46
etodolac.....	7
etodolac er	7
etoposide	23
EVOTAZ	14
exemestane.....	20
ezetimibe	26
FABRAZYME.....	49
falmina	46
famciclovir	15
famotidine	53
famotidine in nacl.....	53
famotidine inj	53
FANAPT	36
FANAPT TITRATION PACK.....	36
FARXIGA	43
FARYDAK	19
FASLODEX.....	20
felbamate.....	31
felodipine	27
femynor	46
fenofibrate	26
fenofibrate micronized	26
fentanyl citrate	8
fentanyl patch 100 mcg/hr	8
fentanyl patch 12 mcg/hr	8
fentanyl patch 25 mcg/hr	8
fentanyl patch 50 mcg/hr	8
fentanyl patch 75 mcg/hr	8
FENTORA	8
FETZIMA	33, 34
FETZIMA TITRATION PACK	34
FIASP	42
FIASP FLEXTOUCH.....	42
finasteride	55
FIRAZYR	56
flac.....	70
FLEBOGAMMA DIF	58
flecainide acetate	25
FLOVENT DISKUS.....	67
FLOVENT HFA	67
fluconazole	11
fluconazole in dextrose	11
fluconazole inj nacl 200.....	12
fluconazole inj nacl 400.....	12
flucytosine.....	12
fludrocortisone acetate	50
flunisolide (nasal).....	67
fluocinolone acetonide	69
fluocinolone acetonide (otic)	71
fluocinolone acetonide oil body	69
fluocinonide	69
fluocinonide emulsified base	69
fluorometholone	64
fluorouracil	18
fluorouracil (topical)	69, 70
fluoxetine cap 10mg	34
fluoxetine cap 20mg	34
fluoxetine cap 40mg	34
fluoxetine hcl	34
fluphenazine decanoate	36
fluphenazine hcl	36
flurbiprofen	7
flurbiprofen sodium	64

<i>flutamide</i>	20
<i>fluticasone propionate</i>	69
<i>fluticasone propionate (nasal)</i>	67
<i>fluvoxamine maleate</i>	29
<i>fondaparinux sodium</i>	56
<i>FORTEO</i>	51
<i>fosamprenavir tab 700 mg</i>	12
<i>fosinopril sodium</i>	24
<i>fosinopril sodium & hydrochlorothiazide</i>	23
<i>FREAMINE HBC 6.9%</i>	61
<i>FREAMINE III</i>	61
<i>furosemide</i>	28
<i>furosemide inj.</i>	28
<i>FUZEON</i>	12
<i>fyavolv</i>	50
<i>FYCOMPA</i>	31
<i> gabapentin</i>	31
<i> galantamine hydrobromide</i>	33
<i> galantamine hydrobromide er</i>	33
<i>GAMASTAN S/D</i>	58
<i>GAMMAGARD LIQUID</i>	58
<i>GAMMAGARD S/D</i>	58
<i>GAMMAKED</i>	58
<i>GAMMAPLEX</i>	58
<i>GAMMAPLEX 10GM/100ML</i>	58
<i>GAMUNEX-C</i>	58
<i>ganciclovir sodium</i>	15
<i>GARDASIL 9</i>	59
<i>gatifloxacin (ophth)</i>	63
<i>GATTEX</i>	54
<i>GAUZE PADS 2</i>	42
<i>gavilyte-c</i>	54
<i>gavilyte-g</i>	54
<i>gavilyte-n/flavor pack</i>	54
<i>gemcitabine inj soln</i>	18
<i>gemcitabine inj solr</i>	18
<i>gemfibrozil</i>	26
<i>generlac</i>	54
<i>gengraf</i>	58
<i>GENOTROPIN</i>	51
<i>GENOTROPIN MINIQUICK</i>	51
<i>gentak</i>	63
<i>gentamicin in saline</i>	10
<i>gentamicin sulfate</i>	10
<i>gentamicin sulfate (topical)</i>	68
<i>gentamicin sulfate soln (ophth)</i>	63
<i>GENVOYA</i>	14
<i>GEODON</i>	36
<i>gianvi</i>	47
<i>GILENYA CAP 0.5MG</i>	41
<i>GILOTTRIF TAB 20MG</i>	21
<i>GILOTTRIF TAB 30MG</i>	21
<i>GILOTTRIF TAB 40MG</i>	21
<i>glatiramer acetate 20mg/ml</i>	41
<i>glatiramer acetate 40mg/ml</i>	41
<i>glatopa</i>	41
<i>GLEOSTINE</i>	18
<i>glimepiride</i>	43
<i>glip/metform tab 2.5-250mg</i>	43
<i>glip/metform tab 2.5-500mg</i>	43
<i>glip/metform tab 5-500mg</i>	43
<i>glipizide</i>	43, 44
<i>glipizide xl</i>	44
<i>GLUCAGEN HYPOKIT</i>	51
<i>GLUCAGON EMERGENCY KIT</i>	51
<i>glycopyrrolate tab 1mg</i>	53
<i>glycopyrrolate tab 2mg</i>	53
<i>glydo</i>	69
<i>GOLYTELY</i>	54
<i>granisetron hcl</i>	52
<i>GRANIX</i>	56
<i>griseofulvin microsize</i>	12
<i>griseofulvin ultramicrosize</i>	12
<i>guanfacine er (adhd)</i>	39
<i>HAEGARDA</i>	56, 57
<i>halobetasol propionate</i>	69
<i>haloperidol</i>	36
<i>haloperidol conc 2mg/ml</i>	36
<i>haloperidol decanoate</i>	36
<i>haloperidol lactate inj 5mg/ml</i>	36
<i>HARVONI</i>	15
<i>HAVRIX</i>	59
<i>heather</i>	47
<i>heparin sod (porcine) in d5w</i>	56
<i>heparin sod inj 1000/ml</i>	56
<i>heparin sod inj 10000/ml</i>	56
<i>heparin sod inj 20000/ml</i>	56

<i>heparin sod inj 5000/ml</i>	56
HEPARIN SODIUM/NACL 0.45%	56
<i>hepatamine</i>	61
HERCEPTIN	19
HETLIOZ	39
HIBERIX	59
HUMIRA	57
HUMIRA INJ 10MG/0.2ML	57
HUMIRA KIT 20MG/0.4ML	57
HUMIRA KIT 40MG/0.8ML	57
HUMIRA PEDIATRIC CROHNS DISEASE	57
HUMIRA PEN	57
HUMIRA PEN CD/UC/HS STARTER	57
HUMIRA PEN INJ CD/UC/HS STARTER	57
HUMIRA PEN INJ PS/UV STARTER	57
HUMIRA PEN-PS/UV STARTER	57
HUMULIN R INJ U-500	42
HUMULIN R U-500 KWIKPEN	42
<i>hydralazine hcl</i>	29
<i>hydrochlorothiazide</i>	28
<i>hydroco/apap tab 10-325mg</i>	8
<i>hydroco/apap tab 5-325mg</i>	8
<i>hydroco/apap tab 7.5-325</i>	8
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	8
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
<i>hydrocortisone</i>	50
<i>hydrocortisone (enema)</i>	53
<i>hydrocortisone (topical)</i>	69
<i>hydrocortisone butyrate cream 0.1%</i>	69
<i>hydrocortisone butyrate oint 0.1%</i>	69
<i>hydrocortisone valerate</i>	69
<i>hydromorphone hcl</i>	8
<i>hydroxychloroquine sulfate</i>	57
<i>hydroxyurea</i>	22
<i>hydroxyzine hcl</i>	65
<i>hydroxyzine hcl inj</i>	66
<i>hydroxyzine pamoate</i>	66
HYSINGLA ER	8
<i>ibandronate sodium</i>	45
IBRANCE	19
<i>ibu tab 600mg</i>	7
<i>ibu tab 800mg</i>	7
<i>ibuprofen</i>	7
ICLUSIG	21
IDHIFA	19
IFEX INJ 3GM	18
<i>ifosfamide inj 1gm/20ml</i>	18
IFOSFAMIDE INJ 3GM	18
<i>ifosfamide inj 3gm/60ml</i>	18
ILEVRO	64
<i>imatinib mesylate</i>	21
IMBRUVICA	21
<i>imipenem-cilastatin</i>	10
<i>imipramine hcl</i>	34
<i>imiquimod</i>	70
IMOVAZ RABIES (H.D.C.V.)	59
<i>incassia</i>	47
INCRELEX	51
INCRUSE ELLIPTA	65
<i>indapamide</i>	28
INFANRIX	59
INLYTA	21
INSULIN PEN NEEDLE	42
INSULIN SAFETY NEEDLES	42
INSULIN SYRINGE	42
INTELENCE	12
INTRALIPID 30%	61
<i>intralipid inj 20%</i>	61
INTRON-A INJ 10MU	58
INTRON-A INJ 18MU	58
INTRON-A INJ 25MU	58
INTRON-A INJ 50MU	58
<i>introvale</i>	47
INVEGA SUST INJ 117 MG/0.75 ML	36
INVEGA SUST INJ 156MG/ML	36
INVEGA SUST INJ 234 MG/1.5 ML	36
INVEGA SUST INJ 39 MG/0.25 ML	36
INVEGA SUST INJ 78 MG/0.5 ML	36
INVEGA TRINZA	36
INVIRASE	12
IONOSOL-MB/DEXTROSE 5%	62
IPOL INACTIVATED IPV	59
<i>ipratropium bromide</i>	65
<i>ipratropium bromide (nasal)</i>	65
<i>ipratropium-albuterol nebu</i>	65

<i>irbesartan</i>	25
<i>irbesartan-hydrochlorothiazide</i>	24
IRESSA	21
<i>irinotecan hcl</i>	23
ISENTRESS	12, 13
ISENTRESS HD	13
<i>isibloom</i>	47
ISOLYTE P	62
ISOLYTE S	62
<i>isoniazid</i>	14
<i>isoniazid</i> syrup 50mg/5ml	14
<i>isosorb mononitrate</i> tab	29
<i>isosorbide dinitrate</i>	29
<i>isosorbide dinitrate er</i>	29
<i>isosorbide mononitrate er</i>	29
<i>isotretinoin</i>	68
<i>isradipine</i>	27
<i>itraconazole</i>	12
<i>ivermectin</i>	10
IXIARO	59
JADENU	45
JADENU SPRINKLE	45
JAKAFI	22
<i>jantoven</i>	56
JANUMET	44
JANUMET XR TAB 100-1000	44
JANUMET XR TAB 50-1000	44
JANUMET XR TAB 50-500MG	44
JANUVIA	44
JARDIANCE	44
<i>jasmiel</i>	47
JENTADUETO	44
JENTADUETO TAB XR 2.5-1000 MG	44
JENTADUETO TAB XR 5-1000 MG	44
<i>jinteli</i>	50
<i>jolessa</i> tab 0.15-0.03 mg	47
<i>jolivette</i>	47
<i>juleber</i>	47
JULUCA	14
<i>junel</i> 1.5/30	47
<i>junel</i> 1/20	47
<i>junel fe</i> 1.5/30	47
<i>junel fe</i> 1/20	47
JUXTAPID	26
KADCYLA	19
KALETRA TAB 100-25MG	14
KALETRA TAB 200-50MG	14
KALYDECO	66
<i>kariva</i>	47
<i>kcl</i> 0.075%/d5w/nacl 0.45%	62
KCL 0.15%/D5W/NACL 0.225%	62
<i>kcl</i> 0.15%/d5w/nacl 0.9%	62
<i>kcl</i> 0.3%/d5w/nacl 0.45%	62
KCL 0.3%/D5W/NACL 0.9%	62
<i>kcl/d5w inj</i> 0.3%	62
<i>kcl/d5w/nacl inj</i> .15/.33%	62
<i>kcl/d5w/nacl inj</i> .15/.45%	62
<i>kcl/d5w/nacl inj</i> 0.22%/0.45%	62
<i>kcl/nacl inj</i> 0.15%-0.9%	62
<i>kcl/nacl inj</i> 0.3-0.9	62
<i>kcl</i> 0.15%/d5w/nacl 0.2%	62
<i>kelnor</i> 1/35	47
<i>kelnor</i> 1/50	47
<i>ketoconazole</i>	12
<i>ketoconazole cream</i>	68
<i>ketoconazole shampoo</i>	68
<i>ketorolac tromethamine (ophth)</i>	64
KEYTRUDA	19
KINRIX	59
<i>kionex sus</i> 15gm/60ml	46
KISQALI	19
KISQALI FEMARA 200 DOSE	19
KISQALI FEMARA 400 DOSE	19
KISQALI FEMARA 600 DOSE	19
<i>klor-con</i> 10	60
<i>klor-con</i> 8	60
<i>klor-con</i> m10	60
<i>klor-con</i> m15	60
<i>klor-con</i> m20	60
<i>klor-con</i> pak 20meq	60
<i>klor-con</i> spr cap 10meq	60
<i>klor-con</i> spr cap 8meq	60
KORLYM	51
<i>kurvelo</i>	47
KUVAN	49
KYNAMRO	26
<i>labetalol hcl</i>	26
<i>lactated ringer's</i>	62

<i>lactulose</i>	54	<i>levofloxacin in d5w</i>	17
<i>lactulose (encephalopathy)</i>	54	<i>levofloxacin inj 25mg/ml</i>	17
<i>lamivudine</i>	13	<i>levofloxacin oral soln 25 mg/ml</i>	17
<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>	55	<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>	52
<i>larin fe 1.5/30</i>	47	<i>levothyroxine sodium</i>	52
<i>larin fe 1/20</i>	47	<i>levoxyl</i>	52
<i>larissa tab</i>	47	LEXIVA	13
LASTACRAFT	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	22	<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	22	<i>linezolid susp</i>	11
LENVIMA 8 MG DAILY DOSE	22	<i>linezolid tab 600mg</i>	11
<i>lessina</i>	47	LINZESS	54
LETAIRIS	29	<i>liothyronine sodium</i>	52
<i>letrozole</i>	20	<i>lisinopril</i>	24
<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>levalbuterol hcl</i>	66	LITHIUM SOLN 8MEQ/5ML	40
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	66	LONSURF	22
<i>levalbuterol tartrate hfa</i>	66	<i>loperamide hcl</i>	54
LEVEMIR	42	<i>lopinavir-ritonavir</i>	14
LEVEMIR FLEXTOUCH	43	<i>lorazepam</i>	30
<i>levetiracetam</i>	31	<i>lorazepam intensol</i>	30
<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>	66	<i>loryna</i>	47
<i>levofloxacin</i>	16		

<i>losartan potassium</i>	25
<i>losartan-hydrochlorothiazide</i>	25
LOTEMAX	64
<i>lovastatin</i>	25
<i>low-ogestrel</i>	47
<i>loxapine succinate</i>	36
LUMIGAN	64
LUMIZYME.....	49
LUPRON DEPOT (1-MONTH).....	20
LUPRON DEPOT INJ 11.25MG (3-MONTH).....	20
LUPRON DEPOT-PED (1-MONTH	51
LUPRON DEPOT-PED (3-MONTH	51
LUPRON DEP-PED INJ 11.25MG (3-MONTH).....	51
LUPRON DEP-PED INJ 7.5MG	51
<i>lutea</i>	47
LYNPARZA.....	19
LYRICA	31
LYRICA CR	40
LYSODREN	20
<i>lyza</i>	47
<i>magnesium sulfate</i>	60
MAGNESIUM SULFATE	60
MAGNESIUM SULFATE IN D5W.....	60
<i>magnesium sulfate in dextrose</i>	60
<i>magnesium sulfate inj 50%</i>	60
<i>malathion</i>	70
<i>maprotiline hcl</i>	34
<i>marlissa</i>	47
MARPLAN TAB 10MG.....	34
MATULANE	22
MAVYRET	15
<i>meclizine hcl.</i>	52
<i>medroxyprogesterone acetate (contraceptive)</i>	47
<i>medroxyprogesterone acetate tab</i>	52
<i>mefloquine hcl</i>	12
<i>megestrol ac sus 40mg/ml</i>	20
<i>megestrol ac tab 20mg</i>	20
<i>megestrol ac tab 40mg</i>	20
<i>megestrol sus 625mg/5ml</i>	20
MEKINIST	22
MEKTOVI.....	22
<i>meloxicam</i>	7
<i>memantine hcl cp24</i>	33
<i>memantine soln</i>	33
<i>memantine tabs</i>	33
MENACTRA	59
MENVEO	59
<i>mercaptopurine</i>	18
<i>meropenem</i>	11
<i>mesalamine</i>	53
<i>mesalamine w/ cleanser</i>	53
MESNEX	23
<i>metadate er tab 20mg</i>	39
<i>metformin er</i>	44
<i>metformin hcl</i>	44
<i>methadone hcl</i>	8
<i>methadone hcl 10mg</i>	9
<i>methadone hcl 5mg</i>	8
<i>methadone hcl intensol</i>	9
<i>methazolamide</i>	28
<i>methenamine hippurate</i>	11
<i>methimazole</i>	52
<i>methotrexate sodium inj</i>	18
<i>methotrexate sodium tabs</i>	58
<i>methyclothiazide</i>	28
<i>methylphenidate hcl</i>	39
<i>methylphenidate hcl oral soln</i>	39
<i>methylphenidate tab 10mg er</i>	39
<i>methylphenidate tab 20mg er</i>	39
<i>methylpr ss inj</i>	50
<i>methylpred pak 4mg</i>	50
<i>methylpred tab 16mg</i>	50
<i>methylpred tab 32mg</i>	50
<i>methylpred tab 4mg</i>	50
<i>methylpred tab 8mg</i>	50
<i>methylprednisolone acetate</i>	50
<i>metoclopramide hcl</i>	52
<i>metoclopramide hcl inj</i>	52
<i>metolazone</i>	28
<i>metoprolol & hctz tab 100-25mg</i>	26
<i>metoprolol & hctz tab 100-50mg</i>	26
<i>metoprolol & hctz tab 50-25mg</i>	26
<i>metoprolol succinate</i>	26
<i>metoprolol tartrate</i>	27
<i>metronidazole</i>	11

<i>metronidazole (topical)</i>	70	<i>mupirocin</i>	68
<i>metronidazole gel 0.75%</i>	70	<i>MYCAMINE</i>	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	<i>MYLOTARG</i>	19
<i>microgestin 1.5/30</i>	47	<i>myorisan</i>	68
<i>microgestin 1/20</i>	47	<i>MYRBETRIQ</i>	55
<i>microgestin fe 1.5/30</i>	47	<i>myzilra</i>	48
<i>microgestin fe 1/20</i>	47	<i>nabumetone</i>	7
<i>midodrine hcl</i>	29	<i>nadolol</i>	27
<i> miglustat</i>	49	<i>nafcillin sodium</i>	17
<i> mili</i>	48	<i>NAFCILLIN SODIUM FOR INJ 10GM</i>	17
<i> minitran</i>	29	<i>NAGLAZYME</i>	49
<i> minocycline hcl</i>	18	<i>nalbuphine hcl</i>	8
<i> minoxidil</i>	29	<i>naloxone inj 0.4mg/ml</i>	42
<i> mirtazapine</i>	34	<i>naloxone inj 1mg/ml</i>	42
<i> misoprostol</i>	54	<i>naltrexone hcl</i>	42
<i> MITIGARE</i>	7	<i>NAMZARIC</i>	33
<i> mitomycin</i>	18	<i>naproxen</i>	7
<i> M-M-R II</i>	59	<i>naproxen dr</i>	7
<i> M-NATAL PLUS</i>	62	<i>naproxen sodium</i>	7
<i> moexipril hcl</i>	24	<i>naratriptan hcl</i>	40
<i> moexipril-hydrochlorothiazide</i>	23	<i>NARCAN</i>	42
<i> molindone hcl</i>	36	<i>NATACYN</i>	63
<i> mometasone furoate</i>	69	<i>nateglinide</i>	44
<i> monodoxine nl cap 100mg</i>	18	<i>NATPARA</i>	51
<i> mono-linyah tab 0.25-35</i>	48	<i>NEBUPENT</i>	11
<i> mononessa</i>	48	<i>necon 0.5/35-28</i>	48
<i> montelukast sodium</i>	66	<i>necon 7/7/7</i>	48
<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-polomy-dexameth</i>	63
<i> MORPHINE SUL INJ 4MG/ML</i>	9	<i>neomycin-polomyxin-gramicidin</i>	63
<i> morphine sulfate</i>	9	<i>neomycin-polomyxin-hc (ophth)</i>	63
<i> MORPHINE SULFATE</i>	9	<i>neomycin-polomyxin-hc (otic)</i>	71
<i> morphine sulfate oral soln 100mg/5ml</i> ..	9	<i>NEPHRAMINE</i>	61
<i> morphine sulfate oral soln 10mg/5ml..</i> ..	9	<i>NERLYNX</i>	22
<i> morphine sulfate oral soln 20mg/5ml..</i> ..	9	<i>NEUPOGEN</i>	56
<i> MOVANTIK</i>	54	<i>NEUPRO</i>	35
<i> MOVIPREP</i>	54	<i>nevirapine susp 50 mg/5ml</i>	13
<i> MOXEZA</i>	63	<i>nevirapine tab 100mg er</i>	13
<i> moxifloxacin hcl (ophth)</i>	63	<i>nevirapine tab 200mg</i>	13
<i>MULTAQ</i>	25	<i>nevirapine tab 400mg er</i>	13

NEXAVAR	22
niacin er (<i>antihyperlipidemic</i>)	26
niacor	26
nicardipine hcl	27
NICOTROL INHALER	42
NICOTROL NS	42
nifedipine	27
nifedipine er	27
nikki	48
nilutamide	20
nimodipine	27
NINLARO.....	19
NITRO-BID	29
NITRO-DUR DIS 0.3MG/HR.....	29
NITRO-DUR DIS 0.8MG/HR.....	29
<i>nitrofurantoin macrocrystal</i>	11
<i>nitrofurantoin monohyd macro</i>	11
nitroglycerin	29
nitroglycerin td patch.....	29
NITYR	49
nora-be tab	48
norethindrone (<i>contraceptive</i>).....	48
norethindrone acet & eth estra	48
norethindrone acetate.....	52
norethindrone acetate-ethinyl estradiol	50
norgest/ethi tab 0.25/35	48
norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg	48
norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg	48
norlyroc	48
NORMOSOL-M IN D5W.....	62
NORMOSOL-R	62
NORMOSOL-R IN D5W	62
NORPACE CR	25
NORTHERA	29
nortrel 0.5/35 (28)	48
nortrel 1/35.....	48
nortrel 7/7/7	48
nortriptyline hcl	34
NORVIR PACK	13
NORVIR SOLN.....	13
NOVOLIN 70/30	43
NOVOLIN 70/30 FLEXPEN.....	43
NOVOLIN N	43
NOVOLIN R	43
NOVOLOG	43
NOVOLOG 70/30 FLEXPEN.....	43
NOVOLOG FLEXPEN	43
NOVOLOG MIX 70/30.....	43
NOVOLOG PENFILL	43
NOXAFIL	12
NUCYNTA ER	9
NUEDEXTA	40
NULOJIX	58
NULYTELY/FLAVOR PACKS	54
NUPLAZID CAPS	36
NUPLAZID TABS 10MG.....	36
NUPLAZID TABS 17MG.....	37
<i>nutrilipid inj 20%</i>	61
NUVARING	48
nyamyc.....	68
NYMALIZE	27
nystatin	12
nystatin (<i>mouth-throat</i>)	70
nystatin (<i>topical</i>).....	68
nystatin pow 100000	68
nystop	68
ocella tab 3-0.03mg	48
OCTAGAM	58
octreotide acetate	51
ODEFSEY	14
ODOMZO.....	19
OFEV	66
ofloxacin (<i>ophth</i>).....	63
ofloxacin (<i>otic</i>).....	71
olanzapine.....	37
olmesartan medoxomil.....	25
olmesartan medoxomil-amldipine- hydrochlorothiazide	25
olmesartan medoxomil- hydrochlorothiazide	25
olopatadine hcl 0.2%	64
omeprazole cap 10mg.....	55
omeprazole cap 20mg.....	55

<i>omeprazole cap 40mg</i>	55
<i>ondansetron hcl</i>	52
<i>ondansetron hcl inj</i>	52
<i>ondansetron hcl oral soln</i>	52
<i>ondansetron odt</i>	53
<i>OPSUMIT</i>	29
<i>ORFADIN</i>	49
<i>ORKAMBI</i>	66
<i>orsythia</i>	48
<i>oseltamivir phosphate</i>	15
<i>oxacillin sodium</i>	17
<i>oxaliplatin inj 100mg</i>	23
<i>oxaliplatin inj 100mg/20ml</i>	23
<i>oxaliplatin inj 50mg</i>	23
<i>oxaliplatin inj 50mg/10ml</i>	23
<i>oxandrolone</i>	42
<i>oxcarbazepine</i>	32
<i>oxybutynin chloride</i>	55
<i>oxycodone hcl</i>	9
<i>oxycodone w/ acetaminophen 10-325mg</i>	9
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	9
<i>oxycodone w/ acetaminophen 5-325mg</i>	9
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9
<i>OZEMPIC INJ 0.25 OR 0.5MG/DOSE</i>	43
<i>OZEMPIC INJ 1MG/DOSE</i>	43
<i>pacerone</i>	25
<i>paclitaxel</i>	19
<i>paliperidone</i>	37
<i>pamidronate disodium</i>	45
<i>PAMIDRONATE DISODIUM</i>	45
<i>pamidronate inj 30mg</i>	45
<i>pamidronate inj 90mg</i>	45
<i>PANRETIN</i>	70
<i>pantoprazole sodium</i>	55
<i>pantoprazole sodium tbec</i>	55
<i>PANZYGA</i>	58
<i>paricalcitol</i>	62
<i>paroex sol 0.12%</i>	70
<i>paramomycin sulfate</i>	10
<i>paroxetine hcl tabs</i>	34
<i>PASER D/R</i>	14
<i>PAXIL</i>	34
<i>PAZEO</i>	64
<i>PEDIARIX</i>	59
<i>PEDVAX HIB</i>	59
<i>peg 3350/electrolytes</i>	54
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	54
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	54
<i>PEGANONE</i>	32
<i>PEGASYS</i>	15
<i>PEGASYS PROCLICK</i>	15
<i>PENICILLIN G POT IN DEXTROSE 2MU</i>	17
<i>PENICILLIN G POT IN DEXTROSE 3MU</i>	17
<i>PENICILLIN G PROCAINE</i>	17
<i>penicillin g sodium</i>	17
<i>penicillin v potassium</i>	17
<i>penicilln gk inj 20mu</i>	17
<i>penicilln gk inj 5mu</i>	17
<i>PENTACEL</i>	59
<i>PENTAM 300</i>	11
<i>pentamidine isethionate</i>	11
<i>pentoxifylline</i>	57
<i>perindopril erbumine</i>	24
<i>periogard</i>	70
<i>permethrin cre 5%</i>	70
<i>perphenazine</i>	37
<i>PERSERIS</i>	37
<i>pfizerpen-g inj 20mu</i>	17
<i>pfizerpen-g inj 5mu</i>	17
<i>phenelzine sulfate</i>	34
<i>phenobarbital</i>	32
<i>phenobarbital sodium</i>	32
<i>PHENOBARBITAL SODIUM</i>	32
<i>PHENYTEK</i>	32
<i>phenytoin</i>	32
<i>phenytoin sodium extended</i>	32
<i>phenytoin sodium inj 50mg/ml</i>	32
<i>philith</i>	48
<i>PHOSPHOLINE IODIDE</i>	64
<i>PICATO</i>	70

PIFELTRO	13
pilocarpine hcl	64
pilocarpine hcl (oral).....	70
pimozide	37
pimtrea.....	48
pindolol.....	27
pioglitazone hcl	44
PIPER/TAZOBIA INJ 12-1.5GM	17
piper/tazoba inj 2-0.25gm.....	17
piper/tazoba inj 3-0.375gm	17
piper/tazoba inj 36-4.5gm.....	17
piper/tazoba inj 4-0.5gm	17
pirmella 1/35	48
piroxicam	7
PLASMA-LYTE A	62
PLASMA-LYTE-148.....	62
PNV FOLIC ACID + IRON MUL.....	63
podofilox	70
polymyxin b-trimethoprim	63
POMALYST CAP 1MG.....	20
POMALYST CAP 2MG.....	20
POMALYST CAP 3MG.....	20
POMALYST CAP 4MG.....	20
portia-28.....	48
pot chloride inj 2meq/ml	62
potassium chloride	60, 62
potassium chloride in nacl	62
potassium chloride microencapsulated crystals er	60
potassium chloride tab cr 10 meq.....	60
potassium citrate (alkalinizer) er tabs	55
PRADAXA	56
PRALUENT	26
pramipexole tab 0.125mg	35
pramipexole tab 0.25mg	35
pramipexole tab 0.5mg	35
pramipexole tab 0.75mg	35
pramipexole tab 1.5mg	35
pramipexole tab 1mg	35
prasugrel hcl	57
pravastatin sodium.....	25
praziquantel	11
prazosin hcl	24
pred sod pho sol 5mg/5ml.....	50
prednisolone acetate (ophth)	64
prednisolone sodium phosphate	50
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	64
prednisolone sol 15mg/5ml	50
prednisolone sol 25mg/5ml	50
PREDNISONE CON 5MG/ML	50
prednisone pak 10mg	50
prednisone pak 5mg	50
prednisone sol 5mg/5ml.....	50
prednisone tab 10mg	50
prednisone tab 1mg.....	50
prednisone tab 2.5mg.....	50
prednisone tab 20mg	50
prednisone tab 50mg	51
prednisone tab 5mg.....	50
PREMASOL SOL 10%	61
premasol sol 6%	61
PRENATAL	63
PRENATAL PLUS	63
PRENATAL PLUS LOW IRON	63
prevalite	26
previfem	48
PREZCOBIX	14
PREZISTA.....	13
PRIFTIN	14
primaquine phosphate	12
PRIMAQUINE PHOSPHATE	12
primidone.....	32
PRIVIGEN.....	58
probenecid	7
PROCALAMINE	61
prochlorperazine inj	53
prochlorperazine maleate	53
prochlorperazine supp.....	53
PROCIT	56
proto-med hc	70
proto-pak	70
proto-sol hc cre 2.5%.....	70
protozone-hc.....	70
PROGLYCEM SUS 50MG/ML	51
PROLASTIN-C	67
PROLENSA.....	64
PROLIA	51

PROMACTA	57
promethazine hcl	53
promethazine hcl inj	53
propafenone hcl	25
propafenone hcl 12hr.....	25
proparacaine hcl	65
propranolol & hydrochlorothiazide	26
propranolol cap er	27
propranolol hcl.....	27
propranolol oral sol.....	27
propylthiouracil	52
PROQUAD	59
PROSOL	61
protriptyline hcl.....	34
PULMICORT FLEXHALER	67
PULMOZYME	67
PURIXAN	18
pyrazinamide	14
pyridostigmine tab 60mg	40
QUADRACEL	59
quasense	48
quetiapine fumarate	37
quinapril hcl	24
quinapril-hydrochlorothiazide.....	23
quinidine gluconate	25
quinidine sulfate	25
quine sulfate	12
RABAVERT.....	59
raloxifene hcl	51
ramipril.....	24
RANEXA	29
ranitidine hcl	53
ranitidine hcl inj	53
ranitidine inj	53
ranitidine syrup.....	53
ranolazine	29
RAPAMUNE	58
rasagiline mesylate.....	35
RAYALDEE	63
REBETOL SOLN	15
reclipsen	48
RECOMBIVAX HB.....	59
REGRANEX	70
RELENZA DISKHALER	15
RELISTOR	54
REMICADE.....	58
REMODULIN	29
repaglinide	44, 45
SCRIPTOR	13
RESTASIS	65
RESTASIS MULTIDOSE.....	65
REVLIMID.....	21
REXULTI	37
REYATAZ	13
RHOPRESSA	64
ribasphere.....	15
RIBASPHERE.....	15
ribavirin 200mg	15
rifabutin	14
rifampin	14
RIFATER.....	14
riluzole	40
rimantadine hydrochloride	15
RISPERDAL INJ 12.5MG	37
RISPERDAL INJ 25MG	37
RISPERDAL INJ 37.5MG	37
RISPERDAL INJ 50MG	37
risperidone	37
ritonavir.....	13
RITUXAN	19
RITUXAN HYCELA	19
rivastigmine tartrate	33
rivastigmine td patch 24hr 13.3 mg/24hr	33
rivastigmine td patch 24hr 4.6 mg/24hr	33
rivastigmine td patch 24hr 9.5 mg/24hr	33
rizatriptan benzoate	40
rizatriptan benzoate odt	40
ropinirole tab 0.25mg	35
ropinirole tab 0.5mg	35
ropinirole tab 1mg	35
ropinirole tab 2mg	35
ropinirole tab 3mg	35
ropinirole tab 4mg	35
ropinirole tab 5mg	35
rosadan	70

<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>	46
<i>scopolamine patch</i>	53	<i>sronyx</i>	48
<i>selegiline hcl</i>	35	<i>ssd</i>	68
<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	42
<i>sevelamer carbonate</i>	52	SUBOXONE MIS 2-0.5MG	42
<i>sharobel</i>	48	SUBOXONE MIS 4-1MG	42
SHINGRIX	59	SUBOXONE MIS 8-2MG	42
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>	68
<i>silver sulfadiazine</i>	68	<i>sulfacetamide sodium (ophth)</i>	63
SIMBRINZA	65	<i>sulfacetamide sod-prednisolone</i>	63
<i>simvastatin</i>	25, 26	SULFADIAZINE	10
<i>sirolimus</i>	59	<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	SULFAMYLYON	68
<i>sodium chloride inj 0.9%</i>	62	<i>sulfasalazine</i>	54
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	60	<i>sulfasalazine ec</i>	54
<i>sodium phenylbutyrate</i>	49	<i>sulindac</i>	7
<i>sodium polystyrene sulfonate powder</i>	46	<i>sumatriptan</i>	40
<i>sodium polystyrene sulfonate susp</i>	46	<i>sumatriptan inj 4mg/0.5ml</i>	40
SOLIQUA 100/33	43	<i>sumatriptan inj 6mg/0.5ml</i>	40
SOLTAMOX	20	<i>sumatriptan succinate</i>	40
SOLU-CORTEF	51	SUPRAX	16
SOMATULINE DEPOT	51	SUPREP BOWEL PREP KIT	54
		SUTENT	22
		<i>syeda</i>	48

SYLATRON KIT 200MCG	23
SYLATRON KIT 300MCG	23
SYLATRON KIT 600MCG	23
SYMBICORT.....	67
SYMDEKO.....	67
SYMFI.....	14
SYMFI LO	14
SYMPAZAN	32
SYMPROIC.....	54
SYMTUZA	14
SYNAREL.....	49
SYNERCID	11
SYNJARDY TAB 12.5-1000MG	45
SYNJARDY TAB 12.5-500MG	45
SYNJARDY TAB 5-1000MG.....	45
SYNJARDY TAB 5-500MG.....	45
SYNJARDY XR TAB 10-1000MG	45
SYNJARDY XR TAB 12.5-1000MG	45
SYNJARDY XR TAB 25-1000MG	45
SYNJARDY XR TAB 5-1000MG	45
SYNRIBO.....	23
SYNTHROID.....	52
TABLOID.....	18
<i>tacrolimus</i>	59
<i>tacrolimus (topical)</i>	70
TAFINLAR.....	22
TAGRISSO.....	22
TALZENNA.....	19
<i>tamoxifen citrate</i>	20
<i>tamsulosin hcl</i>	55
TARCEVA	22
TARGETIN	70
<i>tarina fe 1/20</i>	48
TASIGNA.....	22
TAXOTERE.....	19
<i>tazarotene</i>	68
<i>tazicef</i>	16
TAZORAC	68
<i>taztia xt</i>	27
TDVAX	59
TECENTRIQ	19
TEFLARO	16
TEKTURNA	28
TEKTURNA HCT.....	28
<i>telmisartan</i>	25
<i>temazepam</i>	39
TENIVAC	59
<i>tenofovir disoproxil fumarate</i>	13
<i>terazosin hcl</i>	24
<i>terbinafine hcl</i>	12
<i>terbutaline sulfate</i>	66
<i>terconazole vaginal</i>	56
<i>testosterone</i>	42
<i>testosterone cypionate</i>	42
<i>testosterone enanthate</i>	42
<i>tetrabenazine</i>	40
<i>tetracycline hcl</i>	18
TEXACORT SOLN 2.5%	69
THALOMID	21
THEO-24	67
<i>theophylline</i>	67
<i>thioridazine hcl</i>	37
<i>thiothixene</i>	38
<i>tiagabine hcl</i>	32
TIBSOVO.....	20
<i>tigecycline</i>	11
<i>tilia fe</i>	48
<i>timolol maleate</i>	27
<i>timolol maleate (ophth) soln</i>	65
<i>timolol maleate gel</i>	65
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	65
TIVICAY	13
<i>tizanidine hcl</i>	41
TOBRADEX	63
TOBRADEX ST	63
<i>tobramycin</i>	10
<i>tobramycin (ophth)</i>	63
<i>tobramycin inj 1.2 gm/30ml</i>	10
<i>tobramycin inj 1.2gm</i>	10
<i>tobramycin inj 10mg/ml</i>	10
<i>tobramycin inj 40mg/ml</i>	10
<i>tobramycin inj 80mg/2ml</i>	10
<i>tobramycin-dexamethasone</i>	63
<i>tolterodine tartrate cap er</i>	55
<i>tolterodine tartrate tabs</i>	55
<i>topiramate</i>	32
<i>toposar</i>	23

<i>topotecan hcl</i>	23	<i>tri-mili</i>	49
TOPOTECAN INJ 4MG/4ML	23	<i>trimipramine maleate</i>	34
<i>toremifene citrate</i>	20	<i>trinessa</i>	49
<i>torsemide tabs</i>	28	<i>trinessa lo</i>	49
TOVIAZ	55	TRINTELLIX	34
<i>tpn electrolytes</i>	60	<i>tri-previfem</i>	49
TRACLEER	29	<i>tri-sprintec</i>	49
TRADJENTA	45	TRIUMEQ	14
<i>tramadol hcl tab 50 mg</i>	8	<i>trivora-28</i>	49
<i>tramadol-acetaminophen</i>	8	<i>tri-vylibra</i>	49
<i>trandolapril</i>	24	<i>tri-vylibra lo</i>	49
<i>tranexamic acid</i>	57	TROGARZO	13
TRANSDERM-SCOP	53	TROPHAMINE INJ 10%	61
<i>tranylcypromine sulfate</i>	34	<i>trospium chloride</i>	55
TRAVASOL	61	TRULICITY	43
TRAVATAN Z	65	TRUMENBA	60
<i>trazodone hcl</i>	34	TRUVADA TAB 100-150	14
TRECATOR	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>	49
TRESIBA FLEXTOUCH	43	TWINRIX INJ	60
TRESIBA INJ	43	TYBOST	13
<i>tretinooin</i>	68	TYKERB	22
<i>tretinooin (chemotherapy)</i>	23	TYMLOS	51
<i>triamcinolone acetonide (mouth)</i>	70	TYPHIM VI	60
<i>triamcinolone acetonide (topical)</i>	69	ULORIC	7
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	28	<i>unithroid</i>	52
<i>triamterene & hydrochlorothiazide tabs</i>	28	<i>ursodiol</i>	54
TRICARE	63	<i>valacyclovir hcl</i>	15
<i>trientine hcl</i>	46	VALCHLOR	70
<i>tri-estarrylla</i>	48	<i>valganciclovir hcl</i>	15
<i>trifluoperazine hcl</i>	38	<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>	25
<i>tri-linyah</i>	48	<i>vancomycin hcl</i>	11
<i>tri-lo marzia</i>	48	VANCOMYCIN IN NACL	11
<i>tri-lo-estarrylla</i>	49	<i>vandazole</i>	56
<i>tri-lo-sprintec</i>	49	VAQTA	60
<i>trilyte</i>	54	VARIVAX	60
<i>trimethoprim</i>	11	VASCEPA	26
		VELCADE	20
		<i>velivet</i>	49

VEMLIDY	15	XALKORI	22
VENCLEXTA	20	XARELTO	56
VENCLEXTA STARTING PACK	20	XARELTO STARTER PACK	56
<i>venlafaxine hcl</i>	34	XATMEP	58
VENTAVIS	29	XELJANZ	58
VENTOLIN HFA.....	66	XELJANZ XR	58
<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	45
VERSACLOZ.....	38	XIGDUO XR TAB 10-500MG	45
VERZENIO	20	XIGDUO XR TAB 2.5-1000MG	45
VESICARE	55	XIGDUO XR TAB 5-1000MG	45
VICTOZA.....	43	XIGDUO XR TAB 5-500MG.....	45
VIDEX EC	13	XOLAIR	67
VIDEX PEDIATRIC	13	XOSPATA	22
<i>vienna</i>	49	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>vigadron</i>	32	XYREM	41
VIIBRYD STARTER PACK	34	YF-VAX	60
VIIBRYD TAB	34	<i>yuvafem vaginal tablet 10 mcg</i>	50
VIMPAT	32	<i>zafirlukast</i>	66
VIMPAT INJ 200MG/20ML.....	32	<i>zarah</i>	49
VIMPAT SOL 10MG/ML	32	ZEJULA	20
<i>vinblastine sulfate</i>	19	ZELBORAF.....	22
<i>vincasar pfs</i>	19	ZEMAIRA.....	67
<i>vincristine sulfate</i>	19	<i>zenatane</i>	68
<i>vinorelbine tartrate</i>	19	ZENPEP.....	55
<i>viorele</i>	49	ZEPATIER.....	15
VIRACEPT.....	13	<i>zidovudine cap 100mg</i>	13
VIRAMUNE	13	<i>zidovudine syrup 50mg/5ml</i>	13
VIREAD.....	13	<i>zidovudine tab 300mg</i>	13
VITRAKVI	22	<i>ziprasidone hcl</i>	38
VIVITROL	42	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.....	38	<i>zolmitriptan odt</i>	40
VRAYLAR THERAPY PACK.....	38	<i>zolpidem tartrate</i>	39
<i>vyfemla</i>	49	<i>zonisamide</i>	32
<i>vylibra</i>	49	ZONTIVITY	57
<i>warfarin sodium</i>	56	ZORTRESS TAB 0.25MG	59
<i>water for irrigation, sterile</i>	70	ZORTRESS TAB 0.5MG	59

ZORTRESS TAB 0.75MG	59
ZORTRESS TAB 1MG.....	59
ZOSTAVAX	60
zovia 1/35e	49
ZYDELIG	22
ZYKADIA.....	22
ZYLET.....	63
ZYPREXA RELPREVV	38
ZYPREXA RELPREVV INJ 210MG	38
ZYTIGA	20

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