



GlobalHealth

GlobalHealth 2019 Formulary

(List of
Covered Drugs)

For Generations
Generations
Select (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 09/01/2019. 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 Approved Formulary File
Submission ID: 00019291
Version 14

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

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Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means Generations Select (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Generations Select (HMO) Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations Select (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 09/01/2019. 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 75. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GlobalHealth before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Generations Select (HMO) formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask GlobalHealth to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Generations Select (HMO) Formulary?

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

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

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

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

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

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

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

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

emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

For more detailed information about your Generations Select (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Generations Select (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 75.

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>	2	
<i>colchicine w/ probenecid</i>	3	
<i>COLCRYS</i>	3	QL (120 tabs / 30 days)
<i>febuxostat</i>	3	ST
<i>MITIGARE</i>	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
<i>ULORIC</i>	3	ST
<u>NSAIDS</u>		
<i>celecoxib CAPS 50mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diclofenac w/ misoprostol</i>	4	
<i>diflunisal TABS</i>	3	
<i>etodolac</i>	3	
<i>etodolac er</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibu tab 600mg</i>	1	GC
<i>ibu tab 800mg</i>	1	GC
<i>ibuprofen SUSP</i>	3	
<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>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<i>oxaprozin</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	
<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</i> SOLN	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> TABS	5	QL (120 tabs / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	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>	4	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 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 5mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab 200mg</i>	3	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>	3	QL (180 tabs / 30 days)
<i>morphine sulfate TABS 30mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	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>	4	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	4	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	4	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	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

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
<u>ANTI-INFECTIVES</u>	
<u>ANTI-BACTERIALS - MISCELLANEOUS</u>	
<i>amikacin sulfate</i> SOLN	4
<i>gentamicin in saline</i>	2
<i>gentamicin sulfate</i> SOLN	3
<i>neomycin sulfate</i> TABS	3
<i>paromomycin sulfate</i> CAPS	4
<i>streptomycin sulfate</i> SOLR	5
SULFADIAZINE TABS	4
<i>tobramycin</i> NEBU	5 NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3
<i>tobramycin inj 1.2gm</i>	5
<i>tobramycin inj 10mg/ml</i>	3
<i>tobramycin inj 40mg/ml</i>	3
<i>tobramycin inj 80mg/2ml</i>	3
<u>ANTI-INFECTIVES - MISCELLANEOUS</u>	
<i>albendazole</i> TABS	5
ALINIA	5
<i>atovaquone</i> SUSP	5
AZACTAM/DEX INJ	4
<i>aztreonam</i>	4
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>	4
CLINDAMYCIN PHOSPHATE IN NACL	4
<i>clindamycin phosphate inj</i>	3
<i>clindamycin soln 75mg/5ml</i>	4
<i>colistimethate sodium</i> SOLR	4
<i>dapsone</i> TABS	3
DAPTOMYCIN 350mg	5
<i>daptomycin</i> 500mg	5
EMVERM	5
<i>ertapenem sodium</i>	4
<i>imipenem-cilastatin</i>	3
<i>ivermectin</i> TABS	3
<i>linezolid in sodium chloride</i>	4
<i>linezolid inj</i>	4
<i>linezolid susp</i>	5

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	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
PENTAM 300	4	
<i>pentamidine isethionate</i>	4	
<i>praziquantel TABS</i>	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	GC
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	
<i>vancomycin hcl CAPS 250mg</i>	5	
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN IN NACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b SOLR</i>	3	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole SUSR</i>	3	
<i>fluconazole TABS</i>	2	
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / year)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
<i>primaquine phosphate</i> 26.3mg	3	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN	4	
<i>abacavir sulfate</i> TABS	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz</i> CAPS 50mg	4	
<i>efavirenz</i> CAPS 200mg	5	
<i>efavirenz</i> TABS	5	
EMTRIVA	3	
<i>fosamprenavir tab</i> 700 mg	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 100mg er</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tab 400mg er</i>	4	
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>	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
<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>	4	
<i>zidovudine syrup 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	3	

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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	
DOVATO	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	4	
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>	3	
<i>isoniazid TABS</i>	1	GC
<i>isoniazid syrup 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide TABS</i>	4	
<i>rifabutin</i>	4	
<i>rifampin CAPS</i>	3	
<i>rifampin SOLR</i>	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	

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Drug Name	Drug Tier Requirements/Limits
ANTIVIRALS	
<i>acyclovir</i> CAPS; TABS	2
<i>acyclovir</i> SUSP	4
<i>acyclovir sodium</i>	4 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>	3
<i>ganciclovir sodium</i>	3 B/D
HARVONI	5 NM, PA
<i>lamivudine (hbv)</i>	4
MAVYRET	5 NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3 QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3 QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3 QL (1080 mL / year)
PEGASYS	5 NM, PA
PEGASYS PROCLICK	5 NM, PA
REBETOL SOLN	5 NM
RELENZA DISKHALER	3 QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3 NM
<i>ribasphere</i> TABS 200mg	4 NM
<i>ribasphere</i> TABS 600mg	5 NM
<i>ribavirin 200mg</i> CAPS	3 NM
<i>ribavirin 200mg</i> TABS	4 NM
<i>rimantadine hydrochloride</i>	3
<i>valacyclovir hcl</i> TABS	3
<i>valganciclovir hcl</i>	5
VEMLIDY	5
VOSEVI	5 NM, PA
ZEPATIER	5 NM, PA
CEPHALOSPORINS	
<i>cefaclor</i> CAPS	3
<i>cefaclor</i> SUSR	4
CEFACLOR MONOHYDRATE ER	4
<i>cefadroxil</i> CAPS	2
<i>cefadroxil</i> SUSR	3
<i>cefadroxil</i> TABS	4
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefeprazole hcl</i>	4	
<i>cefixime cap 400mg</i>	3	
<i>cefixime susr</i>	4	
<i>cefotaxime sodium</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	3	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	3	
TEFLARO	5	

ERYTHROMYCINS/MACROLIDES

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

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Drug Name	Drug Tier Requirements/Limits
FLUOROQUINOLONES	
ciprofloxacin SUSR	4
ciprofloxacin hcl tab 100mg	4
ciprofloxacin hcl tab 250mg, 500mg, 750mg	1 GC
ciprofloxacin in d5w	3
levofloxacin TABS	1 GC
levofloxacin in d5w	3
levofloxacin inj 25mg/ml	4
levofloxacin oral soln 25 mg/ml	4
MOXIFLOXACIN HCL SOLN	4
moxifloxacin hcl TABS	4
moxifloxacin hcl in sodium chloride	4
PENICILLINS	
amoxicillin CAPS; SUSR; TABS	1 GC
amoxicillin CHEW	2
amoxicillin & pot clavulanate CHEW; TB12	4
amoxicillin & pot clavulanate SUSR	3
amoxicillin & pot clavulanate TABS	2
ampicillin & sulbactam sodium	4
ampicillin cap 500mg	2
ampicillin inj	4
ampicillin sodium	4
AUGMENTIN SUS 125/5ML	4
BICILLIN L-A	4
dicloxacillin sodium	3
nafcillin sodium 1gm, 2gm	4
nafcillin sodium 10gm	5
NAFCILLIN SODIUM FOR INJ 10GM	4
oxacillin sodium 1gm, 2gm	4
oxacillin sodium 10gm	5
PENICILLIN G POT IN DEXTROSE 2MU	4
PENICILLIN G POT IN DEXTROSE 3MU	4
PENICILLIN G PROCAINE	4
penicillin g sodium	4
penicillin v potassium SOLR	2
penicillin v potassium TABS	1 GC
penicillin gk inj 5mu	4
penicillin gk inj 20mu	4
pfizerpen-g inj 5mu	4

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Drug Name	Drug Tier	Requirements/Limits
<i>pfiberpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBIA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

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

ANTHRYACYCLINES

adriamycin SOLN	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	4	B/D

ANTIBIOTICS

<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	4	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	LA, PA
BORTEZOMIB	5	PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KADCYLA	5	B/D
KEYTRUDA SOLN	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA SOLR	5	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	LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	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>	3	
<i>DEPO-PROVERA INJ 400/ML</i>	4	B/D
<i>ERLEADA</i>	5	NM, LA, PA
<i>exemestane</i>	4	
<i>FASLODEX</i>	5	B/D
<i>flutamide</i>	3	
<i>fulvestrant</i>	5	B/D
<i>letrozole TABS</i>	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
<i>LUPRON DEPOT (1-MONTH) 3.75mg</i>	5	NM, PA
<i>LUPRON DEPOT INJ 11.25MG (3-MONTH)</i>	5	NM, PA
<i>LYSODREN</i>	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
<i>SOLTAMOX</i>	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
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
BALVERSA	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

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
GILOTTRIF TAB 20MG	5	NM, LA, PA
GILOTTRIF TAB 30MG	5	NM, LA, PA
GILOTTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
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
PIQRAY 200MG DAILY DOSE	5	NM, PA
PIQRAY 250MG DAILY DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE	5	NM, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
bexarotene	5	NM, PA
hydroxyurea CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	PA
SYLATRON KIT 300MCG	5	PA
SYLATRON KIT 600MCG	5	PA
SYNRIBO	5	NM, PA
tretinoin (chemotherapy)	5	
PLATINUM-BASED AGENTS		
carboplatin	3	B/D
cisplatin SOLN	3	B/D
oxaliplatin inj 50mg	5	B/D
oxaliplatin inj 50mg/10ml	4	B/D
oxaliplatin inj 100mg	5	B/D
oxaliplatin inj 100mg/20ml	4	B/D
PROTECTIVE AGENTS		
dexrazoxane hcl	5	B/D
leucovorin calcium SOLR	4	B/D
leucovorin calcium TABS	3	
leucovorin calcium solr	4	B/D
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
etoposide SOLN	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	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>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC

ACE INHIBITORS

<i>benazepril hcl TABS</i>	1	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril TABS</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	3	
<i>spironolactone TABS</i>	1	GC

ALPHA BLOCKERS

<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	GC

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
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Drug Name	Drug Tier	Requirements/Limits
<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>candesartan cilexetil-hydrochlorothiazide ENTRESTO</i>	1 3	GC
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>telmisartan-amlodipine</i>	1	GC
<i>telmisartan-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	GC
<i>EDARBI</i>	4	
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	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>	4	
<i>amiodarone tab 200mg</i>	1	GC
<i>amiodarone tab 400mg</i>	4	

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<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	

ANTILOPHEMICS, HMG-CoA REDUCTASE INHIBITORS

ALTOPREV	5	ST
<i>atorvastatin calcium TABS</i>	1	GC
<i>fluvastatin sodium</i>	1	GC
LIVALO	4	ST
<i>lovastatin</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>simvastatin TABS 80mg</i>	1	GC, QL (30 tabs / 30 days)
ZYPITAMAG	4	ST

ANTILOPHEMICS, MISCELLANEOUS

ANTARA	4	
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate</i>	4	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	
<i>ezetimibe-simvastatin</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
PRALUENT	5	PA; Lower cost version - Tier 4
<i>prevalite</i>	4	
VASCEPA	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
<i>metoprolol & hctz tab 50-25mg</i>	3	
<i>metoprolol & hctz tab 100-25mg</i>	3	
<i>metoprolol & hctz tab 100-50mg</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	

BETA-BLOCKERS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate TABS</i>	3	
CALCIUM CHANNEL BLOCKER/ANTI-LIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	GC
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS</i>	1	GC
<i>cartia xt cap 120/24hr</i>	3	
<i>cartia xt cap 180/24hr</i>	3	
<i>cartia xt cap 240/24hr</i>	3	
<i>cartia xt cap 300/24hr</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	3	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
<i>nisoldipine</i>	4	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	3	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	3	
<i>verapamil cap er 360mg</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl tab er</i>	2	
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	3	PA; PA if 70 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>digox</i> 125mcg	3	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	3	PA; PA if 70 years and older
<i>digoxin</i> TABS 125mcg	3	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	3	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol</i> 50mcg/ml	4	PA; PA if 70 years and older

DIRECT RENIN INHIBITORS/COMBINATIONS

<i>aliskiren fumarate</i>	4
TEKTURN ^A	4
TEKTURN ^A HCT	4

DIURETICS

<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	3	
<i>bumetanide</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	GC
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torsemide tabs</i>	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tabs</i>	1	GC

MISCELLANEOUS

<i>BIDIL</i>	3	
<i>clonidine hcl</i> TABS	1	GC
<i>clonidine hcl</i> ptwk	4	
<i>CORLANOR</i> TABS	4	
<i>DEMSER</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
<i>ranolazine</i>	3	
NITRATES		
ISORDIL TITRADOSE 40mg	5	
<i>isosorb mononitrate</i> tab	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate</i> er	4	
<i>isosorbide mononitrate</i> er	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin</i> td patch	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate</i> tab 20 mg (pulmonary hypertension)	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>treprostинil</i>	5	NM, LA, PA
VENTAVIS	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<u>CENTRAL NERVOUS SYSTEM</u>		
<u>ANTIANXIETY</u>		
<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg</i>	2	
<i>buspirone hcl TABS 30mg</i>	4	
<i>fluvoxamine maleate TABS</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)
<u>ANTICONVULSANTS</u>		
<i>APTIOM 200mg</i>	5	QL (180 tabs / 30 days)
<i>APTIOM 400mg</i>	5	QL (90 tabs / 30 days)
<i>APTIOM 600mg, 800mg</i>	5	QL (60 tabs / 30 days)
<i>BANZEL SUS 40MG/ML</i>	5	PA
<i>BANZEL TAB 200MG</i>	5	PA
<i>BANZEL TAB 400MG</i>	5	PA
<i>BRIVIACT INJ 50MG/5ML</i>	4	PA
<i>BRIVIACT SOL 10MG/ML</i>	5	PA
<i>BRIVIACT TAB 10MG</i>	5	PA
<i>BRIVIACT TAB 25MG</i>	5	PA
<i>BRIVIACT TAB 50MG</i>	5	PA
<i>BRIVIACT TAB 75MG</i>	5	PA
<i>BRIVIACT TAB 100MG</i>	5	PA
<i>carbamazepine CHEW; TABS</i>	3	
<i>carbamazepine CP12; SUSP; TB12</i>	4	
<i>CELONTIN</i>	4	
<i>clobazam</i>	3	PA
<i>clonazepam TABS 2mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg, 1mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam TBDP 2mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam TBDP .125mg, .25mg, .5mg, 1mg</i>	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIASTAT ACUDIAL</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	3	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> TB24; TBDP	4	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj 50mg/ml</i>	3	
primidone TABS	2	
roweepra	3	
roweepra xr	3	
SPRITAM	4	
<i>subvenite tab</i>	2	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
vigabatrin tab 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
vigadroner	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)
zonisamide CAPS	3	

ANTIDEMENTIA

donepezil hydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg	2	
donepezil hydrochloride TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	2	
galantamine hydrobromide SOLN	4	
galantamine hydrobromide TABS	4	QL (60 tabs / 30 days)
galantamine hydrobromide er	4	QL (30 caps / 30 days)
memantine hcl cp24	4	PA; PA if < 30 yrs
memantine soln	4	PA; PA if < 30 yrs
memantine tabs	3	PA; PA if < 30 yrs
NAMZARIC	4	
rivastigmine tartrate 1.5mg, 3mg	4	QL (90 caps / 30 days)
rivastigmine tartrate 4.5mg, 6mg	4	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

amitriptyline hcl TABS	3	
amoxapine tab 25mg	3	
amoxapine tab 50mg	3	
amoxapine tab 100mg	3	
amoxapine tab 150mg	3	
bupropion hcl TABS	3	
bupropion hcl TB12	2	
bupropion hcl TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN	3	
citalopram hydrobromide TABS	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> TABS	1	GC
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap</i> 10mg	1	GC
<i>fluoxetine cap</i> 20mg	1	GC
<i>fluoxetine cap</i> 40mg	1	GC
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS	2	
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine er tab</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS	1	GC
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	2	
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa</i> TABS	5	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</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</i> TABS	4	
<i>ropinirole hydrochloride</i>	4	
<i>ropinirole tab 0.5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<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>	4	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>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate SOLN</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate inj 5mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxpipine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TABS 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	4	
PERSERIS	5	QL (1 injection / 30 days)
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	2	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	4	QL (30 tabs / 30 days)
<i>REXULTI 1mg</i>	5	QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	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	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
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>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap sr 24hr 15 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days)
guanfacine er (adhd)	3	PA; PA if 70 years and older
metadate er tab 20mg	4	QL (90 tabs / 30 days)
methylphenidate hcl CHEW	4	QL (180 tabs / 30 days)
methylphenidate hcl CP24 10mg	4	
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days)
methylphenidate hcl oral soln 5mg/5ml	4	QL (1800 mL / 30 days)
methylphenidate hcl oral soln 10mg/5ml	4	QL (900 mL / 30 days)
methylphenidate tab 10mg er	4	QL (90 tabs / 30 days)
methylphenidate tab 20mg er	4	QL (90 tabs / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)

HYPNOTICS

HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam</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

AIMOVIG	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine</i> TABS	4	
<i>frovatriptan succinate</i>	4	QL (18 tabs / 30 days)
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
GRALISE 300mg	4	QL (180 tabs / 30 days), PA
GRALISE 600mg	4	QL (90 tabs / 30 days), PA
GRALISE STARTER	4	PA
<i>lithium carbonate CAPS</i>	1	GC
<i>lithium carbonate TABS</i>	2	
<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>	3	
<i>riluzole</i>	3	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
<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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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>	4	
<i>tizanidine hcl TABS</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil 50mg</i>	4	QL (90 tabs / 30 days), PA
<i>armodafinil 150mg, 200mg, 250mg</i>	4	QL (30 tabs / 30 days), PA
<i>modafinil 100mg</i>	4	QL (30 tabs / 30 days), PA
<i>modafinil 200mg</i>	4	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl SUBL</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
VIVITROL	5	

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	3	PA
<i>oxandrolone</i> TABS 10mg	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

ANTIDIABETICS, INJECTABLE

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

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
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 TABS	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
glimepiride 1mg	1	GC, QL (240 tabs / 30 days)
glimepiride 2mg	1	GC, QL (120 tabs / 30 days)
glimepiride 4mg	1	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	1	GC, QL (240 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide TABS 10mg	1	GC, QL (120 tabs / 30 days)
glipizide TB24 2.5mg	1	GC, QL (240 tabs / 30 days)
glipizide TB24 5mg	1	GC, QL (120 tabs / 30 days)
glipizide TB24 10mg	1	GC, QL (60 tabs / 30 days)
glipizide xl 2.5mg	1	GC, QL (240 tabs / 30 days)
glipizide xl 5mg	1	GC, QL (120 tabs / 30 days)
glipizide xl 10mg	1	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	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin er 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TABS 500mg	1	GC, QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	GC, QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	GC, QL (75 tabs / 30 days)
nateglinide	1	GC, QL (90 tabs / 30 days)
pioglitazone hcl	1	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
repaglinide .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		
alendronate sodium SOLN	4	
alendronate sodium TABS	1	GC
FOSAMAX PLUS D	4	ST
ibandronate sodium SOLN	4	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
pamidronate disodium 30mg/10ml, 90mg/10ml	3	B/D
pamidronate inj 30mg	3	B/D
pamidronate inj 90mg	3	B/D
risedronate sodium	4	
zoledronic acid inj 5mg/100ml	4	B/D, NM
zoledronic inj 4mg/5ml	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl 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

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Drug Name	Drug Tier Requirements/Limits
CHELATING AGENTS	
CHEMET	4
DEPEN TITRATABS	5
JADENU	5 NM, LA, PA
JADENU SPRINKLE	5 NM, LA, PA
kionex sus 15gm/60ml	3
sodium polystyrene sulfonate powder	3
sodium polystyrene sulfonate susp	3
sps susp 15gm/60ml	3
trientine hcl	5 PA
CONTRACEPTIVES	
altavera tab	2
alyacen 1/35	2
apri	2
aranelle	3
aubra	2
aviane	2
balziva	3
bekyree	3
blisovi fe 1.5/30	2
brielllyn	3
camila	2
caziant pak	3
cryselle-28	2
cyclafem 1/35	2
cyclafem 7/7/7	2
cyred tab	2
dasetta 1/35	2
dasetta 7/7/7	2
deblitane	2
delyla	2
desogestrel & ethinyl estradiol	2
desogestrel-ethinyl estradiol (biphasic)	3
drospirenone-ethinyl estradiol	3
ELLA	4
emoquette	2
enpresse-28	2
enskyce	2
errin	2
estarylla tab 0.25-35	2

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Drug Name	Drug Tier Requirements/Limits
<i>ethynodiol diacet & eth estrad</i>	3
<i>ethynodiol tab 1-50</i>	3
<i>falmina</i>	2
<i>femynor</i>	2
<i>gianvi</i>	3
<i>heather</i>	2
<i>incassia</i>	2
<i>introvale</i>	3
<i>isibloom</i>	2
<i>jasmiel</i>	3
<i>jolessa tab 0.15-0.03 mg</i>	3
<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>	3
<i>kelnor 1/35</i>	3
<i>kelnor 1/50</i>	3
<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>	3
<i>lessina</i>	2
<i>levonest</i>	2
<i>levonor/ethi tab</i>	2
<i>levonorgestrel & eth estradiol</i>	2
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3
<i>levora 0.15/30-28</i>	2
<i>loryna</i>	3
<i>low-ogestrel</i>	2
<i>lutera</i>	2
<i>lyza</i>	2
<i>marlissa</i>	2
<i>medroxyprogesterone acetate (contraceptive)</i>	2

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Drug Name	Drug Tier Requirements/Limits
<i>microgestin 1.5/30</i>	2
<i>microgestin 1/20</i>	2
<i>microgestin fe 1.5/30</i>	2
<i>microgestin fe 1/20</i>	2
<i>mili</i>	2
<i>mono-linyah tab 0.25-35</i>	2
<i>mononessa</i>	2
<i>myzilra</i>	2
<i>necon 0.5/35-28</i>	3
<i>necon 7/7/7</i>	2
<i>nikki</i>	3
<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-ethynodiol estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3
<i>norgestimate-ethynodiol 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>	3
<i>nortrel 1/35</i>	2
<i>nortrel 7/7/7</i>	2
<i>NUVARING</i>	4
<i>ocella tab 3-0.03mg</i>	3
<i>orsythia</i>	2
<i>philith</i>	3
<i>pimtrea</i>	3
<i>pirmella 1/35</i>	2
<i>portia-28</i>	2
<i>previfem</i>	2
<i>quasense</i>	3
<i>reclipsen</i>	2
<i>setlakin tab</i>	3
<i>sharobel</i>	2
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	3
<i>tarina fe 1/20</i>	2
<i>tilia fe</i>	3

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarrylla</i>	2	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarrylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<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>	3	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>xulane</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35e</i>	3	

ENDOMETRIOSIS

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

ENZYME REPLACEMENTS

<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>	4	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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	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	4	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>	3	
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) CAPS</i>	4	QL (360 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
calcium acetate (phosphate binder) TABS	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS	4	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate tab	1	GC
norethindrone acetate TABS	3	
THYROID AGENTS		
levo-t	2	
levothyroxine sodium TABS	2	
levoxyl	2	
liothyronine sodium TABS	3	
methimazole TABS	2	
propylthiouracil TABS	3	
SYNTHROID	4	
unithroid	2	
VASOPRESSINS		
desmopressin acetate spray	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs	3	
desmopressin inj 4mcg/ml	4	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant	4	B/D
aprepitant pak 80mg & 125mg	4	B/D
compro	4	
dronabinol	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
gransetron hcl SOLN	3	
gransetron hcl TABS	4	B/D
meclizine hcl TABS	2	
metoclopramide hcl SOLN	2	
metoclopramide hcl TABS	1	GC
metoclopramide hcl inj	2	
ondansetron hcl TABS	3	B/D
ondansetron hcl inj	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<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
SANCUSO	5	QL (4 patches / 28 days)
<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>	3	
<i>glycopyrrolate tab 2mg</i>	3	

H2-RECEPTOR ANTAGONISTS

<i>famotidine SUSR</i>	4	
<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>	3	
<i>ranitidine inj</i>	3	
<i>ranitidine syrup</i>	3	

INFLAMMATORY BOWEL DISEASE

<i>APRISO</i>	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
<i>colocort enema 100mg</i>	4	
<i>DELZICOL</i>	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine CPDR</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine ENEM</i>	4	
<i>mesalamine SUPP</i>	4	
<i>mesalamine TBEC 800mg</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
<i>GOLYTELY</i>	3	
<i>KRISTALOSE</i>	4	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
<i>MOVIPREP</i>	4	
<i>NULYTELY/FLAVOR PACKS</i>	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>SUPREP BOWEL PREP KIT</i>	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
<i>AMITIZA CAP 8MCG</i>	3	QL (180 caps / 30 days)
<i>AMITIZA CAP 24MCG</i>	3	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
<i>GATTEX</i>	5	NM, LA, PA
<i>LINZESS</i>	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	
<i>MOVANTIK 12.5mg</i>	3	QL (60 tabs / 30 days)
<i>MOVANTIK 25mg</i>	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN	5	PA
sucralfate TABS	3	
SYMPROIC	3	
ursodiol CAPS	3	
ursodiol TABS	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
esomeprazole magnesium	4	QL (30 caps / 30 days)
esomeprazole sodium inj	4	
lansoprazole CPDR	3	QL (30 caps / 30 days)
lansoprazole TBDP	4	QL (30 tabs / 30 days)
omeprazole cap 10mg	1	GC
omeprazole cap 20mg	1	GC
omeprazole cap 40mg	1	GC
pantoprazole sodium SOLR	4	
pantoprazole sodium tbec	2	
PRILOSEC	3	
rabeprazole sodium	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	2	QL (30 tabs / 30 days)
dutasteride CAPS	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl	4	QL (30 caps / 30 days)
finasteride TABS 5mg	2	
silodosin	4	
tamsulosin hcl	2	
MISCELLANEOUS		
bethanechol chloride TABS	3	
potassium citrate (alkalinizer) er tabs	4	
URINARY ANTISPASMODICS		
darifenacin hydrobromide	4	
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP	3	
oxybutynin chloride TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
OXYTROL	4	
<i>solifenacain succinate</i>	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

<i>COUMADIN</i>	3	
<i>ELIQUIS</i>	3	
<i>ELIQUIS STARTER PACK</i>	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>FRAGMIN</i> 2500unit/0.2ml, 5000unit/0.2ml	4	
<i>FRAGMIN</i> 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
<i>HEPARIN SODIUM/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
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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline TBCR</i>	2	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TABS 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TABS 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid SOLN; TABS</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 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

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Drug Name	Drug Tier	Requirements/Limits
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>	3	
<i>leflunomide TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
TREXALL	4	B/D
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 12gm	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

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Drug Name	Drug Tier	Requirements/Limits
INTRON-A INJ 10MU	5	B/D
INTRON-A INJ 18MU	5	B/D
INTRON-A INJ 25MU	5	B/D
INTRON-A INJ 50MU	5	B/D
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium tbec</i>	4	B/D
NULOJIX	5	B/D
PROGRAF PACK	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN	5	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
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	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	

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Drug Name	Drug Tier	Requirements/Limits
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAQUE	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

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

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Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride CPCR</i>	3	
<i>potassium chloride PACK</i>	4	
<i>potassium chloride SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	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 II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	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
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
<i>premasol sol 6%</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride SOLN 3%, 5%	2	
sodium chloride 0.45%	2	
sodium chloride inj 0.9%	2	

VITAMINS

calcitriol CAPS	3	B/D
calcitriol inj	4	B/D
calcitriol oral soln 1 mcg/ml	4	B/D
doxercalciferol CAPS	4	B/D
M-NATAL PLUS	3	
paricalcitol CAPS	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	
TRICARE	3	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

AZASITE	4	
bacitracin (ophthalmic)	3	
bacitracin-polymyxin b (ophth)	2	
BESIVANCE	3	
CILOXAN OINT	3	
ciprofloxacin hcl (ophth)	2	
erythromycin (ophth)	2	
gatifloxacin (ophth)	4	
gentak	2	
gentamicin sulfate soln (ophth)	2	
MOXEZA	3	
moxifloxacin hcl (ophth)	3	

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Drug Name	Drug Tier Requirements/Limits
NATACYN	4
<i>neomycin-bacitracin zn-polymyxin</i>	3
<i>neomycin-polymyxin-gramicidin</i>	3
<i>ofloxacin (ophth)</i>	2
<i>polymyxin b-trimethoprim</i>	2
<i>sulfacetamide sodium (ophth)</i>	3
<i>tobramycin (ophth)</i>	2
<i>trifluridine</i>	3
ZIRGAN	4
ANTI-INFLAMMATORIES	
ALREX	3
<i>bromfenac sodium (ophth)</i>	4
BROMSITE	4
<i>dexamethasone sodium phosphate (ophth)</i>	3
<i>diclofenac sodium (ophth)</i>	3
DUREZOL	3
<i>fluorometholone</i>	3
<i>flurbiprofen sodium</i>	2
ILEVRO	3
<i>ketorolac tromethamine (ophth)</i>	3
LOTEMAX	3
<i>loteprednol etabonate</i>	3
<i>prednisolone acetate (ophth)</i>	3
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3
PROLENSA	3
ANTIALLERGICS	
<i>azelastine drop 0.05%</i>	3
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	1 GC
LASTACAFT	4
<i>olopatadine hcl 0.1%</i>	3
<i>olopatadine hcl 0.2%</i>	4
PAZEO	3
ANTIGLAUCOMA	
ALPHAGAN P SOL 0.1%	3
AZOPT	3
<i>betaxolol hcl (ophth)</i>	3
BETOPTIC-S	3
<i>brimonidine sol 0.2%</i>	2

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
RHOPRESSA	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TRAVATAN Z	3	

MISCELLANEOUS

CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
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>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
CLARINEX SYRP	4	
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>desloratadine TABS</i>	3	
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	
<i>olopatadine hcl (nasal)</i>	4	
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP</i>	3	
<i>albuterol sulfate TABS</i>	4	
<i>albuterol sulfate TB12</i>	4	
BROVANA	5	B/D
<i>levalbuterol hcl NEBU</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
PERFOROMIST	5	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW; TABS	2	
montelukast sodium PACK	4	
zafirlukast	3	
MAST CELL STABILIZERS		
cromolyn sodium nebu	3	B/D
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
epinephrine (anaphylaxis) .15mg/0.15ml,.3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
THEO-24	4	
theophylline SOLN	4	
theophylline TB12; TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
flunisolide (nasal)	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal)	2	QL (1 bottle / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
budesonide (inhalation) .25mg/2ml,.5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)

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

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin OINT</i>	2	
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLON CREA</i>	4	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ciclopirox shampoo 1%	4	
clotrimazole (topical)	3	
clotrimazole w/ betamethasone CREA	3	
ketoconazole cream	3	
nyamyc	3	
nystatin (topical)	3	
nystatin pow 100000	3	
nystop	3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin	5	PA
calcipotriene CREA; OINT	4	QL (120 gm / 30 days), PA
calcipotriene SOLN	4	QL (120 mL / 30 days), PA
calcitrene	4	QL (120 gm / 30 days), PA
tazarotene CREA	3	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo	2	
selenium sulfide LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort 1%	1	GC
ala-cort 2.5%	2	
alclometasone dipropionate	3	
betamethasone dipropionate (topical) CREA; LOTN	3	
betamethasone dipropionate (topical) OINT	4	
betamethasone dipropionate augmented CREA	3	
betamethasone dipropionate augmented GEL; LOTN; OINT	4	
betamethasone valerate CREA; LOTN; OINT	3	
CORDRAN TAPE	4	
ENSTILAR	4	PA
fluocinolone acetonide CREA; OIL; OINT; SOLN	4	
fluocinolone acetonide oil body	4	
fluocinonide CREA .05%	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	
<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream</i> 0.1%	4	
<i>hydrocortisone butyrate oint</i> 0.1%	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
TACLONEX SUSP	5	PA
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> AERS	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	3	
<i>azelaic acid</i> GEL	4	
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
FINACEA FOAM	4	
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> CREA 3.75%	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod CREA 5%</i>	4	
<i>metronidazole (topical) CREA; LOTN</i>	4	
<i>metronidazole gel 0.75%</i>	4	
NORITATE	5	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podoftilox SOLN</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
ZYCLARA	5	
ZYCLARA PUMP	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	
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>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
<i>clotrimazole LOZG</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	GC
<i>periogard</i>	1	GC
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	

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Drug Name	Drug Tier Requirements/Limits
CIPRO HC	4
CIPRODEX	3
<i>flac</i>	4
<i>fluocinolone acetonide (otic)</i>	4
<i>neomycin-polymyxin-hc (otic)</i>	3
<i>ofloxacin (otic)</i>	4

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Index of Drugs

<i>abacavir sulfate</i>	12	<i>alendronate sodium</i>	47
<i>abacavir sulfate-lamivudine</i>	13	<i>alfuzosin hcl</i>	57
<i>abacavir sulfate-lamivudine-zidovudine</i>	14	<i>ALIMTA</i>	19
<i>ABELCET</i>	11	<i>ALINIA</i>	10
<i>ABILIFY MAINTENA</i>	37	<i>aliskiren fumarate</i>	29
<i>abiraterone acetate</i>	20	<i>allopurinol tab</i>	7
<i>ABRAXANE</i>	19	<i>alosetron hcl</i>	56
<i>acamprosate calcium</i>	43	<i>ALPHAGAN P SOL 0.1%</i>	66
<i>acarbose</i>	45	<i>alprazolam tab 0.25mg</i>	31
<i>acebutolol hcl</i>	27	<i>alprazolam tab 0.5mg</i>	31
<i>acetaminophen w/ codeine 300-15mg</i>	7	<i>alprazolam tab 1mg</i>	31
<i>acetaminophen w/ codeine 300-30mg</i>	7	<i>alprazolam tab 2mg</i>	31
<i>acetaminophen w/ codeine 300-60mg</i>	7	<i>ALREX</i>	66
<i>acetaminophen w/ codeine soln</i>	7	<i>altavera tab</i>	48
<i>acetazolamide</i>	29	<i>ALTOPREV</i>	26
<i>acetic acid</i>	73	<i>ALUNBRIG</i>	21
<i>acetic acid (otic)</i>	73	<i>alyacen 1/35</i>	48
<i>acetylcysteine</i>	69	<i>amantadine hcl</i>	36
<i>acitretin</i>	71	<i>AMBISOME</i>	11
<i>ACTHIB</i>	61	<i>ambrisentan</i>	30
<i>ACTIMMUNE</i>	60	<i>amikacin sulfate</i>	10
<i>acyclovir</i>	15	<i>amiloride & hydrochlorothiazide</i>	29
<i>acyclovir sodium</i>	15	<i>amiloride hcl</i>	29
<i>ADACEL</i>	61	<i>AMINOSYN II INJ 10%</i>	63
<i>adefovir dipivoxil</i>	15	<i>AMINOSYN-PF 7%</i>	63
<i>ADEMPAS</i>	30	<i>AMINOSYN-PF INJ 10%</i>	63
<i>adriamycin</i>	18	<i>amiodarone hcl soln</i>	25
<i>adrucil</i>	19	<i>amiodarone tab 100mg</i>	25
<i>ADVAIR DISKUS</i>	70	<i>amiodarone tab 200mg</i>	25
<i>ADVAIR HFA</i>	70	<i>amiodarone tab 400mg</i>	25
<i>AFINITOR</i>	21	<i>AMITIZA CAP 24MCG</i>	56
<i>AFINITOR DISPERZ</i>	21	<i>AMITIZA CAP 8MCG</i>	56
<i>AIMOVIG</i>	41	<i>amitriptyline hcl</i>	34
<i>ala-cort</i>	71	<i>amlodipine besylate</i>	28
<i>albendazole</i>	10	<i>amlodipine besylate-atorvastatin</i> <i>calcium</i>	28
<i>albuterol sulfate</i>	68	<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i>	24
<i>alclometasone dipropionate</i>	71	<i>amlodipine besylate-valsartan tab 10-</i> <i>160 mg</i>	25
<i>ALCOHOL SWABS</i>	44	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>ALDURAZYME</i>	51		
<i>ALECENSA</i>	21		

<i>320 mg</i>	25	<i>sr 24hr 25 mg</i>	40
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>160 mg</i>	25	<i>sr 24hr 30 mg</i>	40
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>320 mg</i>	25	<i>sr 24hr 5 mg</i>	39
<i>amlodipine--benazepril hcl cap 10-20</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>mg</i>	24	<i>10 mg</i>	40
<i>amlodipine-benazepril hcl cap 10-40mg</i>	24	<i>amphetamine-dextroamphetamine tab</i>	
.....		<i>12.5 mg</i>	40
<i>amlodipine-benazepril hcl cap 2.5-10</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>mg</i>	24	<i>15 mg</i>	40
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	24	<i>amphetamine-dextroamphetamine tab</i>	
.....		<i>20 mg</i>	40
<i>amlodipine-benazepril hcl cap 5-20 mg</i>		<i>amphetamine-dextroamphetamine tab</i>	
.....	24	<i>30 mg</i>	40
<i>amlodipine-benazepril hcl cap 5-40 mg</i>		<i>amphetamine-dextroamphetamine tab</i>	
.....	24	<i>5 mg</i>	40
<i>amlodipine-valsartan-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>hydrochlorothiazide 10-160-12.5mg</i> ..	25	<i>7.5 mg</i>	40
<i>amlodipine-valsartan-</i>		<i>amphotericin b</i>	11
<i>hydrochlorothiazide 10-160-25mg</i>	25	<i>ampicillin & sulbactam sodium</i>	17
<i>amlodipine-valsartan-</i>		<i>ampicillin cap 500mg</i>	17
<i>hydrochlorothiazide 10-320-25mg</i>	25	<i>ampicillin inj</i>	17
<i>amlodipine-valsartan-</i>		<i>ampicillin sodium</i>	17
<i>hydrochlorothiazide 5-160-12.5mg</i>	25	<i>ANADROL-50</i>	44
<i>amlodipine-valsartan-</i>		<i>anagrelide hcl</i>	59
<i>hydrochlorothiazide 5-160-25mg</i>	25	<i>anastrozole</i>	20
<i>ammonium lactate</i>	72	<i>ANDRODERM</i>	44
<i>amnesteem</i>	70	<i>ANORO ELLIPTA</i>	67
<i>amoxapine tab 100mg</i>	34	<i>ANTARA</i>	26
<i>amoxapine tab 150mg</i>	34	<i>APOKYN</i>	36
<i>amoxapine tab 25mg</i>	34	<i>aprepitant</i>	54
<i>amoxapine tab 50mg</i>	34	<i>aprepitant pak 80mg & 125mg</i>	54
<i>amoxicillin</i>	17	<i>apri</i>	48
<i>amoxicillin & pot clavulanate</i>	17	<i>APRISO</i>	55
<i>amoxicillin-clarithromycin w/</i>		<i>APTIOM</i>	31
<i>lansoprazole</i>	56	<i>APTIVUS</i>	12
<i>amphetamine-dextroamphetamine cap</i>		<i>ARALAST NP</i>	69
<i>sr 24hr 10 mg</i>	39	<i>aranelle</i>	48
<i>amphetamine-dextroamphetamine cap</i>		<i>ARCALYST</i>	60
<i>sr 24hr 15 mg</i>	40	<i>ariPIPRAZOLE odt</i>	37
<i>amphetamine-dextroamphetamine cap</i>		<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	37
<i>sr 24hr 20 mg</i>	40	<i>ariPIPRAZOLE tab</i>	37
<i>amphetamine-dextroamphetamine cap</i>		<i>ARISTADA</i>	37

ARISTADA INITIO.....	37
armodafinil	43
ARNUITY ELLIPTA.....	69
aspirin-dipyridamole	59
atazanavir sulfate.....	12
atenolol	27
atenolol & chlorthalidone.....	27
atomoxetine hcl	40
atorvastatin calcium	26
atovaquone	10
atovaquone-proguanil hcl	12
ATRIPLA.....	14
ATROVENT HFA.....	67
aura.....	48
AUGMENTIN SUS 125/5ML	17
AURYXIA.....	53
AUSTEDO	42
AVASTIN	19
aviane	48
avita.....	70
azacitidine	19
AZACTAM/DEX INJ	10
AZASITE	65
azathioprine	61
azelaic acid.....	72
azelastine drop 0.05%	66
azelastine spr 0.1%.....	68
azelastine spr 0.15%	68
azithromycin.....	16
AZOPT	66
aztreonam.....	10
bacitracin (ophthalmic)	65
bacitracin-polymyxin b (ophth)	65
bacitracin-poly-neomycin-hc.....	65
baclofen	43
balsalazide disodium.....	55
BALVERSA.....	21
balziva	48
BANZEL SUS 40MG/ML	31
BANZEL TAB 200MG	31
BANZEL TAB 400MG	31
BARACLUDE	15
BASAGLAR KWIKPEN	44
BCG VACCINE.....	61
BD ULTRAFINE INSULIN SYRINGE	44
BD ULTRAFINE/NANO PEN NEEDLES	44
bekyree	48
benazepril & hydrochlorothiazide	24
benazepril hcl	24
BENDEKA	18
BENLYSTA	61
benzoyl peroxide-erythromycin	70
benztropine mesylate inj	36
benztropine mesylate tab 0.5mg	36
benztropine mesylate tab 1mg	36
benztropine mesylate tab 2mg	36
BEPREVE	66
BERINERT	59
BESIVANCE	65
betamethasone dipropionate (topical)	71
betamethasone dipropionate augmented	71
betamethasone valerate	71
BETASERON	42
betaxolol hcl (ophth)	66
bethanechol chloride.....	57
BETOPTIC-S	66
BEVESPI AEROSPHERE.....	67
bexarotene	23
BEXSERO	61
bicalutamide	20
BICILLIN L-A	17
BIDIL.....	29
BIKTARVY	14
bisoprolol & hydrochlorothiazide	27
bisoprolol fumarate	27
BIVIGAM	60
bleomycin sulfate	18
BLEPHAMIDE	65
blisovi fe 1.5/30	48
BOOSTRIX	61
BORTEZOMIB.....	19
bosentan	30
BOSULIF	21
BRAFTOVI	21
BREO ELLIPTA	70
briellyn	48
BRILINTA	59

<i>brimonidine sol 0.15%</i>	67
<i>brimonidine sol 0.2%</i>	66
BRIVIACT INJ 50MG/5ML	31
BRIVIACT SOL 10MG/ML	31
BRIVIACT TAB 100MG.....	31
BRIVIACT TAB 10MG	31
BRIVIACT TAB 25MG	31
BRIVIACT TAB 50MG	31
BRIVIACT TAB 75MG	31
<i>bromfenac sodium (ophth)</i>	66
<i>bromocriptine mesylate</i>	36
BROMSITE.....	66
BROVANA.....	68
<i>budesonide (inhalation)</i>	69
<i>budesonide ec</i>	55
<i>bumetanide</i>	29
<i>buprenorphine hcl</i>	43
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	43
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	43
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	43
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	43
<i>buprenorphine hcl-naloxone hcl sl</i>	43
<i>bupropion hcl</i>	34
<i>bupropion hcl (smoking deterrent)</i>	43
<i>buspirone hcl</i>	31
<i>butorphanol tartrate</i>	7
BYDUREON BCISE	44
BYDUREON INJ	44
BYDUREON PEN	44
BYETTA.....	44
BYSTOLIC	27
<i>cabergoline</i>	53
CABOMETYX	21
<i>calcipotriene</i>	71
<i>calcitonin (salmon)</i>	53
<i>calcitrene</i>	71
<i>calcitriol</i>	65
<i>calcitriol inj</i>	65
<i>calcitriol oral soln 1 mcg/ml</i>	65
<i>calcium acetate (phosphate binder)</i> ..53,	
	54
CALQUENCE	21
<i>camila</i>	48
<i>candesartan cilexetil</i>	25
<i>candesartan cilexetil-hydrochlorothiazide</i>	25
CAPRELSA	21
<i>captopril</i>	24
<i>captopril & hydrochlorothiazide</i>	24
CARBAGLU	51
<i>carbamazepine</i>	31
<i>carbidopa</i>	36
<i>carbidopa/levodopa/entacapone</i>	36
<i>carbidopa-levodopa</i>	36
<i>carboplatin</i>	23
CARIMUNE NANOFILTERED.....	60
<i>carteolol hcl (ophth)</i>	67
<i>cartia xt cap 120/24hr</i>	28
<i>cartia xt cap 180/24hr</i>	28
<i>cartia xt cap 240/24hr</i>	28
<i>cartia xt cap 300/24hr</i>	28
<i>carvedilol</i>	27
<i>caspofungin acetate</i>	11
CAYSTON	10
<i>caziant pak</i>	48
<i>cefaclor</i>	15
CEFACLOR MONOHYDRATE ER	15
<i>cefadroxil</i>	15
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%.....	15
<i>cefazolin inj</i>	16
<i>cefazolin sodium</i>	16
CEFAZOLIN SODIUM 1 GM/50ML.....	16
<i>cefdinir</i>	16
<i>cefpeme hcl</i>	16
<i>cefixime cap 400mg</i>	16
<i>cefixime susr</i>	16
<i>cefotaxime sodium</i>	16
<i>cefoxitin sodium</i>	16
<i>cefpodoxime proxetil</i>	16
<i>cefprozil</i>	16
<i>ceftazidime</i>	16
CEFTAZIDIME/DEXTROSE.....	16
<i>ceftriaxone sodium</i>	16

<i>cefuroxime axetil</i>	16	<i>clindamycin cap 75mg</i>	10
<i>cefuroxime sodium</i>	16	<i>clindamycin hcl cap 150 mg</i>	10
<i>celecoxib</i>	7	<i>clindamycin phosphate (topical)</i>	70
<i>CELONTIN</i>	31	<i>clindamycin phosphate in d5w</i>	10
<i>cephalexin</i>	16	<i>CLINDAMYCIN PHOSPHATE IN NACL</i>	10
<i>CERDELGA</i>	51	<i>clindamycin phosphate inj</i>	10
<i>CEREZYME</i>	51	<i>clindamycin phosphate vaginal</i>	58
<i>cetirizine syrup</i>	68	<i>clindamycin soln 75mg/5ml</i>	10
<i>cevimeline hcl</i>	73	<i>CLINIMIX 4.25%/DEXTROSE 25%</i>	63
<i>CHANTIX</i>	44	<i>CLINIMIX 4.25%/DEXTROSE 5%</i>	63
<i>CHANTIX CONTINUING MONTH</i>	44	<i>CLINIMIX 5%/DEXTROSE 15%</i>	63
<i>CHANTIX STARTER PACK</i>	44	<i>CLINIMIX 5%/DEXTROSE 20%</i>	63
<i>CHEMET</i>	48	<i>CLINIMIX 5%/DEXTROSE 25%</i>	63
<i>chlorhexidine gluconate (mouth-throat)</i>		<i>CLINIMIX INJ 4.25/D10</i>	63
	73	<i>clobazam</i>	31
<i>chloroquine phosphate</i>	12	<i>clomipramine hcl</i>	35
<i>chlorothiazide tabs</i>	29	<i>clonazepam</i>	31
<i>chlorpromazine hcl</i>	37	<i>clonidine hcl</i>	29
<i>CHLORPROMAZINE INJ</i>	37	<i>clonidine hcl ptwk</i>	29
<i>chlorthalidone</i>	29	<i>clopidogrel tab 75mg</i>	59
<i>cholestyramine</i>	26	<i>clorazepate dipotassium</i>	31
<i>cholestyramine light</i>	26	<i>clotrimazole</i>	73
<i>choline fenofibrate</i>	26	<i>clotrimazole (topical)</i>	71
<i>ciclopirox</i>	70	<i>clotrimazole w/ betamethasone</i>	71
<i>ciclopirox shampoo 1%</i>	71	<i>clozapine odt</i>	37
<i>cilostazol</i>	59	<i>clozapine tab 100mg</i>	37
<i>CILOXAN</i>	65	<i>clozapine tab 200mg</i>	37
<i>CIMDUO</i>	14	<i>clozapine tab 25mg</i>	37
<i>cinacalcet hcl</i>	47	<i>clozapine tab 50mg</i>	37
<i>CIPRO HC</i>	74	<i>COARTEM</i>	12
<i>CIPRODEX</i>	74	<i>colchicine w/ probenecid</i>	7
<i>ciprofloxacin</i>	17	<i>COLCRYS</i>	7
<i>ciprofloxacin hcl (ophth)</i>	65	<i>colesevelam hcl</i>	26
<i>ciprofloxacin hcl tab</i>	17	<i>colestipol hcl gran</i>	26
<i>ciprofloxacin in d5w</i>	17	<i>colestipol hcl pack</i>	26
<i>cisplatin</i>	23	<i>colestipol hcl tabs</i>	26
<i>citalopram hydrobromide</i>	34	<i>colistimethate sodium</i>	10
<i>claravis</i>	70	<i>colocort enema 100mg</i>	55
<i>CLARINEX</i>	68	<i>COMBIGAN</i>	67
<i>clarithromycin</i>	16	<i>COMBIVENT RESPIMAT</i>	67
<i>clarithromycin er</i>	16	<i>COMETRIQ</i>	21
<i>clarithromycin for susp</i>	16	<i>COMPLERA</i>	14
<i>clindacin-p</i>	70	<i>compro</i>	54
<i>clindamycin cap 300mg</i>	10	<i>constulose</i>	56

COPIKTRA	21
CORDRAN	71
CORLANOR	29
<i>cortisone acetate</i>	52
COTELLIC.....	21
COUMADIN.....	58
CREON.....	57
CRIXIVAN.....	12
<i>cromolyn sodium (mastocytosis)</i>	56
<i>cromolyn sodium (ophth)</i>	66
<i>cromolyn sodium nebu</i>	69
<i>cryselle-28</i>	48
<i>cyclafem 1/35</i>	48
<i>cyclafem 7/7/7</i>	48
<i>cyclobenzaprine hcl</i>	43
<i>cyclophosphamide</i>	18
<i>cycloserine</i>	14
<i>cyclosporine</i>	61
<i>cyclosporine modified (for microemulsion)</i>	61
<i>cyproheptadine hcl</i>	68
<i>cyred tab</i>	48
CYSTADANE	51
CYSTAGON	51
CYSTARAN	67
<i>cytarabine</i>	19
<i>dacarbazine</i>	18
<i>dalfampridine</i>	42
DALIRESP	69
<i>danazol</i>	51
<i>dantrolene sodium</i>	43
<i>dapsone</i>	10
DAPTACEL	61
<i>daptomycin</i>	10
DAPTO MYCIN	10
<i>darifenacin hydrobromide</i>	57
<i>dasetta 1/35</i>	48
<i>dasetta 7/7/7</i>	48
DAURISMO	19
<i>deblitane</i>	48
DELESTROGEN.....	52
DELSTRIGO	14
<i>delyla</i>	48
DELZICOL	55
DEM SER.....	29
DEPEN TITRATABS	48
DEPO-PROVERA INJ 400/ML	20
DESCOVY	14
<i>desipramine hcl</i>	35
<i>desloratadine</i>	68
<i>desmopressin acetate spray</i>	54
<i>desmopressin acetate spray refrigerated</i>	54
<i>desmopressin acetate tabs</i>	54
<i>desmopressin inj 4mcg/ml</i>	54
<i>desogestrel & ethinyl estradiol</i>	48
<i>desogestrel-ethinyl estradiol (biphasic)</i>	48
<i>desvenlafaxine succinate</i>	35
<i>dexamethasone</i>	52
DEXAMETHASONE	52
<i>dexamethasone sodium phosphate</i>	52
<i>dexamethasone sodium phosphate (ophth)</i>	66
DEXILANT	57
<i>dexamethylphenidate hcl</i>	40
<i>dexrazoxane hcl</i>	23
<i>dextrose 10% flex contain</i>	64
DEXTROSE 10%/NACL 0.2%	64
<i>dextrose 10%/nacl 0.45%</i>	64
<i>dextrose 2.5%/nacl 0.45%</i>	63
<i>dextrose 5%</i>	63
DEXTROSE 5% /ELECTROLYTE	64
<i>dextrose 5%/nacl 0.2%</i>	64
<i>dextrose 5%/nacl 0.225%</i>	64
DEXTROSE 5%/NACL 0.3%	64
<i>dextrose 5%/nacl 0.33%</i>	64
<i>dextrose 5%/nacl 0.45%</i>	64
<i>dextrose 5%/nacl 0.9%</i>	64
<i>dextrose 5%/potassium chl</i>	64
<i>dextrose 50%</i>	64
<i>dextrose in lactated ringers</i>	64
<i>dextrose inj 70%</i>	64
DIASTAT ACUDIAL	31
DIASTAT PEDIATRIC.....	32
<i>diazepam</i>	32
<i>diazepam gel</i>	32
<i>diazepam inj</i>	32

<i>diazepam intensol</i>	32
<i>diazepam oral soln 1 mg/ml</i>	32
<i>diclofenac potassium</i>	7
<i>diclofenac sodium</i>	7
<i>diclofenac sodium (ophth)</i>	66
<i>diclofenac sodium (topical) 1% gel</i>	72
<i>diclofenac w/ misoprostol</i>	7
<i>dicloxacillin sodium</i>	17
<i>dicyclomine hcl cap 10mg</i>	55
<i>dicyclomine hcl soln 10mg/5ml</i>	55
<i>dicyclomine hcl tab 20mg</i>	55
<i>didanosine</i>	12
<i>DIFICID</i>	16
<i>diflunisal</i>	7
<i>digitek</i>	28
<i>digox</i>	29
<i>digoxin</i>	29
<i>digoxin inj</i>	29
<i>digoxin sol 50mcg/ml</i>	29
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	41
<i>dihydroergotamine mesylate nasal</i>	41
<i>DILANTIN CAP 100MG</i>	32
<i>DILANTIN CAP 30MG</i>	32
<i>DILANTIN CHEW TAB 50MG</i>	32
<i>DILANTIN-125 SUSP</i>	32
<i>diltiazem cap 180mg cd</i>	28
<i>diltiazem cap 240mg cd</i>	28
<i>diltiazem cap 360mg cd</i>	28
<i>diltiazem cap er/12hr</i>	28
<i>diltiazem hcl</i>	28
<i>diltiazem hcl cap sr 24hr</i>	28
<i>diltiazem hcl coated beads</i>	28
<i>diltiazem hcl coated beads cap sr 24hr</i>	28
<i>diltiazem hcl extended release beads cap sr</i>	28
<i>diltiazem inj</i>	28
<i>dilt-xr cap</i>	28
<i>diphenhydramine hcl inj 50mg/ml</i>	68
<i>diphenoxylate w/ atropine</i>	56
<i>DIPHTHERIA/TETANUS TOXOID</i>	61
<i>disopyramide phosphate</i>	26
<i>disulfiram</i>	44
<i>divalproex sodium</i>	32
<i>docetaxel</i>	19
<i>DOCETAXEL</i>	19
<i>dofetilide</i>	26
<i>donepezil hydrochloride</i>	34
<i>dorzolamide hcl</i>	67
<i>dorzolamide hcl-timolol maleate</i>	67
<i>DOVATO</i>	14
<i>doxazosin mesylate</i>	24
<i>doxepin hcl</i>	35
<i>doxercalciferol</i>	65
<i>doxorubicin hcl</i>	18
<i>doxorubicin hcl liposomal</i>	18
<i>doxy 100</i>	18
<i>doxycycline (monohydrate)</i>	18
<i>doxycycline hyclate</i>	18
<i>dronabinol</i>	54
<i>drospirenone-ethinyl estradiol</i>	48
<i>DROXIA</i>	59
<i>duloxetine hcl</i>	35
<i>DUREZOL</i>	66
<i>dutasteride</i>	57
<i>dutasteride-tamsulosin hcl</i>	57
<i>e.e.s 400</i>	16
<i>EDARBI</i>	25
<i>EDURANT</i>	12
<i>efavirenz</i>	12
<i>eletriptan hydrobromide</i>	41
<i>ELIQUIS</i>	58
<i>ELIQUIS STARTER PACK</i>	58
<i>ELLA</i>	48
<i>EMCYT</i>	18
<i>EMEND</i>	54
<i>EMGALITY</i>	41
<i>emoquette</i>	48
<i>EMSAM</i>	35
<i>EMTRIVA</i>	12
<i>EMVERM</i>	10
<i>enalapril maleate</i>	24
<i>enalapril maleate & hydrochlorothiazide</i>	24
<i>ENDARI</i>	59
<i>endocet 10-325mg</i>	8
<i>endocet 2.5-325mg</i>	8

<i>endocet</i> 5-325mg	8
<i>endocet</i> 7.5-325mg	8
ENGERIX-B.....	61
<i>enoxaparin sodium</i>	58
<i>enpresse-28</i>	48
<i>enskyce</i>	48
ENSTILAR.....	71
<i>entacapone</i>	36
<i>entecavir</i>	15
ENTRESTO	25
<i>enulose</i>	56
EPCLUSA.....	15
EPIDIOLEX	32
<i>epinephrine (anaphylaxis)</i>	69
<i>epirubicin hcl</i>	18
<i>epitol</i>	32
EPIVIR HBV	15
<i>eplerenone</i>	24
<i>ergotamine w/ caffeine</i>	41
ERIVEDGE	19
ERLEADA.....	20
<i>erlotinib hcl</i>	22
<i>errin</i>	48
<i>ertapenem sodium</i>	10
<i>ery pad 2%</i>	70
<i>ery-tab</i>	16
ERYTHROCIN LACTOBIONATE	16
<i>erythrocin stearate</i>	16
<i>erythromycin (acne aid)</i>	70
<i>erythromycin (ophth)</i>	65
<i>erythromycin base</i>	16
<i>erythromycin cap 250mg ec</i>	16
<i>erythromycin ethylsuccinate</i>	16
ESBRIET	69
<i>escitalopram oxalate</i>	35
<i>esomeprazole magnesium</i>	57
<i>esomeprazole sodium inj</i>	57
<i>estarrylla tab 0.25-35</i>	48
<i>estradiol</i>	52
<i>estradiol vaginal cream</i>	52
<i>estradiol vaginal tab</i>	52
<i>estradiol valerate</i>	52
<i>ethambutol hcl</i>	14
<i>ethosuximide</i>	32
<i>ethynodiol diacet & eth estrad</i>	49
<i>ethynodiol tab 1-50</i>	49
<i>etodolac</i>	7
<i>etodolac er</i>	7
<i>etoposide</i>	23
EVOTAZ	14
<i>exemestane</i>	20
<i>ezetimibe</i>	26
<i>ezetimibe-simvastatin</i>	26
FABRAZYME.....	51
<i>falmina</i>	49
<i>famciclovir</i>	15
<i>famotidine</i>	55
<i>famotidine in nacl</i>	55
<i>famotidine inj</i>	55
FANAPT	37
FANAPT TITRATION PACK.....	37
FARXIGA	45
FARYDAK	19
FASLODEX	20
<i>febuxostat</i>	7
<i>felbamate</i>	32
<i>felodipine</i>	28
<i>femynor</i>	49
<i>fenofibrate</i>	27
<i>fenofibrate micronized</i>	27
<i>fentanyl citrate</i>	8
<i>fentanyl patch 100 mcg/hr</i>	8
<i>fentanyl patch 12 mcg/hr</i>	8
<i>fentanyl patch 25 mcg/hr</i>	8
<i>fentanyl patch 50 mcg/hr</i>	8
<i>fentanyl patch 75 mcg/hr</i>	8
FENTORA	8
FETZIMA	35
FETZIMA TITRATION PACK	35
FIASP	44
FIASP FLEXTOUCH.....	44
FINACEA	72
<i>finasteride</i>	57
FIRAZYR	59
<i>flac</i>	74
FLEBOGAMMA DIF	60
<i>flecainide acetate</i>	26
FLOVENT DISKUS.....	69

FLOVENT HFA	70
fluconazole	11
<i>fluconazole in dextrose</i>	11
<i>fluconazole inj nacl 200</i>	11
<i>fluconazole inj nacl 400</i>	11
flucytosine.....	12
fludrocortisone acetate	52
flunisolide (<i>nasal</i>).....	69
fluocinolone acetonide	71
<i>fluocinolone acetonide (otic)</i>	74
<i>fluocinolone acetonide oil body</i>	71
fluocinonide.....	71, 72
<i>fluocinonide emulsified base</i>	72
fluorometholone.....	66
fluorouracil.....	19
<i>fluorouracil (topical)</i>	72
fluoxetine cap 10mg	35
fluoxetine cap 20mg	35
fluoxetine cap 40mg	35
fluoxetine hcl	35
fluphenazine decanoate	37
<i>fluphenazine hcl</i>	37
flurbiprofen	7
<i>flurbiprofen sodium</i>	66
flutamide	20
fluticasone propionate.....	72
<i>fluticasone propionate (<i>nasal</i>)</i>	69
fluvastatin sodium	26
fluvoxamine maleate	31
fondaparinux sodium	58
FORTEO	53
FOSAMAX PLUS D.....	47
fosamprenavir tab 700 mg	12
fosinopril sodium.....	24
<i>fosinopril sodium & hydrochlorothiazide</i>	24
FRAGMIN	58
FREAMINE HBC 6.9%.....	63
FREAMINE III.....	63
fravatriptan succinate	41
fulvestrant	20
furosemide	29
<i>furosemide inj.</i>	29
FUZEON	12
<i>fyavolv</i>	52
FYCOMPA	32
<i>gabapentin</i>	32
galantamine hydrobromide	34
<i>galantamine hydrobromide er</i>	34
GAMASTAN S/D	60
GAMMAGARD LIQUID.....	60
<i>GAMMAGARD S/D</i>	60
<i>GAMMAKED</i>	60
<i>GAMMAPLEX</i>	60
<i>GAMMAPLEX 10GM/100ML</i>	60
<i>GAMUNEX-C</i>	60
<i>ganciclovir sodium</i>	15
<i>GARDASIL 9</i>	61
<i>gatifloxacin (ophth)</i>	65
<i>GATTEX</i>	56
<i>GAUZE PADS 2</i>	44
<i>gavilyte-c</i>	56
<i>gavilyte-g</i>	56
<i>gavilyte-n/flavor pack</i>	56
<i>gemcitabine inj soln</i>	19
<i>gemcitabine inj solr</i>	19
<i>gemfibrozil</i>	27
<i>generlac</i>	56
<i>genograf</i>	61
<i>GENOTROPIN</i>	53
<i>GENOTROPIN MINIQUICK</i>	53
<i>gentak</i>	65
<i>gentamicin in saline</i>	10
<i>gentamicin sulfate</i>	10
<i>gentamicin sulfate (topical)</i>	70
<i>gentamicin sulfate soln (ophth)</i>	65
<i>GENVOYA</i>	14
<i>GEODON</i>	37
<i>gianvi</i>	49
<i>GILENYA CAP 0.5MG</i>	43
<i>GILOTTRIF TAB 20MG</i>	22
<i>GILOTTRIF TAB 30MG</i>	22
<i>GILOTTRIF TAB 40MG</i>	22
<i>glatiramer acetate 20mg/ml</i>	43
<i>glatiramer acetate 40mg/ml</i>	43
<i>glatopa</i>	43
<i>GLEOSTINE</i>	18
<i>glimepiride</i>	45

glip/metform tab 2.5-250mg	45
glip/metform tab 2.5-500mg	45
glip/metform tab 5-500mg	45
glipizide	45, 46
glipizide xl.....	46
GLUCAGEN HYPOKIT.....	53
GLUCAGON EMERGENCY KIT	53
glycopyrrolate tab 1mg	55
glycopyrrolate tab 2mg	55
glydo	72
GOLYTELY	56
GRALISE	42
GRALISE STARTER	42
granisetron hcl.....	54
GRANIX	58
griseofulvin microsize	12
griseofulvin ultramicrosize	12
guanfacine er (adhd)	40
HAEGARDA.....	59
halobetasol propionate.....	72
haloperidol	37
haloperidol conc 2mg/ml	37
haloperidol decanoate	37
haloperidol lactate inj 5mg/ml	38
HARVONI	15
HAVRIX.....	61
heather.....	49
heparin sod (porcine) in d5w	58
heparin sod inj 1000/ml	58
heparin sod inj 10000/ml	58
heparin sod inj 20000/ml	58
heparin sod inj 5000/ml	58
HEPARIN SODIUM/NACL 0.45%	58
hepatamine	63
HERCEPTIN	19
HERCEPTIN HYLECTA.....	19
HETLIOZ	41
HIBERIX.....	61
HUMIRA	59
HUMIRA INJ 10MG/0.2ML.....	60
HUMIRA KIT 20MG/0.4ML.....	60
HUMIRA KIT 40MG/0.8ML.....	60
HUMIRA PEDIATRIC CROHNS DISEASE	60
HUMIRA PEN.....	60
HUMIRA PEN CD/UC/HS STARTER	60
HUMIRA PEN INJ CD/UC/HS STARTER.....	60
HUMIRA PEN INJ PS/UV STARTER.....	60
HUMIRA PEN-PS/UV STARTER.....	60
HUMULIN R INJ U-500	44
HUMULIN R U-500 KWIKPEN	44
hydralazine hcl.....	30
hydrochlorothiazide	29
hydroco/apap tab 10-325mg	8
hydroco/apap tab 5-325mg	8
hydroco/apap tab 7.5-325.....	8
hydrocodone-acetaminophen 7.5-325 mg/15ml	8
hydrocodone-ibuprofen tab 7.5-200 mg	8
hydrocortisone	52
hydrocortisone (enema)	55
hydrocortisone (topical)	72
hydrocortisone butyrate cream 0.1% ..	72
hydrocortisone butyrate oint 0.1%	72
hydrocortisone valerate	72
hydromorphone hcl	8
hydroxychloroquine sulfate	60
hydroxyurea	23
hydroxyzine hcl	68
hydroxyzine hcl inj	68
hydroxyzine pamoate	68
HYSINGLA ER	8
ibandronate sodium	47
IBRANCE	19
ibu tab 600mg	7
ibu tab 800mg	7
ibuprofen	7
ICLUSIG.....	22
IDHIFA	19
IFEX INJ 3GM	18
ifosfamide inj 1gm/20ml	18
IFOSFAMIDE INJ 3GM	18
ifosfamide inj 3gm/60ml	18
ILEVRO	66
imatinib mesylate	22
IMBRUVICA	22
imipenem-cilastatin	10

<i>imipramine hcl</i>	35
<i>imiquimod</i>	72, 73
IMOVAZ RABIES (H.D.C.V.)	61
<i>incassia</i>	49
INCRELEX	53
INCRUSE ELLIPTA	67
<i>indapamide</i>	29
INFANRIX	61
INLYTA	22
INSULIN PEN NEEDLE	44
INSULIN SAFETY NEEDLES	44
INSULIN SYRINGE	44
INTELENCE	12
INTRALIPID 30%	63
INTRALIPID INJ 20%	63
INTRON-A INJ 10MU	61
INTRON-A INJ 18MU	61
INTRON-A INJ 25MU	61
INTRON-A INJ 50MU	61
<i>introvale</i>	49
INVEGA SUST INJ 117 MG/0.75 ML	38
INVEGA SUST INJ 156MG/ML	38
INVEGA SUST INJ 234 MG/1.5 ML	38
INVEGA SUST INJ 39 MG/0.25 ML	38
INVEGA SUST INJ 78 MG/0.5 ML	38
INVEGA TRINZA	38
INVIRASE	12
IONOSOL-MB/DEXTROSE 5%	64
IPOL INACTIVATED IPV	61
<i>ipratropium bromide</i>	67
<i>ipratropium bromide (nasal)</i>	67
<i>ipratropium-albuterol nebu</i>	67
<i>irbesartan</i>	25
<i>irbesartan-hydrochlorothiazide</i>	25
IRESSA	22
<i>irinotecan hcl</i>	24
ISENTRESS	12, 13
ISENTRESS HD	13
<i>isibloom</i>	49
ISOLYTE P	64
ISOLYTE S	64
<i>isoniazid</i>	14
<i>isoniazid syrup 50mg/5ml</i>	14
ISORDIL TITRADOSE	30
<i>isosorb mononitrate tab</i>	30
<i>isosorbide dinitrate</i>	30
<i>isosorbide dinitrate er</i>	30
<i>isosorbide mononitrate er</i>	30
<i>isotretinoin</i>	70
<i>isradipine</i>	28
<i>itraconazole</i>	12
<i>ivermectin</i>	10
IXIARO	62
JADENU	48
JADENU SPRINKLE	48
JAKAFI	22
<i>jantoven</i>	58
JANUMET	46
JANUMET XR TAB 100-1000	46
JANUMET XR TAB 50-1000	46
JANUMET XR TAB 50-500MG	46
JANUVIA	46
JARDIANCE	46
<i>jasmiel</i>	49
JENTADUETO	46
JENTADUETO TAB XR 2.5-1000 MG	46
JENTADUETO TAB XR 5-1000 MG	46
<i>jinteli</i>	52
<i>jolessa tab 0.15-0.03 mg</i>	49
<i>jolivette</i>	49
<i>juleber</i>	49
JULUCA	14
<i>junel 1.5/30</i>	49
<i>junel 1/20</i>	49
<i>junel fe 1.5/30</i>	49
<i>junel fe 1/20</i>	49
JUXTAPID	27
KACDYLA	19
KALETTRA TAB 100-25MG	14
KALETTRA TAB 200-50MG	14
KALYDECO	69
<i>kariva</i>	49
<i>kcl 0.075%/d5w/nacl 0.45%</i>	64
KCL 0.15%/D5W/NACL 0.225%	64
<i>kcl 0.15%/d5w/nacl 0.9%</i>	64
<i>kcl 0.3%/d5w/nacl 0.45%</i>	64
KCL 0.3%/D5W/NACL 0.9%	64
<i>kcl/d5w inj 0.3%</i>	64

<i>kcl/d5w/nacl inj .15/.33%</i>	64	<i>larin fe 1/20</i>	49
<i>kcl/d5w/nacl inj .15/.45%</i>	64	<i>larissia tab</i>	49
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	64	LASTACAF	66
<i>kcl-nacl inj 0.15%-0.9%</i>	64	<i>latanoprost</i>	67
<i>kcl-nacl inj 0.3-0.9</i>	64	LATUDA	38
<i>kcl0.15%/d5w/nacl0.2%</i>	64	<i>leena</i>	49
<i>kelnor 1/35</i>	49	<i>leflunomide</i>	60
<i>kelnor 1/50</i>	49	LENVIMA 10 MG DAILY DOSE	22
<i>ketoconazole</i>	12	LENVIMA 12MG DAILY DOSE	22
<i>ketoconazole cream</i>	71	LENVIMA 14 MG DAILY DOSE	22
<i>ketoconazole shampoo</i>	71	LENVIMA 18 MG DAILY DOSE	22
<i>ketorolac tromethamine (ophth)</i>	66	LENVIMA 20 MG DAILY DOSE	22
KEYTRUDA	19, 20	LENVIMA 24 MG DAILY DOSE	22
KINRIX	62	LENVIMA 4 MG DAILY DOSE	22
<i>kionex sus 15gm/60ml</i>	48	LENVIMA 8 MG DAILY DOSE	22
KISQALI	20	<i>lessina</i>	49
KISQALI FEMARA 200 DOSE	20	<i>letrozole</i>	20
KISQALI FEMARA 400 DOSE	20	<i>leucovorin calcium</i>	23
KISQALI FEMARA 600 DOSE	20	<i>leucovorin calcium solr</i>	23
<i>klor-con 10</i>	62	LEUKERAN	18
<i>klor-con 8</i>	62	<i>leuprolide inj 1mg/0.2</i>	20
<i>klor-con m10</i>	62	<i>levalbuterol hcl</i>	68
<i>klor-con m15</i>	62	<i>levalbuterol hcl soln nebu conc 1.25</i>	
<i>klor-con m20</i>	62	<i>mg/0.5ml</i>	68
<i>klor-con pak 20meq</i>	62	<i>levalbuterol tartrate hfa</i>	68
<i>klor-con spr cap 10meq</i>	62	LEVEMIR	45
<i>klor-con spr cap 8meq</i>	62	LEVEMIR FLEXTOUCH	45
KORLYM	53	<i>levetiracetam</i>	33
KRISTALOSE	56	<i>levetiracetam in sodium chloride</i>	33
<i>kurvelo</i>	49	<i>levetiracetam oral soln 100 mg/ml</i>	33
KUVAN	51	<i>levobunolol hcl</i>	67
KYNAMRO	27	<i>levocarnitine (metabolic modifiers)</i>	51
<i>labetalol hcl</i>	27	<i>levocetirizine dihydrochloride</i>	68
<i>lactated ringer's</i>	64	<i>levofloxacin</i>	17
<i>lactulose</i>	56	<i>levofloxacin in d5w</i>	17
<i>lactulose (encephalopathy)</i>	56	<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>	49
<i>lamivudine-zidovudine</i>	14	<i>levonor/ethi tab</i>	49
<i>lamotrigine</i>	32, 33	<i>levonorgestrel & eth estradiol</i>	49
<i>lansoprazole</i>	57	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	49
<i>larin 1.5/30</i>	49	<i>levora 0.15/30-28</i>	49
<i>larin 1/20</i>	49	<i>levo-t</i>	54
<i>larin fe 1.5/30</i>	49		

<i>levothyroxine sodium</i>	54
<i>levoxyl</i>	54
LEXIVA	13
<i>lidocaine</i>	72
<i>lidocaine hcl</i>	72
<i>lidocaine hcl (local anesth.)</i>	9
<i>lidocaine hcl (mouth-throat)</i>	73
<i>lidocaine inj 0.5%</i>	9
<i>lidocaine inj 1%</i>	9
<i>lidocaine inj 1.5% preservative free (pf)</i>	9
<i>lidocaine oint 5%</i>	72
<i>lidocaine-prilocaine</i>	72
<i>linezolid in sodium chloride</i>	10
<i>linezolid inj</i>	10
<i>linezolid susp</i>	10
<i>linezolid tab 600mg</i>	11
LINZESS	56
<i>liothyronine sodium</i>	54
<i>lisinopril</i>	24
<i>lisinopril & hydrochlorothiazide</i>	24
<i>lithium carbonate</i>	42
<i>lithium carbonate er</i>	42
LITHIUM SOLN 8MEQ/5ML	42
LIVALO	26
LONSURF	23
<i>loperamide hcl</i>	56
<i>lopinavir-ritonavir</i>	14
<i>lorazepam</i>	31
<i>lorazepam intensol</i>	31
LORBRENA	22
<i>loracet hd tab 10-325mg</i>	8
<i>loracet plus tab 7.5-325</i>	8
<i>loracet tab 5-325mg</i>	8
<i>loryna</i>	49
<i>losartan potassium</i>	25
<i>losartan-hydrochlorothiazide</i>	25
LOTEMAX	66
<i>loteprednol etabonate</i>	66
<i>lovastatin</i>	26
<i>low-ogestrel</i>	49
<i>loxapine succinate</i>	38
LUMIGAN	67
LUMIZYME	51
LUPRON DEPOT (1-MONTH)	20
LUPRON DEPOT INJ 11.25MG (3-MONTH)	20
LUPRON DEPOT-PED (1-MONTH)	53
LUPRON DEPOT-PED (3-MONTH)	53
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	53
LUPRON DEP-PED INJ 7.5MG	53
<i>lulera</i>	49
LYNPARZA	20
LYRICA	33
LYRICA CR	42
LYSODREN	20
<i>lyza</i>	49
<i>magnesium sulfate</i>	62
MAGNESIUM SULFATE	62
MAGNESIUM SULFATE IN D5W	63
<i>magnesium sulfate in dextrose</i>	63
<i>magnesium sulfate inj 50%</i>	63
<i>malathion</i>	73
<i>maprotiline hcl</i>	35
<i>marlissa</i>	49
MARPLAN TAB 10MG	35
MATULANE	23
<i>matzim la</i>	28
MAVYRET	15
<i>meclizine hcl</i>	54
<i>medroxyprogesterone acetate (contraceptive)</i>	49
<i>medroxyprogesterone acetate tab</i>	54
<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>	21
MEKINIST	22
MEKTOVI	22
<i>meloxicam</i>	7
<i>memantine hcl cp24</i>	34
<i>memantine soln</i>	34
<i>memantine tabs</i>	34
MENACTRA	62
MENVEO	62
<i>mercaptopurine</i>	19

meropenem	11
mesalamine	55, 56
mesalamine w/ cleanser	56
MESNEX	23
metadate er tab 20mg	40
metformin er	46
metformin hcl	46
methadone hcl	8
methadone hcl 10mg	9
methadone hcl 5mg	9
methadone hcl intensol	9
methazolamide	29
methenamine hippurate	11
methimazole	54
methotrexate sodium inj	19
methotrexate sodium tabs	60
methyclothiazide	29
methylphenidate hcl	40
methylphenidate hcl oral soln	40
methylphenidate tab 10mg er	40
methylphenidate tab 20mg er	40
methylpr ss inj	52
methylpred pak 4mg	52
methylpred tab 16mg	52
methylpred tab 32mg	52
methylpred tab 4mg	52
methylpred tab 8mg	52
methylprednisolone acetate	52
metoclopramide hcl	54
metoclopramide hcl inj	54
metolazone	29
metoprolol & hctz tab 100-25mg	27
metoprolol & hctz tab 100-50mg	27
metoprolol & hctz tab 50-25mg	27
metoprolol succinate	27
metoprolol tartrate	27
metronidazole	11
metronidazole (topical)	73
metronidazole gel 0.75%	73
metronidazole in nacl	11
metronidazole vaginal	58
mexiletine hcl	26
microgestin 1.5/30	50
microgestin 1/20	50
microgestin fe 1.5/30	50
microgestin fe 1/20	50
midodrine hcl	30
miglustat	51
mili	50
minitran	30
minocycline hcl	18
minoxidil	30
mirtazapine	35
misoprostol	56
MITIGARE	7
mitomycin	18
M-M-R II	62
M-NATAL PLUS	65
modafinil	43
moexipril hcl	24
moexipril-hydrochlorothiazide	24
molindone hcl	38
mometasone furoate	72
monodoxine nl cap 100mg	18
mono-linyah tab 0.25-35	50
mononessa	50
montelukast sodium	69
morgidox cap 1x50mg	18
morphine ext-rel tab	9
morphine sul inj 10mg/ml	9
morphine sul inj 1mg/ml	9
MORPHINE SUL INJ 4MG/ML	9
morphine sulfate	9
MORPHINE SULFATE	9
morphine sulfate oral soln 100mg/5ml ..	9
morphine sulfate oral soln 10mg/5ml ..	9
morphine sulfate oral soln 20mg/5ml ..	9
MOVANTIK	56
MOVIPREP	56
MOXEZA	65
moxifloxacin hcl	17
MOXIFLOXACIN HCL	17
moxifloxacin hcl (ophth)	65
moxifloxacin hcl in sodium chloride ..	17
MULTAQ	26
mupirocin	70
MYCAMINE	12
mycophenolate mofetil	61

<i>mycophenolate sodium tbec</i>	61	<i>nicardipine hcl</i>	28
MYLOTARG	20	NICOTROL INHALER	44
<i>myorisan</i>	70	NICOTROL NS	44
MYRBETRIQ	57	<i>nifedipine</i>	28
<i>myzilra</i>	50	<i>nifedipine er</i>	28
<i>nabumetone</i>	7	<i>nikki</i>	50
<i>nadolol</i>	27	<i>nilutamide</i>	21
<i>nafcillin sodium</i>	17	<i>nimodipine</i>	28
NAFCILLIN SODIUM FOR INJ 10GM	17	NINLARO	20
NAGLAZYME	51	<i>nisoldipine</i>	28
<i>nalbuphine hcl</i>	8	NITRO-BID	30
<i>naloxone inj 0.4mg/ml</i>	44	NITRO-DUR DIS 0.3MG/HR	30
<i>naloxone inj 1mg/ml</i>	44	NITRO-DUR DIS 0.8MG/HR	30
<i>naltrexone hcl</i>	44	<i>nitrofurantoin macrocrystal</i>	11
NAMZARIC	34	<i>nitrofurantoin monohyd macro</i>	11
<i>naproxen</i>	7	<i>nitroglycerin</i>	30
<i>naproxen dr</i>	7	<i>nitroglycerin td patch</i>	30
<i>naproxen sodium</i>	7	NITYR	51
<i>naratriptan hcl</i>	41	<i>nora-be tab</i>	50
NARCAN	44	<i>norethindrone (contraceptive)</i>	50
NATACYN	66	<i>norethindrone acet & eth estra</i>	50
<i>nateglinide</i>	46	<i>norethindrone acetate</i>	54
NATPARA	53	<i>norethindrone acetate-ethinyl estradiol</i>	52
NEBUPENT	11	<i>norgest/ethi tab 0.25/35</i>	50
<i>necon 0.5/35-28</i>	50	<i>norgestimate-ethinyl estradiol</i>	
<i>necon 7/7/7</i>	50	(triphasic) 0.18-25/0.215-25/0.25-25	
<i>nefazodone hcl</i>	35	<i>mg-mcg</i>	50
<i>neomycin sulfate</i>	10	<i>norgestimate-ethinyl estradiol</i>	
<i>neomycin-bacitracin zn-polymyxin</i>	66	(triphasic) 0.18-35/0.215-35/0.25-35	
<i>neomycin-polomy-dexameth</i>	65	<i>mg-mcg</i>	50
<i>neomycin-polymyxin-gramicidin</i>	66	NORITATE	73
<i>neomycin-polymyxin-hc (ophth)</i>	65	<i>norlyroc</i>	50
<i>neomycin-polymyxin-hc (otic)</i>	74	NORMOSOL-M IN D5W	64
NEPHRAMINE	63	NORMOSOL-R	64
NERLYNX	22	NORMOSOL-R IN D5W	64
NEUPOGEN	59	NORPACE CR	26
NEUPRO	36	NORTHERA	30
<i>nevirapine susp 50 mg/5ml</i>	13	<i>nortrel 0.5/35 (28)</i>	50
<i>nevirapine tab 100mg er</i>	13	<i>nortrel 1/35</i>	50
<i>nevirapine tab 200mg</i>	13	<i>nortrel 7/7/7</i>	50
<i>nevirapine tab 400mg er</i>	13	<i>nortriptyline hcl</i>	35
NEXAVAR	22	NORVIR PACK	13
<i>niacin er (antihyperlipidemic)</i>	27	NORVIR SOLN	13
<i>niacor</i>	27		

NOVOLIN 70/30	45	omeprazole cap 20mg.....	57
NOVOLIN 70/30 FLEXPEN.....	45	omeprazole cap 40mg.....	57
NOVOLIN N	45	OMNARIS	69
NOVOLIN R	45	ondansetron hcl	54
NOVOLOG	45	ondansetron hcl inj.....	54
NOVOLOG 70/30 FLEXPEN.....	45	ondansetron hcl oral soln	55
NOVOLOG FLEXPEN	45	ondansetron odt.....	55
NOVOLOG MIX 70/30.....	45	OPSUMIT	30
NOVOLOG PENFILL.....	45	ORFADIN.....	52
NOXAFIL	12	ORKAMBI	69
NUCYNTA ER	9	orsythia	50
NUEDEXTA	42	oseltamivir phosphate.....	15
NULOJIX	61	oxacillin sodium	17
NULYTELY/FLAVOR PACKS	56	oxaliplatin inj 100mg	23
NUPLAZID CAPS.....	38	oxaliplatin inj 100mg/20ml	23
NUPLAZID TABS 10MG.....	38	oxaliplatin inj 50mg	23
NUPLAZID TABS 17MG.....	38	oxaliplatin inj 50mg/10ml.....	23
NUTRILIPID INJ 20%	63	oxandrolone	44
NUVARING	50	oxaprozin	7
nyamyc.....	71	oxcarbazepine	33
NYMALIZE	28	oxybutynin chloride	57, 58
nystatin	12	oxycodone hcl.....	9
nystatin (mouth-throat)	73	oxycodone w/ acetaminophen 10-325mg	9
nystatin (topical).....	71	oxycodone w/ acetaminophen 2.5-325mg	9
nystatin pow 100000	71	oxycodone w/ acetaminophen 5-325mg	9
nystop	71	oxycodone w/ acetaminophen 7.5-325mg	9
ocella tab 3-0.03mg	50	OXYTROL	58
OCTAGAM	60	OZEMPIC INJ 0.25 OR 0.5MG/DOSE ..	45
octreotide acetate	53	OZEMPIC INJ 1MG/DOSE.....	45
ODEFSEY	14	pacerone	26
ODOMZO.....	20	paclitaxel	19
OFEV	69	paliperidone	38
ofloxacin (ophth).....	66	pamidronate disodium	47
ofloxacin (otic).....	74	PAMIDRONATE DISODIUM.....	47
olanzapine.....	38	pamidronate inj 30mg	47
olmesartan medoxomil.....	25	pamidronate inj 90mg	47
olmesartan medoxomil-amlodipine-hydrochlorothiazide	25	PANRETIN	73
olmesartan medoxomil-hydrochlorothiazide	25	pantoprazole sodium	57
olopatadine hcl (nasal).....	68	pantoprazole sodium tbec	57
olopatadine hcl 0.1%	66	PANZYGA	60
olopatadine hcl 0.2%	66		
omeprazole cap 10mg.....	57		

<i>paricalcitol</i>	65	<i>phenytoin</i>	33
<i>paroex sol 0.12%</i>	73	<i>phenytoin sodium extended</i>	33
<i>paromomycin sulfate</i>	10	<i>phenytoin sodium inj 50mg/ml</i>	33
<i>paroxetine er tab</i>	35	<i>philith</i>	50
<i>paroxetine hcl tabs</i>	35	PHOSPHOLINE IODIDE	67
PASER D/R	14	PICATO	73
PAXIL	35	PIFELTRO	13
PAZEO	66	<i>pilocarpine hcl</i>	67
PEDIARIX	62	<i>pilocarpine hcl (oral)</i>	73
PEDVAX HIB	62	<i>pimozide</i>	38
<i>peg 3350/electrolytes</i>	56	<i>pimtrea</i>	50
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	56	<i>pindolol</i>	27
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	56	<i>pioglitazone hcl</i>	46
PEGANONE	33	PIPER/TAZOBA INJ 12-1.5GM	18
PEGASYS	15	<i>piper/tazoba inj 2-0.25gm</i>	18
PEGASYS PROCLICK	15	<i>piper/tazoba inj 3-0.375gm</i>	18
PENICILLIN G POT IN DEXTROSE 2MU	17	<i>piper/tazoba inj 36-4.5gm</i>	18
PENICILLIN G POT IN DEXTROSE 3MU	17	<i>piper/tazoba inj 4-0.5gm</i>	18
PENICILLIN G PROCAINE	17	PIQRAY 200MG DAILY DOSE	22
<i>penicillin g sodium</i>	17	PIQRAY 250MG DAILY DOSE	22
<i>penicillin v potassium</i>	17	PIQRAY 300MG DAILY DOSE	22
<i>penicilln gk inj 20mu</i>	17	<i>pirmella 1/35</i>	50
<i>penicilln gk inj 5mu</i>	17	<i>piroxicam</i>	7
PENTACEL	62	PLASMA-LYTE A	64
PENTAM 300	11	PLASMA-LYTE-148	64
<i>pentamidine isethionate</i>	11	PNV FOLIC ACID + IRON MUL	65
<i>pentoxifylline</i>	59	<i>podofilox</i>	73
PERFOROMIST	68	<i>polymyxin b-trimethoprim</i>	66
<i>perindopril erbumine</i>	24	POMALYST CAP 1MG	21
<i>periogard</i>	73	POMALYST CAP 2MG	21
<i>permethrin cre 5%</i>	73	POMALYST CAP 3MG	21
<i>perphenazine</i>	38	POMALYST CAP 4MG	21
PERSERIS	38	<i>portia-28</i>	50
<i>pfizerpen-g inj 20mu</i>	18	<i>pot chloride inj 2meq/ml</i>	64
<i>pfizerpen-g inj 5mu</i>	17	<i>potassium chloride</i>	63, 64
<i>phenelzine sulfate</i>	35	<i>potassium chloride in nacl</i>	64
<i>phenobarbital</i>	33	<i>potassium chloride microencapsulated crystals er</i>	63
<i>phenobarbital sodium</i>	33	<i>potassium chloride tab cr 10 meq</i>	63
PHENOBARBITAL SODIUM	33	<i>potassium citrate (alkalinizer) er tabs</i>	57
PHENYTEK	33	PRADAXA	58
		PRALUENT	27
		<i>pramipexole dihydrochloride</i>	36
		<i>pramipexole tab 0.125mg</i>	36

<i>pramipexole tab 0.25mg</i>	36	<i>prochlorperazine maleate</i>	55
<i>pramipexole tab 0.5mg</i>	36	<i>prochlorperazine supp.</i>	55
<i>pramipexole tab 0.75mg</i>	36	PROCIT	59
<i>pramipexole tab 1.5mg</i>	36	<i>proto-med hc</i>	73
<i>pramipexole tab 1mg</i>	36	<i>proto-pak</i>	73
<i>prasugrel hcl</i>	59	<i>proctosol hc cre 2.5%</i>	73
<i>pravastatin sodium</i>	26	<i>protozone-hc</i>	73
<i>praziquantel</i>	11	PROGLYCEM SUS 50MG/ML	53
<i>prazosin hcl</i>	24	PROGRAF	61
<i>pred sod pho sol 5mg/5ml</i>	52	PROLASTIN-C	69
<i>prednisolone acetate (ophth)</i>	66	PROLENSA	66
<i>prednisolone sodium phosphate</i>	52	PROLIA	53
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	66	PROMACTA	59
<i>prednisolone sol 15mg/5ml</i>	52	<i>promethazine hcl</i>	55
<i>prednisolone sol 25mg/5ml</i>	52	<i>promethazine hcl inj</i>	55
PREDNISONE CON 5MG/ML	52	<i>propafenone hcl</i>	26
<i>prednisone pak 10mg</i>	52	<i>propafenone hcl 12hr</i>	26
<i>prednisone pak 5mg</i>	52	<i>proparacaine hcl</i>	67
<i>prednisone sol 5mg/5ml</i>	52	<i>propranolol & hydrochlorothiazide</i>	27
<i>prednisone tab 10mg</i>	53	<i>propranolol cap er</i>	27
<i>prednisone tab 1mg</i>	52	<i>propranolol hcl</i>	27
<i>prednisone tab 2.5mg</i>	52	<i>propranolol oral sol</i>	27
<i>prednisone tab 20mg</i>	53	<i>propylthiouracil</i>	54
<i>prednisone tab 50mg</i>	53	PROQUAD	62
<i>prednisone tab 5mg</i>	52	PROSOL	63
PREMASOL SOL 10%	63	<i>protriptyline hcl</i>	35
<i>premasol sol 6%</i>	63	PULMICORT FLEXHALER	70
PRENATAL	65	PULMOZYME	69
PRENATAL PLUS	65	PURIXAN	19
PRENATAL PLUS LOW IRON	65	<i>pyrazinamide</i>	14
<i>prevalite</i>	27	<i>pyridostigmine tab 60mg</i>	42
<i>previfem</i>	50	QUADRACEL	62
PREZCOBIX	14	<i>quasense</i>	50
PREZISTA	13	<i>quetiapine fumarate</i>	38
PRIFTIN	14	<i>quinapril hcl</i>	24
PRILOSEC	57	<i>quinapril-hydrochlorothiazide</i>	24
<i>primaquine phosphate</i>	12	<i>quinidine gluconate</i>	26
PRIMAQUINE PHOSPHATE	12	<i>quinidine sulfate</i>	26
<i>primidone</i>	33	<i>quinine sulfate</i>	12
PRIVIGEN	60	RABAVERT	62
<i>probencid</i>	7	<i>rabeprazole sodium</i>	57
PROCALAMINE	63	<i>raloxifene hcl</i>	53
<i>prochlorperazine inj.</i>	55	<i>ramipril</i>	24
		<i>ranitidine hcl</i>	55

<i>ranitidine hcl inj</i>	55
<i>ranitidine inj</i>	55
<i>ranitidine syrup</i>	55
<i>ranolazine</i>	30
RAPAMUNE	61
<i>rasagiline mesylate</i>	36
RAYALDEE	65
REBETOL SOLN	15
<i>reclipsen</i>	50
RECOMBIVAX HB	62
REGRANEX	73
RELENZA DISKHALER	15
RELISTOR	57
REMICADE	60
REMODULIN	30
<i>repaglinide</i>	46, 47
RESCRIPTOR	13
RESTASIS	67
RESTASIS MULTIDOSE	67
REVLIMID	21
REXULTI	38, 39
REYATAZ	13
RHOPRESSA	67
<i>ribasphere</i>	15
<i>ribavirin 200mg</i>	15
<i>rifabutin</i>	14
<i>rifampin</i>	14
RIFATER	14
<i>riluzole</i>	42
<i>rimantadine hydrochloride</i>	15
<i>risedronate sodium</i>	47
RISPERDAL INJ 12.5MG	39
RISPERDAL INJ 25MG	39
RISPERDAL INJ 37.5MG	39
RISPERDAL INJ 50MG	39
<i>risperidone</i>	39
<i>ritonavir</i>	13
RITUXAN	20
RITUXAN HYCELA	20
<i>rivastigmine tartrate</i>	34
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	34
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	34
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	34
<i>rizatriptan benzoate</i>	41
<i>rizatriptan benzoate odt</i>	41
<i>ropinirole hydrochloride</i>	36
<i>ropinirole tab 0.25mg</i>	37
<i>ropinirole tab 0.5mg</i>	36
<i>ropinirole tab 1mg</i>	37
<i>ropinirole tab 2mg</i>	37
<i>ropinirole tab 3mg</i>	37
<i>ropinirole tab 4mg</i>	37
<i>ropinirole tab 5mg</i>	37
<i>rosadan</i>	73
<i>rosuvastatin calcium</i>	26
ROTARIX	62
ROTATEQ	62
<i>roweepra</i>	33
<i>roweepra xr</i>	33
RUBRACA	20
RYDAPT	22
SANCUSO	55
SANDIMMUNE	61
SANTYL	73
SAPHRIS	39
SAVELLA	42
SAVELLA TITRATION PACK	42
<i>scopolamine patch</i>	55
<i>selegiline hcl</i>	37
<i>selenium sulfide</i>	71
SELZENTRY	13
SENSIPAR	47
SEREVENT DISKUS	68
<i>sertraline hcl</i>	35
<i>setlakin tab</i>	50
<i>sevelamer carbonate</i>	54
<i>sharobel</i>	50
SHINGRIX	62
SIGNIFOR	53
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	30
SILENOR	41
<i>silodosin</i>	57
<i>silver sulfadiazine</i>	70
SIMBRINZA	67

<i>simvastatin</i>	26
<i>sirolimus</i>	61
SIRTURO	14
SIVEXTRO	11
<i>sodium chlor sol 0.9% irr</i>	73
<i>sodium chloride</i>	63, 65
<i>sodium chloride 0.45%</i>	65
<i>sodium chloride inj 0.9%</i>	65
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	63
<i>sodium phenylbutyrate</i>	52
<i>sodium polystyrene sulfonate powder</i>	48
<i>sodium polystyrene sulfonate susp</i>	48
<i>solifenacin succinate</i>	58
SOLIQUA 100/33	45
SOLTAMOX	21
SOLU-CORTEF	53
SOMATULINE DEPOT	53
SOMAVERT	53
<i>sorine</i>	26
<i>sotalol hcl</i>	26
<i>sotalol hcl (afib/afl)</i>	26
<i>spironolactone</i>	24
<i>spironolactone & hydrochlorothiazide</i>	29
sprintec 28	50
SPRITAM	33
SPRYCEL	22
<i>sps susp 15gm/60ml</i>	48
<i>sronyx</i>	50
<i>ssd</i>	70
<i>stavudine</i>	13
STIMATE	54
STIVARGA	22
<i>streptomycin sulfate</i>	10
STRIBILD	14
<i>subvenite tab</i>	33
<i>sucralfate</i>	57
<i>sulfacetamide sodium (acne)</i>	70
<i>sulfacetamide sodium (ophth)</i>	66
<i>sulfacetamide sod-prednisolone</i>	65
SULFADIAZINE	10
<i>sulfamethoxazole-trimethop ds</i>	11
<i>sulfamethoxazole-trimethoprim inj</i>	11
<i>sulfamethoxazole-trimethoprim susp</i>	11

<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	11
SULFAMYLYON	70
<i>sulfasalazine</i>	56
<i>sulfasalazine ec</i>	56
<i>sulindac</i>	7
<i>sumatriptan</i>	41
<i>sumatriptan inj 4mg/0.5ml</i>	41
<i>sumatriptan inj 6mg/0.5ml</i>	42
<i>sumatriptan succinate</i>	42
SUPRAX	16
SUPREP BOWEL PREP KIT	56
SUTENT	22
<i>syeda</i>	50
SYLATRON KIT 200MCG	23
SYLATRON KIT 300MCG	23
SYLATRON KIT 600MCG	23
SYMBICORT	70
SYMDEKO	69
SYMFY	14
SYMFY LO	14
SYMPAZAN	33
SYMPROIC	57
SYMTUZA	14
SYNAREL	51
SYNERCID	11
SYNJARDY TAB 12.5-1000MG	47
SYNJARDY TAB 12.5-500MG	47
SYNJARDY TAB 5-1000MG	47
SYNJARDY TAB 5-500MG	47
SYNJARDY XR TAB 10-1000MG	47
SYNJARDY XR TAB 12.5-1000MG	47
SYNJARDY XR TAB 25-1000MG	47
SYNJARDY XR TAB 5-1000MG	47
SYNRIBO	23
SYNTHROID	54
TABLOID	19
TACLONEX	72
<i>tacrolimus</i>	61
<i>tacrolimus (topical)</i>	73
TAFINLAR	22
TAGRISSO	23
TALZENNA	20
<i>tamoxifen citrate</i>	21

<i>tamsulosin hcl</i>	57	<i>daily)</i>	67
TARCEVA	23	TIVICAY	13
TARGRETIN	73	<i>tizanidine hcl</i>	43
<i>tarina fe 1/20</i>	50	TOBRADEX	65
TASIGNA	23	TOBRADEX ST	65
TAXOTERE	19	<i>tobramycin</i>	10
<i>tazarotene</i>	71	<i>tobramycin (ophth)</i>	66
<i>tazicef</i>	16	<i>tobramycin inj 1.2 gm/30ml</i>	10
TAZORAC	71	<i>tobramycin inj 1.2gm</i>	10
<i>taztia xt</i>	28	<i>tobramycin inj 10mg/ml</i>	10
TDVAX	62	<i>tobramycin inj 40mg/ml</i>	10
TECENTRIQ	20	<i>tobramycin inj 80mg/2ml</i>	10
TEFLARO	16	<i>tobramycin-dexamethasone</i>	65
TEKTURNA	29	<i>tolterodine tartrate cap er</i>	58
TEKTURNA HCT	29	<i>tolterodine tartrate tabs</i>	58
<i>telmisartan</i>	25	<i>topiramate</i>	33
<i>telmisartan-amlodipine</i>	25	<i>toposar</i>	24
<i>telmisartan-hydrochlorothiazide</i>	25	<i>topotecan hcl</i>	24
<i>temazepam</i>	41	TOPOTECAN INJ 4MG/4ML	24
TENIVAC	62	<i>toremifene citrate</i>	21
<i>tenofovir disoproxil fumarate</i>	13	<i>torsemide tabs</i>	29
<i>terazosin hcl</i>	24	TOVIAZ	58
<i>terbinafine hcl</i>	12	<i>tpn electrolytes</i>	63
<i>terbutaline sulfate</i>	68	TRACLEER	30
<i>terconazole vaginal</i>	58	TRADJENTA	47
<i>testosterone</i>	44	<i>tramadol hcl tab 50 mg</i>	8
<i>testosterone cypionate</i>	44	<i>tramadol-acetaminophen</i>	8
<i>testosterone enanthate</i>	44	<i>trandolapril</i>	24
<i>tetrabenazine</i>	42	<i>tranexamic acid</i>	59
<i>tetracycline hcl</i>	18	TRANSDERM-SCOP	55
TEXACORT SOLN 2.5%	72	<i>tranylcypromine sulfate</i>	35
THALOMID	21	TRAVASOL	63
THEO-24	69	TRAVATAN Z	67
<i>theophylline</i>	69	<i>trazodone hcl</i>	35
<i>thioridazine hcl</i>	39	TRECATOR	14
<i>thiothixene</i>	39	TRELEGY ELLIPTA	67
<i>tiagabine hcl</i>	33	TRELSTAR DEP INJ 3.75MG	21
TIBSOVO	20	TRELSTAR LA INJ 11.25MG	21
<i>tigecycline</i>	11	<i>treprostinil</i>	30
<i>tilia fe</i>	50	TRESIBA FLEXTOUCH	45
<i>timolol maleate</i>	28	TRESIBA INJ	45
<i>timolol maleate (ophth) soln</i>	67	<i>tretinoin</i>	70
<i>timolol maleate gel</i>	67	<i>tretinoin (chemotherapy)</i>	23
<i>timolol maleate ophth soln 0.5% (once-</i>		TREXALL	60

<i>triamcinolone acetonide (mouth)</i>	73
<i>triamcinolone acetonide (topical)</i>	72
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	29
<i>triamterene & hydrochlorothiazide tabs</i>	29
TRICARE	65
<i>trientine hcl</i>	48
<i>tri-estarrylla</i>	51
<i>trifluoperazine hcl</i>	39
<i>trifluridine</i>	66
<i>trihexyphenidyl hcl</i>	37
<i>tri-legest fe</i>	51
<i>tri-linyah</i>	51
<i>tri-lo marzia</i>	51
<i>tri-lo-estarrylla</i>	51
<i>tri-lo-sprintec</i>	51
<i>trilyte</i>	56
<i>trimethoprim</i>	11
<i>tri-mili</i>	51
<i>trimipramine maleate</i>	35, 36
<i>trinessa</i>	51
<i>trinessa lo</i>	51
TRINTELLIX	36
<i>tri-previfem</i>	51
<i>tri-sprintec</i>	51
TRIUMEQ	14
<i>trivora-28</i>	51
<i>tri-vylibra</i>	51
<i>tri-vylibra lo</i>	51
TROGARZO	13
TROPHAMINE INJ 10%	63
<i>trospium chloride</i>	58
TRULICITY	45
TRUMENBA	62
TRUVADA TAB 100-150	14
TRUVADA TAB 133-200	14
TRUVADA TAB 167-250	14
TRUVADA TAB 200-300	14
<i>tulana</i>	51
TWINRIX INJ	62
TYBOST	13
TYKERB	23
TYMLOS	53
TYPHIM VI	62
ULORIC	7
<i>unithroid</i>	54
<i>ursodiol</i>	57
<i>valacyclovir hcl</i>	15
VALCHLOR	73
<i>valganciclovir hcl</i>	15
<i>valproate sodium</i>	33
<i>valproic acid</i>	33
<i>valsartan</i>	25
<i>valsartan-hydrochlorothiazide</i>	25
<i>vancomycin hcl</i>	11
VANCOMYCIN IN NACL	11
<i>vandazole</i>	58
VAQTA	62
VARIVAX	62
VASCEPA	27
VELCADE	20
<i>velivet</i>	51
VEMLIDY	15
VENCLEXTA	20
VENCLEXTA STARTING PACK	20
<i>venlafaxine hcl</i>	36
VENTAVIS	30
VENTOLIN HFA	69
<i>verapamil cap er</i>	28
<i>verapamil hcl</i>	28
<i>verapamil hcl tab er</i>	28
VERSACLOZ	39
VERZENIO	20
VICTOZA	45
VIDEX EC	13
VIDEX PEDIATRIC	13
<i>vienna</i>	51
<i>vigabatrin powd pack 500mg</i>	33
<i>vigabatrin tab 500mg</i>	34
<i>vigadron</i>	34
VIIBRYD STARTER PACK	36
VIIBRYD TAB	36
VIMPAT	34
VIMPAT INJ 200MG/20ML	34
VIMPAT SOL 10MG/ML	34
<i>vinblastine sulfate</i>	19
<i>vincasar pfs</i>	19

<i>vincristine sulfate</i>	19	YF-VAX	62
<i>vinorelbine tartrate</i>	19	<i>yuvafem vaginal tablet 10mcg</i>	52
<i>viorele</i>	51	<i>zafirlukast</i>	69
VIRACEPT	13	<i>zarah</i>	51
VIRAMUNE	13	ZEJULA	20
VIREAD	13	ZELBORA F	23
VITRAKVI	23	ZEMAIRA	69
VIVITROL	44	<i>zenatane</i>	70
VIZIMPRO	23	ZENPEP	57
<i>voriconazole</i>	12	ZEPATIER	15
VOSEVI	15	<i>zidovudine cap 100mg</i>	13
VOTRIENT	23	<i>zidovudine syrup 50mg/5ml</i>	13
VRAYLAR	39	<i>zidovudine tab 300mg</i>	13
VRAYLAR THERAPY PACK	39	<i>ziprasidone hcl</i>	39
<i>vyfemla</i>	51	ZIRGAN	66
<i>vylibra</i>	51	<i>zoledronic acid inj 5mg/100ml</i>	47
VYVANSE	40, 41	<i>zoledronic acid inj 4mg/5ml</i>	47
<i>warfarin sodium</i>	58	ZOLINZA	20
<i>water for irrigation, sterile</i>	73	<i>zolmitriptan</i>	42
XALKORI	23	<i>zolmitriptan odt</i>	42
XARELTO	58	<i>zolpidem tartrate</i>	41
XARELTO STARTER PACK	58	<i>zonisamide</i>	34
XATMEP	60	ZONTIVITY	59
XELJANZ	60	ZORTRESS TAB 0.25MG	61
XELJANZ XR	60	ZORTRESS TAB 0.5MG	61
XGEVA	53	ZORTRESS TAB 0.75MG	61
XIFAXAN	57	ZORTRESS TAB 1MG	61
XIGDUO XR TAB 10-1000MG	47	ZOSTAVAX	62
XIGDUO XR TAB 10-500MG	47	<i>zovia 1/35e</i>	51
XIGDUO XR TAB 2.5-1000MG	47	ZYCLARA	73
XIGDUO XR TAB 5-1000MG	47	ZYCLARA PUMP	73
XIGDUO XR TAB 5-500MG	47	ZYDELIG	23
XOLAIR	69	ZYKADIA	23
XOSPATA	23	ZYLET	65
XTANDI	21	ZYPITAMAG	26
<i>xulane</i>	51	ZYPREXA RELPREVV	39
XULTOPHY 100/3.6	45	ZYPREXA RELPREVV INJ 210MG	39
XYREM	43	ZYTIGA	21

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