



# GlobalHealth

## GlobalHealth 2019 Formulary

(List of  
Covered Drugs)

For State of  
Oklahoma Group  
Retirees (HMO)



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

This formulary was updated  
on 10/01/2018. For more  
recent information or other  
questions, please contact  
GlobalHealth Customer Care at  
1-866-494-3927 or,  
for TTY users, 711  
24 hours a day, seven days a week  
[www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare)

HPMS Formulary File Submission ID: 00019290  
Version 7

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

**GlobalHealth**  
**2019 Formulary**  
**(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00019290, Version Number 7.

This formulary was updated on 10/01/2018. For more recent information or other questions, please contact us, GlobalHealth Customer Care at 1-866-49-3927 (toll-free) or, for TTY users, 711, 24 hours a day, seven days a week or visit [www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare).

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

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

H3706\_COMPFORMULARY\_OSR\_2019\_C

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means State of Oklahoma Group Retirees (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

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

## **Can the Formulary (drug list) change?**

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

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

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

The enclosed formulary is current as of 10/01/2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins 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 70. 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 65. 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 State of Oklahoma Group Retirees (HMO) formulary?" on page 5 for information about how to request an exception.

### **What if my drug is not on the Formulary?**

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

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

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

### **How do I request an exception to the State of Oklahoma Group Retirees (HMO) Formulary?**

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

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

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

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

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

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

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

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

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in

treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

## **For more information**

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

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

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

## **State of Oklahoma Group Retirees (HMO) Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
------------------	------------------	----------------------------

**ANALGESICS**

**GOUT**

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

**NSAIDS**

<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibu tab 600mg</i>	1	GC
<i>ibu tab 800mg</i>	1	GC
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	GC
<i>meloxicam TABS</i>	1	GC
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium TABS 275mg, 550mg</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	1	GC

**OPIOID ANALGESICS**

<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	

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

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

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

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

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amikacin sulfate</i> SOLN	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	5	
SULFADIAZINE TABS	4	
<i>tobramycin</i> NEBU	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 40mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	2	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 300mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln 75mg/5ml</i>	2	
<i>colistimethate sodium</i> SOLR	2	
<i>dapsone</i> TABS	2	
<i>daptomycin</i> 500mg	5	
EMVERM	5	
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i> TABS	2	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	2	
<i>linezolid susp</i>	5	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole TABS</i>	1	GC
<i>metronidazole in nacl</i>	2	
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>praziquantel TABS</i>	2	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	2	
<i>sulfamethoxazole-trimethoprim susp</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	GC
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	1	GC
<i>vancomycin hcl CAPS 125mg</i>	2	
<i>vancomycin hcl CAPS 250mg</i>	5	
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	
VANCOMYCIN IN NAACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b SOLR</i>	2	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole SUSR</i>	2	
<i>fluconazole TABS 50mg, 100mg, 200mg</i>	2	
<i>fluconazole TABS 150mg</i>	1	GC
<i>fluconazole in dextrose</i>	2	
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i> CAPS	2	PA
<i>ketoconazole</i> TABS	2	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	2	
<i>terbinafine hcl</i> TABS	1	GC, QL (90 tabs / year)
<i>voriconazole</i> SOLR	2	
<i>voriconazole</i> SUSR; TABS	5	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	2	PA
<b>ANTI-RETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i>	2	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIVAN	4	
<i>didanosine</i>	2	
EDURANT	5	
<i>efavirenz</i> CAPS 50mg	2	
<i>efavirenz</i> CAPS 200mg	5	
<i>efavirenz</i> TABS	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIMDUO	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	2	
<i>lopinavir-ritonavir</i>	2	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> TABS	1	GC
<i>isoniazid syp 50mg/5ml</i>	2	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS; TABS	1	GC
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	2	
<i>ganciclovir sodium</i>	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	
MAVYRET	5	NM, PA
<i>moderiba tab 200mg</i>	2	NM
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	2	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK 180mcg/0.5ml	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg	2	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
<i>valacyclovir hcl</i> TABS	2	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i>	2	
CEFACLOR MONOHYDRATE ER	4	
<i>cefadroxil</i> CAPS	1	GC
<i>cefadroxil</i> SUSR; TABS	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	2	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i>	2	
<i>cefoxitin sodium</i>	2	

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

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

### **ERYTHROMYCINS/MACROLIDES**

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

### **FLUOROQUINOLONES**

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

### **PENICILLINS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin</i> CAPS; SUSR; TABS	1	GC
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin &amp; pot clavulanate</i>	2	
<i>ampicillin &amp; sulbactam sodium</i>	2	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium</i> 1gm, 2gm	2	
<i>nafcillin sodium</i> 10gm	5	
<i>oxacillin sodium</i> 1gm, 2gm	2	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	GC
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pfizerpen-g inj 5mu</i>	2	
<i>pfizerpen-g inj 20mu</i>	2	
<i>piper/tazoba inj 2-0.25gm</i>	2	
<i>piper/tazoba inj 3-0.375gm</i>	2	
<i>piper/tazoba inj 4-0.5gm</i>	2	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS	2	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> SOLR	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS	2	
<i>morgidox cap 1x50mg</i>	2	
<i>tetracycline hcl</i> CAPS	2	

## **ANTINEOPLASTIC AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	B/D, NM
<i>cyclophosphamide</i> CAPS	2	B/D
<i>cyclophosphamide</i> SOLR	5	B/D
<i>dacarbazine</i> 100mg	2	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj</i> 1gm/20ml	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj</i> 3gm/60ml	2	B/D
LEUKERAN	5	
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	2	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	2	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	2	B/D
<i>mitomycin</i> SOLR	5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine</i> 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN	2	B/D
<i>gemcitabine inj soln</i>	2	B/D
<i>gemcitabine inj solr</i>	2	B/D
<i>mercaptopurine</i> TABS	2	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM
TABLOID	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE 80mg/4ml	5	B/D

### **ANTIMITOTIC, VINCA ALKALOIDS**

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

### **BIOLOGIC RESPONSE MODIFIERS**

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

### **HORMONAL ANTINEOPLASTIC AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	2	
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
<b>IMMUNOMODULATORS</b>		
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
<b>KINASE INHIBITORS</b>		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
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
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSE	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	2	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	2	B/D
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i> 500mg	5	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
MESNEX TABS	5	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i> SOLN	2	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i>	2	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	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 &amp; hydrochlorothiazide</i>	1	GC
<i>captopril &amp; hydrochlorothiazide</i>	1	GC
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	GC
<i>lisinopril &amp; hydrochlorothiazide</i>	6	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS	6	GC
<i>captopril</i> TABS	1	GC
<i>enalapril maleate</i> TABS	1	GC
<i>fosinopril sodium</i>	6	GC
<i>lisinopril</i> TABS	6	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	6	GC
<i>ramipril</i>	6	GC
<i>trandolapril</i>	1	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	2	
<i>spironolactone</i> TABS	1	GC
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	GC
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	6	GC
<i>losartan-hydrochlorothiazide</i>	6	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	6	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i>	6	GC
<i>losartan potassium</i>	6	GC
<i>olmesartan medoxomil TABS</i>	1	GC
<i>telmisartan</i>	1	GC
<i>valsartan</i>	1	GC
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	1	GC
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	2	NM
<i>flecainide acetate</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine gluconate TBCR</i>	2	
<i>quinidine sulfate TABS</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	

### **ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS**

<i>atorvastatin calcium TABS</i>	6	GC
<i>lovastatin</i>	6	GC
<i>pravastatin sodium</i>	6	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	6	GC
<i>simvastatin TABS 80mg</i>	6	GC, QL (30 tabs / 30 days)

### **ANTILIPEMICS, MISCELLANEOUS**

<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	2	
<i>ezetimibe</i>	2	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS</i>	1	GC
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic) 500mg</i>	2	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>niacor</i>	2	
PRALUENT	5	NM, PA
<i>prevalite</i>	2	
VASCEPA	4	
WELCHOL PAK	3	

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

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

### **BETA-BLOCKERS**

<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	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 TABS</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	2	
<i>metoprolol tartrate SOLN</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS</i>	2	
<i>pindolol</i>	2	
<i>propranolol cap er</i>	2	
<i>propranolol hcl TABS</i>	2	
<i>propranolol oral sol</i>	2	
<i>timolol maleate TABS</i>	2	

### **CALCIUM CHANNEL BLOCKERS**

<i>afeditab cr</i>	2	
<i>amlodipine besylate TABS</i>	1	GC
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg cd</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 300mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	5	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil cap er</i>	2	
<i>verapamil hcl SOLN</i>	2	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl tab er</i>	1	GC
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin inj</i>	2	
<i>digoxin sol 50mcg/ml</i>	2	PA; PA if 70 years and older
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b>		
TEKTURNA	4	
TEKTURNA HCT	4	
<b><i>DIURETICS</i></b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetazolamide</i> CP12; TABS	2	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
<i>furosemide</i> SOLN; TABS	1	GC
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone &amp; hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	GC
<b>MISCELLANEOUS</b>		
<i>clonidine hcl</i> TABS	1	GC
<i>clonidine hcl ptwk</i>	2	
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
<b>NITRATES</b>		
<i>isosorb mononitrate tab</i>	1	GC
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	2	
<i>nitroglycerin td patch</i>	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)

### **ANTICONVULSANTS**

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	4	
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	2	
<i>diazepam inj</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24; TBEC	2	
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin</i> CAPS 100mg	1	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW; TB24	2	
<i>lamotrigine</i> TABS	1	GC
<i>levetiracetam</i> SOLN; TABS; TB24	2	
<i>levetiracetam in sodium chloride</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i>	2	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj 50mg/ml</i>	2	
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiagabine hcl</i>	2	
<i>topiramate CPSP</i>	2	
<i>topiramate TABS</i>	1	GC
<i>valproate sodium SOLN</i>	2	
<i>valproic acid</i>	2	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide CAPS</i>	2	

### **ANTIDEMENTIA**

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

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl TABS</i>	3	
<i>amoxapine tab 25mg</i>	3	
<i>amoxapine tab 50mg</i>	3	
<i>amoxapine tab 100mg</i>	3	
<i>amoxapine tab 150mg</i>	3	
<i>bupropion hcl TABS; TB12; TB24</i>	2	
<i>citalopram hydrobromide SOLN</i>	2	

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	1	GC
<i>venlafaxine hcl</i> TABS	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
NEUPRO	4	
<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	2	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selegiline hcl</i> CAPS; TABS	2	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older

### **ANTIPSYCHOTICS**

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	2	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
<i>chlorpromazine hcl</i> TABS	2	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	2	PA
<i>clozapine odt</i> 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	2	
<i>clozapine tab</i> 50mg	2	
<i>clozapine tab</i> 100mg	2	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	2	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	2	
<i>fluphenazine hcl</i>	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	
<i>haloperidol conc</i> 2mg/ml	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate inj</i> 5mg/ml	2	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	2	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TABS 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	2	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	2	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>	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate TABS</i>	2	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	2	QL (30 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	2	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	2	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
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</i> 24hr 5 mg	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	2	QL (30 caps / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	2	QL (90 tabs / 30 days)
<b>HYPNOTICS</b>		
<i>HETLIOZ</i>	5	NM, LA, PA
<i>SILENOR 3mg</i>	3	QL (60 tabs / 30 days)
<i>SILENOR 6mg</i>	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolpidem tartrate</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

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

### **MISCELLANEOUS**

AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	1	GC
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	2	
<i>riluzole</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS**

AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine hcl</i> TABS	2	

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil</i> 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i>	2	
<i>buprenorphine hcl</i> SUBL	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	2	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	NM

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

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

### **ANTIDIABETICS, INJECTABLE**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN 70/30	3	GC; (brand RELION not covered)
NOVOLIN N	3	GC; (brand RELION not covered)
NOVOLIN R	3	GC; (brand RELION not covered)
NOVOLOG	3	GC
NOVOLOG 70/30 FLEXPEN	3	GC
NOVOLOG FLEXPEN	3	GC
NOVOLOG MIX 70/30	3	GC
NOVOLOG PENFILL	3	GC
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	GC
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

### **ANTIDIABETICS, ORAL**

<i>acarbose</i>	2	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	6	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	6	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	6	GC, QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250mg	1	GC, QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500mg	1	GC, QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	6	GC, QL (240 tabs / 30 days)

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS	1	GC
<i>ibandronate sodium</i> TABS	2	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	2	B/D
<i>pamidronate inj</i> 30mg	2	B/D
<i>pamidronate inj</i> 90mg	2	B/D
<i>zoledronic acid inj</i> 5mg/100ml	2	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	2	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus</i> 15gm/60ml	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp</i>	2	
<i>sps susp</i> 15gm/60ml	2	
<i>trientine hcl</i>	5	PA
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	2	
<i>alyacen</i> 1/35	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>caziant pak</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel &amp; ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>ELLA</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet &amp; eth estrad</i>	2	
<i>ethynodiol tab 1-50</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	2	
<i>jolivette</i>	2	
<i>juleber</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nora-be tab</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet &amp; eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<b>NUVARING</b>	4	
<i>ocella tab 3-0.03mg</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	2	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>zarah</i>	2	
<i>zenchent</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol CAPS</i>	2	
SYNAREL	5	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	4	
<i>estradiol PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tab</i>	2	
<i>estradiol valerate OIL</i>	2	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate TABS</i>	2	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	1	GC
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	2	
<i>methylpr ss inj</i>	2	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D
<i>prednisone tab 1mg</i>	1	GC, B/D
<i>prednisone tab 2.5mg</i>	1	GC, B/D
<i>prednisone tab 5mg</i>	1	GC, B/D
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	2	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	2	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	2	QL (540 tabs / 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i>	1	GC
<i>norethindrone acetate</i> TABS	2	
<b>THYROID AGENTS</b>		
<i>levo-t</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	2	
<i>methimazole</i> TABS	1	GC
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>unithroid</i>	2	

### **VASOPRESSINS**

<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin inj 4mcg/ml</i>	2	
STIMATE	5	NM

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

<i>aprepitant</i>	2	B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	2	
<i>granisetron hcl</i> TABS	2	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	GC
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl</i> TABS	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	2	
<i>prochlorperazine maleate</i> TABS	1	GC
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl</i> SYRP; TABS	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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 TABS</i>	2	

### **H2-RECEPTOR ANTAGONISTS**

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

### **INFLAMMATORY BOWEL DISEASE**

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

### **LAXATIVES**

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GOLYTELY	3	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 PACK; POWD</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	2	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucrafate TABS</i>	2	
SYMPROIC	3	
<i>ursodiol CAPS; TABS</i>	2	
XIFAXAN 550mg	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole CPDR</i>	2	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omeprazole cap 20mg</i>	1	GC
<i>omeprazole cap 40mg</i>	1	GC
<i>pantoprazole sodium SOLR</i>	2	
<i>pantoprazole sodium tbec</i>	1	GC

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	GC
<i>tamsulosin hcl</i>	2	

### **MISCELLANEOUS**

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

### **URINARY ANTISPASMODICS**

MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	2	
<i>oxybutynin chloride TABS</i>	2	
<i>oxybutynin chloride TB24 5mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	2	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	2	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	2	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

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

## **HEMATOLOGIC**

### **ANTICOAGULANTS**

COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	2	B/D
<i>heparin sod inj 5000/ml</i>	2	B/D
<i>heparin sod inj 10000/ml</i>	2	B/D
<i>heparin sod inj 20000/ml</i>	2	B/D
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i>	2	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tranexamic acid</i> SOLN; TABS	2	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
<i>prasugrel hcl</i>	2	
ZONTIVITY	4	

### **IMMUNOLOGIC AGENTS**

#### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i> TABS	2	
<i>methotrexate sodium tabs</i>	2	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

#### **IMMUNOGLOBULINS**

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PRIVIGEN	5	NM, PA

### **IMMUNOMODULATORS**

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM

### **IMMUNOSUPPRESSANTS**

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

### **VACCINES**

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	

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

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

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES***

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>klor-con spr cap 8meq</i>	2	
<i>klor-con spr cap 10meq</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride CPCR</i>	2	
<i>potassium chloride PACK</i>	2	
<i>potassium chloride SOLN 10%, 20%</i>	2	
<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	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol sol 6%</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **IV REPLACEMENT SOLUTIONS**

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	

## **VITAMINS**

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

## **OPHTHALMIC**

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

<i>bacitracin-poly-neomycin-hc</i>	2	
------------------------------------	---	--

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	1	GC
<i>erythromycin (ophth)</i>	1	GC
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	1	GC
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	GC
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	GC
<i>trifluridine SOLN</i>	2	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

## **RESPIRATORY**

### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

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

### **ANTICHOLINERGICS**

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

### **ANTI-HISTAMINES**

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

### **BETA AGONISTS**

<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP; TABS; TB12</i>	2	
<i>levalbuterol hcl NEBU 1.25mg/3ml</i>	2	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	2	B/D
<i>levalbuterol tartrate hfa</i>	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)

### **LEUKOTRIENE MODULATORS**

<i>montelukast sodium</i> CHEW; PACK; TABS	2	
<i>zafirlukast</i>	2	

### **MAST CELL STABILIZERS**

<i>cromolyn sodium nebu</i>	2	B/D
-----------------------------	---	-----

### **MISCELLANEOUS**

<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
THEO-24	4	
<i>theophylline</i>	2	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

### **NASAL STEROIDS**

<i>flunisolide (nasal)</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)

### **STEROID INHALANTS**

ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	2	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)

### **STEROID/BETA-AGONIST COMBINATIONS**

ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

### **TOPICAL**

#### **DERMATOLOGY, ACNE**

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

#### **DERMATOLOGY, ANTIBIOTICS**

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

#### **DERMATOLOGY, ANTIFUNGALS**

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

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

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

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

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

### **DERMATOLOGY, LOCAL ANESTHETICS**

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

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

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

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

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

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

## Index of Drugs

<i>abacavir sulfate</i> .....	12	<i>alendronate sodium</i> .....	44
<i>abacavir sulfate-lamivudine</i> .....	13	<i>alfuzosin hcl</i> .....	54
<i>abacavir sulfate-lamivudine-zidovudine</i> .....	13	ALIMTA .....	18
ABELCET .....	11	ALINIA.....	10
ABILIFY MAINTENA.....	35	<i>allopurinol tab</i> .....	7
ABRAXANE .....	18	<i>alosetron hcl</i> .....	53
<i>acamprosate calcium</i> .....	40	ALPHAGAN P SOL 0.1%.....	63
<i>acarbose</i> .....	42	<i>alprazolam tab 0.25mg</i> .....	29
<i>acebutolol hcl</i> .....	26	<i>alprazolam tab 0.5mg</i> .....	29
<i>acetaminophen w/ codeine 300-15mg</i> 7		<i>alprazolam tab 1mg</i> .....	29
<i>acetaminophen w/ codeine 300-30mg</i> 7		<i>alprazolam tab 2mg</i> .....	29
<i>acetaminophen w/ codeine 300-60mg</i> 7		ALREX .....	62
<i>acetaminophen w/ codeine soln</i> .....	7	<i>altavera tab</i> .....	44
<i>acetazolamide</i> .....	28	ALUNBRIG.....	21
<i>acetic acid</i> .....	69	<i>alyacen 1/35</i> .....	44
<i>acetic acid (otic)</i> .....	69	<i>amantadine hcl</i> .....	34
<i>acetylcysteine</i> .....	65	AMBISOME .....	11
<i>acitretin</i> .....	67	<i>amikacin sulfate</i> .....	10
ACTHIB.....	57	<i>amiloride &amp; hydrochlorothiazide</i> .....	28
ACTIMMUNE .....	57	<i>amiloride hcl</i> .....	28
<i>acyclovir</i> .....	14	AMINOSYN .....	59
<i>acyclovir sodium</i> .....	14	AMINOSYN 7%/ELECTROLYTES .....	59
ADACEL .....	57	<i>aminosyn 8.5%/electrolyte</i> .....	59
ADAGEN.....	48	<i>aminosyn ii 8.5%/electrol</i> .....	59
<i>adefovir dipivoxil</i> .....	14	AMINOSYN II INJ 10%.....	59
ADEMPAS .....	29	AMINOSYN II INJ 8.5% .....	59
<i>adriamycin</i> .....	18	AMINOSYN M .....	59
<i>adrucil</i> .....	18	AMINOSYN-HBC .....	59
ADVAIR DISKUS.....	66	AMINOSYN-PF 7% .....	59
ADVAIR HFA .....	66	AMINOSYN-PF INJ 10%.....	59
<i>afeditab cr</i> .....	26	AMINOSYN-RF .....	59
AFINITOR.....	20	<i>amiodarone hcl soln</i> .....	24
AFINITOR DISPERZ .....	20, 21	<i>amiodarone tab 100mg</i> .....	24
<i>ala-cort</i> .....	67	<i>amiodarone tab 200mg</i> .....	24
ALBENZA.....	10	<i>amiodarone tab 400mg</i> .....	24
<i>albuterol sulfate</i> .....	64	AMITIZA CAP 24MCG .....	53
<i>alclometasone dipropionate</i> .....	67	AMITIZA CAP 8MCG.....	53
ALCOHOL SWABS.....	41	<i>amitriptyline hcl</i> .....	32
ALDURAZYME .....	48	<i>amlodipine besylate</i> .....	26
ALECENSA.....	21	<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i> .....	24

<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> .....	37
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> .....	37
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> .....	37
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	38
<i>amlodipine--benazepril hcl cap 10-20 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 10-40mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 5-10 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 5-20 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	38
<i>amlodipine-benazepril hcl cap 5-40 mg</i> .....	23	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	38
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> ..	24	<i>amphotericin b</i> .....	11
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> .....	24	<i>ampicillin &amp; sulbactam sodium</i> .....	17
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> .....	24	<i>ampicillin cap 500mg</i> .....	17
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> .....	24	<i>ampicillin inj</i> .....	17
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> .....	24	<i>ampicillin sodium</i> .....	17
<i>ammonium lactate</i> .....	68	AMPYRA .....	40
<i>amnestem</i> .....	66	ANADROL-50 .....	41
<i>amoxapine tab 100mg</i> .....	32	<i>anagrelide hcl</i> .....	55
<i>amoxapine tab 150mg</i> .....	32	<i>anastrozole</i> .....	20
<i>amoxapine tab 25mg</i> .....	32	ANDRODERM .....	41
<i>amoxapine tab 50mg</i> .....	32	ANORO ELLIPTA .....	64
<i>amoxicillin</i> .....	17	APOKYN .....	34
<i>amoxicillin &amp; pot clavulanate</i> .....	17	<i>aprepitant</i> .....	51
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> .....	37	<i>aprepitant pak 80mg &amp; 125mg</i> .....	51
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> .....	37	<i>apri</i> .....	45
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> .....	37	APRISO.....	52
		APTIOM.....	29
		APTIVUS .....	12
		ARALAST NP .....	65
		<i>aranelle</i> .....	45
		ARCALYST .....	57
		<i>aripiprazole odt</i> .....	35
		<i>aripiprazole oral solution 1 mg/ml</i> .....	35
		<i>aripiprazole tab</i> .....	35

ARISTADA .....	35	BD ULTRAFINE/NANO PEN NEEDLES ..	41
ARISTADA INITIO.....	35	<i>bekyree</i> .....	45
<i>armodafinil</i> .....	40	<i>benazepril &amp; hydrochlorothiazide</i> .....	23
ARNUITY ELLIPTA.....	65	<i>benazepril hcl</i> .....	23
<i>aspirin-dipyridamole</i> .....	56	BENDEKA .....	18
<i>atazanavir sulfate</i> .....	12	BENLYSTA .....	57
<i>atenolol</i> .....	26	<i>benzoyl peroxide-erythromycin</i> .....	66
<i>atenolol &amp; chlorthalidone</i> .....	26	<i>benztropine mesylate inj</i> .....	34
<i>atomoxetine hcl</i> .....	38	<i>benztropine mesylate tab 0.5mg</i> .....	34
<i>atorvastatin calcium</i> .....	25	<i>benztropine mesylate tab 1mg</i> .....	34
<i>atovaquone</i> .....	10	<i>benztropine mesylate tab 2mg</i> .....	34
<i>atovaquone-proguanil hcl</i> .....	12	BEPREVE.....	63
ATRIPLA.....	13	BERINERT .....	55
ATROVENT HFA.....	64	BESIVANCE .....	62
<i>aubra</i> .....	45	<i>betamethasone dipropionate (topical)</i> 67	
AURYXIA .....	50	<i>betamethasone dipropionate</i>	
AUSTEDO .....	39	<i>augmented</i> .....	67
AVASTIN .....	19	<i>betamethasone valerate</i> .....	67
<i>aviane</i> .....	45	BETASERON .....	40
<i>avita</i> .....	66	<i>betaxolol hcl (ophth)</i> .....	63
<i>azacitidine</i> .....	18	<i>bethanechol chloride</i> .....	54
AZACTAM IN ISO-OSMOTIC DE .....	10	BETOPTIC-S .....	63
AZACTAM/DEX INJ .....	10	BEVESPI AEROSPHERE.....	64
AZASITE .....	62	<i>bexarotene</i> .....	22
<i>azathioprine</i> .....	57	BEXSERO .....	57
<i>azelastine drop 0.05%</i> .....	63	<i>bicalutamide</i> .....	20
<i>azelastine spr 0.1%</i> .....	64	BICILLIN L-A .....	17
<i>azelastine spr 0.15%</i> .....	64	BIKTARVY .....	13
<i>azithromycin</i> .....	16	BILTRICIDE .....	10
AZOPT .....	63	<i>bisoprolol &amp; hydrochlorothiazide</i> .....	26
<i>aztreonam</i> .....	10	<i>bisoprolol fumarate</i> .....	26
<i>bacitracin (ophthalmic)</i> .....	62	BIVIGAM .....	56
<i>bacitracin-polymyxin b (ophth)</i> .....	62	<i>bleomycin sulfate</i> .....	18
<i>bacitracin-poly-neomycin-hc</i> .....	61	BLEPHAMIDE .....	62
<i>baclofen</i> .....	40	<i>blisovi fe 1.5/30</i> .....	45
<i>balsalazide disodium</i> .....	52	<i>blisovi fe 1/20</i> .....	45
<i>balziva</i> .....	45	BOOSTRIX.....	57
BANZEL SUS 40MG/ML .....	29	BORTEZOMIB.....	19
BANZEL TAB 200MG .....	29	BOSULIF .....	21
BANZEL TAB 400MG .....	29	BRAFTOVI .....	21
BARACLUDE .....	14	BREO ELLIPTA .....	66
BASAGLAR KWIKPEN .....	41	<i>briellyn</i> .....	45
BCG VACCINE.....	57	BRILINTA .....	56
BD ULTRAFINE INSULIN SYRINGE .....	41	<i>brimonidine sol 0.15%</i> .....	63

<i>brimonidine sol 0.2%</i> .....	63	<i>carboplatin</i> .....	22
BRIVIACT INJ 50MG/5ML .....	29	CARIMUNE NANOFILTERED.....	56
BRIVIACT SOL 10MG/ML .....	29	<i>carteolol hcl (ophth)</i> .....	63
BRIVIACT TAB 100MG.....	29	<i>cartia xt cap 120/24hr</i> .....	26
BRIVIACT TAB 10MG .....	29	<i>cartia xt cap 180/24hr</i> .....	26
BRIVIACT TAB 25MG .....	29	<i>cartia xt cap 240/24hr</i> .....	26
BRIVIACT TAB 50MG .....	29	<i>cartia xt cap 300/24hr</i> .....	26
BRIVIACT TAB 75MG .....	29	<i>carvedilol</i> .....	26
<i>bromfenac sodium (ophth)</i> .....	62	<i>caspofungin acetate</i> .....	11
<i>bromocriptine mesylate</i> .....	34	CAYSTON .....	10
BROMSITE.....	62	<i>caziant pak</i> .....	45
<i>budesonide (inhalation)</i> .....	65	<i>cefaclor</i> .....	15
<i>budesonide ec</i> .....	52	CEFACLOR MONOHYDRATE ER .....	15
<i>bumetanide</i> .....	28	<i>cefadroxil</i> .....	15
<i>buprenorphine hcl</i> .....	40	CEFAZOLIN IN DEXTROSE 2GM/100ML- 4% .....	15
<i>buprenorphine hcl-naloxone hcl sl</i> ....	40	<i>cefazolin inj</i> .....	15
<i>bupropion hcl</i> .....	32	<i>cefazolin sodium</i> .....	15
<i>bupropion hcl (smoking deterrent)</i> ....	40	CEFAZOLIN SODIUM 1 GM/50ML.....	15
<i>buspirone hcl</i> .....	29	<i>cefdinir</i> .....	15
<i>butorphanol tartrate</i> .....	7	<i>cefepime hcl</i> .....	15
BYDUREON BCISE .....	41	<i>cefixime</i> .....	15
BYDUREON INJ .....	41	<i>cefotaxime sodium</i> .....	15
BYDUREON PEN .....	41	<i>cefoxitin sodium</i> .....	15
BYETTA.....	41	<i>cefpodoxime proxetil</i> .....	16
BYSTOLIC .....	26	<i>cefprozil</i> .....	16
<i>cabergoline</i> .....	49	<i>ceftazidime</i> .....	16
CABOMETYX .....	21	CEFTAZIDIME/DEXTROSE.....	16
<i>calcipotriene</i> .....	67	<i>ceftriaxone sodium</i> .....	16
<i>calcitonin (salmon)</i> .....	49	<i>cefuroxime axetil</i> .....	16
<i>calcitrene</i> .....	67	<i>cefuroxime sodium</i> .....	16
<i>calcitriol</i> .....	61	<i>celecoxib</i> .....	7
<i>calcitriol inj</i> .....	61	CELONTIN .....	30
<i>calcitriol oral soln 1 mcg/ml</i> .....	61	<i>cephalexin</i> .....	16
<i>calcium acetate (phosphate binder)</i> ...	50	CERDELGA .....	48
CALQUENCE .....	21	CEREZYME .....	48
<i>camila</i> .....	45	<i>cetirizine syrup</i> .....	64
CANASA .....	52	<i>cevimeline hcl</i> .....	69
CAPRELSA .....	21	CHANTIX.....	40
<i>captopril</i> .....	23	CHANTIX CONTINUING MONTH.....	40
<i>captopril &amp; hydrochlorothiazide</i> .....	23	CHANTIX STARTER PACK .....	40
CARBAGLU .....	48	CHEMET .....	44
<i>carbamazepine</i> .....	30	<i>chlorhexidine gluconate (mouth-throat)</i> .....	69
<i>carbidopa/levodopa/entacapone</i> .....	34		
<i>carbidopa-levodopa</i> .....	34		

<i>chloroquine phosphate</i> .....	12	<i>clonidine hcl ptwk</i> .....	28
<i>chlorothiazide tabs</i> .....	28	<i>clopidogrel tab 75mg</i> .....	56
<i>chlorpromazine hcl</i> .....	35	<i>clorazepate dipotassium</i> .....	30
CHLORPROMAZINE INJ .....	35	<i>clotrimazole</i> .....	69
<i>chlorthalidone</i> .....	28	<i>clotrimazole (topical)</i> .....	67
<i>cholestyramine</i> .....	25	<i>clotrimazole w/ betamethasone</i> .....	67
<i>cholestyramine light</i> .....	25	<i>clozapine odt</i> .....	35
<i>ciclopirox</i> .....	66	<i>clozapine tab 100mg</i> .....	35
<i>ciclopirox shampoo 1%</i> .....	67	<i>clozapine tab 200mg</i> .....	35
<i>cilostazol</i> .....	55	<i>clozapine tab 25mg</i> .....	35
CILOXAN.....	62	<i>clozapine tab 50mg</i> .....	35
CIMDUO.....	14	COARTEM.....	12
CIPRODEX.....	69	<i>colchicine w/ probenecid</i> .....	7
<i>ciprofloxacin</i> .....	16	COLCRYS .....	7
<i>ciprofloxacin hcl (ophth)</i> .....	62	<i>colesevelam hcl</i> .....	25
<i>ciprofloxacin hcl tab</i> .....	16	<i>colestipol hcl gran</i> .....	25
<i>ciprofloxacin in d5w</i> .....	16	<i>colestipol hcl pack</i> .....	25
<i>cisplatin</i> .....	22	<i>colestipol hcl tabs</i> .....	25
<i>citalopram hydrobromide</i> .....	32, 33	<i>colistimethate sodium</i> .....	10
<i>claravis</i> .....	66	<i>colocort enema 100mg</i> .....	52
<i>clarithromycin</i> .....	16	COMBIGAN.....	63
<i>clarithromycin er</i> .....	16	COMBIVENT RESPIMAT .....	64
<i>clarithromycin for susp</i> .....	16	COMETRIQ .....	21
<i>clindacin-p</i> .....	66	COMPLERA .....	14
<i>clindamycin cap 300mg</i> .....	10	<i>compro</i> .....	51
<i>clindamycin cap 75mg</i> .....	10	<i>constulose</i> .....	52
<i>clindamycin hcl cap 150 mg</i> .....	10	CORLANOR.....	28
<i>clindamycin phosphate (topical)</i> .....	66	<i>cortisone acetate</i> .....	49
<i>clindamycin phosphate in d5w</i> .....	10	COTELLIC.....	21
CLINDAMYCIN PHOSPHATE IN NAACL ..	10	COUMADIN.....	54
<i>clindamycin phosphate inj</i> .....	10	CREON.....	53
<i>clindamycin phosphate vaginal</i> .....	54	CRIXIVAN.....	12
<i>clindamycin soln 75mg/5ml</i> .....	10	<i>cromolyn sodium (mastocytosis)</i> .....	53
CLINIMIX 2.75%/DEXTROSE 5%.....	59	<i>cromolyn sodium (ophth)</i> .....	63
CLINIMIX 4.25%/DEXTROSE 25% .....	59	<i>cromolyn sodium nebu</i> .....	65
CLINIMIX 4.25%/DEXTROSE 5%.....	59	<i>cryselle-28</i> .....	45
CLINIMIX 5%/DEXTROSE 15% .....	59	<i>cyclafem 1/35</i> .....	45
CLINIMIX 5%/DEXTROSE 20% .....	59	<i>cyclafem 7/7/7</i> .....	45
CLINIMIX 5%/DEXTROSE 25% .....	59	<i>cyclobenzaprine hcl</i> .....	40
CLINIMIX INJ 4.25/D10 .....	59	<i>cyclophosphamide</i> .....	18
CLINIMIX INJ 4.25/D20 .....	60	<i>cycloserine</i> .....	14
<i>clomipramine hcl</i> .....	33	<i>cyclosporine</i> .....	57
<i>clonazepam</i> .....	30	<i>cyclosporine modified (for</i>	
<i>clonidine hcl</i> .....	28	<i>microemulsion)</i> .....	57

<i>cyproheptadine hcl</i> .....	64	<i>dextrose 2.5%/nacl 0.45%</i> .....	60
<i>cyred tab</i> .....	45	<i>dextrose 5%</i> .....	60
CYSTADANE .....	48	DEXTROSE 5% /ELECTROLYTE.....	60
CYSTAGON .....	48	<i>dextrose 5%/nacl 0.2%</i> .....	60
CYSTARAN .....	63	<i>dextrose 5%/nacl 0.225%</i> .....	60
<i>cytarabine</i> .....	18	DEXTROSE 5%/NACL 0.3% .....	60
<i>dacarbazine</i> .....	18	<i>dextrose 5%/nacl 0.33%</i> .....	60
DALIRESP .....	65	<i>dextrose 5%/nacl 0.45%</i> .....	60
<i>danazol</i> .....	48	<i>dextrose 5%/nacl 0.9%</i> .....	60
<i>dantrolene sodium</i> .....	40	<i>dextrose 5%/potassium chl</i> .....	60
<i>dapsone</i> .....	10	<i>dextrose 50%</i> .....	60
DAPTACEL.....	57	<i>dextrose in lactated ringers</i> .....	60
<i>daptomycin</i> .....	10	<i>dextrose inj 70%</i> .....	60
<i>dasetta 1/35</i> .....	45	DIASTAT ACUDIAL .....	30
<i>dasetta 7/7/7</i> .....	45	DIASTAT PEDIATRIC.....	30
<i>deblitane</i> .....	45	<i>diazepam</i> .....	30
DELESTROGEN.....	48	<i>diazepam gel</i> .....	30
<i>delyla</i> .....	45	<i>diazepam inj</i> .....	30
DELZICOL .....	52	<i>diazepam intensol</i> .....	30
DEMSE.....	28	<i>diazepam oral soln 1 mg/ml</i> .....	30
DEPEN TITRATABS .....	44	<i>diclofenac potassium</i> .....	7
DEPO-PROVERA INJ 400/ML .....	20	<i>diclofenac sodium</i> .....	7
DESCOVY .....	14	<i>diclofenac sodium (ophth)</i> .....	62
<i>desipramine hcl</i> .....	33	<i>diclofenac sodium (topical) 1% gel</i> ...	68
<i>desmopressin acetate spray</i> .....	51	<i>dicloxacillin sodium</i> .....	17
<i>desmopressin acetate spray refrigerated</i> .....	51	<i>dicyclomine hcl cap 10mg</i> .....	52
<i>desmopressin acetate tabs</i> .....	51	<i>dicyclomine hcl soln 10mg/5ml</i> .....	52
<i>desmopressin inj 4mcg/ml</i> .....	51	<i>dicyclomine hcl tab 20mg</i> .....	52
<i>desogestrel &amp; ethinyl estradiol</i> .....	45	<i>didanosine</i> .....	12
<i>desogestrel-ethinyl estradiol (biphasic)</i> .....	45	DIFICID .....	16
<i>desvenlafaxine succinate</i> .....	33	<i>diflunisal</i> .....	7
<i>dexamethasone</i> .....	49	<i>digitek</i> .....	27
DEXAMETHASONE .....	49	<i>digox</i> .....	27
<i>dexamethasone sodium phosphate</i> ...	49	<i>digoxin</i> .....	27
<i>dexamethasone sodium phosphate</i> (ophth) .....	62	<i>digoxin inj</i> .....	27
DEXILANT .....	53	<i>digoxin sol 50mcg/ml</i> .....	27
<i>dexmethylphenidate hcl</i> .....	38	<i>dihydroergotamine mesylate inj 1</i> <i>mg/ml</i> .....	39
<i>dexrazoxane</i> .....	22	<i>dihydroergotamine mesylate nasal</i> ...	39
<i>dextrose 10% flex contain</i> .....	60	DILANTIN CAP 100MG .....	30
DEXTROSE 10%/NACL 0.2% .....	60	DILANTIN CAP 30MG .....	30
<i>dextrose 10%/nacl 0.45%</i> .....	60	DILANTIN CHEW TAB 50MG.....	30
		DILANTIN-125 SUSP.....	30
		<i>diltiazem cap 120mg cd</i> .....	26

<i>diltiazem cap 180mg cd</i> .....	27	ELIQUIS STARTER PACK.....	54
<i>diltiazem cap 240mg cd</i> .....	27	ELLA.....	45
<i>diltiazem cap 300mg cd</i> .....	27	EMCYT .....	18
<i>diltiazem cap 360mg cd</i> .....	27	EMEND .....	51
<i>diltiazem cap er/12hr</i> .....	27	<i>emoquette</i> .....	45
<i>diltiazem hcl</i> .....	27	EMSAM .....	33
<i>diltiazem hcl cap sr 24hr</i> .....	27	EMTRIVA.....	12
<i>diltiazem hcl coated beads cap sr 24hr</i> .....	27	EMVERM .....	10
<i>diltiazem hcl extended release beads</i> <i>cap sr</i> .....	27	<i>enalapril maleate</i> .....	23
<i>diltiazem inj</i> .....	27	<i>enalapril maleate &amp; hydrochlorothiazide</i> .....	23
<i>dilt-xr cap</i> .....	26	ENDARI.....	55
<i>diphenhydramine hcl inj 50mg/ml</i> .....	64	<i>endocet 10-325mg</i> .....	8
<i>diphenoxylate w/ atropine</i> .....	53	<i>endocet 2.5-325mg</i> .....	8
DIPHThERIA/TETANUS TOXOID .....	58	<i>endocet 5-325mg</i> .....	8
<i>disopyramide phosphate</i> .....	24	<i>endocet 7.5-325mg</i> .....	8
<i>disulfiram</i> .....	40	ENGERIX-B.....	58
<i>divalproex sodium</i> .....	30	<i>enoxaparin sodium</i> .....	54
<i>docetaxel</i> .....	18	<i>enpresse-28</i> .....	45
DOCETAXEL.....	18, 19	<i>enskyce</i> .....	45
<i>dofetilide</i> .....	24	ENSTILAR.....	67
<i>donepezil hydrochloride</i> .....	32	<i>entacapone</i> .....	34
<i>dorzolamide hcl</i> .....	63	<i>entecavir</i> .....	15
<i>dorzolamide hcl-timolol maleate</i> .....	63	ENTRESTO .....	24
<i>doxazosin mesylate</i> .....	23	<i>enulose</i> .....	52
<i>doxepin hcl</i> .....	33	EPCLUSA.....	15
<i>doxorubicin hcl</i> .....	18	<i>epinephrine (anaphylaxis)</i> .....	65
<i>doxorubicin hcl liposomal</i> .....	18	<i>epirubicin hcl</i> .....	18
<i>doxy 100</i> .....	17	<i>epitol</i> .....	30
<i>doxycycline (monohydrate)</i> .....	17	EPIVIR HBV .....	15
<i>doxycycline hyclate</i> .....	17	<i>eplerenone</i> .....	23
<i>dronabinol</i> .....	51	<i>ergotamine w/ caffeine</i> .....	39
<i>drospirenone-ethinyl estradiol</i> .....	45	ERIVEDGE .....	19
DROXIA .....	55	ERLEADA.....	20
<i>duloxetine hcl</i> .....	33	<i>errin</i> .....	45
DUREZOL .....	62	<i>ertapenem sodium</i> .....	10
<i>dutasteride</i> .....	54	<i>ery pad 2%</i> .....	66
<i>dutasteride-tamsulosin hcl</i> .....	54	<i>ery-tab</i> .....	16
<i>e.e.s 400</i> .....	16	ERYTHROCIN LACTOBIONATE .....	16
EDURANT .....	12	<i>erythrocin stearate</i> .....	16
<i>efavirenz</i> .....	12	<i>erythromycin (acne aid)</i> .....	66
<i>eletriptan hydrobromide</i> .....	39	<i>erythromycin (ophth)</i> .....	62
ELIQUIS.....	54	<i>erythromycin base</i> .....	16
		<i>erythromycin cap 250mg ec</i> .....	16

<i>erythromycin ethylsuccinate</i> .....	16	FETZIMA .....	33
ESBRIET .....	65	FETZIMA TITRATION PACK .....	33
<i>escitalopram oxalate</i> .....	33	FIASP .....	41
<i>esomeprazole magnesium</i> .....	53	FIASP FLEXTOUCH.....	41
<i>esomeprazole sodium inj</i> .....	53	<i>finasteride</i> .....	54
<i>estarylla tab 0.25-35</i> .....	45	FIRAZYR .....	55
<i>estradiol</i> .....	48	FLEBOGAMMA DIF .....	56
<i>estradiol vaginal cream</i> .....	48	<i>flecainide acetate</i> .....	24
<i>estradiol vaginal tab</i> .....	48	FLOVENT DISKUS.....	66
<i>estradiol valerate</i> .....	48	FLOVENT HFA .....	66
<i>ethambutol hcl</i> .....	14	<i>fluconazole</i> .....	11
<i>ethosuximide</i> .....	30	<i>fluconazole in dextrose</i> .....	11
<i>ethynodiol diacet &amp; eth estrad</i> .....	45	<i>fluconazole inj nacl 200</i> .....	11
<i>ethynodiol tab 1-50</i> .....	45	<i>fluconazole inj nacl 400</i> .....	11
<i>etodolac</i> .....	7	<i>flucytosine</i> .....	12
<i>etodolac er</i> .....	7	<i>fludrocortisone acetate</i> .....	49
<i>etoposide</i> .....	23	<i>flunisolide (nasal)</i> .....	65
EVOTAZ .....	14	<i>fluocinolone acetonide</i> .....	67
<i>exemestane</i> .....	20	<i>fluocinolone acetonide (otic)</i> .....	69
<i>ezetimibe</i> .....	25	<i>fluocinolone acetonide oil body</i> .....	67
FABRAZYME.....	48	<i>fluocinonide</i> .....	67
<i>falmina</i> .....	45	<i>fluocinonide emulsified base</i> .....	67
<i>famciclovir</i> .....	15	<i>fluorometholone</i> .....	62
<i>famotidine</i> .....	52	<i>fluorouracil</i> .....	18
<i>famotidine in nacl</i> .....	52	<i>fluorouracil (topical)</i> .....	68
<i>famotidine inj</i> .....	52	<i>fluoxetine cap 10mg</i> .....	33
FANAPT.....	35	<i>fluoxetine cap 20mg</i> .....	33
FANAPT TITRATION PACK.....	35	<i>fluoxetine cap 40mg</i> .....	33
FARESTON .....	20	<i>fluoxetine hcl</i> .....	33
FARXIGA .....	42	<i>fluphenazine decanoate</i> .....	35
FARYDAK .....	19	<i>fluphenazine hcl</i> .....	35
FASLODEX.....	20	<i>flurbiprofen</i> .....	7
<i>felbamate</i> .....	30	<i>flurbiprofen sodium</i> .....	62
<i>felodipine</i> .....	27	<i>flutamide</i> .....	20
<i>femynor</i> .....	45	<i>fluticasone propionate</i> .....	67
<i>fenofibrate</i> .....	25	<i>fluticasone propionate (nasal)</i> .....	65
<i>fenofibrate micronized</i> .....	25	<i>fluvoxamine maleate</i> .....	29
<i>fentanyl citrate</i> .....	8	<i>fondaparinux sodium</i> .....	54, 55
<i>fentanyl patch 100 mcg/hr</i> .....	8	FORTEO .....	50
<i>fentanyl patch 12 mcg/hr</i> .....	8	<i>fosamprenavir tab 700 mg</i> .....	12
<i>fentanyl patch 25 mcg/hr</i> .....	8	<i>fosinopril sodium</i> .....	23
<i>fentanyl patch 50 mcg/hr</i> .....	8	<i>fosinopril sodium &amp; hydrochlorothiazide</i> .....	23
<i>fentanyl patch 75 mcg/hr</i> .....	8	FREAMINE HBC 6.9%.....	60
FENTORA .....	8		

FREAMINE III.....	60	<i>glatiramer acetate 40mg/ml</i> .....	40
<i>furosemide</i> .....	28	<i>glatopa</i> .....	40
<i>furosemide inj</i> .....	28	GLEOSTINE .....	18
FUZEON .....	12	<i>glimepiride</i> .....	42
<i>fyavolv</i> .....	48	<i>glip/metform tab 2.5-250mg</i> .....	42
FYCOMPA .....	30	<i>glip/metform tab 2.5-500mg</i> .....	42
<i>gabapentin</i> .....	31	<i>glip/metform tab 5-500mg</i> .....	42
<i>galantamine hydrobromide</i> .....	32	<i>glipizide</i> .....	42, 43
<i>galantamine hydrobromide er</i> .....	32	<i>glipizide xl</i> .....	43
GAMASTAN S/D .....	56	GLUCAGEN HYPOKIT.....	49
GAMMAGARD LIQUID.....	57	GLUCAGON EMERGENCY KIT .....	49
GAMMAGARD S/D .....	57	<i>glycopyrrolate</i> .....	52
GAMMAKED .....	57	<i>glydo</i> .....	68
GAMMAPLEX .....	57	GOLYTELY .....	53
GAMMAPLEX 10GM/100ML.....	57	<i>granisetron hcl</i> .....	51
GAMUNEX-C .....	57	GRANIX .....	55
<i>ganciclovir sodium</i> .....	15	<i>griseofulvin microsize</i> .....	12
GARDASIL 9 .....	58	<i>griseofulvin ultramicrosize</i> .....	12
<i>gatifloxacin (ophth)</i> .....	62	<i>guanfacine er (adhd)</i> .....	38
GATTEX .....	53	HAEGARDA.....	55
GAUZE PADS 2 .....	41	<i>halobetasol propionate</i> .....	67
<i>gavilyte-c</i> .....	52	<i>haloperidol</i> .....	35
<i>gavilyte-g</i> .....	52	<i>haloperidol conc 2mg/ml</i> .....	35
<i>gavilyte-n/ flavor pack</i> .....	52	<i>haloperidol decanoate</i> .....	35
<i>gemcitabine inj soln</i> .....	18	<i>haloperidol lactate inj 5mg/ml</i> .....	35
<i>gemcitabine inj solr</i> .....	18	HARVONI .....	15
<i>gemfibrozil</i> .....	25	HAVRIX.....	58
<i>generlac</i> .....	52	<i>heather</i> .....	45
<i>gengraf</i> .....	57	<i>heparin sod (porcine) in d5w</i> .....	55
GENOTROPIN.....	50	<i>heparin sod inj 1000/ml</i> .....	55
GENOTROPIN MINIQUICK.....	50	<i>heparin sod inj 10000/ml</i> .....	55
<i>gentak</i> .....	62	<i>heparin sod inj 20000/ml</i> .....	55
<i>gentamicin in saline</i> .....	10	<i>heparin sod inj 5000/ml</i> .....	55
<i>gentamicin sulfate</i> .....	10	HEPARIN SODIUM/NAACL 0.45% .....	55
<i>gentamicin sulfate (topical)</i> .....	66	<i>hepatamine</i> .....	60
<i>gentamicin sulfate soln (ophth)</i> .....	62	HERCEPTIN .....	19
GENVOYA.....	14	HETLIOZ .....	38
GEODON .....	35	HEXALEN .....	18
<i>gianvi</i> .....	45	HIBERIX.....	58
GILENYA CAP 0.5MG.....	40	HUMIRA .....	56
GILOTRIF TAB 20MG.....	21	HUMIRA INJ 10MG/0.2ML.....	56
GILOTRIF TAB 30MG.....	21	HUMIRA KIT 20MG/0.4ML.....	56
GILOTRIF TAB 40MG.....	21	HUMIRA KIT 40MG/0.8ML.....	56
<i>glatiramer acetate 20mg/ml</i> .....	40	HUMIRA PEDIATRIC CROHNS DISEASE	

.....	56	<i>imipenem-cilastatin</i> .....	10
HUMIRA PEN.....	56	<i>imipramine hcl</i> .....	33
HUMIRA PEN CD/UC/HS STARTER .....	56	<i>imiquimod</i> .....	68
HUMIRA PEN INJ CD/UC/HS STARTER.....	56	IMOVAX RABIES (H.D.C.V.) .....	58
HUMIRA PEN INJ PS/UV STARTER.....	56	<i>incassia</i> .....	45
HUMIRA PEN-PS/UV STARTER.....	56	INCRELEX .....	50
HUMULIN R INJ U-500 .....	41	INCRUSE ELLIPTA .....	64
HUMULIN R U-500 KWIKPEN .....	41	<i>indapamide</i> .....	28
<i>hydralazine hcl</i> .....	28	INFANRIX.....	58
<i>hydrochlorothiazide</i> .....	28	INLYTA .....	21
<i>hydroco/apap tab 10-325mg</i> .....	8	INSULIN PEN NEEDLE .....	41
<i>hydroco/apap tab 5-325mg</i> .....	8	INSULIN SAFETY NEEDLES .....	41
<i>hydroco/apap tab 7.5-325</i> .....	8	INSULIN SYRINGE .....	41
<i>hydrocodone-acetaminophen 7.5-325</i> <i>mg/15ml</i> .....	8	INTELENCE.....	12
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	8	INTRALIPID 30%.....	60
<i>hydrocortisone</i> .....	49	<i>intralipid inj 20%</i> .....	60
<i>hydrocortisone (enema)</i> .....	52	INTRON-A INJ 10MU .....	57
<i>hydrocortisone (topical)</i> .....	67, 68	INTRON-A INJ 18MU .....	57
<i>hydrocortisone butyrate cream 0.1%</i> .....	68	INTRON-A INJ 25MU .....	57
<i>hydrocortisone butyrate oint 0.1%</i> .....	68	INTRON-A INJ 50MU .....	57
<i>hydrocortisone valerate</i> .....	68	<i>introvale</i> .....	45
<i>hydromorphone hcl</i> .....	8	INVANZ .....	10
<i>hydroxychloroquine sulfate</i> .....	56	INVEGA SUST INJ 117 MG/0.75 ML ...	36
<i>hydroxyurea</i> .....	22	INVEGA SUST INJ 156MG/ML.....	36
<i>hydroxyzine hcl</i> .....	64	INVEGA SUST INJ 234 MG/1.5 ML .....	36
<i>hydroxyzine hcl inj</i> .....	64	INVEGA SUST INJ 39 MG/0.25 ML .....	35
<i>hydroxyzine pamoate</i> .....	64	INVEGA SUST INJ 78 MG/0.5 ML.....	35
HYSINGLA ER .....	8	INVEGA TRINZA.....	36
<i>ibandronate sodium</i> .....	44	INVIRASE.....	12
IBRANCE.....	19	IONOSOL-MB/DEXTROSE 5% .....	60
<i>ibu tab 600mg</i> .....	7	IPOL INACTIVATED IPV .....	58
<i>ibu tab 800mg</i> .....	7	<i>ipratropium bromide</i> .....	64
<i>ibuprofen</i> .....	7	<i>ipratropium bromide (nasal)</i> .....	64
ICLUSIG.....	21	<i>ipratropium-albuterol nebu</i> .....	64
IDHIFA .....	19	<i>irbesartan</i> .....	24
IFEX INJ 3GM .....	18	<i>irbesartan-hydrochlorothiazide</i> .....	24
<i>ifosfamide inj 1gm/20ml</i> .....	18	IRESSA .....	21
IFOSFAMIDE INJ 3GM .....	18	<i>irinotecan hcl</i> .....	23
<i>ifosfamide inj 3gm/60ml</i> .....	18	ISENTRESS .....	12
ILEVRO .....	62	ISENTRESS HD .....	12
<i>imatinib mesylate</i> .....	21	<i>isibloom</i> .....	45
IMBRUVICA .....	21	ISOLYTE P.....	60
		ISOLYTE S.....	60
		<i>isoniazid</i> .....	14

<i>isoniazid syp 50mg/5ml</i> .....	14	<i>kcl/d5w/nacl inj .15/.33%</i> .....	61
<i>isosorb mononitrate tab</i> .....	28	<i>kcl/d5w/nacl inj .15/.45%</i> .....	61
<i>isosorbide dinitrate</i> .....	28	<i>kcl/d5w/nacl inj 0.22%/0.45%</i> .....	61
<i>isosorbide dinitrate er</i> .....	28	<i>kcl/nacl inj 0.15%-0.9%</i> .....	61
<i>isosorbide mononitrate er</i> .....	28	<i>kcl/nacl inj 0.3-0.9</i> .....	61
<i>isotretinoin</i> .....	66	<i>kcl0.15%/d5w/nacl0.2%</i> .....	60
<i>isradipine</i> .....	27	<i>kelnor 1/35</i> .....	46
<i>itraconazole</i> .....	12	<i>kelnor 1/50</i> .....	46
<i>ivermectin</i> .....	10	<i>ketoconazole</i> .....	12
IXIARO .....	58	<i>ketoconazole cream</i> .....	67
JADENU .....	44	<i>ketoconazole shampoo</i> .....	67
JADENU SPRINKLE .....	44	<i>ketorolac tromethamine (ophth)</i> .....	63
JAKAFI .....	21	KEYTRUDA .....	19
<i>jantoven</i> .....	55	<i>kimidess</i> .....	46
JANUMET .....	43	KINRIX .....	58
JANUMET XR TAB 100-1000 .....	43	<i>kionex sus 15gm/60ml</i> .....	44
JANUMET XR TAB 50-1000 .....	43	KISQALI .....	19
JANUMET XR TAB 50-500MG .....	43	KISQALI FEMARA 200 DOSE .....	19
JANUVIA .....	43	KISQALI FEMARA 400 DOSE .....	19
JARDIANCE .....	43	KISQALI FEMARA 600 DOSE .....	19
JENTADUETO .....	43	<i>klor-con 10</i> .....	58
JENTADUETO TAB XR 2.5-1000 MG ...	43	<i>klor-con 8</i> .....	58
JENTADUETO TAB XR 5-1000 MG .....	43	<i>klor-con m10</i> .....	58
<i>jinteli</i> .....	48	KLOR-CON M15 .....	58
<i>jolessa tab 0.15-0.03 mg</i> .....	45	<i>klor-con m20</i> .....	58
<i>jolivette</i> .....	45	<i>klor-con pak 20meq</i> .....	58
<i>juleber</i> .....	45	<i>klor-con spr cap 10meq</i> .....	59
JULUCA .....	14	<i>klor-con spr cap 8meq</i> .....	59
<i>junel 1.5/30</i> .....	46	KORLYM .....	50
<i>junel 1/20</i> .....	46	<i>kurvelo</i> .....	46
<i>junel fe 1.5/30</i> .....	46	KUVAN .....	48
<i>junel fe 1/20</i> .....	46	KYNAMRO .....	25
JUXTAPID .....	25	<i>labetalol hcl</i> .....	26
KADCYLA .....	19	<i>lactated ringer's</i> .....	61
KALETRA TAB 100-25MG .....	14	<i>lactulose</i> .....	53
KALETRA TAB 200-50MG .....	14	<i>lactulose (encephalopathy)</i> .....	53
KALYDECO .....	65	<i>lamivudine</i> .....	13
<i>kariva</i> .....	46	<i>lamivudine (hbv)</i> .....	15
<i>kcl 0.075%/d5w/nacl 0.45%</i> .....	60	<i>lamivudine-zidovudine</i> .....	14
KCL 0.15%/D5W/NACL 0.225% .....	60	<i>lamotrigine</i> .....	31
<i>kcl 0.15%/d5w/nacl 0.9%</i> .....	60	<i>lansoprazole</i> .....	53
<i>kcl 0.3%/d5w/nacl 0.45%</i> .....	60	<i>larin 1.5/30</i> .....	46
KCL 0.3%/D5W/NACL 0.9% .....	60	<i>larin 1/20</i> .....	46
<i>kcl/d5w inj 0.3%</i> .....	61	<i>larin fe 1.5/30</i> .....	46

<i>larin fe 1/20</i> .....	46	<i>levothyroxine sodium</i> .....	51
<i>larissia tab</i> .....	46	<i>levoxyl</i> .....	51
LASTACAFT .....	63	LEXIVA .....	13
<i>latanoprost</i> .....	63	<i>lidocaine</i> .....	68
LATUDA .....	36	<i>lidocaine hcl</i> .....	68
<i>leena</i> .....	46	<i>lidocaine hcl (local anesth.)</i> .....	9
<i>leflunomide</i> .....	56	<i>lidocaine hcl (mouth-throat)</i> .....	69
LENVIMA 10 MG DAILY DOSE .....	21	<i>lidocaine inj 0.5%</i> .....	9
LENVIMA 12MG DAILY DOSE .....	21	<i>lidocaine inj 1%</i> .....	9
LENVIMA 14 MG DAILY DOSE .....	21	<i>lidocaine inj 1.5% preservative free (pf)</i> .....	9
LENVIMA 18 MG DAILY DOSE .....	21	<i>lidocaine oint 5%</i> .....	68
LENVIMA 20 MG DAILY DOSE .....	21	<i>lidocaine-prilocaine</i> .....	68
LENVIMA 24 MG DAILY DOSE .....	21	<i>linezolid in sodium chloride</i> .....	10
LENVIMA 4 MG DAILY DOSE .....	21	<i>linezolid inj</i> .....	10
LENVIMA 8 MG DAILY DOSE .....	21	<i>linezolid susp</i> .....	10
<i>lessina</i> .....	46	<i>linezolid tab 600mg</i> .....	11
LETAIRIS .....	29	LINZESS .....	53
<i>letrozole</i> .....	20	<i>liothyronine sodium</i> .....	51
<i>leucovorin calcium</i> .....	22	<i>lisinopril</i> .....	23
LEUKERAN.....	18	<i>lisinopril &amp; hydrochlorothiazide</i> .....	23
<i>leuprolide inj 1mg/0.2</i> .....	20	<i>lithium carbonate</i> .....	39
<i>levalbuterol hcl</i> .....	64	<i>lithium carbonate er</i> .....	39
<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml</i> .....	65	LITHIUM SOLN 8MEQ/5ML.....	39
<i>levalbuterol tartrate hfa</i> .....	65	LONSURF .....	22
LEVEMIR .....	41	<i>loperamide hcl</i> .....	53
LEVEMIR FLEXTOUCH .....	41	<i>lopinavir-ritonavir</i> .....	14
<i>levetiracetam</i> .....	31	<i>lorazepam</i> .....	29
<i>levetiracetam in sodium chloride</i> .....	31	<i>lorazepam intensol</i> .....	29
<i>levetiracetam oral soln 100 mg/ml</i> ...	31	<i>lorcet hd tab 10-325mg</i> .....	8
<i>levobunolol hcl</i> .....	63	<i>lorcet plus tab 7.5-325</i> .....	8
<i>levocarnitine (metabolic modifiers)</i> ...	48	<i>lorcet tab 5-325mg</i> .....	8
<i>levocetirizine dihydrochloride</i> .....	64	<i>loryna</i> .....	46
<i>levofloxacin</i> .....	16	<i>losartan potassium</i> .....	24
<i>levofloxacin in d5w</i> .....	16	<i>losartan-hydrochlorothiazide</i> .....	24
<i>levofloxacin inj 25mg/ml</i> .....	16	LOTEMAX .....	63
<i>levofloxacin oral soln 25 mg/ml</i> .....	16	<i>lovastatin</i> .....	25
<i>levonest</i> .....	46	<i>low-ogestrel</i> .....	46
<i>levonor/ethi tab</i> .....	46	<i>loxapine succinate</i> .....	36
<i>levonorgestrel &amp; eth estradiol</i> .....	46	LUMIGAN .....	63
<i>levonorgestrel-ethinyl estradiol (91-</i> <i>day)</i> .....	46	LUMIZYME.....	48
<i>levora 0.15/30-28</i> .....	46	LUPRON DEPOT (1-MONTH).....	20
<i>levo-t</i> .....	50	LUPRON DEPOT INJ 11.25MG (3- MONTH).....	20

LUPRON DEPOT-PED (1-MONTH .....	50	<i>metadate er tab 20mg .....</i>	38
LUPRON DEPOT-PED (3-MONTH .....	50	<i>metformin er .....</i>	43
LUPRON DEP-PED INJ 11.25MG (3-		<i>metformin hcl .....</i>	43
MONTH) .....	50	<i>methadone hcl .....</i>	8
LUPRON DEP-PED INJ 7.5MG .....	50	<i>methadone hcl 10mg .....</i>	9
<i>lutera .....</i>	46	<i>methadone hcl 5mg .....</i>	8
LYNPARZA .....	19	<i>methadone hcl intensol .....</i>	9
LYRICA .....	31	<i>methazolamide .....</i>	28
LYRICA CR .....	39	<i>methenamine hippurate .....</i>	11
LYSODREN .....	20	<i>methimazole .....</i>	51
<i>lyza .....</i>	46	<i>methotrexate sodium inj .....</i>	18
<i>magnesium sulfate .....</i>	59	<i>methotrexate sodium tabs .....</i>	56
MAGNESIUM SULFATE .....	59	<i>methyclothiazide .....</i>	28
MAGNESIUM SULFATE IN D5W .....	59	<i>methylphenidate hcl .....</i>	38
<i>magnesium sulfate in dextrose .....</i>	59	<i>methylphenidate hcl oral soln .....</i>	38
<i>magnesium sulfate inj 50% .....</i>	59	<i>methylphenidate tab 10mg er .....</i>	38
<i>malathion .....</i>	69	<i>methylphenidate tab 20mg er .....</i>	38
<i>maprotiline hcl .....</i>	33	<i>methylpr ss inj .....</i>	49
<i>marlissa .....</i>	46	<i>methylpred pak 4mg .....</i>	49
MARPLAN TAB 10MG .....	33	<i>methylpred tab 16mg .....</i>	49
MATULANE .....	22	<i>methylpred tab 32mg .....</i>	49
MAVYRET .....	15	<i>methylpred tab 4mg .....</i>	49
<i>meclizine hcl .....</i>	51	<i>methylpred tab 8mg .....</i>	49
<i>medroxyprogesterone acetate</i>		<i>methylprednisolone acetate .....</i>	49
<i>(contraceptive) .....</i>	46	<i>metipranolol .....</i>	63
<i>medroxyprogesterone acetate tab .....</i>	50	<i>metoclopramide hcl .....</i>	51
<i>mefloquine hcl .....</i>	12	<i>metoclopramide hcl inj .....</i>	51
<i>megestrol ac sus 40mg/ml .....</i>	20	<i>metolazone .....</i>	28
<i>megestrol ac tab 20mg .....</i>	20	<i>metoprolol &amp; hctz tab 100-25mg .....</i>	26
<i>megestrol ac tab 40mg .....</i>	20	<i>metoprolol &amp; hctz tab 100-50mg .....</i>	26
<i>megestrol sus 625mg/5ml .....</i>	20	<i>metoprolol &amp; hctz tab 50-25mg .....</i>	26
MEKINIST .....	21	<i>metoprolol succinate .....</i>	26
MEKTOVI .....	21	<i>metoprolol tartrate .....</i>	26
<i>meloxicam .....</i>	7	<i>metronidazole .....</i>	11
<i>memantine hcl cp24 .....</i>	32	<i>metronidazole (topical) .....</i>	68
<i>memantine soln .....</i>	32	<i>metronidazole gel 0.75% .....</i>	68
<i>memantine tabs .....</i>	32	<i>metronidazole in nacl .....</i>	11
MENACTRA .....	58	<i>metronidazole vaginal .....</i>	54
MENVEO .....	58	<i>mexiletine hcl .....</i>	25
<i>mercaptopurine .....</i>	18	<i>microgestin 1.5/30 .....</i>	46
<i>meropenem .....</i>	11	<i>microgestin 1/20 .....</i>	46
<i>mesalamine .....</i>	52	<i>microgestin fe 1.5/30 .....</i>	46
<i>mesalamine w/ cleanser .....</i>	52	<i>microgestin fe 1/20 .....</i>	46
MESNEX .....	22	<i>midodrine hcl .....</i>	28

<i>miglustat</i> .....	48	<i>nalbuphine hcl</i> .....	8
<i>mili</i> .....	46	<i>naloxone inj 0.4mg/ml</i> .....	41
<i>minitran</i> .....	28	<i>naloxone inj 1mg/ml</i> .....	41
<i>minocycline hcl</i> .....	17	<i>naltrexone hcl</i> .....	41
<i>minoxidil</i> .....	28	NAMZARIC .....	32
<i>mirtazapine</i> .....	33	<i>naproxen</i> .....	7
<i>misoprostol</i> .....	53	<i>naproxen dr</i> .....	7
MITIGARE .....	7	<i>naproxen sodium</i> .....	7
<i>mitomycin</i> .....	18	<i>naratriptan hcl</i> .....	39
M-M-R II .....	58	NARCAN.....	41
<i>moderiba tab 200mg</i> .....	15	NATACYN .....	62
<i>moexipril hcl</i> .....	23	<i>nateglinide</i> .....	43
<i>moexipril-hydrochlorothiazide</i> .....	23	NATPARA .....	50
<i>mometasone furoate</i> .....	68	NEBUPENT.....	11
<i>mono-lynyah tab 0.25-35</i> .....	46	<i>necon 0.5/35-28</i> .....	46
<i>mononessa</i> .....	46	<i>necon 1/50-28</i> .....	46
<i>montelukast sodium</i> .....	65	<i>necon 7/7/7</i> .....	46
<i>morgidox cap 1x50mg</i> .....	17	<i>nefazodone hcl</i> .....	33
<i>morphine ext-rel tab</i> .....	9	<i>neomycin sulfate</i> .....	10
<i>morphine sul inj 10mg/ml</i> .....	9	<i>neomycin-bacitracin zn-polymyxin</i> .....	62
<i>morphine sul inj 1mg/ml</i> .....	9	<i>neomycin-polymy-dexameth</i> .....	62
MORPHINE SUL INJ 4MG/ML.....	9	<i>neomycin-polymyxin-gramicidin</i> .....	62
<i>morphine sulfate</i> .....	9	<i>neomycin-polymyxin-hc (ophth)</i> .....	62
MORPHINE SULFATE.....	9	<i>neomycin-polymyxin-hc (otic)</i> .....	69
<i>morphine sulfate oral soln 100mg/5ml</i> 9		NEPHRAMINE .....	60
<i>morphine sulfate oral soln 10mg/5ml</i> .. 9		NERLYNX.....	21
<i>morphine sulfate oral soln 20mg/5ml</i> .. 9		NEUPOGEN .....	55
MOVANTIK .....	53	NEUPRO .....	34
MOVIPREP .....	53	<i>nevirapine susp 50 mg/5ml</i> .....	13
MOXEZA.....	62	<i>nevirapine tab 100mg</i> .....	13
<i>moxifloxacin hcl (ophth)</i> .....	62	<i>nevirapine tab 200mg</i> .....	13
MULTAQ.....	25	<i>nevirapine tab 400mg er</i> .....	13
<i>mupirocin</i> .....	66	NEXAVAR .....	22
MYCAMINE .....	12	<i>niacin er (antihyperlipidemic)</i> .....	25
<i>mycophenolate mofetil</i> .....	57	<i>niacor</i> .....	26
<i>mycophenolate sodium tbec</i> .....	57	<i>nicardipine hcl</i> .....	27
MYLOTARG .....	19	NICOTROL INHALER .....	41
<i>myorisan</i> .....	66	NICOTROL NS.....	41
MYRBETRIQ .....	54	<i>nifedipine</i> .....	27
<i>myzilra</i> .....	46	<i>nifedipine er</i> .....	27
<i>nabumetone</i> .....	7	<i>nikki</i> .....	46
<i>nadolol</i> .....	26	<i>nilutamide</i> .....	20
<i>nafcillin sodium</i> .....	17	<i>nimodipine</i> .....	27
NAGLAZYME .....	48	NINLARO.....	19

NITRO-BID .....	28	NULYTELY/FLAVOR PACKS .....	53
NITRO-DUR DIS 0.3MG/HR.....	28	NUPLAZID CAPS.....	36
NITRO-DUR DIS 0.8MG/HR.....	28	NUPLAZID TABS 10MG.....	36
<i>nitrofurantoin macrocrystal</i> .....	11	NUPLAZID TABS 17MG.....	36
<i>nitrofurantoin monohyd macro</i> .....	11	<i>nutrilipid inj 20%</i> .....	60
<i>nitroglycerin</i> .....	28	NUVARING .....	47
<i>nitroglycerin td patch</i> .....	28	<i>nyamyc</i> .....	67
NIVA-PLUS .....	61	NYMALIZE .....	27
<i>nora-be tab</i> .....	47	<i>nystatin</i> .....	12
<i>norethindrone (contraceptive)</i> .....	47	<i>nystatin (mouth-throat)</i> .....	69
<i>norethindrone acet &amp; eth estra</i> .....	47	<i>nystatin (topical)</i> .....	67
<i>norethindrone acetate</i> .....	50	<i>nystatin pow 100000</i> .....	67
<i>norethindrone acetate-ethinyl estradiol</i> .....	49	<i>nystop</i> .....	67
<i>norgest/ethi tab 0.25/35</i> .....	47	O-CAL FA .....	61
<i>norgestimate-ethinyl estradiol</i> ( <i>triphasic</i> ) <i>0.18-25/0.215-25/0.25-25</i> <i>mg-mcg</i> .....	47	<i>ocella tab 3-0.03mg</i> .....	47
<i>norgestimate-ethinyl estradiol</i> ( <i>triphasic</i> ) <i>0.18-35/0.215-35/0.25-35</i> <i>mg-mcg</i> .....	47	OCTAGAM .....	57
<i>norlyroc</i> .....	47	<i>octreotide acetate</i> .....	50
NORMOSOL-M IN D5W.....	61	ODEFSEY .....	14
NORMOSOL-R.....	61	ODOMZO.....	19
NORMOSOL-R IN D5W .....	61	OFEV .....	65
NORPACE CR .....	25	<i>ofloxacin (ophth)</i> .....	62
NORTHERA .....	28	<i>ofloxacin (otic)</i> .....	69
<i>nortrel 0.5/35 (28)</i> .....	47	<i>olanzapine</i> .....	36
<i>nortrel 1/35</i> .....	47	<i>olmesartan medoxomil</i> .....	24
<i>nortrel 7/7/7</i> .....	47	<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i> .....	24
<i>nortriptyline hcl</i> .....	33	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i> .....	24
NORVIR .....	13	<i>olopatadine hcl 0.2%</i> .....	63
NOVOLIN 70/30 .....	42	<i>omeprazole cap 10mg</i> .....	53
NOVOLIN N .....	42	<i>omeprazole cap 20mg</i> .....	54
NOVOLIN R .....	42	<i>omeprazole cap 40mg</i> .....	54
NOVOLOG .....	42	<i>ondansetron hcl</i> .....	51
NOVOLOG 70/30 FLEXPEN.....	42	<i>ondansetron hcl inj</i> .....	51
NOVOLOG FLEXPEN .....	42	<i>ondansetron hcl oral soln</i> .....	51
NOVOLOG MIX 70/30.....	42	<i>ondansetron odt</i> .....	51
NOVOLOG PENFILL .....	42	ONFI .....	31
NOXAFIL .....	12	OPSUMIT .....	29
NUCYNTA ER .....	9	ORFADIN.....	48
NUDEXTA .....	39	ORKAMBI .....	65
NULOJIX .....	57	<i>orsythia</i> .....	47
		<i>oseltamivir phosphate</i> .....	15
		<i>oxacillin sodium</i> .....	17
		<i>oxaliplatin inj 100mg</i> .....	22

<i>oxaliplatin inj 100mg/20ml</i> .....	22	PENICILLIN G POT IN DEXTROSE 2MU	17
<i>oxaliplatin inj 50mg</i> .....	22	.....	17
<i>oxaliplatin inj 50mg/10ml</i> .....	22	PENICILLIN G POT IN DEXTROSE 3MU	17
<i>oxandrolone</i> .....	41	.....	17
<i>oxcarbazepine</i> .....	31	PENICILLIN G PROCAINE.....	17
<i>oxybutynin chloride</i> .....	54	<i>penicillin g sodium</i> .....	17
<i>oxycodone hcl</i> .....	9	<i>penicillin v potassium</i> .....	17
<i>oxycodone w/ acetaminophen 10-</i>		<i>penicillin gk inj 20mu</i> .....	17
<i>325mg</i> .....	9	<i>penicillin gk inj 5mu</i> .....	17
<i>oxycodone w/ acetaminophen 2.5-</i>		PENTACEL.....	58
<i>325mg</i> .....	9	PENTAM 300.....	11
<i>oxycodone w/ acetaminophen 5-325mg</i>	9	<i>pentoxifylline</i> .....	55
.....	9	<i>perindopril erbumine</i> .....	23
<i>oxycodone w/ acetaminophen 7.5-</i>		<i>periogard</i> .....	69
<i>325mg</i> .....	9	<i>permethrin cre 5%</i> .....	69
OZEMPIC INJ 0.25 OR 0.5MG/DOSE ..	42	<i>perphenazine</i> .....	36
OZEMPIC INJ 1MG/DOSE.....	42	<i>pfizerpen-g inj 20mu</i> .....	17
<i>pacerone</i> .....	25	<i>pfizerpen-g inj 5mu</i> .....	17
<i>paclitaxel</i> .....	19	<i>phenelzine sulfate</i> .....	33
<i>paliperidone</i> .....	36	<i>phenobarbital</i> .....	31
<i>pamidronate disodium</i> .....	44	<i>phenobarbital sodium</i> .....	31
PAMIDRONATE DISODIUM.....	44	PHENOBARBITAL SODIUM.....	31
<i>pamidronate inj 30mg</i> .....	44	PHENYTEK.....	31
<i>pamidronate inj 90mg</i> .....	44	<i>phenytoin</i> .....	31
PANRETIN.....	68	<i>phenytoin sodium extended</i> .....	31
<i>pantoprazole sodium</i> .....	54	<i>phenytoin sodium inj 50mg/ml</i> .....	31
<i>pantoprazole sodium tbec</i> .....	54	<i>philith</i> .....	47
<i>paricalcitol</i> .....	61	PHOSPHOLINE IODIDE.....	63
<i>paroex sol 0.12%</i> .....	69	PICATO.....	68
<i>paromomycin sulfate</i> .....	10	<i>pilocarpine hcl</i> .....	63
<i>paroxetine hcl tabs</i> .....	33	<i>pilocarpine hcl (oral)</i> .....	69
PASER D/R.....	14	<i>pimozide</i> .....	36
PAXIL.....	33	<i>pimtrea</i> .....	47
PAZEO.....	63	<i>pindolol</i> .....	26
PEDIARIX.....	58	<i>pioglitazone hcl</i> .....	43
PEDVAX HIB.....	58	PIPER/TAZOBA INJ 12-1.5GM.....	17
<i>peg 3350/electrolytes</i> .....	53	<i>piper/tazoba inj 2-0.25gm</i> .....	17
<i>peg 3350-kcl-sod bicarb-sod chloride-</i>		<i>piper/tazoba inj 3-0.375gm</i> .....	17
<i>sod sulfate</i> .....	53	<i>piper/tazoba inj 36-4.5gm</i> .....	17
<i>peg 3350-potassium chloride-sod</i>		<i>piper/tazoba inj 4-0.5gm</i> .....	17
<i>bicarbonate-sod chloride</i> .....	53	<i>pirmella 1/35</i> .....	47
PEGANONE.....	31	<i>piroxicam</i> .....	7
PEGASYS.....	15	PLASMA-LYTE A.....	61
PEGASYS PROCLICK.....	15	PLASMA-LYTE-148.....	61

PNV FOLIC ACID + IRON MUL.....	61	<i>prednisone tab 20mg</i> .....	49
PNV PRENATAL PLUS .....	61	<i>prednisone tab 50mg</i> .....	49
PNV PRENATAL TAB PLUS.....	61	<i>prednisone tab 5mg</i> .....	49
<i>podofilox</i> .....	68	PREMASOL SOL 10% .....	60
<i>polyethylene glycol 3350</i> .....	53	<i>premasol sol 6%</i> .....	60
<i>polymyxin b-trimethoprim</i> .....	62	PRENATAL .....	61
POMALYST CAP 1MG.....	20	PRENATAL PLUS.....	61
POMALYST CAP 2MG.....	20	PRENATAL PLUS LOW IRON .....	61
POMALYST CAP 3MG.....	20	PREPLUS .....	61
POMALYST CAP 4MG.....	20	<i>prevalite</i> .....	26
<i>portia-28</i> .....	47	<i>previfem</i> .....	47
<i>pot chloride inj 2meq/ml</i> .....	61	PREZCOBIX .....	14
<i>potassium chloride</i> .....	59, 61	PREZISTA.....	13
<i>potassium chloride in nacl</i> .....	61	PRIFTIN .....	14
<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	59	PRIMAQUINE PHOSPHATE .....	12
<i>potassium chloride tab cr 10 meq</i> .....	59	<i>primidone</i> .....	31
<i>potassium citrate (alkalinizer) er tabs</i>	54	PRIVIGEN.....	57
PRADAXA .....	55	<i>probenecid</i> .....	7
PRALUENT .....	26	PROCALAMINE .....	60
<i>pramipexole tab 0.125mg</i> .....	34	<i>prochlorperazine inj</i> .....	51
<i>pramipexole tab 0.25mg</i> .....	34	<i>prochlorperazine maleate</i> .....	51
<i>pramipexole tab 0.5mg</i> .....	34	<i>prochlorperazine supp</i> .....	51
<i>pramipexole tab 0.75mg</i> .....	34	PROCRIT .....	55
<i>pramipexole tab 1.5mg</i> .....	34	<i>procto-med hc</i> .....	68
<i>pramipexole tab 1mg</i> .....	34	<i>procto-pak</i> .....	68
<i>prasugrel hcl</i> .....	56	<i>proctosol hc cre 2.5%</i> .....	68
<i>pravastatin sodium</i> .....	25	<i>proctozone-hc</i> .....	68
<i>praziquantel</i> .....	11	PROGLYCEM SUS 50MG/ML .....	49
<i>prazosin hcl</i> .....	23	PROLASTIN-C .....	65
<i>pred sod pho sol 5mg/5ml</i> .....	49	PROLENSA.....	63
<i>prednisolone acetate (ophth)</i> .....	63	PROLIA .....	50
<i>prednisolone sodium phosphate</i> .....	49	PROMACTA .....	55
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) .....	63	<i>promethazine hcl</i> .....	51
<i>prednisolone sol 15mg/5ml</i> .....	49	<i>promethazine hcl inj</i> .....	51
<i>prednisolone sol 25mg/5ml</i> .....	49	<i>propafenone hcl</i> .....	25
PREDNISON CON 5MG/ML .....	49	<i>propafenone hcl 12hr</i> .....	25
<i>prednisone pak 10mg</i> .....	49	<i>proparacaine hcl</i> .....	63
<i>prednisone pak 5mg</i> .....	49	<i>propranolol &amp; hydrochlorothiazide</i> ....	26
<i>prednisone sol 5mg/5ml</i> .....	49	<i>propranolol cap er</i> .....	26
<i>prednisone tab 10mg</i> .....	49	<i>propranolol hcl</i> .....	26
<i>prednisone tab 1mg</i> .....	49	<i>propranolol oral sol</i> .....	26
<i>prednisone tab 2.5mg</i> .....	49	<i>propylthiouracil</i> .....	51
		PROQUAD .....	58
		PROSOL .....	60

<i>protriptyline hcl</i> .....	33	RIFATER.....	14
PULMICORT FLEXHALER .....	66	<i>riluzole</i> .....	39
PULMOZYME .....	65	<i>rimantadine hydrochloride</i> .....	15
PURIXAN .....	18	RISPERDAL INJ 12.5MG .....	36
<i>pyrazinamide</i> .....	14	RISPERDAL INJ 25MG .....	36
<i>pyridostigmine tab 60mg</i> .....	39	RISPERDAL INJ 37.5MG .....	37
QUADRACEL .....	58	RISPERDAL INJ 50MG .....	37
<i>quasense</i> .....	47	<i>risperidone</i> .....	37
<i>quetiapine fumarate</i> .....	36	<i>ritonavir</i> .....	13
<i>quinapril hcl</i> .....	23	RITUXAN.....	19
<i>quinapril-hydrochlorothiazide</i> .....	23	RITUXAN HYCELA.....	19
<i>quinidine gluconate</i> .....	25	<i>rivastigmine tartrate</i> .....	32
<i>quinidine sulfate</i> .....	25	<i>rivastigmine td patch 24hr 13.3</i>	
<i>quinine sulfate</i> .....	12	<i>mg/24hr</i> .....	32
RABAVERT.....	58	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>raloxifene hcl</i> .....	50	.....	32
<i>ramipril</i> .....	23	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
RANEXA .....	28	.....	32
<i>ranitidine hcl</i> .....	52	<i>rizatriptan benzoate</i> .....	39
<i>ranitidine hcl inj</i> .....	52	<i>rizatriptan benzoate odt</i> .....	39
<i>ranitidine inj</i> .....	52	<i>ropinirole tab 0.25mg</i> .....	34
<i>ranitidine syrup</i> .....	52	<i>ropinirole tab 0.5mg</i> .....	34
RAPAMUNE .....	57	<i>ropinirole tab 1mg</i> .....	34
<i>rasagiline mesylate</i> .....	34	<i>ropinirole tab 2mg</i> .....	34
RAYALDEE.....	61	<i>ropinirole tab 3mg</i> .....	34
REBETOL SOLN .....	15	<i>ropinirole tab 4mg</i> .....	34
<i>reclipsen</i> .....	47	<i>ropinirole tab 5mg</i> .....	34
RECOMBIVAX HB.....	58	<i>rosadan</i> .....	68
REGRANEX .....	69	<i>rosuvastatin calcium</i> .....	25
RELENZA DISKHALER .....	15	ROTARIX.....	58
RELISTOR .....	53	ROTATEQ .....	58
REMICADE.....	56	<i>roweepra</i> .....	31
REMODULIN .....	29	<i>roweepra xr</i> .....	31
<i>repaglinide</i> .....	43	RUBRACA.....	19
RESCRIPTOR .....	13	RYDAPT .....	22
RESTASIS .....	64	SABRIL .....	31
RESTASIS MULTIDOSE.....	64	SANDIMMUNE.....	57
REVLIMID.....	20	SANTYL.....	69
REXULTI .....	36	SAPHRIS .....	37
REYATAZ.....	13	<i>scopolamine patch</i> .....	52
<i>ribasphere</i> .....	15	<i>selegiline hcl</i> .....	35
<i>ribavirin 200mg</i> .....	15	<i>selenium sulfide</i> .....	67
<i>rifabutin</i> .....	14	SELZENTRY .....	13
<i>rifampin</i> .....	14	SENSIPAR .....	44

SEREVENT DISKUS.....	65	<i>streptomycin sulfate</i> .....	10
<i>sertraline hcl</i> .....	33	STRIBILD .....	14
<i>setlakin tab</i> .....	47	SUBOXONE MIS 12-3MG .....	41
<i>sevelamer carbonate</i> .....	50	SUBOXONE MIS 2-0.5MG .....	41
<i>sharobel</i> .....	47	SUBOXONE MIS 4-1MG .....	41
SHINGRIX .....	58	SUBOXONE MIS 8-2MG .....	41
SIGNIFOR .....	50	<i>subvenite tab</i> .....	31
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i> .....	29	<i>sucralfate</i> .....	53
SILENOR .....	38	<i>sulfacetamide sodium (acne)</i> .....	66
<i>silver sulfadiazine</i> .....	66	<i>sulfacetamide sodium (ophth)</i> .....	62
SIMBRINZA .....	63	<i>sulfacetamide sod-prednisolone</i> .....	62
<i>simvastatin</i> .....	25	SULFADIAZINE .....	10
<i>sirolimus</i> .....	57	<i>sulfamethoxazole-trimethop ds</i> .....	11
SIRTURO.....	14	<i>sulfamethoxazole-trimethoprim inj</i> ....	11
SIVEXTRO .....	11	<i>sulfamethoxazole-trimethoprim susp</i> .	11
<i>sodium chlor sol 0.9% irr</i> .....	69	<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> .....	11
<i>sodium chloride</i> .....	59, 61	SULFAMYLON .....	66
<i>sodium chloride 0.45%</i> .....	61	<i>sulfasalazine</i> .....	52
<i>sodium chloride inj 0.9%</i> .....	61	<i>sulfasalazine ec</i> .....	52
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	59	<i>sulindac</i> .....	7
<i>sodium phenylbutyrate</i> .....	48	<i>sumatriptan</i> .....	39
<i>sodium polystyrene sulfonate powder</i> .....	44	<i>sumatriptan inj 4mg/0.5ml</i> .....	39
<i>sodium polystyrene sulfonate susp</i> ....	44	<i>sumatriptan inj 6mg/0.5ml</i> .....	39
SOLIQUA 100/33.....	42	<i>sumatriptan succinate</i> .....	39
SOLTAMOX .....	20	SUPRAX .....	16
SOLU-CORTEF .....	49	SUPREP BOWEL PREP KIT.....	53
SOMATULINE DEPOT .....	50	SUTENT .....	22
SOMAVERT .....	50	<i>syeda</i> .....	47
<i>sorine</i> .....	25	SYLATRON KIT 200MCG .....	22
<i>sotalol hcl</i> .....	25	SYLATRON KIT 300MCG .....	22
<i>sotalol hcl (afib/afl)</i> .....	25	SYLATRON KIT 600MCG .....	22
<i>spironolactone</i> .....	23	SYMBICORT.....	66
<i>spironolactone &amp; hydrochlorothiazide</i> .....	28	SYMDEKO.....	65
<i>sprintec 28</i> .....	47	SYMFI .....	14
SPRITAM .....	31	SYMFI LO .....	14
SPRYCEL .....	22	SYMPROIC.....	53
<i>sps susp 15gm/60ml</i> .....	44	SYMTUZA .....	14
<i>sronyx</i> .....	47	SYNAREL.....	48
<i>ssd</i> .....	66	SYNERCID .....	11
<i>stavudine</i> .....	13	SYNJARDY TAB 12.5-1000MG .....	44
STIMATE .....	51	SYNJARDY TAB 12.5-500MG .....	44
STIVARGA.....	22	SYNJARDY TAB 5-1000MG .....	43
		SYNJARDY TAB 5-500MG.....	43

SYNJARDY XR TAB 10-1000MG .....	44	<i>thioridazine hcl</i> .....	37
SYNJARDY XR TAB 12.5-1000MG .....	44	<i>thiothixene</i> .....	37
SYNJARDY XR TAB 25-1000MG .....	44	<i>tiagabine hcl</i> .....	32
SYNJARDY XR TAB 5-1000MG .....	44	TIBSOVO.....	19
SYNRIBO.....	22	<i>tigecycline</i> .....	11
SYNTHROID.....	51	<i>tilia fe</i> .....	47
TABLOID .....	18	<i>timolol maleate</i> .....	26
<i>tacrolimus</i> .....	57	<i>timolol maleate (ophth) soln</i> .....	63
<i>tacrolimus (topical)</i> .....	68	<i>timolol maleate gel</i> .....	63
TAFINLAR.....	22	<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	63
TAGRISSE.....	22	TIVICAY .....	13
<i>tamoxifen citrate</i> .....	20	<i>tizanidine hcl</i> .....	40
<i>tamsulosin hcl</i> .....	54	TOBRADEX .....	62
TARCEVA .....	22	TOBRADEX ST .....	62
TARGRETIN .....	68	<i>tobramycin</i> .....	10
<i>tarina fe 1/20</i> .....	47	<i>tobramycin (ophth)</i> .....	62
TASIGNA.....	22	<i>tobramycin inj 1.2 gm/30ml</i> .....	10
TAXOTERE.....	19	<i>tobramycin inj 1.2gm</i> .....	10
<i>tazarotene</i> .....	67	<i>tobramycin inj 10mg/ml</i> .....	10
<i>tazicef</i> .....	16	<i>tobramycin inj 40mg/ml</i> .....	10
TAZORAC .....	67	<i>tobramycin inj 80mg/2ml</i> .....	10
<i>taztia xt</i> .....	27	<i>tobramycin-dexamethasone</i> .....	62
TECENTRIQ .....	19	<i>tolterodine tartrate cap er</i> .....	54
TEFLARO .....	16	<i>tolterodine tartrate tabs</i> .....	54
TEKTURNA .....	27	<i>topiramate</i> .....	32
TEKTURNA HCT.....	27	<i>toposar</i> .....	23
<i>telmisartan</i> .....	24	<i>topotecan hcl</i> .....	23
<i>temazepam</i> .....	38	TOPOTECAN INJ 4MG/4ML.....	23
TENIVAC .....	58	<i>toremide tabs</i> .....	28
<i>tenofovir disoproxil fumarate</i> .....	13	TOVIAZ.....	54
<i>terazosin hcl</i> .....	23	<i>tpn electrolytes</i> .....	59
<i>terbinafine hcl</i> .....	12	TRACLEER .....	29
<i>terbutaline sulfate</i> .....	65	TRADJENTA .....	44
<i>terconazole vaginal</i> .....	54	<i>tramadol hcl tab 50 mg</i> .....	8
<i>testosterone</i> .....	41	<i>tramadol-acetaminophen</i> .....	8
<i>testosterone cypionate</i> .....	41	<i>trandolapril</i> .....	23
<i>testosterone enanthate</i> .....	41	<i>tranexamic acid</i> .....	56
TETANUS/DIPHThERIA TOXOID .....	58	TRANSDERM-SCOP .....	52
<i>tetrabenazine</i> .....	40	<i>tranylcypromine sulfate</i> .....	33
<i>tetracycline hcl</i> .....	17	TRAVASOL.....	60
TEXACORT SOLN 2.5% .....	68	TRAVATAN Z.....	63
THALOMID .....	20	<i>trazodone hcl</i> .....	33
THEO-24 .....	65	TRECATOR .....	14
<i>theophylline</i> .....	65		

TRELEGY ELLIPTA.....	64	TWINRIX INJ .....	58
TRELSTAR DEP INJ 3.75MG .....	20	TYBOST .....	13
TRELSTAR LA INJ 11.25MG.....	20	TYKERB.....	22
TRESIBA FLEXTOUCH.....	42	TYMLOS .....	50
<i>tretinoin</i> .....	66	TYPHIM VI.....	58
<i>tretinoin (chemotherapy)</i> .....	22	ULORIC.....	7
<i>triamcinolone acetonide (mouth)</i> .....	69	<i>unithroid</i> .....	51
<i>triamcinolone acetonide (topical)</i> .....	68	<i>ursodiol</i> .....	53
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....	28	<i>valacyclovir hcl</i> .....	15
<i>triamterene &amp; hydrochlorothiazide tabs</i> .....	28	VALCHLOR .....	69
TRICARE .....	61	<i>valganciclovir hcl</i> .....	15
<i>trientine hcl</i> .....	44	<i>valproate sodium</i> .....	32
<i>trifluoperazine hcl</i> .....	37	<i>valproic acid</i> .....	32
<i>trifluridine</i> .....	62	<i>valsartan</i> .....	24
<i>trihexyphenidyl hcl</i> .....	35	<i>valsartan-hydrochlorothiazide</i> .....	24
<i>tri-legest fe</i> .....	47	<i>vancomycin hcl</i> .....	11
<i>tri-lynyah</i> .....	47	VANCOMYCIN IN NACL.....	11
<i>tri-lo marzia</i> .....	47	<i>vandazole</i> .....	54
<i>tri-lo-estarylla</i> .....	47	VAQTA.....	58
<i>tri-lo-sprintec</i> .....	47	VARIVAX .....	58
<i>trilyte</i> .....	53	VASCEPA.....	26
<i>trimethoprim</i> .....	11	VELCADE.....	19
<i>tri-mili</i> .....	47	<i>velivet</i> .....	48
<i>trimipramine maleate</i> .....	33, 34	VEMLIDY .....	15
<i>trinessa</i> .....	47	VENCLEXTA .....	19
<i>trinessa lo</i> .....	47	VENCLEXTA STARTING PACK .....	19
TRINTELLIX .....	34	<i>venlafaxine hcl</i> .....	34
<i>tri-previfem</i> .....	47	VENTAVIS .....	29
<i>tri-sprintec</i> .....	47	VENTOLIN HFA.....	65
TRIUMEQ .....	14	<i>verapamil cap er</i> .....	27
<i>trivora-28</i> .....	48	<i>verapamil hcl</i> .....	27
<i>tri-vylibra</i> .....	47	<i>verapamil hcl tab er</i> .....	27
TROGARZO.....	13	VERSACLOZ.....	37
TROPHAMINE INJ 10%.....	60	VERZENIO .....	19
<i>trospium chloride</i> .....	54	VESICARE .....	54
TRULICITY.....	42	VICTOZA.....	42
TRUMENBA .....	58	VIDEX EC.....	13
TRUVADA TAB 100-150.....	14	VIDEX PEDIATRIC .....	13
TRUVADA TAB 133-200.....	14	<i>vienva</i> .....	48
TRUVADA TAB 167-250.....	14	<i>vigabatrin powd pack 500mg</i> .....	32
TRUVADA TAB 200-300.....	14	VIIIBRYD STARTER PACK .....	34
<i>tulana</i> .....	48	VIIIBRYD TAB .....	34
		VIMPAT .....	32
		VIMPAT INJ 200MG/20ML.....	32

VIMPAT SOL 10MG/ML .....	32	XYREM .....	40
<i>vinblastine sulfate</i> .....	19	YF-VAX .....	58
<i>vincasar pfs</i> .....	19	<i>yuvafem vaginal tablet 10 mcg</i> .....	49
<i>vincristine sulfate</i> .....	19	<i>zafirlukast</i> .....	65
<i>vinorelbine tartrate</i> .....	19	<i>zarah</i> .....	48
<i>viorele</i> .....	48	ZEJULA .....	19
VIRACEPT .....	13	ZELBORAF .....	22
VIRAMUNE .....	13	ZEMAIRA .....	65
VIREAD .....	13	<i>zenatane</i> .....	66
VIVITROL .....	41	<i>zenchent</i> .....	48
VOL-PLUS .....	61	ZENPEP .....	53
<i>voriconazole</i> .....	12	ZEPATIER .....	15
VOSEVI .....	15	ZERIT .....	13
VOTRIENT .....	22	<i>zidovudine cap 100mg</i> .....	13
VRAYLAR .....	37	<i>zidovudine syp 50mg/5ml</i> .....	13
VRAYLAR THERAPY PACK .....	37	<i>zidovudine tab 300mg</i> .....	13
<i>vyfemla</i> .....	48	<i>ziprasidone hcl</i> .....	37
<i>vylibra</i> .....	48	ZIRGAN .....	62
<i>warfarin sodium</i> .....	55	<i>zoledronic acid inj 5mg/100ml</i> .....	44
<i>water for irrigation, sterile</i> .....	69	<i>zoledronic inj 4mg/5ml</i> .....	44
WELCHOL PAK .....	26	ZOLINZA .....	19
XALKORI .....	22	<i>zolmitriptan</i> .....	39
XARELTO .....	55	<i>zolmitriptan odt</i> .....	39
XARELTO STARTER PACK .....	55	<i>zolpidem tartrate</i> .....	39
XATMEP .....	56	<i>zonisamide</i> .....	32
XELJANZ .....	56	ZONTIVITY .....	56
XELJANZ XR .....	56	ZORTRESS TAB 0.25MG .....	57
XGEVA .....	50	ZORTRESS TAB 0.5MG .....	57
XIFAXAN .....	53	ZORTRESS TAB 0.75MG .....	57
XIGDUO XR TAB 10-1000MG .....	44	ZOSTAVAX .....	58
XIGDUO XR TAB 10-500MG .....	44	<i>zovia 1/35e</i> .....	48
XIGDUO XR TAB 2.5-1000MG .....	44	<i>zovia 1/50e</i> .....	48
XIGDUO XR TAB 5-1000MG .....	44	ZYDELIG .....	22
XIGDUO XR TAB 5-500MG .....	44	ZYKADIA .....	22
XOLAIR .....	65	ZYLET .....	62
XTANDI .....	20	ZYPREXA RELPREVV .....	37
<i>xulane</i> .....	48	ZYPREXA RELPREVV INJ 210MG .....	37
XULTOPHY 100/3.6 .....	42	ZYTIGA .....	20

## Multi-Language & Non-Discrimination Notice

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

GlobalHealth:

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

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

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

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

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

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

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

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

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

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

သတိပဋိပေးရန်။ ။ ခဏတစ်ခဏ ဖတ်စားပေးရန် ။ အသံထွက် ဘာသာစကား လိုအပ်မှု အကူအညီမရဘဲ ကို အခဲ ။  
ဆက်သွယ်ပေးနေပါသည်။ ဖုန်းနံပါတ် 1-844-280-5555 (TTY: 711) ကို ခေါ်ဆိုပါသည်။

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

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

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

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-844-280-5555 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-280-5555 (TTY: 711).

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

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

شما برای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر: توجه  
بگیرید تماس با . باشد می فراهم 1-844-280-5555 (TTY: 711)

This formulary was updated on 10/01/2018.

For more recent information or other questions, please contact GlobalHealth Customer Care at 1-866-494-3927 or, for TTY users, 711 24 hours a day, seven days a week or visit [www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare).



This formulary was updated on 10/01/2018  
For more recent information or other questions, please  
contact GlobalHealth Customer Care  
at 1-866-494-3927 or, for TTY users, 711  
24 hours a day, seven days a week  
or visit [www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare)