



GlobalHealth 2022 Formulary (List of Covered Drugs)

For Generations Special Care
(HMO C-SNP) and
Generations Special Care
Savings (HMO C-SNP)



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

This formulary was updated on 05/01/2022.
For more recent information or 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

GlobalHealth is an HMO/HMO C-SNP plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) in 2022. This approval is based on a review of GlobalHealth's Model of Care.

HPMS Formulary File Submission ID: 00022080
Version Number 11

Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) 2022 Formulary (List of Covered Drugs)

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ABOUT THE DRUGS WE COVER IN THIS PLAN**

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2022. 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, 2022, and from time to time during the year.

What is the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) 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.

For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **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 how to request an exception, and you can find information in the section below titled “How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)’s 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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.
 - If we make these other changes, 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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2022. 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. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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”. If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 84. 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 our plan before you fill your prescriptions. If you don't get approval, we 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 Rosuvastatin. 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)'s 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.

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 our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)'s 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 lower cost-sharing level, unless the drug is 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 while you pursue a formulary exception.

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

For more information

For more detailed information about your Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) 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 84.

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

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

You can find information on what the symbols and abbreviations on this table mean here:

- B/D – This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC – Gap Coverage. Your plan offers additional coverage in the Coverage Gap phase for these medications. Refer to your Explanation of Coverage for cost sharing information.
- LA – Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-494-3927, 24 hours a day, seven days a week. TTY users should call 711.
- NM – Not available at our Mail-order pharmacies.
- PA – Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- QL – Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for rosuvastatin.
- SI – Select Insulins. Your plan offers additional coverage in the Initial Coverage and Coverage Gap phases for Select Insulins. Refer to your Explanation of Coverage for cost sharing information.
- ST – 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Copayments and coinsurance amounts are shown in the Evidence of Coverage booklet in Chapter 6, Sections 5.2 and 5.4.

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	

NSAIDS

<i>celecoxib</i> CAPS 50mg	2	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	1	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	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. SI - Select Insulins

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	2	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg	2	QL (360 tabs / 30 days)
endocet tab 5-325mg	2	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	2	QL (240 tabs / 30 days)
endocet tab 10-325mg	2	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	2	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	2	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	2	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	2	QL (180 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. **SI** - Select Insulins

Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	2	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
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ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
<i>atovaquone</i> SUSP 750mg/5ml	2	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	GC
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	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. **SI** - Select Insulins

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i> SOLR 150mg	2	
<i>dapsone</i> TABS 25mg, 100mg	2	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	
<i>gentamicin in saline inj</i> 0.8 mg/ml	2	
<i>gentamicin in saline inj</i> 1 mg/ml	2	
<i>gentamicin in saline inj</i> 1.2 mg/ml	2	
<i>gentamicin in saline inj</i> 1.6 mg/ml	2	
<i>gentamicin in saline inj</i> 2 mg/ml	2	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	2	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	2	
<i>ivermectin</i> TABS 3mg	2	PA
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	2	
<i>meropenem</i> SOLR 1gm, 500mg	2	
<i>methenamine hippurate</i> TABS 1gm	2	
<i>metronidazole</i> SOLN 500mg/100ml	2	
<i>metronidazole</i> TABS 250mg, 500mg	1	GC
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	2	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	
<i>praziquantel</i> TABS 600mg	2	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	2	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	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. **SI** - Select Insulins

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	GC
SYNERCID INJ 500MG	5	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
TRIMETHOPRIM TABS 100mg	1	GC
<i>vancomycin hcl CAPS 125mg</i>	2	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	2	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b SOLR 50mg</i>	2	B/D
<i>amphotericin b liposome SUSR 50mg</i>	5	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	2	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	2	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	2	
<i>itraconazole CAPS 100mg</i>	2	PA
<i>ketoconazole TABS 200mg</i>	2	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>nystatin TABS 500000unit</i>	2	
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	GC, QL (90 tabs / year)

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	
<i>emtricitabine</i> CAPS 200mg	2	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	
LEXIVA SUSP 50mg/ml	4	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	2	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	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)
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	2	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	2	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ TAB	5	

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	LA, PA
TRECATOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	GC
<i>acyclovir SUSP 200mg/5ml</i>	2	
<i>acyclovir sodium SOLN 50mg/ml</i>	2	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	GC
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefprozime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin SOLN 25mg/ml</i>	2	
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	GC
<i>amoxicillin CHEW 125mg, 250mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	GC
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>naftillin sodium SOLR 1gm, 2gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	2	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	PA
<i>tigecycline</i> SOLR 50mg	2	
TIGECYCLINE SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	2	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	1	GC
<i>bicalutamide</i> TABS 50mg	2	

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Drug Name	Drug Tier	Requirements/Limits
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
<i>exemestane</i> TABS 25mg	2	
<i>flutamide</i> CAPS 125mg	2	
<i>fulvestrant</i> SOLN 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	GC
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D, NM
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	2	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NM, LA, PA
FARYDAK CAPS 10mg, 15mg, 20mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
UKONIQ TABS 200mg	5	NM, LA, PA
VELCADE SOLR 3.5mg	5	NM, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk	5	NM, LA, PA
20mg, 40mg		
XPOVIO 40 MG TWICE WEEKLY TBPk	5	NM, LA, PA
20mg, 40mg		
XPOVIO 60 MG ONCE WEEKLY TBPk	5	NM, LA, PA
20mg, 60mg		
XPOVIO 60 MG TWICE WEEKLY TBPk	5	NM, LA, PA
20mg		
XPOVIO 80 MG ONCE WEEKLY TBPk	5	NM, LA, PA
20mg, 40mg		
XPOVIO 80 MG TWICE WEEKLY TBPk	5	NM, LA, PA
20mg		
XPOVIO 100 MG ONCE WEEKLY TBPk	5	NM, LA, PA
20mg, 50mg		
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC, QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	GC
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	GC
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	GC
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	GC
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	GC
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	GC
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	2	
<i>KERENDIA</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	GC
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC, QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC, QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg</i>	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	GC, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	GC, QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	GC, QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	GC
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	2	
<i>pacerone</i> TABS 200mg	1	GC
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	

ANTILIPEMICS, FIBRATES

<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	GC

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	GC, QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	GC
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	GC
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	GC
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	GC
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	2	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	2	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	GC
<i>amiloride hcl</i> TABS 5mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	GC
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	GC
<i>CORLANOR</i> SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digitek</i> TABS .125mg, .25mg	2	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	2	
<i>methyldopa</i> TABS 250mg, 500mg	2	PA; PA if 70 years and older
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTiom TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam inj</i> SOLN 5mg/ml	2	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	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 250mg/5ml	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 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	2	
NAYZILAM SOLN 5mg/0.1ml	4	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	GC
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	5	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	GC
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI TABS 50mg	5	QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	GC
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	

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Drug Name	Drug Tier	Requirements/Limits
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone TABS 200mg</i>	2	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	GC
<i>rasagiline mesylate TABS 1mg</i>	2	QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	2	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	GC
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	2	QL (900 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	2	QL (30 tabs / 30 days)
<i>HETLIOZ CAPS 20mg</i>	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam CAPS 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 CAPS 15mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam CAPS 30mg</i>	2	QL (30 caps / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	5	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	GC
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	

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Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	2	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, 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 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	
CHANTIX PAK 0.5& 1MG	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days), PA
VIVITROL SUSR 380mg	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>ANDRODERM</i> PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	2	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	2	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	GC, QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	GC, QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	GC, QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	GC, QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	GC, QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS 25mg	3	GC, QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	GC, QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	GC, QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	3	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	GC, QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	GC, QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	GC, QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	3	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI
NOVOLIN INJ 70/30	3	SI (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI (brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	SI (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI (brand RELION not covered)
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days); SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
<i>ibandronate sodium</i> TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	5	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>caziant</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i> TABS .35mg	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>ELLA</i> TABS 30mg	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</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	

Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be</i> TABS .35mg	2	
<i>norethindrone (contraceptive)</i> TABS .35mg	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</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>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
SYNAREL SOLN 2mg/ml	5	

ESTROGENS

<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	GC, B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	

MISCELLANEOUS

ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>*betaine powder for oral solution***</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	2	
CARBAGLU TBSO 200mg	5	NM, LA, PA
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	2	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA

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<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; <i>SOSY</i> 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; <i>SOSY</i> 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
<i>SIGNIFOR</i> SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
<i>SOMATULINE DEPOT</i> SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
<i>SOMAVERT</i> SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	2	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	QL (540 tabs / 30 days)
<i>VELPHORO</i> CHEW 500mg	5	QL (180 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	2	

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
<i>famotidine</i> SUSR 40mg/5ml	2	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	PA
<i>budesonide</i> TB24 9mg	5	PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/flavor pack</i>	1	GC
<i>generlac SOLN 10gm/15ml</i>	2	
GOLYTELY SOL	3	
<i>lactulose SOLN 10gm/15ml</i>	2	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	2	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	GC
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	GC
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	

MISCELLANEOUS

<i>alosetron hcl TABS 1mg</i>	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	2	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	2	
<i>misoprostol TABS 100mcg, 200mcg</i>	2	
MOVANTIK TABS 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate TABS 1gm</i>	2	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	2	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNIT	4	
ZENPEP CAP 15000UNIT	4	
ZENPEP CAP 20000UNIT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	

PROTON PUMP INHIBITORS

DEXILANT CPDR 30mg, 60mg	4	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	GC
pantoprazole sodium SOLR 40mg	2	
pantoprazole sodium TBEC 20mg, 40mg	1	GC

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin hcl TB24 10mg	1	GC, QL (30 tabs / 30 days)
dutasteride CAPS .5mg	2	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	QL (30 caps / 30 days)
finasteride TABS 5mg	1	GC
tamsulosin hcl CAPS .4mg	1	GC

MISCELLANEOUS

acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	2	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	2	

URINARY ANTISPASMODICS

MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	2	
oxybutynin chloride TB24 5mg	2	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	2	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
VANDAZOLE GEL .75%	2	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	2	
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	2	
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	2	
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	GC
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	GC
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
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Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (7 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (7 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1mg/ml	5	QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml	5	NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, PA
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 50000000unit	5	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR 10000000unit	3	B/D, NM
INTRON A SOLR 18000000unit	4	B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D
ZORTRESS TABS 1mg	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENG VAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	

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Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	2
D5W/LYTES INJ #48	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</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	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	2	
<i>klor-con 8</i> TBCR 8meq	1	GC
<i>klor-con 10</i> TBCR 10meq	1	GC
<i>klor-con m10</i> TBCR 10meq	1	GC
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	1	GC
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	GC
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	GC
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%, 70%	2	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	GC
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	GC
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	GC
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentak OINT .3%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	GC
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine</i> SOLN 1%	2	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .09%	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	2	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>bepotastine besilate</i> SOLN 1.5%	2	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	GC
LASTACFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	GC
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	GC
<i>latanoprost</i> SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	2	

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Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	2	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>neomycin-polymyxin-hc otic soln</i> 1%	2	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	GC
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	2	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	2	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	2	PA
<i>avita</i> CREA .025%; GEL .025%	2	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	2	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	GC, QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	2	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	GC, QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	GC
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	GC, QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	GC
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triderm</i> CREA .5%	1	GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (topical) GEL 1%</i>	2	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical) CREA 5%</i>	2	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 2.5%</i>	1	GC
<i>imiquimod CREA 5%</i>	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	2	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	2	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	2	QL (59 mL / 30 days)
<i>PANRETIN GEL .1%</i>	5	QL (60 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	2	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	2	
<i>procto-pak CREA 1%</i>	2	
<i>proctosol hc CREA 2.5%</i>	2	
<i>proctozone-hc CREA 2.5%</i>	2	
<i>RECTIV OINT .4%</i>	4	QL (30 gm / 30 days)
<i>rosadan CREA .75%</i>	2	QL (45 gm / 30 days)
<i>tacrolimus (topical) OINT .03%, .1%</i>	2	QL (100 gm / 30 days)
<i>TARGRETIN GEL 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>VALCHLOR GEL .016%</i>	5	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion LOTN .5%</i>	2	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL .01%</i>	5	QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</i>	2	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

Index

*

*betaine powder for oral solution*** 59

A

<i>abacavir sulfate</i>	12	<i>afirmelle</i>	53
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	13	AIMOVIG	46
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	13	<i>ala-cort</i>	80
ABELCET	11	<i>albendazole</i>	9
ABILIFY MAINTENA	41	<i>albuterol sulfate</i>	76
<i>abiraterone acetate</i>	19	<i>alclometasone dipropionate</i>	80
ABRAXANE INJ 100MG	21	ALDURAZYME	59
<i>acamprosate calcium</i>	47	ALECENSA	21
<i>acarbose</i>	48	<i>alendronate sodium</i>	53
<i>accutane</i>	79	<i>alfuzosin hcl</i>	64
<i>acebutolol hcl</i>	31	ALIMTA	19
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	8	<i>aliskiren fumarate</i>	33
<i>acetaminophen w/ codeine tab 300-15 mg</i>	8	<i>allopurinol</i>	7
<i>acetaminophen w/ codeine tab 300-30 mg</i>	8	<i>alose tron hcl</i>	63
<i>acetaminophen w/ codeine tab 300-60 mg</i>	8	ALPHAGAN P	74
<i>acetazolamide</i>	33	<i>alprazolam</i>	34
<i>acetic acid</i>	64	ALREX.....	74
<i>acetic acid (otic)</i>	75	<i>altavera</i>	53
<i>acetylcysteine</i>	77	ALUNBRIG	21
<i>acitretin</i>	80	ALUNBRIG PAK.....	21
ACTHIB INJ	69	<i>alyacen 1/35</i>	53
ACTIMMUNE.....	68	<i>alyacen 7/7/7</i>	53
<i>acyclovir</i>	14	<i>amabelz</i>	57
<i>acyclovir sodium</i>	14	<i>amantadine hcl</i>	40
ADACEL INJ	69	AMBISOME	11
<i>adefovir dipivoxil</i>	14	<i>ambrisentan</i>	34
ADEMPAS	34	<i>amikacin sulfate</i>	9
ADRENALIN.....	33	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	33
<i>adriamycin</i>	19	<i>amiloride hcl</i>	33
ADVAIR DISKU AER 100/50.....	78	<i>amiodarone hcl</i>	30
ADVAIR DISKU AER 250/50.....	79	<i>amitriptyline hcl</i>	39
ADVAIR DISKU AER 500/50.....	79	<i>amlodipine besylate</i>	32
ADVAIR HFA AER 115/21	79	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	26
ADVAIR HFA AER 230/21	79	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	26
ADVAIR HFA AER 45/21	79	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	26
AFINITOR	21	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	26
AFINITOR DISPERZ	21	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	26
		<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	26

<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	28
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	28
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	28
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	28
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	28
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	28
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	28
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	28
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	28
<i>amnestem</i>	79
<i>amoxapine</i>	39
<i>amoxicillin</i>	17
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	17
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	17
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	17
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	17
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	17
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	17
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	17
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	44
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	44
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	44
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	44
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	44
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	44
<i>amphetamine-dextroamphetamine tab 10 mg</i>	44
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	44
<i>amphetamine-dextroamphetamine tab 15 mg</i>	44
<i>amphetamine-dextroamphetamine tab 20 mg</i>	45
<i>amphetamine-dextroamphetamine tab 30 mg</i>	45
<i>amphetamine-dextroamphetamine tab 5 mg</i>	44
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	44
<i>amphotericin b</i>	11
<i>amphotericin b liposome</i>	11
<i>ampicillin</i>	17
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	17
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	17
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	17
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	17
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	17

<i>ampicillin sodium</i>	17	AYVAKIT	21
<i>anagrelide hcl</i>	66	<i>azacitidine</i>	19
<i>anastrozole</i>	19	<i>azathioprine</i>	69
ANDRODERM.....	48	<i>azelastine hcl</i>	76
ANORO ELLIPT AER 62.5-25	75	<i>azelastine hcl (ophth)</i>	74
<i>aprepitant</i>	61	<i>azithromycin</i>	16
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	61	<i>aztreonam</i>	9
<i>apri</i>	53	<i>azurette</i>	53
APTIOM	35	B	
APTIVUS	12	<i>bacitracin (ophthalmic)</i>	73
ARALAST NP.....	77	<i>bacitracin-polymyxin b ophth oint</i>	73
<i>aranelle</i>	53	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	73
ARCALYST	68	<i>baclofen</i>	47
<i>aripiprazole</i>	41, 42	<i>balsalazide disodium</i>	62
ARISTADA	42	BALVERSA	21
ARISTADA INITIO	42	<i>balziva</i>	53
<i>armodafinil</i>	47	BARACLUDE.....	14
ARNUITY ELLIPTA	78	BASAGLAR KWIKPEN.....	51
<i>asenapine maleate</i>	42	BCG VACCINE	69
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	66	BD ALCOHOL SWABS	51
<i>atazanavir sulfate</i>	12	BELSOMRA	45
<i>atenolol</i>	31	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	27
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	31	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	27
<i>atenolol & chlorthalidone tab 50-25 mg</i>	31	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	27
<i>atomoxetine hcl</i>	45	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	27
<i>atorvastatin calcium</i>	30	<i>benazepril hcl</i>	27
<i>atovaquone</i>	9	BENDEKA	18
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	12	BENLYSTA	69
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	12	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	79
ATROPINE SULFATE	75	<i>benztropine mesylate</i>	40
<i>atropine sulfate (ophthalmic)</i>	75	<i>bepotastine besilate</i>	74
ATROVENT HFA	76	BEPREVE	74
<i>aubra eq</i>	53	BERINERT	66
<i>aurovela 1/20</i>	53	BESIVANCE	73
<i>aurovela fe 1.5/30</i>	53	BESREMI	20
<i>aurovela fe 1/20</i>	53	<i>betamethasone dipropionate (topical)</i>	80
AUSTEDO	46	<i>betamethasone dipropionate</i> <i>augmented</i>	80
AVASTIN	21	<i>betamethasone valerate</i>	80, 81
<i>aviane</i>	53	BETASERON.....	47
<i>avita</i>	79		
<i>ayuna</i>	53		

<i>betaxolol hcl (ophth)</i>	74
<i>bethanechol chloride</i>	64
BETOPTIC-S.....	74
BEVESPI AER 9-4.8MCG.....	75
<i>bexarotene</i>	20
BEXSERO INJ	69
<i>bicalutamide</i>	19
BICILLIN L-A.....	17
BIKTARVY TAB 30-120-15 MG	13
BIKTARVY TAB 50-200-25 MG	13
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg.....	31
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg.....	31
<i>bisoprolol & hydrochlorothiazide tab</i> 5- 6.25 mg	31
<i>bisoprolol fumarate</i>	31
BIVIGAM	68
BLEPHAMIDE OIN S.O.P.....	73
<i>blisovi fe 1.5/30</i>	53
BOOSTRIX INJ.....	69
BORTEZOMIB	21
<i>bosentan</i>	34
BOSULIF.....	21
BRAFTOVI.....	22
BREO ELLIPTA INH 100-25.....	79
BREO ELLIPTA INH 200-25.....	79
BREZTRI AERO AER SPHERE.....	75
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	75
<i>briellyn</i>	54
BRILINTA.....	66
<i>brimonidine tartrate</i>	74
<i>brinzolamide</i>	74
BRIVIACT	35
<i>bromfenac sodium (ophth)</i>	74
<i>bromocriptine mesylate</i>	40
BROMSITE	74
BRUKINSA	22
<i>budesonide</i>	62
<i>budesonide (inhalation)</i>	78
<i>bumetanide</i>	33
<i>buprenorphine hcl</i>	48
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	48

<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv).....	48
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	48
<i>bupropion hcl</i>	39
<i>bupropion hcl (smoking deterrent)</i> ...	48
<i>buspirone hcl</i>	34
<i>butorphanol tartrate</i>	8
BYDUREON BCISE	48
BYETTA.....	49

C	
<i>cabergoline</i>	59
CABOMETYX	22
<i>calcipotriene</i>	80
<i>calcitonin (salmon) spray</i>	53
<i>calcitrene</i>	80
<i>calcitriol</i>	61
<i>calcium acetate (phosphate binder)</i> ..	60
CALQUENCE.....	22
<i>camila</i>	54
CAPLYTA	42
CAPRELSA	22
<i>captopril</i>	27
<i>carb/levo orally disintegrating tab</i> 10- 100mg	41
<i>carb/levo orally disintegrating tab</i> 25- 100mg	41
<i>carb/levo orally disintegrating tab</i> 25- 250mg	41
CARBAGLU	59
<i>carbamazepine</i>	35
<i>carbidopa & levodopa tab</i> 10-100 mg	41
<i>carbidopa & levodopa tab</i> 25-100 mg	41
<i>carbidopa & levodopa tab</i> 25-250 mg	41
<i>carbidopa & levodopa tab er</i> 25-100 mg	41
<i>carbidopa & levodopa tab er</i> 50-200 mg	41
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	41
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	41

<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorpromazine hcl</i>	42
25-100-200 mg	41	CHLORPROMAZINE HYDROCHLOR....	42
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorthalidone</i>	33
31.25-125-200 mg	41	<i>cholestyramine</i>	31
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cholestyramine light</i>	31
37.5-150-200 mg	41	<i>ciclopirox olamine</i>	80
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cilostazol</i>	66
50-200-200 mg	41	CILOXAN	73
<i>carboplatin</i>	18	CIMDUO TAB 300-300	13
<i>carglumic acid</i>	59	<i>cinacalcet hcl</i>	59
<i>carteolol hcl (ophth)</i>	74	CIPRO	16
<i>cartia xt</i>	32	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	16
<i>carvedilol</i>	31	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	16
<i>caspofungin acetate</i>	11	<i>ciprofloxacin hcl</i>	16
CAYSTON.....	9	<i>ciprofloxacin hcl (ophth)</i>	73
<i>caziant</i>	54	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>cefaclor</i>	15	0.3-0.1%.....	75
CEFACTOR ER.....	15	<i>cisplatin</i>	19
<i>cefadroxil</i>	15	<i>citalopram hydrobromide</i>	39
CEFAZOLIN INJ 1GM/50ML.....	15	<i>claravis</i>	79
<i>cefazolin sodium</i>	15	<i>clarithromycin</i>	16
CEFAZOLIN SOLN 2GM/100ML-4% ...	15	<i>clindamycin hcl</i>	9
<i>cefdinir</i>	15	<i>clindamycin palmitate hydrochloride</i> ...	9
<i>cefepime hcl</i>	15	<i>clindamycin phosphate</i>	9
<i>cefixime</i>	16	<i>clindamycin phosphate (topical)</i>	79
<i>cefoxitin sodium</i>	16	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefpodoxime proxetil</i>	16	300 mg/50ml	9
<i>cefprozil</i>	16	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ceftazidime</i>	16	600 mg/50ml	9
CEFTAZIDIME/ SOL D5W 1GM	16	<i>clindamycin phosphate in d5w iv soln</i>	
CEFTAZIDIME/ SOL D5W 2GM	16	900 mg/50ml	9
<i>ceftriaxone sodium</i>	16	<i>clindamycin phosphate vaginal</i>	65
<i>cefuroxime axetil</i>	16	CLINDMYC/NAC INJ 300/50ML.....	9
<i>cefuroxime sodium</i>	16	CLINDMYC/NAC INJ 600/50ML.....	9
<i>celecoxib</i>	7	CLINDMYC/NAC INJ 900/50ML.....	9
CELONTIN.....	35	CLINIMIX INJ 4.25/D10	72
<i>cephalexin</i>	16	CLINIMIX INJ 4.25/D5W	72
CERDELGA.....	59	CLINIMIX INJ 5%/D15W	72
CEREZYME	59	CLINIMIX INJ 5%/D20W	72
<i>cetirizine hcl</i>	76	CLINIMIX INJ 6/5	72
<i>cevimeline hcl</i>	82	CLINIMIX INJ 8/10.....	72
CHANTIX PAK 0.5& 1MG	48	CLINIMIX INJ 8/14.....	72
<i>chateal</i>	54	<i>clinisol sf 15%</i>	72
CHEMET	53	CLINOLIPID EMU 20%	72
<i>chlorhexidine gluconate (mouth-throat)</i>		<i>clobazam</i>	35
.....	82	<i>clobetasol propionate</i>	81
<i>chloroquine phosphate</i>	12	<i>clobetasol propionate e</i>	81

<i>clomipramine hcl</i>	39	<i>cyred eq</i>	54
<i>clonazepam</i>	35	CYSTADANE POW	59
<i>clonidine</i>	33	CYSTADROPS.....	75
<i>clonidine hcl</i>	33	CYSTAGON	59
<i>clopidogrel bisulfate</i>	66	CYSTARAN.....	75
<i>clorazepate dipotassium</i>	35	<i>cytarabine</i>	19
<i>clotrimazole</i>	83	D	
<i>clotrimazole (topical)</i>	80	D10W/NACL INJ 0.2%.....	70
<i>clotrimazole w/ betamethasone cream</i>		D2.5W/NACL INJ 0.45%	70
<i>1-0.05%</i>	80	D5W/LYTES INJ #48	70
<i>clozapine</i>	42	<i>dalfampridine</i>	47
COARTEM TAB 20-120MG	12	DALIRESP.....	77
<i>colchicine</i>	7	<i>danazol</i>	57
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dantrolene sodium</i>	47
<i>mg</i>	7	<i>dapsone</i>	10
<i>colesevelam hcl</i>	31	DAPTACEL INJ.....	69
<i>colestipol hcl</i>	31	<i>daptomycin</i>	10
<i>colistimethate sodium</i>	10	DAPTOMYCIN	10
COMBIGAN SOL 0.2/0.5%.....	74	<i>dasetta 1/35</i>	54
COMBIVENT AER 20-100.....	75	<i>dasetta 7/7/7</i>	54
COMETRIQ (60MG DOSE).....	22	DAURISMO	22
COMETRIQ KIT 100MG	22	<i>deblitane</i>	54
COMETRIQ KIT 140MG	22	<i>deferasirox</i>	53
COMPLERA TAB	13	DELESTROGEN	57
<i>compro</i>	61	DELSTRIGO TAB	13
<i>constulose</i>	62	DENGVAXIA SUS	69
COPIKTRA.....	22	DESCOVY TAB 120-15MG	13
CORLANOR	33	DESCOVY TAB 200/25MG	13
COTELLIC	22	<i>desipramine hcl</i>	39
CREON CAP 12000UNT	63	<i>desmopressin acetate</i>	59
CREON CAP 24000UNT	63	<i>desmopressin acetate spray</i>	59
CREON CAP 3000UNIT.....	63	<i>desmopressin acetate spray</i>	
CREON CAP 36000UNT	63	<i>refrigerated</i>	59
CREON CAP 6000UNIT.....	63	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cromolyn sodium</i>	77	<i>0.15-0.02/0.01 mg(21/5)</i>	54
<i>cromolyn sodium (mastocytosis)</i>	63	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>cromolyn sodium (ophth)</i>	74	<i>mg-30 mcg</i>	54
<i>cryselle-28</i>	54	<i>desvenlafaxine succinate</i>	39
<i>cyclobenzaprine hcl</i>	47	<i>dexamethasone</i>	58
<i>cyclophosphamide</i>	19	DEXAMETHASONE INTENSOL	58
CYCLOPHOSPHAMIDE	19	<i>dexamethasone sodium phosphate</i> ...	58
CYCLOPHOSPHAMIDE MONOHYDR....	19	<i>dexamethasone sodium phosphate</i>	
<i>cycloserine</i>	14	<i>(ophth)</i>	74
<i>cyclosporine</i>	69	DEXILANT.....	64
<i>cyclosporine modified (for</i>		<i>dexmethylphenidate hcl</i>	45
<i>microemulsion)</i>	69	<i>dextrose</i>	72
<i>cypheptadine hcl</i>	76		

<i>dextrose 10% w/ sodium chloride</i>		<i>disopyramide phosphate</i>	30
0.45%	71	<i>disulfiram</i>	48
<i>dextrose 2.5% w/ sodium chloride</i>		<i>divalproex sodium</i>	36
0.45%	70	<i>docetaxel</i>	21
<i>dextrose 5% in lactated ringers</i>	70	DOCETAXEL.....	21
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>dofetilide</i>	30
.....	70	<i>donepezil hydrochloride</i>	38
<i>dextrose 5% w/ sodium chloride</i>		DOPTELET	66
0.225%	71	<i>dorzolamide hcl</i>	74
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>dorzolamide hcl-timolol maleate ophth</i>	
.....	70	soln 22.3-6.8 mg/ml	74
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>dotti</i>	57
.....	70	DOVATO TAB 50-300MG	13
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>doxazosin mesylate</i>	28
.....	70	<i>doxepin hcl</i>	39
DIACOMIT	35	<i>doxepin hcl (sleep)</i>	45
<i>diazepam</i>	35	<i>doxorubicin hcl</i>	19
<i>diazepam (anticonvulsant)</i>	35	<i>doxorubicin hcl liposomal</i>	19
<i>diazepam inj</i>	36	<i>doxy 100</i>	18
<i>diazoxide</i>	58	<i>doxycycline (monohydrate)</i>	18
<i>diclofenac potassium</i>	7	<i>doxycycline hyclate</i>	18
<i>diclofenac sodium</i>	7	DRIZALMA SPRINKLE	39
<i>diclofenac sodium (ophth)</i>	74	<i>dronabinol</i>	61
<i>diclofenac sodium (topical)</i>	82	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicloxacillin sodium</i>	17	0.02 mg	54
<i>dicyclomine hcl</i>	62	<i>drospirenone-ethinyl estradiol tab 3-</i>	
DIFICID.....	16	0.03 mg	54
<i>diflunisal</i>	7	DROXIA	66
<i>difluprednate</i>	74	<i>droxidopa</i>	33
<i>digitek</i>	33	<i>duloxetine hcl</i>	39
<i>digox</i>	33	<i>dutasteride</i>	64
<i>digoxin</i>	33	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>dihydroergotamine mesylate</i>	46	mg	64
DILANTIN	36	E	
DILANTIN INFATABS	36	<i>e.e.s. 400</i>	16
DILANTIN-125.....	36	<i>ec-naproxen</i>	7
<i>diltiazem hcl</i>	32	EDURANT	12
<i>diltiazem hcl coated beads</i>	32	<i>efavirenz</i>	12
<i>diltiazem hcl extended release beads</i>	32	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>dilt-xr</i>	32	600-200-300 mg	13
DIP/TET PED INJ 25-5LFU	69	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>diphenhydramine hcl</i>	76	400-300-300 mg	13
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>efavirenz-lamivudine-tenofovir df tab</i>	
mg/5ml	63	600-300-300 mg	13
<i>diphenoxylate w/ atropine tab 2.5-</i>		<i>elinest</i>	54
0.025 mg	63	ELIQUIS	65
<i>dipyridamole</i>	66	ELIQUIS STARTER PACK	65

ELLA	54	<i>epitol</i>	36
<i>eluryng</i>	54	EPIVIR HBV	15
EMCYT	20	<i>eplerenone</i>	28
<i>emoquette</i>	54	EPRONTIA	36
EMSAM.....	39	<i>ergotamine w/ caffeine tab 1-100 mg</i>	46
<i>emtricitabine</i>	12	ERIVEDGE	22
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	14	ERLEADA.....	20
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	14	<i>erlotinib hcl</i>	22
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	14	<i>errin</i>	54
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	14	<i>ertapenem sodium</i>	10
EMTRIVA	12	<i>ery</i>	79
EMVERM	10	<i>ery-tab</i>	16
<i>enalapril maleate</i>	27	ERYTHROCIN LACTOBIONATE.....	16
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	27	<i>erythrocine stearate</i>	16
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	27	<i>erythromycin (acne aid)</i>	79
ENBREL	66, 67	<i>erythromycin (ophth)</i>	73
ENBREL MINI	67	<i>erythromycin base</i>	16
ENBREL SURECLICK	67	<i>erythromycin ethylsuccinate</i>	16
ENDARI	66	<i>erythromycin lactobionate</i>	16
<i>endocet tab 10-325mg</i>	8	ESBRIET.....	77
<i>endocet tab 2.5-325mg</i>	8	<i>escitalopram oxalate</i>	39
<i>endocet tab 5-325mg</i>	8	<i>esomeprazole magnesium</i>	64
<i>endocet tab 7.5-325mg</i>	8	<i>estarylla</i>	54
ENERGIX-B	69	<i>estradiol</i>	57
<i>enoxaparin sodium</i>	65	<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	57
<i>enpresse-28</i>	54	<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	57
<i>enskyce</i>	54	<i>estradiol vaginal</i>	57
ENSTILAR AER.....	81	<i>estradiol valerate</i>	58
<i>entacapone</i>	41	<i>ethambutol hcl</i>	14
<i>entecavir</i>	14	<i>ethosuximide</i>	36
ENTRESTO TAB 24-26MG	28	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	54
ENTRESTO TAB 49-51MG	28	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	54
ENTRESTO TAB 97-103MG	28	<i>etodolac</i>	7
<i>enulose</i>	62	<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	54
EPCLUSA PAK 150-37.5	15	<i>etoposide</i>	21
EPCLUSA PAK 200-50MG	15	<i>etravirine</i>	12
EPCLUSA TAB 200-50MG	15	<i>euthyrox</i>	60
EPCLUSA TAB 400-100	15	<i>everolimus</i>	22
EPIDIOLEX.....	36	<i>everolimus (immunosuppressant)</i>	69
<i>epinephrine (anaphylaxis)</i>	77	EVOTAZ TAB 300-150	14
<i>epirubicin hcl</i>	19	<i>exemestane</i>	20

EXKIVITY	22
ezetimibe	31
F	
FABRAZYME	59
falmina	54
famciclovir	15
famotidine	62
famotidine in nacl 0.9% iv soln 20 mg/50ml	62
FANAPT	42
FANAPT PAK	42
FARXIGA	49
FARYDAK	22
FASENRA	77
FASENRA PEN	77
felbamate	36
felodipine	32
femynor	54
fenofibrate	30
fenofibrate micronized	30
fentanyl	7
fentanyl citrate	8
FETZIMA	39
FETZIMA CAP TITRATIO	39
FIASP FLEX INJ TOUCH	51
FIASP INJ 100/ML	51
FIASP PENFIL INJ U-100	51
finasteride	64
FINTEPLA	36
flac	75
FLAREX	74
FLEBOGAMMA DIF	68
flecainide acetate	30
FLOVENT DISKUS	78
FLOVENT HFA	78
fluconazole	11
fluconazole in nacl 0.9% inj 200 mg/100ml	11
fluconazole in nacl 0.9% inj 400 mg/200ml	11
flucytosine	11
fludrocortisone acetate	58
flunisolide (nasal)	78
fluocinolone acetonide	81
fluocinolone acetonide (otic)	75
fluocinonide	81
fluocinonide emulsified base	81

fluorometholone (ophth)	74
fluorouracil	19
fluorouracil (topical)	82
fluoxetine hcl	39
fluphenazine decanoate	42
fluphenazine hcl	42
flurbiprofen	7
flurbiprofen sodium	74
flutamide	20
fluticasone propionate	81
fluticasone propionate (nasal)	78
fluvoxamine maleate	34
fondaparinux sodium	65
FORTEO	53
fosamprenavir calcium	12
fosinopril sodium	27
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	27
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	27
FOTIVDA	22
FREAMINE III INJ 10%	72
fulvestrant	20
furosemide	33
furosemide inj	33
FUZEON	12
fyavolv tab 0.5mg-2.5mcg	58
fyavolv tab 1mg-5mcg	58
FYCOMPA	36
G	
gabapentin	36
galantamine hydrobromide	38
GAMASTAN INJ	68
GAMMAGARD LIQUID	68
GAMMAGARD S/D IGA LESS TH	68
GAMMAKED	68
GAMMAPLEX	68
GAMUNEX-C	68
ganciclovir sodium	15
GARDASIL 9 INJ	69
gatifloxacin (ophth)	73
GATTEX	63
GAUZE PADS 2	51
gavilyte-c	62
gavilyte-g	62
gavilyte-n/flavor pack	63
GAVRETO	22

<i>gemcitabine hcl</i>	19	<i>haloperidol lactate</i>	42
<i>gemfibrozil</i>	30	HARVONI PAK 33.75-150MG	15
<i>generlac</i>	63	HARVONI PAK 45-200MG	15
<i>gengraf</i>	69	HARVONI TAB 45-200MG	15
GENOTROPIN	59	HARVONI TAB 90-400MG	15
GENOTROPIN MINISQUICK	59	HAVRIX	69
<i>gentak</i>	73	<i>heather</i>	54
<i>gentamicin in saline inj 0.8 mg/ml</i> ...	10	HEP SOD/NACL INJ 25000UNT	65
<i>gentamicin in saline inj 1 mg/ml</i>	10	<i>heparin sodium (porcine)</i>	65
<i>gentamicin in saline inj 1.2 mg/ml</i> ...	10	<i>heparin sodium (porcine) 100 unit/ml</i> <i>in d5w</i>	65
<i>gentamicin in saline inj 1.6 mg/ml</i> ...	10	<i>heparin sodium (porcine)-dextrose iv</i> <i>sol 20000 unit/500ml-5%</i>	65
<i>gentamicin in saline inj 2 mg/ml</i>	10	<i>heparin sodium (porcine)-dextrose iv</i> <i>sol 25000 unit/500ml-5%</i>	65
<i>gentamicin sulfate</i>	10	HEPARIN/NACL INJ 25000UNT	65
<i>gentamicin sulfate (ophth)</i>	73	<i>hepatamine</i>	72
<i>gentamicin sulfate (topical)</i>	79	HERCEP HYLEC SOL 60-10000	22
GENVOYA TAB	14	HERCEPTIN	22
GILENYA	47	HERZUMA	22
GILOTRIF	22	HETLIOZ	45
<i>glatiramer acetate</i>	47	HIBERIX	69
<i>glatopa</i>	47	HUMIRA	67
<i>glimepiride</i>	49	HUMIRA PEDIA INJ CROHNS	67
<i>glipizide</i>	49	HUMIRA PEDIATRIC CROHNS D	67
<i>glipizide xl</i>	49	HUMIRA PEN	67
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49	HUMIRA PEN KIT PS/UV	67
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49	HUMIRA PEN-CD/UC/HS START	67
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	49	HUMIRA PEN-PEDIATRIC UC S	67
<i>glycopyrrolate</i>	62	HUMIRA PEN-PS/UV STARTER	67
<i>glydo</i>	81	HUMULIN R U-500 (CONCENTR	51
GLYXAMBI TAB 10-5 MG	49	HUMULIN R U-500 KWIKPEN	51
GLYXAMBI TAB 25-5 MG	49	<i>hydralazine hcl</i>	34
GOLYTELY SOL	63	<i>hydrochlorothiazide</i>	33
<i>granisetron hcl</i>	61	<i>hydrocodone bitartrate</i>	7
<i>griseofulvin microsize</i>	11	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	8
<i>griseofulvin ultramicrosize</i>	11	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	8
<i>guanfacine hcl</i>	34	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	8
<i>guanfacine hcl (adhd)</i>	45	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	8
GVOKE HYOPEN 2-PACK	59	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
GVOKE KIT	59	<i>hydrocortisone</i>	58
GVOKE PFS	59	<i>hydrocortisone (intrarectal)</i>	62
H			
HAEGARDA	66		
<i>hailey 1.5/30</i>	54		
<i>halobetasol propionate</i>	81		
<i>haloperidol</i>	42		
<i>haloperidol decanoate</i>	42		

<i>hydrocortisone (rectal)</i>	82
<i>hydrocortisone (topical)</i>	81
<i>hydromorphone hcl</i>	8
<i>hydroxychloroquine sulfate</i>	68
<i>hydroxyurea</i>	20
<i>hydroxyzine hcl</i>	76
<i>hydroxyzine pamoate</i>	76
HYSINGLA ER	8
I	
<i>ibandronate sodium</i>	53
IBRANCE	22
<i>ibu</i>	7
<i>ibuprofen</i>	7
<i>icatibant acetate</i>	66
<i>iclevia</i>	54
ICLUSIG	22
IDHIFA	23
ILEVRO	74
<i>imatinib mesylate</i>	23
IMBRUVICA	23
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
<i>imipramine hcl</i>	39
<i>imiquimod</i>	82
IMOVAX RABIES (H.D.C.V.)	70
<i>incassia</i>	54
INCRELEX	59
INCRUSE ELLIPTA	76
<i>indapamide</i>	33
INFANRIX INJ	70
INFLIXIMAB	67
INGREZZA	46
INGREZZA CAP 40-80MG	46
INLYTA	23
INQOVI TAB 35-100MG	19
INREBIC	23
INSULIN SAFETY NEEDLES	52
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/TRIVIDIA/MH C	52
INTELENCE	12
INTRALIPID	72
INTRON A	68, 69
<i>introvale</i>	54
INVEGA SUSTENNA	42

INVEGA TRINZA	43
INVIRASE	12
IPOL INJ INACTIVE	70
<i>ipratropium bromide</i>	76
<i>ipratropium bromide (nasal)</i>	76
<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i>	75
<i>irbesartan</i>	29
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	28
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	29
IRESSA	23
<i>irinotecan hcl</i>	20
ISENTRESS	12
ISENTRESS HD	12
<i>isibloom</i>	54
ISOLYTE-P INJ /D5W	71
ISOLYTE-S INJ	71
ISOLYTE-S INJ PH 7.4	71
<i>isoniazid</i>	14
ISOPTO ATROPINE	75
<i>isosorbide dinitrate</i>	34
<i>isosorbide mononitrate</i>	34
<i>isotretinoin</i>	79
<i>isradipine</i>	32
<i>itraconazole</i>	11
<i>ivermectin</i>	10
IXIARO INJ	70
J	
JAKAFI	23
<i>jantoven</i>	65
JANUMET TAB 50-1000	49
JANUMET TAB 50-500MG	49
JANUMET XR TAB 100-1000	49
JANUMET XR TAB 50-1000	49
JANUMET XR TAB 50-500MG	49
JANUVIA	49
JARDIANCE	49, 50
<i>jasmiel</i>	54
JENTADUETO TAB 2.5-1000	50
JENTADUETO TAB 2.5-500	50
JENTADUETO TAB 2.5-850	50
JENTADUETO TAB XR 2.5-1000MG ...	50
JENTADUETO TAB XR 5-1000MG	50
<i>jinteli</i>	58
<i>jolessa</i>	54

<i>juleber</i>	54
JULUCA TAB 50-25MG	14
<i>junel 1.5/30</i>	54
<i>junel 1/20</i>	55
<i>junel fe 1.5/30</i>	55
<i>junel fe 1/20</i>	55
K	
KADCYLA	23
KALYDECO	77
KANJINTI	23
<i>kariva</i>	55
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	71
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	71
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	71
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	71
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	71
KCL/D5W/NACL INJ 0.3/0.9%	71
<i>kelnor 1/35</i>	55
<i>kelnor 1/50</i>	55
KERENDIA	28
KESIMPTA	47
<i>ketoconazole</i>	11
<i>ketoconazole (topical)</i>	80
<i>ketorolac tromethamine (ophth)</i>	74
KEYTRUDA	23
KINRIX INJ	70
KISQALI 200 DOSE	23
KISQALI 200 PAK FEMARA	21
KISQALI 400 DOSE	23
KISQALI 400 PAK FEMARA	21
KISQALI 600 DOSE	23
KISQALI 600 PAK FEMARA	21

<i>klor-con</i>	72
<i>klor-con 10</i>	72
<i>klor-con 8</i>	72
<i>klor-con m10</i>	72
<i>klor-con m15</i>	72
<i>klor-con m20</i>	72
KORLYM	59
<i>kurvelo</i>	55
KYNMOBI	41
L	
<i>labetalol hcl</i>	31
<i>lactated ringer's solution</i>	71
<i>lactic acid (ammonium lactate)</i>	82
<i>lactulose</i>	63
<i>lactulose (encephalopathy)</i>	63
<i>lamivudine</i>	12
<i>lamivudine (hbv)</i>	15
<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>lamotrigine</i>	36
<i>lansoprazole</i>	64
<i>lapatinib ditosylate</i>	23
<i>larin 1.5/30</i>	55
<i>larin 1/20</i>	55
<i>larin fe 1.5/30</i>	55
<i>larin fe 1/20</i>	55
<i>larissia</i>	55
LASTACFT	74
<i>latanoprost</i>	74
LATUDA	43
<i>leena</i>	55
<i>leflunomide</i>	68
<i>lenalidomide</i>	20
LENVIMA 10 MG DAILY DOSE	23
LENVIMA 12MG DAILY DOSE	23
LENVIMA 20 MG DAILY DOSE	23
LENVIMA 4 MG DAILY DOSE	23
LENVIMA 8 MG DAILY DOSE	23
LENVIMA CAP 14 MG	23
LENVIMA CAP 18 MG	23
LENVIMA CAP 24 MG	24
<i>lessina</i>	55
<i>letrozole</i>	20
<i>leucovorin calcium</i>	26
LEUKERAN	19
<i>leuprolide acetate</i>	20
<i>levalbuterol hcl</i>	76

<i>levalbuterol tartrate</i>	77
LEVEMIR.....	52
LEVEMIR FLEXTOUCH	52
levetiracetam	36
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml.....	37
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml.....	37
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml.....	36
levobunolol hcl	74
levocarnitine (metabolic modifiers)...	59
levocetirizine dihydrochloride.....	76
levofloxacin.....	17
<i>levofloxacin in d5w iv soln 250</i> mg/50ml.....	17
<i>levofloxacin in d5w iv soln 500</i> mg/100ml.....	17
<i>levofloxacin in d5w iv soln 750</i> mg/150ml.....	17
levonest	55
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	55
<i>levonorgestrel & ethinyl estradiol tab</i> 0.1 mg-20 mcg.....	55
<i>levonorgestrel & ethinyl estradiol tab</i> 0.15 mg-30 mcg	55
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	55
levora 0.15/30-28.....	55
levo-t.....	60
levothyroxine sodium	61
levoxyl	61
LEXIVA.....	12
lidocaine	81
lidocaine hcl.....	81
<i>lidocaine hcl (local anesth.)</i>	9
<i>lidocaine hcl (mouth-throat)</i>	83
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	82
lillow	55
linezolid.....	10
<i>linezolid in sodium chloride iv soln 600</i> mg/300ml-0.9%	10
LINZESS.....	63
liothyronine sodium.....	61
lisinopril	27

<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	27
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	27
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	27
LITHIUM.....	46
<i>lithium carbonate</i>	46
loestrin 1.5/30-21	55
loestrin 1/20-21	55
loestrin fe 1.5/30.....	55
loestrin fe 1/20	55
LOKELMA.....	53
LONSURF TAB 15-6.14	19
LONSURF TAB 20-8.19	19
loperamide hcl	63
<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	14
<i>lopinavir-ritonavir tab 100-25 mg</i>	14
<i>lopinavir-ritonavir tab 200-50 mg</i>	14
lorazepam	34, 35
<i>lorazepam intensol</i>	35
LORBRENA	24
loryna	55
losartan potassium	29
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	29
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i>	29
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	29
LOTEMAX	74
lovastatin	30
low-ogestrel.....	55
loxapine succinate	43
LUMAKRAS	24
LUMIGAN	75
LUMIZYME.....	59
LUPRON DEPOT (1-MONTH)	20
LUPRON DEPOT (3-MONTH)	20
LUPRON DEPOT-PED (1-MONTH).....	59
LUPRON DEPOT-PED (3-MONTH).....	59
lutera.....	55
lyleq	55
lyllana.....	58

LYNPARZA	24
LYSODREN	20
lyza	55
M	
magnesium sulfate	71
MAGNESIUM SULFATE	71
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	71
malathion	82
maraviroc	12
marlissa	55
MARPLAN	40
MATULANE	21
MAVYRET PAK 50-20MG	15
MAVYRET TAB 100-40MG	15
meclizine hcl	61
medroxyprogesterone acetate	60
medroxyprogesterone acetate (contraceptive)	55
mefloquine hcl	12
megestrol acetate	20, 60
megestrol acetate (appetite)	60
MEKINIST	24
MEKTOVI	24
meloxicam	7
memantine hcl	38
MENACTRA INJ	70
MENQUADFI INJ	70
MENVEO INJ	70
mercaptopurine	19
meropenem	10
mesalamine	62
mesalamine w/ cleanser	62
MESNEX	26
metadate er	45
metformin hcl	50
methadone hcl	8
methadone hydrochloride i	8
methazolamide	33
methenamine hippurate	10
methimazole	61
methotrexate sodium	19, 68
methyl dopa	34
methylphenidate hcl	45
methylprednisolone	58
methylprednisolone acetate	58
methylprednisolone sod succ	58

metoclopramide hcl	61
metolazone	33
metoprolol & hydrochlorothiazide tab 100-25 mg	31
metoprolol & hydrochlorothiazide tab 100-50 mg	31
metoprolol & hydrochlorothiazide tab 50-25 mg	31
metoprolol succinate	31
metoprolol tartrate	31, 32
metronidazole	10
metronidazole (topical)	82
metronidazole vaginal	65
metyrosine	34
MG SO4/D5W INJ 10MG/ML	71
micafungin sodium	11
microgestin 1.5/30	55
microgestin 1/20	55
microgestin fe 1.5/30	55
microgestin fe 1/20	55
midodrine hcl	34
miglustat	59
mili	55
mimvey	58
minocycline hcl	18
minoxidil	34
mirtazapine	40
misoprostol	63
MITIGARE	7
M-M-R II INJ	70
M-NATAL PLUS TAB	72
moexipril hcl	27
molindone hcl	43
mometasone furoate	81
MONJUVI	24
mono-lynyah	56
montelukast sodium	77
morphine sulfate	8
MORPHINE SULFATE	8
MOVANTIK	63
moxifloxacin hcl (ophth)	73
MULTAQ	30
mupirocin	79
MVASI	24
mycophenolate mofetil	69
mycophenolate sodium	69
myorisan	79

MYRBETRIQ	64
N	
<i>nabumetone</i>	7
<i>nadolol</i>	32
<i>nafcillin sodium</i>	17, 18
NAGLAZYME.....	59
<i>nalbuphine hcl</i>	9
<i>naloxone hcl</i>	48
<i>naltrexone hcl</i>	48
NAMZARIC CAP 14-10MG.....	39
NAMZARIC CAP 21-10MG.....	39
NAMZARIC CAP 28-10MG.....	39
NAMZARIC CAP 7-10MG.....	38
NAMZARIC CAP PACK	39
<i>naproxen</i>	7
<i>naproxen sodium</i>	7
<i>naratriptan hcl</i>	46
NATACYN.....	73
<i>nateglinide</i>	50
NATPARA.....	53
NAYZILAM	37
<i>nebivolol hcl</i>	32
<i>necon 0.5/35-28</i>	56
<i>nefazodone hcl</i>	40
<i>neomycin sulfate</i>	10
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	73
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	73
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	73
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	73
<i>neomycin-polymyxin-hc ophth susp</i> ..	73
<i>neomycin-polymyxin-hc otic soln 1%</i>	75
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	75
NERLYNX	24
NEUPRO	41
<i>nevirapine</i>	12
NEXAVAR.....	24
<i>niacin (antihyperlipidemic)</i>	31
<i>nicardipine hcl</i>	32
NICOTROL INHALER	48
NICOTROL NS	48
<i>nifedipine</i>	32
<i>nikki</i>	56

<i>nilutamide</i>	20
<i>nimodipine</i>	32
NINLARO.....	24
<i>nitazoxanide</i>	10
<i>nitisinone</i>	59
NITRO-BID	34
<i>nitrofurantoin macrocrystal</i>	10
<i>nitrofurantoin monohyd macro</i>	10
<i>nitroglycerin</i>	34
<i>nizatidine</i>	62
<i>nora-be</i>	56
<i>norethindrone (contraceptive)</i>	56
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	56
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	56
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	56
<i>norethindrone acetate</i>	60
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	58
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	58
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	56
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	56
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	56
<i>norlyroc</i>	56
NORPACE CR	30
<i>nortrel 0.5/35 (28)</i>	56
<i>nortrel 1/35 (21)</i>	56
<i>nortrel 1/35 (28)</i>	56
<i>nortrel 7/7/7</i>	56
<i>nortriptyline hcl</i>	40
NORVIR	12
NOVOLIN INJ 70/30	52
NOVOLIN INJ 70/30 FP.....	52
NOVOLIN N.....	52
NOVOLIN N FLEXPEN	52
NOVOLIN R.....	52
NOVOLIN R FLEXPEN.....	52
NOVOLOG	52
NOVOLOG FLEXPEN	52
NOVOLOG MIX INJ 70/30.....	52
NOVOLOG MIX INJ FLEXPEN.....	52

NOVOLOG PENFILL.....	52
NOXAFIL.....	11
NUBEQA	20
NUEDEXTA CAP 20-10MG.....	47
NULOJIX.....	69
NULYTELY SOL LMN/LIME.....	63
NUPLAZID.....	43
NURTEC	46
NUTRILIPID	72
NUZYRA	18
<i>nyamyc</i>	80
<i>nylia 1/35</i>	56
<i>nylia 7/7/7</i>	56
NYMALIZE.....	32
<i>nymyo</i>	56
<i>nystatin</i>	11
<i>nystatin (mouth-throat)</i>	83
<i>nystatin (topical)</i>	80
<i>nystop</i>	80
O	
<i>ocella</i>	56
OCTAGAM.....	68
<i>octreotide acetate</i>	60
ODEFSEY TAB.....	14
ODOMZO	24
OFEV	77
<i>ofloxacin (ophth)</i>	73
<i>ofloxacin (otic)</i>	75
OGIVRI	24
OGIVRI INJ 420MG	24
<i>olanzapine</i>	43
<i>olmesartan medoxomil</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	29

<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	29
<i>olopatadine hcl</i>	74
<i>omeprazole</i>	64
OMNIPOD DASH MIS PODS	52
OMNIPOD MIS CLASSIC.....	52
OMNIPOD PDM KIT CLASSIC	52
<i>ondansetron</i>	61
<i>ondansetron hcl</i>	61
ONTRUZANT	24
ONUREG.....	19
OPSUMIT.....	34
ORGOVYX.....	20
ORKAMBI GRA 100-125.....	77
ORKAMBI GRA 150-188.....	77
ORKAMBI TAB 100-125	77
ORKAMBI TAB 200-125	78
<i>orsythia</i>	56
<i>oseltamivir phosphate</i>	15
<i>oxacillin sodium</i>	18
<i>oxaliplatin</i>	19
<i>oxandrolone</i>	48
<i>oxcarbazepine</i>	37
<i>oxybutynin chloride</i>	64
<i>oxycodone hcl</i>	9
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	9
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	9
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	9
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	9
OZEMPIC (0.25 OR 0.5MG/DOSE)	50
OZEMPIC (1MG/DOSE)	50
P	
<i>pacerone</i>	30
<i>paclitaxel</i>	21
<i>paliperidone</i>	43
<i>pamidronate disodium</i>	53

PAMIDRONATE DISODIUM	53	PIFELTRO	12
PANRETIN.....	82	<i>pilocarpine hcl</i>	75
<i>pantoprazole sodium</i>	64	<i>pilocarpine hcl (oral)</i>	83
PANZYGA.....	68	<i>pimozide</i>	43
<i>paraplatin</i>	19	<i>pimtrea</i>	56
<i>paricalcitol</i>	61	<i>pindolol</i>	32
<i>paromomycin sulfate</i>	10	<i>pioglitazone hcl</i>	50
<i>paroxetine hcl</i>	40	<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm).....	18
PASER.....	14	<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	18
PAXIL.....	40	<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	18
PEDIARIX INJ 0.5ML.....	70	<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm).....	18
PEDVAX HIB.....	70	<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	18
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> for soln 236 gm	63	PIQRAY 200MG DAILY DOSE	24
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	63	PIQRAY 250MG TAB DOSE	24
PEGASYS	15	PIQRAY 300MG DAILY DOSE	24
PEMAZYRE	24	<i>pirmella 1/35</i>	56
PEN GK/DEXTR INJ 40000/ML.....	18	<i>piroxicam</i>	7
PEN GK/DEXTR INJ 60000/ML.....	18	PLASMA-LYTE INJ -148.....	71
PEN NEEDLES:		PLASMA-LYTE INJ -A	71
NOVO/BD/ULTIMED/OWEN/TRIVIDIA		<i>plenamine</i>	72
.....	52	PLENVU SOL	63
<i>penicillamine</i>	53	<i>podofilox</i>	82
<i>penicillin g potassium</i>	18	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	73
PENICILLIN G PROCAINE	18	POMALYST.....	20
<i>penicillin g sodium</i>	18	<i>portia-28</i>	56
<i>penicillin v potassium</i>	18	<i>posaconazole</i>	11
PENTACEL INJ	70	<i>potassium chloride</i>	71, 72
<i>pentamidine isethionate inh</i>	10	POTASSIUM CHLORIDE	71
<i>pentamidine isethionate inj</i>	10	<i>potassium chloride 20 meq/l (0.15%)</i> in dextrose 5% inj	71
<i>pentoxifylline</i>	66	<i>potassium chloride microencapsulated</i> crystals er	72
<i>perindopril erbumine</i>	27	<i>potassium citrate (alkalinizer)</i>	64
<i>perlogard</i>	83	PRADAXA	65
<i>permethrin</i>	82	PRALUENT	31
<i>perphenazine</i>	43	<i>pramipexole dihydrochloride</i>	41
PERSERIS	43	<i>prasugrel hcl</i>	66
<i>pfizerpen</i>	18	<i>pravastatin sodium</i>	30
<i>phenelzine sulfate</i>	40	<i>praziquantel</i>	10
<i>phenobarbital</i>	37	<i>prazosin hcl</i>	28
<i>phenobarbital sodium</i>	37	<i>prednisolone</i>	58
PHENYTEK	37		
<i>phenytoin</i>	37		
<i>phenytoin sodium</i>	37		
<i>phenytoin sodium extended</i>	37		
PHESGO SOL.....	24		
<i>philith</i>	56		

prednisolone acetate (ophth).....74
 PREDNISOLONE SODIUM PHOSP.....74
prednisolone sodium phosphate58
prednisone.....58
 PREDNISON INTENSOL58
pregabalin37
pregabalin (once-daily).....47
 PREHEVBRIO.....70
 PREMASOL SOL 10%.....72
 PRENATAL TAB 27-1MG72
 PRENATAL TAB PLUS72
 PRENATAL VIT TAB LOW IRON.....72
prevalite31
previfem.....56
 PREVYMIS.....15
 PREZCOBIX TAB 800-150.....14
 PREZISTA13
 PRIFTIN.....14
primaquine phosphate12
 PRIMAQUINE PHOSPHATE12
primidone37
 PRIVIGEN68
probenecid.....7
 PROCALAMINE INJ 3%.....73
prochlorperazine61
prochlorperazine edisylate.....62
prochlorperazine maleate.....62
 PROCRIT65, 66
procto-med hc.....82
procto-pak82
proctosol hc82
proctozone-hc82
 PROGRAF.....69
 PROLASTIN-C.....78
 PROLENSA74
 PROLIA.....53
 PROMACTA66
promethazine hcl62
propafenone hcl.....30
proparacaine hcl75
propranolol hcl32
propylthiouracil61
 PROQUAD INJ.....70
 PROSOL INJ 20%.....73
protriptyline hcl40
 PULMICORT FLEXHALER.....78
 PULMOZYME.....78

PURIXAN19
pyrazinamide14
pyridostigmine bromide47
Q
 QINLOCK.....24
 QUADRACEL INJ70
quetiapine fumarate.....43
quinapril hcl.....27
quinapril-hydrochlorothiazide tab 10-12.5 mg27
quinapril-hydrochlorothiazide tab 20-12.5 mg27
quinapril-hydrochlorothiazide tab 20-25 mg27
quinidine sulfate30
quinine sulfate12
R
 RABAVERT INJ70
raloxifene hcl60
ramipril27
ranolazine34
rasagiline mesylate41
 RAYALDEE61
reclipsen56
 RECOMBIVAX HB70
 RECTIV82
 REGRANEX82
 RELENZA DISKHALER.....15
 RELISTOR.....63
 REMICADE.....67
 RENFLEXIS67
repaglinide50
 RESTASIS.....75
 RESTASIS MULTIDOSE75
 RETEVMO24
 REVLIMID20
 REXULTI.....43
 REYATAZ13
 REZUROCK69
 RHOPRESSA75
 RIABNI.....24
ribavirin (hepatitis c).....15
rifabutin14
rifampin14
riluzole.....47
rimantadine hydrochloride15
 RINVOQ67

RISPERDAL CONSTA.....	43	SIVEXTRO	10
<i>risperidone</i>	43	SKYRIZI	67
<i>ritonavir</i>	13	SKYRIZI PEN.....	67
RITUXAN	24	<i>sodium chloride</i>	71
RITUXAN INJ HYCELA	24	<i>sodium chloride (gu irrigant)</i>	82
<i>rivastigmine</i>	39	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>rivastigmine tartrate</i>	39	mg/ml soln	72
<i>rizatriptan benzoate</i>	46	<i>sodium phenylbutyrate</i>	60
<i>ropinirole hydrochloride</i>	41	<i>sodium polystyrene sulfonate powder</i>	
<i>rosadan</i>	82		53
<i>rosuvastatin calcium</i>	30	<i>solifenacin succinate</i>	64
ROTARIX SUS.....	70	SOLQUA INJ 100/33	52
ROTATEQ SOL	70	SOLTAMOX	20
<i>roweepra</i>	37	SOLU-CORTEF.....	58
ROZLYTREK	24	SOMATULINE DEPOT	60
RUBRACA	24	SOMAVERT	60
<i>rufinamide</i>	37	<i>sorine</i>	30
RUKOBIA	13	<i>sotalol hcl</i>	30
RUXIENCE	24	<i>sotalol hcl (afib/afl)</i>	30
RYBELSUS	50	<i>spironolactone</i>	28
RYDAPT	24	<i>spironolactone & hydrochlorothiazide</i>	
S		<i>tab 25-25 mg</i>	33
<i>sajazir</i>	66	<i>sprintec 28</i>	56
SANDIMMUNE	69	SPRITAM	37
SANTYL	82	SPRYCEL	24
<i>sapropterin dihydrochloride</i>	60	<i>sps</i>	53
SCEMBLIX.....	24	<i>sronyx</i>	56
<i>scopolamine</i>	62	<i>ssd</i>	79
SECUADO	43	<i>stavudine</i>	13
<i>selegiline hcl</i>	41	STELARA	67
<i>selenium sulfide</i>	80	STIVARGA	24
SELZENTRY	13	<i>streptomycin sulfate</i>	10
SEREVENT DISKUS	77	STRIBILD TAB.....	14
<i>sertraline hcl</i>	40	<i>subvenite</i>	37
<i>setlakin</i>	56	<i>sucalfate</i>	63
<i>sevelamer carbonate</i>	60	<i>sulfacetamide sodium (acne)</i>	79
<i>sharobel</i>	56	<i>sulfacetamide sodium (ophth)</i>	73
SHINGRIX.....	70	<i>sulfacetamide sodium-prednisolone</i>	
SIGNIFOR.....	60	<i>ophth soln 10-0.23(0.25)%</i>	73
<i>sildenafil citrate (pulmonary</i>		<i>sulfadiazine</i>	10
<i>hypertension)</i>	34	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>silver sulfadiazine</i>	79	400-80 mg/5ml	10
SIMBRINZA SUS 1-0.2%.....	75	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>simliya</i>	56	200-40 mg/5ml	11
<i>simvastatin</i>	31	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sirolimus</i>	69	400-80 mg.....	11
SIRTURO	14		

<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	11
SULFAMYLON	79
<i>sulfasalazine</i>	62
<i>sulindac</i>	7
<i>sumatriptan</i>	46
<i>sumatriptan succinate</i>	46
<i>sunitinib malate</i>	25
SUPREP BOWEL SOL PREP KIT	63
<i>syeda</i>	56
SYMBICORT AER 160-4.5.....	79
SYMBICORT AER 80-4.5.....	79
SYMDEKO TAB 100-150	78
SYMDEKO TAB 50-75MG	78
SYMJEPI	78
SYMPAZAN.....	37, 38
SYMTUZA TAB	14
SYNAREL	57
SYNERCID INJ 500MG	11
SYNJARDY TAB 12.5-1000MG	51
SYNJARDY TAB 12.5-500	50
SYNJARDY TAB 5-1000MG.....	50
SYNJARDY TAB 5-500MG	50
SYNJARDY XR TAB 10-1000.....	51
SYNJARDY XR TAB 12.5-1000MG	51
SYNJARDY XR TAB 25-1000.....	51
SYNJARDY XR TAB 5-1000MG.....	51
SYNRIBO	21
SYNTHROID	61
T	
TABLOID	19
TABRECTA	25
<i>tacrolimus</i>	69
<i>tacrolimus (topical)</i>	82
TAFINLAR	25
TAGRISSO	25
TALTZ	67
TALZENNA	25
<i>tamoxifen citrate</i>	20
<i>tamsulosin hcl</i>	64
TARGRETIN.....	82
<i>tarina fe 1/20 eq</i>	56
TASIGNA	25
<i>tazarotene</i>	80
<i>tazicef</i>	16
TAZORAC	80
<i>taztia xt</i>	32

TAZVERIK.....	25
TDVAX INJ 2-2 LF	70
TECENTRIQ.....	25
TEFLARO	16
<i>telmisartan</i>	30
<i>temazepam</i>	45
TEMIXYS TAB 300-300	14
TENIVAC INJ 5-2LF	70
<i>tenofovir disoproxil fumarate</i>	13
TEPMETKO.....	25
<i>terazosin hcl</i>	28
<i>terbinafine hcl</i>	11
<i>terbutaline sulfate</i>	77
<i>terconazole vaginal</i>	65
<i>testosterone</i>	48
<i>testosterone cypionate</i>	48
<i>testosterone enanthate</i>	48
<i>tetrabenazine</i>	47
<i>tetracycline hcl</i>	18
THALOMID.....	20
THEO-24	78
<i>theophylline</i>	78
<i>thioridazine hcl</i>	44
<i>thiothixene</i>	44
<i>tiadylt er</i>	32
<i>tiagabine hcl</i>	38
TIBSOVO.....	25
TICOVAC	70
<i>tigecycline</i>	18
TIGECYCLINE	18
<i>tilia fe</i>	56
<i>timolol maleate</i>	32
<i>timolol maleate (ophth)</i>	75
<i>timolol maleate (ophth) once-daily</i> ...	75
TIVICAY	13
TIVICAY PD	13
<i>tizanidine hcl</i>	47
TOBRADEX OIN 0.3-0.1%	73
TOBRADEX ST SUS 0.3-0.05	73
<i>tobramycin</i>	11
<i>tobramycin (ophth)</i>	73
<i>tobramycin sulfate</i>	11
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%.....	73
<i>tolterodine tartrate</i>	64
<i>topiramate</i>	38
<i>toposar</i>	21

<i>toremifene citrate</i>	20
<i>torsemide</i>	33
TOVIAZ	64
TPN ELECTROL INJ	72
TRADJENTA.....	51
<i>tramadol hcl</i>	9
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	9
<i>trandolapril</i>	28
<i>tranexamic acid</i>	66
<i>tranylcypromine sulfate</i>	40
TRAVASOL INJ 10%	73
TRAZIMERA	25
<i>trazodone hcl</i>	40
TRECTOR	14
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	76
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	76
TRELSTAR MIXJECT	20
<i>treprostinil</i>	34
TRESIBA.....	52
TRESIBA FLEXTOUCH	52
<i>tretinoin</i>	79
<i>tretinoin (chemotherapy)</i>	21
<i>triamcinolone acetonide (mouth)</i>	83
<i>triamcinolone acetonide (topical)</i>	81
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	33
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	33
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	33
TRICARE TAB PRENATAL	72
<i>triderm</i>	81
<i>trientine hcl</i>	53
<i>tri-estarylla</i>	56
<i>trifluoperazine hcl</i>	44
<i>trifluridine</i>	74
<i>trihexyphenidyl hcl</i>	41
TRIJARDY XR TAB ER 24HR 10-5-1000MG.....	51
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....	51
TRIJARDY XR TAB ER 24HR 25-5-1000MG.....	51

TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	51
TRIKAFTA TAB 100-50-75MG & 150MG	78
TRIKAFTA TAB 50-25-37.5MG & 75MG	78
<i>tri-legest fe</i>	57
<i>tri-linyah</i>	57
<i>tri-lo-estarylla</i>	57
<i>tri-lo-marzia</i>	57
<i>tri-lo-mili</i>	57
<i>tri-lo-sprintec</i>	57
TRIMETHOPRIM.....	11
<i>tri-mili</i>	57
<i>trimipramine maleate</i>	40
TRINTELLIX	40
<i>tri-nymyo</i>	57
<i>tri-sprintec</i>	57
TRIUMEQ TAB	14
<i>trivora-28</i>	57
<i>tri-vylibra</i>	57
<i>tri-vylibra lo</i>	57
TROGARZO	13
TROPHAMINE INJ 10%	73
<i>trospium chloride</i>	65
TRULICITY.....	51
TRUMENBA INJ.....	70
TRUSELTIQ 100 MG DAILY DOSE	25
TRUSELTIQ 125 MG DAILY DOSE	25
TRUSELTIQ 50 MG DAILY DOSE.....	25
TRUSELTIQ 75 MG DAILY DOSE.....	25
TRUXIMA.....	25
TUKYSA	25
TURALIO	25
TWINRIX INJ.....	70
TYBOST.....	13
TYPHIM VI	70
U	
UBRELVY	46
UKONIQ	25
<i>unithroid</i>	61
<i>ursodiol</i>	63
V	
<i>valacyclovir hcl</i>	15
VALCHLOR.....	82
<i>valganciclovir hcl</i>	15
<i>valproate sodium</i>	38

<i>valproic acid</i>	38	VIMPAT	38
<i>valsartan</i>	30	<i>vincristine sulfate</i>	21
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	29	<i>vinorelbine tartrate</i>	21
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	29	<i>viorele</i>	57
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29	VIRACEPT.....	13
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	29	VIREAD.....	13
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29	VITRAKVI	25
VALTOCO.....	38	VIVITROL	48
<i>vancomycin hcl</i>	11	VIZIMPRO	25
VANCOMYCIN INJ 1 GM	11	<i>voriconazole</i>	12
VANCOMYCIN INJ 500MG.....	11	VOSEVI TAB	15
VANCOMYCIN INJ 750MG.....	11	VOTRIENT	25
VANDAZOLE.....	65	VRAYLAR.....	44
VAQTA	70	VRAYLAR CAP 1.5-3MG.....	44
<i>varenicline tartrate</i>	48	<i>vyfemla</i>	57
VARIVAX	70	<i>vylibra</i>	57
VASCEPA	31	VYZULTA	75
VELCADE	25	W	
<i>velivet</i>	57	<i>warfarin sodium</i>	65
VELPHORO.....	60	<i>water for irrigation, sterile irrigation soln</i>	82
VELTASSA	53	WELIREG.....	21
VEMLIDY	15	<i>wera</i>	57
VENCLEXTA.....	25	X	
VENCLEXTA TAB START PK.....	25	XALKORI	26
<i>venlafaxine hcl</i>	40	XARELTO.....	65
VENTAVIS.....	34	XARELTO STAR TAB 15/20MG	65
VENTOLIN HFA	77	XATMEP	68
VENTOLIN HFA (INSTITUTIONAL PACK)	77	XCOPRI.....	38
<i>verapamil hcl</i>	32	XCOPRI PAK 100-150.....	38
VERSACLOZ	44	XCOPRI PAK 12.5-25.....	38
VERZENIO	25	XCOPRI PAK 150-200MG (MAINTENANCE).....	38
<i>vestura</i>	57	XCOPRI PAK 150-200MG (TITRATION)	38
V-GO 20 KIT	52	XCOPRI PAK 50-100MG	38
V-GO 30 KIT	52	XELJANZ	68
V-GO 40 KIT	52	XELJANZ XR.....	68
VICTOZA	51	XERMELO	63
<i>vienva</i>	57	XGEVA	53
<i>vigabatrin</i>	38	XIFAXAN	63
<i>vigadrone</i>	38	XIGDUO XR TAB 10-1000	51
VIIBRYD	40	XIGDUO XR TAB 10-500MG.....	51
VIIBRYD KIT STARTER.....	40	XIGDUO XR TAB 2.5-1000	51
		XIGDUO XR TAB 5-1000MG.....	51
		XIGDUO XR TAB 5-500MG	51
		XIIDRA	75

XOLAIR	78	ZENPEP CAP 15000UNT	64
XOSPATA.....	26	ZENPEP CAP 20000UNT	64
XPOVIO 100 MG ONCE WEEKLY	26	ZENPEP CAP 25000.....	64
XPOVIO 40 MG ONCE WEEKLY	26	ZENPEP CAP 3000UNIT.....	64
XPOVIO 40 MG TWICE WEEKLY.....	26	ZENPEP CAP 40000.....	64
XPOVIO 60 MG ONCE WEEKLY	26	ZENPEP CAP 5000UNIT.....	64
XPOVIO 60 MG TWICE WEEKLY.....	26	ZERVIAE.....	74
XPOVIO 80 MG ONCE WEEKLY	26	<i>zidovudine</i>	13
XPOVIO 80 MG TWICE WEEKLY.....	26	<i>ziprasidone hcl</i>	44
XTANDI	20	<i>ziprasidone mesylate</i>	44
<i>xulane</i>	57	ZIRABEV	26
XULTOPHY INJ 100/3.6.....	52	ZIRGAN.....	74
XYREM	47	<i>zoledronic acid</i>	53
Y		ZOLINZA	26
YF-VAX INJ	70	<i>zolmitriptan</i>	46
<i>yuvaferm</i>	58	<i>zolpidem tartrate</i>	46
Z		<i>zonisamide</i>	38
<i>zafemy</i>	57	ZORTRESS.....	69
<i>zafirlukast</i>	77	<i>zovia 1/35</i>	57
ZARXIO	66	<i>zumandimine</i>	57
ZEJULA.....	26	ZYDELIG	26
ZELBORAF	26	ZYKADIA	26
ZEMAIRA	78	ZYLET SUS 0.5-0.3%	73
<i>zenatane</i>	79	ZYPREXA RELPREVV.....	44
ZENPEP CAP 10000UNT	64		

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