



# GlobalHealth

## Lista de Medicamentos 2022 de GlobalHealth (Lista de Medicamentos Cubiertos)

Para Generations Classic (HMO),  
Generations Classic Plus (HMO),  
Generations Select (HMO) y  
Generations Classic Choice  
(HMO-POS)



LEA ESTA INFORMACIÓN:  
ESTE DOCUMENTO  
CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS  
QUE CUBRIMOS EN ESTE  
PLAN

Esta lista se actualizó el 12/01/2022.  
Para obtener información más reciente o si tiene  
preguntas, comuníquese con el Servicio de Atención  
al Cliente de GlobalHealth al  
1-866-494-3927 o,  
para usuarios de TTY, llame al 711  
las 24 horas del día, los siete días de la semana  
[www.GlobalHealth.com](http://www.GlobalHealth.com)

Identificación de Presentación del Archivo de la Lista de  
Medicamentos del HPMS: 00022085  
Versión n.º 18

GlobalHealth es un plan HMO/HMO C-SNP  
que tiene contrato con Medicare. La inscripción  
en GlobalHealth depende de la renovación del  
contrato.

# **Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations ClassicChoice (HMO-POS) de GlobalHealth (Lista de Medicamentos Cubiertos)**

## **LEA ESTA INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Identificación de Presentación del Archivo de la Lista de Medicamentos Aprobada por el HPMS 00022085, versión n.º 18

Esta lista se actualizó el 12/01/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Cliente de Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS) al 1-866-494-3927 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los siete días de la semana, o visite [www.GlobalHealth.com](http://www.GlobalHealth.com).

GlobalHealth es un plan HMO/HMO C-SNP que tiene contrato con Medicare. La inscripción en GlobalHealth depende de la renovación del contrato.

La lista de medicamentos puede cambiar en cualquier momento; recibirá una notificación cuando corresponda.

H3706\_FMLRY\_NONCSNPSP\_2022\_C

**Nota para los miembros existentes:** Esta lista de medicamentos cambió desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando en esta lista de medicamentos (lista) se hace referencia a "nosotros" o "nuestro", se hace referencia a GlobalHealth, Inc. Cuando se hace referencia a "plan" o "nuestro plan", se hace referencia a Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS).

Este documento incluye una lista de los medicamentos (lista) de nuestro plan que entra en vigor a partir del 12/01/2022. Para obtener una lista actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista, aparece en la portada y en la contraportada.

Por lo general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, la lista, la red de farmacias o los copagos y coseguros pueden cambiar el 1 de enero de 2022 y de manera periódica durante el año.

## **¿Qué es la Lista de Medicamentos de Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS)?**

Es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas consideradas como una parte necesaria de un programa de tratamiento de calidad. Nuestro plan, por lo general, cubrirá los medicamentos que figuren en nuestra lista, siempre y cuando el medicamento sea médicamente necesario, la receta sea surtida en una farmacia de la red del plan y se cumplan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de Cobertura.

Para obtener una lista completa de todos los medicamentos recetados cubiertos por nuestro plan, visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización de la lista, aparece en la portada y en la contraportada.

## **¿Puede cambiar la Lista (lista de medicamentos)?**

La mayoría de los cambios en la cobertura de medicamentos se producen el 1 de enero, pero podemos agregar o eliminar medicamentos de la Lista de Medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos cumplir con las normas de Medicare para realizar estos cambios.

**Cambios que pueden afectarle este año:** En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca registrada de nuestra Lista de Medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o uno más bajo, y con las mismas o con menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca registrada en nuestra Lista de Medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente usted está tomando ese medicamento de marca registrada, podríamos no avisarle con anticipación que realizaremos ese cambio, pero luego le proporcionaremos información sobre el cambio o los cambios específicos que hicimos.
  - Si realizamos ese cambio, usted o el recetador pueden solicitarnos hacer una excepción y continuar

con la cobertura de su medicamento de marca registrada. El aviso que le enviaremos también incluirá información sobre cómo solicitar una excepción, y puede encontrar

información en la sección a continuación titulada “¿Cómo solicito una excepción a la Lista de Medicamentos de Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS)?”

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento incluido en nuestra lista de medicamentos no es seguro, o si el fabricante del medicamento lo retira del mercado, lo retiraremos de nuestra lista de inmediato y se lo notificaremos a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca registrada que se encuentra actualmente en la lista de medicamentos, o podemos agregar nuevas restricciones al medicamento de marca registrada, moverlo a un nivel de costo compartido diferente, o ambas cosas. También podemos realizar cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestra lista de medicamentos, agregamos una autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento, o cambiamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigor, o cuando el miembro solicita un nuevo surtido del medicamento, momento en el cual recibirá un suministro por 30 días del medicamento.
  - Si realizamos estos cambios, usted o el recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. El aviso que le enviaremos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar

información en la sección a continuación titulada “¿Cómo solicito una excepción a la Lista de medicamentos de Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS)?”

**Cambios que no le afectarán si actualmente está tomando el medicamento.** Por lo general, si usted está tomando un medicamento de nuestra Lista de Medicamentos 2022 que estaba cubierto al comienzo del año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2022, salvo lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no lo afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios pueden afectarlo, y es importante revisar la Lista de Medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

La lista adjunta entra en vigor a partir del 12/01/2022. Para obtener información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. En caso de que se produzcan cambios a mediados de año en la lista de medicamentos que no sean de mantenimiento, las listas se actualizarán mensualmente y se publicarán en nuestro sitio web.

## ¿Cómo utilizo la Lista de Medicamentos?

Existen dos maneras de encontrar su medicamento en la lista de medicamentos:

## **Afección Médica**

La lista comienza en la página 7. Los medicamentos de esta lista de medicamentos están agrupados en categorías según el tipo de afección médica para la que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 7. Luego busque su medicamento en el nombre de la categoría.

## **Listado Alfabético**

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 84. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca registrada como los medicamentos genéricos figuran en el Índice. Busque en el Índice para encontrar su medicamento. Junto con su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

Nuestro plan cubre tanto medicamentos de marca registrada como medicamentos genéricos. Un medicamento genérico es uno aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) que contiene el mismo ingrediente activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

## **¿Existe alguna restricción en mi cobertura?**

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización Previa:** Nuestro plan necesita que usted o su médico obtengan una autorización previa para obtener ciertos medicamentos. Esto significa que necesitará obtener una aprobación de nuestro plan antes de obtener los medicamentos con receta médica. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **Límites de Cantidades:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá nuestro plan. Por ejemplo, nuestro plan proporciona 30 comprimidos por receta para rosuvastatina. Esto puede ser adicional a un suministro estándar para un mes o tres meses.
- **Terapia Escalonada:** En algunos casos, nuestro plan requiere que primero pruebe otros medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona, le cubriremos el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando la lista que comienza en la página 7. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización de la lista, aparece en la portada y en la contraportada.

Puede solicitar que se haga una excepción a estas restricciones o límites en nuestros planes, o que le hagan una

lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción a la Lista de medicamentos de Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS)?” en la página 5 para obtener información sobre cómo solicitar una excepción.

### **¿Qué pasa si mi medicamento no está en la Lista de Medicamentos?**

Si su medicamento no está incluido en esta lista (lista de medicamentos cubiertos), primero debe comunicarse con el Servicio de Atención al Cliente y preguntar si su medicamento está cubierto.

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que nuestro plan haga una excepción para que cubra su medicamento. Consulte la siguiente sección para obtener información sobre cómo solicitar una excepción.

### **¿Cómo solicito una excepción a la Lista de Medicamentos de Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS)?**

Puede solicitar que se haga una excepción a nuestras normas de cobertura en nuestro plan. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestra lista de medicamentos. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento de la lista de medicamentos en un nivel de costo compartido más bajo, a menos que el medicamento se encuentre en el nivel especializado. Si se aprueba, esto disminuiría el monto que debe pagar por su medicamento.
- Puede solicitarnos que no apliquemos restricciones ni límites de cobertura a su medicamento. Por ejemplo, para ciertos medicamentos, el plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y que cubramos una cantidad mayor.

Por lo general, nuestro plan aprobará su solicitud de una excepción únicamente si los medicamentos alternativos incluidos en la lista de medicamentos del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no son tan eficaces para tratar su afección o harán que padezca efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial sobre la cobertura de una excepción a la lista, el nivel o la restricción de utilización. **Cuando solicita una excepción a la lista, el nivel o la restricción de utilización, debe presentar una declaración de su recetador o médico que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas después de recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría verse gravemente afectada si espera hasta 72 horas por una decisión. Si se concede su solicitud acelerada, debemos darle una decisión a más tardar 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

## **¿Qué debo hacer antes de hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?**

Como miembro nuevo o existente de nuestro plan, es posible que esté tomando medicamentos que no están en nuestra lista de medicamentos. También puede suceder que esté tomando un medicamento que está en nuestra lista de medicamentos, pero su capacidad para conseguirlo es limitada. Por ejemplo, es posible que necesite nuestra autorización previa antes de que pueda obtener su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos, o solicitar una excepción a la lista de medicamentos para que cubramos el medicamento que toma. Mientras habla con su médico para determinar qué medida es adecuada para usted, podemos cubrir su medicamento en ciertos casos durante los primeros

90 días en los que usted es miembro de nuestro plan.

Para cada uno de sus medicamentos que no está en nuestra lista de medicamentos, o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal por 30 días. Si su receta médica está escrita por menos días, entregaremos renovaciones para proporcionar hasta un suministro máximo por 30 días de medicamentos. Después de su primer suministro por 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si usted es residente de un centro de atención médica a largo plazo y necesita un medicamento que no está en nuestra lista de medicamentos, o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia por 31 días de ese medicamento mientras usted busca una excepción a la lista.

Si usted es un miembro actual de nuestro plan, también cubriremos un suministro de transición temporal si sus medicamentos cambian debido a un cambio en el nivel de atención. Esto puede incluir cambios no planificados en los entornos de tratamiento, como ser dado de alta de un centro de cuidados intensivos (hospital) o ser hospitalizado o dado de alta de un centro de atención médica a largo plazo. Por cada medicamento que no esté en nuestra lista de medicamentos o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal por 30 días (un suministro por hasta 31 días si usted es residente de un centro de atención médica a largo plazo) cuando vaya a una farmacia de la red.

### **Para obtener más información**

Para obtener información más detallada sobre su cobertura de medicamentos recetados Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS), revise su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista, aparece en la portada y en la contraportada.

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

### **Lista de Medicamentos de Generations Classic (HMO), Generations Classic Plus (HMO), Generations Select (HMO) y Generations Classic Choice (HMO-POS)**

La lista de medicamentos que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 84.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca registrada están en mayúscula (p. ej., SYNTHROID) y los medicamentos genéricos están en minúscula cursiva (p. ej., levotiroxina).

La información en la columna Requisitos/Límites le indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla:

- B/D: Este medicamento puede estar cubierto por Medicare Parte B o Parte D, según las circunstancias. Es posible que sea necesario presentar información que describa el uso y el entorno del medicamento para tomar la decisión.
- LA: Acceso Limitado. Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte su Directorio de Farmacias o llame al Servicio de Atención al Cliente al 1-866-494-3927, las 24 horas del día, los siete días de la semana. Los usuarios de TTY deben llamar al 711.
- NM: No está disponible en nuestras farmacias de pedidos por correo.
- PA: Autorización Previa. El plan necesita que usted o su proveedor obtengan una autorización previa para ciertos medicamentos. Esto significa que necesitará obtener nuestra aprobación antes de obtenerlos medicamentos con receta médica. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- QL: El medicamento tiene un límite de cantidad. Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 comprimidos por 30 días por receta de rosuvastatina.
- ST: Terapia Escalonada. En algunos casos, nuestro plan requiere que primero pruebe otros medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona, le cubriremos el medicamento B.

Los montos de copagos y coseguros se muestran en el folleto de Evidencia de Cobertura del Capítulo 6, Secciones 5.2 y 5.



Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

**ANALGESICS**

**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	2	
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

**NSAIDS**

<i>celecoxib</i> CAPS 50mg	3	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	2	
<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	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<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	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA

### **OPIOID ANALGESICS, SHORT-ACTING**

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	3	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> 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
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
---	---	-----

## **ANTI-INFECTIVES**

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
<i>ivermectin</i> TABS 3mg	3	PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<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	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	3	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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>	3	
TRIMETHOPRIM TABS 100mg	2	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	4	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b SOLR 50mg</i>	4	B/D
<i>amphotericin b liposome SUSR 50mg</i>	5	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	4	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg</i>	3	
<i>fluconazole TABS 150mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	4	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	4	
<i>itraconazole CAPS 100mg</i>	4	PA
<i>ketoconazole TABS 200mg</i>	3	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>	3	
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	GC, QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	5	PA
<i>voriconazole TABS 50mg</i>	4	QL (480 tabs / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

### **ANTIMALARIALS**

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

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
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	3	
LEXIVA SUSP 50mg/ml	4	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	3	
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	4	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
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	4	
<i>zidovudine</i> TABS 300mg	3	

#### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
<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	
<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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<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 PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	
<b>ANTIVIRALS</b>		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	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	4	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	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	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	5	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin SOLN 25mg/ml</i>	4	
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	

### **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 &amp; k clavulanate chew tab 200-28.5 mg</i>	4	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	4	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	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	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D
<b>ANTIBIOTICS</b>		
<i>adriamycin</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	4	B/D
<b>ANTIMETABOLITES</b>		
ALIMTA SOLR 100mg, 500mg	5	B/D
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	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	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bicalutamide</i> TABS 50mg	2	
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
<i>flutamide</i> CAPS 125mg	3	
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	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
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 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
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	5	NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
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
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ 100MG	5	B/D, NM
<i>docetaxel</i> CONC 20mg/ml	4	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	3	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
PACLITAXEL INJ 100MG	5	B/D, NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	3	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
<b>MOLECULAR TARGET AGENTS</b>		
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
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
CALQUENCE TABS 100mg	5	QL (60 tabs / 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
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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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 SUSP 70mg/ml	5	QL (216 mL / 27 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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<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
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	5	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	5	NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	5	NM, LA, PA
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	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg	3	
<i>leucovorin calcium</i> TABS 15mg, 25mg	4	
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)
--	---	-------------------------------

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	GC
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	GC
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	GC
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	GC

### **ALDOSTERONE RECEPTOR ANTAGONISTS**

<i>eplerenone</i> TABS 25mg, 50mg	3	
KERENDIA 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	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	

### **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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium &amp; 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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	GC
<i>olmesartan medoxomil</i> TABS 5mg	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<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)
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	GC
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	GC
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	3	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	GC

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



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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	4	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	4	

### **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	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<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	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	GC
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	

### **DIURETICS**

<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	2	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	GC

### **MISCELLANEOUS**

ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	4	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>digitek</i> TABS .125mg, .25mg	2	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<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
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	

### **NITRATES**

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> 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	3	

### **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	3	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

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

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

**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	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	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; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	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	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
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	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)

**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. 36

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lacosamide</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<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	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
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	
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)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA

### **ANTIDEMENTIA**

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
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	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	3	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	3	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	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<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	4	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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	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	4	
<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	1	GC
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<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	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<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)

**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. 40

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<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	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-250mg</i>	4	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	3	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone</i> TABS 200mg	4	
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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	GC
<i>rasagiline mesylate</i> TABS 1mg	4	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	4	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	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</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	4	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	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	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	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
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)
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	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
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	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL 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	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
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	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	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>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	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>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	4	QL (90 tabs / 30 days), PA
<b>HYPNOTICS</b>		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	3	QL (30 tabs / 30 days)
<i>HETLIOZ CAPS 20mg</i>	5	QL (30 caps / 30 days), NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam</i> CAPS 7.5mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<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
<b>MIGRAINE</b>		
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>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	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	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	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	4	QL (12 tabs / 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
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	1	GC
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	4	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<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
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	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
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg	3	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	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	3	
CHANTIX TAB 0.5& 1MG	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	4	PA
VIVITROL SUSR 380mg	5	NM

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

Drug Name	Drug Tier	Requirements/Limits
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	3	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	4	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
<b>ANTIDIABETICS</b>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	GC
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
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)

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

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

**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. 50

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC (2MG/DOSE) SOPN 8MG/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)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
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	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
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)
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
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)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
<i>ibandronate sodium</i> TABS 150mg	3	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	3	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	4	B/D, NM
<b>CHELATING AGENTS</b>		
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> <i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CONTRACEPTIVES</b>		
<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>	3	
<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>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila TABS .35mg</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 TABS .35mg</i>	2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	2	
<i>ELLA TABS 30mg</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	3	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; 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>	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyleq</i> TABS .35mg	2	
<i>lyza</i> TABS .35mg	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	3	
<i>nora-be</i> TABS .35mg	2	
<i>norethindrone (contraceptive)</i> TABS .35mg	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i>	4	
<i>norethindrone ace &amp; ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab</i> <i>1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-</i> <i>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>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<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>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	
<b>ESTROGENS</b>		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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 &amp; norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	4	
<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	4	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	5	
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	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	3	
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	4	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	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK 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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>javvygtor</i> PACK 100mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml	4	B/D
<i>levocarnitine (metabolic modifiers)</i> TABS 330mg	3	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
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	

### **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	
<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	3	
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	3	
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	2	B/D
<i>calcitriol</i> SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>granisetron hcl</i> SOLN 1mg/ml	3	
<i>granisetron hcl</i> SOLN 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg, 24mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	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	3	

### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	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> 20mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

### **INFLAMMATORY BOWEL DISEASE**

<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	PA
<i>budesonide</i> TB24 9mg	5	PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	

### **LAXATIVES**

<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
SUPREP BOWEL SOL PREP KIT	4	

### **MISCELLANEOUS**

<i>alosetron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<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</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	3	QL (30 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
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	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	

### **PROTON PUMP INHIBITORS**

<i>dexlansoprazole</i> CPDR 30mg, 60mg	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC
<i>pantoprazole sodium</i> SOLR 40mg	3	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	GC
<i>tamsulosin hcl</i> CAPS .4mg	2	

#### **MISCELLANEOUS**

<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	

#### **URINARY ANTISPASMODICS**

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	3	QL (30 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. 64

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
VANDAZOLE GEL .75%	3	

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
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	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NAACL 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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
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	2	
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	4	
<i>tranexamic acid</i> TABS 650mg	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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	3	

## **IMMUNOLOGIC AGENTS**

### **AUTOIMMUNE AGENTS**

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
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
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, 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
RINVOQ TB24 45mg	5	QL (112 tabs / year), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / 365 days), NM, PA
SKYRIZI SOCT 360mg/2.4ml	5	QL (7 cartridges / 365 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), 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
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	3	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D

### ***IMMUNOGLOBULINS***

BIVIGAM SOLN 5gm/50ml	5	NM, PA
BIVIGAM SOLN 10%	5	NM, LA, 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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>IMMUNOMODULATORS</b>		
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
INTRON A SOLR 10000000unit	3	B/D, NM
INTRON A SOLR 18000000unit	4	B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> TABS 50mg	3	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	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	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	4	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
ZORTRESS TABS 1mg	5	B/D
<b>VACCINES</b>		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 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
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TICOVAC SUSY 1.2mcg/0.25ml, 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%	3	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
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% &amp; nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	3	
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>	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
<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</i> SOLN 2meq/ml	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride</i> SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con 8</i> TBCR 8meq	2	
<i>klor-con 10</i> TBCR 10meq	2	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	3	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TRICARE TAB PRENATAL	3	

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

Drug Name	Drug Tier	Requirements/Limits
<b>IV NUTRITION</b>		
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 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%, 70%</i>	3	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>	4	B/D
PREMASOL SOL 10%	4	B/D
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>	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<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>	4	
ZYLET SUS 0.5-0.3%	3	

### ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	2	
<i>erythromycin (ophth)</i> OINT 5mg/gm	2	
<i>gatifloxacin (ophth)</i> SOLN .5%	3	
<i>gentak</i> OINT .3%	3	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	2	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	3	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth)</i> SOLN .3%	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	3	
<i>tobramycin (ophth)</i> SOLN .3%	1	GC
<i>trifluridine</i> SOLN 1%	4	
ZIRGAN GEL .15%	4	

### **ANTI-INFLAMMATORIES**

ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .09%	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	

### **ANTIALLERGICS**

<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>bepotastine besilate</i> SOLN 1.5%	3	

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

Drug Name	Drug Tier	Requirements/Limits
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	GC
LASTACFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIATE SOLN .24%	4	

### ANTIGLAUCOMA

ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	2	
<i>latanoprost</i> SOLN .005%	2	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	4	
VYZULTA SOLN .024%	4	

### MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
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%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

### OTIC

#### OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3- 0.1%	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	

## **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	3	B/D
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%	3	

### **ANTI-HISTAMINES**

<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	3	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 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	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	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)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
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)
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>avita</i> CREA .025%; GEL .025%	4	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate (topical) GEL 1%</i>	4	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>myorisan CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	4	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	4	QL (45 gm / 30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical) CREA .1%</i>	4	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical) OINT .1%</i>	3	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	2	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine CREA .77%</i>	3	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	3	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	3	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	3	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	PA
<i>calcipotriene OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	4	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene CREA .1%</i>	3	QL (60 gm / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA

**DERMATOLOGY, ANTISEBORRHEICS**

<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	

**DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i> CREA 1%	1	GC
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>clobetasol propionate</i> GEL .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	3	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	3	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triderm</i> CREA .5%	2	

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	4	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (30 gm / 30 days), PA

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

<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>procto-med hc</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	4	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)

### **DERMATOLOGY, WOUND CARE AGENTS**

REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

### **MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

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

## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	12
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	13
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> .....	13
ABELCET .....	11
ABILIFY MAINTENA .....	42
<i>abiraterone acetate</i> .....	19
ABRAXANE INJ 100MG .....	21
<i>acamprosate calcium</i> .....	48
<i>acarbose</i> .....	49
<i>accutane</i> .....	79
<i>acebutolol hcl</i> .....	31
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	8
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	8
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	8
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	8
<i>acetazolamide</i> .....	33
<i>acetic acid</i> .....	64
<i>acetic acid (otic)</i> .....	75
<i>acetylcysteine</i> .....	77
<i>acitretin</i> .....	80
ACTHIB INJ .....	70
ACTIMMUNE .....	69
<i>acyclovir</i> .....	14
<i>acyclovir sodium</i> .....	14
ADACEL INJ .....	70
<i>adefovir dipivoxil</i> .....	14
ADEMPAS .....	34
ADRENALIN .....	33
<i>adriamycin</i> .....	19
ADVAIR DISKU AER 100/50 .....	79
ADVAIR DISKU AER 250/50 .....	79
ADVAIR DISKU AER 500/50 .....	79
ADVAIR HFA AER 115/21.....	79
ADVAIR HFA AER 230/21.....	79
ADVAIR HFA AER 45/21 .....	79
AFINITOR .....	21
AFINITOR DISPERZ .....	21
<i>afirmelle</i> .....	54
AIMOVIG .....	46
<i>ala-cort</i> .....	81
<i>albendazole</i> .....	9
<i>albuterol sulfate</i> .....	77
<i>alclometasone dipropionate</i> .....	81
ALDURAZYME .....	59
ALECENSA .....	21
<i>alendronate sodium</i> .....	53
<i>alfuzosin hcl</i> .....	64
ALIMTA .....	19
<i>aliskiren fumarate</i> .....	33
<i>allopurinol</i> .....	7
<i>alose tron hcl</i> .....	63
ALPHAGAN P.....	75
<i>alprazolam</i> .....	35
ALREX.....	74
<i>altavera</i> .....	54
ALUNBRIG .....	21
ALUNBRIG PAK .....	21
<i>alyacen 1/35</i> .....	54
<i>alyacen 7/7/7</i> .....	54
<i>amabelz</i> .....	57
<i>amantadine hcl</i> .....	41
AMBISOME .....	11
<i>ambrisentan</i> .....	34
<i>amikacin sulfate</i> .....	9
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	33
<i>amiloride hcl</i> .....	33
<i>amiodarone hcl</i> .....	30
<i>amitriptyline hcl</i> .....	39
<i>amlodipine besylate</i> .....	32
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	27
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	27
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	26
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	27
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	27
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	27
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	28

<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	28	<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	17
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	28	<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	17
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	28	<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....	17
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	28	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	44
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	28	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	44
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	28	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	44
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	28	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	44
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....	28	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	44
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....	29	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	44
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	45
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....	28	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	45
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....	28	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	45
<i>amnestem</i> .....	79	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	45
<i>amoxapine</i> .....	39	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	45
<i>amoxicillin</i> .....	17	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	45
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i> .....	17	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	45
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....	17	<i>amphotericin b</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	17	<i>amphotericin b liposome</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	17	<i>ampicillin</i> .....	17
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	17	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	17
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	17	<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	17
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	17	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....	17
		<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....	17
		<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	17
		<i>ampicillin sodium</i> .....	17
		<i>anagrelide hcl</i> .....	66

<i>anastrozole</i> .....	19	<i>azathioprine</i> .....	69
ANDRODERM .....	49	<i>azelastine hcl</i> .....	76
ANORO ELLIPT AER 62.5-25 .....	76	<i>azelastine hcl (ophth)</i> .....	74
<i>aprepitant</i> .....	61	<i>azithromycin</i> .....	16
<i>aprepitant capsule therapy pack 80 &amp;</i> <i>125 mg</i> .....	61	<i>aztreonam</i> .....	9
<i>apri</i> .....	54	<i>azurette</i> .....	54
APTIOM.....	35	<b>B</b>	
APTIVUS .....	12	<i>bacitracin (ophthalmic)</i> .....	73
ARALAST NP .....	77	<i>bacitracin-polymyxin b ophth oint</i> ....	73
<i>aranelle</i> .....	54	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i> .....	73
ARCALYST .....	69	<i>baclofen</i> .....	47
<i>aripiprazole</i> .....	42	<i>balsalazide disodium</i> .....	62
ARISTADA .....	42	BALVERSA.....	22
ARISTADA INITIO.....	42	<i>balziva</i> .....	54
<i>armodafinil</i> .....	48	BARACLUDE .....	14
ARNUITY ELLIPTA .....	79	BASAGLAR KWIKPEN .....	52
<i>asenapine maleate</i> .....	42	BCG VACCINE.....	70
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i> .....	66	BD ALCOHOL SWABS.....	52
<i>atazanavir sulfate</i> .....	12	BELSOMRA .....	45
<i>atenolol</i> .....	31	<i>benazepril &amp; hydrochlorothiazide tab</i> <i>10-12.5 mg</i> .....	27
<i>atenolol &amp; chlorthalidone tab 100-25</i> <i>mg</i> .....	31	<i>benazepril &amp; hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....	27
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	31	<i>benazepril &amp; hydrochlorothiazide tab</i> <i>20-25 mg</i> .....	27
<i>atomoxetine hcl</i> .....	45	<i>benazepril &amp; hydrochlorothiazide tab 5-</i> <i>6.25mg</i> .....	27
<i>atorvastatin calcium</i> .....	31	<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> .....	41
<i>atropine sulfate (ophthalmic)</i> .....	75	<i>bepotastine besilate</i> .....	74
ATROVENT HFA .....	76	BEPREVE.....	75
<i>aubra eq</i> .....	54	BERINERT .....	66
<i>aurovela 1/20</i> .....	54	BESIVANCE .....	74
<i>aurovela fe 1.5/30</i> .....	54	BESREMI.....	20
<i>aurovela fe 1/20</i> .....	54	<i>betaine powder for oral solution</i> .....	59
AUSTEDO .....	47	<i>betamethasone dipropionate (topical)</i> .....	81
AVASTIN .....	21	<i>betamethasone dipropionate</i> <i>augmented</i> .....	81
<i>aviane</i> .....	54	<i>betamethasone valerate</i> .....	81
<i>avita</i> .....	79	BETASERON .....	47
<i>ayuna</i> .....	54	<i>betaxolol hcl (ophth)</i> .....	75
AYVAKIT .....	22		
<i>azacitidine</i> .....	19		



<i>bethanechol chloride</i> .....	64
BETOPTIC-S .....	75
BEVESPI AER 9-4.8MCG .....	76
<i>bexarotene</i> .....	20
<i>bexarotene (topical)</i> .....	82
BEXSERO INJ .....	70
<i>bicalutamide</i> .....	20
BICILLIN L-A .....	17
BIKTARVY TAB 30-120-15 MG.....	13
BIKTARVY TAB 50-200-25 MG.....	13
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg .....	31
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg .....	31
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i> 6.25 mg .....	31
<i>bisoprolol fumarate</i> .....	32
BIVIGAM .....	68
BLEPHAMIDE OIN S.O.P. ....	73
<i>blisovi fe 1.5/30</i> .....	54
BOOSTRIX INJ .....	70
<i>bortezomib</i> .....	22
BORTEZOMIB.....	22
<i>bosentan</i> .....	34
BOSULIF .....	22
BRAFTOVI .....	22
BREO ELLIPTA INH 100-25 .....	79
BREO ELLIPTA INH 200-25 .....	79
BREZTRI AERO AER SPHERE .....	76
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	76
<i>briellyn</i> .....	54
BRILINTA .....	66
<i>brimonidine tartrate</i> .....	75
<i>brinzolamide</i> .....	75
BRIVIACT .....	35
<i>bromfenac sodium (ophth)</i> .....	74
<i>bromocriptine mesylate</i> .....	41
BROMSITE .....	74
BRUKINSA .....	22
<i>budesonide</i> .....	62
<i>budesonide (inhalation)</i> .....	79
<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> .....	35
<i>butorphanol tartrate</i> .....	8
BYDUREON BCISE .....	49
BYETTA.....	49
<b>C</b>	
<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 10-</i> 100mg .....	41
<i>carb/levo orally disintegrating tab 25-</i> 100mg .....	41
<i>carb/levo orally disintegrating tab 25-</i> 250mg .....	41
CARBAGLU .....	59
<i>carbamazepine</i> .....	35
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	41
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	41
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	41
<i>carbidopa &amp; levodopa tab er 25-100</i> mg .....	41
<i>carbidopa &amp; levodopa tab er 50-200</i> 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>chloroquine phosphate</i> .....	12
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg .....	41	<i>chlorpromazine hcl</i> .....	42
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg .....	41	CHLORPROMAZINE HYDROCHLOR ....	42
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg .....	41	<i>chlorthalidone</i> .....	33
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg .....	41	<i>cholestyramine</i> .....	31
<i>carboplatin</i> .....	18	<i>cholestyramine light</i> .....	31
<i>carglumic acid</i> .....	59	<i>ciclopirox olamine</i> .....	80
<i>carteolol hcl (ophth)</i> .....	75	<i>cilostazol</i> .....	66
<i>cartia xt</i> .....	32	CILOXAN .....	74
<i>carvedilol</i> .....	32	CIMDUO TAB 300-300 .....	13
<i>caspofungin acetate</i> .....	11	<i>cinacalcet hcl</i> .....	59
CAYSTON .....	9	CIPRO.....	16
<i>cefaclor</i> .....	15	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	16
CEFACLOR ER .....	15	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	16
<i>cefadroxil</i> .....	15	<i>ciprofloxacin hcl</i> .....	16
CEFAZOLIN INJ 1GM/50ML .....	15	<i>ciprofloxacin hcl (ophth)</i> .....	74
<i>cefazolin sodium</i> .....	15	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% .....	75
CEFAZOLIN SOLN 2GM/100ML-4% ...	15	<i>cisplatin</i> .....	19
<i>cefdinir</i> .....	15	<i>citalopram hydrobromide</i> .....	39
<i>cefepime hcl</i> .....	15	<i>claravis</i> .....	79
<i>cefixime</i> .....	15	<i>clarithromycin</i> .....	16
<i>cefoxitin sodium</i> .....	16	<i>clindamycin hcl</i> .....	9
<i>cefpodoxime proxetil</i> .....	16	<i>clindamycin palmitate hydrochloride</i> ..	9
<i>cefprozil</i> .....	16	<i>clindamycin phosphate</i> .....	9
<i>ceftazidime</i> .....	16	<i>clindamycin phosphate (topical)</i> .....	80
CEFTAZIDIME/ SOL D5W 1GM.....	16	<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml .....	9
CEFTAZIDIME/ SOL D5W 2GM.....	16	<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml .....	9
<i>ceftriaxone sodium</i> .....	16	<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml .....	9
<i>cefuroxime axetil</i> .....	16	<i>clindamycin phosphate vaginal</i> .....	65
<i>cefuroxime sodium</i> .....	16	CLINDMYC/NAC INJ 300/50ML .....	9
<i>celecoxib</i> .....	7	CLINDMYC/NAC INJ 600/50ML .....	9
CELONTIN .....	35	CLINDMYC/NAC INJ 900/50ML .....	9
<i>cephalexin</i> .....	16	CLINIMIX INJ 4.25/D10.....	73
CERDELGA.....	59	CLINIMIX INJ 4.25/D5W.....	73
CEREZYME.....	59	CLINIMIX INJ 5%/D15W .....	73
<i>cetirizine hcl</i> .....	76	CLINIMIX INJ 5%/D20W .....	73
<i>cevimeline hcl</i> .....	83	CLINIMIX INJ 6/5 .....	73
CHANTIX TAB 0.5& 1MG.....	48	CLINIMIX INJ 8/10 .....	73
<i>chateal</i> .....	54	CLINIMIX INJ 8/14 .....	73
CHEMET .....	53	<i>clinisol sf 15%</i> .....	73
<i>chlorhexidine gluconate (mouth-throat)</i> .....	83	CLINOLIPID EMU 20% .....	73
		<i>clobazam</i> .....	35
		<i>clobetasol propionate</i> .....	81

<i>clobetasol propionate e</i> .....	81	<i>cyproheptadine hcl</i> .....	76
<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> .....	67	CYSTARAN .....	75
<i>clorazepate dipotassium</i> .....	35	<i>cytarabine</i> .....	19
<i>clotrimazole</i> .....	83	<b>D</b>	
<i>clotrimazole (topical)</i> .....	80	D10W/NACL INJ 0.2% .....	71
<i>clotrimazole w/ betamethasone cream</i>		D2.5W/NACL INJ 0.45%.....	71
<i>1-0.05%</i> .....	80	D5W/LYTES INJ #48.....	71
<i>clozapine</i> .....	42	<i>dabigatran etexilate mesylate</i> .....	65
COARTEM TAB 20-120MG .....	12	<i>dalfampridine</i> .....	47
<i>colchicine</i> .....	7	DALIRESP.....	77
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>danazol</i> .....	57
<i>mg</i> .....	7	<i>dantrolene sodium</i> .....	48
<i>colesevelam hcl</i> .....	31	<i>dapsone</i> .....	9
<i>colestipol hcl</i> .....	31	DAPTACEL INJ .....	70
<i>colistimethate sodium</i> .....	9	<i>daptomycin</i> .....	10
COMBIGAN SOL 0.2/0.5% .....	75	DAPTOMYCIN .....	9
COMBIVENT AER 20-100 .....	76	<i>dasetta 1/35</i> .....	54
COMETRIQ (60MG DOSE) .....	22	<i>dasetta 7/7/7</i> .....	54
COMETRIQ KIT 100MG .....	22	DAURISMO .....	22
COMETRIQ KIT 140MG .....	22	<i>deblitane</i> .....	54
COMPLERA TAB .....	13	<i>deferasirox</i> .....	53
<i>compro</i> .....	61	DELESTROGEN.....	57
<i>constulose</i> .....	63	DELSTRIGO TAB.....	13
COPIKTRA .....	22	DENGVAXIA SUS.....	70
CORLANOR.....	33	DESCOVY TAB 120-15MG .....	13
COTELLIC.....	22	DESCOVY TAB 200/25MG .....	13
CREON CAP 12000UNT.....	64	<i>desipramine hcl</i> .....	39
CREON CAP 24000UNT.....	64	<i>desmopressin acetate</i> .....	59
CREON CAP 3000UNIT .....	64	<i>desmopressin acetate spray</i> .....	59
CREON CAP 36000UNT.....	64	<i>desmopressin acetate spray</i>	
CREON CAP 6000UNIT .....	64	<i>refrigerated</i> .....	59
<i>cromolyn sodium</i> .....	77	<i>desogest-eth estrad &amp; eth estrad tab</i>	
<i>cromolyn sodium (mastocytosis)</i> .....	63	<i>0.15-0.02/0.01 mg(21/5)</i> .....	54
<i>cromolyn sodium (ophth)</i> .....	75	<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>	
<i>cryselle-28</i> .....	54	<i>mg-30 mcg</i> .....	54
<i>cyclobenzaprine hcl</i> .....	47	<i>desvenlafaxine succinate</i> .....	39
<i>cyclophosphamide</i> .....	19	<i>dexamethasone</i> .....	58
CYCLOPHOSPHAMIDE .....	19	DEXAMETHASONE INTENSOL.....	58
CYCLOPHOSPHAMIDE MONOHYDR....	19	<i>dexamethasone sodium phosphate</i> ...	58
<i>cycloserine</i> .....	14	<i>dexamethasone sodium phosphate</i>	
<i>cyclosporine</i> .....	69	<i>(ophth)</i> .....	74
<i>cyclosporine modified (for</i>		<i>dexlansoprazole</i> .....	64
<i>microemulsion)</i> .....	69	<i>dexmethylphenidate hcl</i> .....	45

dextrose.....	73	<i>disopyramide phosphate</i> .....	30
dextrose 10% w/ sodium chloride		<i>disulfiram</i> .....	48
0.45%.....	71	<i>divalproex sodium</i> .....	36
dextrose 2.5% w/ sodium chloride		<i>docetaxel</i> .....	21
0.45%.....	71	DOCETAXEL.....	21
dextrose 5% in lactated ringers.....	71	<i>dofetilide</i> .....	30
dextrose 5% w/ sodium chloride 0.2%		<i>donepezil hydrochloride</i> .....	39
.....	71	DOPTELET .....	66
dextrose 5% w/ sodium chloride		<i>dorzolamide hcl</i> .....	75
0.225%.....	71	<i>dorzolamide hcl-timolol maleate ophth</i>	
dextrose 5% w/ sodium chloride 0.3%		<i>soln 22.3-6.8 mg/ml</i> .....	75
.....	71	<i>dotti</i> .....	58
dextrose 5% w/ sodium chloride 0.45%		DOVATO TAB 50-300MG .....	13
.....	71	<i>doxazosin mesylate</i> .....	28
dextrose 5% w/ sodium chloride 0.9%		<i>doxepin hcl</i> .....	39
.....	71	<i>doxepin hcl (sleep)</i> .....	45
DIACOMIT .....	35, 36	<i>doxorubicin hcl</i> .....	19
<i>diazepam</i> .....	36	<i>doxorubicin hcl liposomal</i> .....	19
<i>diazepam (anticonvulsant)</i> .....	36	<i>doxy 100</i> .....	18
<i>diazepam inj</i> .....	36	<i>doxycycline (monohydrate)</i> .....	18
<i>diazoxide</i> .....	59	<i>doxycycline hyclate</i> .....	18
<i>diclofenac potassium</i> .....	7	DRIZALMA SPRINKLE .....	40
<i>diclofenac sodium</i> .....	7	<i>dronabinol</i> .....	61
<i>diclofenac sodium (ophth)</i> .....	74	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac sodium (topical)</i> .....	82	0.02 mg .....	54
<i>dicloxacillin sodium</i> .....	17	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicyclomine hcl</i> .....	62	0.03 mg .....	54
DIFICID .....	16	DROXIA .....	66
<i>diflunisal</i> .....	7	<i>droxidopa</i> .....	34
<i>difluprednate</i> .....	74	<i>duloxetine hcl</i> .....	40
<i>digitek</i> .....	34	<i>dutasteride</i> .....	64
<i>digoxin</i> .....	34	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>dihydroergotamine mesylate</i> .....	46	mg .....	64
DILANTIN .....	36	<b>E</b>	
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 .....	70	<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> .....	67	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 .....	40	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	46
<i>emtricitabine</i> .....	12	ERIVEDGE .....	22
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	13	ERLEADA.....	20
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	13	<i>erlotinib hcl</i> .....	22
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	14	<i>errin</i> .....	54
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	14	<i>ertapenem sodium</i> .....	10
EMTRIVA .....	12	<i>ery</i> .....	80
EMVERM.....	10	<i>ery-tab</i> .....	16
<i>enalapril maleate</i> .....	27	ERYTHROCIN LACTOBIONATE .....	16
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	27	<i>erythrocin stearate</i> .....	16
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	27	<i>erythromycin (acne aid)</i> .....	80
ENBREL.....	67	<i>erythromycin (ophth)</i> .....	74
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 .....	78
<i>endocet tab 2.5-325mg</i> .....	8	<i>escitalopram oxalate</i> .....	40
<i>endocet tab 5-325mg</i> .....	8	<i>esomeprazole magnesium</i> .....	64
<i>endocet tab 7.5-325mg</i> .....	8	<i>estarylla</i> .....	54
ENGERIX-B.....	70	<i>estradiol</i> .....	58
<i>enoxaparin sodium</i> .....	65	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	58
<i>enpresse-28</i> .....	54	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	58
<i>enskyce</i> .....	54	<i>estradiol vaginal</i> .....	58
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 .....	29	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	54
ENTRESTO TAB 49-51MG .....	29	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	54
ENTRESTO TAB 97-103MG.....	29	<i>etodolac</i> .....	7
<i>enulose</i> .....	63	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> .....	55
EPCLUSA PAK 150-37.5.....	14	<i>etoposide</i> .....	21
EPCLUSA PAK 200-50MG.....	14	<i>etravirine</i> .....	12
EPCLUSA TAB 200-50MG.....	15	EULEXIN .....	20
EPCLUSA TAB 400-100.....	15	<i>euthyrox</i> .....	61
EPIDIOLEX .....	36	<i>everolimus</i> .....	22
<i>epinephrine (anaphylaxis)</i> .....	77	<i>everolimus (immunosuppressant)</i> .....	69
<i>epirubicin hcl</i> .....	19	EVOTAZ TAB 300-150 .....	14

<i>exemestane</i> .....	20	<i>fluocinonide emulsified base</i> .....	81
EXKIVITY .....	22	<i>fluorometholone (ophth)</i> .....	74
<i>ezetimibe</i> .....	31	<i>fluorouracil</i> .....	19
<b>F</b>		<i>fluorouracil (topical)</i> .....	82
FABRAZYME.....	59	<i>fluoxetine hcl</i> .....	40
<i>falmina</i> .....	55	<i>fluphenazine decanoate</i> .....	42
<i>famciclovir</i> .....	15	<i>fluphenazine hcl</i> .....	43
<i>famotidine</i> .....	62	<i>flurbiprofen</i> .....	7
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i> .....	62	<i>flurbiprofen sodium</i> .....	74
FANAPT .....	42	<i>flutamide</i> .....	20
FANAPT PAK .....	42	<i>fluticasone propionate</i> .....	81
FARXIGA .....	49	<i>fluticasone propionate (nasal)</i> .....	79
FASENRA.....	78	<i>fluvoxamine maleate</i> .....	35
FASENRA PEN .....	78	<i>fondaparinux sodium</i> .....	65
<i>felbamate</i> .....	36	FORTEO .....	53
<i>felodipine</i> .....	32	<i>fosamprenavir calcium</i> .....	12
<i>femynor</i> .....	55	<i>fosinopril sodium</i> .....	28
<i>fenofibrate</i> .....	30	<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	27
<i>fenofibrate micronized</i> .....	30	<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	27
<i>fentanyl</i> .....	7	FOTIVDA .....	22
<i>fentanyl citrate</i> .....	8	FREAMINE III INJ 10%.....	73
<i>fesoterodine fumarate</i> .....	64	<i>fulvestrant</i> .....	20
FETZIMA .....	40	<i>furosemide</i> .....	33
FETZIMA CAP TITRATIO .....	40	<i>furosemide inj</i> .....	33
FIASP FLEX INJ TOUCH .....	52	FUZEON .....	12
FIASP INJ 100/ML .....	52	<i>fyavolv tab 0.5mg-2.5mcg</i> .....	58
FIASP PENFIL INJ U-100.....	52	<i>fyavolv tab 1mg-5mcg</i> .....	58
<i>finasteride</i> .....	64	FYCOMPA .....	36
FINTEPLA .....	36	<b>G</b>	
<i>flac</i> .....	76	<i>gabapentin</i> .....	36
FLAREX .....	74	<i>galantamine hydrobromide</i> .....	39
FLEBOGAMMA DIF .....	68	GAMASTAN INJ .....	68
<i>flecainide acetate</i> .....	30	GAMMAGARD LIQUID.....	68
FLOVENT DISKUS.....	79	GAMMAGARD S/D IGA LESS TH .....	68
FLOVENT HFA .....	79	GAMMAKED .....	68
<i>fluconazole</i> .....	11	GAMMAPLEX .....	68
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> .....	11	GAMUNEX-C .....	69
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i> .....	11	<i>ganciclovir sodium</i> .....	15
<i>flucytosine</i> .....	11	GARDASIL 9 INJ.....	70
<i>fludrocortisone acetate</i> .....	58	<i>gatifloxacin (ophth)</i> .....	74
<i>flunisolide (nasal)</i> .....	79	GATTEX .....	63
<i>fluocinolone acetonide</i> .....	81	GAUZE PADS 2 .....	52
<i>fluocinolone acetonide (otic)</i> .....	76	<i>gavilyte-c</i> .....	63
<i>fluocinonide</i> .....	81	<i>gavilyte-g</i> .....	63
		<i>gavilyte-n/flavor pack</i> .....	63

GAVRETO .....	22	<i>haloperidol decanoate</i> .....	43
<i>gemcitabine hcl</i> .....	19	<i>haloperidol lactate</i> .....	43
<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 MINIQUICK .....	59	HAVRIX .....	70
<i>gentak</i> .....	74	<i>heather</i> .....	55
<i>gentamicin in saline inj 0.8 mg/ml</i> ....	10	HEP SOD/D5W INJ 20000UNT .....	65
<i>gentamicin in saline inj 1 mg/ml</i> ....	10	HEP SOD/D5W INJ 25000UNT .....	65
<i>gentamicin in saline inj 1.2 mg/ml</i> ....	10	HEP SOD/NAACL INJ 25000UNT .....	65
<i>gentamicin in saline inj 1.6 mg/ml</i> ....	10	<i>heparin sodium (porcine)</i> .....	65
<i>gentamicin in saline inj 2 mg/ml</i> ....	10	HEPARIN/NAACL INJ 25000UNT .....	65
<i>gentamicin sulfate</i> .....	10	<i>hepatamine</i> .....	73
<i>gentamicin sulfate (ophth)</i> .....	74	HERCEP HYLEC SOL 60-10000 .....	22
<i>gentamicin sulfate (topical)</i> .....	80	HERCEPTIN .....	22
GENVOYA TAB .....	14	HERZUMA .....	22
GILENYA .....	47	HETLIOZ .....	45
GILOTRIF .....	22	HIBERIX .....	70
<i>glatiramer acetate</i> .....	47	HUMIRA .....	67
<i>glatopa</i> .....	47	HUMIRA PEDIA INJ CROHNS .....	67
<i>glimepiride</i> .....	49	HUMIRA PEDIATRIC CROHNS D .....	67
<i>glipizide</i> .....	49	HUMIRA PEN .....	67
<i>glipizide xl</i> .....	49	HUMIRA PEN KIT PS/UV .....	67
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	49	HUMIRA PEN-CD/UC/HS START .....	67
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	49	HUMIRA PEN-PEDIATRIC UC S .....	67
<i>glipizide-metformin hcl tab 5-500 mg</i>	49	HUMIRA PEN-PS/UV STARTER .....	67
<i>glycopyrrolate</i> .....	62	HUMULIN R U-500 (CONCENTR .....	52
<i>glydo</i> .....	82	HUMULIN R U-500 KWIKPEN .....	52
GLYXAMBI TAB 10-5 MG .....	49	<i>hydralazine hcl</i> .....	34
GLYXAMBI TAB 25-5 MG .....	50	<i>hydrochlorothiazide</i> .....	33
GOLYTELY SOL .....	63	<i>hydrocodone bitartrate</i> .....	7
<i>granisetron hcl</i> .....	62	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i> .....	8
<i>griseofulvin microsize</i> .....	11	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i> .....	8
<i>griseofulvin ultramicrosize</i> .....	11	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i> .....	8
<i>guanfacine hcl</i> .....	34	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i> .....	8
<i>guanfacine hcl (adhd)</i> .....	45	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	8
GVOKE HYOPEN 2-PACK .....	59	<i>hydrocortisone</i> .....	58
GVOKE KIT .....	59	<i>hydrocortisone (intrarectal)</i> .....	62
GVOKE PFS .....	59	<i>hydrocortisone (rectal)</i> .....	82
<b>H</b>		<i>hydrocortisone (topical)</i> .....	82
HAEGARDA .....	66	<i>hydromorphone hcl</i> .....	8
<i>hailey 1.5/30</i> .....	55		
<i>halobetasol propionate</i> .....	82		
<i>haloperidol</i> .....	43		

<i>hydroxychloroquine sulfate</i> .....	68	<i>ipratropium bromide</i> .....	76
<i>hydroxyurea</i> .....	20	<i>ipratropium bromide (nasal)</i> .....	76
<i>hydroxyzine hcl</i> .....	76	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>hydroxyzine pamoate</i> .....	76	2.5(3) mg/3ml .....	76
HYSINGLA ER .....	7	<i>irbesartan</i> .....	30
<b>I</b>		<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibandronate sodium</i> .....	53	150-12.5 mg .....	29
IBRANCE .....	22, 23	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibu</i> .....	7	300-12.5 mg .....	29
<i>ibuprofen</i> .....	7	IRESSA .....	23
<i>icatibant acetate</i> .....	66	<i>irinotecan hcl</i> .....	21
<i>iclevia</i> .....	55	ISENTRESS .....	12
ICLUSIG .....	23	ISENTRESS HD .....	12
IDHIFA .....	23	<i>isibloom</i> .....	55
ILEVRO .....	74	ISOLYTE-P INJ /D5W .....	71
<i>imatinib mesylate</i> .....	23	ISOLYTE-S INJ .....	71
IMBRUVICA .....	23	ISOLYTE-S INJ PH 7.4 .....	71
<i>imipenem-cilastatin intravenous for</i>		<i>isoniazid</i> .....	14
<i>soln 250 mg</i> .....	10	ISOPTO ATROPINE .....	75
<i>imipenem-cilastatin intravenous for</i>		<i>isosorbide dinitrate</i> .....	34
<i>soln 500 mg</i> .....	10	<i>isosorbide mononitrate</i> .....	34
<i>imipramine hcl</i> .....	40	<i>isotretinoin</i> .....	80
<i>imiquimod</i> .....	82	<i>isradipine</i> .....	32
IMOVAX RABIES (H.D.C.V.) .....	70	<i>itraconazole</i> .....	11
<i>incassia</i> .....	55	<i>ivermectin</i> .....	10
INCRELEX .....	59	IXIARO INJ .....	70
INCRUSE ELLIPTA .....	76	<b>J</b>	
<i>indapamide</i> .....	33	JAKAFI .....	23
INFANRIX INJ .....	70	<i>jantoven</i> .....	65
INFLIXIMAB .....	67	JANUMET TAB 50-1000 .....	50
INGREZZA .....	47	JANUMET TAB 50-500MG .....	50
INGREZZA CAP 40-80MG .....	47	JANUMET XR TAB 100-1000 .....	50
INLYTA .....	23	JANUMET XR TAB 50-1000 .....	50
INQOVI TAB 35-100MG .....	19	JANUMET XR TAB 50-500MG .....	50
INREBIC .....	23	JANUVIA .....	50
INSULIN SAFETY NEEDLES .....	52	JARDIANCE .....	50
INSULIN SYRINGES:		<i>jasmiel</i> .....	55
BD/ULTIMED/ALLISON/TRIVIDIA/MH		<i>javygtor</i> .....	60
C .....	52	JENTADUETO TAB 2.5-1000 .....	50
INTELENCE .....	12	JENTADUETO TAB 2.5-500 .....	50
INTRALIPID .....	73	JENTADUETO TAB 2.5-850 .....	50
INTRON A .....	69	JENTADUETO TAB XR 2.5-1000MG ...	50
<i>introvale</i> .....	55	JENTADUETO TAB XR 5-1000MG .....	50
INVEGA SUSTENNA .....	43	<i>jinteli</i> .....	58
INVEGA TRINZA .....	43	<i>jolessa</i> .....	55
INVIRASE .....	12	<i>juleber</i> .....	55
IPOL INJ INACTIVE .....	70	JULUCA TAB 50-25MG .....	14



<i>junel 1.5/30</i> .....	55	<i>klor-con 8</i> .....	72
<i>junel 1/20</i> .....	55	<i>klor-con m10</i> .....	72
<i>junel fe 1.5/30</i> .....	55	<i>klor-con m15</i> .....	72
<i>junel fe 1/20</i> .....	55	<i>klor-con m20</i> .....	72
<b>K</b>		KORLYM .....	60
KADCYLA .....	23	<i>kurvelo</i> .....	55
KALYDECO .....	78	KYNMOBI .....	41
KANJINTI .....	23	<b>L</b>	
<i>kariva</i> .....	55	<i>labetalol hcl</i> .....	32
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	71	<i>lacosamide</i> .....	37
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	71	<i>lactated ringer's solution</i> .....	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	71	<i>lactic acid (ammonium lactate)</i> .....	82
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	71	<i>lactulose</i> .....	63
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	71	<i>lactulose (encephalopathy)</i> .....	63
KCL 20 MEQ/L (0.15%) IN NAACL 0.45% INJ .....	71	<i>lamivudine</i> .....	12
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	71	<i>lamivudine (hbv)</i> .....	15
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	71	<i>lamivudine-zidovudine tab 150-300 mg</i> .....	14
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	71	<i>lamotrigine</i> .....	37
KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ .....	71	<i>lansoprazole</i> .....	64
KCL/D5W/NAACL INJ 0.3/0.9% .....	71	<i>lapatinib ditosylate</i> .....	23
<i>kelnor 1/35</i> .....	55	<i>larin 1.5/30</i> .....	55
<i>kelnor 1/50</i> .....	55	<i>larin 1/20</i> .....	55
KERENDIA .....	28	<i>larin fe 1.5/30</i> .....	55
KESIMPTA .....	47	<i>larin fe 1/20</i> .....	55
<i>ketoconazole</i> .....	11	<i>larissia</i> .....	55
<i>ketoconazole (topical)</i> .....	80, 81	LASTACRAFT .....	75
<i>ketorolac tromethamine (ophth)</i> .....	74	<i>latanoprost</i> .....	75
KEYTRUDA .....	23	LATUDA .....	43
KINRIX INJ .....	70	<i>leena</i> .....	55
KISQALI 200 DOSE .....	23	<i>leflunomide</i> .....	68
KISQALI 200 PAK FEMARA .....	21	<i>lenalidomide</i> .....	20
KISQALI 400 DOSE .....	23	LENVIMA 10 MG DAILY DOSE .....	23
KISQALI 400 PAK FEMARA .....	21	LENVIMA 12MG DAILY DOSE .....	24
KISQALI 600 DOSE .....	23	LENVIMA 20 MG DAILY DOSE .....	24
KISQALI 600 PAK FEMARA .....	21	LENVIMA 4 MG DAILY DOSE .....	23
<i>klor-con</i> .....	72	LENVIMA 8 MG DAILY DOSE .....	23
<i>klor-con 10</i> .....	72	LENVIMA CAP 14 MG .....	24
		LENVIMA CAP 18 MG .....	24
		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> .....	77
		<i>levalbuterol tartrate</i> .....	77

LEVEMIR .....	52	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
LEVEMIR FLEXTOUCH .....	52	12.5 mg .....	27
levetiracetam.....	37	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
levetiracetam in sodium chloride iv soln		25 mg .....	27
1000 mg/100ml .....	37	LITHIUM .....	47
levetiracetam in sodium chloride iv soln		<i>lithium carbonate .....</i>	47
1500 mg/100ml .....	37	<i>loestrin 1.5/30-21 .....</i>	55
levetiracetam in sodium chloride iv soln		<i>loestrin 1/20-21 .....</i>	55
500 mg/100ml .....	37	<i>loestrin fe 1.5/30 .....</i>	55
levobunolol hcl.....	75	<i>loestrin fe 1/20 .....</i>	55
levocarnitine (metabolic modifiers) ...	60	LOKELMA .....	53
levocetirizine dihydrochloride .....	77	LONSURF TAB 15-6.14.....	19
levofloxacin .....	17	LONSURF TAB 20-8.19.....	19
levofloxacin in d5w iv soln 250		<i>loperamide hcl .....</i>	63
mg/50ml .....	17	<i>lopinavir-ritonavir soln 400-100</i>	
levofloxacin in d5w iv soln 500		mg/5ml (80-20 mg/ml).....	14
mg/100ml .....	17	<i>lopinavir-ritonavir tab 100-25 mg.....</i>	14
levofloxacin in d5w iv soln 750		<i>lopinavir-ritonavir tab 200-50 mg.....</i>	14
mg/150ml .....	17	<i>lorazepam .....</i>	35
levonest.....	55	<i>lorazepam intensol .....</i>	35
levonorgestrel & ethinyl estradiol (91-		LORBRENA .....	24
day) tab 0.15-0.03 mg.....	55	<i>loryna .....</i>	55
levonorgestrel & ethinyl estradiol tab		<i>losartan potassium .....</i>	30
0.1 mg-20 mcg .....	55	<i>losartan potassium &amp;</i>	
levonorgestrel & ethinyl estradiol tab		<i>hydrochlorothiazide tab 100-12.5 mg</i>	
0.15 mg-30 mcg.....	55	.....	29
levonorgestrel-eth estra tab 0.05-		<i>losartan potassium &amp;</i>	
30/0.075-40/0.125-30mg-mcg.....	55	<i>hydrochlorothiazide tab 100-25 mg</i>	29
levora 0.15/30-28 .....	55	<i>losartan potassium &amp;</i>	
levo-t.....	61	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
levothyroxine sodium.....	61	.....	29
levoxyl.....	61	LOTEMAX .....	74
LEXIVA .....	12	<i>lovastatin .....</i>	31
lidocaine .....	82	<i>low-ogestrel .....</i>	56
lidocaine hcl .....	82	<i>loxapine succinate .....</i>	43
lidocaine hcl (local anesth.) .....	9	LUMAKRAS .....	24
lidocaine hcl (mouth-throat) .....	83	LUMIGAN .....	75
lidocaine-prilocaine cream 2.5-2.5%.	82	LUMIZYME.....	60
lillow.....	55	LUPRON DEPOT (1-MONTH).....	20
linezolid .....	10	LUPRON DEPOT (3-MONTH).....	20
linezolid in sodium chloride iv soln 600		LUPRON DEPOT-PED (1-MONTH .....	60
mg/300ml-0.9%.....	10	LUPRON DEPOT-PED (3-MONTH .....	60
LINZESS .....	63	<i>lutera .....</i>	56
liothyronine sodium .....	61	<i>lyleq .....</i>	56
lisinopril .....	28	<i>lyllana.....</i>	58
lisinopril & hydrochlorothiazide tab 10-		LYNPARZA .....	24
12.5 mg .....	27	LYSODREN .....	20

<i>lyza</i> .....	56	<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-25 mg .....	31
<b>M</b>		<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-50 mg .....	31
<i>magnesium sulfate</i> .....	72	<i>metoprolol &amp; hydrochlorothiazide tab</i> 50-25 mg .....	31
MAGNESIUM SULFATE.....	72	<i>metoprolol succinate</i> .....	32
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i> .....	72	<i>metoprolol tartrate</i> .....	32
<i>malathion</i> .....	83	<i>metronidazole</i> .....	10
<i>maraviroc</i> .....	12	<i>metronidazole (topical)</i> .....	82
<i>marlissa</i> .....	56	<i>metronidazole vaginal</i> .....	65
MARPLAN .....	40	<i>metyrosine</i> .....	34
MATULANE .....	21	MG SO4/D5W INJ 10MG/ML.....	72
MAVYRET PAK 50-20MG .....	15	<i>micafungin sodium</i> .....	11
MAVYRET TAB 100-40MG .....	15	<i>microgestin 1.5/30</i> .....	56
<i>meclizine hcl</i> .....	62	<i>microgestin 1/20</i> .....	56
<i>medroxyprogesterone acetate</i> .....	60	<i>microgestin fe 1.5/30</i> .....	56
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i> .....	56	<i>microgestin fe 1/20</i> .....	56
<i>mefloquine hcl</i> .....	12	<i>midodrine hcl</i> .....	34
<i>megestrol acetate</i> .....	20, 61	<i>miglustat</i> .....	60
<i>megestrol acetate (appetite)</i> .....	61	<i>mili</i> .....	56
MEKINIST.....	24	<i>mimvey</i> .....	58
MEKTOVI.....	24	<i>minocycline hcl</i> .....	18
<i>meloxicam</i> .....	7	<i>minoxidil</i> .....	34
<i>memantine hcl</i> .....	39	<i>mirtazapine</i> .....	40
MENACTRA INJ.....	70	<i>misoprostol</i> .....	63
MENQUADFI INJ .....	70	MITIGARE .....	7
MENVEO INJ .....	70	M-M-R II INJ.....	70
<i>mercaptapurine</i> .....	19	M-NATAL PLUS TAB .....	72
<i>meropenem</i> .....	10	<i>moexipril hcl</i> .....	28
<i>mesalamine</i> .....	63	<i>molindone hcl</i> .....	43
<i>mesalamine w/ cleanser</i> .....	63	<i>mometasone furoate</i> .....	82
MESNEX .....	26	MONJUVI.....	24
<i>metadate er</i> .....	45	<i>mono-linyah</i> .....	56
<i>metformin hcl</i> .....	50	<i>montelukast sodium</i> .....	77
<i>methadone hcl</i> .....	8	<i>morphine sulfate</i> .....	8
<i>methadone hydrochloride i</i> .....	8	MORPHINE SULFATE .....	8
<i>methazolamide</i> .....	33	MOVANTIK .....	63
<i>methenamine hippurate</i> .....	10	<i>moxifloxacin hcl (ophth)</i> .....	74
<i>methimazole</i> .....	61	MULTAQ .....	30
<i>methotrexate sodium</i> .....	19, 68	<i>mupirocin</i> .....	80
<i>methylphenidate hcl</i> .....	45	MVASI .....	24
<i>methylprednisolone</i> .....	58	<i>mycophenolate mofetil</i> .....	69
<i>methylprednisolone acetate</i> .....	58	<i>mycophenolate sodium</i> .....	69
<i>methylprednisolone sod succ</i> .....	58	<i>myorisan</i> .....	80
<i>metoclopramide hcl</i> .....	62	MYRBETRIQ.....	65
<i>metolazone</i> .....	33		

<b>N</b>	
<i>nabumetone</i> .....	7
<i>nadolol</i> .....	32
<i>nafcillin sodium</i> .....	17
NAGLAZYME .....	60
<i>nalbuphine hcl</i> .....	8
<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 .....	39
NAMZARIC CAP PACK.....	39
<i>naproxen</i> .....	7
<i>naproxen sodium</i> .....	7
<i>naratriptan hcl</i> .....	46
NATACYN .....	74
<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> <i>5(3.5)mg-400unt-10000unt op oin</i>	74
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..	74
<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>	76
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i> .....	76
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> .....	60
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 &amp; ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i> .....	56
<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i> .....	56
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i> .....	56
<i>norethindrone acetate</i> .....	61
<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>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i> .....	56
<i>norgestimate &amp; 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	<i>olmesartan-amlodipine-</i>	
NOVOLOG PENFILL .....	52	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOXAFIL .....	11	.....	29
NUBEQA .....	20	<i>olmesartan-amlodipine-</i>	
NUDEXTA CAP 20-10MG .....	47	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NULOJIX .....	69	<i>mg</i> .....	29
NULYTELY SOL LMN/LIME .....	63	<i>olmesartan-amlodipine-</i>	
NUPLAZID .....	43	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NURTEC .....	46	.....	29
NUTRILIPID .....	73	<i>olopatadine hcl</i> .....	75
NUZYRA .....	18	<i>omeprazole</i> .....	64
<i>nyamyc</i> .....	80	OMNIPOD 5 G6 KIT INTRO .....	52
<i>nylia 1/35</i> .....	56	OMNIPOD 5 G6 MIS PODS .....	52
<i>nylia 7/7/7</i> .....	56	OMNIPOD DASH KIT INTRO .....	53
NYMALIZE .....	32	OMNIPOD DASH MIS PODS.....	53
<i>nymyo</i> .....	56	OMNIPOD MIS CLASSIC .....	53
<i>nystatin</i> .....	11	OMNIPOD PDM KIT CLASSIC.....	53
<i>nystatin (mouth-throat)</i> .....	83	<i>ondansetron</i> .....	62
<i>nystatin (topical)</i> .....	80	<i>ondansetron hcl</i> .....	62
<i>nystop</i> .....	80	ONTRUZANT .....	24
<b>o</b>		ONUREG .....	19
<i>ocella</i> .....	56	OPSUMIT.....	34
OCTAGAM .....	69	ORGOVYX.....	20
<i>octreotide acetate</i> .....	60	ORKAMBI GRA 100-125 .....	78
ODEFSEY TAB .....	14	ORKAMBI GRA 150-188 .....	78
ODOMZO.....	24	ORKAMBI TAB 100-125.....	78
OFEV .....	78	ORKAMBI TAB 200-125 .....	78
<i>ofloxacin (ophth)</i> .....	74	<i>orsythia</i> .....	56
<i>ofloxacin (otic)</i> .....	76	<i>oseltamivir phosphate</i> .....	15
OGIVRI .....	24	OTEZLA.....	67
OGIVRI INJ 420MG .....	24	OTEZLA TAB 10/20/30 .....	67
<i>olanzapine</i> .....	43	<i>oxacillin sodium</i> .....	18
<i>olmesartan medoxomil</i> .....	30	<i>oxaliplatin</i> .....	19
<i>olmesartan medoxomil-</i>		<i>oxandrolone</i> .....	49
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>oxcarbazepine</i> .....	37
.....	29	<i>oxybutynin chloride</i> .....	65
<i>olmesartan medoxomil-</i>		<i>oxycodone hcl</i> .....	8, 9
<i>hydrochlorothiazide tab 40-12.5 mg</i>		<i>oxycodone w/ acetaminophen tab 10-</i>	
.....	29	<i>325 mg</i> .....	9
<i>olmesartan medoxomil-</i>		<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>hydrochlorothiazide tab 40-25 mg</i> .	29	<i>325 mg</i> .....	9
<i>olmesartan-amlodipine-</i>		<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>hydrochlorothiazide tab 20-5-12.5</i>		<i>325 mg</i> .....	9
<i>mg</i> .....	29	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>olmesartan-amlodipine-</i>		<i>325 mg</i> .....	9
<i>hydrochlorothiazide tab 40-10-12.5</i>		OZEMPIC (0.25 OR 0.5MG/DOSE) ....	50
<i>mg</i> .....	29	OZEMPIC (1MG/DOSE).....	50

OZEMPIC (2MG/DOSE) SOPN 8MG/3ML .....	51	PERSERIS.....	43
<b>P</b>		<i>pfizerpen</i> .....	18
<i>pacerone</i> .....	30	<i>phenelzine sulfate</i> .....	40
<i>paclitaxel</i> .....	21	<i>phenobarbital</i> .....	37
PACLITAXEL INJ 100MG.....	21	<i>phenobarbital sodium</i> .....	37
<i>paclitaxel protein-bound particles for iv susp 100 mg</i> .....	21	PHENYTEK.....	37
<i>paliperidone</i> .....	43	<i>phenytoin</i> .....	37
<i>pamidronate disodium</i> .....	53	<i>phenytoin sodium</i> .....	37
PAMIDRONATE DISODIUM.....	53	<i>phenytoin sodium extended</i> .....	37
PANRETIN.....	82	PHESGO SOL.....	24
<i>pantoprazole sodium</i> .....	64	<i>philith</i> .....	56
PANZYGA.....	69	PIFELTRO.....	12
<i>paraplatin</i> .....	19	<i>pilocarpine hcl</i> .....	75
<i>paricalcitol</i> .....	61	<i>pilocarpine hcl (oral)</i> .....	83
<i>paromomycin sulfate</i> .....	10	<i>pimozide</i> .....	43
<i>paroxetine hcl</i> .....	40	<i>pimtrea</i> .....	57
PASER.....	14	<i>pindolol</i> .....	32
PAXIL.....	40	<i>pioglitazone hcl</i> .....	51
PEDIARIX INJ 0.5ML.....	70	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	18
PEDVAX HIB.....	70	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....	18
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	63	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	18
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	63	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	18
PEGASYS.....	15	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....	18
PEMAZYRE.....	24	PIQRAY 200MG DAILY DOSE.....	24
<i>pemetrexed disodium</i> .....	19	PIQRAY 250MG TAB DOSE.....	24
PEN GK/DEXTR INJ 40000/ML.....	18	PIQRAY 300MG DAILY DOSE.....	24
PEN GK/DEXTR INJ 60000/ML.....	18	<i>pirfenidone</i> .....	78
PEN NEEDLES:		<i>pirmella 1/35</i> .....	57
NOVO/BD/ULTIMED/OWEN/TRIVIDIA .....	53	<i>piroxicam</i> .....	7
<i>penicillamine</i> .....	53	PLASMA-LYTE INJ -148.....	72
<i>penicillin g potassium</i> .....	18	PLASMA-LYTE INJ -A.....	72
PENICILLIN G PROCAINE.....	18	<i>plenamine</i> .....	73
<i>penicillin g sodium</i> .....	18	PLENVU SOL.....	63
<i>penicillin v potassium</i> .....	18	<i>podofilox</i> .....	82
PENTACEL INJ.....	70	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	74
<i>pentamidine isethionate inh</i> .....	10	POMALYST.....	20
<i>pentamidine isethionate inj</i> .....	10	<i>portia-28</i> .....	57
<i>pentoxifylline</i> .....	66	<i>posaconazole</i> .....	11
<i>perindopril erbumine</i> .....	28	<i>potassium chloride</i> .....	72
<i>perio gard</i> .....	83	POTASSIUM CHLORIDE.....	72
<i>permethrin</i> .....	83		
<i>perphenazine</i> .....	43		

<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	72	PROLENSA.....	74
<i>potassium chloride microencapsulated crystals er</i> .....	72	PROLIA .....	53
<i>potassium citrate (alkalinizer)</i> .....	64	PROMACTA .....	66
PRADAXA .....	65	<i>promethazine hcl</i> .....	62
PRALUENT .....	31	<i>propafenone hcl</i> .....	30
<i>pramipexole dihydrochloride</i> .....	42	<i>proparacaine hcl</i> .....	75
<i>prasugrel hcl</i> .....	67	<i>propranolol hcl</i> .....	32
<i>pravastatin sodium</i> .....	31	<i>propylthiouracil</i> .....	61
<i>praziquantel</i> .....	10	PROQUAD INJ .....	70
<i>prazosin hcl</i> .....	28	PROSOL INJ 20% .....	73
<i>prednisolone</i> .....	58	<i>protriptyline hcl</i> .....	40
<i>prednisolone acetate (ophth)</i> .....	74	PULMICORT FLEXHALER .....	79
PREDNISOLONE SODIUM PHOSP .....	74	PULMOZYME .....	78
<i>prednisolone sodium phosphate</i> .....	59	PURIXAN .....	19
<i>prednisone</i> .....	59	<i>pyrazinamide</i> .....	14
PREDNISONE INTENSOL.....	59	<i>pyridostigmine bromide</i> .....	47
<i>pregabalin</i> .....	37	<b>Q</b>	
<i>pregabalin (once-daily)</i> .....	47	QINLOCK.....	24
PREHEVBRIO .....	70	QUADRACEL INJ.....	70
PREMASOL SOL 10% .....	73	QUADRACEL INJ 0.5ML .....	70
PRENATAL TAB 27-1MG.....	72	<i>quetiapine fumarate</i> .....	43
PRENATAL TAB PLUS.....	72	<i>quinapril hcl</i> .....	28
PRENATAL VIT TAB LOW IRON .....	72	<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i> .....	27
<i>prevalite</i> .....	31	<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i> .....	27
PREVYMIS .....	15	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> .....	27
PREZCOBIX TAB 800-150 .....	14	<i>quinidine sulfate</i> .....	30
PREZISTA.....	12, 13	<i>quinine sulfate</i> .....	12
PRIFTIN .....	14	<b>R</b>	
<i>primaquine phosphate</i> .....	12	RABAVERT INJ .....	70
PRIMAQUINE PHOSPHATE .....	12	<i>raloxifene hcl</i> .....	60
<i>primidone</i> .....	37	<i>ramipril</i> .....	28
PRIORIX INJ .....	70	<i>ranolazine</i> .....	34
PRIVIGEN.....	69	<i>rasagiline mesylate</i> .....	42
<i>probenecid</i> .....	7	RAYALDEE .....	61
PROCALAMINE INJ 3% .....	73	<i>reclipsen</i> .....	57
<i>prochlorperazine</i> .....	62	RECOMBIVAX HB.....	70
<i>prochlorperazine edisylate</i> .....	62	RECTIV .....	83
<i>prochlorperazine maleate</i> .....	62	REGRANEX .....	83
PROCRIT .....	66	RELENZA DISKHALER .....	15
<i>procto-med hc</i> .....	83	RELISTOR .....	64
<i>procto-pak</i> .....	83	REMICADE.....	67
<i>proctosol hc</i> .....	83	RENFLEXIS .....	67
<i>proctozone-hc</i> .....	83	<i>repaglinide</i> .....	51
PROGRAF .....	69	RESTASIS .....	75
PROLASTIN-C .....	78		

RESTASIS MULTIDOSE.....	75	<i>sertraline hcl</i> .....	40
RETEVMO .....	24	<i>setlakin</i> .....	57
REVLIMID.....	20	<i>sevelamer carbonate</i> .....	60
REXULTI.....	43	<i>sharobel</i> .....	57
REYATAZ .....	13	SHINGRIX .....	70
REZUROCK .....	69	SIGNIFOR .....	60
RHOPRESSA .....	75	<i>sildenafil citrate (pulmonary</i>	
RIABNI .....	24	<i>hypertension)</i> .....	34
<i>ribavirin (hepatitis c)</i> .....	15	<i>silver sulfadiazine</i> .....	80
<i>rifabutin</i> .....	14	SIMBRINZA SUS 1-0.2%.....	75
<i>rifampin</i> .....	14	<i>simliya</i> .....	57
<i>riluzole</i> .....	47	<i>simvastatin</i> .....	31
<i>rimantadine hydrochloride</i> .....	15	<i>sirolimus</i> .....	69
RINVOQ .....	67	SIRTURO .....	14
RISPERDAL CONSTA .....	44	SIVEXTRO .....	10
<i>risperidone</i> .....	44	SKYRIZI .....	68
<i>ritonavir</i> .....	13	SKYRIZI PEN .....	68
RITUXAN .....	24	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
RITUXAN INJ HYCELA.....	24	<i>17.5-3.13-1.6 gm/177ml</i> .....	63
<i>rivastigmine</i> .....	39	<i>sodium chloride</i> .....	72
<i>rivastigmine tartrate</i> .....	39	<i>sodium chloride (gu irrigant)</i> .....	83
<i>rizatriptan benzoate</i> .....	46	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>ropinirole hydrochloride</i> .....	42	<i>mg/ml soln</i> .....	72
<i>rosadan</i> .....	83	<i>sodium phenylbutyrate</i> .....	60
<i>rosuvastatin calcium</i> .....	31	<i>sodium polystyrene sulfonate powder</i>	
ROTARIX SUS .....	70	.....	53
ROTATEQ SOL.....	70	<i>solifenacin succinate</i> .....	65
<i>roweepra</i> .....	37	SOLIQUEA INJ 100/33 .....	53
ROZLYTREK .....	24	SOLTAMOX .....	20
RUBRACA .....	24	SOLU-CORTEF .....	59
<i>rufinamide</i> .....	38	SOMATULINE DEPOT .....	60
RUKOBIA.....	13	SOMAVERT .....	60
RUXIENCE .....	24	<i>sorafenib tosylate</i> .....	25
RYBELSUS .....	51	<i>sorine</i> .....	30
RYDAPT.....	24	<i>sotalol hcl</i> .....	30
<b>S</b>		<i>sotalol hcl (afib/afl)</i> .....	30
<i>sajazir</i> .....	66	<i>spironolactone</i> .....	28
SANDIMMUNE .....	69	<i>spironolactone &amp; hydrochlorothiazide</i>	
SANTYL.....	83	<i>tab 25-25 mg</i> .....	33
<i>sapropterin dihydrochloride</i> .....	60	<i>sprintec 28</i> .....	57
SCEMBLIX .....	25	SPRITAM .....	38
<i>scopolamine</i> .....	62	SPRYCEL .....	25
SECUADO.....	44	<i>sps</i> .....	53
<i>selegiline hcl</i> .....	42	<i>sronyx</i> .....	57
<i>selenium sulfide</i> .....	81	<i>ssd</i> .....	80
SELZENTRY .....	13	<i>stavudine</i> .....	13
SEREVENT DISKUS .....	77	STELARA .....	68



STIVARGA .....	25	TABRECTA .....	25
<i>streptomycin sulfate</i> .....	10	<i>tacrolimus</i> .....	70
STRIBILD TAB.....	14	<i>tacrolimus (topical)</i> .....	83
<i>subvenite</i> .....	38	TAFINLAR.....	25
<i>sucralfate</i> .....	64	TAGRISO.....	25
<i>sulfacetamide sodium (acne)</i> .....	80	TALTZ.....	68
<i>sulfacetamide sodium (ophth)</i> .....	74	TALZENNA.....	25
<i>sulfacetamide sodium-prednisolone</i>		<i>tamoxifen citrate</i> .....	20
<i>ophth soln 10-0.23(0.25)%</i> .....	73	<i>tamsulosin hcl</i> .....	64
<i>sulfadiazine</i> .....	10	TARGETIN .....	83
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>tarina fe 1/20 eq</i> .....	57
<i>400-80 mg/5ml</i> .....	10	TASIGNA.....	25
<i>sulfamethoxazole-trimethoprim susp</i>		<i>tazarotene</i> .....	80
<i>200-40 mg/5ml</i> .....	10	<i>tazicef</i> .....	16
<i>sulfamethoxazole-trimethoprim tab</i>		TAZORAC .....	81
<i>400-80 mg</i> .....	10	<i>taztia xt</i> .....	32
<i>sulfamethoxazole-trimethoprim tab</i>		TAZVERIK .....	25
<i>800-160 mg</i> .....	11	TDVAX INJ 2-2 LF.....	70
SULFAMYLON .....	80	TECENTRIQ .....	25
<i>sulfasalazine</i> .....	63	TEFLARO .....	16
<i>sulindac</i> .....	7	<i>telmisartan</i> .....	30
<i>sumatriptan</i> .....	46	<i>temazepam</i> .....	46
<i>sumatriptan succinate</i> .....	46	TEMIXYS TAB 300-300.....	14
<i>sunitinib malate</i> .....	25	TENIVAC INJ 5-2LF.....	70
SUPREP BOWEL SOL PREP KIT .....	63	<i>tenofovir disoproxil fumarate</i> .....	13
<i>syeda</i> .....	57	TEPMETKO .....	25
SYMBICORT AER 160-4.5 .....	79	<i>terazosin hcl</i> .....	28
SYMBICORT AER 80-4.5 .....	79	<i>terbinafine hcl</i> .....	11
SYMDEKO TAB 100-150 .....	78	<i>terbutaline sulfate</i> .....	77
SYMDEKO TAB 50-75MG .....	78	<i>terconazole vaginal</i> .....	65
SYMJEPI.....	78	<i>testosterone</i> .....	49
SYMPAZAN .....	38	<i>testosterone cypionate</i> .....	49
SYMTUZA TAB.....	14	<i>testosterone enanthate</i> .....	49
SYNAREL.....	57	<i>tetrabenazine</i> .....	47
SYNERCID INJ 500MG.....	11	<i>tetracycline hcl</i> .....	18
SYNJARDY TAB 12.5-1000MG .....	51	THALOMID .....	20
SYNJARDY TAB 12.5-500.....	51	THEO-24 .....	78
SYNJARDY TAB 5-1000MG .....	51	<i>theophylline</i> .....	78
SYNJARDY TAB 5-500MG.....	51	<i>thioridazine hcl</i> .....	44
SYNJARDY XR TAB 10-1000.....	51	<i>thiothixene</i> .....	44
SYNJARDY XR TAB 12.5-1000MG.....	51	<i>tiadylt er</i> .....	33
SYNJARDY XR TAB 25-1000.....	51	<i>tiagabine hcl</i> .....	38
SYNJARDY XR TAB 5-1000MG .....	51	TIBSOVO.....	25
SYNRIBO.....	21	TICOVAC.....	71
SYNTHROID.....	61	<i>tigecycline</i> .....	18
<b>T</b>		TIGECYCLINE.....	18
TABLOID .....	19	<i>tilia fe</i> .....	57

<i>timolol maleate</i> .....	32	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i> .....	75	75-50 mg .....	33
<i>timolol maleate (ophth) once-daily</i> ...	75	TRICARE TAB PRENATAL .....	72
TIVICAY .....	13	<i>triderm</i> .....	82
TIVICAY PD .....	13	<i>trientine hcl</i> .....	53
<i>tizanidine hcl</i> .....	48	<i>tri-estarylla</i> .....	57
TOBRADEX OIN 0.3-0.1% .....	73	<i>trifluoperazine hcl</i> .....	44
TOBRADEX ST SUS 0.3-0.05 .....	73	<i>trifluridine</i> .....	74
<i>tobramycin</i> .....	11	<i>trihexyphenidyl hcl</i> .....	42
<i>tobramycin (ophth)</i> .....	74	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin sulfate</i> .....	11	1000MG .....	51
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
0.3-0.1%.....	73	1000MG .....	51
<i>tolterodine tartrate</i> .....	65	TRIJARDY XR TAB ER 24HR 25-5-	
<i>topiramate</i> .....	38	1000MG .....	51
<i>toposar</i> .....	21	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>toremifene citrate</i> .....	20	1000MG .....	51
<i>torseamide</i> .....	33	TRIKAFTA TAB 100-50-75MG & 150MG	
TOVIAZ .....	65	.....	78
TPN ELECTROL INJ .....	72	TRIKAFTA TAB 50-25-37.5MG & 75MG	
TRADJENTA .....	51	.....	78
<i>tramadol hcl</i> .....	9	<i>tri-legest fe</i> .....	57
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>tri-lynyah</i> .....	57
mg .....	9	<i>tri-lo-estarylla</i> .....	57
<i>trandolapril</i> .....	28	<i>tri-lo-marzia</i> .....	57
<i>tranexamic acid</i> .....	66	<i>tri-lo-mili</i> .....	57
<i>tranylcypromine sulfate</i> .....	40	<i>tri-lo-sprintec</i> .....	57
TRAVASOL INJ 10%.....	73	TRIMETHOPRIM.....	11
TRAZIMERA .....	25	<i>tri-mili</i> .....	57
<i>trazodone hcl</i> .....	40	<i>trimipramine maleate</i> .....	40
TRECTOR.....	14	TRINTELLIX .....	40
TRELEGY AER ELLIPTA 100-62.5-25		<i>tri-nymyo</i> .....	57
MCG .....	76	<i>tri-sprintec</i> .....	57
TRELEGY AER ELLIPTA 200-62.5-25		TRIUMEQ PD TAB .....	14
MCG .....	76	TRIUMEQ TAB .....	14
TRELSTAR MIXJECT .....	20	<i>trivora-28</i> .....	57
<i>treprostinil</i> .....	34	<i>tri-vylibra</i> .....	57
TRESIBA .....	53	<i>tri-vylibra lo</i> .....	57
TRESIBA FLEXTOUCH.....	53	TRIZIVIR TAB .....	14
<i>tretinoin</i> .....	80	TROGARZO.....	13
<i>tretinoin (chemotherapy)</i> .....	21	TROPHAMINE INJ 10%.....	73
<i>triamcinolone acetonide (mouth)</i> .....	83	<i>tropium chloride</i> .....	65
<i>triamcinolone acetonide (topical)</i> .....	82	TRULICITY.....	51
<i>triamterene &amp; hydrochlorothiazide cap</i>		TRUMENBA INJ .....	71
37.5-25 mg .....	33	TRUSELTIQ 100 MG DAILY DOSE ....	25
<i>triamterene &amp; hydrochlorothiazide tab</i>		TRUSELTIQ 125 MG DAILY DOSE ....	25
37.5-25 mg .....	33	TRUSELTIQ 50 MG DAILY DOSE .....	25

TRUSELTIQ 75 MG DAILY DOSE .....	25	<i>venlafaxine hcl</i> .....	41
TRUXIMA.....	25	VENTAVIS .....	34
TUKYSA .....	25	VENTOLIN HFA.....	77
TURALIO .....	25	VENTOLIN HFA (INSTITUTIONAL PACK)	
TWINRIX INJ .....	71	.....	77
TYBOST.....	13	<i>verapamil hcl</i> .....	33
TYPHIM VI .....	71	VERQUVO.....	34
<b>U</b>		VERSACLOZ.....	44
UBRELVY .....	46	VERZENIO .....	26
<i>unithroid</i> .....	61	<i>vestura</i> .....	57
<i>ursodiol</i> .....	64	V-GO 20 KIT.....	53
<b>V</b>		V-GO 30 KIT.....	53
<i>valacyclovir hcl</i> .....	15	V-GO 40 KIT.....	53
VALCHLOR.....	83	VICTOZA .....	51
<i>valganciclovir hcl</i> .....	15	<i>vienva</i> .....	57
<i>valproate sodium</i> .....	38	<i>vigabatrin</i> .....	38
<i>valproic acid</i> .....	38	<i>vigadrone</i> .....	38
<i>valsartan</i> .....	30	VIIBRYD .....	41
<i>valsartan-hydrochlorothiazide tab 160-</i>		VIIBRYD KIT STARTER .....	41
<i>12.5 mg</i> .....	29	<i>vilazodone hcl</i> .....	41
<i>valsartan-hydrochlorothiazide tab 160-</i>		VIMPAT.....	38
<i>25 mg</i> .....	29	<i>vincristine sulfate</i> .....	21
<i>valsartan-hydrochlorothiazide tab 320-</i>		<i>vinorelbine tartrate</i> .....	21
<i>12.5 mg</i> .....	29	<i>viorele</i> .....	57
<i>valsartan-hydrochlorothiazide tab 320-</i>		VIRACEPT.....	13
<i>25 mg</i> .....	29	VIREAD.....	13
<i>valsartan-hydrochlorothiazide tab 80-</i>		VITRAKVI.....	26
<i>12.5 mg</i> .....	29	VIVITROL .....	48
VALTOCO .....	38	VIZIMPRO .....	26
<i>vancomycin hcl</i> .....	11	VONJO .....	26
VANCOMYCIN INJ 1 GM.....	11	<i>voriconazole</i> .....	11, 12
VANCOMYCIN INJ 500MG .....	11	VOSEVI TAB .....	15
VANCOMYCIN INJ 750MG .....	11	VOTRIENT .....	26
VANDAZOLE .....	65	VRAYLAR.....	44
VAQTA.....	71	VRAYLAR CAP 1.5-3MG .....	44
<i>varenicline tartrate</i> .....	48	<i>vyfemla</i> .....	57
<i>varenicline tartrate tab 11 x 0.5 mg &amp;</i>		<i>vylibra</i> .....	57
<i>42 x 1 mg start pack</i> .....	48	VYZULTA.....	75
VARIVAX .....	71	<b>W</b>	
VASCEPA.....	31	<i>warfarin sodium</i> .....	66
VELCADE.....	25	<i>water for irrigation, sterile irrigation</i>	
<i>velivet</i> .....	57	<i>soln</i> .....	83
VELPHORO .....	60	WELIREG .....	21
VELTASSA .....	53	<i>wera</i> .....	57
VEMLIDY .....	15	<b>X</b>	
VENCLEXTA .....	25	XALKORI .....	26
VENCLEXTA TAB START PK .....	26	XARELTO.....	66

XARELTO STAR TAB 15/20MG .....	66	<i>yuvafem</i> .....	58
XATMEP .....	68	<b>Z</b>	
XCOPRI.....	38	<i>zafemy</i> .....	57
XCOPRI PAK 100-150.....	38	<i>zafirlukast</i> .....	77
XCOPRI PAK 12.5-25 .....	38	ZARXIO.....	66
XCOPRI PAK 150-200MG		ZEJULA .....	26
(MAINTENANCE).....	38	ZELBORAF.....	26
XCOPRI PAK 150-200MG (TITRATION)		ZEMAIRA.....	79
.....	38	<i>zenatane</i> .....	80
XCOPRI PAK 50-100MG .....	38	ZENPEP CAP 10000UNT.....	64
XELJANZ .....	68	ZENPEP CAP 15000UNT .....	64
XELJANZ XR .....	68	ZENPEP CAP 20000UNT.....	64
XERMELO .....	64	ZENPEP CAP 25000UNT .....	64
XGEVA.....	53	ZENPEP CAP 3000UNIT .....	64
XIFAXAN .....	64	ZENPEP CAP 40000UNT .....	64
XIGDUO XR TAB 10-1000 .....	52	ZENPEP CAP 5000UNIT .....	64
XIGDUO XR TAB 10-500MG .....	52	ZERVIAE.....	75
XIGDUO XR TAB 2.5-1000 .....	51	<i>zidovudine</i> .....	13
XIGDUO XR TAB 5-1000MG .....	51	<i>ziprasidone hcl</i> .....	44
XIGDUO XR TAB 5-500MG .....	51	<i>ziprasidone mesylate</i> .....	44
XIIDRA .....	75	ZIRABEV .....	26
XOLAIR .....	78	ZIRGAN .....	74
XOSPATA .....	26	<i>zoledronic acid</i> .....	53
XPOVIO 100 MG ONCE WEEKLY.....	26	ZOLINZA.....	26
XPOVIO 40 MG ONCE WEEKLY .....	26	<i>zolmitriptan</i> .....	46
XPOVIO 40 MG TWICE WEEKLY .....	26	<i>zolpidem tartrate</i> .....	46
XPOVIO 60 MG ONCE WEEKLY .....	26	ZONISADE.....	38
XPOVIO 60 MG TWICE WEEKLY .....	26	<i>zonisamide</i> .....	38
XPOVIO 80 MG ONCE WEEKLY .....	26	ZORTRESS .....	70
XPOVIO 80 MG TWICE WEEKLY .....	26	<i>zovia 1/35</i> .....	57
XTANDI.....	20	ZTALMY .....	39
<i>xulane</i> .....	57	<i>zumandimine</i> .....	57
XULTOPHY INJ 100/3.6 .....	53	ZYDELIG .....	26
XYREM .....	48	ZYKADIA .....	26
<b>Y</b>		ZYLET SUS 0.5-0.3% .....	73
YF-VAX INJ .....	71	ZYPREXA RELPREVV .....	44

GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

GlobalHealth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

GlobalHealth tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Esta lista se actualizó el 12/01/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Cliente al 1-866-494-3927 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los siete días de la semana, o visite [www.GlobalHealth.com](http://www.GlobalHealth.com).