



# GlobalHealth

## GlobalHealth 2022 Formulary (List of Covered Drugs)

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



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

This formulary was updated on 12/01/2022.  
For more recent information or questions,  
please contact GlobalHealth Customer Care at  
1-866-494-3927 or,  
for TTY users, 711  
24 hours a day, seven days a week  
[www.GlobalHealth.com](http://www.GlobalHealth.com)

HPMS Formulary File Submission ID: 00022080  
Version Number 18

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

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

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

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

HPMS Approved Formulary File Submission ID 00022080, Version Number 18

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) Customer Care at 1-866-494-3927 (TTY users should call 711), 24 hours a day, seven days a week, or visit [www.GlobalHealth.com](http://www.GlobalHealth.com).

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

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

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

H3706\_FMLRY\_CSNP\_2022\_C

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

## **What is the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) Formulary?**

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

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

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

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)’s Formulary?”

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

The enclosed formulary is current as of 12/01/2022. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

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

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

### **Medical Condition**

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)'s formulary?" on page 5 for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

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

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

## How do I request an exception to the Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP)'s Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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

## For more information

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

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

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

## Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
<b>NSAIDS</b>		
<i>celecoxib</i> CAPS 50mg	2	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	1	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	2	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg	2	QL (360 tabs / 30 days)
endocet tab 5-325mg	2	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	2	QL (240 tabs / 30 days)
endocet tab 10-325mg	2	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	2	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	2	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	2	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	2	QL (180 tabs / 30 days)

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

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

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

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

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

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

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

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

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

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

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

### **ANTIMALARIALS**

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

### **ANTIRETROVIRAL AGENTS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	2	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	2	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ 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>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	
<b>ANTIVIRALS</b>		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	GC
<i>acyclovir SUSP 200mg/5ml</i>	2	
<i>acyclovir sodium SOLN 50mg/ml</i>	2	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir</i> TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	GC
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	5	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</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. SI - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin hcl TABS 100mg</i>	2	
<i>ciprofloxacin hcl TABS 250mg, 500mg, 750mg</i>	1	GC
<i>levofloxacin SOLN 25mg/ml</i>	2	
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<b>PENICILLINS</b>		
<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>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<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>	2	
<i>ampicillin CAPS 500mg</i>	1	GC
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</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. **SI** - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	2	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	2	
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	2	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	PA
<i>tigecycline</i> SOLR 50mg	2	
TIGECYCLINE SOLR 50mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
<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	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
<b>ANTIBIOTICS</b>		
<i>adriamycin</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	2	B/D
<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	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	1	GC
<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	2	
<i>flutamide</i> CAPS 125mg	2	
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	GC
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

### **MISCELLANEOUS**

BESREMI SOSY 500mcg/ml	5	NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA

### **MITOTIC INHIBITORS**

ABRAXANE INJ 100MG	5	B/D, NM
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	B/D
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	2	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

### **MOLECULAR TARGET AGENTS**

AFINITOR TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX 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
TAGRISSE 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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 40 mg</i>	1	GC, QL (30 caps / 30 days)
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	GC
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	GC
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	GC
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	GC
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	GC
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>epplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	GC
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	GC
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC, QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg</i>	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	GC, QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	GC, QL (30 tabs / 30 days)
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	GC
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</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. **SI** - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	GC
<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	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
VASCEPA CAPS .5gm, 1gm	4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	GC
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</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. SI - Select Insulins



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	2	

### **BETA-BLOCKERS**

<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	GC
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	GC
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	GC
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	GC
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	GC
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	2	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	1	GC
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</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. **SI** - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	GC
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 <i>mg</i>	1	GC
<i>amiloride hcl</i> TABS 5mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone &amp; hydrochlorothiazide tab</i> <i>25-25 mg</i>	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	GC
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>37.5-25 mg</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. **SI** - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	GC
<b>MISCELLANEOUS</b>		
<i>ADRENALIN SOLN 1mg/ml</i>	4	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	2	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	GC
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	4	
<i>digitek TABS .125mg, .25mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	2	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>metyrosine CAPS 250mg</i>	5	PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	2	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	
<b>NITRATES</b>		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	GC
<i>NITRO-BID OINT 2%</i>	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan TABS 5mg, 10mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan TABS 62.5mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan TABS 125mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

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

### **ANTICONVULSANTS**

APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TDBP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TDBP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	GC, QL (1080 caps / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin</i> CAPS 300mg	1	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	GC
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	5	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	GC
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
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)

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

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

### **ANTIDEMENTIA**

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	GC
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	2	QL (60 caps / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa &amp; levodopa tab</i> 10-100 mg	2	
<i>carbidopa &amp; levodopa tab</i> 25-100 mg	2	
<i>carbidopa &amp; levodopa tab</i> 25-250 mg	2	
<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	2	
<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone TABS 200mg</i>	2	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	GC
<i>rasagiline mesylate TABS 1mg</i>	2	QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	2	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	GC
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	3	PA; PA if 70 years and older
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	2	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	2	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg	5	QL (30 caps / 30 days), PA
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	2	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine TABS 25mg, 50mg</i>	2	
<i>clozapine TABS 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine TABS 200mg</i>	2	QL (135 tabs / 30 days)
<i>clozapine TBDP 12.5mg, 25mg</i>	2	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	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. **SI** - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HYPNOTICS</b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	2	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>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	5	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 30 days)

### **MISCELLANEOUS**

AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	GC
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	2	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS**

BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2- 0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	
CHANTIX TAB 0.5& 1MG	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days), PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	2	PA
VIVITROL SUSR 380mg	5	NM

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

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

### **ANTIDIABETICS**

<i>acarbose TABS 25mg, 50mg, 100mg</i>	2	
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 TABS 1mg, 2mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl TB24 2.5mg, 5mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl TB24 10mg</i>	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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	GC, QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	GC, QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	GC, QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	GC, QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	GC, QL (60 tabs / 30 days)
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)

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	GC, QL (30 tabs / 30 days)

### **ANTIDIABETICS, INSULINS**

BASAGLAR KWIKPEN SOPN 100unit/ml	3	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI
NOVOLIN INJ 70/30	3	SI (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI (brand RELION not covered)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG MIX INJ FLEXPEN	3	SI (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI (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
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); SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI

### **CALCIUM REGULATORS**

<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
<i>ibandronate sodium</i> TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	B/D, NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	4	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	5	NM, PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	2	
sps SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
<b>CONTRACEPTIVES</b>		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila TABS .35mg	2	
chateal	2	
cryselle-28	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>elinest</i>	2	
ELLA TABS 30mg	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</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. **SI** - Select Insulins



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
SYNAREL SOLN 2mg/ml	5	
<b>ESTROGENS</b>		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol &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; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	GC, B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
<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	2	
CARBAGLU TBSO 200mg	5	NM, LA, PA
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl</i> TABS 30mg	2	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN 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
<i>javygtor</i> PACK 100mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<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

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

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

### **PHOSPHATE BINDER AGENTS**

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

### **PROGESTINS**

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

### **THYROID AGENTS**

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

### **VITAMIN D ANALOGS**

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

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
<i>famotidine</i> SUSR 40mg/5ml	2	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	PA
<i>budesonide</i> TB24 9mg	5	PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>gavilyte-n/flavor pack</i>	1	GC
<i>generlac</i> SOLN 10gm/15ml	2	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	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. **SI** - Select Insulins



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	GC
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
SUPREP BOWEL SOL PREP KIT	4	
<b>MISCELLANEOUS</b>		
<i>alose tron hcl TABS 1mg</i>	5	QL (60 tabs / 30 days), PA
<i>alose tron hcl TABS .5mg</i>	2	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	2	
<i>misoprostol TABS 100mcg, 200mcg</i>	2	
MOVANTIK TABS 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucral fate TABS 1gm</i>	2	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	2	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
<b>PANCREATIC ENZYMES</b>		
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	

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

Drug Name	Drug Tier	Requirements/Limits
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i> CPDR 30mg, 60mg	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg	1	GC, QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	GC
<i>tamsulosin hcl</i> CAPS .4mg	1	GC
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
<b>URINARY ANTISPASMODICS</b>		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
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	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VANDAZOLE GEL .75%	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	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	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	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)
<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	2	
BERINERT KIT 500unit	5	QL (24 boxes / 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. SI - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cilostazol</i> TABS 50mg, 100mg	1	GC
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	GC
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

### **PLATELET AGGREGATION INHIBITORS**

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

### **IMMUNOLOGIC AGENTS**

#### **AUTOIMMUNE AGENTS**

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	2	
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

### ***IMMUNOGLOBULINS***

BIVIGAM SOLN 5gm/50ml	5	NM, PA
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
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA

### ***IMMUNOMODULATORS***

ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
----------------------------------	---	------------

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

Drug Name	Drug Tier	Requirements/Limits
ARCALYST SOLR 220mg	5	NM, PA
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 5000000unit	5	B/D, NM
INTRON A SOLR 10000000unit	3	B/D, NM
INTRON A SOLR 18000000unit	4	B/D, NM

### **IMMUNOSUPPRESSANTS**

<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D
ZORTRESS TABS 1mg	5	B/D

### **VACCINES**

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENG VAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	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. **SI** - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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/NAACL INJ 0.45%	2	
-----------------------	---	--

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose</i> SOLN 50%, 70%	2	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

## OPHTHALMIC

### ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

### ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	GC
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	GC
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentak OINT .3%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	GC
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyx-garamicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	GC
<i>trifluridine SOLN 1%</i>	2	
ZIRGAN GEL .15%	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	2	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>bepotastine besilate SOLN 1.5%</i>	2	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	GC
LASTACAFT SOLN .25%	4	
<i>olopatadine hcl SOLN .1%</i>	2	
ZERVIAE SOLN .24%	4	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth) SOLN .5%</i>	2	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate SOLN .2%</i>	1	GC
<i>brimonidine tartrate SOLN .15%</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. **SI** - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	GC
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	GC
<i>latanoprost</i> SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	
VYZULTA SOLN .024%	4	

### **MISCELLANEOUS**

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

### **OTIC**

#### **OTIC AGENTS**

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

### **RESPIRATORY**

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

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
--------------------------	---	----------------------------

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 0.5-2.5(3) mg/3ml</i>	2	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 SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	

### **ANTI HISTAMINES**

<i>azelastine hcl SOLN .1%, .15%</i>	2	
<i>cetirizine hcl SOLN 1mg/ml</i>	1	GC
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS 10mg, 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg</i>	2	

### **BETA AGONISTS**

<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	2	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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; TB24 400mg, 600mg	2	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025%	2	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	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. **SI** - Select Insulins 79



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

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

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

### **TOPICAL**

#### **DERMATOLOGY, ACNE**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	GC, QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	2	QL (45 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketconazole (topical)</i> SHAM 2%	1	GC, QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> CREA 1%, 2.5%	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. SI - Select Insulins

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	GC
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	GC, QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	GC
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triderm</i> CREA .5%	1	GC
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	QL (30 gm / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	GC
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>procto-pak</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	2	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
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%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> CAPS 30mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

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

## 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> .....	20
ABRAXANE INJ 100MG.....	21
<i>acamprosate calcium</i> .....	48
<i>acarbose</i> .....	49
<i>accutane</i> .....	80
<i>acebutolol hcl</i> .....	32
<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> .....	65
<i>acetic acid (otic)</i> .....	76
<i>acetylcysteine</i> .....	78
<i>acitretin</i> .....	81
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.....	34
<i>adriamycin</i> .....	19
ADVAIR DISKU AER 100/50.....	80
ADVAIR DISKU AER 250/50.....	80
ADVAIR DISKU AER 500/50.....	80
ADVAIR HFA AER 115/21.....	80
ADVAIR HFA AER 230/21.....	80
ADVAIR HFA AER 45/21.....	80
AFINITOR.....	21
AFINITOR DISPERZ.....	21, 22
<i>afirmelle</i> .....	54
AIMOVIG.....	46
<i>ala-cort</i> .....	81
<i>albendazole</i> .....	9
<i>albuterol sulfate</i> .....	77, 78
<i>alclometasone dipropionate</i> .....	82
ALDURAZYME.....	59
ALECENSA.....	22
<i>alendronate sodium</i> .....	53
<i>alfuzosin hcl</i> .....	65
ALIMTA.....	19
<i>aliskiren fumarate</i> .....	34
<i>allopurinol</i> .....	7
<i>alose tron hcl</i> .....	64
ALPHAGAN P.....	75
<i>alprazolam</i> .....	35
ALREX.....	75
<i>altavera</i> .....	54
ALUNBRIG.....	22
ALUNBRIG PAK.....	22
<i>alyacen 1/35</i> .....	54
<i>alyacen 7/7/7</i> .....	54
<i>amabelz</i> .....	58
<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> .....	27
<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> .....	29	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	45
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	29	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	45
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	28	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	45
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	29	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	45
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....	29	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	45
<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> .....	29	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	45
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	45
<i>amnestem</i> .....	80	<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> .....	20	<i>azathioprine</i> .....	70
ANDRODERM .....	49	<i>azelastine hcl</i> .....	77
ANORO ELLIPT AER 62.5-25 .....	76	<i>azelastine hcl (ophth)</i> .....	75
<i>aprepitant</i> .....	62	<i>azithromycin</i> .....	16
<i>aprepitant capsule therapy pack 80 &amp;</i> <i>125 mg</i> .....	62	<i>aztreonam</i> .....	9
<i>apri</i> .....	54	<i>azurette</i> .....	54
APTIOM.....	35	<b>B</b>	
APTIVUS .....	12	<i>bacitracin (ophthalmic)</i> .....	74
ARALAST NP .....	78	<i>bacitracin-polymyxin b ophth oint</i> ....	74
<i>aranelle</i> .....	54	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i> .....	74
ARCALYST .....	70	<i>baclofen</i> .....	48
<i>aripiprazole</i> .....	42	<i>balsalazide disodium</i> .....	63
ARISTADA .....	42	BALVERSA.....	22
ARISTADA INITIO.....	42	<i>balziva</i> .....	54
<i>armodafinil</i> .....	48	BARACLUDGE .....	15
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> .....	67	BD ALCOHOL SWABS.....	52
<i>atazanavir sulfate</i> .....	12	BELSOMRA .....	46
<i>atenolol</i> .....	32	<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> .....	28
<i>atovaquone</i> .....	9	BENDEKA .....	19
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i> .....	12	BENLYSTA .....	70
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i> .....	12	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i> .....	80
ATROPINE SULFATE.....	76	<i>benztropine mesylate</i> .....	41
<i>atropine sulfate (ophthalmic)</i> .....	76	<i>bepotastine besilate</i> .....	75
ATROVENT HFA .....	77	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.....	21
<i>aurovela fe 1/20</i> .....	54	<i>betaine powder for oral solution</i> .....	59
AUSTEDO .....	47	<i>betamethasone dipropionate (topical)</i> .....	82
AVASTIN .....	22	<i>betamethasone dipropionate</i> <i>augmented</i> .....	82
<i>aviane</i> .....	54	<i>betamethasone valerate</i> .....	82
<i>avita</i> .....	80	BETASERON .....	47
<i>ayuna</i> .....	54	<i>betaxolol hcl (ophth)</i> .....	75
AYVAKIT .....	22		
<i>azacitidine</i> .....	19		



<i>bethanechol chloride</i> .....	65
BETOPTIC-S .....	75
BEVESPI AER 9-4.8MCG .....	77
<i>bexarotene</i> .....	21
<i>bexarotene (topical)</i> .....	83
BEXSERO INJ.....	70
<i>bicalutamide</i> .....	20
BICILLIN L-A .....	18
BIKTARVY TAB 30-120-15 MG.....	13
BIKTARVY TAB 50-200-25 MG.....	13
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg .....	32
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg .....	31
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 5- 6.25 mg .....	32
<i>bisoprolol fumarate</i> .....	32
BIVIGAM .....	69
BLEPHAMIDE OIN S.O.P. ....	74
<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 .....	80
BREO ELLIPTA INH 200-25 .....	80
BREZTRI AERO AER SPHERE .....	77
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	77
<i>briellyn</i> .....	54
BRILINTA .....	67
<i>brimonidine tartrate</i> .....	75
<i>brinzolamide</i> .....	76
BRIVIACT .....	35
<i>bromfenac sodium (ophth)</i> .....	75
<i>bromocriptine mesylate</i> .....	41
BROMSITE .....	75
BRUKINSA .....	22
<i>budesonide</i> .....	63
<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> .....	81
<i>calcitonin (salmon) spray</i> .....	53
<i>calcitrene</i> .....	81
<i>calcitriol</i> .....	62
<i>calcium acetate (phosphate binder)</i> ..	61
CALQUENCE .....	22
<i>camila</i> .....	54
CAPLYTA .....	42
CAPRELSA .....	22
<i>captopril</i> .....	28
<i>carb/levo orally disintegrating tab</i> 10- 100mg .....	41
<i>carb/levo orally disintegrating tab</i> 25- 100mg .....	41
<i>carb/levo orally disintegrating tab</i> 25- 250mg .....	41
CARBAGLU .....	59
<i>carbamazepine</i> .....	35
<i>carbidopa &amp; levodopa tab</i> 10-100 mg	41
<i>carbidopa &amp; levodopa tab</i> 25-100 mg	41
<i>carbidopa &amp; levodopa tab</i> 25-250 mg	41
<i>carbidopa &amp; levodopa tab er</i> 25-100 mg .....	41
<i>carbidopa &amp; levodopa tab er</i> 50-200 mg .....	41
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg .....	41

<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg .....	41	<i>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 .....	42	<i>cholestyramine</i> .....	31
<i>carboplatin</i> .....	19	<i>cholestyramine light</i> .....	31
<i>carglumic acid</i> .....	59	<i>ciclopirox olamine</i> .....	81
<i>carteolol hcl (ophth)</i> .....	76	<i>cilostazol</i> .....	67
<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> .....	60
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> .....	17
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% .....	76
CEFAZOLIN SOLN 2GM/100ML-4% ...	15	<i>cisplatin</i> .....	19
<i>cefdinir</i> .....	16	<i>citalopram hydrobromide</i> .....	39
<i>cefepime hcl</i> .....	16	<i>claravis</i> .....	80
<i>cefixime</i> .....	16	<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> .....	77	CLINIMIX INJ 5%/D20W .....	73
<i>cevimeline hcl</i> .....	84	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 .....	54	<i>clinisol sf 15%</i> .....	73
<i>chlorhexidine gluconate (mouth-throat)</i> .....	84	CLINOLIPID EMU 20% .....	73
		<i>clobazam</i> .....	35
		<i>clobetasol propionate</i> .....	82

<i>clobetasol propionate e</i> .....	82	<i>cyproheptadine hcl</i> .....	77
<i>clomipramine hcl</i> .....	39	<i>cyred eq</i> .....	54
<i>clonazepam</i> .....	35	CYSTADANE POW .....	60
<i>clonidine</i> .....	34	CYSTADROPS .....	76
<i>clonidine hcl</i> .....	34	CYSTAGON .....	60
<i>clopidogrel bisulfate</i> .....	67	CYSTARAN .....	76
<i>clorazepate dipotassium</i> .....	35	<i>cytarabine</i> .....	19
<i>clotrimazole</i> .....	84	<b>D</b>	
<i>clotrimazole (topical)</i> .....	81	D10W/NACL INJ 0.2% .....	72
<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i> .....	81	D2.5W/NACL INJ 0.45%.....	71
<i>clozapine</i> .....	42, 43	D5W/LYTES INJ #48.....	72
COARTEM TAB 20-120MG .....	12	<i>dabigatran etexilate mesylate</i> .....	66
<i>colchicine</i> .....	7	<i>dalfampridine</i> .....	47
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i> .....	7	DALIRESP.....	78
<i>colesevelam hcl</i> .....	31	<i>danazol</i> .....	58
<i>colestipol hcl</i> .....	31	<i>dantrolene sodium</i> .....	48
<i>colistimethate sodium</i> .....	10	<i>dapsone</i> .....	10
COMBIGAN SOL 0.2/0.5% .....	76	DAPTACEL INJ .....	70
COMBIVENT AER 20-100 .....	77	<i>daptomycin</i> .....	10
COMETRIQ (60MG DOSE) .....	22	DAPTOMYCIN .....	10
COMETRIQ KIT 100MG .....	22	<i>dasetta 1/35</i> .....	54
COMETRIQ KIT 140MG .....	22	<i>dasetta 7/7/7</i> .....	54
COMPLERA TAB .....	13	DAURISMO .....	22
<i>compro</i> .....	62	<i>deblitane</i> .....	54
<i>constulose</i> .....	63	<i>deferasirox</i> .....	54
COPIKTRA .....	22	DELESTROGEN.....	58
CORLANOR .....	34	DELSTRIGO TAB.....	13
COTELLIC.....	22	DENGVAXIA SUS.....	70
CREON CAP 12000UNT.....	64	DESCOVY TAB 120-15MG .....	13
CREON CAP 24000UNT.....	64	DESCOVY TAB 200/25MG .....	13
CREON CAP 3000UNIT .....	64	<i>desipramine hcl</i> .....	40
CREON CAP 36000UNT.....	64	<i>desmopressin acetate</i> .....	60
CREON CAP 6000UNIT .....	64	<i>desmopressin acetate spray</i> .....	60
<i>cromolyn sodium</i> .....	78	<i>desmopressin acetate spray</i> <i>refrigerated</i> .....	60
<i>cromolyn sodium (mastocytosis)</i> .....	64	<i>desogest-eth estrad &amp; eth estrad tab</i> <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>mg-30 mcg</i> .....	54
<i>cryselle-28</i> .....	54	<i>desvenlafaxine succinate</i> .....	40
<i>cyclobenzaprine hcl</i> .....	48	<i>dexamethasone</i> .....	59
<i>cyclophosphamide</i> .....	19	DEXAMETHASONE INTENSOL.....	59
CYCLOPHOSPHAMIDE .....	19	<i>dexamethasone sodium phosphate</i> ...	59
CYCLOPHOSPHAMIDE MONOHYDR....	19	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i> .....	75
<i>cycloserine</i> .....	14	<i>dexlansoprazole</i> .....	65
<i>cyclosporine</i> .....	70	<i>dexmethylphenidate hcl</i> .....	45
<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	70		

<i>dextrose</i> .....	73, 74	<i>disopyramide phosphate</i> .....	30
<i>dextrose 10% w/ sodium chloride</i>		<i>disulfiram</i> .....	48
0.45%.....	72	<i>divalproex sodium</i> .....	36
<i>dextrose 2.5% w/ sodium chloride</i>		<i>docetaxel</i> .....	21
0.45%.....	72	DOCETAXEL.....	21
<i>dextrose 5% in lactated ringers</i> .....	72	<i>dofetilide</i> .....	30
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>donepezil hydrochloride</i> .....	39
.....	72	DOPTelet .....	67
<i>dextrose 5% w/ sodium chloride</i>		<i>dorzolamide hcl</i> .....	76
0.225%.....	72	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>		soln 22.3-6.8 mg/ml .....	76
.....	72	<i>dotti</i> .....	58
<i>dextrose 5% w/ sodium chloride 0.45%</i>		DOVATO TAB 50-300MG .....	13
.....	72	<i>doxazosin mesylate</i> .....	28
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>doxepin hcl</i> .....	40
.....	72	<i>doxepin hcl (sleep)</i> .....	46
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> .....	62
<i>diclofenac sodium (ophth)</i> .....	75	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac sodium (topical)</i> .....	83	0.02 mg .....	54
<i>dicloxacillin sodium</i> .....	18	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicyclomine hcl</i> .....	63	0.03 mg .....	54
DIFICID .....	16	DROXIA .....	67
<i>diflunisal</i> .....	7	<i>droxidopa</i> .....	34
<i>difluprednate</i> .....	75	<i>duloxetine hcl</i> .....	40
<i>digitek</i> .....	34	<i>dutasteride</i> .....	65
<i>digoxin</i> .....	34	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>dihydroergotamine mesylate</i> .....	46	mg .....	65
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>	33	<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> .....	77	400-300-300 mg .....	13
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>efavirenz-lamivudine-tenofovir df tab</i>	
mg/5ml .....	64	600-300-300 mg .....	13
<i>diphenoxylate w/ atropine tab 2.5-</i>		<i>elinest</i> .....	55
0.025 mg .....	64	ELIQUIS .....	66
<i>dipyridamole</i> .....	67	ELIQUIS STARTER PACK.....	66

ELLA .....	55	<i>epitol</i> .....	36
<i>eluryng</i> .....	55	EPIVIR HBV .....	15
EMCYT .....	20	<i>eplerenone</i> .....	28
<i>emoquette</i> .....	55	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> .....	14	ERLEADA.....	20
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	14	<i>erlotinib hcl</i> .....	22
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	14	<i>errin</i> .....	55
<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> .....	28	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.....	67	<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> .....	65
<i>endocet tab 7.5-325mg</i> .....	8	<i>estarylla</i> .....	55
ENGERIX-B.....	70	<i>estradiol</i> .....	58
<i>enoxaparin sodium</i> .....	66	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	58
<i>enpresse-28</i> .....	55	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	58
<i>enskyce</i> .....	55	<i>estradiol vaginal</i> .....	58
ENSTILAR AER .....	82	<i>estradiol valerate</i> .....	58
<i>entacapone</i> .....	42	<i>ethambutol hcl</i> .....	14
<i>entecavir</i> .....	15	<i>ethosuximide</i> .....	36
ENTRESTO TAB 24-26MG .....	29	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	55
ENTRESTO TAB 49-51MG .....	29	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	55
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.....	15	<i>etoposide</i> .....	21
EPCLUSA PAK 200-50MG.....	15	<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> .....	78	<i>everolimus (immunosuppressant)</i> .....	70
<i>epirubicin hcl</i> .....	19	EVOTAZ TAB 300-150 .....	14

<i>exemestane</i> .....	20	<i>fluocinonide emulsified base</i> .....	82
EXKIVITY .....	22	<i>fluorometholone (ophth)</i> .....	75
<i>ezetimibe</i> .....	31	<i>fluorouracil</i> .....	19
<b>F</b>		<i>fluorouracil (topical)</i> .....	83
FABRAZYME.....	60	<i>fluoxetine hcl</i> .....	40
<i>falmina</i> .....	55	<i>fluphenazine decanoate</i> .....	43
<i>famciclovir</i> .....	15	<i>fluphenazine hcl</i> .....	43
<i>famotidine</i> .....	63	<i>flurbiprofen</i> .....	7
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i> .....	63	<i>flurbiprofen sodium</i> .....	75
FANAPT .....	43	<i>flutamide</i> .....	20
FANAPT PAK .....	43	<i>fluticasone propionate</i> .....	82
FARXIGA .....	49	<i>fluticasone propionate (nasal)</i> .....	79
FASENRA.....	78	<i>fluvoxamine maleate</i> .....	35
FASENRA PEN .....	78	<i>fondaparinux sodium</i> .....	66
<i>felbamate</i> .....	36	FORTEO .....	53
<i>felodipine</i> .....	33	<i>fosamprenavir calcium</i> .....	12
<i>femynor</i> .....	55	<i>fosinopril sodium</i> .....	28
<i>fenofibrate</i> .....	31	<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	27
<i>fenofibrate micronized</i> .....	31	<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	27
<i>fentanyl</i> .....	7	FOTIVDA .....	23
<i>fentanyl citrate</i> .....	8	FREAMINE III INJ 10%.....	74
<i>fesoterodine fumarate</i> .....	65	<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> .....	65	FYCOMPA .....	36
FINTEPLA .....	36	<b>G</b>	
<i>flac</i> .....	76	<i>gabapentin</i> .....	36, 37
FLAREX .....	75	<i>galantamine hydrobromide</i> .....	39
FLEBOGAMMA DIF .....	69	GAMASTAN INJ .....	69
<i>flecainide acetate</i> .....	30	GAMMAGARD LIQUID.....	69
FLOVENT DISKUS.....	80	GAMMAGARD S/D IGA LESS TH .....	69
FLOVENT HFA .....	80	GAMMAKED .....	69
<i>fluconazole</i> .....	11	GAMMAPLEX .....	69
<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.....	71
<i>fludrocortisone acetate</i> .....	59	<i>gatifloxacin (ophth)</i> .....	74
<i>flunisolide (nasal)</i> .....	79	GATTEX .....	64
<i>fluocinolone acetonide</i> .....	82	GAUZE PADS 2 .....	52
<i>fluocinolone acetonide (otic)</i> .....	76	<i>gavilyte-c</i> .....	63
<i>fluocinonide</i> .....	82	<i>gavilyte-g</i> .....	63
		<i>gavilyte-n/ flavor pack</i> .....	63

GAVRETO .....	23	<i>haloperidol decanoate</i> .....	43
<i>gemcitabine hcl</i> .....	19	<i>haloperidol lactate</i> .....	43
<i>gemfibrozil</i> .....	31	HARVONI PAK 33.75-150MG .....	15
<i>generlac</i> .....	63	HARVONI PAK 45-200MG .....	15
<i>gengraf</i> .....	70	HARVONI TAB 45-200MG .....	15
GENOTROPIN .....	60	HARVONI TAB 90-400MG .....	15
GENOTROPIN MINIQUICK .....	60	HAVRIX .....	71
<i>gentak</i> .....	74	<i>heather</i> .....	55
<i>gentamicin in saline inj 0.8 mg/ml</i> ....	10	HEP SOD/D5W INJ 20000UNT .....	66
<i>gentamicin in saline inj 1 mg/ml</i> ....	10	HEP SOD/D5W INJ 25000UNT .....	66
<i>gentamicin in saline inj 1.2 mg/ml</i> ....	10	HEP SOD/NAACL INJ 25000UNT .....	66
<i>gentamicin in saline inj 1.6 mg/ml</i> ....	10	<i>heparin sodium (porcine)</i> .....	66
<i>gentamicin in saline inj 2 mg/ml</i> ....	10	HEPARIN/NAACL INJ 25000UNT .....	66
<i>gentamicin sulfate</i> .....	10	<i>hepatamine</i> .....	74
<i>gentamicin sulfate (ophth)</i> .....	74	HERCEP HYLEC SOL 60-10000 .....	23
<i>gentamicin sulfate (topical)</i> .....	81	HERCEPTIN .....	23
GENVOYA TAB .....	14	HERZUMA .....	23
GILENYA .....	47	HETLIOZ .....	46
GILOTRIF .....	23	HIBERIX .....	71
<i>glatiramer acetate</i> .....	47	HUMIRA .....	68
<i>glatopa</i> .....	47	HUMIRA PEDIA INJ CROHNS .....	68
<i>glimepiride</i> .....	49	HUMIRA PEDIATRIC CROHNS D .....	68
<i>glipizide</i> .....	49	HUMIRA PEN .....	68
<i>glipizide xl</i> .....	49	HUMIRA PEN KIT PS/UV .....	68
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	49	HUMIRA PEN-CD/UC/HS START .....	68
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	49	HUMIRA PEN-PEDIATRIC UC S .....	68
<i>glipizide-metformin hcl tab 5-500 mg</i>	50	HUMIRA PEN-PS/UV STARTER .....	68
<i>glycopyrrolate</i> .....	63	HUMULIN R U-500 (CONCENTR .....	52
<i>glydo</i> .....	83	HUMULIN R U-500 KWIKPEN .....	52
GLYXAMBI TAB 10-5 MG .....	50	<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> .....	59
GVOKE KIT .....	59	<i>hydrocortisone (intrarectal)</i> .....	63
GVOKE PFS .....	59	<i>hydrocortisone (rectal)</i> .....	83
<b>H</b>		<i>hydrocortisone (topical)</i> .....	82
HAEGARDA .....	67	<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> .....	69	<i>ipratropium bromide</i> .....	77
<i>hydroxyurea</i> .....	21	<i>ipratropium bromide (nasal)</i> .....	77
<i>hydroxyzine hcl</i> .....	77	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>hydroxyzine pamoate</i> .....	77	2.5(3) mg/3ml .....	77
HYSINGLA ER .....	8	<i>irbesartan</i> .....	30
<b>I</b>		<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibandronate sodium</i> .....	53	150-12.5 mg .....	29
IBRANCE .....	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> .....	67	<i>irinotecan hcl</i> .....	21
<i>iclevia</i> .....	55	ISENTRESS .....	12
ICLUSIG .....	23	ISENTRESS HD .....	12
IDHIFA .....	23	<i>isibloom</i> .....	55
ILEVRO .....	75	ISOLYTE-P INJ /D5W .....	72
<i>imatinib mesylate</i> .....	23	ISOLYTE-S INJ .....	72
IMBRUVICA .....	23	ISOLYTE-S INJ PH 7.4 .....	72
<i>imipenem-cilastatin intravenous for</i>		<i>isoniazid</i> .....	14
<i>soln 250 mg</i> .....	10	ISOPTO ATROPINE .....	76
<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> .....	83	<i>isradipine</i> .....	33
IMOVAX RABIES (H.D.C.V.) .....	71	<i>itraconazole</i> .....	11
<i>incassia</i> .....	55	<i>ivermectin</i> .....	10
INCRELEX .....	60	IXIARO INJ .....	71
INCRUSE ELLIPTA .....	77	<b>J</b>	
<i>indapamide</i> .....	33	JAKAFI .....	23
INFANRIX INJ .....	71	<i>jantoven</i> .....	66
INFLIXIMAB .....	68	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 .....	74	JENTADUETO TAB 2.5-850 .....	50
INTRON A .....	70	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 .....	71	JULUCA TAB 50-25MG .....	14



<i>junel 1.5/30</i> .....	55	<i>klor-con 8</i> .....	73
<i>junel 1/20</i> .....	55	<i>klor-con m10</i> .....	73
<i>junel fe 1.5/30</i> .....	55	<i>klor-con m15</i> .....	73
<i>junel fe 1/20</i> .....	55	<i>klor-con m20</i> .....	73
<b>K</b>		KORLYM .....	60
KADCYLA .....	23	<i>kurvelo</i> .....	55
KALYDECO .....	78	KYNMOBI .....	42
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> .....	72	<i>lacosamide</i> .....	37
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	72	<i>lactated ringer's solution</i> .....	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72	<i>lactic acid (ammonium lactate)</i> .....	83
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	72	<i>lactulose</i> .....	63
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	72	<i>lactulose (encephalopathy)</i> .....	63
KCL 20 MEQ/L (0.15%) IN NAACL 0.45% INJ .....	72	<i>lamivudine</i> .....	12
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	72	<i>lamivudine (hbv)</i> .....	15
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	72	<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> .....	72	<i>lamotrigine</i> .....	37
KCL 40 MEQ/L (0.3%) IN NAACL 0.9% INJ .....	72	<i>lansoprazole</i> .....	65
KCL/D5W/NAACL INJ 0.3/0.9% .....	72	<i>lapatinib ditosylate</i> .....	24
<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 .....	48	<i>larin fe 1/20</i> .....	55
<i>ketoconazole</i> .....	11	<i>larissia</i> .....	55
<i>ketoconazole (topical)</i> .....	81	LASTACRAFT .....	75
<i>ketorolac tromethamine (ophth)</i> .....	75	<i>latanoprost</i> .....	76
KEYTRUDA .....	23	LATUDA .....	43
KINRIX INJ .....	71	<i>leena</i> .....	55
KISQALI 200 DOSE .....	23	<i>leflunomide</i> .....	69
KISQALI 200 PAK FEMARA .....	21	<i>lenalidomide</i> .....	20
KISQALI 400 DOSE .....	23	LENVIMA 10 MG DAILY DOSE .....	24
KISQALI 400 PAK FEMARA .....	21	LENVIMA 12MG DAILY DOSE .....	24
KISQALI 600 DOSE .....	24	LENVIMA 20 MG DAILY DOSE .....	24
KISQALI 600 PAK FEMARA .....	21	LENVIMA 4 MG DAILY DOSE .....	24
<i>klor-con</i> .....	73	LENVIMA 8 MG DAILY DOSE .....	24
<i>klor-con 10</i> .....	73	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> .....	27
		LEUKERAN .....	19
		<i>leuprolide acetate</i> .....	20
		<i>levalbuterol hcl</i> .....	78
		<i>levalbuterol tartrate</i> .....	78

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>	56
levetiracetam in sodium chloride iv soln		<i>loestrin 1/20-21 .....</i>	56
500 mg/100ml .....	37	<i>loestrin fe 1.5/30 .....</i>	56
levobunolol hcl.....	76	<i>loestrin fe 1/20 .....</i>	56
levocarnitine (metabolic modifiers) ...	60	LOKELMA .....	54
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>	64
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>	56
levonorgestrel & ethinyl estradiol tab		<i>losartan potassium .....</i>	30
0.1 mg-20 mcg .....	56	<i>losartan potassium &amp;</i>	
levonorgestrel & ethinyl estradiol tab		<i>hydrochlorothiazide tab 100-12.5 mg</i>	
0.15 mg-30 mcg.....	56	.....	29
levonorgestrel-eth estra tab 0.05-		<i>losartan potassium &amp;</i>	
30/0.075-40/0.125-30mg-mcg.....	56	<i>hydrochlorothiazide tab 100-25 mg</i>	29
levora 0.15/30-28 .....	56	<i>losartan potassium &amp;</i>	
levo-t.....	61	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
levothyroxine sodium.....	61	.....	29
levoxyl.....	61	LOTEMAX .....	75
LEXIVA .....	12	<i>lovastatin .....</i>	31
lidocaine .....	83	<i>low-ogestrel .....</i>	56
lidocaine hcl .....	83	<i>loxapine succinate .....</i>	43
lidocaine hcl (local anesth.) .....	9	LUMAKRAS .....	24
lidocaine hcl (mouth-throat) .....	84	LUMIGAN .....	76
lidocaine-prilocaine cream 2.5-2.5% .	83	LUMIZYME.....	60
lillow.....	56	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 .....	64	<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>	
<b>M</b>		100-25 mg .....	32
<i>magnesium sulfate</i> .....	72	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
MAGNESIUM SULFATE.....	72	100-50 mg .....	32
<i>magnesium sulfate in dextrose 5% iv</i>		<i>metoprolol &amp; hydrochlorothiazide tab</i>	
<i>soln 1 gm/100ml</i> .....	72	50-25 mg .....	32
<i>malathion</i> .....	84	<i>metoprolol succinate</i> .....	32
<i>maraviroc</i> .....	12	<i>metoprolol tartrate</i> .....	32
<i>marlissa</i> .....	56	<i>metronidazole</i> .....	10
MARPLAN .....	40	<i>metronidazole (topical)</i> .....	83
MATULANE .....	21	<i>metronidazole vaginal</i> .....	65
MAVYRET PAK 50-20MG .....	15	<i>metyrosine</i> .....	34
MAVYRET TAB 100-40MG .....	15	MG SO4/D5W INJ 10MG/ML.....	72
<i>meclizine hcl</i> .....	62	<i>micafungin sodium</i> .....	11
<i>medroxyprogesterone acetate</i> .....	61	<i>microgestin 1.5/30</i> .....	56
<i>medroxyprogesterone acetate</i>		<i>microgestin 1/20</i> .....	56
<i>(contraceptive)</i> .....	56	<i>microgestin fe 1.5/30</i> .....	56
<i>mefloquine hcl</i> .....	12	<i>microgestin fe 1/20</i> .....	56
<i>megestrol acetate</i> .....	20, 61	<i>midodrine hcl</i> .....	34
<i>megestrol acetate (appetite)</i> .....	61	<i>miglustat</i> .....	60
MEKINIST.....	24	<i>mili</i> .....	56
MEKTOVI.....	24	<i>mimvey</i> .....	58
<i>meloxicam</i> .....	7	<i>minocycline hcl</i> .....	18
<i>memantine hcl</i> .....	39	<i>minoxidil</i> .....	34
MENACTRA INJ.....	71	<i>mirtazapine</i> .....	40
MENQUADFI INJ .....	71	<i>misoprostol</i> .....	64
MENVEO INJ .....	71	MITIGARE .....	7
<i>mercaptapurine</i> .....	19	M-M-R II INJ.....	71
<i>meropenem</i> .....	10	M-NATAL PLUS TAB .....	73
<i>mesalamine</i> .....	63	<i>moexipril hcl</i> .....	28
<i>mesalamine w/ cleanser</i> .....	63	<i>molindone hcl</i> .....	43
MESNEX .....	27	<i>mometasone furoate</i> .....	82
<i>metadate er</i> .....	45	MONJUVI.....	24
<i>metformin hcl</i> .....	50	<i>mono-linyah</i> .....	56
<i>methadone hcl</i> .....	8	<i>montelukast sodium</i> .....	78
<i>methadone hydrochloride i</i> .....	8	<i>morphine sulfate</i> .....	8
<i>methazolamide</i> .....	33	MORPHINE SULFATE .....	8
<i>methenamine hippurate</i> .....	10	MOVANTIK .....	64
<i>methimazole</i> .....	61	<i>moxifloxacin hcl (ophth)</i> .....	74
<i>methotrexate sodium</i> .....	19, 69	MULTAQ .....	30
<i>methylphenidate hcl</i> .....	45	<i>mupirocin</i> .....	81
<i>methylprednisolone</i> .....	59	MVASI .....	24
<i>methylprednisolone acetate</i> .....	59	<i>mycophenolate mofetil</i> .....	70
<i>methylprednisolone sod succ</i> .....	59	<i>mycophenolate sodium</i> .....	70
<i>metoclopramide hcl</i> .....	62	<i>myorisan</i> .....	80
<i>metolazone</i> .....	33	MYRBETRIQ.....	65

<b>N</b>	
<i>nabumetone</i> .....	7
<i>nadolol</i> .....	32
<i>nafcillin sodium</i> .....	18
NAGLAZYME .....	60
<i>nalbuphine hcl</i> .....	9
<i>naloxone hcl</i> .....	48
<i>naltrexone hcl</i> .....	48
NAMZARIC CAP 14-10MG .....	39
NAMZARIC CAP 21-10MG .....	39
NAMZARIC CAP 28-10MG .....	39
NAMZARIC CAP 7-10MG .....	39
NAMZARIC CAP PACK.....	39
<i>naproxen</i> .....	7
<i>naproxen sodium</i> .....	7
<i>naratriptan hcl</i> .....	46
NATACYN .....	74
<i>nateglinide</i> .....	51
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>	75
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i> .....	74
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i> .....	74
<i>neomycin-polymyxin-hc ophth susp</i>	74
<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 .....	42
<i>nevirapine</i> .....	12
NEXAVAR .....	24
<i>niacin (antihyperlipidemic)</i> .....	31
<i>nicardipine hcl</i> .....	33
NICOTROL INHALER .....	48
NICOTROL NS .....	48
<i>nifedipine</i> .....	33
<i>nikki</i> .....	56
<i>nilutamide</i> .....	20
<i>nimodipine</i> .....	33
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> .....	63
<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> .....	57
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> .....	57
<i>norlyroc</i> .....	57
NORPACE CR .....	30
<i>nortrel 0.5/35 (28)</i> .....	57
<i>nortrel 1/35 (21)</i> .....	57
<i>nortrel 1/35 (28)</i> .....	57
<i>nortrel 7/7/7</i> .....	57
<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 .....	53	<i>olmesartan-amlodipine-</i>	
NOVOLOG PENFILL .....	53	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOXAFIL .....	11	.....	30
NUBEQA .....	20	<i>olmesartan-amlodipine-</i>	
NUDEXTA CAP 20-10MG .....	47	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NULOJIX .....	70	<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 .....	74	<i>olopatadine hcl</i> .....	75
NUZYRA .....	18	<i>omeprazole</i> .....	65
<i>nyamyc</i> .....	81	OMNIPOD 5 G6 KIT INTRO .....	53
<i>nylia 1/35</i> .....	57	OMNIPOD 5 G6 MIS PODS .....	53
<i>nylia 7/7/7</i> .....	57	OMNIPOD DASH KIT INTRO .....	53
NYMALIZE .....	33	OMNIPOD DASH MIS PODS.....	53
<i>nymyo</i> .....	57	OMNIPOD MIS CLASSIC .....	53
<i>nystatin</i> .....	11	OMNIPOD PDM KIT CLASSIC.....	53
<i>nystatin (mouth-throat)</i> .....	84	<i>ondansetron</i> .....	62
<i>nystatin (topical)</i> .....	81	<i>ondansetron hcl</i> .....	62
<i>nystop</i> .....	81	ONTRUZANT .....	24
<b>o</b>		ONUREG .....	19
<i>ocella</i> .....	57	OPSUMIT.....	35
OCTAGAM .....	69	ORGOVYX.....	20
<i>octreotide acetate</i> .....	60	ORKAMBI GRA 100-125 .....	79
ODEFSEY TAB .....	14	ORKAMBI GRA 150-188 .....	79
ODOMZO.....	24	ORKAMBI TAB 100-125.....	79
OFEV .....	79	ORKAMBI TAB 200-125 .....	79
<i>ofloxacin (ophth)</i> .....	75	<i>orsythia</i> .....	57
<i>ofloxacin (otic)</i> .....	76	<i>oseltamivir phosphate</i> .....	15
OGIVRI .....	24	OTEZLA.....	68
OGIVRI INJ 420MG .....	24	OTEZLA TAB 10/20/30 .....	68
<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> .....	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) ....	51
<i>mg</i> .....	29	OZEMPIC (1MG/DOSE).....	51

OZEMPIC (2MG/DOSE) SOPN 8MG/3ML .....	51	PERSERIS.....	44
<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.....	83	PHESGO SOL.....	24
<i>pantoprazole sodium</i> .....	65	<i>philith</i> .....	57
PANZYGA.....	69	PIFELTRO.....	12
<i>paraplatin</i> .....	19	<i>pilocarpine hcl</i> .....	76
<i>paricalcitol</i> .....	62	<i>pilocarpine hcl (oral)</i> .....	84
<i>paromomycin sulfate</i> .....	10	<i>pimozide</i> .....	44
<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.....	71	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	18
PEDVAX HIB.....	71	<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> .....	64	<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> .....	20	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> .....	79
PEN NEEDLES:		<i>pirmella 1/35</i> .....	57
NOVO/BD/ULTIMED/OWEN/TRIVIDIA .....	53	<i>piroxicam</i> .....	7
<i>penicillamine</i> .....	54	PLASMA-LYTE INJ -148.....	72
<i>penicillin g potassium</i> .....	18	PLASMA-LYTE INJ -A.....	72
PENICILLIN G PROCAINE.....	18	<i>plenamine</i> .....	74
<i>penicillin g sodium</i> .....	18	PLENVU SOL.....	64
<i>penicillin v potassium</i> .....	18	<i>podofilox</i> .....	83
PENTACEL INJ.....	71	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	75
<i>pentamidine isethionate inh</i> .....	10	POMALYST.....	20
<i>pentamidine isethionate inj</i> .....	10	<i>portia-28</i> .....	57
<i>pentoxifylline</i> .....	67	<i>posaconazole</i> .....	11
<i>perindopril erbumine</i> .....	28	<i>potassium chloride</i> .....	73
<i>periogard</i> .....	84	POTASSIUM CHLORIDE.....	73
<i>permethrin</i> .....	84		
<i>perphenazine</i> .....	43		

<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	73	PROLENSA.....	75
<i>potassium chloride microencapsulated crystals er</i> .....	73	PROLIA .....	53
<i>potassium citrate (alkalinizer)</i> .....	65	PROMACTA .....	67
PRADAXA .....	66	<i>promethazine hcl</i> .....	62
PRALUENT .....	31	<i>propafenone hcl</i> .....	30
<i>pramipexole dihydrochloride</i> .....	42	<i>proparacaine hcl</i> .....	76
<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 .....	71
<i>prazosin hcl</i> .....	28	PROSOL INJ 20% .....	74
<i>prednisolone</i> .....	59	<i>protriptyline hcl</i> .....	40
<i>prednisolone acetate (ophth)</i> .....	75	PULMICORT FLEXHALER .....	80
PREDNISOLONE SODIUM PHOSP .....	75	PULMOZYME .....	79
<i>prednisolone sodium phosphate</i> .....	59	PURIXAN .....	20
<i>prednisone</i> .....	59	<i>pyrazinamide</i> .....	14
PREDNISONE INTENSOL.....	59	<i>pyridostigmine bromide</i> .....	47
<i>pregabalin</i> .....	37, 38	<b>Q</b>	
<i>pregabalin (once-daily)</i> .....	47	QINLOCK.....	24
PREHEVBRIO .....	71	QUADRACEL INJ.....	71
PREMASOL SOL 10% .....	74	QUADRACEL INJ 0.5ML .....	71
PRENATAL TAB 27-1MG.....	73	<i>quetiapine fumarate</i> .....	44
PRENATAL TAB PLUS.....	73	<i>quinapril hcl</i> .....	28
PRENATAL VIT TAB LOW IRON .....	73	<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i> .....	28
<i>prevalite</i> .....	31	<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i> .....	28
PREVYMIS .....	15	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> .....	28
PREZCOBIX TAB 800-150 .....	14	<i>quinidine sulfate</i> .....	30
PREZISTA.....	13	<i>quinine sulfate</i> .....	12
PRIFTIN .....	14	<b>R</b>	
<i>primaquine phosphate</i> .....	12	RABAVERT INJ .....	71
PRIMAQUINE PHOSPHATE .....	12	<i>raloxifene hcl</i> .....	60
<i>primidone</i> .....	38	<i>ramipril</i> .....	28
PRIORIX INJ .....	71	<i>ranolazine</i> .....	34
PRIVIGEN.....	69	<i>rasagiline mesylate</i> .....	42
<i>probenecid</i> .....	7	RAYALDEE .....	62
PROCALAMINE INJ 3% .....	74	<i>reclipsen</i> .....	57
<i>prochlorperazine</i> .....	62	RECOMBIVAX HB.....	71
<i>prochlorperazine edisylate</i> .....	62	RECTIV .....	83
<i>prochlorperazine maleate</i> .....	62	REGRANEX .....	84
PROCRIT .....	66	RELENZA DISKHALER .....	15
<i>procto-med hc</i> .....	83	RELISTOR .....	64
<i>procto-pak</i> .....	83	REMICADE.....	68
<i>proctosol hc</i> .....	83	RENFLEXIS .....	68
<i>proctozone-hc</i> .....	83	<i>repaglinide</i> .....	51
PROGRAF .....	70	RESTASIS .....	76
PROLASTIN-C .....	79		

RESTASIS MULTIDOSE.....	76	<i>sertraline hcl</i> .....	40
RETEVMO .....	24	<i>setlakin</i> .....	57
REVLIMID.....	20	<i>sevelamer carbonate</i> .....	61
REXULTI.....	44	<i>sharobel</i> .....	57
REYATAZ .....	13	SHINGRIX .....	71
REZUROCK .....	70	SIGNIFOR .....	60
RHOPRESSA .....	76	<i>sildenafil citrate (pulmonary</i>	
RIABNI .....	25	<i>hypertension)</i> .....	35
<i>ribavirin (hepatitis c)</i> .....	15	<i>silver sulfadiazine</i> .....	81
<i>rifabutin</i> .....	14	SIMBRINZA SUS 1-0.2%.....	76
<i>rifampin</i> .....	14	<i>simliya</i> .....	57
<i>riluzole</i> .....	47	<i>simvastatin</i> .....	31
<i>rimantadine hydrochloride</i> .....	15	<i>sirolimus</i> .....	70
RINVOQ .....	68	SIRTURO .....	14
RISPERDAL CONSTA .....	44	SIVEXTRO .....	10
<i>risperidone</i> .....	44	SKYRIZI .....	68
<i>ritonavir</i> .....	13	SKYRIZI PEN .....	68
RITUXAN .....	25	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
RITUXAN INJ HYCELA.....	25	<i>17.5-3.13-1.6 gm/177ml</i> .....	64
<i>rivastigmine</i> .....	39	<i>sodium chloride</i> .....	73
<i>rivastigmine tartrate</i> .....	39	<i>sodium chloride (gu irrigant)</i> .....	84
<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> .....	73
<i>rosadan</i> .....	83	<i>sodium phenylbutyrate</i> .....	60
<i>rosuvastatin calcium</i> .....	31	<i>sodium polystyrene sulfonate powder</i>	
ROTARIX SUS .....	71	.....	54
ROTATEQ SOL.....	71	<i>solifenacin succinate</i> .....	65
<i>roweepra</i> .....	38	SOLIQUA INJ 100/33 .....	53
ROZLYTREK .....	25	SOLTAMOX .....	20
RUBRACA .....	25	SOLU-CORTEF .....	59
<i>rufinamide</i> .....	38	SOMATULINE DEPOT .....	61
RUKOBIA.....	13	SOMAVERT .....	61
RUXIENCE .....	25	<i>sorafenib tosylate</i> .....	25
RYBELSUS .....	51	<i>sorine</i> .....	31
RYDAPT.....	25	<i>sotalol hcl</i> .....	31
<b>S</b>		<i>sotalol hcl (afib/afl)</i> .....	31
<i>sajazir</i> .....	67	<i>spironolactone</i> .....	28
SANDIMMUNE .....	70	<i>spironolactone &amp; hydrochlorothiazide</i>	
SANTYL.....	84	<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> .....	54
<i>selegiline hcl</i> .....	42	<i>sronyx</i> .....	57
<i>selenium sulfide</i> .....	81	<i>ssd</i> .....	81
SELZENTRY .....	13	<i>stavudine</i> .....	13
SEREVENT DISKUS .....	78	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	TAGRISSE.....	25
<i>sulfacetamide sodium (acne)</i> .....	81	TALTZ.....	69
<i>sulfacetamide sodium (ophth)</i> .....	75	TALZENNA.....	25
<i>sulfacetamide sodium-prednisolone</i>		<i>tamoxifen citrate</i> .....	20
<i>ophth soln 10-0.23(0.25)%</i> .....	74	<i>tamsulosin hcl</i> .....	65
<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> .....	81
<i>200-40 mg/5ml</i> .....	11	<i>tazicef</i> .....	16
<i>sulfamethoxazole-trimethoprim tab</i>		TAZORAC .....	81
<i>400-80 mg</i> .....	11	<i>taztia xt</i> .....	33
<i>sulfamethoxazole-trimethoprim tab</i>		TAZVERIK .....	25
<i>800-160 mg</i> .....	11	TDVAX INJ 2-2 LF.....	71
SULFAMYLON .....	81	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, 47	TEMIXYS TAB 300-300.....	14
<i>sunitinib malate</i> .....	25	TENIVAC INJ 5-2LF.....	71
SUPREP BOWEL SOL PREP KIT .....	64	<i>tenofovir disoproxil fumarate</i> .....	13
<i>syeda</i> .....	57	TEPMETKO .....	25
SYMBICORT AER 160-4.5 .....	80	<i>terazosin hcl</i> .....	28
SYMBICORT AER 80-4.5 .....	80	<i>terbinafine hcl</i> .....	11
SYMDEKO TAB 100-150 .....	79	<i>terbutaline sulfate</i> .....	78
SYMDEKO TAB 50-75MG .....	79	<i>terconazole vaginal</i> .....	65
SYMJEPI.....	79	<i>testosterone</i> .....	49
SYMPAZAN .....	38	<i>testosterone cypionate</i> .....	49
SYMTUZA TAB.....	14	<i>testosterone enanthate</i> .....	49
SYNAREL.....	58	<i>tetrabenazine</i> .....	47
SYNERCID INJ 500MG.....	11	<i>tetracycline hcl</i> .....	18
SYNJARDY TAB 12.5-1000MG .....	51	THALOMID .....	21
SYNJARDY TAB 12.5-500.....	51	THEO-24 .....	79
SYNJARDY TAB 5-1000MG.....	51	<i>theophylline</i> .....	79
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.....	62	<i>tigecycline</i> .....	18
<b>T</b>		TIGECYCLINE.....	18
TABLOID .....	20	<i>tilia fe</i> .....	57

<i>timolol maleate</i> .....	32	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i> .....	76	75-50 mg .....	34
<i>timolol maleate (ophth) once-daily</i> ...	76	TRICARE TAB PRENATAL .....	73
TIVICAY .....	13	<i>triderm</i> .....	83
TIVICAY PD .....	13	<i>trientine hcl</i> .....	54
<i>tizanidine hcl</i> .....	48	<i>tri-estarylla</i> .....	57
TOBRADEX OIN 0.3-0.1% .....	74	<i>trifluoperazine hcl</i> .....	44
TOBRADEX ST SUS 0.3-0.05 .....	74	<i>trifluridine</i> .....	75
<i>tobramycin</i> .....	11	<i>trihexyphenidyl hcl</i> .....	42
<i>tobramycin (ophth)</i> .....	75	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%.....	74	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>toremide</i> .....	33	TRIKAFTA TAB 100-50-75MG & 150MG	
TOVIAZ .....	65	.....	79
TPN ELECTROL INJ .....	73	TRIKAFTA TAB 50-25-37.5MG & 75MG	
TRADJENTA .....	51	.....	79
<i>tramadol hcl</i> .....	9	<i>tri-legend 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> .....	67	<i>tri-lo-mili</i> .....	57
<i>tranylcypromine sulfate</i> .....	40	<i>tri-lo-sprintec</i> .....	57
TRAVASOL INJ 10%.....	74	TRIMETHOPRIM.....	11
TRAZIMERA .....	25	<i>tri-mili</i> .....	57
<i>trazodone hcl</i> .....	40	<i>trimipramine maleate</i> .....	41
TRECTOR.....	14	TRINTELLIX .....	41
TRELEGY AER ELLIPTA 100-62.5-25		<i>tri-nymyo</i> .....	57
MCG .....	77	<i>tri-sprintec</i> .....	57
TRELEGY AER ELLIPTA 200-62.5-25		TRIUMEQ PD TAB .....	14
MCG .....	77	TRIUMEQ TAB .....	14
TRELSTAR MIXJECT .....	20	<i>trivora-28</i> .....	57
<i>treprostinil</i> .....	35	<i>tri-vylibra</i> .....	57
TRESIBA .....	53	<i>tri-vylibra lo</i> .....	57
TRESIBA FLEXTOUCH.....	53	TRIZIVIR TAB .....	14
<i>tretinoin</i> .....	81	TROGARZO.....	13
<i>tretinoin (chemotherapy)</i> .....	21	TROPHAMINE INJ 10%.....	74
<i>triamcinolone acetonide (mouth)</i> .....	84	<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.....	26	VENTAVIS .....	35
TUKYSA .....	26	VENTOLIN HFA.....	78
TURALIO .....	26	VENTOLIN HFA (INSTITUTIONAL PACK)	
TWINRIX INJ .....	71	.....	78
TYBOST.....	13	<i>verapamil hcl</i> .....	33
TYPHIM VI .....	71	VERQUVO.....	34
<b>U</b>		VERSACLOZ.....	44
UBRELVY .....	47	VERZENIO .....	26
<i>unithroid</i> .....	62	<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> .....	58
<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> .....	30	<i>vilazodone hcl</i> .....	41
<i>valsartan-hydrochlorothiazide tab 160-</i>		VIMPAT.....	38
<i>25 mg</i> .....	30	<i>vincristine sulfate</i> .....	21
<i>valsartan-hydrochlorothiazide tab 320-</i>		<i>vinorelbine tartrate</i> .....	21
<i>12.5 mg</i> .....	30	<i>viorele</i> .....	58
<i>valsartan-hydrochlorothiazide tab 320-</i>		VIRACEPT.....	13
<i>25 mg</i> .....	30	VIREAD.....	13
<i>valsartan-hydrochlorothiazide tab 80-</i>		VITRAKVI.....	26
<i>12.5 mg</i> .....	30	VIVITROL .....	49
VALTOCO .....	38	VIZIMPRO .....	26
<i>vancomycin hcl</i> .....	11	VONJO .....	26
VANCOMYCIN INJ 1 GM.....	11	<i>voriconazole</i> .....	12
VANCOMYCIN INJ 500MG .....	11	VOSEVI TAB .....	15
VANCOMYCIN INJ 750MG .....	11	VOTRIENT .....	26
VANDAZOLE .....	66	VRAYLAR.....	44
VAQTA.....	71	VRAYLAR CAP 1.5-3MG .....	44
<i>varenicline tartrate</i> .....	48	<i>vyfemla</i> .....	58
<i>varenicline tartrate tab 11 x 0.5 mg &amp;</i>		<i>vylibra</i> .....	58
<i>42 x 1 mg start pack</i> .....	49	VYZULTA.....	76
VARIVAX .....	71	<b>W</b>	
VASCEPA.....	31	<i>warfarin sodium</i> .....	66
VELCADE.....	26	<i>water for irrigation, sterile irrigation</i>	
<i>velivet</i> .....	57	<i>soln</i> .....	84
VELPHORO .....	61	WELIREG .....	21
VELTASSA .....	54	<i>wera</i> .....	58
VEMLIDY .....	15	<b>X</b>	
VENCLEXTA .....	26	XALKORI .....	26
VENCLEXTA TAB START PK.....	26	XARELTO.....	66

XARELTO STAR TAB 15/20MG .....	66	<i>yuvafem</i> .....	58
XATMEP .....	69	<b>Z</b>	
XCOPRI.....	38	<i>zafemy</i> .....	58
XCOPRI PAK 100-150.....	39	<i>zafirlukast</i> .....	78
XCOPRI PAK 12.5-25 .....	38	ZARXIO.....	66
XCOPRI PAK 150-200MG		ZEJULA .....	26
(MAINTENANCE).....	39	ZELBORAF.....	26
XCOPRI PAK 150-200MG (TITRATION)		ZEMAIRA.....	79
.....	39	<i>zenatane</i> .....	81
XCOPRI PAK 50-100MG .....	38	ZENPEP CAP 10000UNT.....	64
XELJANZ .....	69	ZENPEP CAP 15000UNT.....	64
XELJANZ XR .....	69	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 .....	52	<i>zidovudine</i> .....	13
XIGDUO XR TAB 5-1000MG .....	52	<i>ziprasidone hcl</i> .....	44
XIGDUO XR TAB 5-500MG .....	52	<i>ziprasidone mesylate</i> .....	44
XIIDRA .....	76	ZIRABEV .....	26
XOLAIR .....	79	ZIRGAN .....	75
XOSPATA .....	26	<i>zoledronic acid</i> .....	53
XPOVIO 100 MG ONCE WEEKLY.....	26	ZOLINZA.....	26
XPOVIO 40 MG ONCE WEEKLY .....	26	<i>zolmitriptan</i> .....	47
XPOVIO 40 MG TWICE WEEKLY .....	26	<i>zolpidem tartrate</i> .....	46
XPOVIO 60 MG ONCE WEEKLY .....	26	ZONISADE.....	39
XPOVIO 60 MG TWICE WEEKLY .....	26	<i>zonisamide</i> .....	39
XPOVIO 80 MG ONCE WEEKLY .....	26	ZORTRESS .....	70
XPOVIO 80 MG TWICE WEEKLY .....	26	<i>zovia 1/35</i> .....	58
XTANDI.....	20	ZTALMY .....	39
<i>xulane</i> .....	58	<i>zumandimine</i> .....	58
XULTOPHY INJ 100/3.6 .....	53	ZYDELIG .....	26
XYREM .....	48	ZYKADIA .....	26
<b>Y</b>		ZYLET SUS 0.5-0.3% .....	74
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.

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Customer Care at 1-866-494-3927 (TTY users should call 711), 24 hours a day, seven days a week, or visit [www.GlobalHealth.com](http://www.GlobalHealth.com).