



GlobalHealth

GlobalHealth 2022 Formulary (List of Covered Drugs)

For Generations State of
Oklahoma Group Retirees
(HMO)

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



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

This formulary was updated on 07/01/2022. 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

HPMS Formulary File Submission ID:
00022085 Version Number 13

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 07/01/2022. 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 State of Oklahoma Group Retirees (HMO) Formulary?

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

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 State of Oklahoma Group Retirees (HMO)’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 State of Oklahoma Group Retirees (HMO)’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 07/01/2022. 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 State of Oklahoma Group Retirees (HMO)'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 State of Oklahoma Group Retirees (HMO)'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 State of Oklahoma Group Retirees (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Generations State of Oklahoma Group Retirees (HMO) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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 1-800-494-3927, 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.
- 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
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	2	GC
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>MITIGARE</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg	3	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	GC
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	2	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	GC
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA

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

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

OPIOID ANALGESICS, SHORT-ACTING

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

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

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

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

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Drug Name		Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>		1	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>		1	GC
<i>SYNERCID INJ 500MG</i>		5	
<i>tobramycin NEBU 300mg/5ml</i>		5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>		3	
<i>TRIMETHOPRIM TABS 100mg</i>		2	GC
<i>vancomycin hcl CAPS 125mg</i>		4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>		4	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>		4	
<i>VANCOMYCIN INJ 1 GM</i>		4	
<i>VANCOMYCIN INJ 500MG</i>		4	
<i>VANCOMYCIN INJ 750MG</i>		4	
ANTIFUNGALS			
<i>ABELCET SUSP 5mg/ml</i>		4	B/D
<i>AMBISOME SUSR 50mg</i>		5	B/D
<i>amphotericin b SOLR 50mg</i>		4	B/D
<i>amphotericin b liposome SUSR 50mg</i>		5	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>		4	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg</i>		3	
<i>fluconazole TABS 150mg</i>		2	GC
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>		3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>		3	
<i>flucytosine CAPS 250mg, 500mg</i>		5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>		4	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>		4	
<i>itraconazole CAPS 100mg</i>		4	PA
<i>ketoconazole TABS 200mg</i>		3	PA
<i>micafungin sodium SOLR 50mg, 100mg</i>		5	
<i>NOXAFIL SUSP 40mg/ml</i>		5	QL (630 mL / 30 days), PA
<i>nystatin TABS 500000unit</i>		3	
<i>posaconazole TBEC 100mg</i>		5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>		1	GC, QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>		5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole TABS 50mg</i>	4	QL (480 tabs / 30 days), PA
<i>voriconazole TABS 200mg</i>	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

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

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate SOLN 20mg/ml</i>	4
<i>abacavir sulfate TABS 300mg</i>	3
<i>APTIVUS CAPS 250mg</i>	5
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	4
<i>EDURANT TABS 25mg</i>	5
<i>efavirenz CAPS 50mg, 200mg; TABS 600mg</i>	4
<i>emtricitabine CAPS 200mg</i>	3
<i>EMTRIVA SOLN 10mg/ml</i>	4
<i>etravirine TABS 100mg, 200mg</i>	5
<i>fosamprenavir calcium TABS 700mg</i>	5
<i>FUZEON SOLR 90mg</i>	5
<i>INTELENCE TABS 25mg</i>	4
<i>INVIRASE TABS 500mg</i>	5
<i>ISENTRESS CHEW 25mg; PACK 100mg</i>	3
<i>ISENTRESS CHEW 100mg; TABS 400mg</i>	5
<i>ISENTRESS HD TABS 600mg</i>	5
<i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i>	3
<i>LEXIVA SUSP 50mg/ml</i>	4
<i>maraviroc TABS 150mg, 300mg</i>	5
<i>nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg</i>	4
<i>nevirapine TABS 200mg</i>	2
	GC
<i>NORVIR PACK 100mg; SOLN 80mg/ml</i>	4
<i>PIFELTRO TABS 100mg</i>	5
<i>PREZISTA SUSP 100mg/ml</i>	5
<i>PREZISTA TABS 75mg</i>	4
	QL (480 tabs / 30 days)

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

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	3	
<i>abacavir sulfate-lamivudine-zidovudine</i> tab 300-150-300 mg	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</i> tab 600-200-300 mg	5	
<i>efavirenz-lamivudine-tenofovir df</i> tab 400- 300-300 mg	5	
<i>efavirenz-lamivudine-tenofovir df</i> tab 600- 300-300 mg	5	
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 100-150 mg	5	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	LA, PA
TRECATOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	GC
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	
<i>BARACLUDE SOLN .05mg/ml</i>	5	
<i>entecavir TABS .5mg, 1mg</i>	4	

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

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	GC
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazin sodium</i> SOLR 1gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	GC
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	

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

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

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Drug Name	Drug Tier	Requirements/Limits	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	4		
<i>nafcillin sodium</i> SOLR 10gm	5		
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	4		
PEN GK/DEXTR INJ 40000/ML	4		
PEN GK/DEXTR INJ 60000/ML	4		
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	4		
PENICILLIN G PROCAINE SUSP 600000unit/ml	4		
<i>penicillin g sodium</i> SOLR 5000000unit	4		
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC	
<i>pfiizerpen</i> SOLR 5000000unit, 20000000unit	4		
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	4		
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	4		
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	4		
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	4		
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	4		

TETRACYCLINES

<i>doxy</i> 100 SOLR 100mg	4		
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3		
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3		
<i>doxycycline hyclate</i> SOLR 100mg	4		
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3		
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA	
<i>tigecycline</i> SOLR 50mg	4		
<i>TIGECYCLINE</i> SOLR 50mg	5		

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	5	B/D, NM
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Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D

ANTIBIOTICS

<i>adriamycin</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	4	B/D

ANTIMETABOLITES

ALIMTA SOLR 100mg, 500mg	5	B/D
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	2	GC

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Drug Name	Drug Tier	Requirements/Limits
bicalutamide TABS 50mg	2	GC
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
exemestane TABS 25mg	4	
flutamide CAPS 125mg	3	
fulvestrant SOLN 250mg/5ml	5	B/D
letrozole TABS 2.5mg	2	GC
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	GC
toremifene citrate TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA

IMMUNOMODULATORS

lenalidomide CAPS 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NM, LA, PA
bexarotene CAPS 75mg	5	NM, PA
hydroxyurea CAPS 500mg	2	GC
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	5	B/D, NM
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	3	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC, B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D

MOLECULAR TARGET AGENTS

AFINITOR TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA

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

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

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

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

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

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg	3	
<i>leucovorin calcium</i> TABS 15mg, 25mg	4	
MESNEX TABS 400mg	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	GC
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	GC
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	GC
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	GC
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	GC
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	GC
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	GC
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	GC
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	GC, QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	GC, QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	GC, QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	GC, QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	GC, QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	GC, QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	GC, QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	GC, QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	GC, QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC, QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg</i>	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	GC, QL (30 tabs / 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	GC
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	GC
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	GC
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	GC
<i>sotalol hcl</i> TABS 80mg, 120mg, 240mg	2	GC
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	GC, QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>PRALUENT</i> SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevailite</i> PACK 4gm; POWD 4gm/dose	3	
<i>VASCEPA</i> CAPS .5gm, 1gm	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	GC
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	GC
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	GC
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2	GC
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	4	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	

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Drug Name		Drug Tier Requirements/Limits
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml		3
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	GC
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	GC
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	GC
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	GC
<i>isradipine</i> CAPS 2.5mg, 5mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>NYMALIZE</i> SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	GC
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	GC
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	GC
<i>amiloride hcl TABS 5mg</i>	2	GC
<i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>	3	
<i>chlorthalidone TABS 25mg, 50mg</i>	2	GC
<i>furosemide SOLN 8mg/ml, 10mg/ml</i>	2	GC
<i>furosemide TABS 20mg, 40mg, 80mg</i>	1	GC
<i>furosemide inj SOLN 10mg/ml</i>	3	
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1	GC
<i>indapamide TABS 1.25mg, 2.5mg</i>	2	GC
<i>methazolamide TABS 25mg, 50mg</i>	4	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	2	GC
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	GC

MISCELLANEOUS

<i>ADRENALIN SOLN 1mg/ml</i>	4	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	4	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	4	
<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	GC, QL (30 tabs / 30 days)
<i>digox TABS 125mcg, 250mcg</i>	2	GC, QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	GC, 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

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Drug Name		Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> SOLN 20mg/ml		4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	GC	
<i>methyldopa</i> TABS 250mg, 500mg	2	GC, PA; PA if 70 years and older	
<i>metyrosine</i> CAPS 250mg	5	PA	
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3		
<i>midodrine hcl</i> TABS 10mg	4		
<i>minoxidil</i> TABS 2.5mg, 10mg	2	GC	
<i>ranolazine</i> TB12 500mg, 1000mg	4		
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	3		

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

<i>ADEMPAS</i> TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>OPSUMIT</i> TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (90 tabs / 30 days), NM, PA
<i>treprostинil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
<i>VENTAVIS</i> SOLN 10mcg/ml, 20mcg/ml	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	GC, QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	

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Drug Name		Drug Tier	Requirements/Limits
<i>lorazepam</i> CONC 2mg/ml		3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml		2	GC
<i>lorazepam</i> TABS .5mg, 1mg, 2mg		2	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml		3	QL (150 mL / 30 days)
ANTICONVULSANTS			
APTIOM TABS 200mg, 400mg, 600mg, 800mg		5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml		5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml		4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg		5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg		3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg		4	
CELONTIN CAPS 300mg		4	
<i>clobazam</i> SUSP 2.5mg/ml		4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg		4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg		2	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg		2	GC, QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg		3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg		3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg		4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg		5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg		5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg		5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg		5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml		3	QL (240 mL / 30 days), PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>lamotrigine</i> CHEW 5mg, 25mg		3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4		
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3		
<i>levetiracetam</i> SOLN 500mg/5ml	4		
<i>levetiracetam</i> in sodium chloride iv soln 500 mg/100ml	4		
<i>levetiracetam</i> in sodium chloride iv soln 1000 mg/100ml	4		
<i>levetiracetam</i> in sodium chloride iv soln 1500 mg/100ml	4		
NAYZILAM SOLN 5mg/0.1ml	4		
<i>oxcarbazepine</i> SUSP 300mg/5ml	4		
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3		
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older	
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older	
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older	
PHENYTEK CAPS 200mg, 300mg	4		
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3		
<i>phenytoin sodium</i> SOLN 50mg/ml	3		
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3		
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA	
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA	
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA	
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA	
<i>primidone</i> TABS 50mg, 250mg	2	GC	
<i>roweepra</i> TABS 500mg	3		
<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	

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Drug Name	Drug Tier	Requirements/Limits
rufinamide 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)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	GC
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	GC
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
vigabatrin PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
vigadronone PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI TABS 50mg	5	QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
zonisamide CAPS 25mg, 50mg, 100mg	2	GC
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	2	GC, QL (30 tabs / 30 days)

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

ANTIDEPRESSANTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	GC
<i>fluoxetine hcl</i> CAPS 40mg	2	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<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	GC
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>amantadine hcl SOLN 50mg/5ml</i>	3	
<i>amantadine hcl TABS 100mg</i>	4	
<i>benztropine mesylate SOLN 1mg/ml</i>	4	
<i>benztropine mesylate TABS .5mg, 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate CAPS 5mg; TABS 2.5mg</i>	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-250mg</i>	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	5	QL (150 films / 30 days), NM, PA
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	GC
<i>rasagiline mesylate TABS 1mg</i>	4	QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	4	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	GC
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>ariPIPRAZOLE</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	

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Drug Name		Drug Tier	Requirements/Limits
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml		3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)	
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)	
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)	
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3		
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4		
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA	
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA	
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)	
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	GC, QL (60 tabs / 30 days)	
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	GC, QL (30 tabs / 30 days)	
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)	
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)	
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)	
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3		
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)	
<i>pimozide</i> TABS 1mg, 2mg	4		
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3		
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA	
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA	
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)	
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)	
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)	
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)	
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)	

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Drug Name		Drug Tier	Requirements/Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg		2	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg		4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg		4	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr		4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg		3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg		4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg		3	
VERSACLOZ SUSP 50mg/ml		5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg		5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg		5	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG		4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg		4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg		4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg		4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg		5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg		5	QL (1 vial / 28 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>		4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>		4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>		4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>		4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>		4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>		4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>		3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>		3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>		3	QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexamphetamine hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexamphetamine hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	3	QL (30 tabs / 30 days)
<i>HETLIOZ CAPS 20mg</i>	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam CAPS 7.5mg</i>	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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Drug Name		Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 15mg		4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg		4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg		2	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	5	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	GC, QL (12 tabs / 30 days)
<i>UBRELVY</i> TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)

MISCELLANEOUS

<i>AUSTEDO</i> TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
<i>AUSTEDO</i> TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA

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Drug Name		Drug Tier	Requirements/Limits
INGREZZA CAPS 40mg, 60mg, 80mg		5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG		5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml		4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg		1	GC
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg		2	GC
NUEDEXTA CAP 20-10MG		4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg		4	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg		3	
<i>riluzole</i> TABS 50mg		4	
<i>tetrabenazine</i> TABS 12.5mg		5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg		5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	GC

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	3	QL (90 tabs / 30 days), PA
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Drug Name		Drug Tier	Requirements/Limits
<i>armodafinil</i> TABS 150mg, 200mg, 250mg		3	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml		5	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	GC, QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	GC, QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	
<i>CHANTIX PAK 0.5& 1MG</i>	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	GC
<i>naltrexone hcl</i> TABS 50mg	3	
<i>NICOTROL INHALER</i> INHA 10mg	4	
<i>NICOTROL NS</i> SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	4	PA
<i>VIVITROL</i> SUSR 380mg	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>ANDRODERM</i> PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	3	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	4	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	GC
<i>BYDUREON BCISE AUIJ</i> 2mg/0.85ml	3	QL (4 pens / 28 days)
<i>BYETTA SOPN</i> 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
<i>FARXIGA</i> TABS 5mg, 10mg	3	GC, QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 5-500 mg	1	GC, QL (120 tabs / 30 days)
<i>GLYXAMBI</i> TAB 10-5 MG	3	GC, QL (30 tabs / 30 days)
<i>GLYXAMBI</i> TAB 25-5 MG	3	GC, QL (30 tabs / 30 days)
<i>JANUMET</i> TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
<i>JANUMET</i> TAB 50-1000	3	GC, QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-1000	3	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 100-1000	3	GC, QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	GC, QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	GC, QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	GC, QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	GC, QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	GC, QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	3	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-500MG	3	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	GC, QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	GC, QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	GC, QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
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	GC
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	GC
FIASP INJ 100/ML	3	GC
FIASP PENFIL INJ U-100	3	GC

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

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Drug Name	Drug Tier	Requirements/Limits
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

CALCIUM REGULATORS

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

CHELATING AGENTS

<i>CHEMET</i> CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	5	NM, PA
<i>LOKELMA</i> PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
<i>VELTASSA</i> PACK 8.4gm, 16.8gm, 25.2gm	3	

CONTRACEPTIVES

<i>afirmelle</i>	2	GC
<i>altavera</i>	2	GC
<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	3	
<i>aubra eq</i>	2	GC
<i>aurovela 1/20</i>	2	GC
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	2	GC
<i>azurette</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	GC
<i>briellyn</i>	3	
<i>camila TABS .35mg</i>	2	GC
<i>caziant</i>	2	GC
<i>chateal</i>	2	GC
<i>cryselle-28</i>	2	GC
<i>cyred eq</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>deblitane TABS .35mg</i>	2	GC
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethynodiol estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i>	3	
<i>elonest</i>	2	GC
<i>ELLA TABS 30mg</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin TABS .35mg</i>	2	GC
<i>estarrylla</i>	2	GC
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg</i>	2	GC
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg</i>	3	
<i>etongestrel-ethynodiol estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	GC
<i>femynor</i>	2	GC
<i>hailey 1.5/30</i>	2	GC
<i>heather TABS .35mg</i>	2	GC
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	2	GC
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	GC
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissa</i>	2	GC
<i>leena</i>	3	
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel & ethynodiol diacetate (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethynodiol diacetate tab 0.1 mg-20 mcg</i>	2	GC
<i>levonorgestrel & ethynodiol diacetate tab 0.15 mg-30 mcg</i>	2	GC
<i>levonorgestrel-ethynodiol diacetate tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	GC
<i>levora 0.15/30-28</i>	2	GC
<i>lillow</i>	2	GC
<i>loestrin 1.5/30-21</i>	2	GC
<i>loestrin 1/20-21</i>	2	GC
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	GC
<i>lutera</i>	2	GC
<i>lyeq TABS .35mg</i>	2	GC
<i>lyza TABS .35mg</i>	2	GC
<i>marlissa</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>microgestin fe 1/20</i>	2	GC
<i>mili</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah</i>	2	GC
<i>necon 0.5/35-28</i>	2	GC
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	GC
<i>norethindrone (contraceptive) TABS .35mg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	GC
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	GC
<i>norlyroc TABS .35mg</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	GC
<i>nortrel 1/35 (21)</i>	2	GC
<i>nortrel 1/35 (28)</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
<i>nylia 1/35</i>	2	GC
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	2	GC
<i>ocella</i>	3	
<i>orsythia</i>	2	GC
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	GC
<i>portia-28</i>	2	GC
<i>reclipsen</i>	2	GC
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	GC
<i>simliya</i>	3	
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	GC
<i>tilia fe</i>	4	
<i>tri-estarrylla</i>	2	GC
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarrylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	GC
<i>tri-nymyo</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	GC
<i>velivet</i>	2	GC
<i>vestura</i>	3	
<i>vienna</i>	2	GC
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	3	

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>SYNAREL</i> SOLN 2mg/ml	5	

ESTROGENS

<i>amabelz</i>	3	
<i>DELESTROGEN</i> 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	GC
<i>estradiol & norethindrone acetate tab</i> 0.5- 0.1 mg	3	
<i>estradiol & norethindrone acetate tab</i> 1-0.5 mg	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	4	
<i>fyavolv</i> tab 0.5mg-2.5mcg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jintel/i</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	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>yuvafem TABS 10mcg</i>	4	

GLUCOCORTICOIDS

<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	3	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	3	
<i>fludrocortisone acetate TABS .1mg</i>	2	GC
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	3	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	3	B/D
<i>methylprednisolone TBPK 4mg</i>	2	GC
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	3	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	3	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	GC, B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml</i>	3	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	GC, B/D
<i>prednisone SOLN 5mg/5ml</i>	4	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	2	GC, B/D
<i>prednisone TBPK 5mg, 10mg</i>	3	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	4	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	4	

GLUCOSE ELEVATING AGENTS

<i>diazoxide SUSP 50mg/ml</i>	5	
<i>GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline TABS .5mg</i>	3	
CARBAGLU TBSO 200mg	5	NM, LA, PA
<i>carglumic acid TBSO 200mg</i>	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl TABS 30mg</i>	4	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl TABS 60mg</i>	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl TABS 90mg</i>	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 SOLN 4mcg/ml</i>	5	
<i>desmopressin acetate TABS .1mg, .2mg</i>	3	
<i>desmopressin acetate spray SOLN .01%</i>	4	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml</i>	4	B/D
<i>levocarnitine (metabolic modifiers) TABS 330mg</i>	3	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
<i>miglustat CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone CAPS 2mg, 5mg, 10mg</i>	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)

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	3	

THYROID AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
<i>levoxyt</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	3	
<i>SYNTHROID</i> 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	GC

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml	3	
<i>granisetron hcl</i> SOLN 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg, 24mg	3	B/D

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

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

INFLAMMATORY BOWEL DISEASE

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

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/flavor pack</i>	2	GC
<i>generlac SOLN 10gm/15ml</i>	3	
<i>GOLYTELY SOL</i>	3	
<i>lactulose SOLN 10gm/15ml</i>	3	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	3	
<i>NULYTELY SOL LMN/LIME</i>	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	GC
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	GC
<i>PLENVU SOL</i>	4	
<i>SUPREP BOWEL SOL PREP KIT</i>	4	
MISCELLANEOUS		
<i>alosetron hcl TABS 1mg</i>	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	4	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
<i>GATTEX KIT 5mg</i>	5	NM, LA, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	3	
<i>misoprostol TABS 100mcg, 200mcg</i>	3	
<i>MOVANTIK TABS 12.5mg</i>	3	QL (60 tabs / 30 days)
<i>MOVANTIK TABS 25mg</i>	3	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	5	PA
<i>sucralfate TABS 1gm</i>	3	
<i>ursodiol CAPS 300mg</i>	3	
<i>ursodiol TABS 250mg, 500mg</i>	4	
<i>XERMELO TABS 250mg</i>	5	QL (90 tabs / 30 days), NM, LA, PA
<i>XIFAXAN TABS 550mg</i>	5	PA
PANCREATIC ENZYMES		
<i>CREON CAP 3000UNIT</i>	3	
<i>CREON CAP 6000UNIT</i>	3	
<i>CREON CAP 12000UNT</i>	3	
<i>CREON CAP 24000UNT</i>	3	
<i>CREON CAP 36000UNT</i>	3	
<i>ZENPEP CAP 3000UNIT</i>	4	

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Drug Name		Drug Tier	Requirements/Limits
ZENPEP CAP 5000UNIT		4	
ZENPEP CAP 10000UNT		4	
ZENPEP CAP 15000UNT		4	
ZENPEP CAP 20000UNT		4	
ZENPEP CAP 25000		4	
ZENPEP CAP 40000		4	
PROTON PUMP INHIBITORS			
DEXILANT CPDR 30mg, 60mg	4	QL (30 caps / 30 days)	
<i>dexlansoprazole</i> CPDR 30mg, 60mg	4	QL (30 caps / 30 days)	
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST	
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC	
<i>pantoprazole sodium</i> SOLR 40mg	3		
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC	
GENITOURINARY			
BENIGN PROSTATIC HYPERPLASIA			
<i>alfuzosin hcl</i> TB24 10mg	2	GC, QL (30 tabs / 30 days)	
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)	
<i>finasteride</i> TABS 5mg	1	GC	
<i>tamsulosin hcl</i> CAPS .4mg	2	GC	
MISCELLANEOUS			
<i>acetic acid</i> SOLN .25%	2	GC	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3		
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4		
URINARY ANTISPASMODICS			
<i>MYRBETRIQ</i> SRER 8mg/ml	4	QL (300 mL / 28 days)	
<i>MYRBETRIQ</i> TB24 25mg, 50mg	4	QL (30 tabs / 30 days)	
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	3		
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)	
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)	
<i>solifenacin succinate</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)	
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST	
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days), ST	
<i>TOVIAZ</i> TB24 4mg, 8mg	3	QL (30 tabs / 30 days)	
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)	

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Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal CREA 2%</i>	3	
<i>metronidazole vaginal GEL .75%</i>	3	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	3	
<i>VANDAZOLE GEL .75%</i>	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>ELIQUIS TABS 2.5mg</i>	3	QL (60 tabs / 30 days)
<i>ELIQUIS TABS 5mg</i>	3	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	4	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
<i>HEP SOD/NACL INJ 25000UNT</i>	3	
<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	3	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	3	
<i>HEPARIN/NACL INJ 25000UNT</i>	3	
<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	GC
<i>PRADAXA CAPS 75mg, 150mg</i>	4	QL (60 caps / 30 days)
<i>PRADAXA CAPS 110mg</i>	4	QL (120 caps / 30 days)
<i>warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	GC
<i>XARELTO SUSR 1mg/ml</i>	3	QL (620 mL / 30 days)
<i>XARELTO TABS 2.5mg</i>	3	QL (60 tabs / 30 days)
<i>XARELTO TABS 10mg, 15mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>XARELTO STAR TAB 15/20MG</i>	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
<i>PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml</i>	3	NM, PA
<i>PROCRIT SOLN 20000unit/ml, 40000unit/ml</i>	5	NM, PA

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ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	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	2	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	4	
<i>tranexamic acid</i> TABS 650mg	3	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFliximab SOLR 100mg	5	NM, LA, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (112 tabs / year), NM, PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (7 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (7 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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)

hydroxychloroquine sulfate TABS 200mg	3	
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 50000000unit	5	B/D, NM
INTRON A SOLR 10000000unit	3	B/D, NM
INTRON A SOLR 18000000unit	4	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN 1mg/ml	5	B/D
sirolimus TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	4	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	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

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

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Drug Name	Drug Tier	Requirements/Limits
dextrose 5% w/ sodium chloride 0.225%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
lactated ringer's solution	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
potassium chloride SOLN 2meq/ml	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
potassium chloride SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml	4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D

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

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	GC
<i>BESIVANCE SUSP .6%</i>	3	
<i>CILOXAN OINT .3%</i>	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	GC
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	GC
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	GC
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
<i>NATACYN SUSP 5%</i>	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	GC
<i>trifluridine SOLN 1%</i>	4	
<i>ZIRGAN GEL .15%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .09%	4	
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	GC
diluprednate EMUL .05%	3	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	GC
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENZA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	3	
bepotastine besilate SOLN 1.5%	3	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	GC
LASTACAFT SOLN .25%	4	
olopatadine hcl SOLN .1%	3	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
betaxolol hcl (ophth) SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
brimonidine tartrate SOLN .2%	1	GC
brimonidine tartrate SOLN .15%	4	
brinzolamide SUSP 1%	4	
carteolol hcl (ophth) SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	GC
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	GC
latanoprost SOLN .005%	2	GC
levobunolol hcl SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)

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

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Drug Name		Drug Tier	Requirements/Limits
<i>levalbuterol tartrate</i> AERO 45mcg/act		3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose		3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg		4	
VENTOLIN HFA AERS 108mcg/act		3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act		3	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg	3
<i>montelukast sodium</i> PACK 4mg	4
<i>montelukast sodium</i> TABS 10mg	1
<i>zafirlukast</i> TABS 10mg, 20mg	3

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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> SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	GC, QL (1 bottle / 30 days)

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

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)

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Drug Name	Drug Tier	Requirements/Limits
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

accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025%	4	QL (45 gm / 30 days), PA
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1%	4	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
ery PADS 2%	3	QL (60 pledges / 30 days)
erythromycin (acne aid) SOLN 2%	3	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	4	PA
sulfacetamide sodium (acne) LOTN 10%	4	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate (topical) CREA .1%	4	QL (30 gm / 30 days)
gentamicin sulfate (topical) OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	GC, QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	GC
ssd CREA 1%	2	GC
SULFAMYLYON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>clotrimazole (topical)</i> CREA 1%	3	QL (45 gm / 30 days)	
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)	
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)	
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)	
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)	
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)	
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
<i>TAZORAC</i> CREA .05%	4	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

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

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	GC
<i>ala-cort</i> CREA 2.5%	2	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)

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

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<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	GC
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	GC
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podoftilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>protozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	4	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	GC
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	

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

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Index

A

<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
<i>ABELCET</i>	11
<i>ABILIFY MAINTENA</i>	42
<i>abiraterone acetate</i>	19
<i>ABRAXANE INJ 100MG</i>	21
<i>acamprosate calcium</i>	48
<i>acarbose</i>	49
<i>accutane</i>	79
<i>acebutolol hcl</i>	31
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	8
<i>acetaminophen w/ codeine tab 300-15 mg</i>	8
<i>acetaminophen w/ codeine tab 300-30 mg</i>	8
<i>acetaminophen w/ codeine tab 300-60 mg</i>	8
<i>acetazolamide</i>	32
<i>acetic acid</i>	64
<i>acetic acid (otic)</i>	75
<i>acetylcysteine</i>	77
<i>acitretin</i>	80
<i>ACTHIB INJ</i>	69
<i>ACTIMMUNE</i>	68
<i>acyclovir</i>	14
<i>acyclovir sodium</i>	14
<i>ADACEL INJ</i>	69
<i>adefovir dipivoxil</i>	14
<i>ADEMPAS</i>	34
<i>ADRENALIN</i>	33
<i>adriamycin</i>	19
<i>ADVAIR DISKU AER 100/50</i>	78
<i>ADVAIR DISKU AER 250/50</i>	78
<i>ADVAIR DISKU AER 500/50</i>	79
<i>ADVAIR HFA AER 115/21</i>	79
<i>ADVAIR HFA AER 230/21</i>	79
<i>ADVAIR HFA AER 45/21</i>	79
<i>AFINITOR</i>	21
<i>AFINITOR DISPERZ</i>	21
<i>afirmelle</i>	53
<i>AIMOVIG</i>	46

<i>ala-cort</i>	80
<i>albendazole</i>	9
<i>albuterol sulfate</i>	76
<i>alclometasone dipropionate</i>	80
<i>ALDURAZYME</i>	59
<i>ALECENSA</i>	21
<i>alendronate sodium</i>	53
<i>alfuzosin hcl</i>	64
<i>ALIMTA</i>	19
<i>alisikiren fumarate</i>	33
<i>allopurinol</i>	7
<i>alosetron hcl</i>	63
<i>ALPHAGAN P</i>	74
<i>alprazolam</i>	34
<i>ALREX</i>	74
<i>altavera</i>	53
<i>ALUNBRIG</i>	21
<i>ALUNBRIG PAK</i>	21
<i>alyacen 1/35</i>	53
<i>alyacen 7/7/7</i>	53
<i>amabelz</i>	57
<i>amantadine hcl</i>	41
<i>AMBISOME</i>	11
<i>ambrisentan</i>	34
<i>amikacin sulfate</i>	9
<i>amiloride & 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>	26
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	26
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	28

<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
<i>.....</i>	28
<i>amnesteem</i>	79
<i>amoxapine</i>	39
<i>amoxicillin</i>	17
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	17
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	17
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	17

<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	17
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	17
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	17
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	44
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	44
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>5 mg</i>	44
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	44
<i>amphotericin b</i>	11
<i>amphotericin b liposome</i>	11
<i>ampicillin</i>	17
<i>ampicillin & sulbactam sodium for inj</i>	
<i>1.5 (1-0.5) gm</i>	17
<i>ampicillin & sulbactam sodium for inj</i>	
<i>3 (2-1) gm</i>	17
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 1.5 (1-0.5) gm</i>	17
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 15 (10-5) gm</i>	17
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 3 (2-1) gm</i>	17
<i>ampicillin sodium</i>	17
<i>anagrelide hcl</i>	66

<i>anastrozole</i>	19
ANDRODERM	48
ANORO ELLIPT AER 62.5-25	75
<i>aprepitant</i>	61
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	61
<i>apri</i>	53
APTIOM	35
APTIVUS	12
ARALAST NP	77
<i>aranelle</i>	53
ARCALYST	68
<i>ariPIPrazole</i>	42
ARISTADA	42
ARISTADA INITIO	42
<i>armodafinil</i>	47, 48
ARNUITY ELLIPTA	78
<i>asenapine maleate</i>	42
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	66
<i>atazanavir sulfate</i>	12
<i>atenolol</i>	31
<i>atenolol & chlorthalidone tab 100-25 mg</i>	31
<i>atenolol & chlorthalidone tab 50-25 mg</i>	31
<i>atomoxetine hcl</i>	45
<i>atorvastatin calcium</i>	30
<i>atovaquone</i>	9
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12
ATROPINE SULFATE	75
<i>atropine sulfate (ophthalmic)</i>	75
ATROVENT HFA	76
<i>aubra eq</i>	53
<i>aurovela 1/20</i>	53
<i>aurovela fe 1.5/30</i>	53
<i>aurovela fe 1/20</i>	53
AUSTEDO	46
AVASTIN	21
<i>aviane</i>	53
<i>avita</i>	79
<i>ayuna</i>	53
AYVAKIT	21
<i>azacitidine</i>	19

<i>azathioprine</i>	69
<i>azelastine hcl</i>	76
<i>azelastine hcl (ophth)</i>	74
<i>azithromycin</i>	16
<i>aztreonam</i>	9
<i>azurette</i>	53
B	
<i>bacitracin (ophthalmic)</i>	73
<i>bacitracin-polymyxin b ophth oint</i>	73
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	73
<i>baclofen</i>	47
<i>balsalazide disodium</i>	62
BALVERSA	21
<i>balziva</i>	54
BARACLUDE	14
BASAGLAR KWIKPEN	51
BCG VACCINE	69
BD ALCOHOL SWABS	51
BELSOMRA	45
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	27
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	27
<i>benazepril hcl</i>	27
BENDEKA	18
BENLYSTA	69
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	79
<i>benztropine mesylate</i>	41
<i>bepotastine besilate</i>	74
BEPREVE	74
BERINERT	66
BESIVANCE	73
BESREMI	20
<i>betaine powder for oral solution</i>	59
<i>betamethasone dipropionate (topical)</i>	80
<i>betamethasone dipropionate augmented</i>	80
<i>betamethasone valerate</i>	81
BETASERON	47
<i>betaxolol hcl (ophth)</i>	74

<i>bethanechol chloride</i>	64
BETOPTIC-S	74
BEVESPI AER 9-4.8MCG	75
<i>bexarotene</i>	20
BEXSERO INJ	69
<i>bicalutamide</i>	20
BICILLIN L-A	17
BIKTARVY TAB 30-120-15 MG	13
BIKTARVY TAB 50-200-25 MG	13
<i>bisoprolol & hydrochlorothiazide tab</i>	
10-6.25 mg	31
<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	31
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg	31
<i>bisoprolol fumarate</i>	31
BIVIGAM	68
BLEPHAMIDE OIN S.O.P.	73
<i>blisovi fe 1.5/30</i>	54
BOOSTRIX INJ	69
<i>bortezomib</i>	21
BORTEZOMIB	22
<i>bosentan</i>	34
BOSULIF	22
BRAUTOVI	22
BREO ELLIPTA INH 100-25	79
BREO ELLIPTA INH 200-25	79
BREZTRI AERO AER SPHERE	75
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	75
<i>briellyn</i>	54
BRILINTA	66
<i>brimonidine tartrate</i>	74
<i>brinzolamide</i>	74
BRIVIACT	35
<i>bromfenac sodium (ophth)</i>	74
<i>bromocriptine mesylate</i>	41
BROMSITE	74
BRUKINSA	22
<i>budesonide</i>	62
<i>budesonide (inhalation)</i>	78
<i>bumetanide</i>	33
<i>buprenorphine hcl</i>	48
<i>buprenorphine hcl-naloxone hcl sl film</i>	
12-3 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl film</i>	
2-0.5 mg (base equiv)	48

<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv)	48
<i>buropion hcl</i>	39
<i>buropion hcl (smoking deterrent)</i>	48
<i>buspirone hcl</i>	34
<i>butorphanol tartrate</i>	8
BYDUREON BCISE	49
BYETTA	49
C	
<i>cabergoline</i>	59
CABOMETYX	22
<i>calcipotriene</i>	80
<i>calcitonin (salmon) spray</i>	53
<i>calcitrene</i>	80
<i>calcitriol</i>	61
<i>calcium acetate (phosphate binder)</i>	60
CALQUENCE	22
<i>camila</i>	54
CAPLYTA	42
CAPRELSA	22
<i>captopril</i>	27
<i>carb/levo orally disintegrating tab 10-</i>	
100mg	41
<i>carb/levo orally disintegrating tab 25-</i>	
100mg	41
<i>carb/levo orally disintegrating tab 25-</i>	
250mg	41
CARBAGLU	59
<i>carbamazepine</i>	35
<i>carbidopa & levodopa tab 10-100 mg</i>	41
<i>carbidopa & levodopa tab 25-100 mg</i>	41
<i>carbidopa & levodopa tab 25-250 mg</i>	41
<i>carbidopa & levodopa tab er 25-100</i>	
mg	41
<i>carbidopa & levodopa tab er 50-200</i>	
mg	41
<i>carbidopa-levodopa-entacapone tabs</i>	
12.5-50-200 mg	41
<i>carbidopa-levodopa-entacapone tabs</i>	
18.75-75-200 mg	41

<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	41
<i>carboplatin</i>	19
<i>carglumic acid</i>	59
<i>carteolol hcl (ophth)</i>	74
<i>cartia xt</i>	32
<i>carvedilol</i>	31
<i>caspofungin acetate</i>	11
<i>CAYSTON</i>	9
<i>caziant</i>	54
<i>cefaclor</i>	15
<i>CEFACLOR ER</i>	15
<i>cefadroxil</i>	15
<i>CEFAZOLIN INJ 1GM/50ML</i>	15
<i>cefazolin sodium</i>	15
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	15
<i>cefdinir</i>	15
<i>cefepime hcl</i>	16
<i>cefixime</i>	16
<i>cefoxitin sodium</i>	16
<i>cefpodoxime proxetil</i>	16
<i>cefprozil</i>	16
<i>ceftazidime</i>	16
<i>CEFTAZIDIME/ SOL D5W 1GM</i>	16
<i>CEFTAZIDIME/ SOL D5W 2GM</i>	16
<i>ceftriaxone sodium</i>	16
<i>cefuroxime axetil</i>	16
<i>cefuroxime sodium</i>	16
<i>celecoxib</i>	7
<i>CELONTIN</i>	35
<i>cephalexin</i>	16
<i>CERDELGA</i>	59
<i>CEREZYME</i>	59
<i>cetirizine hcl</i>	76
<i>cevimeline hcl</i>	82
<i>CHANTIX PAK 0.5& 1MG</i>	48
<i>chateal</i>	54
<i>CHEMET</i>	53
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>.....</i>	83
<i>chloroquine phosphate</i>	12

<i>chlorpromazine hcl</i>	42
<i>CHLORPROMAZINE HYDROCHLOR</i>	42
<i>chlorthalidone</i>	33
<i>cholestyramine</i>	30
<i>cholestyramine light</i>	31
<i>cyclopirox olamine</i>	79
<i>cilostazol</i>	66
<i>CILOXAN</i>	73
<i>CIMDUO TAB 300-300</i>	13
<i>cinacalcet hcl</i>	59
<i>CIPRO</i>	16
<i>ciprofloxacin 200 mg/100ml in d5w..</i>	16
<i>ciprofloxacin 400 mg/200ml in d5w..</i>	16
<i>ciprofloxacin hcl</i>	16, 17
<i>ciprofloxacin hcl (ophth)</i>	73
<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>0.3-0.1%</i>	75
<i>cisplatin</i>	19
<i>citalopram hydrobromide</i>	39
<i>claravis</i>	79
<i>clarithromycin</i>	16
<i>clindamycin hcl</i>	9
<i>clindamycin palmitate hydrochloride</i>	9
<i>clindamycin phosphate</i>	9
<i>clindamycin phosphate (topical)</i>	79
<i>clindamycin phosphate in d5w iv soln</i>	
<i>300 mg/50ml</i>	9
<i>clindamycin phosphate in d5w iv soln</i>	
<i>600 mg/50ml</i>	9
<i>clindamycin phosphate in d5w iv soln</i>	
<i>900 mg/50ml</i>	9
<i>clindamycin phosphate vaginal</i>	65
<i>CLINDMYC/NAC INJ 300/50ML</i>	9
<i>CLINDMYC/NAC INJ 600/50ML</i>	9
<i>CLINDMYC/NAC INJ 900/50ML</i>	9
<i>CLINIMIX INJ 4.25/D10</i>	72
<i>CLINIMIX INJ 4.25/D5W</i>	72
<i>CLINIMIX INJ 5%/D15W</i>	72
<i>CLINIMIX INJ 5%/D20W</i>	72
<i>CLINIMIX INJ 6/5</i>	72
<i>CLINIMIX INJ 8/10</i>	72
<i>CLINIMIX INJ 8/14</i>	72
<i>clinisol sf 15%</i>	72
<i>CLINOLIPID EMU 20%</i>	72
<i>clobazam</i>	35
<i>clobetasol propionate</i>	81
<i>clobetasol propionate e</i>	81

<i>clomipramine hcl</i>	39	<i>cyred eq.</i>	54
<i>clonazepam</i>	35	<i>CYSTADANE POW</i>	59
<i>clonidine</i>	33	<i>CYSTADROPS</i>	75
<i>clonidine hcl</i>	33	<i>CYSTAGON</i>	59
<i>clopidogrel bisulfate</i>	66	<i>CYSTARAN</i>	75
<i>clorazepate dipotassium</i>	35	<i>cytarabine</i>	19
<i>clotrimazole</i>	83	D	
<i>clotrimazole (topical)</i>	80	<i>D10W/NACL INJ 0.2%</i>	70
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	80	<i>D2.5W/NACL INJ 0.45%</i>	70
<i>clozapine</i>	42	<i>D5W/LYTES INJ #48</i>	70
<i>COARTEM TAB 20-120MG</i>	12	<i>dalfampridine</i>	47
<i>colchicine</i>	7	<i>DALIRESP</i>	77
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	7	<i>danazol</i>	57
<i>colesevelam hcl</i>	31	<i>dantrolene sodium</i>	47
<i>colestipol hcl</i>	31	<i>dapsone</i>	10
<i>colistimethate sodium</i>	9	<i>DAPTACEL INJ</i>	69
<i>COMBIGAN SOL 0.2/0.5%</i>	74	<i>daptomycin</i>	10
<i>COMBIVENT AER 20-100</i>	75	<i>DAPTOMYCIN</i>	10
<i>COMETRIQ (60MG DOSE)</i>	22	<i>dasetta 1/35</i>	54
<i>COMETRIQ KIT 100MG</i>	22	<i>dasetta 7/7/7</i>	54
<i>COMETRIQ KIT 140MG</i>	22	<i>DAURISMO</i>	22
<i>COMPLERA TAB</i>	13	<i>deblitane</i>	54
<i>compro</i>	61	<i>deferasirox</i>	53
<i>constulose</i>	62	<i>DELESTROGEN</i>	57
<i>COPIKTRA</i>	22	<i>DELSTRIGO TAB</i>	13
<i>CORLANOR</i>	33	<i>DENGVAXIA SUS</i>	69
<i>COTELLIC</i>	22	<i>DESCOVY TAB 120-15MG</i>	13
<i>CREON CAP 12000UNT</i>	63	<i>DESCOVY TAB 200/25MG</i>	13
<i>CREON CAP 24000UNT</i>	63	<i>desipramine hcl</i>	39
<i>CREON CAP 3000UNIT</i>	63	<i>desmopressin acetate</i>	59
<i>CREON CAP 36000UNT</i>	63	<i>desmopressin acetate spray</i>	59
<i>CREON CAP 6000UNIT</i>	63	<i>desmopressin acetate spray refrigerated</i>	59
<i>cromolyn sodium</i>	77	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	54
<i>cromolyn sodium (mastocytosis)</i>	63	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	54
<i>cromolyn sodium (ophth)</i>	74	<i>desvenlafaxine succinate</i>	39
<i>cryselle-28</i>	54	<i>dexamethasone</i>	58
<i>cyclobenzaprine hcl</i>	47	<i>DEXAMETHASONE INTENSOL</i>	58
<i>cyclophosphamide</i>	19	<i>dexamethasone sodium phosphate</i>	58
<i>CYCLOPHOSPHAMIDE</i>	19	<i>dexamethasone sodium phosphate (ophth)</i>	74
<i>CYCLOPHOSPHAMIDE MONOHYDR</i>	19	<i>DEXILANT</i>	64
<i>cycloserine</i>	14	<i>dexlansoprazole</i>	64
<i>cyclosporine</i>	69	<i>dexamphetamine hcl</i>	45
<i>cyclosporine modified (for microemulsion)</i>	69	<i>dextrose</i>	72
<i>cyproheptadine hcl</i>	76		

dextrose 10% w/ sodium chloride	
0.45%	71
dextrose 2.5% w/ sodium chloride	
0.45%	70
dextrose 5% in lactated ringers	70
dextrose 5% w/ sodium chloride 0.2%	
.....	70
dextrose 5% w/ sodium chloride	
0.225%	71
dextrose 5% w/ sodium chloride 0.3%	
.....	70
dextrose 5% w/ sodium chloride 0.45%	
.....	70
dextrose 5% w/ sodium chloride 0.9%	
.....	70
DIACOMIT	35
diazepam.....	35, 36
diazepam (anticonvulsant)	36
diazepam inj	36
diazoxide	58
diclofenac potassium	7
diclofenac sodium	7
diclofenac sodium (ophth)	74
diclofenac sodium (topical)	82
dicloxacillin sodium	17
dicyclomine hcl.....	62
DIFICID.....	16
diflunisal.....	7
dilfluprednate.....	74
digitek.....	33
digox	33
digoxin	33
dihydroergotamine mesylate	46
DILANTIN	36
DILANTIN INFATABS	36
DILANTIN-125	36
diltiazem hcl	32
diltiazem hcl coated beads	32
diltiazem hcl extended release beads	32
dilt-xr	32
DIP/TET PED INJ 25-5LFU	69
diphenhydramine hcl	76
diphenoxylate w/ atropine liq 2.5-0.025	
mg/5ml	63
diphenoxylate w/ atropine tab 2.5-	
0.025 mg.....	63
dipyridamole	66

disopyramide phosphate	30
disulfiram	48
divalproex sodium	36
docetaxel	21
DOCETAXEL	21
dofetilide	30
donepezil hydrochloride	38, 39
DOPTELET	66
dorzolamide hcl	74
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	74
dotti	57
DOVATO TAB 50-300MG	13
doxazosin mesylate	28
doxepin hcl	39
doxepin hcl (sleep)	45
doxorubicin hcl	19
doxorubicin hcl liposomal	19
doxy 100	18
doxycycline (monohydrate)	18
doxycycline hyclate	18
DRIZALMA SPRINKLE	39
dronabinol	61
drospirenone-ethinyl estradiol tab 3- 0.02 mg	54
drospirenone-ethinyl estradiol tab 3- 0.03 mg	54
DROXIA	66
droxidopa	33
duloxetine hcl	39
dutasteride	64
dutasteride-tamsulosin hcl cap 0.5-0.4	
mg	64
E	
e.e.s. 400	16
ec-naproxen	7
EDURANT	12
efavirenz	12
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	13
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	13
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	13
elinest.....	54
ELIQUIS	65
ELIQUIS STARTER PACK	65

ELLA	54	epitol	36
eluryng	54	EPIVIR HBV	15
EMCYT	20	eplerenone	28
emoquette	54	EPRONTIA	36
EMSAM.....	39	ergotamine w/ caffeine tab 1-100 mg	46
emtricitabine.....	12	ERIVEDGE	22
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	13	ERLEADA.....	20
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	14	erlotinib hcl	22
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	14	errin	54
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	14	ertapenem sodium.....	10
EMTRIVA	12	ery	79
EMVERM	10	ery-tab	16
enalapril maleate	27	ERYTHROGIN LACTOBIONATE.....	16
enalapril maleate & hydrochlorothiazide tab 10-25 mg	27	erythrocin stearate	16
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	27	erythromycin (acne aid)	79
ENBREL	66, 67	erythromycin (ophth)	73
ENBREL MINI	67	erythromycin base	16
ENBREL SURECLICK	67	erythromycin ethylsuccinate.....	16
ENDARI	66	erythromycin lactobionate.....	16
endocet tab 10-325mg	8	ESBRIET.....	77
endocet tab 2.5-325mg	8	escitalopram oxalate	39, 40
endocet tab 5-325mg	8	esomeprazole magnesium.....	64
endocet tab 7.5-325mg	8	estarrylla	54
ENGERIX-B	69	estradiol	57
enoxaparin sodium.....	65	estradiol & norethindrone acetate tab 0.5-0.1 mg	57
enpresse-28.....	54	estradiol & norethindrone acetate tab 1-0.5 mg	57
enskyce.....	54	estradiol vaginal	57
ENSTILAR AER.....	81	estradiol valerate.....	57
entacapone	41	ethambutol hcl	14
entecavir	14	ethosuximide	36
ENTRESTO TAB 24-26MG	28	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	54
ENTRESTO TAB 49-51MG	28	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	54
ENTRESTO TAB 97-103MG	28	etodolac	7
enulose	62	etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	54
EPCLUSA PAK 150-37.5	15	etoposide	21
EPCLUSA PAK 200-50MG	15	etravirine	12
EPCLUSA TAB 200-50MG	15	euthyrox	60
EPCLUSA TAB 400-100	15	everolimus	22
EPIDIOLEX.....	36	everolimus (immunosuppressant)	69
epinephrine (anaphylaxis)	77	EVOTAZ TAB 300-150	14
epirubicin hcl.....	19	exemestane	20

EXKIVITY.....	22
ezetimibe	31
F	
FABRAZYME	59
falmina.....	54
famciclovir	15
famotidine	62
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml.</i>	62
FANAPT	42
FANAPT PAK.....	42
FARXIGA	49
FASENRA	77
FASENRA PEN	77
felbamate	36
felodipine	32
femynor	54
fenofibrate	30
fenofibrate micronized	30
fentanyl.....	7
fentanyl citrate.....	8
FETZIMA.....	40
FETZIMA CAP TITRATIO	40
FIASP FLEX INJ TOUCH.....	51
FIASP INJ 100/ML.....	51
FIASP PENFIL INJ U-100	51
finasteride	64
FINTEPLA.....	36
flac	75
FLAREX	74
FLEBOGAMMA DIF.....	68
flecainide acetate.....	30
FLOVENT DISKUS	78
FLOVENT HFA.....	78
fluconazole	11
<i>fluconazole in nacl 0.9% inj 200 mg/100ml.</i>	11
<i>fluconazole in nacl 0.9% inj 400 mg/200ml.</i>	11
flucytosine	11
fludrocortisone acetate	58
flunisolide (nasal)	78
fluocinolone acetonide	81
fluocinolone acetonide (otic).....	75
fluocinonide	81
fluocinonide emulsified base.....	81
fluorometholone (ophth)	74
fluorouracil	19
fluorouracil (topical).....	82
fluoxetine hcl	40
fluphenazine decanoate	42
fluphenazine hcl	42
flurbiprofen.....	7
flurbiprofen sodium.....	74
flutamide.....	20
fluticasone propionate	81
fluticasone propionate (nasal)	78
fluvoxamine maleate.....	34
fondaparinux sodium.....	65
FORTEO	53
fosamprenavir calcium	12
fosinopril sodium	27
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	27
FOTIVDA	22
FREAMINE III INJ 10%	72
fulvestrant.....	20
furosemide	33
furosemide inj.....	33
FUZEON	12
fyavolv tab 0.5mg-2.5mcg	57
fyavolv tab 1mg-5mcg	58
FYCOMPA	36
G	
gabapentin	36
galantamine hydrobromide	39
GAMASTAN INJ	68
GAMMAGARD LIQUID	68
GAMMAGARD S/D IGA LESS TH	68
GAMMAKED	68
GAMMAPLEX	68
GAMUNEX-C	68
ganciclovir sodium	15
GARDASIL 9 INJ	69
gatifloxacin (ophth)	73
GATTEX.....	63
GAUZE PADS 2.....	52
gavilyte-c	62
gavilyte-g	62
gavilyte-n/flavor pack	63
GAVRETO	22
gemcitabine hcl	19

<i>gemfibrozil</i>	30
<i>generlac</i>	63
<i>gengraf</i>	69
GENOTROPIN	59
GENOTROPIN MINIQUICK	59
<i>gentak</i>	73
<i>gentamicin in saline inj 0.8 mg/ml</i> ...	10
<i>gentamicin in saline inj 1 mg/ml</i>	10
<i>gentamicin in saline inj 1.2 mg/ml</i> ...	10
<i>gentamicin in saline inj 1.6 mg/ml</i> ...	10
<i>gentamicin in saline inj 2 mg/ml</i>	10
<i>gentamicin sulfate</i>	10
<i>gentamicin sulfate (ophth)</i>	73
<i>gentamicin sulfate (topical)</i>	79
GENVOYA TAB	14
GILENYA.....	47
GILOTrif.....	22
<i>glatiramer acetate</i>	47
<i>glatopa</i>	47
<i>glimepiride</i>	49
<i>glipizide</i>	49
<i>glipizide xl</i>	49
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49
<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>glycopyrrolate</i>	62
<i>glydo</i>	81
GLYXAMBI TAB 10-5 MG	49
GLYXAMBI TAB 25-5 MG	49
GOLYTELY SOL	63
<i>gransetron hcl</i>	61
<i>griseofulvin microsize</i>	11
<i>griseofulvin ultramicrosize</i>	11
<i>guanfacine hcl</i>	33
<i>guanfacine hcl (adhd)</i>	45
GVOKE HYPOEN 2-PACK.....	58
GVOKE KIT	59
GVOKE PFS	59
H	
HAEGARDA	66
<i>hailey 1.5/30</i>	54
<i>halobetasol propionate</i>	81
<i>haloperidol</i>	42
<i>haloperidol decanoate</i>	42
<i>haloperidol lactate</i>	43
HARVONI PAK 33.75-150MG	15
HARVONI PAK 45-200MG	15
HARVONI TAB 45-200MG.....	15
HARVONI TAB 90-400MG.....	15
HAVRIX.....	69
<i>heather</i>	54
HEP SOD/NACL INJ 25000UNT.....	65
<i>heparin sodium (porcine)</i>	65
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	65
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	65
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	65
HEPARIN/NACL INJ 25000UNT.....	65
<i>hepatamine</i>	72
HERCEP HYLEC SOL 60-10000	22
HERCEPTIN.....	22
HERZUMA.....	22
HETLIOZ	45
HIBERIX.....	70
HUMIRA	67
HUMIRA PEDIA INJ CROHNS	67
HUMIRA PEDIATRIC CROHNS D	67
HUMIRA PEN	67
HUMIRA PEN KIT PS/UV.....	67
HUMIRA PEN-CD/UC/HS START	67
HUMIRA PEN-PEDIATRIC UC S	67
HUMIRA PEN-PS/UV STARTER	67
HUMULIN R U-500 (CONCENTR	52
HUMULIN R U-500 KWIKPEN	52
<i>hydralazine hcl</i>	34
<i>hydrochlorothiazide</i>	33
<i>hydrocodone bitartrate</i>	7
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml</i>	8
<i>hydrocodone-acetaminophen tab 10- 325 mg</i>	8
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	8
<i>hydrocodone-acetaminophen tab 7.5- 325 mg</i>	8
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
<i>hydrocortisone</i>	58
<i>hydrocortisone (intrarectal)</i>	62
<i>hydrocortisone (rectal)</i>	82

hydrocortisone (topical)	81
hydromorphone hcl	8
hydroxychloroquine sulfate	68
hydroxyurea	20
hydroxyzine hcl	76
hydroxyzine pamoate	76
HYSINGLA ER.....	8
I	
ibandronate sodium	53
IBRANCE	22
ibu.....	7
ibuprofen.....	7
icatibant acetate	66
iclevia	54
ICLUSIG	22
IDHIFA.....	23
ILEVRO	74
imatinib mesylate	23
IMBRUVICA.....	23
imipenem-cilastatin intravenous for soln 250 mg	10
imipenem-cilastatin intravenous for soln 500 mg	10
imipramine hcl	40
imiquimod	82
IMOVAX RABIES (H.D.C.V.).....	70
incassia	54
INCRELEX	59
INCRUSE ELLIPTA	76
indapamide	33
INFANRIX INJ.....	70
INFILIXIMAB	67
INGREZZA	47
INGREZZA CAP 40-80MG	47
INLYTA.....	23
INQOVI TAB 35-100MG	19
INREBIC	23
INSULIN SAFETY NEEDLES	52
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MH C	52
INTELENCE	12
INTRALIPID.....	72
INTRON A	69
introvale.....	54
INVEGA SUSTENNA	43
INVEGA TRINZA	43

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

JULUCA TAB 50-25MG	14
<i>junel 1.5/30</i>	55
<i>junel 1/20</i>	55
<i>junel fe 1.5/30</i>	55
<i>junel fe 1/20</i>	55
K	
KADCYLA.....	23
KALYDECO	77
KANJINTI.....	23
<i>kariva</i>	55
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	71
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ.....	71
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	71
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	71
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ.....	71
KCL/D5W/NACL INJ 0.3/0.9%.....	71
<i>kelnor 1/35</i>	55
<i>kelnor 1/50</i>	55
KERENDIA	28
KESIMPTA.....	47
<i>ketoconazole</i>	11
<i>ketoconazole (topical)</i>	80
<i>ketorolac tromethamine (ophth)</i>	74
KEYTRUDA.....	23
KINRIX INJ	70
KISQALI 200 DOSE	23
KISQALI 200 PAK FEMARA	21
KISQALI 400 DOSE	23
KISQALI 400 PAK FEMARA	21
KISQALI 600 DOSE	23
KISQALI 600 PAK FEMARA	21
<i>klor-con</i>	72

<i>klor-con 10</i>	72
<i>klor-con 8</i>	72
<i>klor-con m10</i>	72
<i>klor-con m15</i>	72
<i>klor-con m20</i>	72
KORLYM	59
<i>kurvelo</i>	55
KYNMOBI	41
L	
<i>labetalol hcl</i>	31
<i>lacosamide</i>	36
<i>lactated ringer's solution</i>	71
<i>lactic acid (ammonium lactate)</i>	82
<i>lactulose</i>	63
<i>lactulose (encephalopathy)</i>	63
<i>lamivudine</i>	12
<i>lamivudine (hbv)</i>	15
<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>lamotrigine</i>	37
<i>lansoprazole</i>	64
<i>lapatinib ditosylate</i>	23
<i>larin 1.5/30</i>	55
<i>larin 1/20</i>	55
<i>larin fe 1.5/30</i>	55
<i>larin fe 1/20</i>	55
<i>larissia</i>	55
LASTACRAFT.....	74
<i>latanoprost</i>	74
LATUDA	43
<i>leena</i>	55
<i>leflunomide</i>	68
<i>lenalidomide</i>	20
LENVIMA 10 MG DAILY DOSE	23
LENVIMA 12MG DAILY DOSE	23
LENVIMA 20 MG DAILY DOSE	23
LENVIMA 4 MG DAILY DOSE.....	23
LENVIMA 8 MG DAILY DOSE.....	23
LENVIMA CAP 14 MG.....	23
LENVIMA CAP 18 MG.....	23
LENVIMA CAP 24 MG.....	24
<i>lessina</i>	55
<i>letrozole</i>	20
<i>leucovorin calcium</i>	26
LEUKERAN	19
<i>leuprolide acetate</i>	20
<i>levabuterol hcl</i>	76

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

<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	27
LITHIUM	47
<i>lithium carbonate</i>	47
<i>loestrin 1.5/30-21</i>	55
<i>loestrin 1/20-21</i>	55
<i>loestrin fe 1.5/30</i>	55
<i>loestrin fe 1/20</i>	55
LOKELMA	53
LONSURF TAB 15-6.14	19
LONSURF TAB 20-8.19	19
<i>loperamide hcl</i>	63
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	14
<i>lopinavir-ritonavir tab 100-25 mg</i>	14
<i>lopinavir-ritonavir tab 200-50 mg</i>	14
<i>lorazepam</i>	35
<i>lorazepam intensol</i>	35
LORBRENA	24
<i>loryna</i>	55
<i>losartan potassium</i>	29
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	29
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	29
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	28
LOTEMAX	74
<i>lovastatin</i>	30
<i>low-ogestrel</i>	55
<i>loxapine succinate</i>	43
LUMAKRAS	24
LUMIGAN	74
LUMIZYME	59
LUPRON DEPOT (1-MONTH)	20
LUPRON DEPOT (3-MONTH)	20
LUPRON DEPOT-PED (1-MONTH)	59
LUPRON DEPOT-PED (3-MONTH)	59
<i>lulera</i>	55
<i>lyleq</i>	55
<i>lyllana</i>	58

LYNPARZA	24
LYSODREN.....	20
lyza	55
M	
<i>magnesium sulfate</i>	71
MAGNESIUM SULFATE	71
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	71
<i>malathion</i>	82
<i>maraviroc</i>	12
<i>marlissa</i>	55
MARPLAN.....	40
MATULANE.....	21
MAVYRET PAK 50-20MG.....	15
MAVYRET TAB 100-40MG	15
<i>meclizine hcl</i>	61
<i>medroxyprogesterone acetate</i>	60
<i>medroxyprogesterone acetate (contraceptive)</i>	55
<i>mefloquine hcl</i>	12
<i>megestrol acetate</i>	20, 60
<i>megestrol acetate (appetite)</i>	60
MEKINIST	24
MEKTOVI	24
<i>meloxicam</i>	7
<i>memantine hcl</i>	39
MENACTRA INJ	70
MENQUADFI INJ	70
MENVEO INJ.....	70
<i>mercaptopurine</i>	19
<i>meropenem</i>	10
<i>mesalamine</i>	62
<i>mesalamine w/ cleanser</i>	62
MESNEX	26
<i>metadate er</i>	45
<i>metformin hcl</i>	50
<i>methadone hcl</i>	8
<i>methadone hydrochloride i</i>	8
<i>methazolamide</i>	33
<i>methenamine hippurate</i>	10
<i>methimazole</i>	61
<i>methotrexate sodium</i>	19, 68
<i>methyldopa</i>	34
<i>methylphenidate hcl</i>	45
<i>methylprednisolone</i>	58
<i>methylprednisolone acetate</i>	58
<i>methylprednisolone sod succ</i>	58

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

MYRBETRIQ	64
N	
<i>nabumetone</i>	7
<i>nadolol</i>	31
<i>nafcillin sodium</i>	18
<i>NAGLAZYME</i>	59
<i>nalbuphine hcl</i>	8
<i>naloxone hcl</i>	48
<i>naltrexone hcl</i>	48
<i>NAMZARIC CAP 14-10MG</i>	39
<i>NAMZARIC CAP 21-10MG</i>	39
<i>NAMZARIC CAP 28-10MG</i>	39
<i>NAMZARIC CAP 7-10MG</i>	39
<i>NAMZARIC CAP PACK</i>	39
<i>naproxen</i>	7
<i>naproxen sodium</i>	7
<i>naratriptan hcl</i>	46
<i>NATACYN</i>	73
<i>nateglinide</i>	50
<i>NATPARA</i>	53
<i>NAYZILAM</i>	37
<i>nebivolol hcl</i>	31
<i>necon 0.5/35-28</i>	56
<i>nefazodone hcl</i>	40
<i>neomycin sulfate</i>	10
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 73	
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..73	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	73
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	73
<i>neomycin-polymyxin-hc ophth susp..</i> 73	
<i>neomycin-polymyxin-hc otic soln 1%</i> 75	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	75
<i>NERLYNX</i>	24
<i>NEUPRO</i>	41
<i>nevirapine</i>	12
<i>NEXAVAR</i>	24
<i>niacin (antihyperlipidemic)</i>	31
<i>nicardipine hcl</i>	32
<i>NICOTROL INHALER</i>	48
<i>NICOTROL NS</i>	48
<i>nifedipine</i>	32
<i>nikki</i>	56
<i>nilutamide</i>	20
<i>nimodipine</i>	32
<i>NINLARO</i>	24
<i>nitazoxanide</i>	10
<i>nitisinone</i>	59
<i>NITRO-BID</i>	34
<i>nitrofurantoin macrocrystal</i>	10
<i>nitrofurantoin monohyd macro</i>	10
<i>nitroglycerin</i>	34
<i>nizatidine</i>	62
<i>nora-be</i>	56
<i>norethindrone (contraceptive)</i>	56
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	56
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	56
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	56
<i>norethindrone acetate</i>	60
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	58
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	58
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	56
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	56
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	56
<i>norlyroc</i>	56
<i>NORPACE CR</i>	30
<i>nortrel 0.5/35 (28)</i>	56
<i>nortrel 1/35 (21)</i>	56
<i>nortrel 1/35 (28)</i>	56
<i>nortrel 7/7/7</i>	56
<i>nortriptyline hcl</i>	40
<i>NORVIR</i>	12
<i>NOVOLIN INJ 70/30</i>	52
<i>NOVOLIN INJ 70/30 FP</i>	52
<i>NOVOLIN N</i>	52
<i>NOVOLIN N FLEXPEN</i>	52
<i>NOVOLIN R</i>	52
<i>NOVOLIN R FLEXPEN</i>	52
<i>NOVOLOG</i>	52
<i>NOVOLOG FLEXPEN</i>	52
<i>NOVOLOG MIX INJ 70/30</i>	52
<i>NOVOLOG MIX FLEXPEN</i>	52

NOVOLOG PENFILL.....	52
NOXAFIL.....	11
NUBEQA	20
NUEDEXTA CAP 20-10MG.....	47
NULOJIX.....	69
NULYTELY SOL LMN/LIME.....	63
NUPLAZID.....	43
NURTEC	46
NUTRILIPID	72
NUZYRA	18
<i>nyamyc</i>	80
<i>nylia 1/35</i>	56
<i>nylia 7/7/7</i>	56
NYMALIZE.....	32
<i>nymyo</i>	56
<i>nystatin</i>	11
<i>nystatin (mouth-throat)</i>	83
<i>nystatin (topical)</i>	80
<i>nystop</i>	80
O	
<i>ocella</i>	56
OCTAGAM.....	68
<i>octreotide acetate</i>	60
ODEFSEY TAB.....	14
ODOMZO	24
OFEV	77
<i>ofloxacin (ophth)</i>	73
<i>ofloxacin (otic)</i>	75
OGIVRI	24
OGIVRI INJ 420MG	24
<i>olanzapine</i>	43
<i>olmesartan medoxomil</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i>	29
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5 mg</i>	29
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5 mg</i>	29
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	29
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5 mg</i>	29
<i>olmesartanamlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	29
<i>olopatadine hcl</i>	74
<i>omeprazole</i>	64
OMNIPOD DASH MIS PODS	52
OMNIPOD MIS CLASSIC.....	52
OMNIPOD PDM KIT CLASSIC	52
<i>ondansetron</i>	61
<i>ondansetron hcl</i>	61
ONTRUZANT	24
ONUREG.....	19
OPSUMIT	34
ORGOVYX.....	20
ORKAMBI GRA 100-125.....	77
ORKAMBI GRA 150-188.....	77
ORKAMBI TAB 100-125	77
ORKAMBI TAB 200-125	77
<i>orsythia</i>	56
<i>oseltamivir phosphate</i>	15
OTEZLA.....	67
OTEZLA TAB 10/20/30	67
<i>oxacillin sodium</i>	18
<i>oxaliplatin</i>	19
<i>oxandrolone</i>	48
<i>oxcarbazepine</i>	37
<i>oxybutynin chloride</i>	64
<i>oxycodone hcl</i>	9
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	9
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	9
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	9
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	9
OZEMPIC (0.25 OR 0.5MG/DOSE)	50
OZEMPIC (1MG/DOSE)	50
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	50

P

<i>pacerone</i>	30
<i>paclitaxel</i>	21
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	21
<i>paliperidone</i>	43
<i>pamidronate disodium</i>	53
PAMIDRONATE DISODIUM	53
PANRETIN	82
<i>pantoprazole sodium</i>	64
PANZYGA	68
<i>paraplatin</i>	19
<i>paricalcitol</i>	61
<i>paromomycin sulfate</i>	10
<i>paroxetine hcl</i>	40
PASER	14
PAXIL	40
PEDIARIX INJ 0.5ML	70
PEDVAX HIB	70
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	63
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	63
PEGASYS	15
PEMAZYRE	24
PEN GK/DEXTR INJ 40000/ML	18
PEN GK/DEXTR INJ 60000/ML	18
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	52
<i>penicillamine</i>	53
<i>penicillin g potassium</i>	18
PENICILLIN G PROCAINE	18
<i>penicillin g sodium</i>	18
<i>penicillin v potassium</i>	18
PENTACEL INJ	70
<i>pentamidine isethionate inh</i>	10
<i>pentamidine isethionate inj</i>	10
<i>pentoxifylline</i>	66
<i>perindopril erbumine</i>	27
<i>periogard</i>	83
<i>permethrin</i>	82
<i>perphenazine</i>	43
PERSERIS	43
<i>pfizerpen</i>	18
<i>phenelzine sulfate</i>	40
<i>phenobarbital</i>	37
<i>phenobarbital sodium</i>	37
PHENYTEK	37
<i>phenytoin</i>	37
<i>phenytoin sodium</i>	37
<i>phenytoin sodium extended</i>	37
PHESGO SOL	24
<i>philith</i>	56
PIFELTRO	12
<i>pilocarpine hcl</i>	75
<i>pilocarpine hcl (oral)</i>	83
<i>pimozide</i>	43
<i>pimtrea</i>	56
<i>pindolol</i>	31
<i>pioglitazone hcl</i>	50
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	18
PIQRAY 200MG DAILY DOSE	24
PIQRAY 250MG TAB DOSE	24
PIQRAY 300MG DAILY DOSE	24
<i>pirmella 1/35</i>	56
<i>piroxicam</i>	7
PLASMA-LYTE INJ -148	71
PLASMA-LYTE INJ -A	71
<i>plenamine</i>	72
PLENUV SOL	63
<i>podofilox</i>	82
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	73
POMALYST	20
<i>portia-28</i>	56
<i>posaconazole</i>	11
<i>potassium chloride</i>	71, 72
POTASSIUM CHLORIDE	71
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	71
<i>potassium chloride microencapsulated crystals er</i>	72
<i>potassium citrate (alkalinizer)</i>	64
PRADAXA	65

PRALUENT	31
<i>pramipexole dihydrochloride</i>	41
<i>prasugrel hcl</i>	66
<i>pravastatin sodium</i>	30
<i>praziquantel</i>	10
<i>prazosin hcl</i>	28
<i>prednisolone</i>	58
<i>prednisolone acetate (ophth)</i>	74
PREDNISOLONE SODIUM PHOSP.....	74
<i>prednisolone sodium phosphate</i>	58
<i>prednisone</i>	58
PREDNISONE INTENSOL	58
<i>pregabalin</i>	37
<i>pregabalin (once-daily)</i>	47
PREHEVBRIО	70
PREMASOL SOL 10%.....	72
PRENATAL TAB 27-1MG	72
PRENATAL TAB PLUS	72
PRENATAL VIT TAB LOW IRON	72
<i>prevalite</i>	31
PREVYMIS.....	15
PREZCOBIX TAB 800-150.....	14
PREZISTA	12, 13
PRIFTIN.....	14
<i>primaquine phosphate</i>	12
PRIMAQUINE PHOSPHATE	12
<i>primidone</i>	37
PRIVIGEN	68
<i>probenecid</i>	7
PROCALAMINE INJ 3%.....	72
<i>prochlorperazine</i>	62
<i>prochlorperazine edisylate</i>	62
<i>prochlorperazine maleate</i>	62
PROCERIT	65
<i>procto-med hc</i>	82
<i>procto-pak</i>	82
<i>proctosol hc</i>	82
<i>proctozone-hc</i>	82
PROGRAF.....	69
PROLASTIN-C	78
PROLENSA	74
PROLIA.....	53
PROMACTA	66
<i>promethazine hcl</i>	62
<i>propafenone hcl</i>	30
<i>proparacaine hcl</i>	75
<i>propranolol hcl</i>	32
<i>propylthiouracil</i>	61
PROQUAD INJ	70
PROSOL INJ 20%	73
<i>protriptyline hcl</i>	40
PULMICORT FLEXHALER	78
PULMOZYME	78
PURIXAN	19
<i>pyrazinamide</i>	14
<i>pyridostigmine bromide</i>	47
Q	
QINLOCK.....	24
QUADRACEL INJ	70
<i>quetiapine fumarate</i>	43
<i>quinapril hcl</i>	27
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	27
<i>quinidine sulfate</i>	30
<i>quinine sulfate</i>	12
R	
RABAVERT INJ	70
<i>raloxifene hcl</i>	60
<i>ramipril</i>	27
<i>ranolazine</i>	34
<i>rasagiline mesylate</i>	41
RAYALDEE	61
<i>reclipsen</i>	56
RECOMBIVAX HB	70
RECTIV	82
REGRANEX	82
RELENZA DISKHALER.....	15
RELISTOR.....	63
REMICADE	67
RENFLEXIS	67
<i>repaglinide</i>	50
RESTASIS.....	75
RESTASIS MULTIDOSE	75
RETEVMO	24
REVLIMID	20
REXULTI	43
REYATAZ	13
REZUROCK	69
RHOPRESSA	75
RIABNI.....	24

<i>ribavirin (hepatitis c)</i>	15
<i>rifabutin</i>	14
<i>rifampin</i>	14
<i>riluzole</i>	47
<i>rimantadine hydrochloride</i>	15
RINVOQ	67
RISPERDAL CONSTA	43
<i>risperidone</i>	43, 44
<i>ritonavir</i>	13
RITUXAN	24
RITUXAN INJ HYCELA	24
<i>rivastigmine</i>	39
<i>rivastigmine tartrate</i>	39
<i>rizatriptan benzoate</i>	46
<i>ropinirole hydrochloride</i>	41
<i>rosadan</i>	82
<i>rosuvastatin calcium</i>	30
ROTARIX SUS	70
ROTAQUE SOL	70
<i>roweepra</i>	37
ROZLYTREK	24
RUBRACA	24
<i>rufinamide</i>	37, 38
RUKOBIA	13
RUXIENCE	24
RYBELSUS	50
RYDAPT	24
S	
<i>sajazir</i>	66
SANDIMMUNE	69
SANTYL	82
<i>sapropterin dihydrochloride</i>	60
SCEMBLIX	24
<i>scopolamine</i>	62
SECUADO	44
<i>selegiline hcl</i>	41
<i>selenium sulfide</i>	80
SELZENTRY	13
SEREVENT DISKUS	77
<i>sertraline hcl</i>	40
<i>setlakin</i>	56
<i>sevelamer carbonate</i>	60
<i>sharobel</i>	56
SHINGRIX	70
SIGNIFOR	60
<i>sildenafil citrate (pulmonary hypertension)</i>	34

<i>silver sulfadiazine</i>	79
SIMBRINZA SUS 1-0.2%	75
<i>simliya</i>	56
<i>simvastatin</i>	30
<i>sirolimus</i>	69
SIRTURO	14
SIVEXTRO	10
SKYRIZI	67
SKYRIZI PEN	67
<i>sodium chloride</i>	71
<i>sodium chloride (gu irrigant)</i>	82
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	72
<i>sodium phenylbutyrate</i>	60
<i>sodium polystyrene sulfonate powder</i>	53
<i>solifenacin succinate</i>	64
SOLIQUA INJ 100/33	52
SOLTAMOX	20
SOLU-CORTEF	58
SOMATULINE DEPOT	60
SOMAVERT	60
<i>sorine</i>	30
<i>sotalol hcl</i>	30
<i>sotalol hcl (afib/afl)</i>	30
<i>spironolactone</i>	28
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	33
<i>sprintec 28</i>	56
SPRITAM	38
SPRYCEL	24
<i>sps</i>	53
<i>sronyx</i>	56
<i>ssd</i>	79
<i>stavudine</i>	13
STELARA	67
STIVARGA	24
<i>streptomycin sulfate</i>	10
STRIBILD TAB	14
<i>subvenite</i>	38
<i>sucralfate</i>	63
<i>sulfacetamide sodium (acne)</i>	79
<i>sulfacetamide sodium (ophth)</i>	73
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	73
<i>sulfadiazine</i>	10

<i>sulfamethoxazole-trimethoprim iv soln</i>	
400-80 mg/5ml	10
<i>sulfamethoxazole-trimethoprim susp</i>	
200-40 mg/5ml	10
<i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	11
<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	11
SULFAMYLYON	79
<i>sulfasalazine</i>	62
<i>sulindac</i>	7
<i>sumatriptan</i>	46
<i>sumatriptan succinate</i>	46
<i>sunitinib malate</i>	25
SUPREP BOWEL SOL PREP KIT	63
<i>syeda</i>	56
SYMBICORT AER 160-4.5	79
SYMBICORT AER 80-4.5	79
SYMDEKO TAB 100-150	78
SYMDEKO TAB 50-75MG	78
SYMJEPI	78
SYMPAZAN	38
SYMTUZA TAB	14
SYNAREL	57
SYNERCID INJ 500MG	11
SYNJARDY TAB 12.5-1000MG	51
SYNJARDY TAB 12.5-500	51
SYNJARDY TAB 5-1000MG	51
SYNJARDY TAB 5-500MG	51
SYNJARDY XR TAB 10-1000	51
SYNJARDY XR TAB 12.5-1000MG	51
SYNJARDY XR TAB 25-1000	51
SYNJARDY XR TAB 5-1000MG	51
SYNRIBO	21
SYNTHROID	61
T	
TABLOID	19
TABRECTA	25
<i>tacrolimus</i>	69
<i>tacrolimus (topical)</i>	82
TAFINLAR	25
TAGRISSO	25
TALTZ	68
TALZENNA	25
<i>tamoxifen citrate</i>	20
<i>tamsulosin hcl</i>	64
TARGETIN	82

<i>tarina fe 1/20 eq</i>	56
TASIGNA	25
<i>tazarotene</i>	80
<i>tazicef</i>	16
TAZORAC	80
<i>taztia xt</i>	32
TAZVERIK	25
TDVAX INJ 2-2 LF	70
TECENTRIQ	25
TEFLARO	16
<i>telmisartan</i>	29
<i>temazepam</i>	45, 46
TEMIXYS TAB 300-300	14
TENIVAC INJ 5-2LF	70
<i>tenofovir disoproxil fumarate</i>	13
TEPMETKO	25
<i>terazosin hcl</i>	28
<i>terbinafine hcl</i>	11
<i>terbutaline sulfate</i>	77
<i>terconazole vaginal</i>	65
<i>testosterone</i>	48
<i>testosterone cypionate</i>	49
<i>testosterone enanthate</i>	49
<i>tetrabenazine</i>	47
<i>tetracycline hcl</i>	18
THALOMID	20
THEO-24	78
<i>theophylline</i>	78
<i>thioridazine hcl</i>	44
<i>thiothixene</i>	44
<i>tiadylt er</i>	32
<i>tiagabine hcl</i>	38
TIBSOVO	25
TICOVAC	70
<i>tigecycline</i>	18
TIGECYCLINE	18
<i>tilia fe</i>	56
<i>timolol maleate</i>	32
<i>timolol maleate (ophth)</i>	75
<i>timolol maleate (ophth) once-daily</i>	75
TIVICAY	13
TIVICAY PD	13
<i>tizanidine hcl</i>	47
TOBRADEX OIN 0.3-0.1%	73
TOBRADEX ST SUS 0.3-0.05	73
<i>tobramycin</i>	11
<i>tobramycin (ophth)</i>	73

<i>tobramycin sulfate</i>	11
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	73
<i>tolterodine tartrate</i>	64
<i>topiramate</i>	38
<i>toposar</i>	21
<i>toremifene citrate</i>	20
<i>torsemide</i>	33
TOVIAZ	64
TPN ELECTROL INJ	71
TRADJENTA	51
<i>tramadol hcl</i>	9
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	9
<i>trandolapril</i>	27
<i>tranexamic acid</i>	66
<i>tranylcypromine sulfate</i>	40
TRAVASOL INJ 10%	73
TRAZIMERA	25
<i>trazodone hcl</i>	40
TRECATOR	14
TRELEGY AER ELLIPTA 100-62.5-25 MCG	75
TRELEGY AER ELLIPTA 200-62.5-25 MCG	76
TRELSTAR MIXJECT	20
<i>treprostинil</i>	34
TRESIBA	52
TRESIBA FLEXTOUCH	52
<i>tretinoin</i>	79
<i>tretinoin (chemotherapy)</i>	21
<i>triamcinolone acetonide (mouth)</i>	83
<i>triamcinolone acetonide (topical)</i>	81
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	33
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	33
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	33
TRICARE TAB PRENATAL	72
<i>triderm</i>	81
<i>trientine hcl</i>	53
<i>tri-estarylla</i>	56
<i>trifluoperazine hcl</i>	44
<i>trifluridine</i>	73
<i>trihexyphenidyl hcl</i>	42
TRIJARDY XR TAB ER 24HR 10-5-1000MG	51
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	51
TRIJARDY XR TAB ER 24HR 25-5-1000MG	51
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	51
TRIKAFTA TAB 100-50-75MG & 150MG	78
TRIKAFTA TAB 50-25-37.5MG & 75MG	78
<i>tri-legest fe</i>	56
<i>tri-linyah</i>	56
<i>tri-lo-estarylla</i>	57
<i>tri-lo-marzia</i>	57
<i>tri-lo-mili</i>	57
<i>tri-lo-sprintec</i>	57
TRIMETHOPRIM	11
<i>tri-mili</i>	57
<i>trimipramine maleate</i>	40
TRINTELLIX	40
<i>tri-nymyo</i>	57
<i>tri-sprintec</i>	57
TRIUMEQ PD TAB	14
TRIUMEQ TAB	14
<i>trivora-28</i>	57
<i>tri-vylibra</i>	57
<i>tri-vylibra lo</i>	57
TRIZIVIR TAB	14
TROGARZO	13
TROPHAMINE INJ 10%	73
<i>trospium chloride</i>	64
TRULICITY	51
TRUMENBA INJ	70
TRUSELTIQ 100 MG DAILY DOSE	25
TRUSELTIQ 125 MG DAILY DOSE	25
TRUSELTIQ 50 MG DAILY DOSE	25
TRUSELTIQ 75 MG DAILY DOSE	25
TRUXIMA	25
TUKYSA	25
TURALIO	25
TWINRIX INJ	70
TYBOST	13
TYPHIM VI	70
U	
UBRELVY	46

UKONIQ	25
<i>unithroid</i>	61
<i>ursodiol</i>	63
V	
<i>valacyclovir hcl</i>	15
VALCHLOR	82
<i>valganciclovir hcl</i>	15
<i>valproate sodium</i>	38
<i>valproic acid</i>	38
<i>valsartan</i>	29
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29
VALTOCO	38
<i>vancomycin hcl</i>	11
VANCOMYCIN INJ 1 GM	11
VANCOMYCIN INJ 500MG	11
VANCOMYCIN INJ 750MG	11
VANDAZOLE	65
VAQTA	70
<i>varenicline tartrate</i>	48
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	48
VARIVAX	70
VASCEPA	31
VELCADE	25
<i>velivet</i>	57
VELPHORO	60
VELTASSA	53
VEMLIDY	15
VENCLEXTA	25
VENCLEXTA TAB START PK	25
<i>venlafaxine hcl</i>	40
VENTAVIS	34
VENTOLIN HFA	77
VENTOLIN HFA (INSTITUTIONAL PACK)	77
<i>verapamil hcl</i>	32
VERQUVO	34
VERSACLOZ	44

VERZENIO	25
<i>vestura</i>	57
V-GO 20 KIT	52
V-GO 30 KIT	52
V-GO 40 KIT	53
VICTOZA	51
<i>vienna</i>	57
<i>vigabatrin</i>	38
<i>vigadron</i>	38
VIIBRYD	40
VIIBRYD KIT STARTER	40
VIMPAT	38
<i>vincristine sulfate</i>	21
<i>vinorelbine tartrate</i>	21
<i>viorele</i>	57
VIRACEPT	13
VIREAD	13
VITRAKVI	25
VIVITROL	48
VIZIMPRO	25
<i>voriconazole</i>	11, 12
VOSEVI TAB	15
VOTRIENT	25
VRAYLAR	44
VRAYLAR CAP 1.5-3MG	44
<i>vyfemla</i>	57
<i>vylibra</i>	57
VYZULTA	75
W	
<i>warfarin sodium</i>	65
<i>water for irrigation, sterile irrigation soln</i>	82
WELIREG	21
<i>wera</i>	57
X	
XALKORI	25
XARELTO	65
XARELTO STAR TAB 15/20MG	65
XATMEP	68
XCOPRI	38
XCOPRI PAK 100-150	38
XCOPRI PAK 12.5-25	38
XCOPRI PAK 150-200MG (MAINTENANCE)	38
XCOPRI PAK 150-200MG (TITRATION)	38
XCOPRI PAK 50-100MG	38

XELJANZ.....	68	ZARXIO.....	66
XELJANZ XR.....	68	ZEJULA	26
XERMELO.....	63	ZELBORAF	26
XGEVA	53	ZEMAIRA.....	78
XIFAXAN.....	63	<i>zenatane</i>	79
XIGDUO XR TAB 10-1000.....	51	ZENPEP CAP 10000UNT	64
XIGDUO XR TAB 10-500MG.....	51	ZENPEP CAP 15000UNT	64
XIGDUO XR TAB 2.5-1000.....	51	ZENPEP CAP 20000UNT	64
XIGDUO XR TAB 5-1000MG.....	51	ZENPEP CAP 25000.....	64
XIGDUO XR TAB 5-500MG.....	51	ZENPEP CAP 3000UNIT.....	63
XiIDRA.....	75	ZENPEP CAP 40000.....	64
XOLAIR	78	ZENPEP CAP 5000UNIT.....	64
XOSPATA.....	26	ZERVIATE.....	74
XPOVIO 100 MG ONCE WEEKLY	26	<i>zidovudine</i>	13
XPOVIO 40 MG ONCE WEEKLY	26	<i>ziprasidone hcl</i>	44
XPOVIO 40 MG TWICE WEEKLY.....	26	<i>ziprasidone mesylate</i>	44
XPOVIO 60 MG ONCE WEEKLY	26	ZIRABEV	26
XPOVIO 60 MG TWICE WEEKLY.....	26	ZIRGAN.....	73
XPOVIO 80 MG ONCE WEEKLY	26	<i>zoledronic acid</i>	53
XPOVIO 80 MG TWICE WEEKLY.....	26	ZOLINZA.....	26
XTANDI	20	<i>zolmitriptan</i>	46
<i>xulane</i>	57	<i>zolpidem tartrate</i>	46
XULTOPHY INJ 100/3.6.....	53	<i>zonisamide</i>	38
XYREM	48	ZORTRESS.....	69
Y		<i>zovia 1/35</i>	57
YF-VAX INJ	70	<i>zumandimine</i>	57
<i>yuvafem</i>	58	ZYDELIG	26
Z		ZYKADIA	26
<i>zafemy</i>	57	ZYLET SUS 0.5-0.3%	73
<i>zafirlukast</i>	77	ZYPREXA RELPREVV.....	44

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This formulary was updated on 07/01/2022. 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.