



## **2025 Formulary (List of Covered Drugs)**

Mount Carmel MediGold Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Benefits vary by county. This information is not a complete description of benefits and some benefits are not available on all plans.

For the most updated list of covered drugs, please visit  
<https://www.thpmedicare.org/mount-carmel/my-medications/formulary>.

This formulary was updated on 12/09/2024. For more recent information or other questions, please contact Member Services at 1-800-240-3851 or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system.

Updated 12/2024

# 2025 Formulary

## (List of Covered Drugs)

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

**H3668\_018\_001 - Mount Carmel MediGold Premier (HMO)**  
**H3668\_018\_002 - Mount Carmel MediGold Premier (HMO)**  
**H3668\_019\_001 - Mount Carmel MediGold No Premium (HMO)**  
**H3668\_019\_002 - Mount Carmel MediGold No Premium (HMO)**  
**H3668\_020\_000 - Mount Carmel MediGold No Premium (HMO)**  
**H3668\_022\_000 - Mount Carmel MediGold Plus (HMO)**  
**H3668\_023\_000 - Mount Carmel MediGold Plus (HMO)**  
**H3668\_030\_000 - Mount Carmel MediGold Cash Back (HMO)**  
**H1846\_005\_000 - Mount Carmel MediGold Premium Choice (PPO)**  
**H1846\_006\_000 - Mount Carmel MediGold Choice (PPO)**  
**H3668\_802\_000 - Mount Carmel MediGold Trinity EGWP (HMO)**

**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 Mount Carmel MediGold Health Plan, Inc. or Mount Carmel Health Insurance Company. When it refers to “plan” or “your plan,” it means Mount Carmel MediGold.

This document includes a Drug List (formulary) for our plan which is current as of December 9, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2025, and from time to time during the year.

### **What is the formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by your 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. Your plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at your plan's network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

### **Can the formulary change?**

Most changes in drug coverage happen on January 1, but your plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.thpmedicare.org/mount-carmel/my-medications/formulary>.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear of the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formular and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 9, 2024. To get updated information about the drugs covered by your plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, the formulary 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 1. 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 1. 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 82. 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?**

Your 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand

name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Section 5.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## 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:** Your plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from your plan before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that your plan will cover. For example, your 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, your 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, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 us 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 Formulary?” on page vi 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 Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Member Services for a list of similar drugs that are covered by your 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 your plan.
- You can ask your 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 Formulary?

You can ask your 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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.
- 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.

Generally, your 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 or your prescriber should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** 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 we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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.

**Other Transitions:** You may have an unplanned transition, such as a move from a hospital to a long-term care facility. If this happens 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 up to a temporary 30-day supply (or 31-day supply if you are a resident of a long-term care facility when you go to a network pharmacy). This gives you time to talk to your doctor about other treatment options. After your first 30-day supply in such situations, you are required to use the plan's formulary exception process.

**For more information**

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about your 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 day a week. TTY users should call 1-877-486-2048, or visit <http://www.medicare.gov>.

## Our Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

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 your plan has any special requirements for coverage of your drug.

**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.

**ED** – Your plan offers Supplemental Drug Coverage on select plans for some drugs not generally covered by Medicare. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug. Please refer to our *Evidence of Coverage* for more information.

**NM** – Drugs that are not available through mail order service are marked as NM. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition.

**PA** – Prior authorization is a utilization tool that helps decide whether or not a prescription is covered before it is filled. The approval or denial is based on plan design, safety and proper medicine use.

**QL** – For certain drugs, we limit the quantities of the drugs that we will cover. If you need a quantity that exceeds the limit we allow, you may ask us to make an exception to our coverage rules. More information regarding exceptions can be found in your *Evidence of Coverage*.

**ST** – A utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.



**Mount Carmel MediGold Premier (HMO)**  
(018-001 serving Central Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>Up to a 30-day supply retail</b>	\$0 copay	\$5 copay	\$45 copay	\$75 copay	33% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$15 copay	\$135 copay	\$225 copay	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	\$90 copay	\$150 copay	Not available

**Mount Carmel MediGold Premier (HMO)**  
(018-002 serving Southwest Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>Up to a 30-day supply retail</b>	\$0 copay	\$5 copay	\$45 copay	\$75 copay	33% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$15 copay	\$135 copay	\$225 copay	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	\$90 copay	\$150 copay	Not available

**Mount Carmel MediGold No Premium (HMO)**

(019-001 serving Central Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>Up to a 30-day supply retail</b>	\$0 copay	\$5 copay	25% of the total cost	50% of the total cost	33% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$15 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

**Mount Carmel MediGold No Premium (HMO)**

(019-002 serving Southwest Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>Up to a 30-day supply retail</b>	\$0 copay	\$5 copay	25% of the total cost	50% of the total cost	33% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$15 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

**Mount Carmel MediGold No Premium (HMO)**

(020 serving Northwest Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>Up to a 30-day supply retail</b>	\$0 copay	\$10 copay	25% of the total cost	50% of the total cost	33% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$30 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

**Mount Carmel MediGold Plus (HMO)**

(022 serving Central Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non- Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>Up to a 30-day supply retail</b>	\$0 copay	\$10 copay	25% of the total cost	50% of the total cost	33% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$30 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

### Mount Carmel MediGold Plus (HMO)

(023 serving Southwest Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>Up to a 30-day supply retail</b>	\$0 copay	\$10 copay	25% of the total cost	50% of the total cost	33% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$30 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

### Mount Carmel MediGold Cash Back (HMO)

(030 serving Central, Southwest and Northwest Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>*\$350 Part D deductible; applies to Tier 3, Tier 4 and Tier 5 only</b>					
<b>Up to a 30-day supply retail</b>	\$0 copay	\$10 copay	25% of the total cost	50% of the total cost	28% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$30 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

**Mount Carmel MediGold Choice (PPO)**  
 (005 serving Central and Southwest Counties in Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>*\$150 Part D deductible; applies to Tier 3, Tier 4 and Tier 5 only</b>					
<b>Up to a 30-day supply retail</b>	\$0 copay	\$5 copay	25% of the total cost	50% of the total cost	31% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$15 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

**Mount Carmel MediGold Choice (PPO)**  
(006 serving Northwest Counties in Ohio)

	<b>Tier 1</b> Preferred Generic	<b>Tier 2</b> Generic	<b>Tier 3</b> Preferred Brand	<b>Tier 4</b> Non-Preferred Drug	<b>Tier 5</b> Specialty Tier
<b>*\$150 Part D deductible; applies to Tier 3, Tier 4 and Tier 5 only</b>					
<b>Up to a 30-day supply retail</b>	\$0 copay	\$10 copay	25% of the total cost	50% of the total cost	31% coinsurance
<b>Up to a 90-day supply retail</b>	\$0 copay	\$30 copay	25% of the total cost	50% of the total cost	Not available
<b>Up to a 90-day supply mail<sup>1</sup></b>	\$0 copay	\$0 copay	25% of the total cost	50% of the total cost	Not available

**Mount Carmel MediGold Glory No RX (HMO)** does not include Part D prescription drug coverage. It does, however, cover Part B drugs.

**Note:** If you have coverage through an Employer Group Health Plan, please refer to your *Evidence of Coverage* for specific copay and coverage information.

<sup>1</sup>You may receive prescription drugs at home when using our network mail order program, generally within 10 calendar days of when your order is received. For questions about mail order medication, call 1-866-785-5714, option 2 (TTY 711). Our mail order pharmacy is to obtain consent prior to shipping or delivering any prescriptions that the beneficiary did not personally initiate unless there are mail order prescriptions for the beneficiary in the last 12 months.

Mount Carmel MediGold is a Medicare Advantage organizations with a Medicare contract. Enrollment in one of our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Copayments/coinsurance may change on January 1 of each year. The formulary may change at any time. You will receive notice when necessary.

For the most updated list of covered drugs, please visit <https://www.thpmedicare.org/mount-carmel/my-medications/formulary>.

Y0164\_OHForm25\_C

# MOUNT\_CARMEL\_CY25\_5T\_GS\_CORE eff 01/01/2025

Drug Name Drug Tier Requirements/Limits

## ANALGESICS

### GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

### MISCELLANEOUS

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

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

### OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy  
NM - Not available at mail-order B/D - Covered under Medicare B or D  
ED - Supplemental Drug Coverage



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	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 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	3	QL (10 mL / 30 days)
<i>endocet tab 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	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 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	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 4mg/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 100mg/5ml	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	

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

## **ANTI-INFECTIVES**

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

<i>albendazole</i> TABS 200mg	5	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3	
IMPAVIDO CAPS 50mg	5	PA
<i>ivermectin TABS 3mg</i>	3	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	4	
<i>linezolid SUSR 100mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem SOLR 1gm, 500mg</i>	4	
<i>methenamine hippurate TABS 1gm</i>	3	
<i>metronidazole SOLN 500mg/100ml</i>	3	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	4	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	4	
<i>polymyxin b sulfate SOLR 500000unit</i>	4	
<i>praziquantel TABS 600mg</i>	4	
<i>pyrimethamine TABS 25mg</i>	5	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	5	
<i>sulfadiazine TABS 500mg</i>	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	3	
TOBI PODHALER CAPS 28mg	5	NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

### **ANTIFUNGALS**

ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	
<i>efavirenz</i> TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	
SELZENTRY TABS 25mg	4	
SUNLENCA TBPK 300mg	5	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
TIVICAY TABS 10mg	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	
<i>zidovudine</i> TABS 300mg	3	

### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
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	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days)
<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>	4	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>	4	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYM TUZA TAB	5	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIUMEQ PD TAB	3	
TRIUMEQ TAB	5	
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, PA
TRECTOR TABS 250mg	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	5	ST
<i>entecavir</i> TABS .5mg, 1mg	4	
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
<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	
LIVTENCITY TABS 200mg	5	QL (336 tabs / 28 days), NM, PA
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)
PAXLOVID TAB 150-100	5	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	5	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	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	
VOSEVI TAB	5	NM, PA

### **CEPHALOSPORINS**

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	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	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	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	4	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate tab er 12hr</i> <i>1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 1.5</i> <i>(1-0.5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-</i> <i>1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln</i> <i>1.5 (1-0.5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 3</i> <i>(2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln</i> <i>15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm,</i> <i>125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml,</i> <i>1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>penicillin g potassium SOLR 5000000unit,</i> <i>20000000unit</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml,</i> <i>250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg,</i> <i>500mg</i>	1	
<i>pfizerpen SOLR 5000000unit,</i> <i>20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375</i> <i>gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25</i> <i>gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5</i> <i>gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5</i> <i>gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5</i> <i>gm (36-4.5 gm)</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg,</i> <i>100mg</i>	2	
<i>doxycycline (monohydrate) SUSR</i> <i>25mg/5ml; TABS 50mg, 75mg, 100mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	5	NM
NUZYRA TABS 150mg	5	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	
<i>tigecycline</i> SOLR 50mg	5	

## **ANTINEOPLASTIC AGENTS**

### **ALKYLATING AGENTS**

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	B/D, NM
BENDEKA SOLN 100mg/4ml	5	B/D, NM
<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, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	4	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D

### **ANTIMETABOLITES**

<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	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
<i>mercaptapurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NM, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA

### **IMMUNOMODULATORS**

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

### **MISCELLANEOUS**

BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	5	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA

### **MITOTIC INHIBITORS**

<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D

### **MOLECULAR TARGET AGENTS**

ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, 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
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, 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, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, 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 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	5	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, PA
TAGRISO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, 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, 15mg, 25mg	3	
MESNEX TABS 400mg	5	

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide</i> tab 50-12.5 mg	1	
<i>losartan potassium &amp; hydrochlorothiazide</i> tab 100-12.5 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)

### **ANTIARRHYTHMICS**

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<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	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<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	4	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	3	

### **ANTILIPEMICS, FIBRATES**

<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	

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

ALTOPREV TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST

### **ANTILIPEMICS, MISCELLANEOUS**

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	

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

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

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<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hcl coated beads CP24 360mg</i>	4	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	2	
<i>isradipine CAPS 2.5mg, 5mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	3	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	4	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	4	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA applies if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	4	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	5	NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	4	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<i>alyq</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<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 applies if 29 years and younger

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
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, 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	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<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	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
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	QL (2 packs / year), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<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	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), PA

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carb/levo orally disintegrating tab 10-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-250mg</i>	3	
<i>carbidopa TABS 25mg</i>	4	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	3	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
<i>INBRIJA CAPS 42mg</i>	5	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	PA; PA applies if 70 years and older
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	3	QL (120 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	4	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), 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	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
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)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)

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<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days), ST
<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	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<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	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	

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<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	QL (2 packs / year)
<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

### **ANTISEIZURE AGENTS**

APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), 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	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, 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, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)

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<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	4	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	3	
<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

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**ED** - Supplemental Drug Coverage

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vigpoder</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, 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
<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</i> CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	4	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

### **HYPNOTICS**

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MIGRAINE</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin (once-daily)</i> TABS 300mg	4	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	4	QL (90 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 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**

BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 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 / 365 days), NM, PA

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<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 .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>methyltestosterone</i> CAPS 10mg	5	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
<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	
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	

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ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	3	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD-EMBECTA	3	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	3	PA
INSULIN SYRINGES: BD-EMBECTA	3	PA
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

### **CALCIUM REGULATORS**

<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg	4	
<i>risedronate sodium</i> TBEC 35mg	4	ST
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
kionex SUSP 15gm/60ml	3	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	3	
trientine hcl CAPS 250mg	5	NM, PA
<b>CONTRACEPTIVES</b>		
afirmelle	2	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
amethia	3	
amethyst	3	
apri	2	
aranelle	3	
ashlyna	3	
aubra eq	2	
aurovela 1/20	3	
aurovela 24 fe	3	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	3	
azurette	3	
balziva	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	2	
briellyn	3	
camila TABS .35mg	2	
camrese	3	
camrese lo	3	
chateal eq	3	
cryselle-28	3	
cyred eq	2	
dasetta 1/35	3	
dasetta 7/7/7	3	
daysee	3	
deblitane TABS .35mg	2	

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DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad &amp; eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	3	
<i>dolishale</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	3	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	3	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>finzala</i>	3	
<i>hailey 1.5/30</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	3	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	3	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>levora 0.15/30-28</i>	3	
<i>LILETTA IUD 20.1mcg/day</i>	3	NM
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutera</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>mibelas 24 fe</i>	3	
<i>microgestin 1.5/30</i>	3	

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<i>microgestin 1/20</i>	3	
<i>microgestin 24 fe</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	3	
NEXPLANON IMPL 68mg	3	NM
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	3	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	3	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>portia-28</i>	3	

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<i>reclipsen</i>	2	
<i>rivelsa</i>	3	
<i>setlakin</i>	3	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	3	
<i>simpesse</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>turqoz</i>	3	
<i>tydemy</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>wymzya fe</i>	3	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
<b>ESTROGENS</b>		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPk 5mg, 10mg	3	
PREDNISONO INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	

### **GLUCOSE ELEVATING AGENTS**

<i>diazoxide</i> SUSP 50mg/ml	5	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	

### **MISCELLANEOUS**

ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
<i>betaine powder for oral solution</i>	5	NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NM, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg <i>mifepristone (hyperglycemia)</i> TABS 300mg)	5	NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, 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, PA
SYNAREL SOLN 2mg/ml	5	PA
VEOZAH TABS 45mg	4	PA
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<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	
<i>progesterone</i> CAPS 100mg, 200mg	3	
<b>THYROID AGENTS</b>		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

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<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

### **VITAMIN D ANALOGS**

<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

### **ANTISPASMODICS**

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)

### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<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	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), 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	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	

### **LAXATIVES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gavilyte-n/</i> flavor pack	2	
<i>generlac</i> SOLN 10gm/15ml	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	

### **MISCELLANEOUS**

<i>alosetron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
VOWST CAP	5	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	

### **PROTON PUMP INHIBITORS**

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

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

#### **MISCELLANEOUS**

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

#### **URINARY ANTISPASMODICS**

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)
<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	4	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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trosipium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>trosipium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	4	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
FULPHILA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
COSENTYX SOLN 125mg/5ml	5	NM, PA
COSENTYX SOSY 75mg/0.5ml	5	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	5	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	QL (32 pens / 365 days), NM, PA

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COSENTYX UNOREADY SOAJ 300mg/2ml	5	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 100mg/0.67ml	5	NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 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
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
<b>IMMUNOGLOBULINS</b>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, PA

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FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/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, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	5	B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
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	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
engraf 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

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<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D

### **VACCINES**

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D

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PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
YF-VAX INJ	1	

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES/MINERALS, INJECTABLE***

D2.5W/NACL INJ 0.45%	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	

#### **IV NUTRITION**

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%, 70%</i>	3	B/D
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%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **OPHTHALMIC**

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

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
ZYLET SUS 0.5-0.3%	3	

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

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	
<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	
<i>polycin ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
XDEMVY SOLN .25%	5	NM, PA
ZIRGAN GEL .15%	4	
<b>ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (ophth) SOLN .07%</i>	3	
<i>bromfenac sodium (ophth) SOLN .075%, .09%</i>	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
LOTEMAX OINT .5%	3	
<i>loteprednol etabonate SUSP .2%</i>	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<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>hydrocortisone w/ acetic acid otic soln</i> 1-2%	4	
<i>neomycin-polymyxin-hc otic soln</i> 1%	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic) SOLN .3%</i>	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 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

### **ANTICHOLINERGICS**

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	3	

### **ANTI-HISTAMINES**

<i>azelastine hcl SOLN .1%</i>	3	
<i>cetirizine hcl SOLN 5mg/5ml</i>	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>desloratadine TABS 5mg</i>	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</i>	3	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	

### **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	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
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	2	
<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%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of AdrenaClick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 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 75-94MG	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	4	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, PA

### **NASAL STEROIDS**

<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 inhalers / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

### **STEROID INHALANTS**

ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
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

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

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 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breynga</i>	3	QL (3 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

## **Sexual Dysfunction Agents**

### **Sexual Dysfunction Agents**

<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	ED, QL (4 tabs / 30 days)
<i>tadalafil</i> TABS 2.5mg	2	ED, QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg, 10mg, 20mg	2	ED, QL (4 tabs / 30 days)
<i>vardefafil hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg; TBP 10mg	2	ED, QL (4 tabs / 30 days)

## **TOPICAL**

### **DERMATOLOGY, ACNE**

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	3	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	3	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA

### **DERMATOLOGY, ANTIBIOTICS**

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

### **DERMATOLOGY, ANTIFUNGALS**

<i>ciclopirox</i> GEL .77%	3	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	3	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	3	QL (85 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>ketconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	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	2	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)
<i>selenium sulfide</i> LOTN 2.5%	2	

### **DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	3	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
ENSTILAR AER	5	QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA

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

### **DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (60 gm / 30 days)
<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 (60 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	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	3	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .5%	2	QL (454 gm / 30 days)

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo</i> PRSY 2%	3	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> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	4	QL (3 patches / 1 day), PA

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

<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
<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 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	4	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, PA

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

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

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

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

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

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



## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	7
ABELCET .....	5
<i>abiraterone acetate</i> .....	13
ABRYSVO .....	67
<i>acamprosate calcium</i> .....	45
<i>acarbose</i> .....	46
<i>accutane</i> .....	77
<i>acebutolol hcl</i> .....	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	2
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	2
<i>acetazolamide</i> .....	29
<i>acetic acid</i> .....	61
<i>acetic acid (otic)</i> .....	72
<i>acetylcysteine</i> .....	74
<i>acitretin</i> .....	78
ACTHIB INJ .....	67
ACTIMMUNE .....	66
<i>acyclovir</i> .....	8
<i>acyclovir sodium</i> .....	8
ADACEL INJ .....	67
ADALIMUMAB-AACF (2 PEN) .....	63
ADALIMUMAB-AACF (2 SYRING) .....	63
<i>adefovir dipivoxil</i> .....	8
ADMELOG.....	47
ADMELOG SOLOSTAR .....	47
ADVAIR HFA AER 115/21 .....	76
ADVAIR HFA AER 230/21 .....	76
ADVAIR HFA AER 45/21 .....	76
<i>afirmelle</i> .....	50
AIMOVIG.....	43
AKEEGA TAB 100/500 .....	13
AKEEGA TAB 50/500MG .....	13
<i>ala-cort</i> .....	79
<i>albendazole</i> .....	3
<i>albuterol sulfate</i> .....	74
<i>alclometasone dipropionate</i> .....	79
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY .....	48
ALDURAZYME .....	56
ALECENSA.....	15
<i>alendronate sodium</i> .....	49
<i>alfuzosin hcl</i> .....	61
<i>aliskiren fumarate</i> .....	29
<i>allopurinol</i> .....	1
<i>alosetron hcl</i> .....	60
<i>alprazolam</i> .....	31
<i>altavera</i> .....	50
ALTOPREV .....	26
ALUNBRIG .....	15
ALUNBRIG PAK .....	15
ALVAIZ .....	63
ALVESCO .....	76
<i>alyacen 1/35</i> .....	50
<i>alyacen 7/7/7</i> .....	50
ALYGLO .....	65
<i>alyq</i> .....	31
<i>amantadine hcl</i> .....	33
<i>ambrisentan</i> .....	31
<i>amethia</i> .....	50
<i>amethyst</i> .....	50
<i>amikacin sulfate</i> .....	3
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	29
<i>amiloride hcl</i> .....	29
<i>amiodarone hcl</i> .....	26
<i>amitriptyline hcl</i> .....	32
<i>amlodipine besylate</i> .....	28
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....	30

<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	30	<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	10
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	30	<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	10
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	30	<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	10
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	30	<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	10
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	22	<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....	11
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	22	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	41
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	22	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	41
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	22	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	41
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	22	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	41
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	22	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	41
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	41
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	41
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	41
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	41
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	41
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	41
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	41
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	41
<i>amnesteem</i> .....	77	<i>amphotericin b</i> .....	5
<i>amoxapine</i> .....	32	<i>amphotericin b liposome</i> .....	5
<i>amoxicillin</i> .....	10	<i>ampicillin</i> .....	11
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....	10	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	10	<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	10	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....	11
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	10	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....	11

<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	11	<i>aurovela 24 fe</i> .....	50
<i>ampicillin sodium</i> .....	11	<i>aurovela fe 1.5/30</i> .....	50
<i>anagrelide hcl</i> .....	63	<i>aurovela fe 1/20</i> .....	50
<i>anastrozole</i> .....	13	AUSTEDO .....	43
ANORO ELLIPT AER 62.5-25 .....	73	AUSTEDO XR .....	43
<i>aprepitant</i> .....	58	AUSTEDO XR TAB TITR KIT .....	43
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	58	AUVELITY TAB 45-105MG.....	32
<i>apri</i> .....	50	<i>aviane</i> .....	50
APTIOM.....	37	<i>ayuna</i> .....	50
APTIVUS .....	6	AYVAKIT .....	15
ARALAST NP .....	74	<i>azacitidine</i> .....	12
<i>aranelle</i> .....	50	<i>azathioprine</i> .....	66
ARCALYST .....	66	<i>azelaic acid</i> .....	80
AREXVY.....	67	<i>azelastine hcl</i> .....	73
<i>arformoterol tartrate</i> .....	74	<i>azelastine hcl (ophth)</i> .....	71
ARIKAYCE .....	3	<i>azithromycin</i> .....	9
<i>aripiprazole</i> .....	34, 35	<i>aztreonam</i> .....	3
ARISTADA .....	35	<i>azurette</i> .....	50
ARISTADA INITIO.....	35	<b>B</b>	
<i>armodafinil</i> .....	45	<i>bacitracin (ophthalmic)</i> .....	70
ARNUITY ELLIPTA.....	76	<i>bacitracin-polymyxin b ophth oint</i> ....	71
<i>asenapine maleate</i> .....	35	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	70
<i>ashlyna</i> .....	50	<i>baclofen</i> .....	44
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	63	BAFIERTAM .....	44
ASTAGRAF XL .....	66	<i>balsalazide disodium</i> .....	59
<i>atazanavir sulfate</i> .....	6	BALVERSA.....	15
<i>atenolol</i> .....	28	<i>balziva</i> .....	50
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	27	BARACLUDE .....	8
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	27	BASAGLAR KWIKPEN .....	48
<i>atomoxetine hcl</i> .....	41	BCG VACCINE.....	67
<i>atorvastatin calcium</i> .....	26	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	22
<i>atovaquone</i> .....	3	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	23
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	5	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	23
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	5	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i> .....	22
ATROPINE SULFATE.....	72	<i>benazepril hcl</i> .....	23
<i>atropine sulfate (ophthalmic)</i> .....	72	BENDAMUSTINE HYDROCHLORID.....	12
ATROVENT HFA .....	73	BENDEKA .....	12
<i>aubra eq</i> .....	50	BENLYSTA .....	66
AUGTYRO .....	15	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	77
<i>aurovela 1/20</i> .....	50	<i>benztropine mesylate</i> .....	33
		BERINERT .....	63

BESIVANCE .....	71	BRIVIACT .....	37
BESREMI .....	14	<i>bromfenac sodium (ophth)</i> .....	71
<i>betaine powder for oral solution</i> .....	56	<i>bromocriptine mesylate</i> .....	33
<i>betamethasone dipropionate (topical)</i> .....	79	BRONCHITOL .....	74
<i>betamethasone dipropionate</i> <i>augmented</i> .....	79	BRUKINSA .....	15
<i>betamethasone valerate</i> .....	79	<i>budesonide</i> .....	59
BETASERON .....	44	<i>budesonide (inhalation)</i> .....	76
<i>betaxolol hcl (ophth)</i> .....	72	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i> .....	77
<i>bethanechol chloride</i> .....	61	<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i> .....	77
BETOPTIC-S .....	72	<i>bumetanide</i> .....	29
BEVESPI AER 9-4.8MCG .....	73	<i>buprenorphine hcl</i> .....	45
<i>bexarotene</i> .....	14	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i> .....	45
<i>bexarotene (topical)</i> .....	80	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i> .....	45
BEXSERO INJ .....	67	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i> .....	45
<i>bicalutamide</i> .....	13	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i> .....	45
BICILLIN L-A .....	11	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i> .....	45
BIKTARVY TAB 30-120-15 MG .....	7	<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i> .....	45
BIKTARVY TAB 50-200-25 MG .....	7	<i>bupropion hcl</i> .....	32
<i>bisoprolol &amp; hydrochlorothiazide tab</i> <i>10-6.25 mg</i> .....	27	<i>bupropion hcl (smoking deterrent)</i> ...	45
<i>bisoprolol &amp; hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i> .....	27	<i>bupirone hcl</i> .....	31
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i> <i>6.25 mg</i> .....	27	<i>butorphanol tartrate</i> .....	2
<i>bisoprolol fumarate</i> .....	28	<b>C</b>	
BIVIGAM .....	65	<i>cabergoline</i> .....	56
<i>blisovi 24 fe</i> .....	50	CABOMETYX .....	15
<i>blisovi fe 1.5/30</i> .....	50	<i>calcipotriene</i> .....	78
BOOSTRIX INJ .....	67	<i>calcitonin (salmon) spray</i> .....	49
<i>bortezomib</i> .....	15	<i>calcitrene</i> .....	78
BORTEZOMIB .....	15	<i>calcitriol</i> .....	58
<i>bosentan</i> .....	31	<i>calcitriol (oral)</i> .....	58
BOSULIF .....	15	CALQUENCE .....	15
BRAFTOVI .....	15	<i>camila</i> .....	50
BREO ELLIPTA INH 100-25 .....	76	<i>camrese</i> .....	50
BREO ELLIPTA INH 200-25 .....	76	<i>camrese lo</i> .....	50
BREO ELLIPTA INH 50-25MCG .....	76	<i>candesartan cilexetil</i> .....	25
<i>breyana</i> .....	76	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i> .....	24
BREZTRI AERO AER SPHERE .....	73		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....	73		
<i>briellyn</i> .....	50		
BRILINTA .....	63		
<i>brimonidine tartrate</i> .....	72		
<i>brinzolamide</i> .....	72		

<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i> .....	24	<i>carvedilol</i> .....	28
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .	24	<i>casprofungin acetate</i> .....	5
CAPLYTA .....	35	CAYSTON .....	3
CAPRELSA .....	16	<i>cefaclor</i> .....	9
<i>captopril</i> .....	23	<i>cefadroxil</i> .....	9
<i>captopril &amp; hydrochlorothiazide tab 25- 15 mg</i> .....	23	CEFAZOLIN .....	9
<i>captopril &amp; hydrochlorothiazide tab 25- 25 mg</i> .....	23	CEFAZOLIN INJ 1GM/50ML .....	9
<i>captopril &amp; hydrochlorothiazide tab 50- 15 mg</i> .....	23	<i>cefazolin sodium</i> .....	9
<i>captopril &amp; hydrochlorothiazide tab 50- 25 mg</i> .....	23	CEFAZOLIN SOLN 2GM/100ML-4% ....	9
<i>carb/levo orally disintegrating tab 10- 100mg</i> .....	34	<i>cefdinir</i> .....	9
<i>carb/levo orally disintegrating tab 25- 100mg</i> .....	34	<i>cefepime hcl</i> .....	9
<i>carb/levo orally disintegrating tab 25- 250mg</i> .....	34	<i>cefixime</i> .....	9
<i>carbamazepine</i> .....	37	<i>cefotetan disodium</i> .....	9
<i>carbidopa</i> .....	34	<i>cefoxitin sodium</i> .....	9
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	34	<i>cefpodoxime proxetil</i> .....	9
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	34	<i>cefprozil</i> .....	9
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	34	<i>ceftazidime</i> .....	9
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	34	<i>ceftriaxone sodium</i> .....	9
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	34	<i>cefuroxime axetil</i> .....	9
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	34	<i>cefuroxime sodium</i> .....	9
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	34	<i>celecoxib</i> .....	1
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	34	<i>cephalexin</i> .....	9
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	34	CERDELGA .....	56
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	34	CEREZYME .....	56
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	34	<i>cetirizine hcl</i> .....	73
<i>carboplatin</i> .....	12	<i>cevimeline hcl</i> .....	81
<i>carglumic acid</i> .....	56	<i>chateal eq</i> .....	50
<i>carteolol hcl (ophth)</i> .....	72	CHEMET .....	50
<i>cartia xt</i> .....	28	<i>chlorhexidine gluconate (mouth-throat)</i> .....	81
		<i>chloroquine phosphate</i> .....	6
		<i>chlorpromazine hcl</i> .....	35
		<i>chlorthalidone</i> .....	29
		<i>cholestyramine</i> .....	27
		<i>cholestyramine light</i> .....	27
		<i>choline fenofibrate</i> .....	26
		<i>ciclopirox</i> .....	78
		<i>ciclopirox olamine</i> .....	78
		<i>cilostazol</i> .....	63
		CILOXAN .....	71
		CIMDUO TAB 300-300 .....	7
		<i>cinacalcet hcl</i> .....	56
		CIPRO.....	10
		<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
		<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
		<i>ciprofloxacin hcl</i> .....	10
		<i>ciprofloxacin hcl (ophth)</i> .....	71

<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%.....	72	<i>colesevelam hcl</i> .....	27
<i>cisplatin</i> .....	12	<i>colestipol hcl</i> .....	27
<i>citalopram hydrobromide</i> .....	32	<i>colistimethate sodium</i> .....	3
<i>claravis</i> .....	77	COMBIGAN SOL 0.2/0.5% .....	72
<i>clarithromycin</i> .....	10	COMBIVENT AER 20-100 .....	73
<i>clindamycin hcl</i> .....	3	COMETRIQ (60MG DOSE).....	16
<i>clindamycin palmitate hydrochloride</i> ..	3	COMETRIQ KIT 100MG.....	16
<i>clindamycin phosphate</i> .....	3	COMETRIQ KIT 140MG.....	16
<i>clindamycin phosphate (topical)</i> .....	77	COMPLERA TAB.....	7
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml .....	3	<i>compro</i> .....	58
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml .....	3	<i>constulose</i> .....	59
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml .....	3	COPAXONE .....	44
<i>clindamycin phosphate vaginal</i> .....	62	COPIKTRA .....	16
CLINDMYC/NAC INJ 300/50ML .....	3	CORLANOR.....	30
CLINDMYC/NAC INJ 600/50ML .....	3	COSENTYX .....	63
CLINDMYC/NAC INJ 900/50ML .....	3	COSENTYX SENSOREADY PEN.....	63
CLINIMIX INJ 4.25/D10.....	70	COSENTYX UNOREADY.....	64
CLINIMIX INJ 4.25/D5W.....	70	COTELLIC.....	16
CLINIMIX INJ 5%/D15W .....	70	CREON CAP 12000UNT.....	60
CLINIMIX INJ 5%/D20W .....	70	CREON CAP 24000UNT.....	60
CLINIMIX INJ 6/5 .....	70	CREON CAP 3000UNIT .....	60
CLINIMIX INJ 8/10 .....	70	CREON CAP 36000UNT.....	60
CLINIMIX INJ 8/14 .....	70	CREON CAP 6000UNIT .....	60
<i>clinisol sf 15%</i> .....	70	<i>cromolyn sodium</i> .....	74
CLINOLIPID EMU 20% .....	70	<i>cromolyn sodium (mastocytosis)</i> .....	60
<i>clobazam</i> .....	37	<i>cromolyn sodium (ophth)</i> .....	72
<i>clobetasol propionate</i> .....	79	<i>cryselle-28</i> .....	50
<i>clobetasol propionate e</i> .....	79	<i>cyclobenzaprine hcl</i> .....	44
<i>clomipramine hcl</i> .....	32	<i>cyclophosphamide</i> .....	12
<i>clonazepam</i> .....	37	CYCLOPHOSPHAMIDE .....	12
<i>clonidine</i> .....	30	CYCLOPHOSPHAMIDE MONOHYDR....	12
<i>clonidine hcl</i> .....	30	<i>cycloserine</i> .....	8
<i>clopidogrel bisulfate</i> .....	63	<i>cyclosporine</i> .....	66
<i>clorazepate dipotassium</i> .....	37	<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	66
<i>clotrimazole</i> .....	81	<i>cyproheptadine hcl</i> .....	73
<i>clotrimazole (topical)</i> .....	78	<i>cyred eq</i> .....	50
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%.....	78	CYSTADROPS.....	72
<i>clozapine</i> .....	35	CYSTAGON .....	56
COARTEM TAB 20-120MG.....	6	CYSTARAN .....	72
<i>colchicine</i> .....	1	<i>cytarabine</i> .....	12
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i> .....	1	<b>D</b>	
		D10W/NACL INJ 0.2% .....	68
		D2.5W/NACL INJ 0.45%.....	68
		<i>dabigatran etexilate mesylate</i> .....	62
		<i>dalfampridine</i> .....	44
		<i>danazol</i> .....	45

<i>dantrolene sodium</i> .....	45	<i>dextrose 5% w/ sodium chloride 0.45%</i> .....	68
<i>dapsone</i> .....	3	<i>dextrose 5% w/ sodium chloride 0.9%</i> .....	68
DAPTACEL INJ.....	67	DIACOMIT .....	37, 38
<i>daptomycin</i> .....	3	<i>diazepam</i> .....	38
DAPTOMYCIN.....	3	<i>diazepam (anticonvulsant)</i> .....	38
<i>darifenacin hydrobromide</i> .....	61	<i>diazepam inj</i> .....	38
<i>darunavir</i> .....	6	<i>diazepam intensol</i> .....	38
<i>dasetta 1/35</i> .....	50	<i>diazoxide</i> .....	56
<i>dasetta 7/7/7</i> .....	50	<i>diclofenac potassium</i> .....	1
DAURISMO .....	16	<i>diclofenac sodium</i> .....	1
<i>daysee</i> .....	50	<i>diclofenac sodium (ophth)</i> .....	71
DAYVIGO .....	42	<i>diclofenac sodium (topical)</i> .....	80
<i>deblitane</i> .....	50	<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i> .....	1
<i>deferasirox</i> .....	50	<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i> .....	1
DELSTRIGO TAB.....	7	<i>dicloxacillin sodium</i> .....	11
DENGVAZIA SUS.....	67	<i>dicyclomine hcl</i> .....	59
DEPO-SUBQ PROVERA 104 .....	51	DIFICID .....	10
<i>depo-testosterone</i> .....	46	<i>diflunisal</i> .....	1
DESCOVY TAB 120-15MG .....	7	<i>difluprednate</i> .....	71
DESCOVY TAB 200/25MG .....	7	<i>digoxin</i> .....	30
<i>desipramine hcl</i> .....	32	<i>dihydroergotamine mesylate</i> .....	43
<i>desloratadine</i> .....	73	DILANTIN.....	38
<i>desmopressin acetate</i> .....	56	<i>diltiazem hcl</i> .....	28
<i>desmopressin acetate spray</i> .....	56	<i>diltiazem hcl coated beads</i> .....	28
<i>desmopressin acetate spray</i> <i>refrigerated</i> .....	56	<i>diltiazem hcl extended release beads</i> .....	28
<i>desogest-eth estrad &amp; eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i> .....	51	<i>dilt-xr</i> .....	28
<i>desvenlafaxine succinate</i> .....	32	DIP/TET PED INJ 25-5LFU .....	67
<i>dexamethasone</i> .....	55	<i>diphenhydramine hcl</i> .....	73
DEXAMETHASONE INTENSOL.....	55	<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i> .....	60
<i>dexamethasone sodium phosphate</i> ...55		<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i> .....	60
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i> .....	71	<i>dipyridamole</i> .....	63
<i>dexmethylphenidate hcl</i> .....	42	<i>disopyramide phosphate</i> .....	26
<i>dextrose</i> .....	70	<i>disulfiram</i> .....	45
<i>dextrose 10% w/ sodium chloride</i> <i>0.45%</i> .....	68	<i>divalproex sodium</i> .....	38
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i> .....	68	<i>docetaxel</i> .....	14
<i>dextrose 5% in lactated ringers</i> .....	68	DOCETAXEL.....	14
<i>dextrose 5% w/ sodium chloride 0.2%</i> .....	68	<i>dofetilide</i> .....	26
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i> .....	68	<i>dolishale</i> .....	51
<i>dextrose 5% w/ sodium chloride 0.3%</i> .....	68	<i>donepezil hydrochloride</i> .....	31
		DOPTELET .....	63
		<i>dorzolamide hcl</i> .....	72

<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	72	ELIGARD .....	13
<i>dotti</i> .....	54	<i>elinst</i> .....	51
DOVATO TAB 50-300MG.....	7	ELIQUIS .....	62
<i>doxazosin mesylate</i> .....	24	ELIQUIS STARTER PACK.....	62
<i>doxepin hcl</i> .....	32	<i>eluryng</i> .....	51
<i>doxepin hcl (sleep)</i> .....	42	EMGALITY .....	43
<i>doxercalciferol</i> .....	58	EMSAM .....	32
<i>doxorubicin hcl</i> .....	14	<i>emtricitabine</i> .....	6
<i>doxorubicin hcl liposomal</i> .....	14	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	7
<i>doxy 100</i> .....	11	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	7
<i>doxycycline (monohydrate)</i> .....	11	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	7
<i>doxycycline hyclate</i> .....	12	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	7
DRIZALMA SPRINKLE.....	32	EMTRIVA.....	6
<i>dronabinol</i> .....	58	EMVERM .....	3
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	51	<i>emzahh</i> .....	51
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	51	<i>enalapril maleate</i> .....	23
<i>drospirenone-ethinyl estradiol levomefolate tab 3-0.02-0.451 mg</i> 51		<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	23
<i>drospirenone-ethinyl estradiol levomefolate tab 3-0.03-0.451 mg</i> 51		<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	23
DROXIA .....	63	ENBREL.....	64
<i>droxidopa</i> .....	30	ENBREL MINI .....	64
DULERA AER 100-5MCG .....	77	ENBREL SURECLICK .....	64
DULERA AER 200-5MCG .....	77	<i>endocet tab 10-325mg</i> .....	2
DULERA AER 50-5MCG.....	77	<i>endocet tab 2.5-325mg</i> .....	2
<i>duloxetine hcl</i> .....	32	<i>endocet tab 5-325mg</i> .....	2
DUPIXENT .....	64	<i>endocet tab 7.5-325mg</i> .....	2
<i>dutasteride</i> .....	61	ENGERIX-B.....	67
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	61	<i>enilloring</i> .....	51
<b>E</b>		<i>enoxaparin sodium</i> .....	62
<i>e.e.s. 400</i> .....	10	<i>enpresse-28</i> .....	51
<i>econazole nitrate</i> .....	78	<i>enskyce</i> .....	51
EDARBI.....	25	ENSTILAR AER.....	78
EDARBYCLOR TAB 40-12.5 .....	24	<i>entacapone</i> .....	34
EDARBYCLOR TAB 40-25MG .....	24	<i>entecavir</i> .....	8
EDURANT .....	6	ENTRESTO CAP 15-16MG .....	24
<i>efavirenz</i> .....	6	ENTRESTO CAP 6-6MG.....	24
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	7	ENTRESTO TAB 24-26MG .....	24
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	7	ENTRESTO TAB 49-51MG .....	24
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	7	ENTRESTO TAB 97-103MG .....	24
		<i>enulose</i> .....	59
		EPCLUSA PAK 150-37.5 .....	8
		EPCLUSA PAK 200-50MG.....	8



EPCLUSA TAB 200-50MG.....	8	EVOTAZ TAB 300-150.....	7
EPCLUSA TAB 400-100.....	8	exemestane.....	13
EPIDIOLEX .....	38	EYSUVIS .....	72
<i>epinephrine (anaphylaxis) ....</i>	<i>30, 74, 75</i>	EZALLOR SPRINKLE.....	26
<i>epitol .....</i>	<i>38</i>	ezetimibe .....	27
<i>eplerenone .....</i>	<i>23</i>	<i>ezetimibe-simvastatin tab 10-10 mg.</i>	<i>27</i>
EPRONTIA .....	38	<i>ezetimibe-simvastatin tab 10-20 mg.</i>	<i>27</i>
<i>ergotamine w/ caffeine tab 1-100 mg</i>		<i>ezetimibe-simvastatin tab 10-40 mg.</i>	<i>27</i>
.....	43	<i>ezetimibe-simvastatin tab 10-80 mg.</i>	<i>27</i>
ERIVEDGE .....	16	<b>F</b>	
ERLEADA.....	13	FABRAZYME.....	56
<i>erlotinib hcl .....</i>	<i>16</i>	<i>falmina .....</i>	<i>51</i>
<i>errin .....</i>	<i>51</i>	<i>famciclovir .....</i>	<i>8</i>
<i>ertapenem sodium .....</i>	<i>3</i>	<i>famotidine.....</i>	<i>59</i>
<i>ery .....</i>	<i>77</i>	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>ery-tab .....</i>	<i>10</i>	<i>mg/50ml .....</i>	<i>59</i>
ERYTHROCIN LACTOBIONATE .....	10	FANAPT.....	35
<i>erythromycin (acne aid) .....</i>	<i>77</i>	FANAPT PAK .....	35
<i>erythromycin (ophth).....</i>	<i>71</i>	FARXIGA .....	46
<i>erythromycin base.....</i>	<i>10</i>	FASENRA .....	75
<i>erythromycin ethylsuccinate .....</i>	<i>10</i>	FASENRA PEN .....	75
<i>erythromycin lactobionate .....</i>	<i>10</i>	<i>febuxostat.....</i>	<i>1</i>
<i>escitalopram oxalate.....</i>	<i>32</i>	<i>felbamate.....</i>	<i>38</i>
<i>esomeprazole magnesium .....</i>	<i>61</i>	<i>felodipine .....</i>	<i>28</i>
<i>estarylla.....</i>	<i>51</i>	<i>fenofibrate .....</i>	<i>26</i>
<i>estradiol.....</i>	<i>55</i>	<i>fenofibrate micronized .....</i>	<i>26</i>
<i>estradiol &amp; norethindrone acetate tab</i>		<i>fentanyl .....</i>	<i>1</i>
<i>0.5-0.1 mg .....</i>	<i>55</i>	<i>fentanyl citrate .....</i>	<i>2</i>
<i>estradiol &amp; norethindrone acetate tab</i>		<i>fesoterodine fumarate.....</i>	<i>61</i>
<i>1-0.5 mg .....</i>	<i>55</i>	FETZIMA .....	32
<i>estradiol vaginal.....</i>	<i>55</i>	FETZIMA CAP TITRATIO .....	32
<i>estradiol valerate .....</i>	<i>55</i>	FIASP .....	48
<i>ethambutol hcl.....</i>	<i>8</i>	FIASP FLEXTOUCH.....	48
<i>ethosuximide .....</i>	<i>38</i>	FIASP PENFILL.....	48
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		FIASP PUMPCART .....	48
<i>tab 1 mg-35 mcg.....</i>	<i>51</i>	<i>finasteride .....</i>	<i>61</i>
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		<i> fingolimod hcl .....</i>	<i>44</i>
<i>tab 1 mg-50 mcg.....</i>	<i>51</i>	FINTEPLA .....	38
etodolac.....	1	<i>finzala .....</i>	<i>51</i>
<i>etonogestrel-ethinyl estradiol va ring</i>		FIRMAGON .....	13
<i>0.12-0.015 mg/24hr .....</i>	<i>51</i>	<i>flac.....</i>	<i>72</i>
<i>etoposide .....</i>	<i>15</i>	FLAREX.....	71
<i>etravirine .....</i>	<i>6</i>	FLEBOGAMMA DIF .....	66
EULEXIN .....	13	<i>flecainide acetate .....</i>	<i>26</i>
<i>euthyrox .....</i>	<i>57</i>	<i>fluconazole .....</i>	<i>5</i>
<i>everolimus .....</i>	<i>16</i>	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>everolimus (immunosuppressant).....</i>	<i>66</i>	<i>mg/100ml .....</i>	<i>5</i>

<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	5	<i>gabapentin (once-daily)</i> .....	44
<i>flucytosine</i> .....	5	<i>galantamine hydrobromide</i> .....	31
<i>fludrocortisone acetate</i> .....	55	GAMASTAN INJ .....	66
<i>flunisolide (nasal)</i> .....	76	GAMMAGARD LIQUID .....	66
<i>fluocinolone acetonide</i> .....	79	GAMMAGARD S/D IGA LESS TH .....	66
<i>fluocinolone acetonide (otic)</i> .....	72	GAMMAKED .....	66
<i>fluocinonide</i> .....	79	GAMMAPLEX .....	66
<i>fluocinonide emulsified base</i> .....	79	GAMUNEX-C .....	66
<i>fluorometholone (ophth)</i> .....	71	<i>ganciclovir sodium</i> .....	8
<i>fluorouracil</i> .....	12	GARDASIL 9 INJ .....	67
<i>fluorouracil (topical)</i> .....	80	<i>gatifloxacin (ophth)</i> .....	71
<i>fluoxetine hcl</i> .....	33	GATTEX .....	60
<i>fluphenazine decanoate</i> .....	35	GAUZE PADS 2 .....	48
<i>fluphenazine hcl</i> .....	35	<i>gavilyte-c</i> .....	59
<i>flurbiprofen</i> .....	1	<i>gavilyte-g</i> .....	59
<i>flurbiprofen sodium</i> .....	71	<i>gavilyte-n/ flavor pack</i> .....	60
<i>fluticasone propionate</i> .....	79	GAVRETO .....	16
<i>fluticasone propionate (nasal)</i> .....	76	<i>gefitinib</i> .....	16
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .....	77	<i>gemcitabine hcl</i> .....	12
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .....	77	<i>gemfibrozil</i> .....	26
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .....	77	<i>generlac</i> .....	60
<i>fluvastatin sodium</i> .....	26	<i>gengraf</i> .....	66
<i>fluvoxamine maleate</i> .....	31	GENOTROPIN .....	56
<i>fondaparinux sodium</i> .....	62	GENOTROPIN MINIQUICK .....	56
<i>formoterol fumarate</i> .....	74	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	3
<i>fosamprenavir calcium</i> .....	6	<i>gentamicin in saline inj 1 mg/ml</i> .....	4
<i>fosinopril sodium</i> .....	23	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	4
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	23	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	4
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	23	<i>gentamicin in saline inj 2 mg/ml</i> .....	4
FOTIVDA .....	16	<i>gentamicin sulfate</i> .....	4
FRUZAQLA .....	16	<i>gentamicin sulfate (ophth)</i> .....	71
FULPHILA .....	62	<i>gentamicin sulfate (topical)</i> .....	78
<i>fulvestrant</i> .....	13	GENVOYA TAB .....	7
<i>furosemide</i> .....	29	GILOTRIF .....	16
<i>furosemide inj</i> .....	29	<i>glatiramer acetate</i> .....	44
FUZEON .....	6	<i>glatopa</i> .....	44
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	55	GLEOSTINE .....	12
<i>fyavolv tab 1mg-5mcg</i> .....	55	<i>glimepiride</i> .....	46
FYCOMPA .....	38	<i>glipizide</i> .....	46
<b>G</b>		<i>glipizide xl</i> .....	46
<i>gabapentin</i> .....	38	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	46
		<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	46
		<i>glipizide-metformin hcl tab 5-500 mg</i> .....	46
		<i>glycopyrrolate</i> .....	59
		<i>glydo</i> .....	80

GLYXAMBI TAB 10-5 MG	46
GLYXAMBI TAB 25-5 MG	46
<i>granisetron hcl</i>	58
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	30
<i>guanfacine hcl (adhd)</i>	42
<b>H</b>	
HAEGARDA	63
<i>hailey 1.5/30</i>	51
<i>hailey 24 fe</i>	51
<i>halobetasol propionate</i>	79
<i>haloette</i>	51
<i>haloperidol</i>	35
<i>haloperidol decanoate</i>	35
<i>haloperidol lactate</i>	35
HARVONI PAK 33.75-150MG	8
HARVONI PAK 45-200MG	8
HARVONI TAB 45-200MG	8
HARVONI TAB 90-400MG	8
HAVRIX	67
<i>heather</i>	51
HEP SOD/NACL INJ 25000UNT	62
<i>heparin sodium (porcine)</i>	62
HEPLISAV-B	67
HERCEP HYLEC SOL 60-10000	16
HERCEPTIN	16
HERZUMA	16
HIBERIX	67
HUMIRA	64
HUMIRA PEN	64
HUMIRA PEN KIT PS/UV	64
HUMIRA PEN-CD/UC/HS START	64
HUMIRA PEN-PEDIATRIC UC S	64
HUMULIN R U-500 (CONCENTR	48
HUMULIN R U-500 KWIKPEN	48
<i>hydralazine hcl</i>	30
<i>hydrochlorothiazide</i>	29
<i>hydrocodone bitartrate</i>	2
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2

<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	55
<i>hydrocortisone (intrarectal)</i>	59
<i>hydrocortisone (rectal)</i>	80
<i>hydrocortisone (topical)</i>	79
<i>hydrocortisone valerate</i>	79
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	72
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	65
<i>hydroxyurea</i>	14
<i>hydroxyzine hcl</i>	73
<i>hydroxyzine pamoate</i>	73
<b>I</b>	
<i>ibandronate sodium</i>	49
IBRANCE	17
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	63
<i>iclevia</i>	51
ICLUSIG	17
IDACIO (2 PEN)	64
IDACIO (2 SYRINGE)	64
IDACIO CROHN INJ DISEASE	64
IDACIO PLAQU INJ PSORIASIS	64
IDHIFA	17
<i>imatinib mesylate</i>	17
IMBRUVICA	17
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4
<i>imipramine hcl</i>	33
<i>imiquimod</i>	80
IMOVAX RABIES (H.D.C.V.)	67
IMPAVIDO	4
INBRIJA	34
<i>incassia</i>	51
INCRELEX	56
INCRUSE ELLIPTA	73
<i>indapamide</i>	29
INFANRIX INJ	67
INFLIXIMAB	64
INLYTA	17
INQOVI TAB 35-100MG	12
INREBIC	17

INSULIN PEN NEEDLES: BD-EMBECTA .....	48	JARDIANCE .....	46
INSULIN SAFETY NEEDLES: BD-EMBECTA.....	48	<i>jasmiel</i> .....	51
INSULIN SYRINGES: BD-EMBECTA ...	48	<i>javygtor</i> .....	56
INTELENCE.....	6	JAYPIRCA.....	17
INTRALIPID .....	70	JENTADUETO TAB 2.5-1000.....	46
<i>introvale</i> .....	51	JENTADUETO TAB 2.5-500 .....	46
INVEGA HAFYERA.....	35	JENTADUETO TAB 2.5-850 .....	46
INVEGA SUSTENNA .....	35	JENTADUETO TAB XR 2.5-1000MG ...	46
INVEGA TRINZA .....	35	JENTADUETO TAB XR 5-1000MG .....	46
IPOL INJ INACTIVE .....	67	<i>jinteli</i> .....	55
<i>ipratropium bromide</i> .....	73	<i>jolessa</i> .....	51
<i>ipratropium bromide (nasal)</i> .....	73	<i>juleber</i> .....	51
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	73	JULUCA TAB 50-25MG.....	7
<i>irbesartan</i> .....	25	<i>junel 1.5/30</i> .....	51
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	24	<i>junel 1/20</i> .....	51
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	24	<i>junel fe 1.5/30</i> .....	51
<i>irinotecan hcl</i> .....	14	<i>junel fe 1/20</i> .....	51
ISENTRESS.....	6	<i>junel fe 24</i> .....	51
ISENTRESS HD .....	6	JYLAMVO.....	65
<i>isibloom</i> .....	51	JYNNEOS.....	67
ISOLYTE-P INJ /D5W .....	68	<b>K</b>	
ISOLYTE-S INJ PH 7.4.....	68	KADCYLA .....	17
<i>isoniazid</i> .....	8	<i>kaitlib fe</i> .....	51
<i>isosorbide dinitrate</i> .....	31	KALYDECO .....	75
<i>isosorbide mononitrate</i> .....	31	KANJINTI .....	17
<i>isotretinoin</i> .....	77	<i>kariva</i> .....	52
<i>isradipine</i> .....	28	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
<i>itraconazole</i> .....	5	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	69
<i>ivabradine hcl</i> .....	30	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	68
<i>ivermectin</i> .....	4	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	68
IWILFIN .....	14	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	68
IXCHIQ INJ.....	67	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	69
IXIARO INJ .....	67	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	68
<b>J</b>		<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	69
JAKAFI.....	17	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	69
<i>jantoven</i> .....	62	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	69
JANUMET TAB 50-1000 .....	46	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	69
JANUMET TAB 50-500MG .....	46		
JANUMET XR TAB 100-1000.....	46		
JANUMET XR TAB 50-1000 .....	46		
JANUMET XR TAB 50-500MG.....	46		
JANUVIA .....	46		

KCL/D5W/NACL INJ 0.3/0.9%.....	69	<i>larin fe 1.5/30</i> .....	52
<i>kelnor 1/35</i> .....	52	<i>larin fe 1/20</i> .....	52
<i>kelnor 1/50</i> .....	52	<i>latanoprost</i> .....	72
KERENDIA .....	23	<i>layolis fe</i> .....	52
KESIMPTA .....	44	<i>leena</i> .....	52
<i>ketoconazole</i> .....	5	<i>leflunomide</i> .....	65
<i>ketoconazole (topical)</i> .....	78	<i>lenalidomide</i> .....	14
<i>ketorolac tromethamine (ophth)</i> .....	71	LENVIMA 10 MG DAILY DOSE .....	18
KEYTRUDA.....	17	LENVIMA 12MG DAILY DOSE .....	18
KINRIX INJ .....	67	LENVIMA 20 MG DAILY DOSE .....	18
<i>kionex</i> .....	50	LENVIMA 4 MG DAILY DOSE .....	18
KISQALI 200 DOSE.....	17	LENVIMA 8 MG DAILY DOSE .....	18
KISQALI 200 PAK FEMARA.....	17	LENVIMA CAP 14 MG .....	18
KISQALI 400 DOSE.....	17	LENVIMA CAP 18 MG .....	18
KISQALI 400 PAK FEMARA.....	17	LENVIMA CAP 24 MG .....	18
KISQALI 600 DOSE.....	17	<i>lessina</i> .....	52
KISQALI 600 PAK FEMARA.....	17	<i>letrozole</i> .....	13
<i>klayesta</i> .....	78	<i>leucovorin calcium</i> .....	22
<i>klor-con</i> .....	69	<i>leuprolide acetate</i> .....	13
<i>klor-con 10</i> .....	69	<i>levabuterol hcl</i> .....	74
<i>klor-con 8</i> .....	69	<i>levabuterol tartrate</i> .....	74
<i>klor-con m10</i> .....	69	<i>levetiracetam</i> .....	39
<i>klor-con m15</i> .....	69	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i> .....	39
<i>klor-con m20</i> .....	69	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i> .....	39
KOSELUGO .....	18	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i> .....	39
<i>kourzeq</i> .....	81	<i>levobunolol hcl</i> .....	72
KRAZATI .....	18	<i>levocarnitine (metabolic modifiers)</i> ...56	
<i>kurvelo</i> .....	52	<i>levocetirizine dihydrochloride</i> .....	74
<b>L</b>		<i>levofloxacin</i> .....	10
<i>labetalol hcl</i> .....	28	<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i> .....	10
<i>lacosamide</i> .....	39	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i> .....	10
<i>lacosamide oral</i> .....	39	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i> .....	10
<i>lactated ringer's solution</i> .....	69	<i>levonest</i> .....	52
<i>lactic acid (ammonium lactate)</i> .....	80	<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &amp;eth est 0.01</i> <i>mg</i> .....	52
<i>lactulose</i> .....	60	<i>levonorgestrel &amp; ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i> .....	52
<i>lactulose (encephalopathy)</i> .....	60	<i>levonorgestrel &amp; ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i> .....	52
<i>lamivudine</i> .....	6		
<i>lamivudine (hbv)</i> .....	8		
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	7		
<i>lamotrigine</i> .....	39		
<i>lanreotide acetate</i> .....	56		
<i>lansoprazole</i> .....	61		
<i>lapatinib ditosylate</i> .....	18		
<i>larin 1.5/30</i> .....	52		
<i>larin 1/20</i> .....	52		
<i>larin 24 fe</i> .....	52		

<i>levonorgestrel &amp; ethinyl estradiol tab</i>		<i>lopinavir-ritonavir soln 400-100</i>	
0.15 mg-30 mcg .....	52	mg/5ml (80-20 mg/ml) .....	7
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>lopinavir-ritonavir tab 100-25 mg.....</i>	7
30/0.075-40/0.125-30mg-mcg .....	52	<i>lopinavir-ritonavir tab 200-50 mg.....</i>	7
<i>levonorgestrel-ethinyl estradiol</i>		<i>lorazepam .....</i>	31
(continuous) tab 90-20 mcg.....	52	<i>lorazepam intensol .....</i>	31
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>		LORBRENA .....	18
<i>eth est tab 0.01mg(7).....</i>	52	<i>loryna .....</i>	52
<i>levonorg-eth est tab 0.15-0.03mg(84)</i>		<i>losartan potassium .....</i>	25
& <i>eth est tab 0.01mg(7).....</i>	52	<i>losartan potassium &amp;</i>	
<i>levora 0.15/30-28 .....</i>	52	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>levo-t.....</i>	57	.....	24
<i>levothyroxine sodium.....</i>	57	<i>losartan potassium &amp;</i>	
<i>levoxyl.....</i>	58	<i>hydrochlorothiazide tab 100-25 mg</i>	25
<i>l-glutamine (sickle cell) .....</i>	63	<i>losartan potassium &amp;</i>	
LIBERVANT.....	39	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>lidocaine .....</i>	80	.....	24
<i>lidocaine hcl .....</i>	80	LOTEMAX .....	71
<i>lidocaine hcl (local anesth.) .....</i>	1	<i>loteprednol etabonate.....</i>	71
<i>lidocaine hcl (mouth-throat) .....</i>	81	<i>lovastatin .....</i>	26
<i>lidocaine-prilocaine cream 2.5-2.5%.</i>	80	<i>low-ogestrel .....</i>	52
<i>lidocan.....</i>	80	<i>loxapine succinate .....</i>	35
LILETTA .....	52	LUMAKRAS .....	18
<i>linezolid .....</i>	4	LUMIGAN .....	72
LINEZOLID INJ 2MG/ML .....	4	LUMIZYME.....	56
LINZESS .....	60	LUPRON DEPOT (1-MONTH).....	13
<i>liothyronine sodium .....</i>	58	LUPRON DEPOT (3-MONTH).....	13
<i>lisdexamphetamine dimesylate .....</i>	42	LUPRON DEPOT-PED (1-MONTH .....	56
<i>lisinopril .....</i>	23	LUPRON DEPOT-PED (3-MONTH .....	57
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>		LUPRON DEPOT-PED (6-MONTH .....	57
12.5 mg .....	23	<i>lurasidone hcl .....</i>	35, 36
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		<i>lutura .....</i>	52
12.5 mg .....	23	<i>lyleq.....</i>	52
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		<i>lyllana .....</i>	55
25 mg .....	23	LYNPARZA .....	18
<i>lithium .....</i>	44	LYSODREN .....	13
<i>lithium carbonate .....</i>	44	LYTGOBI (12 MG DAILY DOSE) .....	18
LIVTENCITY.....	8	LYTGOBI (16 MG DAILY DOSE) .....	18
<i>loestrin 1.5/30-21 .....</i>	52	LYTGOBI (20 MG DAILY DOSE) .....	18
<i>loestrin 1/20-21 .....</i>	52	<i>lyza .....</i>	52
<i>loestrin fe 1.5/30 .....</i>	52	<b>M</b>	
<i>loestrin fe 1/20 .....</i>	52	<i>magnesium sulfate .....</i>	69
LOKELMA .....	50	MAGNESIUM SULFATE .....	69
LONSURF TAB 15-6.14.....	12	<i>magnesium sulfate in dextrose 5% iv</i>	
LONSURF TAB 20-8.19.....	13	<i>soln 1 gm/100ml .....</i>	69
<i>loperamide hcl .....</i>	60	<i>malathion.....</i>	81
		<i>maraviroc.....</i>	6

<i>marlissa</i> .....	52	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
MARPLAN .....	33	50-25 mg .....	27
MATULANE .....	14	<i>metoprolol succinate</i> .....	28
<i>matzim la</i> .....	29	<i>metoprolol tartrate</i> .....	28
MAVYRET PAK 50-20MG .....	8	<i>metronidazole</i> .....	4
MAVYRET TAB 100-40MG .....	8	<i>metronidazole (topical)</i> .....	80
<i>meclizine hcl</i> .....	58	<i>metronidazole vaginal</i> .....	62
<i>medroxyprogesterone acetate</i> .....	57	<i>metyrosine</i> .....	30
<i>medroxyprogesterone acetate</i>		<i>mibelas 24 fe</i> .....	52
<i>(contraceptive)</i> .....	52	<i>micalfungin sodium</i> .....	5
<i>mefloquine hcl</i> .....	6	<i>microgestin 1.5/30</i> .....	52
<i>megestrol acetate</i> .....	13, 57	<i>microgestin 1/20</i> .....	53
<i>megestrol acetate (appetite)</i> .....	57	<i>microgestin 24 fe</i> .....	53
MEKINIST.....	18	<i>microgestin fe 1.5/30</i> .....	53
MEKTOVI.....	19	<i>microgestin fe 1/20</i> .....	53
<i>meloxicam</i> .....	1	<i>midodrine hcl</i> .....	30
<i>memantine hcl</i> .....	31, 32	MIEBO .....	72
MENACTRA INJ.....	67	<i>mifepristone (hyperglycemia)</i> .....	57
MENQUADFI INJ .....	67	<i>mili</i> .....	53
MENVEO INJ .....	67	<i>mimvey</i> .....	55
MENVEO SOL .....	67	<i>minocycline hcl</i> .....	12
<i>mercaptapurine</i> .....	13	<i>minoxidil</i> .....	30
<i>meropenem</i> .....	4	<i>mirtazapine</i> .....	33
<i>mesalamine</i> .....	59	<i>misoprostol</i> .....	60
<i>mesalamine w/ cleanser</i> .....	59	MITIGARE .....	1
MESNEX .....	22	M-M-R II INJ.....	67
<i>metformin hcl</i> .....	46, 47	M-NATAL PLUS TAB .....	69
<i>methadone hcl</i> .....	2	<i>modafinil</i> .....	45
<i>methadone hydrochloride i</i> .....	2	<i>moexipril hcl</i> .....	23
<i>methazolamide</i> .....	29	<i>molindone hcl</i> .....	36
<i>methenamine hippurate</i> .....	4	<i>mometasone furoate</i> .....	79
<i>methimazole</i> .....	58	<i>mometasone furoate (nasal)</i> .....	76
<i>methotrexate sodium</i> .....	13, 65	MONJUVI.....	19
<i>methoxsalen rapid</i> .....	78	<i>mono-linyah</i> .....	53
<i>methsuximide</i> .....	39	<i>montelukast sodium</i> .....	74
<i>methylphenidate hcl</i> .....	42	<i>morphine sulfate</i> .....	2
<i>methylprednisolone</i> .....	55	MOUNJARO.....	47
<i>methylprednisolone acetate</i> .....	55	MOVANTIK .....	60
<i>methylprednisolone sod succ</i> .....	55	<i>moxifloxacin hcl</i> .....	10
<i>methyltestosterone</i> .....	46	<i>moxifloxacin hcl (ophth)</i> .....	71
<i>metoclopramide hcl</i> .....	58	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>metolazone</i> .....	29	<i>sodium chloride 0.8% inj</i> .....	10
<i>metoprolol &amp; hydrochlorothiazide tab</i>		MRESVIA.....	67
100-25 mg .....	28	MULTAQ.....	26
<i>metoprolol &amp; hydrochlorothiazide tab</i>		<i>multiple electrolytes ph 5.5</i> .....	69
100-50 mg .....	28	<i>multiple electrolytes ph 7.4</i> .....	69
		<i>mupirocin</i> .....	78

<i>mycophenolate mofetil</i> .....	66	<i>nicardipine hcl</i> .....	29
<i>mycophenolate sodium</i> .....	67	NICOTROL INHALER .....	45
MYRBETRIQ.....	61	NICOTROL NS.....	45
<b>N</b>		<i>nifedipine</i> .....	29
<i>nabumetone</i> .....	1	<i>nikki</i> .....	53
<i>nadolol</i> .....	28	<i>nilutamide</i> .....	13
<i>nafcillin sodium</i> .....	11	<i>nimodipine</i> .....	29
NAGLAZYME .....	57	NINLARO.....	19
<i>nalbuphine hcl</i> .....	2	<i>nisoldipine</i> .....	29
<i>naloxone hcl</i> .....	45	<i>nitazoxanide</i> .....	4
<i>naltrexone hcl</i> .....	45	<i>nitisinone</i> .....	57
NAMZARIC CAP 14-10MG .....	32	NITRO-BID .....	31
NAMZARIC CAP 21-10MG .....	32	<i>nitrofurantoin macrocrystal</i> .....	4
NAMZARIC CAP 28-10MG .....	32	<i>nitrofurantoin monohyd macro</i> .....	4
NAMZARIC CAP 7-10MG .....	32	<i>nitroglycerin</i> .....	31
NAMZARIC CAP PACK.....	32	<i>nitroglycerin (intra-anal)</i> .....	80
<i>naproxen</i> .....	1	<i>nizatidine</i> .....	59
<i>naproxen dr</i> .....	1	<i>nora-be</i> .....	53
<i>naproxen sodium</i> .....	1	<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i> .....	53
<i>naratriptan hcl</i> .....	43	<i>norethindrone &amp; ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i> .....	53
<i>nateglinide</i> .....	47	<i>norethindrone &amp; ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i> .....	53
NAYZILAM .....	39	<i>norethindrone (contraceptive)</i> .....	53
<i>nebivolol hcl</i> .....	28	<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i> .....	53
<i>necon 0.5/35-28</i> .....	53	<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i> .....	53
<i>nefazodone hcl</i> .....	33	<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i> .....	53
<i>neomycin sulfate</i> .....	4	<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i> .....	53
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	71	<i>norethindrone acetate</i> .....	57
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..	71	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i> .....	55
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i> .....	70	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i> .....	55
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i> .....	70	<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i> .....	53
<i>neomycin-polymyxin-hc ophth susp</i> ..	70	<i>norgestimate &amp; ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i> .....	53
<i>neomycin-polymyxin-hc otic soln 1%</i>	72	<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> .....	53
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i> .....	73	<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> .....	53
<i>neo-polycin 5(3.5)mg-400unt-</i> <i>10000unt op oin</i> .....	71	<i>norlyroc</i> .....	53
<i>neo-polycin hc ophth oint 1%</i> .....	70		
NERLYNX.....	19		
<i>nevirapine</i> .....	6		
NEXLETOL .....	27		
NEXLIZET TAB 180/10MG.....	27		
NEXPLANON .....	53		
<i>niacin (antihyperlipidemic)</i> .....	27		



<i>nortrel 0.5/35 (28)</i> .....	53	<i>olmesartan medoxomil-</i>	
<i>nortrel 1/35 (21)</i> .....	53	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>nortrel 1/35 (28)</i> .....	53	.....	25
<i>nortrel 7/7/7</i> .....	53	<i>olmesartan medoxomil-</i>	
<i>nortriptyline hcl</i> .....	33	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NORVIR .....	6	.....	25
NOVOLIN INJ 70/30.....	48	<i>olmesartan medoxomil-</i>	
NOVOLIN INJ 70/30 FP .....	48	<i>hydrochlorothiazide tab 40-25 mg</i>	.25
NOVOLIN N .....	48	<i>olmesartan-amlodipine-</i>	
NOVOLIN N FLEXPEN .....	48	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLIN R.....	48	<i>mg</i> .....	25
NOVOLIN R FLEXPEN .....	48	<i>olmesartan-amlodipine-</i>	
NOVOLOG .....	48	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG FLEXPEN .....	48	<i>mg</i> .....	25
NOVOLOG MIX INJ 70/30 .....	48	<i>olmesartan-amlodipine-</i>	
NOVOLOG MIX INJ FLEXPEN .....	48	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLOG PENFILL .....	48	.....	25
NUBEQA.....	13	<i>olmesartan-amlodipine-</i>	
NUDEXTA CAP 20-10MG .....	44	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NULOJIX .....	67	<i>mg</i> .....	25
NUPLAZID .....	36	<i>olmesartan-amlodipine-</i>	
NURTEC .....	43	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NUTRILIPID .....	70	.....	25
NUZYRA .....	12	<i>olopatadine hcl (nasal)</i> .....	74
<i>nyamyc</i> .....	78	<i>omega-3-acid ethyl esters cap 1 gm</i> .27	
<i>nylia 1/35</i> .....	53	<i>omeprazole</i> .....	61
<i>nylia 7/7/7</i> .....	53	OMNIPOD 5 DX KIT INT G7G6 .....	48
<i>nymyo</i> .....	53	OMNIPOD 5 DX MIS POD G7G6.....	48
<i>nystatin</i> .....	5	OMNIPOD 5 G7 KIT INTRO .....	48
<i>nystatin (mouth-throat)</i> .....	81	OMNIPOD 5 G7 MIS PODS.....	48
<i>nystatin (topical)</i> .....	78	OMNIPOD DASH KIT INTRO.....	48
<i>nystop</i> .....	78	OMNIPOD DASH MIS PODS .....	48
<b>○</b>		OMNIPOD GO KIT 10UNT/DY .....	49
<i>ocella</i> .....	53	OMNIPOD GO KIT 15UNT/DY .....	49
OCTAGAM .....	66	OMNIPOD GO KIT 20UNT/DY .....	49
<i>octreotide acetate</i> .....	57	OMNIPOD GO KIT 25UNT/DY .....	49
ODEFSEY TAB .....	7	OMNIPOD GO KIT 30UNT/DY .....	49
ODOMZO.....	19	OMNIPOD GO KIT 35UNT/DY .....	49
OFEV .....	75	OMNIPOD GO KIT 40UNT/DY .....	49
<i>ofloxacin (ophth)</i> .....	71	OMNIPOD MIS CLASSIC .....	49
<i>ofloxacin (otic)</i> .....	73	<i>ondansetron</i> .....	58
OGIVRI .....	19	<i>ondansetron hcl</i> .....	58
OGSIVEO .....	19	ONTRUZANT .....	19
OJEMDA .....	19	ONUREG .....	13
OJJAARA .....	19	ORGOVYX.....	13
<i>olanzapine</i> .....	36	ORKAMBI GRA 100-125 .....	75
<i>olmesartan medoxomil</i> .....	26	ORKAMBI GRA 150-188 .....	75

ORKAMBI GRA 75-94MG.....	75	<i>penicillamine</i> .....	50
ORKAMBI TAB 100-125 .....	75	<i>penicillin g potassium</i> .....	11
ORKAMBI TAB 200-125 .....	75	<i>penicillin g sodium</i> .....	11
ORSERDU.....	13	<i>penicillin v potassium</i> .....	11
<i>oseltamivir phosphate</i> .....	8	PENTACEL INJ.....	67
<i>oxacillin sodium</i> .....	11	<i>pentamidine isethionate inh</i> .....	4
<i>oxaliplatin</i> .....	12	<i>pentamidine isethionate inj</i> .....	4
<i>oxaprozin</i> .....	1	<i>pentoxifylline</i> .....	63
<i>oxcarbazepine</i> .....	39	<i>perindopril erbumine</i> .....	23
<i>oxybutynin chloride</i> .....	61	<i>periogard</i> .....	81
<i>oxycodone hcl</i> .....	3	<i>permethrin</i> .....	81
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i> .....	3	<i>perphenazine</i> .....	36
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i> .....	3	<i>pfizerpen</i> .....	11
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i> .....	3	<i>phenelzine sulfate</i> .....	33
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i> .....	3	<i>phenobarbital</i> .....	39
OZEMPIC (0.25 OR 0.5 MG/DOSE)....	47	<i>phenobarbital sodium</i> .....	39
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	47	<i>phenytek</i> .....	39
OZEMPIC (1MG/DOSE).....	47	<i>phenytoin</i> .....	39
OZEMPIC (2MG/DOSE).....	47	<i>phenytoin sodium</i> .....	39
<b>P</b>		<i>phenytoin sodium extended</i> .....	39
<i>pacerone</i> .....	26	PHESGO SOL .....	19
<i>paclitaxel</i> .....	15	<i>philith</i> .....	53
<i>paliperidone</i> .....	36	PIFELTRO .....	6
<i>pamidronate disodium</i> .....	49	<i>pilocarpine hcl</i> .....	72
PAMIDRONATE DISODIUM.....	49	<i>pilocarpine hcl (oral)</i> .....	81
PANRETIN .....	80	<i>pimecrolimus</i> .....	80
<i>pantoprazole sodium</i> .....	61	<i>pimozide</i> .....	36
PANZYGA .....	66	<i>pimtrea</i> .....	53
<i>paricalcitol</i> .....	58	<i>pindolol</i> .....	28
<i>paroxetine hcl</i> .....	33	<i>pioglitazone hcl</i> .....	47
PAXLOVID TAB 150-100 .....	8	<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i> .....	47
PAXLOVID TAB 300-100 .....	8	<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>850 mg</i> .....	47
<i>pazopanib hcl</i> .....	19	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i> .....	11
PEDIARIX INJ 0.5ML .....	67	<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i> .....	11
PEDVAX HIB .....	67	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i> .....	11
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i> .....	60	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i> .....	11
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i> .....	60	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i> .....	11
PEGASYS.....	8	PIQRAY 200MG DAILY DOSE.....	19
PEMAZYRE.....	19	PIQRAY 250MG TAB DOSE.....	19
<i>pemetrexed disodium</i> .....	13	PIQRAY 300MG DAILY DOSE.....	19
PENBRAYA INJ .....	67		

<i>pirfenidone</i> .....	75	PRIMAQUINE PHOSPHATE .....	6
<i>piroxicam</i> .....	1	<i>primidone</i> .....	40
<i>pitavastatin calcium</i> .....	27	PRIORIX INJ .....	68
<i>plenamine</i> .....	70	PRIVIGEN.....	66
PLENVU SOL .....	60	<i>probenecid</i> .....	1
<i>podofilox</i> .....	80	<i>prochlorperazine</i> .....	58
<i>polycin ophth oint</i> .....	71	<i>prochlorperazine edisylate</i> .....	58
<i>polymyxin b sulfate</i> .....	4	<i>prochlorperazine maleate</i> .....	58
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1% .....	71	PROCRIT .....	62
POMALYST.....	14	<i>proctocort</i> .....	80
<i>portia-28</i> .....	53	<i>procto-med hc</i> .....	80
<i>posaconazole</i> .....	5	<i>proctosol hc</i> .....	80
POT CHL 20MEQ/L IN NAACL 0.45% INJ .....	69	<i>proctozone-hc</i> .....	81
POT CHL 20MEQ/L IN NAACL 0.9% INJ .....	69	<i>progesterone</i> .....	57
POT CHL 40MEQ/L IN NAACL 0.9% INJ .....	69	PROGRAF .....	67
<i>potassium chloride</i> .....	69	PROLASTIN-C .....	75
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i> .....	69	PROLIA .....	49
<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	70	<i>promethazine hcl</i> .....	59
<i>potassium citrate (alkalinizer)</i> .....	61	<i>propafenone hcl</i> .....	26
<i>pramipexole dihydrochloride</i> .....	34	<i>proparacaine hcl</i> .....	72
<i>prasugrel hcl</i> .....	63	<i>propranolol hcl</i> .....	28
<i>pravastatin sodium</i> .....	27	<i>propylthiouracil</i> .....	58
<i>praziquantel</i> .....	4	PROQUAD INJ .....	68
<i>prazosin hcl</i> .....	24	PROSOL INJ 20% .....	70
<i>prednisolone</i> .....	55	<i>protriptyline hcl</i> .....	33
<i>prednisolone acetate (ophth)</i> .....	71	PULMOZYME .....	75
PREDNISOLONE SODIUM PHOSP .....	71	PURIXAN .....	13
<i>prednisolone sodium phosphate</i> . 55, 56		<i>pyrazinamide</i> .....	8
<i>prednisone</i> .....	56	<i>pyridostigmine bromide</i> .....	44
PREDNISONNE INTENSOL.....	56	<i>pyrimethamine</i> .....	4
<i>pregabalin</i> .....	39, 40	<b>Q</b>	
PREHEVBRIO .....	67	QINLOCK .....	19
PREMASOL SOL 10% .....	70	QUADRACEL INJ.....	68
PRENATAL TAB 27-1MG.....	70	QUADRACEL INJ 0.5ML .....	68
PRENATAL TAB PLUS.....	70	<i>quetiapine fumarate</i> .....	36
<i>prevalite</i> .....	27	<i>quinapril hcl</i> .....	23
PREVYMIS .....	9	<i>quinidine sulfate</i> .....	26
PREZCOBIX TAB 800-150 .....	7	<i>quinine sulfate</i> .....	6
PREZISTA.....	6	QULIPTA .....	43
PRIFTIN .....	8	<b>R</b>	
<i>primaquine phosphate</i> .....	6	RABAVERT INJ .....	68
		<i>rabeprazole sodium</i> .....	61
		<i>raloxifene hcl</i> .....	57
		<i>ramipril</i> .....	23
		<i>ranolazine</i> .....	30
		<i>rasagiline mesylate</i> .....	34
		<i>reclipsen</i> .....	54

RECOMBIVAX HB.....	68
REGRANEX .....	81
RELENZA DISKHALER .....	9
RELISTOR .....	60
REMICADE.....	64
RENFLEXIS .....	64
<i>repaglinide</i> .....	47
REPATHA.....	27
REPATHA PUSHTRONEX SYSTEM .....	27
REPATHA SURECLICK.....	27
RESTASIS .....	72
RESTASIS MULTIDOSE.....	72
RETEVMO .....	19
REXULTI.....	36
REYATAZ.....	6
REZLIDHIA .....	19
REZUROCK.....	67
RHOPRESSA .....	72
<i>ribavirin (hepatitis c)</i> .....	9
<i>rifabutin</i> .....	8
<i>rifampin</i> .....	8
<i>riluzole</i> .....	44
<i>rimantadine hydrochloride</i> .....	9
RINVOQ .....	64, 65
RINVOQ LQ .....	65
<i>risedronate sodium</i> .....	49
<i>risperidone</i> .....	36
<i>risperidone microspheres</i> .....	36
<i>ritonavir</i> .....	6
<i>rivastigmine</i> .....	32
<i>rivastigmine tartrate</i> .....	32
<i>rivelsa</i> .....	54
<i>rizatriptan benzoate</i> .....	43
ROCKLATAN DRO .....	72
<i>roflumilast</i> .....	75
<i>ropinirole hydrochloride</i> .....	34
<i>rosuvastatin calcium</i> .....	27
ROTARIX SUS .....	68
ROTATEQ SOL.....	68
<i>roweepra</i> .....	40
ROZLYTREK.....	19, 20
RUBRACA .....	20
<i>rufinamide</i> .....	40
RUKOBIA.....	6
RYBELSUS .....	47
RYDAPT.....	20

## S

<i>sajazir</i> .....	63
SANTYL.....	81
<i>sapropterin dihydrochloride</i> .....	57
SCEMBLIX .....	20
<i>scopolamine</i> .....	59
SECUADO.....	36
<i>selegiline hcl</i> .....	34
<i>selenium sulfide</i> .....	78
SELZENTRY .....	6
SEREVENT DISKUS.....	74
<i>sertraline hcl</i> .....	33
<i>setlakin</i> .....	54
<i>sharobel</i> .....	54
SHINGRIX .....	68
SIGNIFOR .....	57
<i>sildenafil citrate</i> .....	77
<i>sildenafil citrate (pulmonary hypertension)</i> .....	31
<i>silodosin</i> .....	61
<i>silver sulfadiazine</i> .....	78
SIMBRINZA SUS 1-0.2%.....	72
<i>simliya</i> .....	54
<i>simpesse</i> .....	54
<i>simvastatin</i> .....	27
<i>sirolimus</i> .....	67
SIRTURO.....	8
SKYRIZI.....	65
SKYRIZI PEN .....	65
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> .....	60
<i>sodium chloride</i> .....	69
<i>sodium chloride (gu irrigant)</i> .....	81
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	70
SODIUM OXYBATE.....	45
<i>sodium phenylbutyrate</i> .....	57
<i>sodium polystyrene sulfonate powder</i> .....	50
<i>solifenacin succinate</i> .....	61
SOLIQUA INJ 100/33 .....	49
SOLTAMOX.....	14
SOLU-CORTEF .....	56
SOMATULINE DEPOT .....	57
SOMAVERT .....	57
<i>sorafenib tosylate</i> .....	20
<i>sotalol hcl</i> .....	26

<i>sotalol hcl (afib/afl)</i> .....	26	SYNJARDY XR TAB 10-1000.....	47
SOTYKTU .....	65	SYNJARDY XR TAB 12.5-1000 .....	47
<i>spironolactone</i> .....	24	SYNJARDY XR TAB 25-1000.....	47
<i>spironolactone &amp; hydrochlorothiazide</i>		SYNJARDY XR TAB 5-1000MG .....	47
<i>tab 25-25 mg</i> .....	29	SYNTHROID.....	58
<i>sprintec 28</i> .....	54	<b>T</b>	
SPRITAM .....	40	TABRECTA.....	20
SPRYCEL .....	20	<i>tacrolimus</i> .....	67
<i>sps</i> .....	50	<i>tacrolimus (topical)</i> .....	81
<i>sronyx</i> .....	54	<i>tadalafil</i> .....	61, 77
<i>ssd</i> .....	78	<i>tadalafil (pulmonary hypertension)</i> ...	31
STELARA .....	65	TAFINLAR.....	20
STIVARGA .....	20	TAGRISSE.....	20
<i>streptomycin sulfate</i> .....	4	TALZENNA.....	20
STRIBILD TAB.....	7	<i>tamoxifen citrate</i> .....	14
<i>subvenite</i> .....	40	<i>tamsulosin hcl</i> .....	61
<i>sucralfate</i> .....	60	<i>tarina 24 fe</i> .....	54
<i>sulfacetamide sodium (acne)</i> .....	78	<i>tarina fe 1/20 eq</i> .....	54
<i>sulfacetamide sodium (ophth)</i> .....	71	TASIGNA.....	20
<i>sulfacetamide sodium-prednisolone</i>		<i>tasimelteon</i> .....	42
<i>ophth soln 10-0.23(0.25)%</i> .....	70	TAVNEOS .....	63
<i>sulfadiazine</i> .....	4	<i>tazarotene</i> .....	78
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>tazicef</i> .....	9
<i>400-80 mg/5ml</i> .....	4	TAZORAC .....	79
<i>sulfamethoxazole-trimethoprim susp</i>		TAZVERIK .....	20
<i>200-40 mg/5ml</i> .....	4	TDVAX INJ 2-2 LF.....	68
<i>sulfamethoxazole-trimethoprim tab</i>		TECENTRIQ .....	20
<i>400-80 mg</i> .....	4	TEFLARO .....	9
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan</i> .....	26
<i>800-160 mg</i> .....	4	<i>telmisartan-amlodipine tab 40-10 mg</i>	
SULFAMYLON.....	78	.....	25
<i>sulfasalazine</i> .....	59	<i>telmisartan-amlodipine tab 40-5 mg</i> .	25
<i>sulindac</i> .....	1	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sumatriptan</i> .....	43	.....	25
<i>sumatriptan succinate</i> .....	43	<i>telmisartan-amlodipine tab 80-5 mg</i> .	25
<i>sunitinib malate</i> .....	20	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
SUNLENCA .....	6	<i>12.5 mg</i> .....	25
<i>syeda</i> .....	54	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMDEKO TAB 100-150 .....	75	<i>12.5 mg</i> .....	25
SYMDEKO TAB 50-75MG .....	75	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMPAZAN .....	40	<i>25 mg</i> .....	25
SYMTUZA TAB.....	7	<i>temazepam</i> .....	42
SYNAREL.....	57	TENIVAC INJ 5-2LF.....	68
SYNJARDY TAB 12.5-1000MG .....	47	<i>tenofovir disoproxil fumarate</i> .....	6
SYNJARDY TAB 12.5-500.....	47	TEPMETKO .....	20
SYNJARDY TAB 5-1000MG .....	47	<i>terazosin hcl</i> .....	24
SYNJARDY TAB 5-500MG.....	47	<i>terbinafine hcl</i> .....	5

<i>terbutaline sulfate</i> .....	74	TRAVASOL INJ 10%.....	70
<i>terconazole vaginal</i> .....	62	<i>travoprost</i> .....	72
TERIPARATIDE.....	49	TRAZIMERA.....	21
<i>testosterone</i> .....	46	<i>trazodone hcl</i> .....	33
<i>testosterone cypionate</i> .....	46	TRECATOR .....	8
<i>testosterone enanthate</i> .....	46	TRELEGY AER ELLIPTA 100-62.5-25	
<i>tetrabenazine</i> .....	44	MCG .....	73
<i>tetracycline hcl</i> .....	12	TRELEGY AER ELLIPTA 200-62.5-25	
THALOMID.....	14	MCG .....	73
THEO-24 .....	75	TREMFYA.....	65
<i>theophylline</i> .....	75	<i>treprostinil</i> .....	31
<i>thioridazine hcl</i> .....	36	TRESIBA .....	49
<i>thiothixene</i> .....	36	TRESIBA FLEXTOUCH.....	49
<i>tiadylt er</i> .....	29	<i>tretinoin</i> .....	78
<i>tiagabine hcl</i> .....	40	<i>tretinoin (chemotherapy)</i> .....	14
TIBSOVO.....	21	<i>triamcinolone acetonide (mouth)</i> .....	81
TICOVAC.....	68	<i>triamcinolone acetonide (topical)</i> .....	80
<i>tigecycline</i> .....	12	<i>triamterene &amp; hydrochlorothiazide cap</i>	
<i>tilia fe</i> .....	54	37.5-25 mg .....	29
<i>timolol maleate</i> .....	28	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i> .....	72	37.5-25 mg .....	29
<i>tinidazole</i> .....	4	<i>triamterene &amp; hydrochlorothiazide tab</i>	
TIVICAY .....	6, 7	75-50 mg .....	29
TIVICAY PD .....	7	<i>tridacaine ii</i> .....	80
<i>tizanidine hcl</i> .....	45	<i>triderm</i> .....	80
TOBI PODHALER .....	4	<i>trientine hcl</i> .....	50
TOBRADEX OIN 0.3-0.1% .....	70	<i>tri-estarylla</i> .....	54
<i>tobramycin</i> .....	4	<i>trifluoperazine hcl</i> .....	37
<i>tobramycin (ophth)</i> .....	71	<i>trifluridine</i> .....	71
<i>tobramycin sulfate</i> .....	5	<i>trihexyphenidyl hcl</i> .....	34
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 10-5-	
0.3-0.1%.....	70	1000MG .....	47
<i>tolterodine tartrate</i> .....	61	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>topiramate</i> .....	40	1000MG .....	47
<i>toremifene citrate</i> .....	14	TRIJARDY XR TAB ER 24HR 25-5-	
<i>torpenz</i> .....	21	1000MG .....	47
<i>torsemide</i> .....	29	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOUJEO MAX SOLOSTAR .....	49	1000MG .....	47
TOUJEO SOLOSTAR .....	49	TRIKAFTA PAK 59.5MG .....	75
TPN ELECTROL INJ .....	69	TRIKAFTA PAK 75MG .....	75
TRADJENTA .....	47	TRIKAFTA TAB 100-50-75MG & 150MG	
<i>tramadol hcl</i> .....	3	.....	76
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIKAFTA TAB 50-25-37.5MG & 75MG	
mg .....	3	.....	76
<i>trandolapril</i> .....	23	<i>tri-legest fe</i> .....	54
<i>tranexamic acid</i> .....	63	<i>tri-lynyah</i> .....	54
<i>tranylcpromine sulfate</i> .....	33	<i>tri-lo-estarylla</i> .....	54

<i>tri-lo-marzia</i> .....	54	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	25
<i>tri-lo-mili</i> .....	54	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	25
<i>tri-lo-sprintec</i> .....	54	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	25
<i>trimethoprim</i> .....	5	VALTOCO 10 MG DOSE .....	40
<i>tri-mili</i> .....	54	VALTOCO 15 MG DOSE .....	40
<i>trimipramine maleate</i> .....	33	VALTOCO 20 MG DOSE .....	40
TRINTELLIX .....	33	VALTOCO 5 MG DOSE .....	40
<i>tri-nymyo</i> .....	54	<i>vancomycin hcl</i> .....	5
<i>tri-sprintec</i> .....	54	VANCOMYCIN INJ 1 GM.....	5
TRIUMEQ PD TAB .....	8	VANCOMYCIN INJ 500MG .....	5
TRIUMEQ TAB .....	8	VANCOMYCIN INJ 750MG .....	5
<i>trivora-28</i> .....	54	VANFLYTA .....	21
<i>tri-vylibra</i> .....	54	VAQTA .....	68
<i>tri-vylibra lo</i> .....	54	<i>vardenafil hcl</i> .....	77
TROGARZO.....	7	<i>varenicline tartrate</i> .....	45
TROPHAMINE INJ 10%.....	70	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	45
<i>tropium chloride</i> .....	62	VARIVAX .....	68
TRULICITY.....	47	VASCEPA.....	27
TRUMENBA INJ .....	68	<i>velivet</i> .....	54
TRUQAP .....	21	VELSIPITY .....	65
TRUXIMA.....	21	VENCLEXTA .....	21
TUKYSA .....	21	VENCLEXTA TAB START PK.....	21
TURALIO .....	21	<i>venlafaxine hcl</i> .....	33
<i>turqoz</i> .....	54	VENTOLIN HFA.....	74
<i>twice-daily clindamycin phosphate (topical)</i> .....	78	VENTOLIN HFA (INSTITUTIONAL PACK) .....	74
TWINRIX INJ .....	68	VEOZAH.....	57
TYBOST.....	7	<i>verapamil hcl</i> .....	29
<i>tydemy</i> .....	54	VERQUVO.....	30
TYENNE.....	65	VERSACLOZ.....	37
TYPHIM VI .....	68	VERZENIO .....	21
<b>U</b>		<i>vestura</i> .....	54
UBRELVY.....	43	<i>vienna</i> .....	54
<i>unithroid</i> .....	58	<i>vigabatrin</i> .....	40
<i>ursodiol</i> .....	60	<i>vigadrone</i> .....	40
<b>V</b>		VIGAFYDE .....	40
<i>valacyclovir hcl</i> .....	9	<i>vigpoder</i> .....	41
VALCHLOR.....	81	<i>vilazodone hcl</i> .....	33
<i>valganciclovir hcl</i> .....	9	<i>vincristine sulfate</i> .....	15
<i>valproate sodium</i> .....	40	<i>vinorelbine tartrate</i> .....	15
<i>valproic acid</i> .....	40	<i>viorele</i> .....	54
<i>valsartan</i> .....	26	VIRACEPT.....	7
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	25	VIREAD.....	7
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	25		

VITRAKVI .....	21	XOLAIR.....	76
VIVITROL .....	45	XOSPATA .....	21
VIZIMPRO .....	21	XPOVIO PAK (100 MG ONCE WEEKLY)	
VONJO .....	21	.....	22
<i>voriconazole</i> .....	5	XPOVIO PAK (40 MG ONCE WEEKLY)	21
VOSEVI TAB .....	9	XPOVIO PAK (40 MG TWICE WEEKLY)	
VOWST CAP.....	60	.....	21
VRAYLAR.....	37	XPOVIO PAK (60 MG ONCE WEEKLY)	22
VRAYLAR CAP 1.5-3MG .....	37	XPOVIO PAK (60 MG TWICE WEEKLY)	
<i>vyfemla</i> .....	54	.....	22
<i>vylibra</i> .....	54	XPOVIO PAK (80 MG ONCE WEEKLY)	22
VYZULTA.....	72	XPOVIO PAK (80 MG TWICE WEEKLY)	
<b>W</b>		.....	22
<i>warfarin sodium</i> .....	62	XTANDI.....	14
<i>water for irrigation, sterile irrigation</i>		<i>xulane</i> .....	54
<i>soln</i> .....	81	XULTOPHY INJ 100/3.6 .....	49
WELIREG.....	14	<b>Y</b>	
<i>wera</i> .....	54	YF-VAX INJ.....	68
WESTAB PLUS TAB 27-1MG .....	70	<i>yuvafem</i> .....	55
<i>wixela inhub</i> .....	77	<b>Z</b>	
<i>wymzya fe</i> .....	54	<i>zafemy</i> .....	54
<b>X</b>		<i>zafirlukast</i> .....	74
XALKORI .....	21	ZARXIO.....	62
XARELTO.....	62	ZEGALOGUE .....	56
XARELTO STAR TAB 15/20MG .....	62	ZEJULA .....	22
XATMEP .....	65	ZELBORAF .....	22
XCOPRI.....	41	ZEMAIRA.....	76
XCOPRI PAK 100-150 .....	41	<i>zenatane</i> .....	78
XCOPRI PAK 12.5-25 .....	41	ZENPEP CAP 10000UNT.....	60
XCOPRI PAK 150-200MG		ZENPEP CAP 15000UNT.....	61
(MAINTENANCE).....	41	ZENPEP CAP 20000UNT.....	61
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 25000UNT.....	61
.....	41	ZENPEP CAP 3000UNIT .....	60
XCOPRI PAK 50-100MG .....	41	ZENPEP CAP 40000UNT.....	61
XDEMVY.....	71	ZENPEP CAP 5000UNIT .....	60
XELJANZ .....	65	ZENPEP CAP 60000UNT.....	61
XELJANZ XR .....	65	<i>zidovudine</i> .....	7
XERMELO .....	60	<i>ziprasidone hcl</i> .....	37
XGEVA .....	49	<i>ziprasidone mesylate</i> .....	37
XHANCE .....	76	ZIRABEV .....	22
XIFAXAN .....	60	ZIRGAN .....	71
XIGDUO XR TAB 10-1000 .....	47	<i>zoledronic acid</i> .....	49
XIGDUO XR TAB 10-500MG .....	47	ZOLINZA.....	22
XIGDUO XR TAB 2.5-1000 .....	47	<i>zolpidem tartrate</i> .....	42
XIGDUO XR TAB 5-1000MG .....	47	ZONISADE .....	41
XIGDUO XR TAB 5-500MG .....	47	<i>zonisamide</i> .....	41
XIIDRA .....	72	<i>zovia 1/35</i> .....	54



ZTALMY.....	41	ZYKADIA.....	22
<i>zumandimine</i> .....	54	ZYLET SUS 0.5-0.3%.....	70
ZURZUVAE .....	33	ZYPITAMAG .....	27
ZYDELIG .....	22	ZYPREXA RELPREVV .....	37

## Notice of Nondiscrimination

Mount Carmel MediGold Health Plan complies with applicable Federal civil rights laws and does not discriminate on age, racial or ethnic background, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex (including sex at birth and legal sex), pregnancy, sexual stereotypes, sexual orientation, or gender (which includes gender identity and gender expression), veteran status, or any category protected by law.

Mount Carmel MediGold does not exclude people or treat them differently because of age, racial or ethnic background, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex (including sex at birth and legal sex), pregnancy, sexual stereotypes, sexual orientation, or gender (which includes gender identity and gender expression), veteran status, or any category protected by law. Mount Carmel MediGold:

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

If you need these services, contact Member Services.

If you believe that Mount Carmel MediGold has failed to provide these services or discriminated in any other way on the basis of age, racial or ethnic background, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex (including sex at birth and legal sex), pregnancy, sexual stereotypes, sexual orientation, or gender (which includes gender identity and gender expression), veteran status, or any category protected by law), you can file a grievance with: Daniel Hayes, Member Services Manager, 3100 Easton Square Place, Third Floor - Health Plan, Columbus, OH 43219, 1-800-240-3851 (TTY 711), 1-833-802-2200 fax, [HealthPlanAppeals@trinity-health.org](mailto:HealthPlanAppeals@trinity-health.org). You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Daniel Hayes, Member Services Manager, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at [www.hhs.gov/ocr/complaints/index.html](https://www.hhs.gov/ocr/complaints/index.html).

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-240-3851 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-240-3851 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-240-3851 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-240-3851 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-240-3851 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-240-3851 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-240-3851 (TTY 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-240-3851 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-240-3851 (TTY 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-240-3851 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-240-3851 (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-240-3851 (TTY 711). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-240-3851 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-240-3851 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-240-3851 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-240-3851 (TTY 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-800-240-3851 (TTY 711). にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



3100 Easton Square Place, Suite 300 - Health Plan, Columbus, Ohio 43219

<https://www.thpmedicare.org/mount-carmel/>

**Members, please contact 1-800-240-3851 (TTY 711) 8 a.m. – 8 p.m., 7 days a week. Prospective Members, please contact 1-800-964-4525 (TTY 711) 8 a.m. – 8 p.m., 7 days a week. From October 1 to March 31, we are open daily from 8 a.m. to 8 p.m., 7 days a week. From April 1 through September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. On certain holidays and weekends from April 1 through September 30, your call will be handled by our automated phone system.**

This formulary was updated on 12/09/2024. For more recent information or other questions, please contact Member Services at 1-800-240-3851 or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week, or visit <https://www.thpmedicare.org/mount-carmel/>.

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