

Value Plus (HMO) 2023 Formulary (List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Formulary ID: 00023145 Version 17

This formulary was updated on 11/21/2023. For more recent information or other questions, please contact **Martin's Point Generations Advantage Member Services** at 1-866-544-7504 or, for TTY users, 711. We are available 8 am-8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year. Or visit our website at www.MartinsPoint.org/PartD.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Martin's Point Generations Advantage. When it refers to "plan" or "our plan," it means Martin's Point Generations Advantage plan: Value Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/21/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Martin's Point Generations Advantage Value Plus Formulary?

A formulary is a list of covered drugs selected by Martin's Point Generations Advantage plan: Value Plus 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. Martin's Point Generations Advantage plan: Value Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Martin's Point Generations Advantage Value Plus 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 (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Martin’s Point Generations Advantage Value Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Martin’s Point Generations Advantage Value Plus Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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.

The enclosed formulary is current as of 11/21/2023. To get updated information about the drugs covered by Martin’s Point Generations Advantage Value Plus, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies

Martin's Point Generations Advantage Value Plus Formulary for 2023

will be updated monthly and posted on our web site. For printed versions of the formulary, a list of changes will be provided reflecting all changes that have occurred since the last print date.

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 83. 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?

Martin's Point Generations Advantage Value Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Part D Senior Savings Model

Martin's Point Generations Advantage Value Plus plan is participating in the Part D Seniors Savings Model, which would lower out-of-pocket costs for select insulins. At least one type of insulin - rapid-acting, regular, intermediate, and long-acting - will be included in the program. Check your Evidence of Coverage document for Part D Senior Savings cost share information.

Select insulins will be identified by "SI" (select insulin) in the Drug List. Select insulins will also be identified in the online formulary search tool.

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:** Martin's Point Generations Advantage Value Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Martin's

Martin's Point Generations Advantage Value Plus Formulary for 2023

Point Generations Advantage Value Plus before you fill your prescriptions. If you don't get approval, Martin's Point Generations Advantage Value Plus may not cover the drug.

- **Quantity Limits:** For certain drugs, Martin's Point Generations Advantage Value Plus limits the amount of the drug that Martin's Point Generations Advantage Value Plus will cover. For example, Martin's Point Generations Advantage Value Plus 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, Martin's Point Generations Advantage Value Plus 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, Martin's Point Generations Advantage Value Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Martin's Point Generations Advantage Value Plus 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 Web site. We have posted online documents that explain our 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 Martin's Point Generations Advantage Value Plus 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 Martin's Point Generations Advantage Value Plus formulary?" on page e 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.

If you learn that Martin's Point Generations Advantage Value Plus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Martin's Point Generations Advantage Value Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Martin's Point Generations Advantage Value Plus.
- You can ask Martin's Point Generations Advantage Value Plus to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Generations Advantage Value Plus Formulary?

You can ask Martin's Point Generations Advantage Value Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

Martin's Point Generations Advantage Value Plus Formulary for 2023

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

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

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

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

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

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

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

If you change your level of care, such as a move from a hospital to a home setting, 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, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long term care

Martin's Point Generations Advantage Value Plus Formulary for 2023

resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process. Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover, such as drugs that might be covered under Part B.

For more information

For more detailed information about your Martin's Point Generations Advantage Value Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Martin's Point Generations Advantage Value Plus, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Martin's Point Generations Advantage Value Plus Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Martin's Point Generations Advantage Value Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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 Martin's Point Generations Advantage Value Plus has any special requirements for coverage of your drug.

Notes Key

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.

GEL = Gel

gm = gram

INJ = Injection

LA = Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Martin's Point Generations Advantage Member Services at 1-866-544-7504 or, for TTY users, 711. We are available 8 am-8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year. Or visit our website at www.MartinsPoint.org/PartD.

lpop = lollipop

mL = milliliter

NM = Not available at our mail-order pharmacy

OINT = Ointment

PA = Prior Authorization

ptch = patch

QL = Drug has quantity limit

SI = Select Insulin

SOLN = Solution

ST = Step therapy required

Martin's Point Generations Advantage Value Plus Formulary for 2023

supp = suppository
SUSP = Suspension

Your Costs in the Initial Coverage Period

2023 Generations Advantage Pharmacy Cost-Sharing Tiers for Initial Coverage Stage

Your share of the cost when you get a 30-day supply (or less) of a covered Part D prescription drug from:						Your share of the cost when you get a 90-day supply of a covered Part D prescription drug from:		
	Standard retail cost sharing (in-network) (up to a 30-day supply)	Preferred retail cost sharing (in-network) (up to a 30-day supply)	Mail-order cost sharing (up to a 30-day supply)	Long-term care (LTC) cost sharing*	Out-of-network pharmacy retail cost sharing (Coverage is limited to certain situations; see Evidence of Coverage for details.) (up to a 30-day supply)	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Mail-order cost sharing
Cost-Sharing Tier 1 (Preferred Generic)	\$4	\$0	\$4	\$4	\$4 plus the cost difference between the Network and Non-Network Pharmacy	\$12	\$0	\$10
Cost-Sharing Tier 2 (Generic)	\$18	\$10	\$18	\$18	\$18 plus the cost difference between the Network and Non-Network Pharmacy	\$54	\$30	\$45
Cost-Sharing Tier 3 (Preferred Brand)	\$47	\$40	\$47	\$47	\$47 plus the cost difference between the Network and Non-Network Pharmacy	\$141	\$120	\$117.50
Cost-Sharing Tier 4 (Non-Preferred Drug)	\$100	\$95	\$100	\$100	\$100 plus the cost difference between the Network and Non-Network Pharmacy	\$300	\$285	\$250
Cost-Sharing Tier 5 (Specialty Tier)	28% of the cost	28% of the cost	28% of the cost	28% of the cost	28% of the cost, plus the difference between the Network and Non-Network Pharmacy	28% of the cost	28% of the cost	28% of the cost

Martin's Point Generations Advantage Value Plus Formulary for 2023

Value Plus has a \$275 deductible. For Tiers 1 and 2, you pay no deductible. For Tiers 3, 4, and 5 you pay 100% of the cost of the retail and mail order drugs until you spend \$275.* For LTC, this is your share of the cost when you get a 31-day supply (or less) of a covered Part D prescription drug.

Martin's Point Generation Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY:711) or consult the online pharmacy directory at MartinsPoint.org/Medicare.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 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	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 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</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

1

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

OPIOID ANALGESICS, SHORT-ACTING

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

2

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 3

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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 SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin SOLR 350mg, 500mg</i>	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<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>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<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>	4	
<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>paromomycin sulfate CAPS 250mg</i>	4	
<i>pentamidine isethionate inh SOLR 300mg</i>	4	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

4

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole-trimethoprim susp</i> 200- 40 mg/5ml	3	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800- 160 mg	1	
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA
<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, 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, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

5

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<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 (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

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

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml	4	NM
<i>abacavir sulfate</i> TABS 300mg	3	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	NM
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	NM
<i>emtricitabine</i> CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	4	NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

7

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	NM
<i>zidovudine</i> TABS 300mg	3	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYM TUZA TAB	5	NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

8

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM
ANTITUBERCULAR AGENTS		
<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, LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<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	5	NM
BARACLUDE SOLN .05mg/ml	5	NM
<i>entecavir</i> TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	NM
<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	NM
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)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

9

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	NM
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 250mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
<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, 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>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	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

10

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<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</i> 250 mg/50ml	3	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	3	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

11

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

12

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
------------------------	---	-------------

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

ANTIBIOTICS

<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	4	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	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, LA, PA
LONSURF TAB 20-8.19	5	NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

14

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	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
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg, 240mg	5	NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg, 345mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

15

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA

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
<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>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<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	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 16

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

17

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 18

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPK 4mg	5	NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

19

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
REZLIDHIA CAPS 150mg	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	LA, PA
TRUSELTIQ 125MG DAILY DOSE	5	LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

20

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 125mg, 200mg	5	NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 21

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg	3	
<i>leucovorin calcium</i> TABS 25mg	4	
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 & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<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	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

23

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

24

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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>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)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<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>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

25

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<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	3	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	

ANTILIPEMICS, FIBRATES

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

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

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

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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

26

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

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

BETA-BLOCKERS

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

27

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	4	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

28

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

29

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

30

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)

ANTICONVULSANTS

<i>APTIO</i> M TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
<i>APTIO</i> M TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
<i>BRIVIACT</i> SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
<i>BRIVIACT</i> SOLN 50mg/5ml	4	PA
<i>BRIVIACT</i> 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>CELONTIN</i> CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIACOMIT</i> CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
<i>DIACOMIT</i> CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
<i>DIACOMIT</i> PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
<i>DIACOMIT</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

31

You can find information on what the symbols and abbreviations on this table mean by going to [page f](#).

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	4	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

32

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

33

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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	3	
<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	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 34

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA

ANTIDEMENTIA

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

35

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<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	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

36

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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>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)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)

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	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-250mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

37

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25- <i>100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5- <i>150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50- <i>200-200 mg</i>	4	
<i>entacapone</i> TABS 200mg	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

38

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	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	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<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)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 39

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

40

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

41

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i> TBCR 20mg	4	QL (90 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

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

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 42

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)

MISCELLANEOUS

AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, 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 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

43

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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
<i>MULTIPLE SCLEROSIS AGENTS</i>		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
<i>MUSCULOSKELETAL THERAPY AGENTS</i>		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<i>NARCOLEPSY/CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	3	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium</i> TBEC 333mg	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

44

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
<i>testosterone pump</i> GEL 1.62%	4	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
--	---	--

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

45

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
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	3	QL (60 tabs / 30 days)
JARDIANCE TABS 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)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

46

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 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>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 12.5-1000MG	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 SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 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)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
FIASP PMPCRT INJ U-100	3	B/D; SI

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

47

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	SI
LANTUS SOLOSTAR SOPN 100unit/ml	3	SI
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXPEN SOPN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI
NOVOLIN INJ 70/30	3	SI (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI (brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	SI (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI (brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

48

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
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
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days); SI
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	SI
TOUJEO SOLOSTAR SOPN 300unit/ml	3	SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI

CALCIUM REGULATORS

<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

49

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	4	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NM, PA
deferasirox TABS 90mg	3	NM, PA
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
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>chateal</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

50

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>deblitane</i> TABS .35mg	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	3	
<i>haloette</i>	4	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	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>kariva</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

51

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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 fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & 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>levora 0.15/30-28</i>	3	
<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>lutra</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>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

52

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	4	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	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>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

53

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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>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>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	

ENDOMETRIOSIS

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

ESTROGENS

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 0.5mg-2.5mcg	3	
<i>fyavolv tab</i> 1mg-5mcg	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</i> 0.5 mg-2.5 mcg	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	3	
<i>yuvaferm</i> TABS 10mcg	4	

GLUCOCORTICOIDS

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

55

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPk 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

56

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 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, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

57

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
<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	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

58

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 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	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

59

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>nizatidine CAPS 150mg, 300mg</i>	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium CAPS 750mg</i>	3	
<i>budesonide CPEP 3mg</i>	4	QL (90 caps / 30 days), PA
<i>budesonide TB24 9mg</i>	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	4	
<i>mesalamine CP24 .375gm</i>	4	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	4	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	4	
<i>mesalamine TBEC 1.2gm</i>	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	4	
<i>sulfasalazine TABS 500mg</i>	2	
<i>sulfasalazine TBEC 500mg</i>	3	
LAXATIVES		
<i>constulose SOLN 10gm/15ml</i>	3	
<i>enulose SOLN 10gm/15ml</i>	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac SOLN 10gm/15ml</i>	3	
<i>GOLYTELY SOL</i>	3	
<i>lactulose SOLN 10gm/15ml</i>	3	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	3	
<i>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	
<i>PLENVU SOL</i>	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
<i>SUPREP BOWEL SOL PREP KIT</i>	4	
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	5	QL (60 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

60

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

61

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

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</i> 0.5-0.4 mg	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i> CAPS .4mg	2	

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	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; TABS 5mg	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	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)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 63

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	

PLATELET AGGREGATION INHIBITORS

<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 if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

65

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (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

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

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

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM, LA
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, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D, NM, LA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D, NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

67

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ABRYSCO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAIXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

68

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & 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	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
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</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	4	
<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
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

70

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15</i> TBCR 15meq	3	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
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</i> 1%	3	
---	---	--

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
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>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<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	
ZIRGAN GEL .15%	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

72

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .1%	3	
<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	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access SI - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

You can find information on what the symbols and abbreviations on this table mean by going to page f.

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

BETA AGONISTS

<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	3	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

75

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<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>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), 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	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, 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)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 76

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, 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; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg, 500mcg	3	
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

77

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

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

STEROID/BETA-AGONIST COMBINATIONS

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

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	4	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 78

You can find information on what the symbols and abbreviations on this table mean by going to [page f](#).

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	4	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	4	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	4	QL (45 gm / 30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine CREA .77%</i>	3	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	3	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	3	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	3	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	PA
<i>calcipotriene OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	4	QL (120 mL / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

79

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

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

DERMATOLOGY, CORTICOSTEROIDS

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins 80

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days)
<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%	3	
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

81

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **SI** - Select Insulins

82

You can find information on what the symbols and abbreviations on this table mean by going to page f.

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	8
ABELCET	5
ABILIFY MAINTENA	38
<i>abiraterone acetate</i>	15
ABRYSVO	68
<i>acamprosate calcium</i>	44
<i>acarbose</i>	45
<i>accutane</i>	78
<i>acebutolol hcl</i>	27
<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>	62
<i>acetic acid (otic)</i>	74
<i>acetylcysteine</i>	76
<i>acitretin</i>	79
ACTHIB INJ	68
ACTIMMUNE	67
<i>acyclovir</i>	9
<i>acyclovir sodium</i>	9
ADACEL INJ	68
<i>adefovir dipivoxil</i>	9
ADEMPAS	30
ADRENALIN	29
ADVAIR DISKU AER 100/50	78
ADVAIR DISKU AER 250/50	78
ADVAIR DISKU AER 500/50	78
ADVAIR HFA AER 115/21	78
ADVAIR HFA AER 230/21	78
ADVAIR HFA AER 45/21	78
<i>afirmelle</i>	50
AIMOVIG	42
<i>ala-cort</i>	80
<i>albendazole</i>	3
<i>albuterol sulfate</i>	75, 76
<i>alclometasone dipropionate</i>	80
ALDURAZYME	56
ALECENSA	16
<i>alendronate sodium</i>	49
<i>alfuzosin hcl</i>	62
<i>aliskiren fumarate</i>	29
<i>allopurinol</i>	1
<i>alosetron hcl</i>	60
ALPHAGAN P	73
<i>alprazolam</i>	30
ALREX	73
<i>altavera</i>	50
ALUNBRIG	16
ALUNBRIG PAK	16
<i>alyacen 1/35</i>	50
<i>alyacen 7/7/7</i>	50
<i>amabelz</i>	54
<i>amantadine hcl</i>	37
<i>ambrisentan</i>	30
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	29
<i>amiloride hcl</i>	29
<i>amiodarone hcl</i>	25
<i>amitriptyline hcl</i>	35
<i>amlodipine besylate</i>	28
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	22
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	24

<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	24
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	24
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	24
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	24
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	24
<i>amnestem</i>	78
<i>amoxapine</i>	35
<i>amoxicillin</i>	12
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	12
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	12
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	12
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	12
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	12
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	12
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	12
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	12
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	12
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	12
<i>amphetamine-dextroamphetamine tab 10 mg</i>	41
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	41
<i>amphetamine-dextroamphetamine tab 15 mg</i>	41
<i>amphetamine-dextroamphetamine tab 20 mg</i>	41
<i>amphetamine-dextroamphetamine tab 30 mg</i>	41
<i>amphetamine-dextroamphetamine tab 5 mg</i>	41

<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	41
<i>amphotericin b</i>	5
<i>amphotericin b liposome</i>	5
<i>ampicillin</i>	12
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	12
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	12
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	12
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	12
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	12
<i>ampicillin sodium</i>	12
<i>anagrelide hcl</i>	63
<i>anastrozole</i>	15
<i>ANORO ELLIPT AER 62.5-25</i>	74
<i>aprepitant</i>	59
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	59
<i>apri</i>	50
<i>APTOM</i>	31
<i>APTIVUS</i>	6
<i>ARALAST NP</i>	76
<i>aranelle</i>	50
<i>ARCALYST</i>	67
<i>AREXVY</i>	68
<i>aripiprazole</i>	38
<i>ARISTADA</i>	38
<i>ARISTADA INITIO</i>	38
<i>armodafinil</i>	44
<i>ARNUITY ELLIPTA</i>	78
<i>asenapine maleate</i>	38
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	64
<i>atazanavir sulfate</i>	6
<i>atenolol</i>	27
<i>atenolol & chlorthalidone tab 100-25 mg</i>	27
<i>atenolol & chlorthalidone tab 50-25 mg</i>	27
<i>atomoxetine hcl</i>	41
<i>atorvastatin calcium</i>	26
<i>atovaquone</i>	3

<i>atovaquone-proguanil hcl tab 250-100 mg</i>	6
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	6
ATROPINE SULFATE.....	74
<i>atropine sulfate (ophthalmic)</i>	74
ATROVENT HFA.....	75
<i>aubra eq</i>	50
<i>aurovela 1/20</i>	50
<i>aurovela fe 1/20</i>	50
<i>aurovela fe 1.5/30</i>	50
AUSTEDO.....	43
AUSTEDO XR.....	43
AUSTEDO XR TAB TITR KIT.....	43
AUVELITY TAB 45-105MG.....	35
<i>aviane</i>	50
<i>ayuna</i>	50
AYVAKIT.....	16
<i>azacitidine</i>	14
<i>azathioprine</i>	67
<i>azelastine hcl</i>	75
<i>azelastine hcl (ophth)</i>	73
<i>azithromycin</i>	11
<i>aztreonam</i>	3
<i>azurette</i>	50
B	
<i>bacitracin (ophthalmic)</i>	72
<i>bacitracin-polymyxin b ophth oint</i>	72
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	71
<i>baclofen</i>	44
BAFIERTAM.....	44
<i>balsalazide disodium</i>	60
BALVERSA.....	16
<i>balziva</i>	50
BARACLUDE.....	9
BASAGLAR KWIKPEN.....	47
BCG VACCINE.....	68
BD ALCOHOL SWABS.....	47
BELSOMRA.....	42
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	22
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	22
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	22

<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	22
<i>benazepril hcl</i>	23
BENDEKA.....	13
BENLYSTA.....	67
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	79
<i>benztropine mesylate</i>	37
BERINERT.....	63
BESIVANCE.....	72
BESREMI.....	16
<i>betaine powder for oral solution</i>	56
<i>betamethasone dipropionate (topical)</i>	80
<i>betamethasone dipropionate augmented</i>	80
<i>betamethasone valerate</i>	80
BETASERON.....	44
<i>betaxolol hcl (ophth)</i>	73
<i>bethanechol chloride</i>	62
BETOPTIC-S.....	73
BEVESPI AER 9-4.8MCG.....	74
<i>bexarotene</i>	16
<i>bexarotene (topical)</i>	81
BEXSERO INJ.....	68
<i>bicalutamide</i>	15
BICILLIN L-A.....	12
BIKTARVY TAB 30-120-15 MG.....	8
BIKTARVY TAB 50-200-25 MG.....	8
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	27
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	27
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	27
<i>bisoprolol fumarate</i>	27
BIVIGAM.....	66
<i>blisovi fe 1.5/30</i>	50
BOOSTRIX INJ.....	68
<i>bortezomib</i>	17
BORTEZOMIB.....	17
<i>bosentan</i>	30
BOSULIF.....	17
BRAFTOVI.....	17
BREO ELLIPTA INH 100-25.....	78
BREO ELLIPTA INH 200-25.....	78

BREO ELLIPTA INH 50-25MCG	78
BREZTRI AERO AER SPHERE	74
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	74
<i>briellyn</i>	50
BRILINTA	64
<i>brimonidine tartrate</i>	73
<i>brinzolamide</i>	73
BRIVIACT	31
<i>bromocriptine mesylate</i>	37
BROMSITE	73
BRUKINSA	17
<i>budesonide</i>	60
<i>budesonide (inhalation)</i>	78
<i>bumetanide</i>	29
<i>buprenorphine hcl</i>	45
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	45
<i>bupropion hcl</i>	36
<i>bupropion hcl (smoking deterrent)</i> ..	45
<i>buspirone hcl</i>	30
<i>butorphanol tartrate</i>	2
BYDUREON BCISE	46
BYETTA	46
C	
<i>cabergoline</i>	56
CABOMETYX	17
<i>calcipotriene</i>	79
<i>calcitonin (salmon) spray</i>	49
<i>calcitrene</i>	80
<i>calcitriol</i>	58
<i>calcitriol (oral)</i>	58
<i>calcium acetate (phosphate binder)</i> ..	57
CALQUENCE	17
<i>camila</i>	50
<i>candesartan cilexetil</i>	25

CAPLYTA	38
CAPRELSA	17
<i>captopril</i>	23
<i>captopril & hydrochlorothiazide tab 25-</i> 15 mg	22
<i>captopril & hydrochlorothiazide tab 25-</i> 25 mg	22
<i>captopril & hydrochlorothiazide tab 50-</i> 15 mg	22
<i>captopril & hydrochlorothiazide tab 50-</i> 25 mg	23
<i>carb/levo orally disintegrating tab 10-</i> 100mg	37
<i>carb/levo orally disintegrating tab 25-</i> 100mg	37
<i>carb/levo orally disintegrating tab 25-</i> 250mg	37
<i>carbamazepine</i>	31
<i>carbidopa & levodopa tab 10-100 mg</i>	37
<i>carbidopa & levodopa tab 25-100 mg</i>	37
<i>carbidopa & levodopa tab 25-250 mg</i>	37
<i>carbidopa & levodopa tab er 25-100</i> mg	37
<i>carbidopa & levodopa tab er 50-200</i> mg	37
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	37
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	38
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	38
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	38
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	38
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	38
<i>carboplatin</i>	14
<i>carglumic acid</i>	56
<i>carteolol hcl (ophth)</i>	73
<i>cartia xt</i>	28
<i>carvedilol</i>	27
<i>caspofungin acetate</i>	5
CAYSTON	3
<i>cefaclor</i>	10
CEFACLOR ER	10

<i>cefadroxil</i>	10	<i>clindamycin hcl</i>	3
CEFAZOLIN	10	<i>clindamycin palmitate hydrochloride</i> ...	3
CEFAZOLIN INJ 1GM/50ML	10	<i>clindamycin phosphate</i>	3
<i>cefazolin sodium</i>	10	<i>clindamycin phosphate (topical)</i>	79
CEFAZOLIN SOLN 2GM/100ML-4% ...	10	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefdinir</i>	10	300 mg/50ml	3
<i>cefepime hcl</i>	10	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefixime</i>	10	600 mg/50ml	3
<i>cefoxitin sodium</i>	10	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefpodoxime proxetil</i>	10	900 mg/50ml	4
<i>cefprozil</i>	10	<i>clindamycin phosphate vaginal</i>	62
<i>ceftazidime</i>	10	CLINDMYC/NAC INJ 300/50ML.....	4
<i>ceftriaxone sodium</i>	10	CLINDMYC/NAC INJ 600/50ML.....	4
<i>cefuroxime axetil</i>	10	CLINDMYC/NAC INJ 900/50ML.....	4
<i>cefuroxime sodium</i>	11	CLINIMIX INJ 4.25/D10	71
<i>celecoxib</i>	1	CLINIMIX INJ 4.25/D5W	71
CELONTIN.....	31	CLINIMIX INJ 5%/D15W	71
<i>cephalexin</i>	11	CLINIMIX INJ 5%/D20W	71
CERDELGA	56	CLINIMIX INJ 6/5.....	71
CEREZYME	56	CLINIMIX INJ 8/10	71
<i>cetirizine hcl</i>	75	CLINIMIX INJ 8/14	71
<i>chateal</i>	50	<i>clinisol sf 15%</i>	71
CHEMET.....	50	CLINOLIPID EMU 20%	71
<i>chlorhexidine gluconate (mouth-throat)</i>		<i>clobazam</i>	31
.....	82	<i>clobetasol propionate</i>	80
<i>chloroquine phosphate</i>	6	<i>clobetasol propionate e</i>	80
<i>chlorpromazine hcl</i>	39	<i>clomipramine hcl</i>	36
<i>chlorthalidone</i>	29	<i>clonazepam</i>	31
<i>cholestyramine</i>	26	<i>clonidine</i>	29
<i>cholestyramine light</i>	26	<i>clonidine hcl</i>	29
<i>ciclopirox olamine</i>	79	<i>clopidogrel bisulfate</i>	64
<i>cilostazol</i>	63	<i>clorazepate dipotassium</i>	31
CILOXAN.....	72	<i>clotrimazole</i>	82
CIMDUO TAB 300-300	8	<i>clotrimazole (topical)</i>	79
<i>cinacalcet hcl</i>	56	<i>clotrimazole w/ betamethasone cream</i>	
CIPRO	11	1-0.05%	79
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	11	<i>clozapine</i>	39
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	11	COARTEM TAB 20-120MG	6
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>colchicine</i>	1
0.3-0.1%	74	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>ciprofloxacin hcl</i>	11	mg.....	1
<i>ciprofloxacin hcl (ophth)</i>	72	<i>colesevelam hcl</i>	26
<i>cisplatin</i>	14	<i>colestipol hcl</i>	26, 27
<i>citalopram hydrobromide</i>	36	<i>colistimethate sodium</i>	4
<i>claravis</i>	79	COMBIGAN SOL 0.2/0.5%	73
<i>clarithromycin</i>	11	COMBIVENT AER 20-100	74

COMETRIQ (60MG DOSE).....	17	<i>dasetta 7/7/7</i>	50
COMETRIQ KIT 100MG.....	17	DAURISMO.....	17
COMETRIQ KIT 140MG.....	17	DAYVIGO	42
COMPLERA TAB	8	<i>deblitane</i>	51
<i>compro</i>	59	<i>deferasirox</i>	50
<i>constulose</i>	60	DELESTROGEN	54
COPIKTRA.....	17	DELSTRIGO TAB	8
CORLANOR.....	29	DENGVAIXA SUS.....	68
COTELLIC	17	<i>depo-testosterone</i>	45
CREON CAP 12000UNT	61	DESCOVY TAB 120-15MG.....	8
CREON CAP 24000UNT	61	DESCOVY TAB 200/25MG.....	8
CREON CAP 3000UNIT	61	<i>desipramine hcl</i>	36
CREON CAP 36000UNT	61	<i>desmopressin acetate</i>	56
CREON CAP 6000UNIT	61	<i>desmopressin acetate spray</i>	56
<i>cromolyn sodium</i>	76	<i>desmopressin acetate spray</i>	
<i>cromolyn sodium (mastocytosis)</i>	61	<i>refrigerated</i>	56
<i>cromolyn sodium (ophth)</i>	73	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cryselle-28</i>	50	0.15-0.02/0.01 mg(21/5).....	51
<i>cyclobenzaprine hcl</i>	44	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>cyclophosphamide</i>	14	mg-30 mcg	51
CYCLOPHOSPHAMIDE	14	<i>desvenlafaxine succinate</i>	36
CYCLOPHOSPHAMIDE MONOHYDR....	14	<i>dexamethasone</i>	55
<i>cycloserine</i>	9	DEXAMETHASONE INTENSOL.....	55
<i>cyclosporine</i>	67	<i>dexamethasone sodium phosphate</i> ...	55
<i>cyclosporine modified (for</i>		<i>dexamethasone sodium phosphate</i>	
<i>microemulsion)</i>	67	<i>(ophth)</i>	73
<i>cyproheptadine hcl</i>	75	<i>dexmethylphenidate hcl</i>	41
<i>cyred eq</i>	50	<i>dextrose</i>	71
CYSTADROPS	74	<i>dextrose 10% w/ sodium chloride</i>	
CYSTAGON.....	56	0.45%	69
CYSTARAN	74	<i>dextrose 2.5% w/ sodium chloride</i>	
<i>cytarabine</i>	14	0.45%	69
D		<i>dextrose 5% in lactated ringers</i>	69
D10W/NACL INJ 0.2%	69	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
D2.5W/NACL INJ 0.45%.....	69		69
D5W/LYTES INJ #48.....	69	<i>dextrose 5% w/ sodium chloride</i>	
<i>dabigatran etexilate mesylate</i>	62	0.225%	69
<i>dalfampridine</i>	44	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>danazol</i>	54		69
<i>dantrolene sodium</i>	44	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>dapsone</i>	4		69
DAPTACEL INJ	68	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>daptomycin</i>	4		69
DAPTOMYCIN	4	DIACOMIT.....	31
<i>darunavir</i>	6	<i>diazepam</i>	32
<i>dasetta 1/35</i>	50	<i>diazepam (anticonvulsant)</i>	32

<i>diazepam inj</i>	32	<i>doxycycline (monohydrate)</i>	13
<i>diazoxide</i>	56	<i>doxycycline hyclate</i>	13
<i>diclofenac potassium</i>	1	DRIZALMA SPRINKLE.....	36
<i>diclofenac sodium</i>	1	<i>dronabinol</i>	59
<i>diclofenac sodium (ophth)</i>	73	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	51
<i>diclofenac sodium (topical)</i>	81	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	51
<i>dicloxacillin sodium</i>	12	DROXIA	63
<i>dicyclomine hcl</i>	59	<i>droxidopa</i>	29
DIFICID	11	<i>duloxetine hcl</i>	36
<i>diflunisal</i>	1	DUPIXENT.....	64
<i>difluprednate</i>	73	<i>dutasteride</i>	62
<i>digoxin</i>	29	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	62
<i>dihydroergotamine mesylate</i>	42	E	
DILANTIN	32	<i>e.e.s. 400</i>	11
DILANTIN-125	32	<i>ec-naproxen</i>	1
DILANTIN INFATABS	32	EDURANT	6
<i>diltiazem hcl</i>	28	<i>efavirenz</i>	6
<i>diltiazem hcl coated beads</i>	28	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	8
<i>diltiazem hcl extended release beads</i>	28	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	8
<i>dilt-xr</i>	28	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	8
DIP/TET PED INJ 25-5LFU	68	ELIGARD.....	15
<i>diphenhydramine hcl</i>	75	<i>elinest</i>	51
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	61	ELIQUIS	62
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	61	ELIQUIS STARTER PACK	62
<i>dipyridamole</i>	64	ELLENCE.....	14
<i>disopyramide phosphate</i>	25	<i>eluryng</i>	51
<i>disulfiram</i>	45	EMCYT.....	15
<i>divalproex sodium</i>	32	<i>emoquette</i>	51
<i>docetaxel</i>	16	EMSAM	36
DOCETAXEL	16	<i>emtricitabine</i>	6
<i>dofetilide</i>	25	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	8
<i>donepezil hydrochloride</i>	35	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	8
DOPTLET.....	63	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	8
<i>dorzolamide hcl</i>	73	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	8
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	73	EMTRIVA	6
<i>dotti</i>	54	EMVERM	4
DOVATO TAB 50-300MG	8		
<i>doxazosin mesylate</i>	24		
<i>doxepin hcl</i>	36		
<i>doxepin hcl (sleep)</i>	42		
<i>doxorubicin hcl</i>	14		
<i>doxorubicin hcl liposomal</i>	14		
<i>doxy 100</i>	13		

<i>enalapril maleate</i>	23	<i>erythromycin (acne aid)</i>	79
<i>enalapril maleate & hydrochlorothiazide</i>		<i>erythromycin (ophth)</i>	72
<i>tab 10-25 mg</i>	23	<i>erythromycin base</i>	11
<i>enalapril maleate & hydrochlorothiazide</i>		<i>erythromycin ethylsuccinate</i>	11
<i>tab 5-12.5 mg</i>	23	<i>erythromycin lactobionate</i>	11
ENBREL	64	<i>escitalopram oxalate</i>	36
ENBREL MINI.....	64	<i>esomeprazole magnesium</i>	61
ENBREL SURECLICK	65	<i>estarylla</i>	51
ENDARI	63	<i>estradiol</i>	54
<i>endocet tab 10-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 2.5-325mg</i>	2	<i>0.5-0.1 mg</i>	54
<i>endocet tab 5-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i>	
<i>endocet tab 7.5-325mg</i>	2	<i>1-0.5 mg</i>	54
ENGERIX-B	68	<i>estradiol vaginal</i>	55
<i>enilloring</i>	51	<i>estradiol valerate</i>	55
<i>enoxaparin sodium</i>	63	<i>ethambutol hcl</i>	9
<i>enpresse-28</i>	51	<i>ethosuximide</i>	32
<i>enskyce</i>	51	<i>ethynodiol diacetate & ethinyl estradiol</i>	
ENSTILAR AER.....	80	<i>tab 1 mg-35 mcg</i>	51
<i>entacapone</i>	38	<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>entecavir</i>	9	<i>tab 1 mg-50 mcg</i>	51
ENTRESTO TAB 24-26MG	24	<i>etodolac</i>	1
ENTRESTO TAB 49-51MG	24	<i>etonogestrel-ethinyl estradiol va ring</i>	
ENTRESTO TAB 97-103MG	24	<i>0.120-0.015 mg/24hr</i>	51
<i>enulose</i>	60	<i>etoposide</i>	16
EPCLUSA PAK 150-37.5	9	<i>etravirine</i>	7
EPCLUSA PAK 200-50MG	9	EULEXIN	15
EPCLUSA TAB 200-50MG	9	<i>euthyrox</i>	58
EPCLUSA TAB 400-100	9	<i>everolimus</i>	17
EPIDIOLEX	32	<i>everolimus (immunosuppressant)</i>	67
<i>epinephrine (anaphylaxis)</i>	30, 76	EVOTAZ TAB 300-150	8
<i>epitol</i>	32	<i>exemestane</i>	15
EPIVIR HBV.....	9	EXKIVITY	17
<i>eplerenone</i>	23	EYSUVIS	73
EPRONTIA	32	<i>ezetimibe</i>	27
<i>ergotamine w/ caffeine tab 1-100 mg</i>		<i>ezetimibe-simvastatin tab 10-10 mg</i>	27
.....	42	<i>ezetimibe-simvastatin tab 10-20 mg</i>	27
ERIVEDGE.....	17	<i>ezetimibe-simvastatin tab 10-40 mg</i>	27
ERLEADA	15	<i>ezetimibe-simvastatin tab 10-80 mg</i>	27
<i>erlotinib hcl</i>	17	F	
<i>errin</i>	51	FABRAZYME	56
<i>ertapenem sodium</i>	4	<i>falmina</i>	51
<i>ery</i>	79	<i>famciclovir</i>	9
<i>ery-tab</i>	11	<i>famotidine</i>	59
ERYTHROCIN LACTOBIONATE	11	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythrocin stearate</i>	11	<i>mg/50ml</i>	60

FANAPT	39	<i>flurbiprofen</i>	1
FANAPT PAK	39	<i>flurbiprofen sodium</i>	73
FARXIGA.....	46	<i>fluticasone propionate</i>	81
FASENRA	76	<i>fluticasone propionate (nasal)</i>	77
FASENRA PEN.....	76	<i>fluvoxamine maleate</i>	31
<i>felbamate</i>	32	<i>fondaparinux sodium</i>	63
<i>felodipine</i>	28	FORTEO	49
<i>femynor</i>	51	<i>fosamprenavir calcium</i>	7
<i>fenofibrate</i>	26	<i>fosinopril sodium</i>	23
<i>fenofibrate micronized</i>	26	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fentanyl</i>	1	<i>tab 10-12.5 mg</i>	23
<i>fentanyl citrate</i>	2	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fesoterodine fumarate</i>	62	<i>tab 20-12.5 mg</i>	23
FETZIMA.....	36	FOTIVDA.....	17
FETZIMA CAP TITRATIO	36	<i>fulvestrant</i>	15
FIASP FLEX INJ TOUCH	47	<i>furosemide</i>	29
FIASP INJ 100/ML	47	<i>furosemide inj</i>	29
FIASP PENFIL INJ U-100	47	FUZEON	7
FIASP PMPCRT INJ U-100	47	<i>fyavolv tab 0.5mg-2.5mcg</i>	55
<i>finasteride</i>	62	<i>fyavolv tab 1mg-5mcg</i>	55
<i>fingolimod hcl</i>	44	FYCOMPA	32
FINTEPLA	32	G	
<i>flac</i>	74	<i>gabapentin</i>	32
FLAREX.....	73	<i>galantamine hydrobromide</i>	35
FLEBOGAMMA DIF	66	GAMASTAN INJ	66
<i>flecainide acetate</i>	26	GAMMAGARD LIQUID	66
FLOVENT DISKUS.....	78	GAMMAGARD S/D IGA LESS TH	66
FLOVENT HFA.....	78	GAMMAKED	66
<i>fluconazole</i>	5	GAMMAPLEX.....	66
<i>fluconazole in nacl 0.9% inj 200</i>		GAMUNEX-C	66
<i>mg/100ml</i>	5	<i>ganciclovir sodium</i>	9
<i>fluconazole in nacl 0.9% inj 400</i>		GARDASIL 9 INJ	68
<i>mg/200ml</i>	5	<i>gatifloxacin (ophth)</i>	72
<i>flucytosine</i>	5	GATTEX	61
<i>fludrocortisone acetate</i>	55	GAUZE PADS 2	48
<i>flunisolide (nasal)</i>	77	<i>gavilyte-c</i>	60
<i>fluocinolone acetonide</i>	80, 81	<i>gavilyte-g</i>	60
<i>fluocinolone acetonide (otic)</i>	74	GAVRETO.....	17
<i>fluocinonide</i>	81	<i>gefitinib</i>	17
<i>fluocinonide emulsified base</i>	81	<i>gemcitabine hcl</i>	14
<i>fluorometholone (ophth)</i>	73	<i>gemfibrozil</i>	26
<i>fluorouracil</i>	14	GEMTESA.....	62
<i>fluorouracil (topical)</i>	81	<i>generlac</i>	60
<i>fluoxetine hcl</i>	36	<i>gengraf</i>	67
<i>fluphenazine decanoate</i>	39	GENOTROPIN	56
<i>fluphenazine hcl</i>	39	GENOTROPIN MINISQUICK.....	56

<i>gentak</i>	72
<i>gentamicin in saline inj 0.8 mg/ml</i>	4
<i>gentamicin in saline inj 1.2 mg/ml</i>	4
<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>gentamicin in saline inj 1 mg/ml</i>	4
<i>gentamicin in saline inj 2 mg/ml</i>	4
<i>gentamicin sulfate</i>	4
<i>gentamicin sulfate (ophth)</i>	72
<i>gentamicin sulfate (topical)</i>	79
GENVOYA TAB	8
GILOTRIF	17
<i>glatiramer acetate</i>	44
<i>glatopa</i>	44
GLEOSTINE	14
<i>glimepiride</i>	46
<i>glipizide</i>	46
<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>glipizide xl</i>	46
<i>glycopyrrolate</i>	59
<i>glydo</i>	81
GLYXAMBI TAB 10-5 MG	46
GLYXAMBI TAB 25-5 MG	46
GOLYTELY SOL	60
<i>granisetron hcl</i>	59
<i>griseofulvin microsize</i>	5
<i>griseofulvin ultramicrosize</i>	5
<i>guanfacine hcl</i>	30
<i>guanfacine hcl (adhd)</i>	41, 42
GVOKE HYOPEN 2-PACK	56
GVOKE KIT.....	56
GVOKE PFS	56
H	
HAEGARDA.....	64
<i>hailey 1.5/30</i>	51
<i>halobetasol propionate</i>	81
<i>haloette</i>	51
<i>haloperidol</i>	39
<i>haloperidol decanoate</i>	39
<i>haloperidol lactate</i>	39
HARVONI PAK 33.75-150MG	9
HARVONI PAK 45-200MG	9
HARVONI TAB 45-200MG	9

HARVONI TAB 90-400MG	9
HAVRIX	68
<i>heather</i>	51
HEPARIN/NACL INJ 25000UNT	63
<i>heparin sodium (porcine)</i>	63
HEPLISAV-B	68
HEP SOD/D5W INJ 20000UNT	63
HEP SOD/D5W INJ 25000UNT	63
HEP SOD/NACL INJ 12500UNT	63
HEP SOD/NACL INJ 25000UNT	63
HERCEP HYLEC SOL 60-10000	17
HERCEPTIN	17
HERZUMA	17
HIBERIX	68
HUMIRA.....	65
HUMIRA PEDIA INJ CROHNS	65
HUMIRA PEDIATRIC CROHNS D.....	65
HUMIRA PEN	65
HUMIRA PEN-CD/UC/HS START.....	65
HUMIRA PEN KIT PS/UV	65
HUMIRA PEN-PEDIATRIC UC S	65
HUMIRA PEN-PS/UV STARTER.....	65
HUMULIN R U-500 (CONCENTR	48
HUMULIN R U-500 KWIKPEN.....	48
<i>hydralazine hcl</i>	30
<i>hydrochlorothiazide</i>	29
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	2
<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	2
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	2
<i>hydrocodone bitartrate</i>	1
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>hydrocortisone</i>	55
<i>hydrocortisone (intrarectal)</i>	60
<i>hydrocortisone (rectal)</i>	81
<i>hydrocortisone (topical)</i>	81
<i>hydromorphone hcl</i>	2
<i>hydroxychloroquine sulfate</i>	66
<i>hydroxyurea</i>	16
<i>hydroxyzine hcl</i>	75
<i>hydroxyzine pamoate</i>	75

HYSINGLA ER.....	1
I	
<i>ibandronate sodium</i>	49
IBRANCE.....	18
<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	64
<i>iclevia</i>	51
ICLUSIG	18
IDHIFA	18
ILEVRO.....	73
<i>imatinib mesylate</i>	18
IMBRUVICA	18
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	4
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	4
<i>imipramine hcl</i>	36
<i>imiquimod</i>	81
IMOVAX RABIES (H.D.C.V.)	68
INBRIJA.....	38
<i>incassia</i>	51
INCRELEX	56
INCRUSE ELLIPTA	75
<i>indapamide</i>	29
INFANRIX INJ	68
INFLIXIMAB.....	65
INGREZZA	43
INGREZZA CAP 40-80MG	43
INLYTA	18
INQOVI TAB 35-100MG.....	14
INREBIC	18
INSULIN PEN NEEDLES: BD/NOVO ..	48
INSULIN SAFETY NEEDLES	48
INSULIN SYRINGES: BD.....	48
INTELENCE	7
INTRALIPID.....	71
INTRON A	67
<i>introvale</i>	51
INVEGA HAFYERA.....	39
INVEGA SUSTENNA	39
INVEGA TRINZA.....	39
IPOL INJ INACTIVE.....	68
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	75
<i>ipratropium bromide</i>	75

<i>ipratropium bromide (nasal)</i>	75
<i>irbesartan</i>	25
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	24
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	24
IRESSA.....	18
<i>irinotecan hcl</i>	16
ISENTRESS	7
ISENTRESS HD.....	7
<i>isibloom</i>	51
ISOLYTE-P INJ /D5W	69
ISOLYTE-S INJ.....	69
ISOLYTE-S INJ PH 7.4.....	69
<i>isoniazid</i>	9
<i>isosorbide dinitrate</i>	30
<i>isosorbide mononitrate</i>	30
<i>isotretinoin</i>	79
<i>itraconazole</i>	5
<i>ivermectin</i>	4
IXIARO INJ.....	68
J	
JAKAFI	18
<i>jantoven</i>	63
JANUMET TAB 50-1000	46
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
JARDIANCE	46
<i>jasmiel</i>	51
<i>javygtor</i>	56
JAYPIRCA.....	18
JENTADUETO TAB 2.5-1000.....	46
JENTADUETO TAB 2.5-500	46
JENTADUETO TAB 2.5-850	46
JENTADUETO TAB XR 2.5-1000MG ..	46
JENTADUETO TAB XR 5-1000MG	46
<i>jinteli</i>	55
<i>jolessa</i>	51
<i>juleber</i>	51
JULUCA TAB 50-25MG	8
<i>junel 1/20</i>	51
<i>junel 1.5/30</i>	51
<i>junel fe 1/20</i>	51

<i>junel fe 1.5/30</i>	51
K	
KADCYLA	18
KALYDECO	76
KANJINTI	18
<i>kariva</i>	51
KCL/D5W/NACL INJ 0.3/0.9%.....	70
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	69
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	70
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	70
<i>kelnor 1/35</i>	52
<i>kelnor 1/50</i>	52
KERENDIA.....	24
KESIMPTA	44
<i>ketoconazole</i>	6
<i>ketoconazole (topical)</i>	79, 80
<i>ketorolac tromethamine (ophth)</i>	73
KEVZARA	65
KEYTRUDA	18
KINRIX INJ.....	68
KISQALI 200 DOSE	18
KISQALI 200 PAK FEMARA.....	16
KISQALI 400 DOSE	18
KISQALI 400 PAK FEMARA.....	16
KISQALI 600 DOSE	18
KISQALI 600 PAK FEMARA.....	16
<i>klor-con</i>	70
<i>klor-con 10</i>	70
<i>klor-con 8</i>	70
<i>klor-con m10</i>	70

<i>klor-con m15</i>	71
<i>klor-con m20</i>	71
KORLYM.....	56
KRAZATI.....	18
<i>kurvelo</i>	52
L	
<i>labetalol hcl</i>	27
<i>lacosamide</i>	32, 33
<i>lacosamide oral</i>	33
<i>lactated ringer's solution</i>	70
<i>lactic acid (ammonium lactate)</i>	82
<i>lactulose</i>	60
<i>lactulose (encephalopathy)</i>	60
<i>lamivudine</i>	7
<i>lamivudine (hbv)</i>	9
<i>lamivudine-zidovudine tab 150-300 mg</i>	8
<i>lamotrigine</i>	33
<i>lansoprazole</i>	61
LANTUS	48
LANTUS SOLOSTAR	48
<i>lapatinib ditosylate</i>	19
<i>larin 1/20</i>	52
<i>larin 1.5/30</i>	52
<i>larin fe 1/20</i>	52
<i>larin fe 1.5/30</i>	52
<i>latanoprost</i>	73
LATUDA	39
<i>leena</i>	52
<i>leflunomide</i>	66
<i>lenalidomide</i>	15
LENVIMA 10 MG DAILY DOSE	19
LENVIMA 12MG DAILY DOSE	19
LENVIMA 20 MG DAILY DOSE	19
LENVIMA 4 MG DAILY DOSE	19
LENVIMA 8 MG DAILY DOSE	19
LENVIMA CAP 14 MG	19
LENVIMA CAP 18 MG	19
LENVIMA CAP 24 MG	19
<i>lessina</i>	52
<i>letrozole</i>	15
<i>leucovorin calcium</i>	22
LEUKERAN	14
<i>leuprolide acetate</i>	15
<i>levalbuterol hcl</i>	76
<i>levalbuterol tartrate</i>	76

LEVEMIR.....	48
LEVEMIR FLEXPEN.....	48
LEVEMIR FLEXTOUCH	48
levetiracetam	33
levetiracetam in sodium chloride iv soln 1000 mg/100ml	33
levetiracetam in sodium chloride iv soln 1500 mg/100ml	33
levetiracetam in sodium chloride iv soln 500 mg/100ml.....	33
levobunolol hcl	73
levocarnitine (metabolic modifiers) ...	57
levocetirizine dihydrochloride	75
levofloxacin	11
levofloxacin in d5w iv soln 250 mg/50ml.....	11
levofloxacin in d5w iv soln 500 mg/100ml	11
levofloxacin in d5w iv soln 750 mg/150ml	11
levonest.....	52
levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg.....	52
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	52
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	52
levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg	52
levora 0.15/30-28	52
levo-t	58
levothyroxine sodium	58
levoxyl	58
LEXIVA.....	7
lidocaine	81
lidocaine hcl	81
lidocaine hcl (local anesth.)	3
lidocaine hcl (mouth-throat)	82
lidocaine-prilocaine cream 2.5-2.5% ..	81
linezolid.....	4
LINEZOLID INJ 2MG/ML.....	4
LINZESS.....	61
liothyronine sodium.....	58
lisinopril.....	23
lisinopril & hydrochlorothiazide tab 10- 12.5 mg	23

lisinopril & hydrochlorothiazide tab 20- 12.5 mg.....	23
lisinopril & hydrochlorothiazide tab 20- 25 mg.....	23
LITHIUM	43
lithium carbonate	43
loestrin 1/20-21.....	52
loestrin 1.5/30-21	52
loestrin fe 1/20	52
loestrin fe 1.5/30	52
LOKELMA	50
LONSURF TAB 15-6.14.....	14
LONSURF TAB 20-8.19.....	14
loperamide hcl.....	61
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	8
lopinavir-ritonavir tab 100-25 mg	8
lopinavir-ritonavir tab 200-50 mg	8
lorazepam.....	31
lorazepam intensol	31
LORBRENA	19
loryna.....	52
losartan potassium	25
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	24
losartan potassium & hydrochlorothiazide tab 100-25 mg	24
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	24
LOTEMAX	73
lovastatin.....	26
low-ogestrel	52
loxapine succinate.....	39
LUMAKRAS	19
LUMIGAN	74
LUMIZYME	57
LUPRON DEPOT (1-MONTH).....	15
LUPRON DEPOT (3-MONTH).....	15
LUPRON DEPOT-PED (1-MONTH	57
LUPRON DEPOT-PED (3-MONTH	57
LUPRON DEPOT-PED (6-MONTH	57
lurasidone hcl	39
lutera	52
lyleq.....	52

<i>lyllana</i>	55
LYNPARZA.....	19
LYSODREN	15
LYTGOBI	19
<i>lyza</i>	52
M	
<i>magnesium sulfate</i>	70
MAGNESIUM SULFATE	70
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	70
<i>malathion</i>	82
<i>maraviroc</i>	7
<i>marlissa</i>	52
MARPLAN	36
MATULANE	16
MAVYRET PAK 50-20MG.....	9
MAVYRET TAB 100-40MG.....	9
<i>meclizine hcl</i>	59
<i>medroxyprogesterone acetate</i>	58
<i>medroxyprogesterone acetate (contraceptive)</i>	52
<i>mefloquine hcl</i>	6
<i>megestrol acetate</i>	15, 58
<i>megestrol acetate (appetite)</i>	58
MEKINIST	19
MEKTOVI	19
<i>meloxicam</i>	1
<i>memantine hcl</i>	35
MENACTRA INJ	68
MENQUADFI INJ.....	68
MENVEO INJ.....	68
MENVEO SOL.....	68
<i>mercaptopurine</i>	14
<i>meropenem</i>	4
<i>mesalamine</i>	60
<i>mesalamine w/ cleanser</i>	60
MESNEX.....	22
<i>metadate er</i>	42
<i>metformin hcl</i>	46
<i>methadone hcl</i>	2
<i>methadone hydrochloride i</i>	2
<i>methazolamide</i>	29
<i>methenamine hippurate</i>	4
<i>methimazole</i>	58
<i>methotrexate sodium</i>	14, 66
<i>methsuximide</i>	33

<i>methylphenidate hcl</i>	42
<i>methylprednisolone</i>	55
<i>methylprednisolone acetate</i>	55
<i>methylprednisolone sod succ</i>	55
<i>metoclopramide hcl</i>	59
<i>metolazone</i>	29
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	27
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	27
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	27
<i>metoprolol succinate</i>	27
<i>metoprolol tartrate</i>	27
<i>metronidazole</i>	4
<i>metronidazole (topical)</i>	82
<i>metronidazole vaginal</i>	62
<i>metyrosine</i>	30
MG SO4/D5W INJ 10MG/ML.....	70
<i>miconazole sodium</i>	6
<i>microgestin 1/20</i>	52
<i>microgestin 1.5/30</i>	52
<i>microgestin fe 1/20</i>	52
<i>microgestin fe 1.5/30</i>	52
<i>midodrine hcl</i>	30
<i>miglustat</i>	57
<i>mili</i>	52
<i>mimvey</i>	55
<i>minocycline hcl</i>	13
<i>minoxidil</i>	30
<i>mirtazapine</i>	36
<i>misoprostol</i>	61
MITIGARE.....	1
M-M-R II INJ	68
M-NATAL PLUS TAB	71
<i>moexipril hcl</i>	23
<i>molindone hcl</i>	40
<i>mometasone furoate</i>	81
MONJUVI	19
<i>mono-lynyah</i>	52
<i>montelukast sodium</i>	76
<i>morphine sulfate</i>	2, 3
MORPHINE SULFATE.....	2
MORPHINE SULFATE/SODIUM C.....	3
MOVANTIK	61
<i>moxifloxacin hcl</i>	11

<i>moxifloxacin hcl (ophth)</i>	72
MULTAQ.....	26
<i>multiple electrolytes ph 5.5</i>	70
<i>multiple electrolytes ph 7.4</i>	70
<i>mupirocin</i>	79
MVASI	19
<i>mycophenolate mofetil</i>	67
<i>mycophenolate sodium</i>	67
MYRBETRIQ.....	62
N	
<i>nabumetone</i>	1
<i>nadolol</i>	27
<i>nafticillin sodium</i>	12
NAGLAZYME	57
<i>nalbuphine hcl</i>	3
<i>naloxone hcl</i>	45
<i>naltrexone hcl</i>	45
NAMZARIC CAP 14-10MG	35
NAMZARIC CAP 21-10MG	35
NAMZARIC CAP 28-10MG	35
NAMZARIC CAP 7-10MG.....	35
NAMZARIC CAP PACK	35
<i>naproxen</i>	1
<i>naproxen sodium</i>	1
<i>naratriptan hcl</i>	43
NATACYN	72
<i>nateglinide</i>	47
NATPARA	49
NAYZILAM.....	33
<i>nebivolol hcl</i>	27, 28
<i>necon 0.5/35-28</i>	52
<i>nefazodone hcl</i>	36
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	72
<i>neomycin-polymyx-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	72
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	72
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	72
<i>neomycin-polymyxin-hc ophth susp</i> ..	72
<i>neomycin-polymyxin-hc otic soln 1%</i>	74
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	74
<i>neomycin sulfate</i>	4

<i>neo-polycin 5(3.5)mg-400unt-</i> <i>10000unt op oin</i>	72
<i>neo-polycin hc ophth oint 1%</i>	72
NERLYNX	19
NEUPRO.....	38
<i>nevirapine</i>	7
NEXAVAR	19
<i>niacin (antihyperlipidemic)</i>	27
<i>nicardipine hcl</i>	28
NICOTROL INHALER	45
NICOTROL NS.....	45
<i>nifedipine</i>	28
<i>nikki</i>	52
<i>nilutamide</i>	15
<i>nimodipine</i>	28
NINLARO	19
<i>nitazoxanide</i>	4
<i>nitisinone</i>	57
NITRO-BID.....	30
<i>nitrofurantoin macrocrystal</i>	4
<i>nitrofurantoin monohyd macro</i>	4
<i>nitroglycerin</i>	30
<i>nizatidine</i>	60
<i>nora-be</i>	53
<i>norethindrone (contraceptive)</i>	53
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	53
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	53
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	53
<i>norethindrone acetate</i>	58
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	55
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	55
<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	53
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	53
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	53
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	53
<i>norlyroc</i>	53
NORPACE CR	26

<i>nortrel 0.5/35 (28)</i>	53
<i>nortrel 1/35 (21)</i>	53
<i>nortrel 1/35 (28)</i>	53
<i>nortrel 7/7/7</i>	53
<i>nortriptyline hcl</i>	36
NORVIR.....	7
NOVOLIN INJ 70/30	48
NOVOLIN INJ 70/30 FP	48
NOVOLIN N	48
NOVOLIN N FLEXPEN	48
NOVOLIN R	48
NOVOLIN R FLEXPEN	48
NOVOLOG	48
NOVOLOG FLEXPEN	48
NOVOLOG MIX INJ 70/30	48
NOVOLOG MIX INJ FLEXPEN	48
NOVOLOG PENFILL.....	48
NOXAFIL.....	6
NUBEQA	15
NUEDEXTA CAP 20-10MG	43
NULOJIX	67
NUPLAZID	40
NURTEC.....	43
NUTRILIPID.....	71
NUZYRA.....	13
<i>nyamyc</i>	79
<i>nylia 1/35</i>	53
<i>nylia 7/7/7</i>	53
NYMALIZE.....	28
<i>nymyo</i>	53
<i>nystatin</i>	6
<i>nystatin (mouth-throat)</i>	82
<i>nystatin (topical)</i>	79
<i>nystop</i>	79
O	
<i>ocella</i>	53
OCTAGAM	67
<i>octreotide acetate</i>	57
ODEFSEY TAB.....	8
ODOMZO	19
OFEV.....	76
<i>ofloxacin (ophth)</i>	72
<i>ofloxacin (otic)</i>	74
OGIVRI.....	19
OGIVRI INJ 420MG.....	19
<i>olanzapine</i>	40

<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	25
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	25
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	25
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	25
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	25
<i>olmesartan medoxomil</i>	25
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	24
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	24
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	25
<i>olopatadine hcl</i>	73
<i>omeprazole</i>	61
OMNIPOD 5 G6 KIT INTRO	48
OMNIPOD 5 G6 MIS PODS.....	48
OMNIPOD DASH KIT INTRO	48
OMNIPOD DASH MIS PODS	48
OMNIPOD GO KIT 10UNT/DY	49
OMNIPOD GO KIT 15UNT/DY	49
OMNIPOD GO KIT 20UNT/DY	49
OMNIPOD GO KIT 25UNT/DY	49
OMNIPOD GO KIT 30UNT/DY	49
OMNIPOD GO KIT 35UNT/DY	49
OMNIPOD GO KIT 40UNT/DY	49
OMNIPOD MIS CLASSIC	49
OMNIPOD PDM KIT CLASSIC.....	49
<i>ondansetron</i>	59
<i>ondansetron hcl</i>	59
ONTRUZANT.....	19
ONUREG	14
OPSUMIT	30
ORGOVYX	15
ORKAMBI GRA 100-125	76

ORKAMBI GRA 150-188	76
ORKAMBI GRA 75-94MG	76
ORKAMBI TAB 100-125.....	77
ORKAMBI TAB 200-125.....	77
ORSERDU	15
<i>oseltamivir phosphate</i>	9, 10
OTEZLA	65
OTEZLA TAB 10/20/30	65
<i>oxacillin sodium</i>	12
<i>oxaliplatin</i>	14
<i>oxcarbazepine</i>	33
<i>oxybutynin chloride</i>	62
<i>oxycodone hcl</i>	3
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	47
OZEMPIC (1MG/DOSE)	47
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	47

P

<i>pacerone</i>	26
<i>paclitaxel</i>	16
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	16
<i>paliperidone</i>	40
<i>pamidronate disodium</i>	49
PAMIDRONATE DISODIUM.....	49
PANRETIN	82
<i>pantoprazole sodium</i>	61
PANZYGA	67
<i>paraplatin</i>	14
<i>paricalcitol</i>	58
<i>paromomycin sulfate</i>	4
<i>paroxetine hcl</i>	37
PEDIARIX INJ 0.5ML.....	68
PEDVAX HIB.....	68
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	60
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	60

PEGASYS	10
PEMAZYRE	19
<i>pemetrexed disodium</i>	14
PEN GK/DEXTR INJ 40000/ML.....	13
PEN GK/DEXTR INJ 60000/ML.....	13
<i>penicillamine</i>	50
<i>penicillin g potassium</i>	13
PENICILLIN G PROCAINE.....	13
<i>penicillin g sodium</i>	13
<i>penicillin v potassium</i>	13
PENTACEL INJ	68
<i>pentamidine isethionate inh</i>	4
<i>pentamidine isethionate inj</i>	5
<i>pentoxifylline</i>	64
<i>perindopril erbumine</i>	23
<i>periogard</i>	82
<i>permethrin</i>	82
<i>perphenazine</i>	40
PERSERIS	40
<i>pfizerpen</i>	13
<i>phenelzine sulfate</i>	37
<i>phenobarbital</i>	33
<i>phenobarbital sodium</i>	33
<i>phenytek</i>	33
<i>phenytoin</i>	33
<i>phenytoin sodium</i>	33
<i>phenytoin sodium extended</i>	33
PHESGO SOL.....	19
<i>philith</i>	53
PIFELTRO	7
<i>pilocarpine hcl</i>	74
<i>pilocarpine hcl (oral)</i>	82
<i>pimozide</i>	40
<i>pimtrea</i>	53
<i>pindolol</i>	28
<i>pioglitazone hcl</i>	47
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	13
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	13
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	13
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	13
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	13

PIQRAY 200MG DAILY DOSE.....	19	PRENATAL TAB 27-1MG	71
PIQRAY 250MG TAB DOSE.....	19	PRENATAL TAB PLUS	71
PIQRAY 300MG DAILY DOSE.....	19	<i>prevalite</i>	27
<i>pirfenidone</i>	77	PREVYMIS	10
<i>pirmella 1/35</i>	53	PREZCOBIX TAB 800-150.....	8
<i>piroxicam</i>	1	PREZISTA	7
PLASMA-LYTE INJ -148	70	PRIFTIN.....	9
PLASMA-LYTE INJ -A.....	70	<i>primaquine phosphate</i>	6
<i>plenamine</i>	71	PRIMAQUINE PHOSPHATE	6
PLENVU SOL.....	60	<i>primidone</i>	34
<i>podofilox</i>	82	PRIORIX INJ	68
<i>polycin ophth oint</i>	72	PRIVIGEN	67
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	72	<i>probenecid</i>	1
POMALYST	15	<i>prochlorperazine</i>	59
<i>portia-28</i>	53	<i>prochlorperazine edisylate</i>	59
<i>posaconazole</i>	6	<i>prochlorperazine maleate</i>	59
<i>potassium chloride</i>	70, 71	PROCRIT	63
POTASSIUM CHLORIDE	70	<i>procto-med hc</i>	82
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	70	<i>proctosol hc</i>	82
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	71	<i>proctozone-hc</i>	82
<i>potassium citrate (alkalinizer)</i>	62	PROGRAF.....	67
POT CHL 20MEQ/L IN NACL 0.45% INJ	70	PROLASTIN-C	77
POT CHL 20MEQ/L IN NACL 0.9% INJ	70	PROLENSA	73
POT CHL 40MEQ/L IN NACL 0.9% INJ	70	PROLIA	50
PRADAXA	63	PROMACTA.....	64
PRALUENT.....	27	<i>promethazine hcl</i>	59
<i>pramipexole dihydrochloride</i>	38	<i>propafenone hcl</i>	26
<i>prasugrel hcl</i>	64	<i>proparacaine hcl</i>	74
<i>pravastatin sodium</i>	26	<i>propranolol hcl</i>	28
<i>praziquantel</i>	5	<i>propylthiouracil</i>	58
<i>prazosin hcl</i>	24	PROQUAD INJ.....	68
<i>prednisolone</i>	55	PROSOL INJ 20%	71
<i>prednisolone acetate (ophth)</i>	73	<i>protriptyline hcl</i>	37
PREDNISOLONE SODIUM PHOSP.....	73	PULMICORT FLEXHALER	78
<i>prednisolone sodium phosphate</i>	55	PULMOZYME	77
<i>prednisone</i>	55, 56	PURIXAN.....	14
PREDNISONE INTENSOL	56	<i>pyrazinamide</i>	9
<i>pregabalin</i>	33, 34	<i>pyridostigmine bromide</i>	43
PREHEVBRIO	68	Q	
PREMASOL SOL 10%	71	QINLOCK	20
		QUADRACEL INJ.....	68
		QUADRACEL INJ 0.5ML	68
		<i>quetiapine fumarate</i>	40
		<i>quinapril hcl</i>	23
		<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	23

<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	23
<i>quinidine sulfate</i>	26
<i>quinine sulfate</i>	6
R	
RABAVERT INJ	68
<i>raloxifene hcl</i>	57
<i>ramipril</i>	23
<i>ranolazine</i>	30
<i>rasagiline mesylate</i>	38
RAYALDEE	58
<i>reclipsen</i>	53
RECOMBIVAX HB	68
RECTIV	82
REGRANEX	82
RELENZA DISKHALER	10
RELISTOR	61
REMICADE	65
RENFLEXIS	65
<i>repaglinide</i>	47
RESTASIS	74
RESTASIS MULTIDOSE	74
RETEVMO	20
REVLIMID	15
REXULTI	40
REYATAZ	7
REZLIDHIA	20
REZUROCK	67
RHOPRESSA	74
<i>ribavirin (hepatitis c)</i>	10
<i>rifabutin</i>	9
<i>rifampin</i>	9
<i>riluzole</i>	43
<i>rimantadine hydrochloride</i>	10
RINVOQ	65
RISPERDAL CONSTA	40
<i>risperidone</i>	40
<i>ritonavir</i>	7
<i>rivastigmine</i>	35
<i>rivastigmine tartrate</i>	35
<i>rizatriptan benzoate</i>	43
ROCKLATAN DRO	74
<i>roflumilast</i>	77
<i>ropinirole hydrochloride</i>	38

<i>rosuvastatin calcium</i>	26
ROTARIX SUS	69
ROTATEQ SOL	69
<i>roweepra</i>	34
ROZLYTREK	20
RUBRACA	20
<i>rufinamide</i>	34
RUKOBIA	7
RYBELSUS	47
RYDAPT	20
S	
<i>sajazir</i>	64
SANDIMMUNE	67
SANTYL	82
<i>sapropterin dihydrochloride</i>	57
SCEMBLIX	20
<i>scopolamine</i>	59
SECUADO	40
<i>selegiline hcl</i>	38
<i>selenium sulfide</i>	80
SELZENTRY	7
SEREVENT DISKUS	76
<i>sertraline hcl</i>	37
<i>setlakin</i>	53
<i>sevelamer carbonate</i>	57
<i>sharobel</i>	53
SHINGRIX	69
SIGNIFOR	57
<i>sildenafil citrate (pulmonary hypertension)</i>	30
<i>silver sulfadiazine</i>	79
SIMBRINZA SUS 1-0.2%	74
<i>simliya</i>	53
<i>simvastatin</i>	26
<i>sirolimus</i>	67
SIRTURO	9
SIVEXTRO	5
SKYRIZI	65
SKYRIZI PEN	66
<i>sodium chloride</i>	70
<i>sodium chloride (gu irrigant)</i>	82
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	71
SODIUM OXYBATE	44
<i>sodium phenylbutyrate</i>	57

sodium polystyrene sulfonate powder
.....50
sod sulfate-pot sulf-mg sulf oral sol
17.5-3.13-1.6 gm/177ml.....60
solifenacin succinate.....62
SOLQUA INJ 100/3349
SOLTAMOX.....15
SOLU-CORTEF56
SOMATULINE DEPOT57
SOMAVERT.....57
sorafenib tosylate20
sorine.....26
sotalol hcl26
sotalol hcl (afib/af)26
spironolactone24
spironolactone & hydrochlorothiazide
tab 25-25 mg29
sprintec 28.....53
SPRITAM.....34
SPRYCEL.....20
sps.....50
sronyx53
ssd.....79
STELARA.....66
STIVARGA.....20
streptomycin sulfate.....5
STRIBILD TAB8
subvenite34
sucrafate.....61
sulfacetamide sodium (acne)79
sulfacetamide sodium (ophth).....72
sulfacetamide sodium-prednisolone
ophth soln 10-0.23(0.25)%72
sulfadiazine.....5
sulfamethoxazole-trimethoprim iv soln
400-80 mg/5ml5
sulfamethoxazole-trimethoprim susp
200-40 mg/5ml5
sulfamethoxazole-trimethoprim tab
400-80 mg5
sulfamethoxazole-trimethoprim tab
800-160 mg5
SULFAMYLLON79
sulfasalazine.....60
sulindac.....1
sumatriptan43

sumatriptan succinate.....43
sunitinib malate20
SUNLENCA.....7
SUPREP BOWEL SOL PREP KIT60
syeda53
SYMBICORT AER 160-4.578
SYMBICORT AER 80-4.578
SYMDEKO TAB 100-15077
SYMDEKO TAB 50-75MG77
SYMJEPI77
SYMPAZAN34
SYMTUZA TAB8
SYNAREL54
SYNJARDY TAB 12.5-1000MG47
SYNJARDY TAB 12.5-500.....47
SYNJARDY TAB 5-1000MG47
SYNJARDY TAB 5-500MG.....47
SYNJARDY XR TAB 10-1000.....47
SYNJARDY XR TAB 12.5-1000MG.....47
SYNJARDY XR TAB 25-1000.....47
SYNJARDY XR TAB 5-1000MG47
SYNRIBO16
SYNTHROID58
T
TABLOID.....15
TABRECTA.....20
tacrolimus.....67
tacrolimus (topical)82
TAFINLAR20
TAGRISSO20
TALTZ66
TALZENNA20
tamoxifen citrate.....15
tamsulosin hcl62
tarina fe 1/20 eq.....53
TASIGNA20
tasimelteon42
tazarotene80
tazicef11
TAZORAC.....80
taztia xt.....28
TAZVERIK20
TDVAX INJ 2-2 LF69
TECENTRIQ.....20
TEFLARO.....11
telmisartan25

<i>temazepam</i>	42	TRADJENTA	47
TENIVAC INJ 5-2LF	69	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tenofovir disoproxil fumarate</i>	7	<i>mg</i>	3
TEPMETKO	20	<i>tramadol hcl</i>	3
<i>terazosin hcl</i>	24	<i>trandolapril</i>	23
<i>terbinafine hcl</i>	6	<i>tranexamic acid</i>	64
<i>terbutaline sulfate</i>	76	<i>tranylcypromine sulfate</i>	37
<i>terconazole vaginal</i>	62	TRAVASOL INJ 10%	71
TERIPARATIDE	50	TRAZIMERA	20
<i>testosterone</i>	45	<i>trazodone hcl</i>	37
<i>testosterone cypionate</i>	45	TRECATOR	9
<i>testosterone enanthate</i>	45	TRELEGY AER ELLIPTA 100-62.5-25	
<i>testosterone pump</i>	45	MCG	75
<i>tetrabenazine</i>	44	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tetracycline hcl</i>	13	MCG	75
THALOMID	15, 16	<i>treprostinil</i>	30
THEO-24	77	TRESIBA	49
<i>theophylline</i>	77	TRESIBA FLEXTOUCH	49
<i>thioridazine hcl</i>	40	<i>tretinoin</i>	79
<i>thiothixene</i>	40	<i>tretinoin (chemotherapy)</i>	16
<i>tiadylt er</i>	28	<i>triamcinolone acetonide (mouth)</i>	82
<i>tiagabine hcl</i>	34	<i>triamcinolone acetonide (topical)</i>	81
TIBSOVO	20	<i>triamterene & hydrochlorothiazide cap</i>	
TICOVAC	69	<i>37.5-25 mg</i>	29
<i>tigecycline</i>	13	<i>triamterene & hydrochlorothiazide tab</i>	
TIGECYCLINE	13	<i>37.5-25 mg</i>	29
<i>tilia fe</i>	53	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate</i>	28	<i>75-50 mg</i>	29
<i>timolol maleate (ophth)</i>	74	<i>trientine hcl</i>	50
TIVICAY	7	<i>tri-estarylla</i>	53
TIVICAY PD	7	<i>trifluoperazine hcl</i>	40
<i>tizanidine hcl</i>	44	<i>trifluridine</i>	72
TOBRADEX OIN 0.3-0.1%	72	<i>trihexyphenidyl hcl</i>	38
TOBRADEX ST SUS 0.3-0.05	72	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin</i>	5	1000MG	47
<i>tobramycin (ophth)</i>	72	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tobramycin-dexamethasone ophth susp</i>		1000MG	47
<i>0.3-0.1%</i>	72	TRIJARDY XR TAB ER 24HR 25-5-	
<i>tobramycin sulfate</i>	5	1000MG	47
<i>tolterodine tartrate</i>	62	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>topiramate</i>	34	1000MG	47
<i>toremifene citrate</i>	15	TRIKAFTA PAK 59.5MG	77
<i>toremide</i>	29	TRIKAFTA PAK 75MG	77
TOUJEO MAX SOLOSTAR	49	TRIKAFTA TAB 100-50-75MG & 150MG	
TOUJEO SOLOSTAR	49		77
TPN ELECTROL INJ	70		

TRIKAFTA TAB 50-25-37.5MG & 75MG	77
<i>tri-legest fe</i>	53
<i>tri-linyah</i>	54
<i>tri-lo-estarylla</i>	54
<i>tri-lo-marzia</i>	54
<i>tri-lo-mili</i>	54
<i>tri-lo-sprintec</i>	54
<i>trimethoprim</i>	5
<i>tri-mili</i>	54
<i>trimipramine maleate</i>	37
TRINTELLIX	37
<i>tri-nymyo</i>	54
<i>tri-sprintec</i>	54
TRIUMEQ PD TAB	9
TRIUMEQ TAB	9
<i>trivora-28</i>	54
<i>tri-vylibra</i>	54
<i>tri-vylibra lo</i>	54
TRIZIVIR TAB	9
TROGARZO	7
TROPHAMINE INJ 10%	71
<i>trospium chloride</i>	62
TRULICITY	47
TRUMENBA INJ	69
TRUSELTIQ 100MG DAILY DOSE	20
TRUSELTIQ 125MG DAILY DOSE	20
TRUSELTIQ 50MG DAILY DOSE	20
TRUSELTIQ 75MG DAILY DOSE	20
TRUXIMA	21
TUKYSA	21
TURALIO	21
TWINRIX INJ	69
TYBOST	7
TYPHIM VI	69
TYRVAYA	74
U	
<i>unithroid</i>	58
<i>ursodiol</i>	61
V	
<i>valacyclovir hcl</i>	10
VALCHLOR	82
<i>valganciclovir hcl</i>	10
<i>valproate sodium</i>	34
<i>valproic acid</i>	34
<i>valsartan</i>	25

<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	25
VALTOCO 10 MG DOSE	34
VALTOCO 15 MG DOSE	34
VALTOCO 20 MG DOSE	34
VALTOCO 5 MG DOSE	34
<i>vancomycin hcl</i>	5
VANCOMYCIN INJ 1 GM	5
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	21
VAQTA	69
<i>varenicline tartrate</i>	45
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	45
VARIVAX	69
VASCEPA	27
<i>velivet</i>	54
VELPHORO	57
VELTASSA	50
VEMLIDY	10
VENCLEXTA	21
VENCLEXTA TAB START PK	21
<i>venlafaxine hcl</i>	37
VENTAVIS	30
VENTOLIN HFA	76
VENTOLIN HFA (INSTITUTIONAL PACK)	76
<i>verapamil hcl</i>	28
VERQUVO	30
VERSACLOZ	41
VERZENIO	21
<i>vestura</i>	54
V-GO 20 KIT	49
V-GO 30 KIT	49
V-GO 40 KIT	49
VICTOZA	47
<i>vienva</i>	54

<i>vigabatrin</i>	34
<i>vigadrone</i>	34
VIIBRYD KIT STARTER	37
<i>vilazodone hcl</i>	37
VIMPAT.....	34
<i>vincristine sulfate</i>	16
<i>vinorelbine tartrate</i>	16
<i>violele</i>	54
VIRACEPT	7
VIREAD	7
VITRAKVI.....	21
VIVITROL.....	45
VIZIMPRO	21
VONJO.....	21
<i>voriconazole</i>	6
VOSEVI TAB	10
VOTRIENT	21
VRAYLAR	41
VRAYLAR CAP 1.5-3MG	41
<i>vyfemla</i>	54
<i>vylibra</i>	54
VYZULTA.....	74
W	
<i>warfarin sodium</i>	63
<i>water for irrigation, sterile irrigation</i> <i>soln</i>	82
WELIREG	16
<i>wera</i>	54
X	
XALKORI.....	21
XARELTO	63
XARELTO STAR TAB 15/20MG	63
XATMEP	66
XCOPRI	34
XCOPRI PAK 100-150	35
XCOPRI PAK 12.5-25	35
XCOPRI PAK 150-200MG (MAINTENANCE)	35
XCOPRI PAK 150-200MG (TITRATION)	35
XCOPRI PAK 50-100MG.....	35
XELJANZ	66
XELJANZ XR	66
XERMELO	61
XGEVA.....	50
XHANCE.....	78

XIFAXAN.....	61
XIGDUO XR TAB 10-1000.....	47
XIGDUO XR TAB 10-500MG	47
XIGDUO XR TAB 2.5-1000.....	47
XIGDUO XR TAB 5-1000MG	47
XIGDUO XR TAB 5-500MG.....	47
XIIDRA	74
XOLAIR.....	77
XOSPATA	21
XPOVIO 100 MG ONCE WEEKLY	21
XPOVIO 40 MG ONCE WEEKLY	21
XPOVIO 40 MG TWICE WEEKLY	21
XPOVIO 60 MG ONCE WEEKLY	21
XPOVIO 60 MG TWICE WEEKLY	21
XPOVIO 80 MG ONCE WEEKLY	21
XPOVIO 80 MG TWICE WEEKLY	21
XTANDI	15
<i>xulane</i>	54
XULTOPHY INJ 100/3.6	49
XYREM.....	44
Y	
YF-VAX INJ.....	69
<i>yuvaferm</i>	55
Z	
<i>zafemy</i>	54
<i>zafirlukast</i>	76
ZARXIO	63
ZEJULA	21
ZELBORAF.....	21
ZEMAIRA	77
<i>zenatane</i>	79
ZENPEP CAP 10000UNT	61
ZENPEP CAP 15000UNT	61
ZENPEP CAP 20000UNT	61
ZENPEP CAP 25000UNT	61
ZENPEP CAP 3000UNIT	61
ZENPEP CAP 40000UNT	61
ZENPEP CAP 5000UNIT	61
ZERVIAE	73
<i>zidovudine</i>	8
ZIEXTENZO	63
<i>ziprasidone hcl</i>	41
<i>ziprasidone mesylate</i>	41
ZIRABEV	22
ZIRGAN	72
<i>zoledronic acid</i>	50

ZOLINZA.....	22
<i>zolmitriptan</i>	43
<i>zolpidem tartrate</i>	42
ZONISADE	35
<i>zonisamide</i>	35
<i>zovia 1/35</i>	54

ZTALMY	35
<i>zumandimine</i>	54
ZYDELIG	22
ZYKADIA.....	22
ZYLET SUS 0.5-0.3%.....	72
ZYPREXA RELPREVV	41



MARTIN'S POINT[®]

HEALTH CARE

Martin's Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Martin's Point Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Martin's Point Health Care:

- 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 the Martin's Point Generations Advantage Member Services Team.

If you believe that Martin's Point Health Care has failed to provide these services or discriminated in another way on the basis of

race, color, national origin, age, disability, or sex, you can file a grievance with Member Services: Member Services, Martin's Point Generations Advantage, PO Box 9746, Portland, ME 04104, 1-866-544-7504, TTY: 711, Fax: 207-828-7847. (We're available 8 am-8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.) You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Martin's Point Generations Advantage Member Services Team 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/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and
Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.
Y0044_2023_402_C

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 [1-866-544-7504]. 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 [1-866-544-7504]. 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 1-866-544-7504。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 1-866-544-7504。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 [1-866-544-7504]. 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 [1-866-544-7504]. 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 [1-866-544-7504] 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 Arzneimittelpfen. Unsere Dolmetscher erreichen Sie unter [1-866-544-7504]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-866-544-7504]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 [1-866-544-7504]. 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 [1-866-544-7504]. 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 [1-866-544-7504] 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 [1-866-544-7504]. 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 [1-866-544-7504]. 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 [1-866-544-7504]. 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 [1-866-544-7504]. 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に、無料の通訳サービスがありますごさい。通訳をご用命になるには、[1-866-544-7504]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。



MARTIN'S POINT[®]

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

This formulary was updated on 11/21/2023. For more recent information or other questions, please contact Martin's Point Generations Advantage Member Services at 1-866-544-7504 or, for TTY users, 711. We are available 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year. Or visit our website at **www.MartinsPoint.org/PartD**.